Patterns of Functional Decline in Hospice: What Can Patients and Families Expect? (SA528-B)

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Objectives

1. Anticipate likely trajectories of decline for hospice patients based on patient characteristics.
2. Anticipate levels of functional status on the last day of life based on patient characteristics.

Abstract

Background: Although a decline in functional status is expected during hospice enrollment, it is not known whether decline happens more quickly for some groups of patients than for others.

Research Objectives: To describe the trajectory of patients' functional decline after they are referred to hospice.

Method: Prospective electronic health record-based study of patients in three hospice programs in the Southeast, Northeast, and Midwest US.

Result: A total of 10,344 patients were admitted between October 1, 2010 and May 31, 2011, for whom 53,286 PPS scores were recorded. After adjusting for the baseline PPS score, patients' scores declined an average of 3.45 points/week (95% confidence interval: 2.98-3.94). Three distinct trajectories of decline were identified. The most rapid decline was observed for patients with cancer (adjusted decline of 7.84 points/week; 95% CI 7.14-8.47) and stroke (6.37; 5.74-7.63). A significantly slower decline was observed in patients with pulmonary disease (4.55; 3.71-5.39) and cardiac disease (3.85; 3.22-4.48). The slowest decline was seen in patients with debility (1.47; 0.35-2.59) and dementia (1.33; 0.28-2.38). Of the 8,669 patients who died, 1,959 (22.6%) had a PPS score recorded in the last day of life. In an inverse probability-weighted sample of these patients, 35.9% had PPS scores of at least 40, indicating some oral intake, variable mental status, limited self-care, and an ability to get out of bed for at least part of the day.

Conclusion: Although functional status generally declines among hospice patients, this decline is heterogeneous and some patients retain some physical and cognitive function on up until the last day of life.

Implications for research, policy, or practice: Data that define trajectories of decline among hospice patients can assist healthcare providers in developing appropriate care plans.