

Risk Considerations in Palliative/End-of-Life Care

Question

Do palliative/end-of-life care programs exist in all senior care organizations, and what are some considerations in relation to providing palliative care services?

Answer

Palliative care programs do not exist in all senior care organizations. According to the National Academy for State Health Policy, less than 5 percent of individuals who could benefit from palliative care receive it.¹ Also, despite the fact that many residents in senior care organizations have several chronic medical conditions, including dementia, less than half of these organizations have a palliative care program.²

Palliative care services include pain and symptom management, care coordination, care of psychological and spiritual needs, assistance in care transitions, family support, and team-based multidisciplinary support. These services can help residents and their families deal with the symptoms of chronic diseases, be more prepared to anticipate and avoid crises, and reduce unnecessary and unwanted care.³

Palliative care teams use a whole-resident approach, with medical, nursing, and social work professionals providing care with assistance from chaplains, nutritionists/dietitians, rehabilitation specialists, and pharmacists. The palliative care team may also collaborate with other healthcare providers as needed.

In the most ideal situation, a physician recommends and initiates palliative care when diagnosing a resident with a life-threatening disease or illness. However, this referral often doesn't happen until the resident's life expectancy is less than 6 months, which makes them eligible for a Medicare/Medicaid hospice benefit. However, research shows that quality of care and survival is better for residents who receive palliative care.⁴

Palliative care is particularly needed in care transitions because these situations can disorient and disrupt residents, which may set the stage for risky situations with adverse outcomes.⁵ Additionally, residents might be transferred to hospitals without palliative care programs or hospitals' palliative care teams may not be involved in inpatient care, which can frustrate residents/families and lead to fragmented care.

Following are some risk considerations for senior care organizations in relation to providing palliative care services:

- Determine whether the senior care organization is sufficiently taking care of the palliative care needs of its residents and families.
- Join a learning collaborative for help on devising and improving your organization's palliative care services.
- Create a palliative care program. Pinpoint team members, provide tools and resources, and design and implement the program as a team.
- Administer an organizational policy that explains the organization's palliative care services and specifies what needs to happen to trigger a referral or consultation for it.
- Ensure that information and counseling about appropriate palliative care options are distributed to residents (and families) with advanced debilitating illness.
- Train physicians and nurses on communication techniques that will facilitate productive conversations about palliative care with residents and families.
- Review the organization's credentialing and privileging criteria to ensure that it addresses core competencies for palliative care providers within their scopes of practice.⁶

Endnotes

¹ Purington, K. (2019, November 8). *Seven ways state policymakers can promote palliative care*. National Academy for State Health Policy. Retrieved from www.nashp.org/seven-ways-state-policymakers-can-promote-palliative-care/

² ECRI Institute. (2021, January 12). *Palliative care programs*. Retrieved from www.ecri.org

³ Purington, K., *Seven ways state policymakers can promote palliative care*.

⁴ Ibid.

⁵ ECRI Institute, *Palliative care programs*.

⁶ Ibid.

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