Standardizing Care for End of Life Patients

The Problem

Approximately 20- 50% of Americans die in the hospital and between 15-50% of these people die in an Intensive Care Unit. Through careful data collection we found that here at BIDMC, there was a wide variation in the care being delivered to our end of life patients especially around the use of medications and access to consulting services like palliative care, social work, and chaplaincy.

Aim/Goal

To standardize care for end of life patients in the ICU and provide clinicians with a set of guidelines to help them better manage patients' symptoms. To improve patient and family satisfaction through standardized end of life care and support services.

The Team

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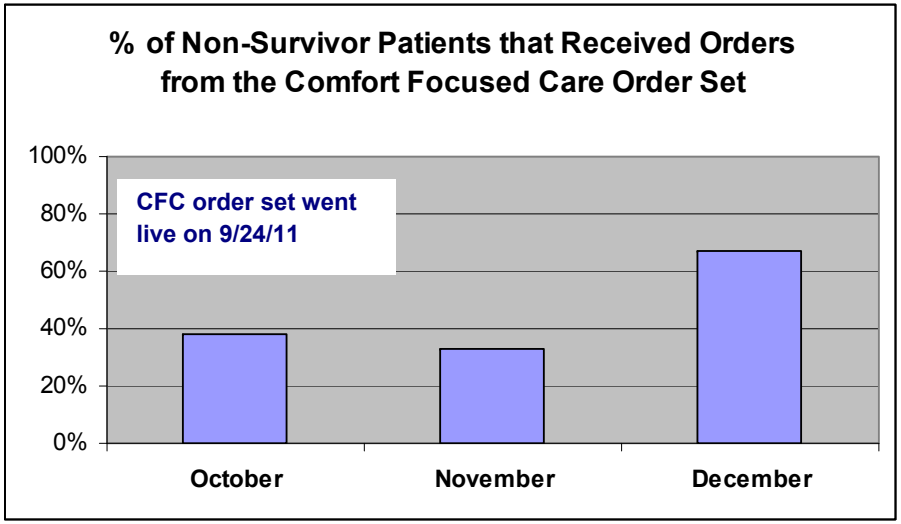
The Interventions

- Assessed current status of end of life care provided in all ICU's
- Performed an extensive literature review of published guidelines from other insitutions and adapted these guidelines to suit BIDMC
- Created a Comfort Focused Care Guideline
- Created a Ventilator Discontinuation Guideline
- Created a Comfort Focused Care Decision Tree
- Created a Comfort Focused Care Medication Algorithm
- Created a handout for patients and families on Comfort Focused care that was vetted through the ICU Patient and Family Advisory Council
- Educated physician and nursing staff across all ICUs through presentations and discussion

The Results/Progress to Date



Lessons Learned

At the start of this initiative, we worked extremely hard to involve members of multiple disciplines who are involved in the care of these patients. Our workgroup consisted of staff nurses, nursing leadership, pharmacists, physicians from medicine, surgery, palliative care, and transplant, respiratory therapists, pastoral care, the New England Organ Bank, and information support. We quickly learned that this broad based approach was not only helpful but a necessity. Everyone came to the group with their own set of experiences and their own insight. This wide array of participants allowed us to create comprehensive set of guidelines that applied to all of our ICU settings.

Next Steps/What Should Happen Next

We will continue to increase awareness of these tools amongst staff, as well as provide educational support. We will also continue to elicit feedback from staff on the order set and guidelines through a survey of all ICU nursing staff on the utility of the guidelines and the POE order set. We will then use these data to adapt the guidelines as needed.

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