D1-C21-122

Anticipatory Care for End-of-Life Symptoms to Improve Quality of Death in Nursing Homes

Magpantay G C[1], Tan QW[1], Lim YJ[1], Sim LK[1], Muthusamy T[1], Yu CH[1], Tan LC[1,2,3] & Low JA[1,2,3]

[1] GeriCare, Yishun Health, [2] Department of Geriatric Medicine and Palliative Medicine, Khoo Teck Puat Hospital, [3] Geriatric Education and Research Institute

Background

GeriCare provides both geriatric care and palliative care to Nursing Home (NH) residents through an educational and clinical partnership with NHs in Singapore. Previous studies showed that residents in NHs have a high prevalence of end-of-life symptoms and a significant need for palliative care.[1] Hence, it is paramount that residents at End-of-Life (EOL) receive quality EOL care in the NHs. However, the quality of EOL care in NHs has yet to be evaluated.

Aims of the study:

- To compare the quality of death of residents between NH deaths vs In-Hospital (In-H) deaths based on the following 4 domains:
  - Symptom control, standby medications, family preparedness and Advance Care Planning (ACP) concordance

Methodology

This is a **2-year (2020 – 2021)** descriptive study on the **quality of death** among palliative care residents from **6 NHs.**

Deaths of GeriCare enrolled palliative care residents were reviewed. **217 deaths** were evaluated as part of their mortality reviews.

Nurses conducted death quality audits on **4 domains** as follows:
- Symptom control
- Standby medications
- Family preparedness
- ACP concordance

Data on the quality of death of residents for both groups **(NH and In-H)** were analysed and compared.

Results

1. Demographics and Place of Death

- The average age of the cohort was 83 years old (Fig 1A)
- There were 115 males and 102 females examined in the mortality reviews (Fig 1B)
- Most deaths occur in NHs (Fig 1C)

Fig 1A. Age groups demographics

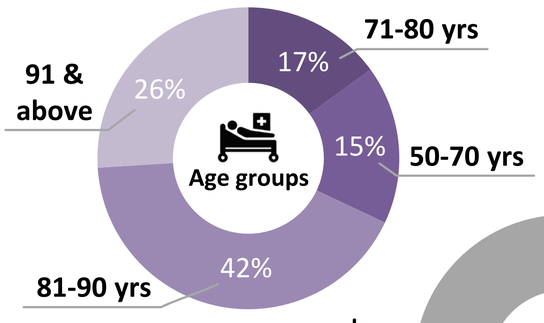
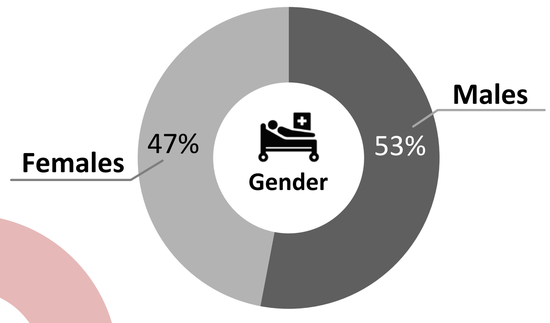


Fig 1B. Gender demographics



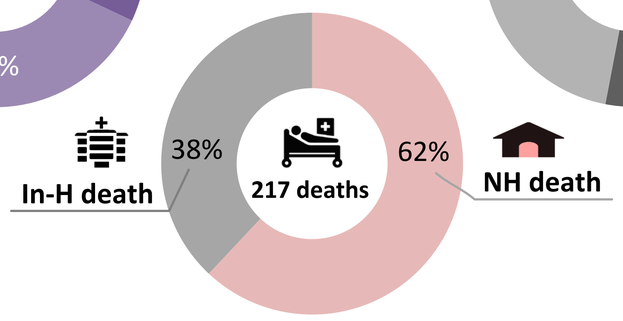


Fig 1C. Proportion of NH death vs. In-H death

2. Symptom control

- Dyspnoea and pain were the common symptoms observed in all residents near EOL for both groups.
- Symptoms were controlled in all residents for both groups.

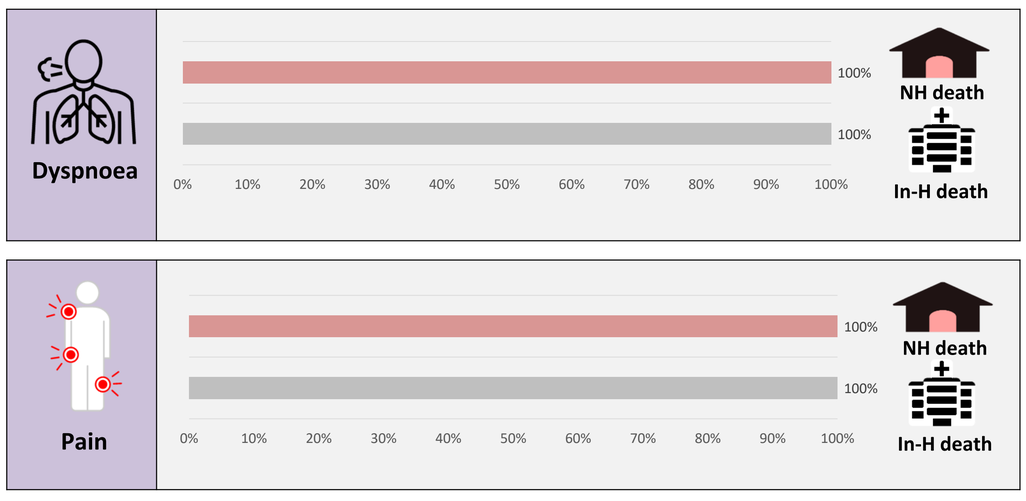


Fig 2. Symptom control between NH death and In-H death groups

Results (Continued)

3. Availability of standby prescriptions

- Standby prescriptions were higher for NH death than In-H death.

A) Opioids for dyspnoea and pain

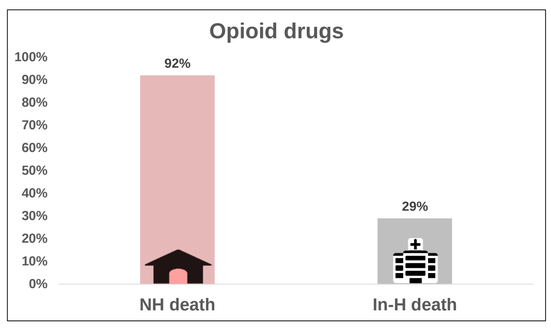


Fig 3A. Availability of standby opioids between NH death vs. In-H death group

B) Anti-secretory medications for oral and throat secretions

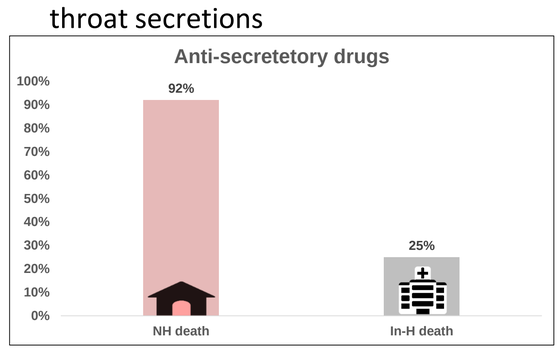


Fig 3B. Availability of standby anti-secretory meds between NH death vs. In-H death group

C) Anti-agitation medications for restlessness/anxiety

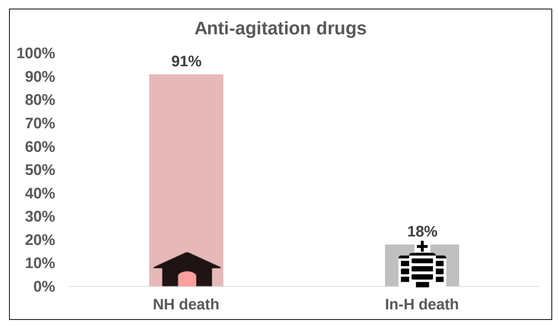


Fig 3C. Availability of standby agitation meds between NH death vs. In-H death group

4. Preparedness of families

- Comparing both groups, families were more prepared for NH deaths.

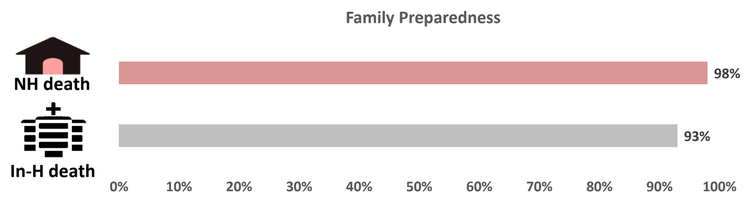


Fig 4. Preparedness of families between NH death vs. In-H death group

5. ACP concordance

- ACP concordance for care preferences and place of death were better met for NH death.

Place of Death	Concordance to Care Preference	Concordance to Preferred Place of Death
NH death	100%	100%
In-H death	87%	20%

Table 1. ACP concordance for care preferences and place of death

Discussion and Conclusion

Discussion:

1
- While hospitals are able to provide specialist palliative care and easier access to treatment, this study showed that dying in NHs was comparable to dying in hospitals for symptom control when NHs were empowered and supported.
- Provision of good symptom control care in NHs could be made possible with comprehensive medical support and EOL training for NH staff.

2
- In this study, families were more prepared for the deteriorating conditions and imminent deaths of the residents in the NH group.
- This suggested that communication regarding residents' EOL conditions and support for family members were provided by the NH and GeriCare teams.
- ACP concordance to preferred care and place of death was met in NH group. While ACP was pertinent, concordance to goal of care was achieved through improved EOL care in the NHs with the support of GeriCare programme.

3
- Only 20% of deaths in In-H group had their preferred place of death met (table 1), which demonstrated that most of the residents would have preferred an out-of-hospital death (i.e., NH, hospice, own home).
- Perception about the determinants of place of death could be used to advise care planning among healthcare providers, residents, and family members regarding the feasibility of dying in a nursing home.[2]
- It necessitates the provision of anticipatory EOL care in NHs as an integral part of good quality NH care.

4
- Anticipatory care requires symptom assessment and management, availability of medications[3] and goal of care discussions, which are fundamental to quality EOL care.

Conclusion:

- To achieve a good death (e.g., symptom control, concordance to goal of care, family preparedness), this study provided preliminary insights to the anticipatory care support which was vital to improve quality of death.
- This study also suggested that residents dying in NHs who were supported by a palliative care programme might potentially benefit residents and help families to better cope before and after deaths of their loved ones.

References

1. Mota-Romero, E., Esteban-Burgos, A. A., Puente-Fernández, D., Garcia-Caro, M. P., Hueso- Montoro, C., Herrero-Hahn, R. M., & Montoya-Juarez, R. (2021). NUrsing Homes End of Life care Program (NUHELP): developing a complex intervention. *BMC Palliative Care, 20 (*98). https://doi.org/10.1186/s12904-021-00788-1
2. Costa, V., Earle, C. C., Esplen, M. J., Fowler, R., Goldman, R., Grossman, D., Levin, L., Manuel, D. G., Sharkey, S., Tanuseputro, P., & You, J. J. (2016). The determinants of home and nursing home death: a systematic review and meta-analysis. *BMC Palliative Care, 15* (8). https://doi.org/10.1186/s12904-016-0077-8
3. 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/qod_index_2.pdf