### Improving the Hospice Patient Experience

The following summaries of recent peer-reviewed studies and articles describe the benefits of improving patient experience and reducing suffering in the hospice setting. Citations are linked to articles when available.

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- Oncology health care providers should strive to stay informed about current best practices for end of life care—including ways to improve communication about end of life matters, enhance bed-side compassion, manage pain and other distressing symptoms, and attend to non-medical factors like coping and social support.  
- Hospice is strongly associated with quality of death, and high quality pain management is the leading reason for this. Providers should be vigilant about tailoring treatments to patient wishes and timely referrals to hospice. |
| Jones, B. W. (2013). Evidence-based practice in hospice: Is qualitative more appropriate than quantitative. Home Healthcare Nurse, 31(4), 184-188. | To define a balanced approach to quality outcomes in hospice care that involves both quantitative and qualitative research. | - Applying a purely scientific approach with randomized clinical trials to research on the pain and suffering of hospice patients ignores many elements and components of pain; not all pain is medically-based.  
- Empathy and compassion are components that come into play in end-of-life care and must be considered in a research paradigm that strives to determine the most effective practices for improving end-of-life care.  
- The greater medical research field needs to recognize how invaluable qualitative research is to end-of-life care and that qualitative research findings may at times have greater relevancy than quantitative methods. |
- Advance care planning meetings are a medium through which the clinician can clarify the patient’s questions, fears, and values.  
- An increased frequency of clinician-guided end-of-life discussions of all levels of care can lead to improved patient-centered care. |
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| Terry, M. (2013). Thinking outside the box: A performance improvement model with 10 best practices to reduce hospitalizations. *Home Healthcare Nurse*, 31(6), 338-339. | To outline best practices that produce real and sustained performance improvement for home health care and hospice organizations. | - Patient engagement and patient activation—or putting the patient at the center of care—is at the core of home health care and hospice best practices.  
- Patient engagement is the “blockbuster drug of the century.” Each clinician, leader, and physician needs to embrace this concept so patients can truly benefit.  
- Each leader must develop a roadmap to achieve success that includes providing training resources to develop the organization’s capacity to begin performance improvement. |
- Hospice care reduces general health service use and costs.  
- Using hospice care increases the likelihood of effective pain management and of death not occurring in a hospital. |
- Using a patient-centered approach that employs end-of-life planning helps achieve the goals of care.  
- End-of-life care planning must include questions about control of end-of-life symptoms (e.g., pain, shortness of breath, nausea), allowing time with family, desire to go home, spiritual peace, reflection on life, and mending broken relationships. |
| Furman, C. D., Doukas, D. J., & Reichel, W. (2010). Unlocking the closed door: Arguments for open access hospice. *The American Journal of Hospice and Palliative Care*, 27(1), 86-90. | To cite arguments that support open access hospice as a tenable option over standard hospice. | - Open access hospice allows for fuller informed consent of available beneficial treatments that may slow or halt disease (i.e., treatment beyond “comfort care”).  
- Open access hospice has demonstrated improvement in patient satisfaction and lower costs of care.  
- Open access hospice allows patients to be enrolled earlier in hospice, enhancing the quality of end-of-life care. |
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| Walker, K. A., & McPherson, M. L. (2010). Perceived value and cost of providing emergency medication kits to home hospice patients in Maryland. The American Journal of Hospice and Palliative Care, 27(4), 254-260. | To compare perceptions of hospice managers and clinicians regarding the value of Emergency Medication Kits (EMKs) and to assess outcomes.                                                                  | • EMK use is valuable for increasing quality of care, satisfaction, and cost savings.  
• EMK is associated with considerable improvement in patient outcomes related to symptom management.  
• Both managers and clinicians in hospice perceive significant improvement in quality of care measures (e.g., time to symptom control) and a trend toward increased satisfaction. |