



## **Article Review**

### **Improving The Use of Hospice Services in Nursing Homes: A Randomized Controlled Trial**

David Casarett, MD, MA; Jason Karlawish, MD; Knashawn Morales, ScD; Roxane Crowley, BA; Terre Mirsch, RN, BSN, CHPN; David A. Asch, MD, MBA

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#### **Key Points**

- ✓ Hospice care is underutilized by nursing home residents, at least in part because physicians are not aware of their patients' preferences.
- ✓ The study authors hypothesized that more residents might enroll in hospice care if physicians, residents, and families were encouraged to discuss hospice as an option for care.
- ✓ The study goals were to determine whether an intervention promoting communication about hospice care can increase hospice enrollment and improve the quality of care that residents receive at the end of life.
- ✓ The intervention was designed to help physicians identify those residents whose goals, preferences, and palliative care needs would make them appropriate for hospice care.
- ✓ By increasing access to hospice care, the authors were able to improve families' ratings of the care that residents received at the end of life.
- ✓ The intervention could feasibly be implemented in most long-term care settings because it can be administered in several minutes by any member of the health care team.
- ✓ The intervention was efficient, resulting in hospice referral for approximately 20% of residents within 30 days.
- ✓ The benefits of hospice care may be greater for those patients who are referred earlier.
- ✓ Intervention residents had less frequent hospital admissions and spent fewer days in an acute care setting.

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## Abstract

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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 enroll in hospice within 30 days (21/107 [20%] vs 1/98 [1%];  $P < .001$  [Fisher exact test]) and to enroll 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.

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