PERCEIVED BARRIERS TO PALLIATIVE CARE SERVICES IN NURSING HOMES

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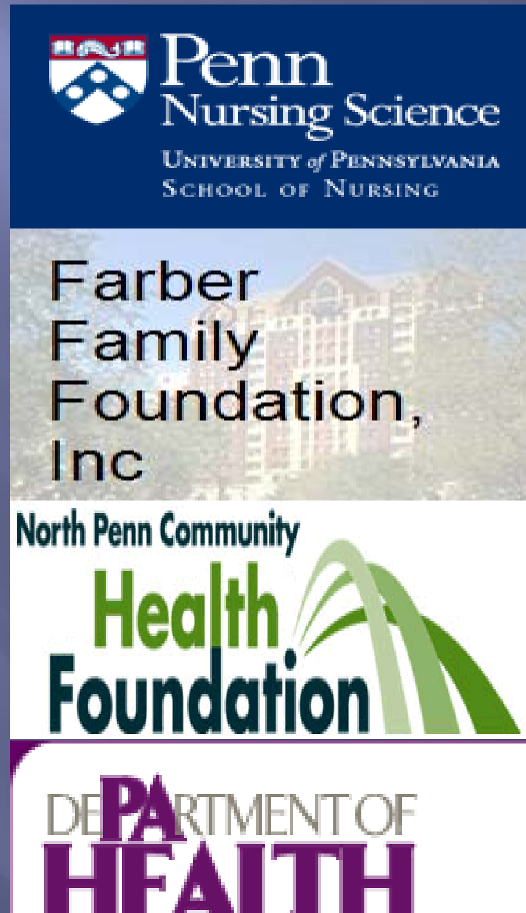
Acknowledgements



Background

1. 20% of deaths in US occur in nursing homes
2. 50-60 % of residents die within two years after admission
3. Emphasis on restorative care
4. <15% of residents have access to hospice

Aims

- To identify and describe the extent and characteristics of palliative care services in Pennsylvania nursing homes
- Identify the barriers perceived by nursing home administrators/medical directors in providing palliative care services

Methods

- Part of larger study of palliative services in Pa. nursing homes
- 89 nursing homes surveyed
  - “High Level”: 7 or more criteria
  - “Low Level”: 3 or less criteria
- 90 minute ethnographic interviews

Criteria

1. Palliative care in strategic plan,
2. Residents deemed eligible are defined and communicated to services,
3. Policies/ procedures follow AGS guidelines
4. Policies/procedures follow standards alternative/complementary therapies,
5. Promote/support advance care planning,
6. Resident/family satisfaction form
7. Acknowledged need for palliative care services,
8. Pain management in staff development
9. Pain assessment/ management protocols in training materials.

Comparison of nursing homes with high levels or low levels of palliative care services

Characteristic	High Level %	Low Level %
Profit status		
Profit	70%	60%
Non profit	30%	40%
Facility size		
Large	78.2%	74.3%
Small	21.8%	25.7%
Region		
Rural	28.3%	33.3%
Urban	71.7%	66.7%
Policy for pharmacological management of pain	85.5%	26.9% [a]
Policy for nonpharmacological management of pain	44.4%	4.2% [b]
Deficiencies in recent state survey (mean)	3.5	7.3 [a]

[a] $p < 0.001$

[b] $p = 0.002$

Major Themes

- Culture of Care
- Medical vs. Social Model
- Hospice Partnerships
- Role of Staff

Low Level Discourse

- *"In nursing homes every regulation means that we have to maintain the person at their highest physical well being."*
- *"We're so geared towards- and the regulations are too-towards doing everything absolutely humanly possible to maximize our residents."*

High Level Discourse

- ***"We've shifted our model due to a general acceptance of making the end of life as positive as possible as opposed to denying the inevitable death –and more acceptance of just letting people live the life they have- not going to the hospitals, having less done with diagnostic tests and invasive procedures."***

Model of Care: Low Level

"We have a clinical model that's moving more towards a medical model…."

"The medical needs are quite great for the long term care population. Our medical director is a certified medical director."

Model of Care: High Level

"We do a very good job of addressing the medical things, but the 3 plights of residents are boredom, helplessness, and loneliness, and so we started our journey of changing our culture. We also put the decision making in the hands of those working directly with residents, addressing emotional and social needs in addition to physical"

Hospice: Low Level

- *"When the staff says, ‘Hey this person is terminal’ then we let the family choose between one of three hospices. Of course, the length on hospice is always shorter than what hospices would like.”*
- *“We primarily use the term hospice- I can’ t say we use the term ‘end of life’, we really don’t use ‘palliative care’ as a term. We call in hospice for ‘palliative’ treatment when someone is shutting down.”*

Hospice: High Level

“We asked the hospices for feed back. They told us that some facilities they go to staff are territorial and feel like hospice is intruding. But with our staff, they’re partners, and they’re all here for the same reason. So we include them in care plan meetings. They said they like coming here because we work with them as a team.”

Role of Staff: Low Level

- ***"Our chaplain is our 'hospice person'. He would bring up names during our clinical rounds."***

Role of Staff: High Level

- ***"Our mission is a mission of love. We make sure that we are hiring somebody who has love in the heart for the elderly"***
- ***"The housekeeper, like she wanted to do something very special for this woman, and she went out and got a flower-We have beautiful gardens here- and she brought in the flower and placed it over top of the sheet. This women was going to be transported to the morgue. And everybody just kind of stopped and looked…She said 'I wanted to honor her"***

Conclusions

- **The Culture of Nursing Home Care**
  - Motivating Change
  - Supporting Local Champions
  - Demystifying End of Life Care

Thank you!

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