

Extra News Online

Study Examines End-of-life Care In Assisted Living

Resident, Staff Relationships Factor In Good Care

When an assisted living resident wishes to die in place, a community that supports that wish will benefit by developing systems of care that promote resident-staff relationships and optimize communication and collaboration among care providers and with hospice staff, according to a recent study in *The Gerontologist*.

The study presents the results of interviews with hospice and assisted living staff and describes factors that they consider important in providing good end-of-life care.

Examples of high-quality dying experiences included both situations where the dying process was relatively brief and those that occurred over extended periods of time.

The most critical factors in promoting good care at the end of life were found in the quality and nature of resident-to-staff and assisted living staff-to-hospice staff relationships, the study found.

Also found was a connection between the length of a resident's stay in the facility and the quality of the relationship the resident had with staff.

Respectful collaboration, clear communication, use of complemen-

tary knowledge and skills of staff, and shared expectations about the care were linked to positive staff relationships.

Based on these findings, the study's authors recommend that hospice programs design their services to support assisted living staff as well as patients and families. Also recommended are the development and testing of models of care by hospice and assisted living to support the care needs of residents at the end of life.

Two themes were consistently associated with care that went well: high staff commitment to the resident dying in their assisted living community and respectful collaboration among multiple care providers.

Making this happen were the following factors: administrator support for hospice and for residents dying in the assisted living setting, high levels of knowledge and positive beliefs about providing end-of-life care in assisted living, and consistent staffing patterns for hospice nurses and assisted living staff.

"If an assisted living facility was committed to providing end-of-life care to a particular resident, the staff went far above and beyond the usual level

of care provided to other residents or described in their policies," the study said.

Two additional factors—the length of time the resident had lived in the facility and whether they were well liked by the staff—were consistently associated with whether the facility would support the resident's staying in the facility as levels of care need increased.

The more assisted living staff knew the resident and liked them, the more likely they were to bend rules or go "above and beyond" in trying to facilitate dying in the facility, the study found.

"We don't normally do this level of care, but she has been a resident here so long, we want to keep her here and we will take care of her. We will do that," one hospice nurse said.

Almost all participants recalled experiences where, because of a long-standing relationship, the facility staff felt close to the dying resident as if they were family, the study found. "This closeness was an important factor in the level of care provided as well as whether the dying person could remain in the facility until death."

—Meg LaPorte