# 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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<th>Study</th>
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| Jones, B. W. (2013). Evidence-based practice in hospice: Is qualitative more appropriate than quantitative. Home Healthcare Nurse, 3(4), 184-188. (Not peer reviewed) | To define a balanced approach to quality outcomes in hospice care that involves both quantitative and qualitative research.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. |
| Motley, M. (2013). Improving patient-centered care through advance care planning. Journal of the American Academy of Physician Assistants, 26(6), 38-43. (Not peer reviewed) | To describe how discussing end-of-life issues can reduce overtreatment and undertreatment and improve patient satisfaction with care. | - Communication between patients and surrogates before a medical crisis is crucial to in-the-moment decision making.  
- 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. |
| Terry, M. (2013). Thinking outside the box: A performance improvement model with 10 best practices to reduce hospitalizations. Home Healthcare Nurse, 3(6), 338-339. (Not peer reviewed) | To outline best practices that produce real and sustained performance improvement for home health care and hospice organizations.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. |
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| Kumar, G., Markert, R. J., & Patel, R. (2011). **Assessment of hospice patients’ goals of care at the end of life.** *The American Journal of Hospice and Palliative Care,* 28(1), 31-34. | To evaluate satisfaction with inpatient hospice goals at the end of life and to determine steps for program improvement.                                                                                     | ▪ Identifying and honoring hospice patient wishes improves satisfaction with care.  
▪ 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. |
| 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. |