Hospice-Academic Partnership to Improve Care for Vulnerable Populations at the End of Life

Type of Grant (Joint or Partnership): Partnership Development

Community Name and Description: Metro Denver Hospice

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Health Disparity Addressed: Improvements in medical science and health care have gradually changed the nature of dying in the U.S. Death is no longer predominately the sudden result of infection or injury, but is now more likely to occur slowly, in old age, and at the end of a period of life-limiting or chronic illness. In order to assure that this vulnerable—and growing—population receives the highest quality of care, we need rigorous studies that address important outcomes. Achieving this goal will require assuring that clinical organizations that care for persons at the end of life have the necessary training and infrastructure to participate in such studies.

Objective: Our overarching goal is to create a collegial climate for community-based research that lays the foundation for future funded translational research.

Approach: The Specific Aims of this proposed project are to:

1) Formalize a community-based participatory research (CBPR) process to address gaps in the evidence base related to care at the end of life. Specifically, to design strategies to:
   • Involve hospice communities in research and researchers in the hospice community,
   • Identify effective techniques for disseminating study findings and implementing research in the hospice community and, in the process, increasing scientific literacy in the hospice community; and
   • Enhance networks and infrastructure that will promote hospice-based research that not only takes place in the hospice community, but involves the hospice community in design, implementation, interpretation, and dissemination.

2) Develop and evaluate models for collaborative research and evidence dissemination between academic and community hospice settings via in-depth qualitative key informant interviews and focus groups to elucidate the complex factors that affect the ability of academics and hospices to collaborate on scientific endeavors.

3) Use the data developed in Specific Aim 2 to support ongoing academic-hospice community collaboration on future grant-funded research and translation of evidence into practice, improving care at the end of life.

Expected Outcome: At the end of this study we will have a well-characterized community hospice research laboratory capable of generating new knowledge to improve hospice and palliative care. We also will have tested a CBPR process and governance structure capable of guiding and enabling an enduring program of research. At the conclusion of the funding period, we expect to be poised to collaboratively develop project-specific funding proposals focused on improving end-of-life care.