

Statement of the Problem

- Advanced Alzheimer's Disease and Related Dementias (ADRD) are an assemblage of serious illness affecting large numbers.
- Cognitive decline commonly limits decisionmaking capacity thereby compounding family caregiver distress.
- Needs of aging in place are often unmet without services to improve palliative care (PC) outcomes.¹

Background

A database literature search found that advance care planning (ACP) with surrogates is key to delineating goals of care, preparing for complications, and accessing PC and hospice in a timely fashion

- Attending to family caregiver burden²
- Early and recurring ACP³
- POLST conversations in PACE⁴

Purpose/Aims

This quality improvement project's purpose is to determine the effect of an expanding PC intervention for Programs of All-inclusive Care for the Elderly (PACE) participants with ADRD and their family caregivers. Specific Aims:

- To determine if ACP documentation improved
- To determine if family caregiver burden decreased
- To improve family caregiver satisfaction and feelings of support

Improving Palliative Care Outcomes for Patients with **Alzheimer's Disease and Related Dementias and** Family Caregivers

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Methods

Design: Quality Improvement **Sample:** PACE participants with ADRD and family caregivers **Setting:** Providence ElderPlace in Spokane, WA **Evaluation (Measures):** Quantitative and openended surveys of burden (Zarit-12) and satisfaction (4-point Likert) **Data Collection and Analysis:** Descriptive statistics and qualitative review **Timeline:** January 2022 – January 2023

Findings

PACE	CAREGIVER	ZBI-12	POLST	COMFORT CARE	IMPORTANT VALUES	QUALITATIVE REPORTING
home	partner	high	DNR/I	no	4	"family oriented and professional"
home	daughter	high	DNR/I	yes	4	"more talking is better"
AFH	sister	mod	Full Code	no	4	"grieving support is helpful"
AFH	sister	high	DNR/I	yes*	4	"honored in ways that reassured me"
home	daughter	mod	DNR/I	no	3	"helpful because I live so far away"
home	daughter	mod	DNR/I	no	3	"I know I can speak my mind"
home	partner	mod	Full Code	no	4	"in the home made this awesome"
					mean	
* death w/in 6 mo				3.71		

PACE participants and caregivers enrolled (N=7) ACP documentation 100%

- 3.71)
- "Family oriented" and "honored in ways that reassured"

Burden > moderate; satisfaction with ACP (mean =

- benefit from ACP
- PACE
- based care

- Lack of awareness

Acknowledgements/References

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www.cuanschutz.edu/MSPC

Conclusions

Patients with ADRD and family caregivers report

• Unmet needs may be better supported through expanding engagement with PC services set in

Future directions may align with hybrid in-person and remote technologies integral to community-

Limitations

Educational resource page shortcomings Difficulty in accessing Inadequately individualized

1. Ferrell BR, Twaddle ML, Melnick A, Meier DE. National consensus project clinical practice guidelines for quality palliative care guidelines. J Pall Med. 2018;21(12):1684-9.

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3. Bartley MM, Suarez L, Shafi RMA, Baruth JM, Benarroch AJM, Lapid MI. Dementia care at end of life: Current approaches. Curr *Psych Rep*. 2018;20(50):1-110.

4. Kim H, Bradway C, Hickman SE, Ersek M. Surrogates' experiences of engaging Physician Orders for Life-Sustaining Treatment discussions for persons with advanced dementia. J Am Assoc Nurse Pract. 2018;30(2):69-77.