

Palliative Care Services in Long-Term Acute Care Hospitals: A National Survey Study

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Background

Long-Term Acute Care Hospitals (LTACHs) serve a critical role in the healthcare system by providing specialized care to over 70,000 patients each year who suffer from severe and complex medical conditions. These patients often require extended hospital stays following initial short-term hospitalization. Typically, LTACH patients are older adults, many of whom come from underserved populations, including racial minorities and dual Medicare-Medicaid beneficiaries. Their prognoses are similar as patients with metastatic cancer, with a median survival time of only about eight months after admission to an LTACH. Most of these patients spend the remainder of their lives in a hospital or a post-acute care facility.

Palliative care has been shown to improve quality of life and reduce healthcare costs by minimizing unnecessary medical interventions among people with serious illness such as those in LTACHs. Despite the clear need for comprehensive care, only about a third of LTACHs report having established palliative care programs. This gap highlights a critical area of need that could significantly impact patient quality of life and healthcare efficiency.

Study Aims

The primary objective of this study was to evaluate the prevalence and characteristics of palliative care programs in LTACHs. Specifically, the research aimed to understand the structural and operational differences between LTACHs with and without palliative care programs and to identify barriers and facilitators related to the implementation of these services. Characteristics of the workforce of LTACH palliative programs were also a focus of this study. Insights gained from this study are intended to inform strategies for the optimal design and implementation of palliative care services in LTACHs, aiming to improve care for this high-risk patient population.

Study Design

This study employed a descriptive cross-sectional survey approach, targeting leaders of LTACHs affiliated with the National Association of Long Term Hospitals (NALTH). NALTH, which focuses on advocacy, education, and research, represents approximately one-quarter of all LTACHs nationwide. The survey, conducted online, was developed based on existing tools used in acute care settings and adapted for the LTACH context with input from NALTH leadership. It included questions about the presence and characteristics of palliative care programs, staffing details, and perceived barriers to and facilitators of program implementation. Additional data from the Centers for Medicare & Medicaid Services were used to characterize participating LTACHs further.

Findings

Out of the 83 NALTH-member LTACHs surveyed, representatives from 42 hospitals responded, yielding a 50.6% response rate. Of these, 57.1% reported having a palliative care program. These programs were more commonly found in non-profit, independent facilities rather than facilities that were part of a larger LTACH chain. Services were predominantly provided in person and were typically contracted externally. Hospitals with palliative care programs reported many benefits, including improved patient management and satisfaction.

The study also highlighted significant gaps in service provision. Many LTACHs without a palliative care program still recognized the potential benefits of such services, with about a third actively exploring ways to establish them. Common barriers included difficulties recruiting suitable staff, financial constraints, and lack of leadership support. Respondents from facilities without a program also noted a substantial reliance on informal palliative care practices by existing staff members, such as social workers and nurses, to meet patient needs.

Limitations & Future Directions

The study's primary limitation is its reliance on data from NALTH members, which may not represent all LTACHs. This could affect the generalizability of the findings. Future research should expand to include a more diverse array of LTACHs and potentially incorporate longitudinal studies to track trends over time. Additionally, more in-depth qualitative research could provide richer details on the operational challenges and successes of implementing palliative care programs in these unique settings.

Policy Implications

The study's findings suggest several policy implications. First, there is a clear need for targeted support to facilitate the development and expansion of palliative care programs in LTACHs. This could include financial incentives, regulatory changes, or support for training programs designed explicitly for LTACH staff. Additionally, policies could enhance collaboration between LTACHs and larger healthcare systems or networks, providing critical support and resources for LTACHs struggling to implement these programs independently. Finally, considering the staffing challenges highlighted, policies addressing shortages in the healthcare workforce with palliative care expertise could be crucial.

Conclusion

The study effectively highlights the critical role of palliative care services in Long-Term Acute Care Hospitals (LTACHs), emphasizing the existing provisions and notable gaps in service. Despite the recognized benefits among LTACH leaders of palliative care in improving patient outcomes and reducing healthcare costs, many LTACHs lack structured palliative care programs. Various barriers, including staffing challenges, financial constraints, and the absence of supportive leadership or infrastructure, largely influence this discrepancy. Addressing these through informed policy changes and increased support could substantially improve the quality of care for some of the most vulnerable patients in the healthcare system.

Full Report

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