

# Considerations in Palliative/End-of-Life Care

## Question

Do palliative/end-of-life care programs exist in all senior care organizations, and what are some considerations in relation to providing palliative care services?

#### **Answer**

Palliative care programs do not exist in all senior care organizations. However, research indicates that senior care organizations that have palliative care programs often have better outcomes than those that do not, and they also tend to have higher resident satisfaction.<sup>1</sup>

Unfortunately, less than 5 percent of individuals who could benefit from palliative care receive it, according to the National Academy for State Health Policy.<sup>2</sup> Also, even though many residents in senior care organizations have several chronic medical conditions, including dementia, less than half of these organizations offer comprehensive palliative.<sup>3</sup>

With palliative care services, residents receive pain and symptom management, care coordination, care of psychological and spiritual needs, assistance in care transitions, family support, and teambased multidisciplinary support. These services help residents and their families deal with the symptoms of chronic diseases, be more prepared to anticipate and avoid crises, and reduce unnecessary and unwanted care.<sup>4</sup>

Palliative care teams use a whole-resident approach, with medical, nursing, and social work professionals providing care with assistance from chaplains, nutritionists/dietitians, rehabilitation specialists, and pharmacists. The palliative care team may also collaborate with other healthcare providers as needed.

According to ECRI, physicians ideally would recommend and initiate palliative care when diagnosing a resident with a life-threatening or debilitating disease or illness. However, this referral often doesn't

happen until the resident is eligible for a Medicare/Medicaid hospice benefit. However, research shows that quality of care and survival is better for residents who receive palliative care.<sup>5</sup>

Palliative care is particularly needed in care transitions because these situations can disorient and disrupt residents, which may set the stage for risky situations with adverse outcomes.<sup>6</sup> Additionally, residents might be transferred to hospitals without palliative care programs or hospitals' palliative care teams might not be involved in inpatient care, which can frustrate residents/families and possibly lead to fragmented care.

Below are risk considerations for senior care organizations providing palliative care services:

- Determine whether your organization is sufficiently taking care of the palliative care needs of its residents and families.
- Join a learning collaborative for help on devising and improving your organization's palliative care services.
- Create a comprehensive palliative care program. Identify appropriate team members, provide
  tools and resources, and design and implement the program as a team. Routinely monitor the
  program's effectiveness and adjust as needed.
- Create a policy that explains the organization's palliative care services and specifies what needs to happen to trigger a referral or consultation for it.
- Ensure that information and counseling about appropriate palliative care options are distributed to residents (and families) with life-threatening or debilitating illnesses.
- Train healthcare providers on communication techniques that will facilitate productive conversations about palliative care with residents and families.
- Review the organization's credentialing and privileging criteria to ensure that it addresses core competencies for palliative care providers within their scopes of practice.<sup>7</sup>

Additionally, senior care organizations that develop palliative care programs should stay up to date about ongoing trends related to integration of technology, particularly artificial intelligence, in palliative care and any associated benefits and risks.<sup>8</sup>

### Resources

- Center to Advance Palliative Care: Long-Term Care Palliative Care Program Design
- National Hospice and Palliative Care Organization: Palliative Indicators in Long Term Care

#### **Endnotes**

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<sup>&</sup>lt;sup>1</sup> Seasons Hospice. (2023, March 27). *Can you get palliative care in a nursing home?* Retrieved from https://springfieldhospice.com/can-you-get-palliative-care-in-a-nursing-home/

<sup>&</sup>lt;sup>2</sup> Purington, K. (2019, November 8). Seven ways state policymakers can promote palliative care. National Academy for State Health Policy. Retrieved from www.nashp.org/seven-ways-state-policymakers-can-promote-palliative-care/

<sup>&</sup>lt;sup>3</sup> ECRI. (2015, March 24). Palliative care programs. *Continuing Care Risk Management*. Retrieved from www.ecri.org/components/CCRM/Pages/ResCare12.aspx

<sup>&</sup>lt;sup>5</sup> Ibid.

<sup>&</sup>lt;sup>6</sup> Ibid.

<sup>&</sup>lt;sup>7</sup> Ibid.

<sup>&</sup>lt;sup>8</sup> Bookner, M. (2024, May 29). How palliative care is changing in today's health care environment. *Hospice News*. Retrieved from https://hospicenews.com/2024/05/29/how-palliative-care-is-changing-in-todays-health-care-environment/

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