

# Comfort Care: "The Thorough Provision of a Different Sort of Care"

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## **The PICO Question**

**Population**: Adult oncology patients with terminal diagnosis designated to be "comfort care" status

**Intervention**: Implementation of a nursing driven comfort care initiative

**Comparison**: Current practice

Outcome: Improve quality of life for patient and increase family and staff satisfaction with the dying process

## **Background**

Penn State Hershey Medical Center Hospital Administrative Manual Policy PC-04HAM states: Comfort care is reserved for patients who are not expected to recover and whose life expectancy is short. It is not a discontinuation of care, but the thorough provision of a different sort of care. As with all patients, these patients require optimum pain control, privacy, respect for human dignity and assistance in putting their affairs in order. Any therapy that promotes these goals may be appropriate. The goal is to give as much ease and comfort as possible to the dying patient and his/her family.

- Care of "comfort care" status patients identified as an ambiguous area in current nursing practice.
- No clinical practice policies available and administrative policies very vague.



"The dying process is a challenge to many health care providers because there comes a point when no treatment or procedure will alter the inevitable death of your patient....

Truly, the most difficult task for any health care provider is to stand before a patient and their family with "empty hands" and admit there is nothing more that can be done. This is a time when we actually can provide our greatest gifts: the gift of our time, our presence, our empathy, and the acknowledgement that the patient and their loved ones are of value and deserving of our attention."

— Bonnie Freeman

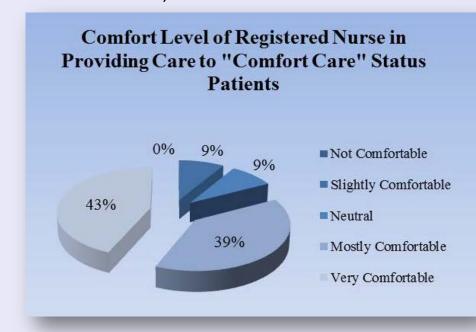
### Methods

Pre-survey	Utilized Survey Monkey to poll RN staff with six questions over two weeks.
Introduction to management and unit councils	Explanation of project and goals e-mailed to unit leadership.
Tool development	Drafted and finalized "comfort care" worksheet based on literature review to act as a communication tool for staff, a resource for palliative management, and a plan of care that may be individualized to meet patient desires and establish goals.
Review of pre-survey data	Analyzed survey results and identified themes.
Implementation of comfort care worksheet on unit	Copies of worksheet supplied to unit charge nurse with instructions.

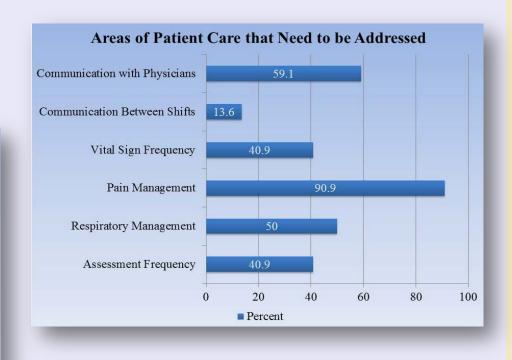
## **Survey Results**

Out of 51 registered nurses surveyed, 23 responded

1. How comfortable are you providing care to "comfort care" status patients (1-5 scale, 1 being not comfortable, 5 being very comfortable)?



- 2. If you answered 3 or below, what are the most difficult areas for you in providing care to these patients?
  - Pain management
  - Shifting focus from curative to palliative
  - Knowing what care to provide
  - Respiratory support
- 3. Which areas of patient care need to be addressed most (select all that apply)?
- 4. In your own words, what does it mean for a patient to be "comfort care" status?"Pain free," "Comfort," "Quality of life until death"

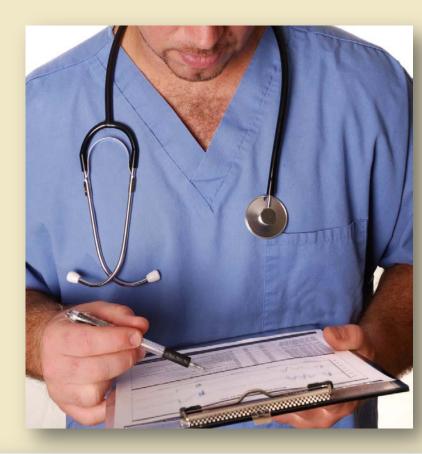


"We have identified that a patient is in the dying process and have decided with the patient and family not to pursue aggressive curative measures, but rather to work towards making the client comfortable, helping to preserve their quality of life during they dying process."

- 5. What are your nursing goals for these patients?
- "Pain control," "To feel comfort, peace, and love," "Emotional support to patient and family"
- 6. Do you feel that a shift-to-shift communication worksheet would be helpful in your care for "comfort care" patients?
  - 78% responded YES
  - 22% responded NO

## Conclusions

- Staff perceived a need for tools to guide and direct comfort care interventions.
- Pain management is a major area of concern among nurses when caring for this population of clients.
- Strategies to improve nurse –physician communication need to be developed and implemented.
- The findings of this study can inform the development of an institutional "comfort care" order set.
- Follow-up to implementation of worksheet with post-survey and reevaluation of tool structure and content is needed.



"The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems....The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient."

— American Nurses Association Code of Ethics (Italics added)

#### References

American Nurses Association Code of Ethics (2001). End-of-Life Nursing Education Consortium (ELNEC) Core Curriculum (2010).

Freeman, B. (2009). *Empty Hands*. United States of America: Tiger Grafix Books.

Penn State Milton S. Hershey Medical Center – Hospital Administrative Manual, PC-04HAM (2008), PC-13HAM (2010), PC-23HAM (2008), PC-66HAM (2009), L-04HAM (2008).

Salem Health West Valley Hospital, "Adult End of Life Care" Order Set, Form 429064.

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