

The Journey of Purple Butterfly: Quality Improvement Project



Anna Krakowski, MS, AGPCNP-BC, ACHPN, CHPN & Jessica O'Brien, MS, RN, AGCNS-BC, PCCN

Background

- Approximately one-third of the deaths in the United States occur in hospitals. ¹
- Caring for dying patients encompasses symptom management, culturally sensitive practices and assisting patients and families through the death and dying process. ²
- In 2018, 15% of the patients referred to Palliative Care Services at NewYork-Presbyterian Lower Manhattan Hospital transitioned to comfort care measures and passed away during hospitalization.
- Prior to improvements, there was no standardized communication tool to alert all team members of the presence of a patient on comfort care measures and at the end of life prior to entering the room.

Purpose

- Implement a tool to communicate to both clinical and non-clinical team members the presence of patients on comfort care measures prior to entering a room.
- Better prepare all team members to perform job duties in a compassionate, patient-centered fashion that is especially supportive of this patient population.

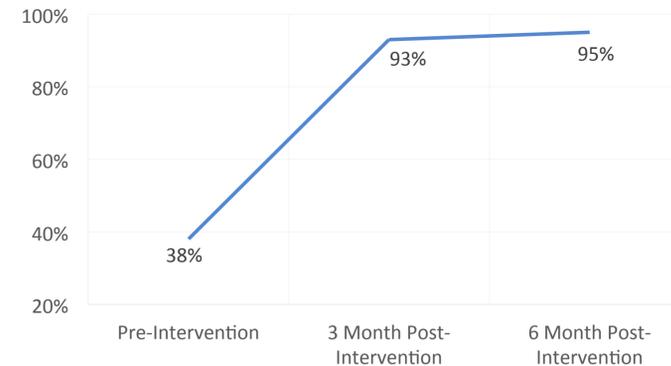


Methods

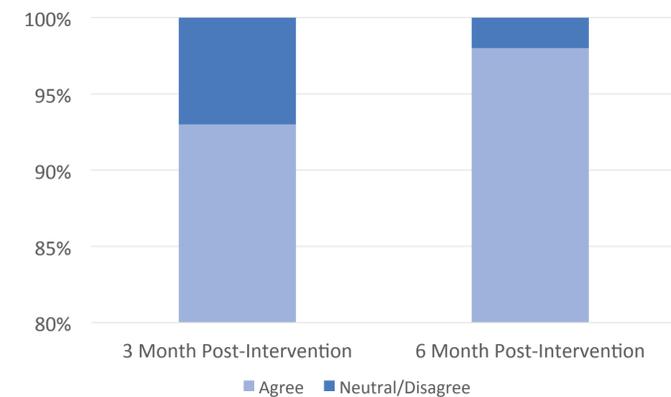
- A 4 question pre- and post- intervention survey was conducted among an interdisciplinary staff at NewYork-Presbyterian Lower Manhattan Hospital (NYP/LMH).
- A total of 60 team members, both clinical and non-clinical, at NYP/LMH participated in each survey.
- The surveys were delivered in person, at random, and participants verbally consented to partaking in the survey.
- Signage was vetted through, and approved by, Nursing Administration, the Palliative Care Committee, and Patient Services to ensure cultural and spiritual neutrality.
- This quality improvement project was implemented in the ICU and 3 medical-surgical units.
- IRB approval was not needed for this project.
- A lavender colored sign pictured with a butterfly was displayed at the entry of each room in which there is a patient on comfort care measure. Inclusion criteria:
 1. Patient is “actively dying”
 2. Goals of care discussion took place and family opted for comfort care measures
 3. DNR is in effect (DNI depends on clinical scenario)
 4. Family gives permission for the Purple Butterfly sign to be displayed

Results

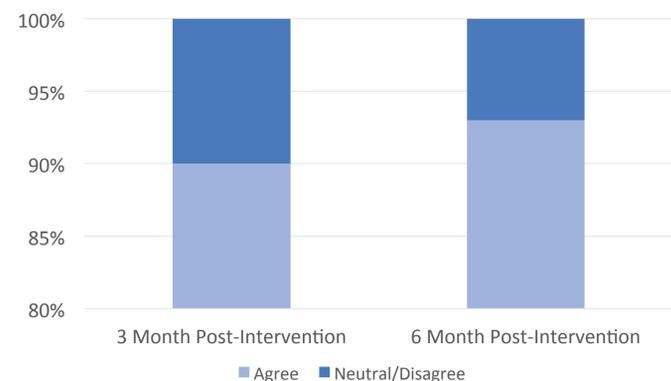
You **ALWAYS** know if there is a patient who transitioned to comfort care measures prior to entering a room?



After implementation of the Purple Butterfly communication tool, you feel better prepared to perform your job duties in a compassionate patient-centered fashion that is supportive of patients on comfort care measures?



Knowing there is a patient on comfort care measures prior to entering the room makes a difference of how you approach the patient and/or family?



Conclusions and Recommendations

- Implementation of a standardized communication tool will increase both clinical and non-clinical team members awareness, outside of the primary clinical team, about the presence of a patient on comfort care measures who is at the end of life prior to entering a room.
- Implementation of a standardized communication tool to give all team members the situational awareness of a patient who is on comfort care measures prior to entering a room will help them perform their job duties in a compassionate, patient-centered fashion that is supportive of this patient population.

References

1. Hall, M.J., Levalnt, S. & DeFra, J.C.(2013). Trends in Inpatient Hospital Deaths: National Hospital Discharge Survey, 2000-2010. (NCHS Data Brief, No.118). Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db118.pdf>
2. Hebert, K., Moore, H., & Rooney, J. (2011). The Nurse Advocate in End-of-Life Care. *The Ochsner journal*, 11(4), 325-9.
3. Blinderman, C.D. & Billings, A. (2015). Comfort Care for Patients Dying in the Hospital. *The New England Journal of Medicine*, 373:2549-61.DOI: 10.1056
4. Kaufer.M., Murphy, P., Barker, K. & Mosenthal, A. (2008). Family Satisfaction Following the Death of A Loved One in an Inner City MICU. *American Journal of Hospice and Palliative Medicine*. 28(4), pp318-325
5. McIlvannan CK, Jones J, Allen LA, Swetz KM, Nowels C, Matlock DD. Bereaved Caregiver Perspectives on the End-of-Life Experience of Patients With a Left Ventricular Assist Device. *JAMA Intern Med*. 2016;176(4):534–539. doi:10.1001/jamainternmed.2015.8528
6. Viridun, C., Lockett, T., Davidson, P. M., & Phillips, J. (2015). Dying in the hospital setting: A systematic review of quantitative studies identifying the elements of end-of-life care that patients and their families rank as being most important. *Palliative medicine*, 29(9), 774-96.

For more information, please contact: Jessica O'Brien, MS, RN, AGCNS-BC, PCCN at jeo9024@nyp.org or Anna Krakowski MS, RN-BC, AGPCNP-BC, ACHPN, CHPN at ank9085@nyp.org

