PROJECT INFORMATION

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Do Palliative Care Teams in Nursing Homes Improve the Quality of End-of-Life Care for Nursing Home Residents?

Principal investigator

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Organization

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What was the research about?

Nearly one in three Americans lives in a nursing home at the end of their life. Prior studies have shown that when residents are dying, the care nursing homes give may not always match what the residents want. For example, many nursing home residents don't get enough help with pain. Also, nursing homes may send patients to the hospital for treatment when they would prefer to stay where they are.

In this study, the research team wanted to learn if giving nursing homes support to set up and train palliative care teams would improve care quality for dying residents. Palliative care aims to prevent and treat suffering. The palliative care teams included nursing home staff such as doctors, nurses, and social workers. These teams worked with experts for several months to learn how to care for patients using a palliative approach.

The research team compared two groups of nursing homes: those that had the team training and those that didn't. The team looked at

- Residents' pain and depression symptoms in the last 90 days of life
- How often residents went to the hospital in the last 90 days of life
- Whether residents died in the hospital or nursing home

What were the results?

There was no difference in these three areas between nursing homes that had and didn't have team training. But of the 14 nursing homes that had the training, 6 had palliative care teams that worked together well, based on staff interviews. The other 8 homes didn't have consistently working teams.

The research team compared the six nursing homes with working palliative care teams and the eight other nursing homes. In nursing homes with working palliative care teams, fewer residents who died did so in the hospital. Residents of nursing homes with working teams had fewer symptoms of depression in the last 90 days of life than residents of nursing homes without working teams. Residents' pain severity and the number of hospital admissions in the last 90 days of life were about the same at nursing homes with and without working palliative care teams.

Who was in the study?

The study used Medicare data for 5,830 deceased residents from 25 nursing homes in New York. These residents were at least 65 years old. More than 90 percent of residents were white, and 65 percent were women.

What did the research team do?

The research team assigned 14 nursing homes by chance to receive staff training in palliative care and 11 nursing homes to not receive training. The team helped set up and train the palliative care teams. After

training, a palliative care nurse practitioner worked with nursing home staff for two months to guide patient care. The nurse practitioner then consulted with nursing home staff as needed for another 8 to 10 months.

The research team looked at Medicare records for the location of residents' deaths and their hospital admissions, pain, and depression in the last 90 days of life.

Patient advocates, palliative care experts, and nursing home managers helped the research team design the study.

What were the limits of the study?

Some nursing homes were better able to support the new palliative care teams than other nursing homes.

Results may have been different if all nursing homes were able to form and maintain working palliative care teams.

Future research could look at ways to create palliative care teams that work well in more nursing homes.

How can people use the results?

Palliative care may help improve end-of-life care for nursing home residents. But nursing homes may need more or different types of support to provide this type of care.

To learn more about this project, visit www.pcori.org/TemkinGreener116.