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Excellence in End-of-Life Care for Patients Dying in an Acute Care Hospital

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PURPOSE/PROBLEM

- Provide excellence in end-of-life care for persons dying in an acute care hospital
- 1/3 of 1,904,640 deaths among persons ≥ age 65 in the US occurred in hospitals in 2013
- Most die without the benefit of end-of-life care as evidenced by
 - Discrepancies in assessment of patient comfort
 - Lack of comprehensive emotional and psychosocial support
 - Physician orders reflective of acute care rather than best practices for comfort care

OBJECTIVES

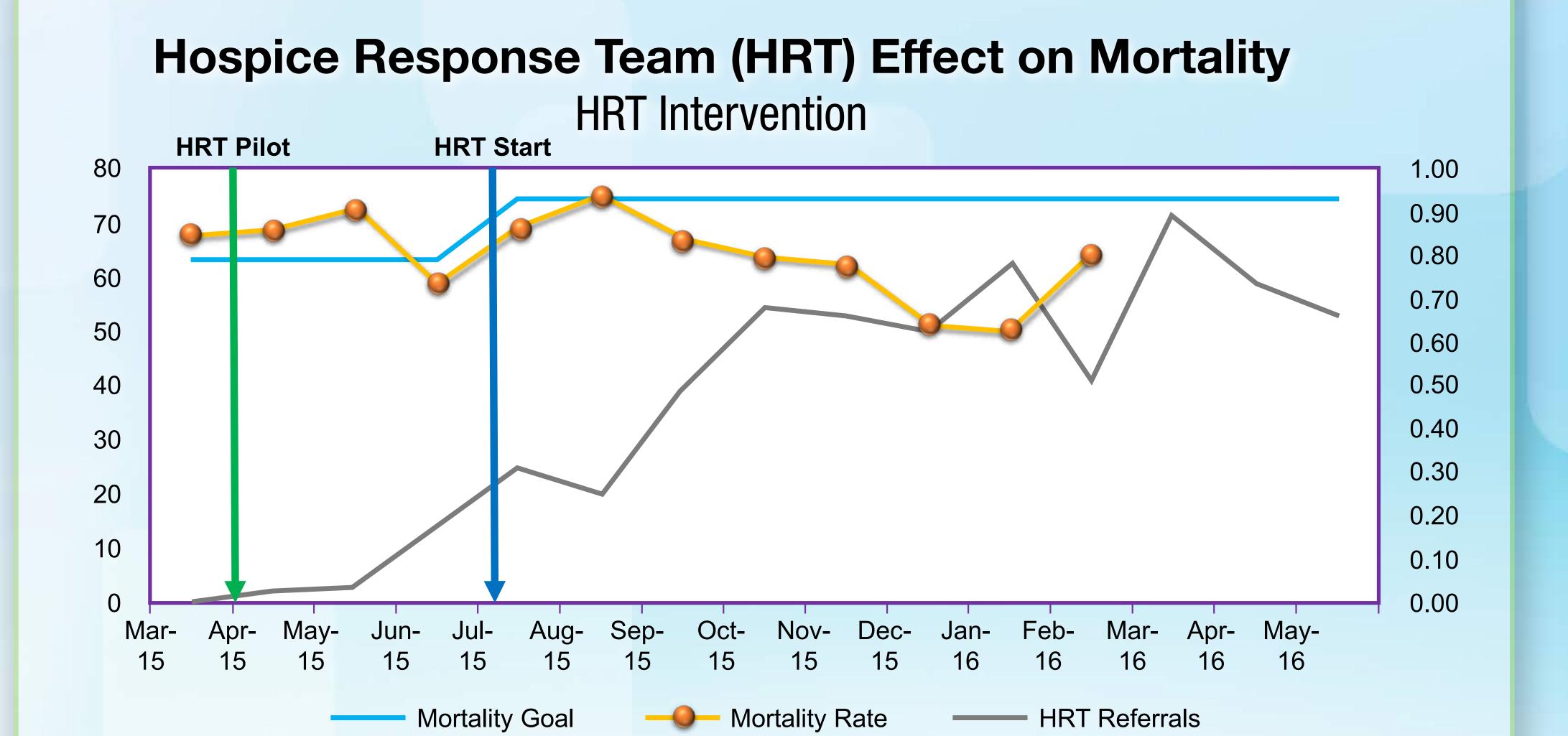
- Recognize the different care needs of persons dying in hospitals that necessitate improved end-of-life care expertise and creation of strong hospital and hospice team partnerships
- Promote provision of comfort care to the dying and their loved ones as an active, desirable, and important skill and integral component of nursing care in the hospital environment

INTERVENTIONS

Creation of a Hospital/Hospice Quality Project - "Better Care for the Hospitalized Dying Patient"

- Identification of hospital and hospice stakeholders
- Formation of End-of -Life Care Task Force and the "Hospice Response Team"
- Definition of patient population criteria
 - 24 to 48 hour prognosis
 - Too fragile to transport
- Hospital staff education on end-of-life care
- Upon each patient identification, Hospice Response Team meeting with the patient or loved ones to identify goals of care
- Patient/Family Visits
 - Hospice nurse at minimum twice/day
 - Hospice aide once/day
 - As needed
 - Social worker, spiritual counselor, volunteer, pet and massage therapy

RESULTS



Hospital Nurses Perception of Care (N=40)										
How Would You Rate the Quality of Your Patient's Dying	1 Terrible	2	3	4	5 Almost Perfect	Don't Know				
Patients with HRT intervention	0%	0%	5.88%	35.29%	52.94%	5.88%				
Patients without HRT intervention	3.92%	15.69%	35.29%	27.45%	15.69%	1.96%				
In your experience, rate the care your patient received in the last several days of his/her life from the healthcare team	1 Worst	2	3	4	5 Best Possible					
Patients with HRT involvement	0%	0%	9.8%	39.22%	50.98%					
Patients without HRT involvement	1.96%	17.65%	47.06%	21.57%	11.76%					

Hospice Education Series Pain and Symptom Management Evaluation Results								
N=36	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree			
Learned new knowledge	85%	15%	0%	0%	0%			
Able to apply new knowledge	95%	0%	0%	0%	0%			
Training activity will improve job performance	90%	10%	0%	0%	0%			

RESULTS - continued

Chart Audit Comparison of Hospital and Hospice Electronic Medical Record (EMR)									
EMR Comparison	20	15	2017						
Identified Pain	Hospital Record	Hospice Record	Hospital Record	Hospice Record					
Identified Pain	20%	35%	35%	50%					
Identified Respiratory Distress	55%	90%	48%	78%					
Identified Anxiety	15%	35%	15%	20%					
Identified need for comfort care-prior to hospice	30%	NA	35%	NA					
Counseling and support prior to hospice start of care	70%	NA	70%						
Counseling and Support after hospice start of care		100%		100%					
Spiritual Care referral made prior to start of care	30%		43%						
Spiritual Care referral made after hospice start of care		82%		68%					

ADAPTABILITY & FUTURE FOCUS

- Evaluate ease of program access by managing barriers created by the electronic medical record
- Increase referrals from the emergency room which may reduce hospital readmissions and impact patient flow
- Focus education efforts on multiple disciplines and specialties
- Improve documentation of patient symptom management
- Integrate care planning process
- Adopt a culture of continuous improvement to assure all of our dying patients' and their loved ones' goals are consistent with their expressed wishes
- Improve the physical "medical" environment of the patient's room

References:

- 1. Institute of Medicine Report: Dying in America, 2014, http://www.nationalacademies.org/hmd/~/media/Files/Report%20
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 2. CDC, https://www.cdc.gov/nchs/data/nhsr/nhsr084.pdf

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