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“I look forward to collaborating with Nexion Health to learn how to best embed real world trials in long-term care that result in access to sustained and integrated high-quality palliative and end-of-life care for people living with dementia and their care partners.”

Gail Towsley, PhD, MS, is an associate professor at University of Utah College of Nursing. As a gerontologist and licensed nursing home administrator, Dr. Towsley’s professional goal is to conduct non-pharmacological research that advances scientific knowledge about care delivery in long-term care (LTC) settings and specifically inform new approaches to palliative and end-of-life (EOL) care for residents living with dementia and their care partners. She has led the development of Me & My Wishes, personalized video recorded conversations with LTC residents with mild to moderate dementia that communicates residents’ care preferences for everyday and EOL. Videos are subsequently shared in resident care plan meetings.

Building an Academic Long-Term Care System Coalition to Improve Palliative Care

Nexion Health is a long-term care organization with 50 care centers providing skilled nursing, long-term care, memory care, rehabilitation, and assisted living within both urban and rural locales, in three states (Louisiana, Mississippi, and Texas).

Dr. Towsley will partner with an interdisciplinary team at Nexion Health to nurture a meaningful collaboration that blends research and clinical care expertise to better understand how palliative and EOL care is implemented in the long-term care system. Together, Nexion Health and Dr. Towsley will learn what needs to be done to conduct an embedded pragmatic clinical trial. Using community engagement approaches they will identify: 1) Key details of how the health care systems (HCS) currently provides palliative and EOL care for people living with dementia (e.g., workflows related to care planning, change in condition); 2) Essential elements of how the HCS would implement a new process (e.g., steps, resources); 3) Outcomes that are important to all levels of the HCS related to palliative and EOL care, including how they are or can be integrated into the electronic health record; and 4) Relevant data available via Long-Term Care Data Cooperative (e.g., what palliative and EOL data can be extracted and useful to LTC systems).