

**IMPROVING IDENTIFICATION OF TERMINAL PATIENTS
IN LONG TERM CARE (LTC)**

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Purpose: To identify factors and develop a model to predict the probability of death within 6 months of admission to a LTC facility.

Sample and Setting: 15,050 residents admitted to 76 LTC facilities across the U.S.

Variables: The criterion variable was death within six months of LTC admission. Predictor variables were derived from a preliminary analysis of correlations between Minimum Data Set (MDS) admission assessment factors and death within a year. Some of the most significant predictive factors included: male sex, withdrawal from social interactions, resistance to nursing care, being bedfast, diagnoses of: dehydration, resistant infection, cancer, or the presence of an amputation.

Methods: Secondary analysis and logistic regression of MDS admission data, linked with mortality data. Using the model derived from logistic regression, we calculated risk scores for the probability of dying within six months.

Findings: 2,210 residents died within 6 months of admission. Only 309 (14.0%) of these residents who died had been identified and coded as terminal by the facility staff. Only 199 (8.5%) of the residents who died received hospice/palliative care prior to their deaths. Using our model, 496 (22.4%) of the residents who died could have been identified on admission as being terminal. Using the highest risk category in our model (.75 - .99 probability of death), 173 patients would have been identified on admission as being at the highest risk of death; and 147 (85%) of those residents actually died within six months.

Discussion: MDS admission data, collected by all U.S. LTC facilities, may be useful to increase the sensitivity and specificity of identifying terminal LTC patients. This information could be used to increase coding accuracy, trigger palliative care interventions, implement advanced directives, and improve patient and family education and preparation for end of life decisions.