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Establish a Diversified Palliative Care Network in Long-term Care Institutions

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INTRODUCTION

In Taiwan, 7,613 people died in long-term care facilities in 2022, but only 3,778 received palliative care, according to the National Health Insurance Administration. Hospice and palliative care have mainly been provided in hospitals or at home. Interviews with caregivers in three long-term care institutions revealed concerns about family blame, lack of medical resources, incomplete policies, and no specific palliative care guidelines. This often leads to elderly patients being sent to hospitals for emergency interventions during end-of-life stages. To address this, efforts are being made to expand palliative care resources from hospitals to long-term care institutions by introducing multidisciplinary medical teams and improving staff knowledge in these facilities.

AIM

Long-term care institutions must have back-up hospitals when implementing hospice care, providing complete assistance with educational resources and evaluation methods. It is hoped that a cooperation model between Taiwan's Northern District Hospital and long-term care institutions will be established to become the foundation for future institutional hospice care.

METHOD

To address these issues, the following strategies are proposed:

1. Develop protocols for end-of-life patient referrals, create referral forms for residents receiving institutional palliative care, and document family meetings outlining institutional palliative care plans.
2. Conduct training on palliative care knowledge and skills, covering criteria for palliative care acceptance, end-of-life symptom management, discussions on death and spiritual care, communication skills for family meetings, end-of-life preparation, discussion, and grief counseling for institution staff.
3. Provide professional nurse instructors to conduct clinical training within long-term care institutions.
4. Offer 24/7 consultation services through communication software.
5. Implement telemedicine consultations for palliative care residents in long-term care institutions.

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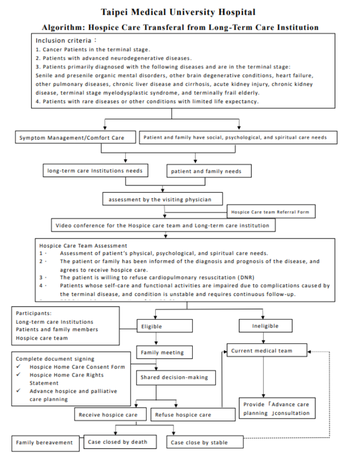
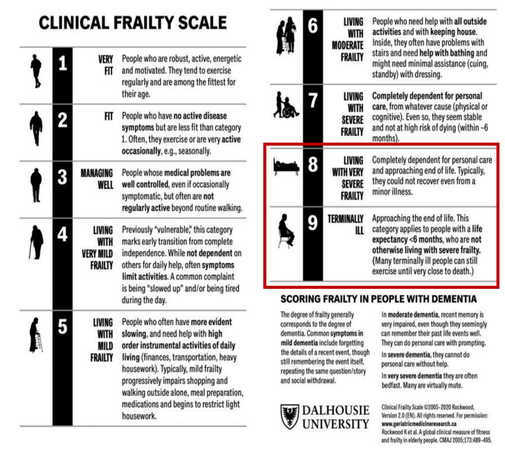
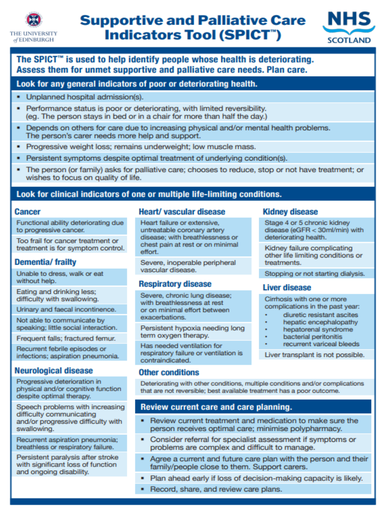
RESULTS

March 2023 to March 2024 Three long term care institutional to join the trial with a total of 134 person, converting 26 terminal patients to receive institutional hospice care

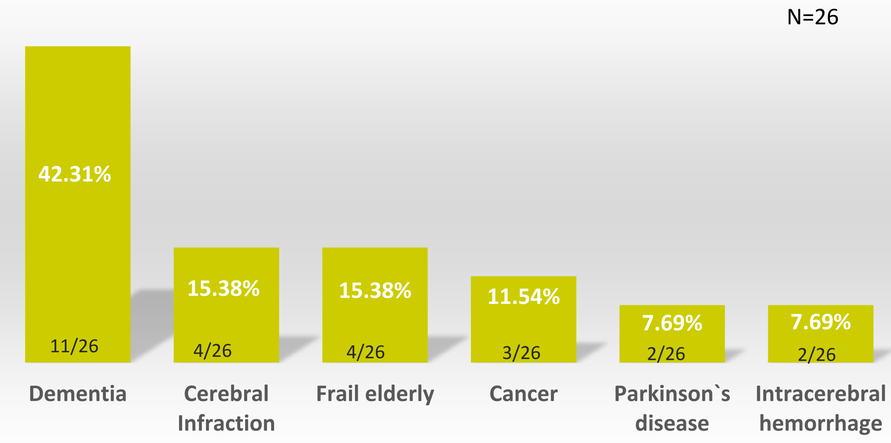
Referral Process



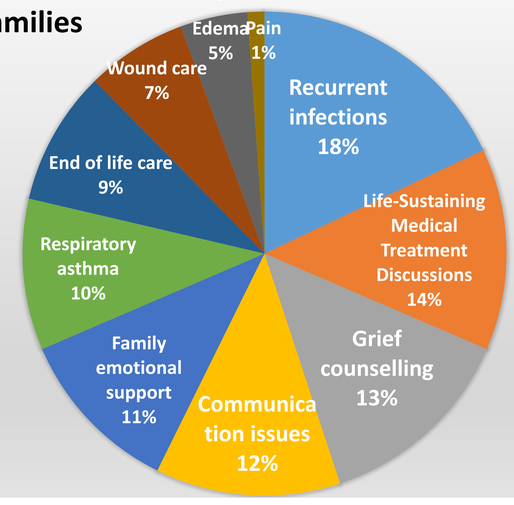




Diagnostic categories for receiving hospice care from institutions



Care difficulties of long-term care institutions and families



Education and training in Hospice care

Family Conference
-family
-hospice care team
-Long-term care facility staff

Terminal care、Symptoms Care、Wound Care...
Education for the Health and Care Workforce

Grief counseling
Four principles of life

Clinical teaching
-Wound care
-Comfort Nursing
-Dying care

Hybrid Meeting
-Interdisciplinary case conference
-Conference for Multiple Long-term Care Institutions

Conduct hospice care education and promotion
-hospice care
-Advanced Care Planning (ACP)

- ✓ Of the 26 patients who received institutional palliative care, 11 individuals died in long-term care institutions, and the mortality rate in long-term care institutions increased from 0% to 81%.
- ✓ 24/7 telemedicine consultations were provided, with a 0% emergency department visit rate.
- ✓ Education and training Course satisfaction score 4.8/5 points.
- ✓ Workers of different nationalities and cultures to take cared patients end of life care, recognize the appearance of life, and in order to improve death literacy.
- ✓ Organized 3 cross-agency and professional online case care discussion meetings to achieve inter-agency care exchange and learning.
- ✓ 32 members of the public participated in the promotion of palliative care and signed the ACP.

CONCLUSIONS

Institutional hospice does not adhere to a standardized model; instead, its goal is to assist institutions in autonomously providing palliative care services.

The promotion of palliative care in institutions aims to enhance communication between staff and families , reinforce the value of individualized palliative care , and reduce medical over intervention. Positive feedback from families indicates the necessity of comprehensive implementation of palliative care in institutions.

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