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Hospitals and Nursing Homes Can Learn Much from Hospice Care

There is much value in training hospital and nursing home staff in the basics of palliative care to make the last days of a dying patient's life as comfortable and dignified as possible, according a study that saw the benefits of introducing palliative care strategies, typical of hospices, within the setting of Veterans Affairs Medical Centers.

Although conducted with U.S. veterans in mind, their findings can have a wider impact, as most Americans will eventually die within the inpatient setting of a hospital or nursing home. The study appears in the *Journal of General Internal Medicine*

The Best Practices for End-of-Life Care for Our Nations' Veterans (BEACON) trial was conducted at six Veterans Affairs Medical Centers, where over 1,620 staff members received training in various processes of care relevant to the dying. It aimed to test the value of introducing such processes of care within the inpatient setting of a hospital or a medical center to ease the end-of-life experience of dying patients and their families.

The multi-component intervention included training hospital staff on how to identify dying patients, how to communicate the prognosis to patients and families and how to implement best practices of traditionally home-based hospice care in the inpatient setting. The intervention was supported by an electronic order set - called a comfort care order set - and other educational tools to prompt and guide implementation by hospital staff.

The study found that this broadly targeted intervention strategy led to modest but statistically significant changes in several processes of care. These include more orders for opioid medication for pain and shortness of breath, antipsychotic and benzodiazepine medications for delirium, agitation and anxiety as well as medications for rattling breathing, sometimes known as a death rattle. The removal of nasogastric tubes and the presence of advance directives (for example a living will) also highlighted the value of a more comprehensive plan that pre-empts and decreases the anticipated distress of patients and families in the last hours of life.

The results of the BEACON trial indicate the strategy's potential for greater dissemination to improve end-of-life care for the thousands of patients who die each year in inpatient settings.

AHRQ’s Health Care Innovations Exchange Focuses on Employee Wellness and Health Promotion Programs

The latest issue of ***AHRQ's Health Care Innovations Exchange*** features three profiles of innovations designed to promote employee wellness and reduce healthcare costs. One **featured profile** describes an incentive plan offered by the state of Connecticut that improved screening and medication adherence, increased use of primary care services and reduced specialty and emergency department visits.

Enrollees in the plan enjoy several financial benefits, but also must meet various requirements to remain in the program, including obtaining age- and gender-appropriate assessments and screenings and disease management services. Enrollees receive regular reminders about unmet requirements and have access to tools to help meet them. Of the 54,000 eligible employees and retirees, 98 percent voluntarily enrolled in the new program.

After implementation of the program, per-member-per-month healthcare costs for active employees grew at an annual rate of just 2.2 percent compared with an 8.9 percent annual rate for the 2.5-year period before the program was offered. The Innovations Exchange Web site contains more **innovation profiles and quality tools** related to employee wellness.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 21	Improving Community Health Through Wellness and Nutrition (rescheduled from Nov., available for registration)
March 31	Statewide Perinatal Safety Learning Collaborative
April 4	Transforming Care at the Bedside
May 8	Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13	CUSP for ESRD in New Jersey
May 20	Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29	Adverse Drug Events

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