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Comfort Care in the Emergency Department

Sharla M. Kurtz BSN, RN
Lehigh Valley Health Network, sharla_m.kurtz@lvhn.org

Heather A. Williams BSN, RN
Lehigh Valley Health Network, heather_a.williams@lvhn.org

Amy L. Zarichniak BSN, RN
Lehigh Valley Health Network, amy_l.zarichniak@lvhn.org

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Comfort Care in the Emergency Department

Sharla Kurtz BSN, RN, Heather Williams BSN, RN, & Amy Zarichniak BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND SIGNIFICANCE

- First hand experience at the bedside led us to uncover an absence of a policy or guideline regarding care of actively dying patients in the ED.
- Palliative care treatment plans can be implemented to reduce suffering and improve end-of-life care. (Bailey, et al., 2014)
- After conducting a survey of over 50 patients, it was found that “seriously ill, older adults in an urban ED have substantial palliative care needs.” (Grudzen, C., et al., 2010, P. 1256)
- Nurses surveyed on a national level felt confident in the technical and logistical skills required for comfort care, but many expressed that they thought end-of-life care required a different approach than emergency care, that there were knowledge deficits. (Wolf et al, 2015)
- Emergency staff have a tendency to triage and prioritize patients. In the dying patient, it is often thought that there is nothing left to do. (Wolf et al, 2015)
- Barriers to care identified were lack of resources, time, and staff, as well as knowledge deficits and reluctance to change. (Wolf et al, 2015)

PICO

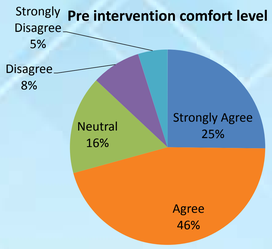
Would enacting a comfort care guideline or protocol improve nurse’s comfort in caring for the actively dying patient in the ED?

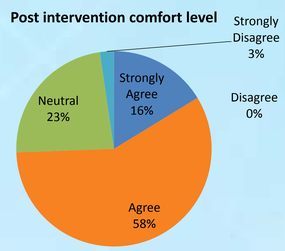
METHODS

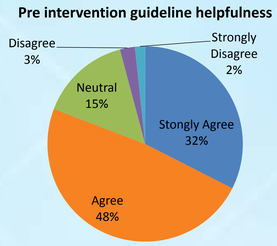
All methods were implemented at both ED-CC and ED-M

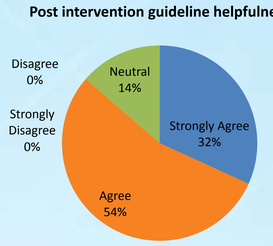
- Pre intervention survey was sent to 224 ED RNs
- Resource binders containing guideline placed at charge nurse desks
- Charge nurses emailed to encourage guideline utilization
- Staff nurses were sent email reminders to complete survey and utilize guideline
- Reminder sheets posted in break rooms
- TLC PowerPoint assigned to nurses to educate about comfort care order sets, monitor use, and other palliative care resources
- Post intervention survey was sent to 224 ED RNs

RESULTS









OUTCOMES

- 123 nurses responded to the pre intervention survey
- 43 nurses responded to the post intervention survey
- Majority agreed that the guidelines increased their comfort level
- Out of the 17 nurses that utilized the guideline 12 of them found it helpful and 5 responded as neutral
- Majority felt that the guideline was a useful resource

CONCLUSIONS

The overall response of the nurses to the guideline was positive. However, it is limited by the response rate to the post intervention survey and the fact that while nurses were familiarized with the guideline they may not have had the chance to utilize it. While each death is significant, actively dying patients as a population are low volume and ongoing monitoring of guideline use and improvement will be necessary to ensure success of the measures in place. The post intervention survey should be repeated in 6 months.

References

Bailey, F., Williams, B., Woodby, L., Goode, P., Redden, D., Houston, T., Granstaff, U., Johnson, T., Pennypacker, L., Haddock, K., Painter, J., Spencer, J., Hartney, T., Burgio, K. (2014). Intervention to Improve Care at Life’s End in Inpatient Settings: The BEACON Trial. J GEN INTERN MED Journal of General Internal Medicine, 29(6), 836-843. doi:10.1007/s11606-013-2724-6

Grudzen, C., Richardson, L., Morrison, M., Cho, E., & Morrison, R. (2010). Palliative Care Needs of Seriously Ill, Older Adults Presenting to the Emergency Department. Academic Emergency Medicine, 17(11), 1253-1257.

Wolf, L., Delao, A., Perhats, C., Clark, P., Moon, M., Baker, K., Carman, M., & Zavotsky, K. (2015). Exploring the Management of Death: Emergency Nurses’ Perceptions of Challenges and Facilitators in the Provision of End-of-Life Care in the Emergency Department. Journal of Emergency Nursing, 41(5), 23-33.

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