Hospice Quality and Grief: Honoring Patient Preferences Matters (FR467-D)

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Objectives

- Identify important opportunities to improve the quality of hospice care.
- Understand association of bereaved family members’ perceptions of the quality of care and their self-reported level of grief.

Original Research Background: Few studies have examined predictors of grief among hospice primary caregivers.

Research Objectives: Characterize bereaved family members’ perceptions of the quality of hospice care with their level of grief.

Methods: Respondents from six hospices drawn from diverse regions of the country completed an interview (response rate 53%) at 6 months post death. Interview content focused on a core set of questions for all patients about unmet needs for symptoms, concerns with communication, emotional and spiritual support, problems with care coordination, adherence to patient’s goals of care, and sociodemographic characteristics. A multivariate linear regression model was used to examine predictors of the level of grief as measured by the Inventory of Complicated Grief—Revised Short Form (ICG-R) by Prigerson and colleagues.

Results: Interviews were conducted with bereaved respondents (32% spouse, 50.5% child) regarding the quality of hospice care in 537 decedents (mean age 78.5, 56.2% female, 18.9% black). The ICG-R mean score was 44.5 (SD 9.5), and varied from 11 to 55 (lower score indicating worse grief). A multivariate linear regression found the hospice primary caregiver’s perception that the patient’s wishes were not followed was associated with a 4.7 point lower grief score. Other measures associated with worse grief included concerns with coordination (4.1 points lower, 95% CI -7.0, -1.2), lack of spiritual support (3.7 points lower, 95% CI -6.9, -0.42), and no prior experience with hospice (2.7 points lower, 95% CI -4.6, -0.74). Persons with a formal advance directive had improved grief score by 2.3 points (95% CI, 0.2, 4.4).

Conclusions: Primary caregivers’ prior experience with hospice and their perceptions of concerns with the quality of care are associated with their level of grief 6 months after the death of the patient.

Implications for Research, Policy, or Practice: This cross-sectional study suggests that efforts to improve hospice quality may lead to diminished grief.