

Journal Watch

Improving the Use of Hospice Services in Nursing Homes A Randomized Controlled Trial

Presented by: Dr. Srinivasa Manchikanti, R2 Family Medicine, during morning rounds at the Tertiary Palliative Care unit, Grey Nuns Hospital on June 9 / 09.

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Context Hospice care may improve the quality of end-of-life care for nursing home Residents, but hospice is underutilized by this population, at least in part because physicians are not aware of their patients' preferences.

Objective To determine whether it is possible to increase hospice utilization and improve the quality of end-of-life care by identifying residents whose goals and preferences are consistent with hospice care.

Design, Setting, and Participants Randomized controlled trial (December 2003-December 2004) of nursing home residents and their surrogate decision makers (N=205) in 3 US nursing homes.

Intervention A structured interview identified residents whose goals for care, treatment Preferences, and palliative care needs made them appropriate for hospice care. These Residents' physicians were notified and asked to authorize a hospice informational visit.

Main Outcome Measures The primary outcome measures were (1) hospice enrollment Within 30 days of the intervention and (2) families' ratings of the quality of care for residents who died during the 6-month follow-up period.

Results Of the 205 residents in the study sample, 107 were randomly assigned to receive the intervention, and 98 received usual care. Intervention residents were more likely than usual care residents to enrol in hospice within 30 days (21/107 [20%] vs 1/98 [1%]; $P_{.001}$ [Fisher exact test]) and to enrol in hospice during the follow-up period (27/207 [25%] vs 6/98 [6%]; $P_{.001}$). Intervention residents had fewer acute care admissions (mean: 0.28 vs 0.49; $P=.04$ [Wilcoxon rank sum test]) and spent fewer days in an acute care setting (mean: 1.2 vs 3.0; $P=.03$ [Wilcoxon rank sum test]). Families of intervention residents rated the resident's care more highly than did families of usual care residents (mean on a scale of 1-5: 4.1 vs 2.5; $P=.04$ [Wilcoxon rank sum test]).

Conclusion A simple communication intervention can increase rates of hospice referrals and families' ratings of end-of-life care and may also decrease utilization of acute care resources.

Strengths:

- RCT
- Comprehensive data disclosure: patient demographics, Good exclusion criteria, Procedural methods and parameters. Sex ratio balanced
- Diversity of sample population – ethnicity, social status

Weaknesses / Limitations:

- Small size of sample. Not blinded
- US based study- may not be relevant to the level of care in Canada
- All 3 nursing homes have their own hospice programs, making this study less suitable to nursing homes without their own hospice program or access to community hospice.
- Diagnostic data resident characteristics were extracted from the medical record and therefore may be inexact.
- This study did not examine processes of care during the follow-up period.

Relevance to Palliative Care:

This study creates an opportunity for a similar study in Canada (If not already done) and implementation of similar intervention which may lead to increased utilization of hospice services by the residents in the long term care facilities in Canada.

The results reported herein show that a simple communication intervention can improve the quality of end-of-life care and decrease resource utilization by promoting earlier access to hospice care in nursing homes.

As majority of elderly spend more time in nursing homes near the end of life, it will become increasingly important to emphasize simple, low-cost interventions like this one that can help to ensure that residents and their families have access to the best possible quality of care.