



Singapore Healthcare  
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# To Honour ESTHER's (Patients in Assisi Hospice) Wishes to Stay at Home for As Long As Possible

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## BACKGROUND

Advance Care Planning (ACP) is a series of conversations that seeks to help a person reflect on, discuss and document future healthcare preferences based on the individual's values, beliefs and wishes. Preferred Plan of Care (PPC) is one of the three types of ACP and is suitable for a person suffering from serious and life-limiting illnesses. It explores the person's end-of-life care preferences, including his/her Preferred Place of Care (PPOC) and Preferred Place of Death (PPOD).

Many ESTHERs (patients in Assisi Hospice (AH)) often indicated their PPOC and PPOD as remaining in the Inpatient Hospice facility. These ESTHERs are usually above 60 years old and are either staying alone in (i) a flat, (ii) a rented room or (iii) sharing a rental unit with a flat mate. Interestingly, medical social workers (MSWs) from the Psychosocial Support Services (PSS) and Home Care Nurses have consistently observed that the true wishes of these ESTHERs were to stay in their own homes. This generated the team's interest to examine and understand ESTHER's wishes at the end-of-life and to honor them as much as possible.

## METHODOLOGY

ESTHER Café through face-to-face surveys with 13 ESTHERs were conducted in AH (Inpatient, Day Care and Home Care Services) to explore ESTHERs and their caregivers' experiences and concerns when discussing ACP.

Focus groups were conducted for staff from the three services to examine the state of ACP conversations in AH and identify areas of concern. A total of 19 healthcare providers (HCPs) i.e. doctors, nurses, social workers/counsellors were invited to the focus groups. Two sets of semi-structured questionnaires were created to guide the interviews with ESTHERs and HCPs.



Interviewing ESTHERs



Focus group with MSWs



Focus group with Nurses

## FINDINGS

**Table 1** highlights the result of the interview with 13 ESTHERs on their PPOC and PPOD choices. All respondents were NOT adverse to talking about their end-of-life wishes including their PPOC and PPOD. One indicated that "no one ask her about her PPOC and PPOD". Six stated lacked of caregiver at home as a primary concern. **Table 2** showcases findings from ESTHER Cafés with various care providers.

Options / Choices	PPOC	PPOD
Inpatient Hospice	6	5
Home	7	1
Others (no preference, hospital)	0	7

Table 1 – Results of PPOC and PPOD Choices

	Doctors	Nurses	PSS
Training	<ul style="list-style-type: none"><li>Confidence level (6-8/10)</li><li>Junior doctors were not formally trained in ACP</li><li>On-the-job training</li></ul>	<ul style="list-style-type: none"><li>Confidence level (6-8/10)</li><li>Formally trained</li><li>Desire for mentorship and guidance</li></ul>	<ul style="list-style-type: none"><li>Confidence level (7-8.5/10)</li><li>Lower confidence of the Pediatric MSW (4)</li><li>Formally trained</li></ul>
Values	<ul style="list-style-type: none"><li>Able to explore patient's values and preferences</li><li>Pragmatic approach in decision-making (patient's medical status is a strong determinant)</li><li>Will refer to PSS for added support services</li></ul>	<ul style="list-style-type: none"><li>Guided by what is best for patients</li><li>Try to fulfill patient's wishes as far as possible</li><li>Concerned that initiating ACP may jeopardize patient-nurse-relationship</li></ul>	<ul style="list-style-type: none"><li>Mindful and respectful of patient's expressed wishes</li><li>Focuses on patient's values and family dynamics when discussing ACP</li></ul>
Process	<ul style="list-style-type: none"><li>No standardized ACP documentation. Not all clinical services adopts the National ACP Form</li><li>Focuses more on PPOC &amp; PPOD during intake/ clerking</li></ul>	<ul style="list-style-type: none"><li>No standardized ACP documentation</li><li>No clearly-stated place to record ACP conversations between inpatient and home care team</li><li>ACP is not explored with patient if collusion is at play</li></ul>	<ul style="list-style-type: none"><li>No standardized ACP documentation</li><li>Doctors are usually the ones leading the conversation during intake/clerking</li><li>Sees the need for PSS to be more active to facilitate ACP discussion</li></ul>

Table 2 – Results of FGDs with Care Providers

## PROBLEM IDENTIFICATION & SOLUTIONS

A Fishbone Diagram (not shown in the poster) followed by a Pareto chart **Figure 1**, highlights the top five factors that inhibit (1) ESTHERs to voice their real wishes and/or (2) the team in honouring ESTHERs expressed wishes. Five solutions were subsequently identified. **Table 3** shows the proposed solutions and PDSA timeline.

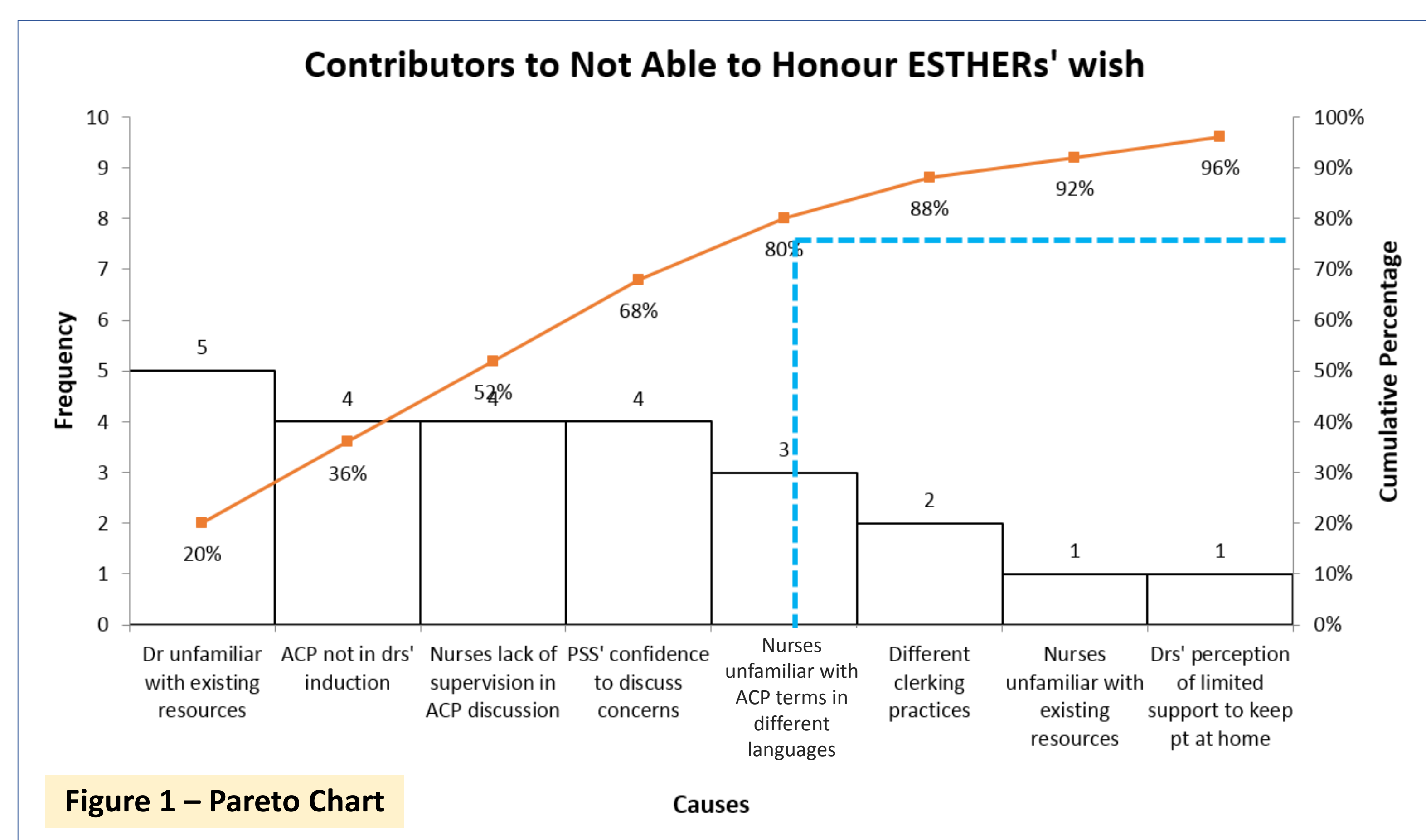


Figure 1 – Pareto Chart

S/N	Identified Solutions	PDSA Timeline
1	ACP Sharing at a weekly Journal Club	Quarter 1 of 2019
2	Sharing of existing resources at doctors' orientation	Quarter 1 of 2019
3	Cheat sheet for doctors on existing resources	Quarter 1 of 2019
4	Identifying in house ACP champions	Quarter 1 of 2019
5	Attend Train-the-Trainer for ACP	Quarter 4 of 2019

Table 3 – Identified Solutions

## MOVING FORWARD

This is an on-going project and the path forward is to interview another cohort of 10 newly admitted ESTHERs on their experiences on ACP conversations received. We will also survey the HCPs between May and July 2019 to measure (1) changes in ESTHER's experiences during ACP discussion and (2) changes in the level of confidence and comfort of healthcare team in leading ACP discussions.