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fastfacts
Resources for Nursing Home Professionals

California HealthCare Foundation

End-of-Life Care Planning

Many nursing home residents do not have end-of-life care plans such as advance directives or durable powers of attorney for health care. Advance care plans protect residents by allowing them to take responsibility for their care and ensuring that their wishes are followed when they are dying. This FastFacts focuses on improving the use of end-of-life care planning in nursing homes.

Initiate Discussion on End-of-Life Planning

- **End-of-life care plans are important yet uncommon.** Under California law, all skilled nursing facilities must give residents written information about advance directives—but residents are not required to sign them. As a result, advance directives are not widely used despite the belief that end-of-life care plans are important. In one study, almost 72 percent of residents did not have their future treatment wishes documented in their medical record. Nursing home staff should make every effort to ensure that a resident's end-of-life care preferences are fully documented.
- **Discuss end-of-life care with residents and families.** Nursing home staff should initiate conversations with residents and their families. Provide residents with information about care planning and ask probing questions about their desires and concerns. During care conferences, an interdisciplinary team should review existing plans for residents and discuss the goals of care.
- **Determine residents' ability to make decisions.** Residents should make as many health decisions as possible as long as they are able to understand their basic medical situation. In one study, most residents (82.4 percent) could state a simple treatment preference but could not understand treatment alternatives or consequences. Always assess whether a resident can make decisions since even those with diminished capacity may still be able to voice their wishes.
- **Respecting end-of-life decisions saves money.** Respecting resident preferences can be cost-effective because it can reduce unwanted and costly care at end of life. One study found that about 40 percent of the Medicare budget is spent on the last 30 days of life. Other studies have shown that advance directives can save about 25 to 40 percent of health care costs during the last months of life. Overall, using advance directives reduces costs without affecting resident satisfaction or mortality.

Educate Nursing Home Staff

- **Understand differences between advance directives and durable powers of attorney for health care.** Advance directives allow patients to indicate specific interventions should they be unable to make their own decisions if they are terminally ill or have no hope of recovery. Advance directives are most useful when they are as detailed as possible about any future treatments, such as do-not-resuscitate orders or the use of feeding tubes. A durable power of attorney for health care names a person who has been appointed to make health care decisions for the resident.
- **Educate clinical staff about end-of-life care needs.** Offer training programs for clinical staff to improve their communication skills regarding death, grieving, and end-of-life care, and ensure that end-of-life documentation is complete and accurate. Also educate staff on cultural competency to assure that residents' cultural and religious beliefs are respected. If your facility works with a hospice, team up to provide end-of-life care education for residents and families.

Use Proper Documentation

- **Ensure end-of-life care documentation is transferred between providers.** Transfer any documentation between areas of care and different providers. Ensure that end-of-life care documentation is completed when receiving new residents and is communicated from hospitals.
- **Use proper forms for advance directives.** The California Medical Association uses the Documentation of Preferred Intensity of Care form. The Advance Health Care Directive (AHCD) form is used to appoint a power of attorney for

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health care and provide advance directives. Sample forms also are available from the California Hospital Association. Other states use the Physician Orders for Life-Sustaining Treatment (POLST) to document future health care decisions.

- **Resident preferences should be readily available and respected.** Sometimes preferences cannot be found or are not documented properly. Always place advance directives and durable powers of attorney in an easily located area of the medical record.
- **The long term care ombudsman must witness advance directives.** Under California Probate Code Section 4675, a long term care ombudsman must be a witness when advance health care directives are being signed by nursing home residents. The ombudsman ensures that residents understand the directives and are signing the documents voluntarily.
- **Revisit end-of-life care regularly.** Have ongoing discussions with residents and their families to see if their wishes have changed. This is especially important if a resident's health status changes or after major life events. Document in the chart when a resident lacks capacity for making decisions and when the resident regains capacity.

Increase End-of-Life Planning and Care

- **Begin interventions to increase end-of-life planning.** Residents strongly endorse advance care plans, but do not know how to go about setting them up. Effective interventions include physician education and use of social workers or counselors. Residents should be approached about advance care planning before they become too ill.
- **Initiate an advance care planning clinic.** Start a series of open-door clinics for discussing end-of-life issues. Invite residents' families and caregivers and have brochures and documentation forms handy. One nursing home began a program called "Let Me Decide" which helped increase patient satisfaction with decision-making. It found that advance directive documentation increased from 15 percent to 90 percent of residents in 12 weeks.
- **Use computer-generated reminders.** Computer-generated reminders can increase the rate of completion of advance directive forms. In one study, physicians who received computer-generated reminders discussed and completed advance directives for their patients more frequently than those who did not receive reminders (24 percent vs. 4 percent).

References

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Web Resources

California Coalition for Compassionate Care
www.finalchoices.org

California Hospital Association Consent Manual
www.calhealth.org

California Medical Association's Advance Health Care Directive Kit (forms in English and Spanish)
www.cmanet.org

Physician Orders for Life-Sustaining Treatment (POLST)
www.polst.org

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