

Journal Watch

Barriers to providing palliative care in long-term facilities.

Brazil K, Bedard M, Krueger P, Taniguchi A, Kelley M, McAiney C, et al. Can Fam Phys, Vol 52: April 2006 472-473.

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Abstract

Assess challenges in providing palliative care in long-term care (LTC) facilities from the perspective of medical directors using cross-sectional mailed survey. A questionnaire was developed, reviewed, pilot-tested, and sent to all licensed LTC facilities in Ontario with designated medical directors. 450 medical directors representing 531 LTC facilities received surveys. Responses were rated on 2 different 5-point scales. Descriptive analyses were conducted on all responses. Main outcome measurements included demographic and practice characteristics of physicians and facilities, importance of potential barriers to providing palliative care, strategies that could be helpful in providing palliative care, and the kind of training in palliative care respondents had received.

Results

Two hundred seventy-five medical directors (61%) representing 302 LTC facilities (57%) responded to the survey. Potential barriers to providing palliative care were clustered into 3 groups: facility staff's capacity to provide palliative care, education and support, and the need for external resources. Two thirds of respondents (67.1%) reported that inadequate staffing in their facilities was an important barrier to providing palliative care. Other barriers included inadequate financial reimbursement from the Ontario Health Insurance Program (58.5%), the heavy time commitment required (47.3%), and the lack of equipment in facilities (42.5%). No statistically significant relationship was found between geographic location or profit status of facilities and barriers to providing palliative care. Strategies respondents would use to improve provision of palliative care included continuing medical education (80.0%), protocols for assessing and monitoring pain (77.7%), finding ways to increase financial reimbursement for managing palliative care residents (72.1%), providing educational material for facility staff (70.7%), and providing practice guidelines related to assessing and managing palliative care patients (67.8%).

Conclusion

Medical directors in our study reported that their LTC facilities were inadequately staffed and lacked equipment. The study also highlighted the specialized role of medical directors, who identified continuing medical education as a key strategy for improving provision of palliative care.

Comments:

Strength/uniqueness:

Survey questionnaire was developed with end-of-life care experts and was pilot tested. Contained open-ended questions for comments.

Weakness:

Is a cross-sectional survey of LTC in Ontario only. Unsure how facilities, training and populations are similar to those in Alberta. Only medical directors motivated to respond would complete survey. Low response rate. Only assessed medical directors' thoughts, not other physicians/staff/patients in LTC.

Relevance to palliative care:

Assessed potential barriers to providing palliative care in LTC, which is relevant given difficulty getting into hospice and type of patients cared for in LTC. Highlighted areas for improvement, such as adequate staffing, education to physicians and staff, funding and creating practice guidelines.