

Improving End-of-Life Care Planning in Nursing Facilities

James P. Cooney, Jr., PhD, Glenn M. Landers, MBA, MHA, Jennifer Harrison, RN, MBA,
Will Battles, MBA, MHA, Joan Stebel, RN, MEd



Research Objective

- To evaluate the effectiveness of a quality intervention to improve end-of-life care planning within nursing facilities.

Background

- The study is the last phase of a collaborative investigation to: 1) identify opportunities for improving nursing facility care at the end of life and, 2) design, initiate, and evaluate an intervention to improve that care.

Population Studied

- Forty randomly selected Georgia nursing facilities.

Design

- Study:
 - Nursing facilities were equally and randomly divided between experimental and control groups.
 - Thirty charts of patients admitted between January 1 and June 30 1999 were randomly selected from each facility (both experimental and control) prior to the intervention.
 - A second sample of patients admitted to the same nursing facilities between January 1, 2000 and June 30, 2000 was abstracted after the intervention to measure change.
- Quality Intervention:
 - A two-component quality initiative was implemented between January 1 and June 30, 2000 in the experimental facilities only:
 - An end of life planning component was added to the federally-required quarterly care plan review.
 - Staff were asked to implement a Physician Order for Life Sustaining Treatment (POLST).
 - In-service education and training programs were conducted for clinical and administrative staffs on:
 - CQI principles and techniques
 - POLST
 - Patient and family counseling on end of life care options.

POLST was pioneered in Oregon and subsequently implemented in several states in somewhat revised formats. It summarizes a patient's wishes for life sustaining treatment and related physician's orders. The completed form, normally printed in a bright color, is usually located in a visible position on the chart. The POLST moves with the patient during inter-institutional transfers to facilitate continuity of end of life care.

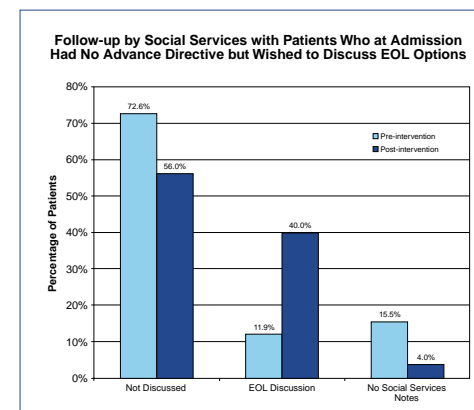
Research Question

- Can a quality initiative improve care continuity and end of life care planning within nursing facilities?

Principal Findings

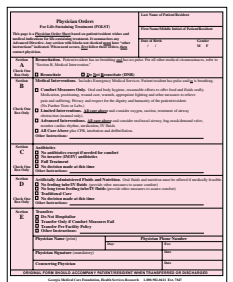
The following results were found to be statistically significant:

- An increase in the proportion of documented resident care plans.
- In the patient record, more centralized and prominently placed end of life care related documents.
- An increase by half in discussions of end-of-life planning options at patient intake.
- A tripling of post-intake follow-up discussions on end of life planning options.
- "Do Not Resuscitate" orders obtained much earlier in the patient stay.



Anecdotal findings:

- Statistically significant improvement more frequently associated with facilities where the administrators and/or medical directors proactively participated in the intervention.
- Positive reaction from nursing facility and hospital clinical and administrative staff to the availability of the POLST form and its potential to improve care continuity.
- Greater emphasis on process rather than outcome in regard to the Patient Self-Determination Act.



Conclusions

- Quality interventions designed to improve end-of-life care planning within nursing facilities can initiate positive change. However, even greater change would be possible if end of life care discussion "triggers" were included in the required, quarterly minimum data set (MDS).
- While such interventions, though preliminary and small scale, proved successful in the Georgia study, long-term effects remain to be measured.
- While the POLST was positively received and initially demonstrated potential for care improvement and cost control, further research is necessary to demonstrate the full potential of the document.

Implications for Policy, Delivery, or Practice

- A mandate, unfortunately, will be required for wide scale, effective implementation. However, past Georgia studies have indicated that the mandate for the Patient Self-Determination Act has produced only conformity to the letter of the law and not its spirit. Therefore, for effective implementation of at least the end of life care improvements recommended in this Study, a new type of policy mandate is required that will facilitate compliance in both letter and spirit.

For more information, please contact the Georgia Health Policy Center at 404-651-3104.