

## The Association Between Assisted Living Direct Care Worker End-of-Life Training and Hospice Use Patterns

### **BACKGROUND**

Assisted living (AL) communities are residential facilities designed to meet the healthcare needs of older adults by offering 24-hour supervision and assistance. These communities offer a variety of healthcare services to their residents, one of which is end-of-life care. End-of-life care is known to improve resident quality of care outcomes in AL (i.e. lower nursing home admission rates, shorter hospital stays, and increased family satisfaction), as well as improve the dying process for residents. Despite this, residents of AL communities are continually being transferred to nursing homes in order to receive this end-of-life care, specifically hospice care. A major barrier to residents receiving hospice care in ALs is the staff not knowing the appropriate time to refer someone to this kind of care. However, training and education about this type of care for direct care workers might address this barrier and increase the rates of end-of-life care utilization. The goal of this pilot study was to further evaluate the relationship between the percentage of direct care workers trained on end-of-life care and the number of hospice admissions.

### **STUDY METHOD**

The pilot study sample included a subset of 45 large ALs (>16 bed) selected from a 2009 cross-sectional palliative and hospice-care survey study (n = 76). AL communities were included in analysis if their directors reported training data and if they were licensed for 17 or more beds. Required by state law, ALs with 17 or more licensed beds are

mandated to provide 24-hour direct care staff supervision. This feature is essential in determining AL compatibility for hospice eligible residents. The data was collected through surveys completed by AL administrators. Surveys measured (1) percentage hospice use in the last three months, (2) percentage of direct care staff trained in end-of-life care in the last year, and (3) AL capacity. Eligible communities were divided by the percentage of direct care staff trained, either being low (less than 59%, n = 21) or high (60% or more, n = 24).

### **FINDINGS**

The study indicated the percentage of direct care staff trained in end-of-life care predicts hospice utilization among residents. Specifically, ALs with 60% or more staff trained on end-of-life care results in a 3.64% increase in hospice use. These results suggest end-of-life training for direct care staff equips them to be better able to recognize, report, and enhance the end-of-life experience for residents.

### **POLICY IMPLICATIONS**

AL communities are beginning to take the first steps in meeting the care preferences of older adults who want to remain in their place of residence at the end of their life. It is imperative that staff are trained on identifying residents who need end-of-life care, specifically that of hospice and palliative care. Therefore, it is advised that national guidelines are enforced through

competency evaluations given by nurses or hospice agencies to ensure educational programs discuss care for residents nearing the end of their life and prepare all direct care staff who are working with older adults.

**Original Article**

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