Timing of Survey Administration After Hospice Patient Death: Stability of Bereaved Respondents (FR457-D)

Eleanor Dibiasio, Brown University, Barrington, RI
Joan Teno, MD MS, Brown University, Providence, RI
Melissa Clark, PhD, Brown University, Providence, RI
Carol Spence, PhD, National Hospice and Palliative Care Organization, Alexandria, VA
David Casarett, MD MA FAAHPM, University of Pennsylvania Health System, Philadelphia, PA

Objectives
• Discuss the types of hospice quality measures that are most and least susceptible to instability between 3 and 9 months after death when bereaved family members are surveyed.
• Discuss the types of hospice quality measures that are most and least susceptible to instability due to changes in grief when bereaved family members are surveyed after death.

Original Research Background: The Affordable Care Act requires the public reporting of hospice quality of care using a bereaved family member survey. However it is not known what time point after death offers the most stable, reliable responses.

Research Objectives: To examine the stability of bereaved family members’ survey responses when administered 3, 6, and 9 months after the death of the hospice patient.

Methods: Bereaved family members from six hospice programs from diverse geographic regions were interviewed at 3, 6, and 9 months after the death of the hospice patient. All respondents completed a core survey. Those who died at home, free-standing inpatient unit, or nursing home completed a site-specific module. Stability of response was based on proposed top-box scoring of each survey item with kappa statistics, and multivariate regression models were used to assess directionality and predictors of change.

Results: We had a total of 1,532 surveys returned by 643 respondents (17.4% black, average age 61.7, 50.5% a child respondent) about decedents who used hospice services (55.3% female, average age 78.6, 57.0% noncancer, 40.0% died at home). There were no significant differences in decedent or respondent characteristics across time points. The average kappa between 3 and 9 months was 0.54 (range: 0.42-0.74) for core items, 0.58 (0.41-0.69) for home-specific items, and 0.54 (0.39-0.63) for nursing home items. To analyze the effects of grief, we assessed the stability of responses from respondents with improvement or worsening of their grief scores by 1 standard deviation from the mean change in grief between 3 and 6 months. Even among individuals who demonstrate large grief changes, core survey items demonstrate moderate to high stability over time.

Conclusions: Bereaved family member responses are stable between 3 and 9 months after the death of the patient.