I Background – brief summary of existing knowledge in this area

- Increased hospice enrollees with primary diagnosis of dementia
- Different challenges than the average hospice patient (one with cancer or end-stage organ disease)
- National Consensus Project (NCP) for Quality Palliative Care does not mention eating problems

II Hypothesis of the study

- “Objective of this study was to quantify differences in quality measures, based upon domains proposed by the NCP and previous research, between individuals in hospice with or without dementia using data from the 2007 National Home and Hospice Care Survey (NHHCS)"

III Methods review

- Two-stage probability sample design
  - First stage – 1,545 agencies systematically and randomly sampled with probability proportional to agency size
  - Second stage – up to 10 hospice discharges per hospice agency and a combination of up to 10 current home health recipients and individuals discharged from hospice per mixed agency were randomly selected (discharge = alive or dead during a 3m period beginning 4m before the agency interview)
- In-person interviews (N=4,733) with hospice agency directors and designated staff in consultation with medical records (neither individuals or families interviewed)
- NCP domains (8): structure/process aspects of care, physical aspects of care, psychological and psychiatric aspects of care, social aspects of care, spiritual/religious/existential aspects of care, cultural aspects of care, care of the imminently dying, and ethical/legal aspects of care
- Matching NHHCS measures: report of depression, report of pain at the last assessment in hospice care, presence of standing orders for pain medications, presences of DNR, presence of any AD
- Variables: Primary DX by ICD-9 codes for dementia, TEN, pain (various scales and family report), medications (up to 25)
- Table I: demographics
  - Older in dementia group
• Longer LOS in dementia group
• More likely to be in NH in dementia group
• More likely to be discharged alive
• Greater rate of dementia in for-profit hospice

IV Results

• Table 2: quality measures
  o Dementia more likely to have feeding tube and this rate did not differ with those who had directive regarding feeding
  o Dementia more likely to have DNR
  o Dementia more likely to have continuity in residence
  o Dementia less likely to enroll in hospice last 3 days of life
  o Dementia less likely to have a report of pain at last assessment or have a standing order for pain medication
  o Dementia with report of pain did not have significant difference with in standing medication order compared to those without dementia
• Table 3: multivariate logistic regression – dementia remained significant predictor of tube feedings, no report of pain at last assessment and continuity of residence

V Authors conclusions/Reviewers Critique

• No author conflicts of interest
• Presence of pain not assessed in all individuals in hospice, but individuals with dementia were no more likely to have the report marked as “inapplicable/not assessed” or “don’t know” than other individuals
• Pain in dementia most commonly observational (54%), followed by numeric scale (19%), and FLACC (14%)
• Limited data set without individual/family satisfaction information (or nursing home satisfaction)

VI Summary for practice implications/questions for the group

• Should feeding tubes be a quality measure?
• Should all patients with dementia have a documented discussion regarding feeding tubes on hospice enrollment?
• Does everyone know about the Choosing Wisely campaign?