

Background

- Studies have shown that nursing home (NH) residents have a high prevalence of end-of-life (EOL) symptoms & unmet palliative needs.
- Whilst services have been developed to improve palliative care delivery to NH residents, the quality of EOL care & quality of death have yet to be evaluated.
- GeriCare, a service in Singapore, provides both geriatric & palliative care to NH residents through education & clinical partnership.

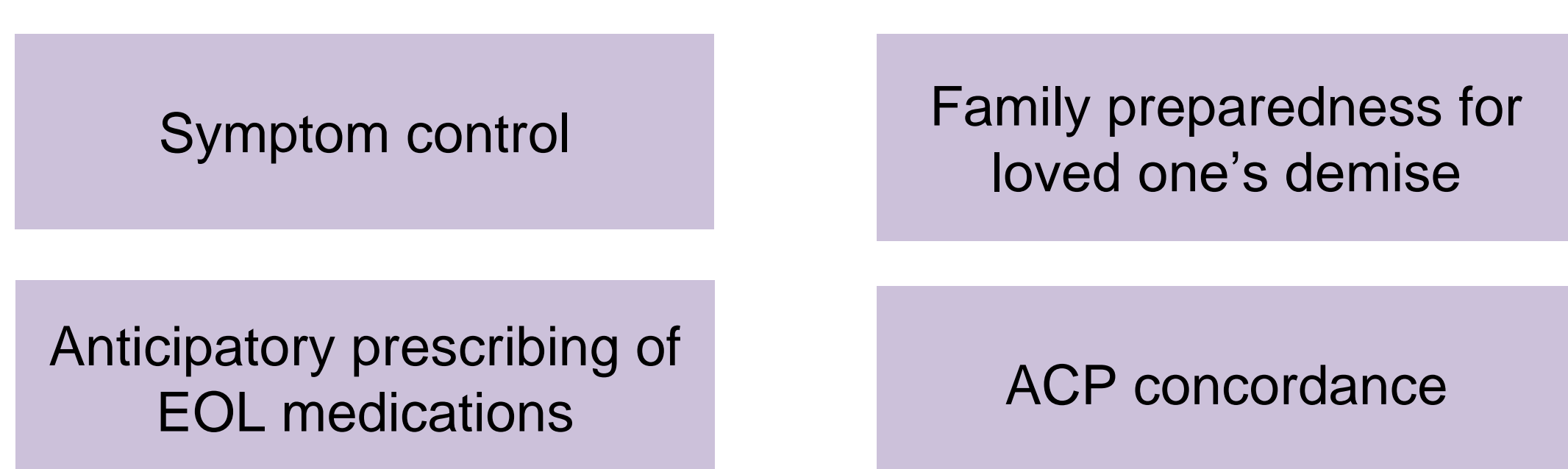


Aim
To compare the quality of death of residents who died in NH vs. those who died in an acute hospital (AH).

Methodology

- This is a descriptive study that evaluated the quality of death of 217 residents from 6 NHs over a 2 year period (2020-2021), after the implementation of a comprehensive palliative care training program for NH staff.

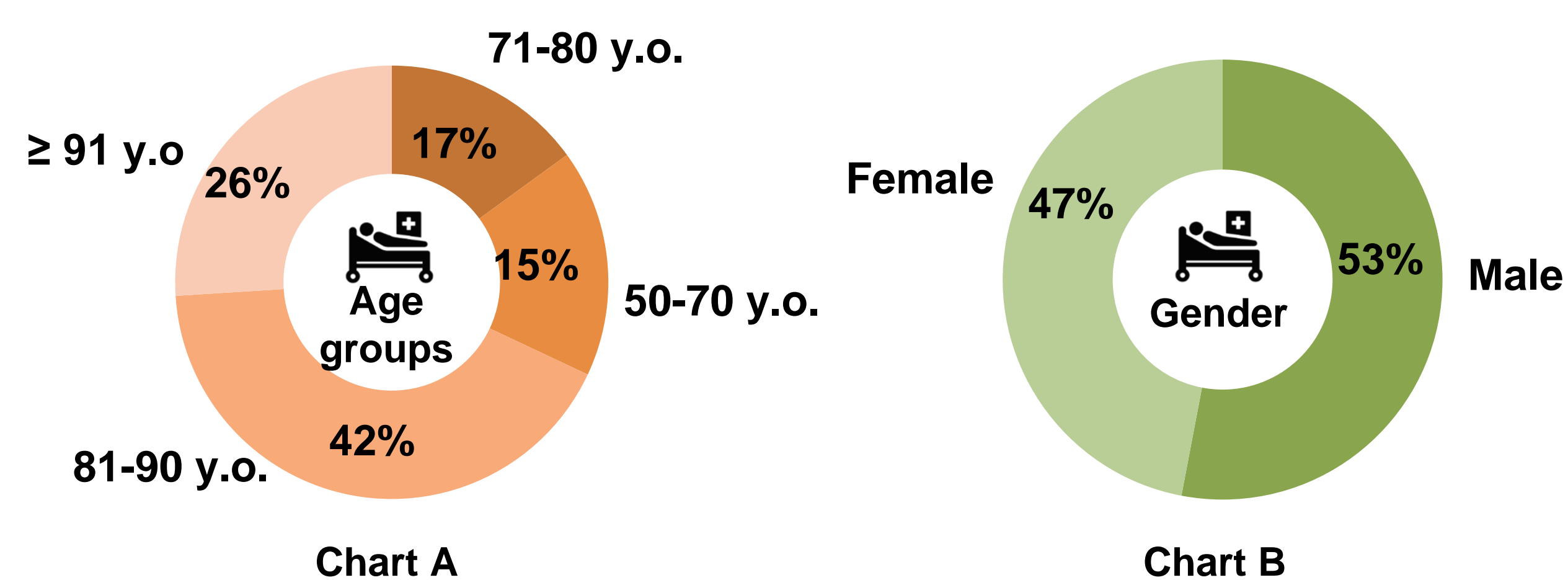
The quality of death of all residents was assessed based on 4 domains:



Results

Demographics and Place of Death

- The average age was 83 years old (y.o.) (Chart A).
- There were more men than women (Chart B).
- Almost two thirds of the residents died in NHs (Chart C).



1. Symptom control

- Pain & dyspnoea were the most common symptoms in residents nearing the EOL.
- These symptoms were well controlled in all residents for both groups.

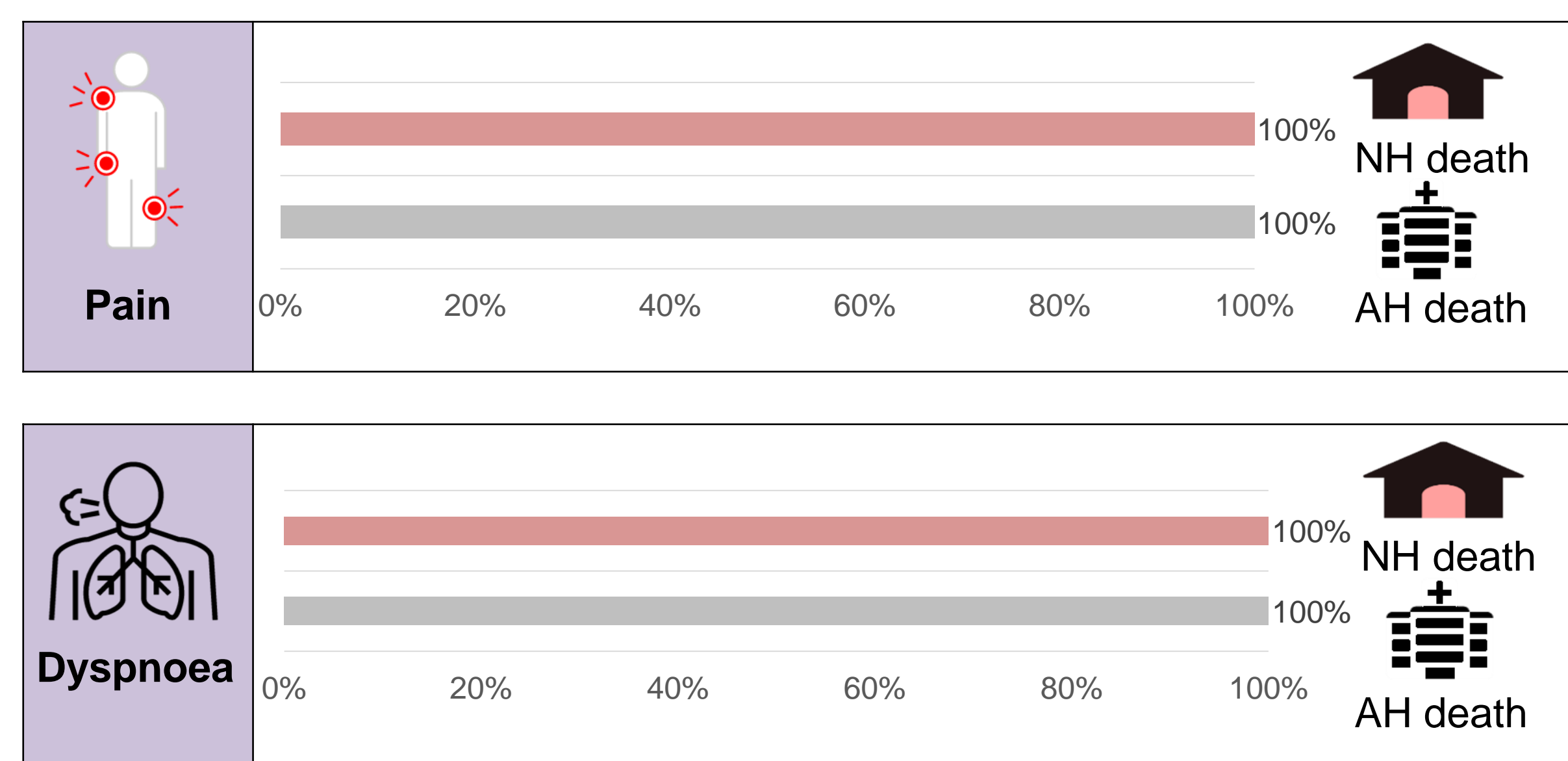


Fig 1. Symptom control in residents who died in NH vs. AH

Results (continued)

2. Anticipatory prescribing of EOL medications

- Rates of anticipatory prescribing of EOL medications were higher for residents who died in NHs.

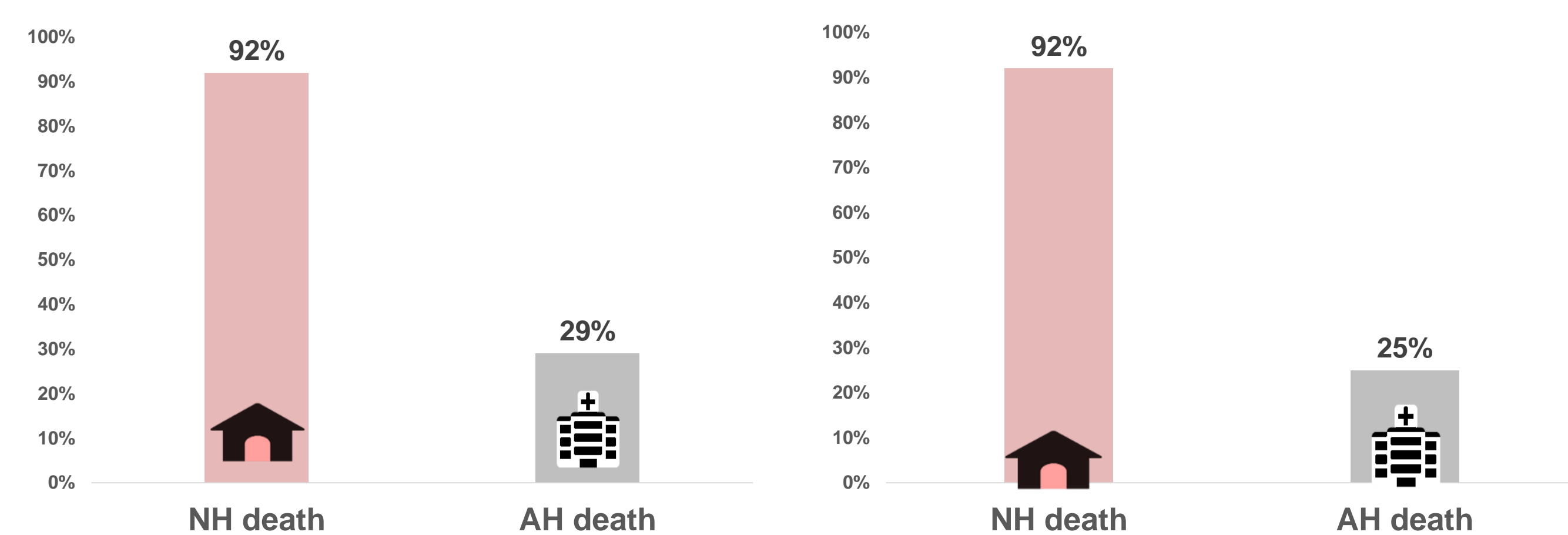


Fig 2A. Availability of standby opioids for pain & dyspnoea in residents

Fig 2B. Availability of standby anti-secretory medications for death rattle in residents

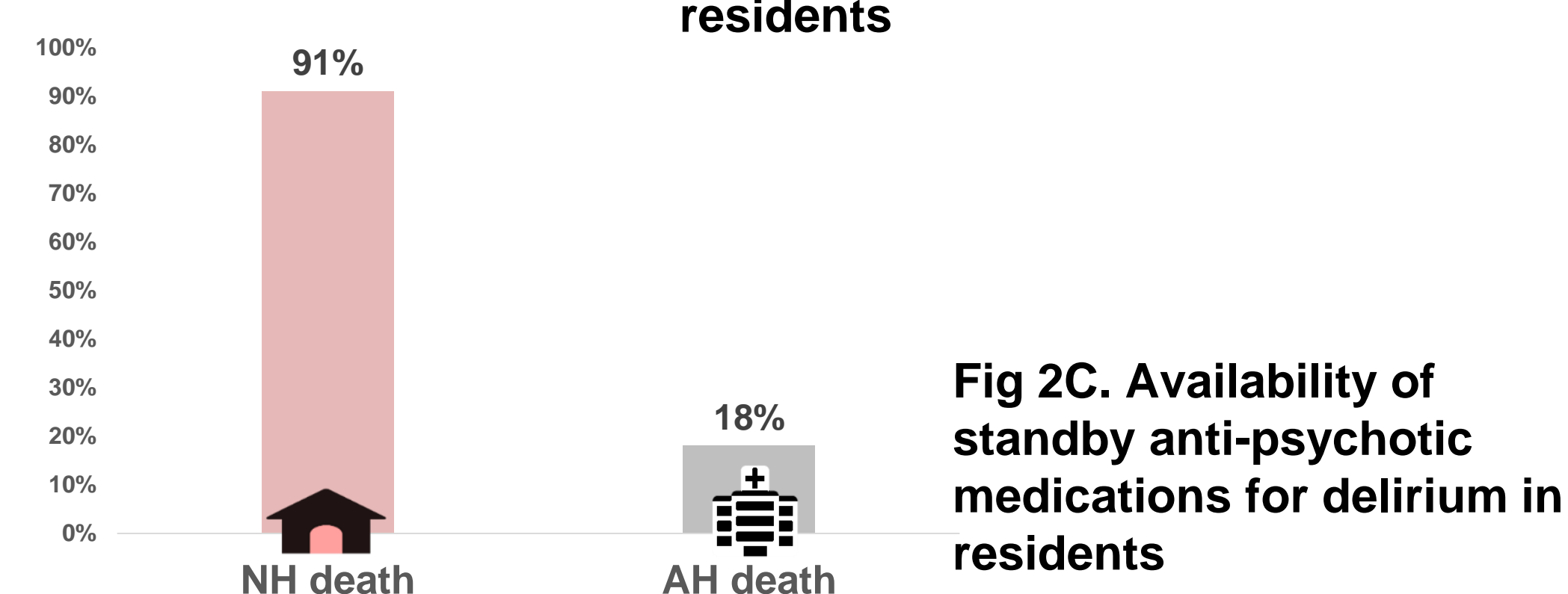
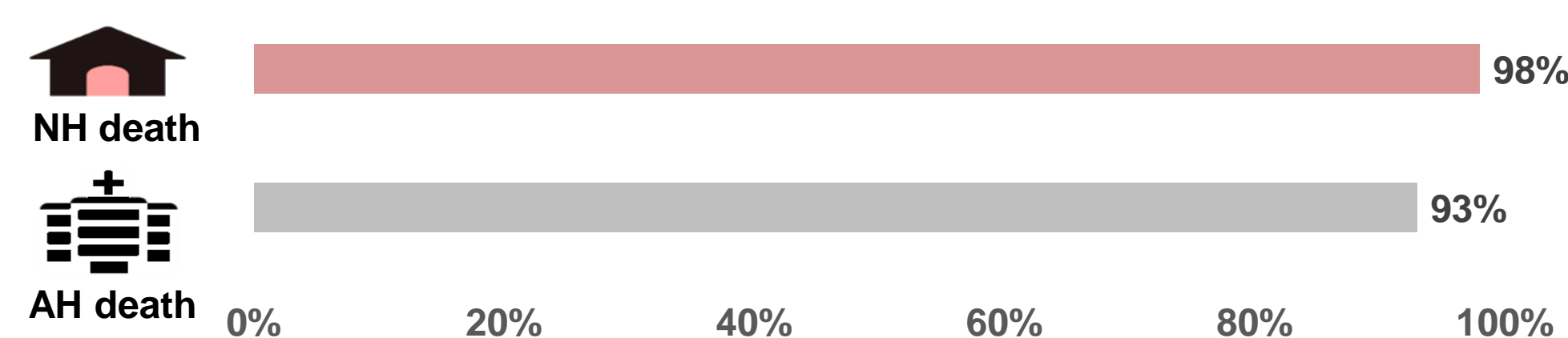


Fig 2C. Availability of standby anti-psychotic medications for delirium in residents

3. Family preparedness for loved one's demise

- Family preparedness was slightly higher for residents who died in NH.



4. ACP concordance

- ACP concordance for preferred place of care and preferred place of death were better met for residents who died in NH.

Place of Death	Preference for place of care was honoured	Preferences for place of death was honoured
NH death	100%	100%
AH death	87%	20%

Discussion and Conclusion

Symptom control

- With training & empowerment, NH staff were able to ensure that the residents who were dying in the NH were kept comfortable at the EOL.

Anticipatory prescribing of EOL medications

- With training, NH staff were able to appreciate the importance of anticipatory care & prescribing of EOL medications.

Family preparedness for loved one's demise

- With training, NH staff were able to explain the illness trajectory & care management options to families, helping to prepare them for the inevitable deterioration/death of a loved one.

ACP concordance

- ACP training for NH staff was fundamental in understanding & honoring the resident's values & preferences.

Good symptom control, anticipatory prescribing of EOL medications, preparing the family for a loved one's death and respecting a resident's values & preferences are some of the key factors that lie at the heart of ensuring a good death.

This study highlights the importance of supporting & training NH staff with a comprehensive palliative care program to ensure that residents are provided good care at the EOL, irrespective of care settings.

References

1. Emilio Mota-Romero et al. NURsing Homes End of Life care Program (NUEHLP): developing a complex intervention. *BMC Palliat Care* 2021;20 (98). <https://doi.org/10.1186/s12904-021-00788-1>
 2. Economist Intelligence Unit 2010. The quality of death: Ranking end-of-life care across the world [White Paper]. Lien Foundation. http://www.lienfoundation.org/sites/default/files/god_index_2.pdf
 3. Vania Costa et al. The determinants of home and nursing home death: a systematic review and meta-analysis. *BMC Palliat Care* 2016;15 (8). <https://doi.org/10.1186/s12904-016-0077-8>



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