Disseminating Palliative Care Knowledge and Practice in Nursing Homes: Lessons from the Nursing Home Culture Change Movement (TH318-A)

Susan Miller, PhD MBA, Brown University, Providence, RI
Denise Tyler, PhD, Brown University, Providence, RI
Renee Shield, PhD, Brown University, Providence, RI

Objectives

- Describe the prevalence of palliative care and culture change practices in resource poor nursing homes.
- Contrast the presence of motivators and resources available for facilitating implementation of palliative care versus culture change practices in nursing homes.

Original Research Background: Resource-poor nursing homes (NHs) (ie, those that rely primarily on Medicaid funding) are less likely to implement innovative practices. However, in a 2009-2010 national survey we found some resource-poor NHs did implement higher levels of palliative care (PC) and/or culture change (CC) practice.

Research Objectives: To determine what factors enable resource-poor NHs to implement PC and/or CC practices.

Methods: In 2013 we conducted 16 qualitative telephone interviews with administrators of resource-poor NHs with differing levels of PC/CC practice implementation (per 2009-2010 survey): (a) low CC and PC, (b) low CC and high PC, (c) high CC and low PC, or (d) high CC and PC. Interviews began by asking about the types of PC or CC practices that had been implemented and then explored the strategies used to overcome barriers to implementation, including the resources and/or outside networks or groups that may have facilitated change. Interviews were coded and themes identified using a modified grounded theory approach.

Results: By 2013, most low CC NHs (in 2009-2010) had increased their implementation of CC practices, but low PC NHs had not increased their extent of PC practice. Administrators reported numerous facilitators of CC implementation but few for PC. To implement CC practices, administrators discussed receiving information, assistance, and motivation from outside entities such as state surveyors, culture change coalitions, and NH associations. In contrast, the few NHs who had implemented high levels of PC practices reported learning about PC primarily through their hospice provider.

Conclusions: Our results indicate that for innovative practices to be implemented in high Medicaid NHs, information and resources must be fairly ubiquitous.

Implications for Research, Policy, or Practice: Motivation, support, and informational resources from government entities, professional associations, and advocacy groups appear to be needed to encourage the widespread dissemination of PC in NHs.