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

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**RESULTS**

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

- As needed
- Too fragile to transport
- Social worker, spiritual counselor, volunteer, pet and massage therapy

Hospice nurse at minimum twice/day

24 to 48 hour prognosis

"Better Care for the Hospitalized Dying Patient"

**OBJECTIVES**

- Identify 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

**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

**RESULTS - continued**

Hospice Response Team (HRT) Effect on Mortality

HRT Pilot HRT Start

**RESULTS**

Hospice Response Team (HRT) Effect on Mortality

**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

**REFERENCE**


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