

Enhancing Care at End of Life Through Transition to Hospice

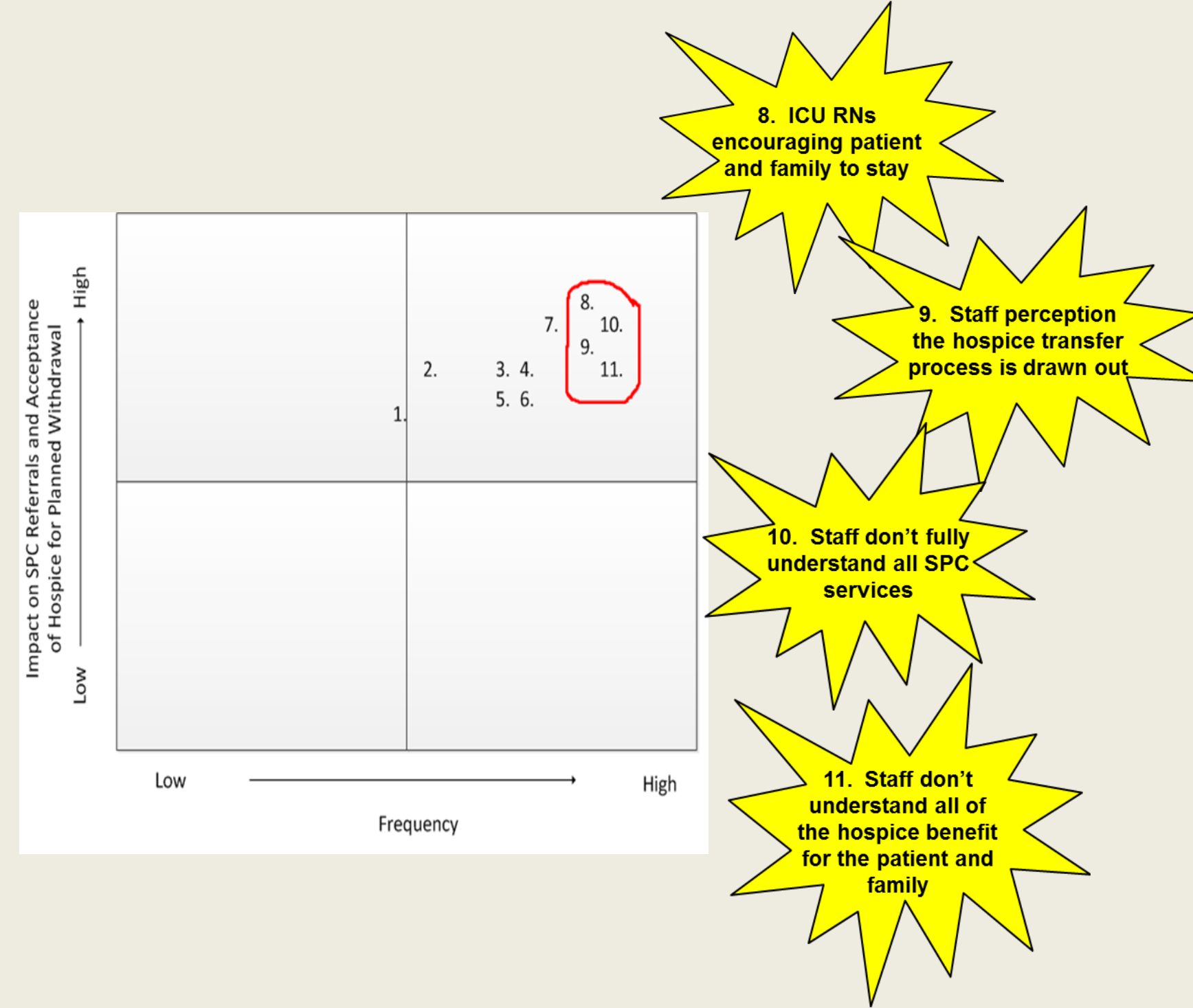
Baylor All Saints Medical Center at Fort Worth

Team Members: Shawnta Pittman-Hobbs, MD; Sommer Smith, LMSW, ACM; Ellen Pitcher, RN, MSN, MBA NEA-BC FACHE; Leslie Phillips; Kimberly Montgomery, MSN, ACNS-BC, CCRN-CMC; Danielle Reed, LMSW, ACHP-SW; Chuck Wallace, MDiv, MA, BCC; Terry Boyd, RRT, RCP; April Jones, BSN, RN, CCTN; Diana Stone, MSN, RN

BACKGROUND

- Withdrawal of life sustaining treatment in ICU patients at the end-of-life is a complex and difficult process that requires detailed planning and management.
- A organized approach is essential to providing family and staff emotional support and guidance.
- The intensive care unit (ICU) does not offer a conducive environment for grieving or specialized comfort care.

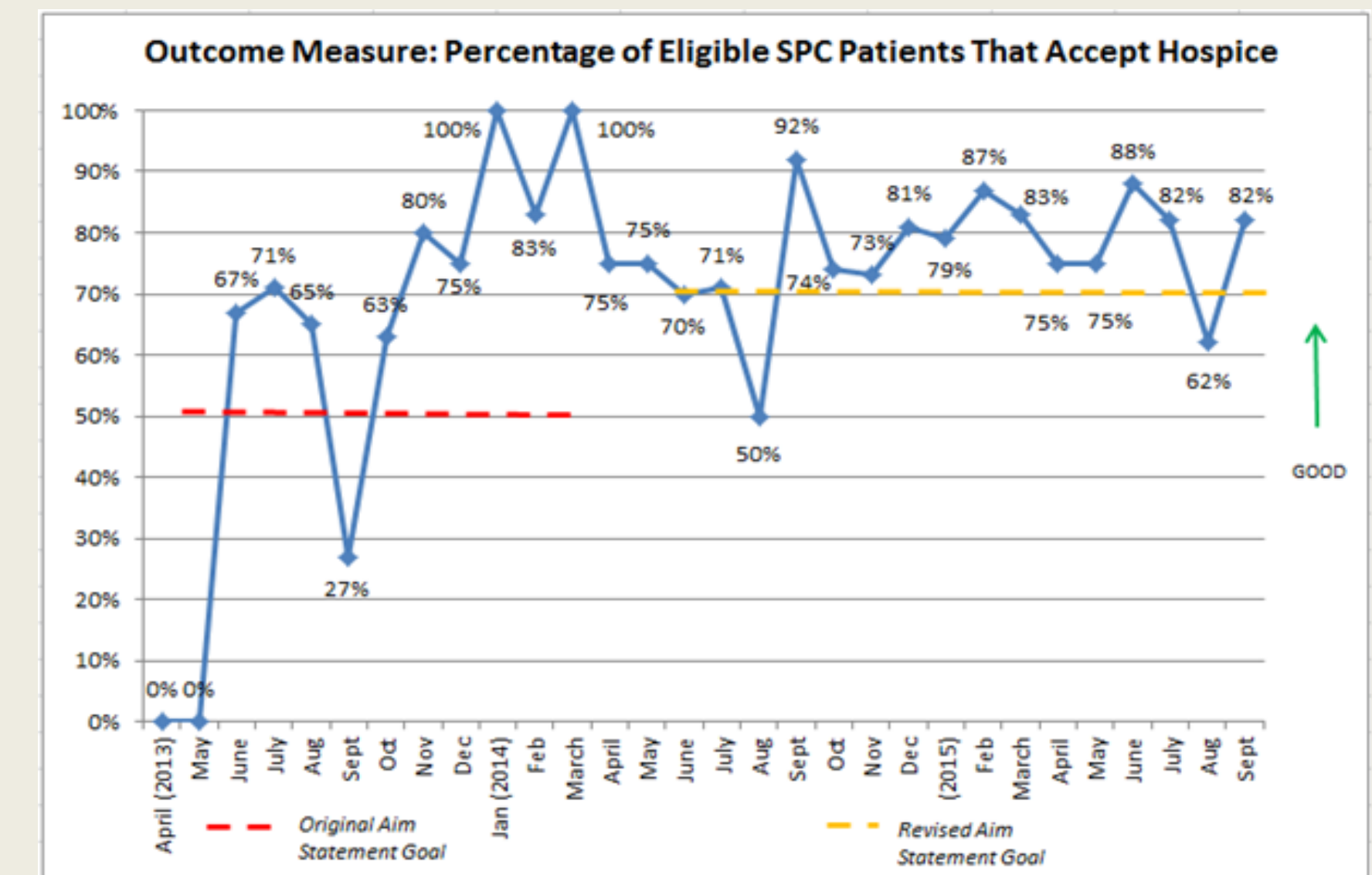
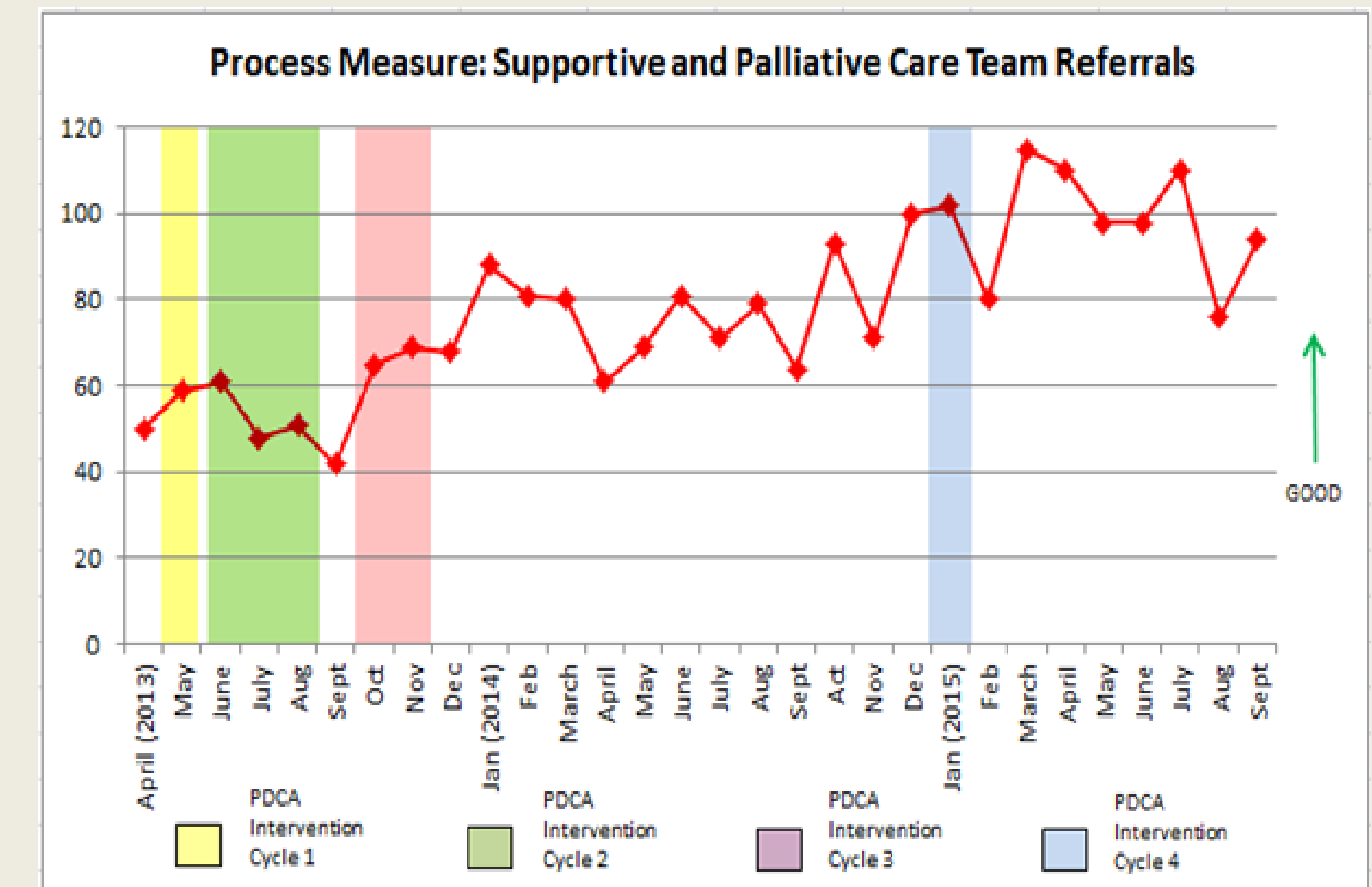
ISSUE PRIORITIZATION



PATIENT & FAMILY CENTEREDNESS

- Monitors are not present, allowing the focus to shift away from 'numbers' and towards treating visible / tangible symptoms
- The inpatient hospice setting allows for a more personal approach to care and a more homelike environment
- There are fewer distractions and interruptions – less noise, traffic from physicians and staff, and decreased exposure to unnecessary procedures/ labs/imaging
- Staff who are experts in death and dying can better support patients and families during their end-of-life experience
- Families receive ongoing bereavement services by trained hospice personnel for up to 13 months - including free access to support groups and individual/family counseling
- Child Life Specialist with expertise in helping the children involved with the dying patient
- Expert comfort care from nurses specifically trained in managing the symptoms associated with the dying patient
- Dedicated social work services to assist in final arrangements

RESULTS



Measure	BASMC Fiscal Year 2015 (through May)	National Benchmark Top 25% Performing Hospitals*
Percentage of hospital admissions that receive a SPC consult	9.9%	4.95% – 19.9%

Measure	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015 (through May)
Average days from hospital admission to SPC consult (lower is better)	4.72	4.47	3.50

INTERVENTIONS

- Approximately 15 Lunch and Learn classes were offered to nursing staff on day and night shift and during the week and weekends.
- A Baylor Learning Network educational module was created for all clinical staff related to SPC.
- There was formalization of the transfer process with hospice and clear instructional material developed and posted about process.
- VITAS hospice implemented a new step by inviting the patient's critical care RN to be a part of the actual transport / transfer process with that patient and family. Hospice welcomed visits by the hospital critical care nursing staff so they could feel included and maintain continuity of 'relationships' that had developed with the patient and family.
- The SPC Social Worker started attending the extended length of stay meetings to hear case presentations and offer feedback.

PROJECT OVERVIEW

- To enhance care at the end of life, Baylor All Saints Medical Center (BASMC) developed a process for critical care patients to transfer to the VITAS Hospice Inpatient Unit (physically located on the BASMC campus) for withdrawal of life sustaining treatments.
- ICU nursing staff was provided with education regarding the benefits of hospice.
- Processes were put in place to allow for ICU nursing to be a part of the transfer to hospice.