
End-of-Life Care in Nursing Homes Is Gradually Improving

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I. Background: Over 25% of U.S. deaths occur in nursing homes. Yet, very few nursing home residents receive optimal end-of-life (EOL) care. Nursing home residents who receive hospice care tend to have superior pain assessments, less invasive procedures, and enhanced satisfaction with care.

II. Research Objectives: In light of recent initiatives to enhance EOL care, we conducted a secondary analysis of minimum data set (MDS) assessment data from 103 nursing homes to document recent trends in EOL care.

III. Methods: MDS assessment data were linked with mortality data for individuals residing in these facilities from January, 2004 through December, 2006. The sample included 31,559 residents from 2004; 33,808 from 2005; and 33,796 from 2006.

IV. Results: Our findings demonstrated a progressively increasing incidence of dying residents who had “Do Not Resuscitate” orders, from 46.9% of the residents who died during the first 6 months of 2004 to 77.6% of those who died during the last 6 months of 2006. The percent of residents who were identified as terminal prior to death increased from 15.3% in early 2004 to 17.8% in late 2006. Hospice use among the residents who died increased from 8.3% to 13.5%. The proportion of decedents who received tube feedings during their last 3 months of life decreased from 9.6% to 7.7%. Chi-square tests for each of these changes were all significant at $p < .001$.

V. Conclusions: While these recent findings demonstrate improvements in EOL care, they also support the belief that the dying trajectory is frequently undocumented and many residents who could benefit from hospice care do not receive it.

VI. Implications for research, policy, or practice: Difficulties associated with terminal prognostication and reimbursement policies that favor rehabilitation over palliative care continue to be major barriers to quality EOL care in nursing homes.