



Implementation of End-of-Life Care Order Sets in an Inpatient Setting

Caitlin Darhower, RN, BSN, J. Eisenhauer, RN, BSN, Kachiri Shaffer, RN, BSN

Medical ICU

Introduction

Patients in the acute care setting who are approaching end-of-life are shown to have significant unmet physical, emotional, and spiritual needs. Patient specific orders can lead to poorly controlled symptom management at the end of life. Having a standardized end-of-life care order set can improve patient comfort and family satisfaction. Due to an increased prevalence of patients whom pass away in the inpatient setting, it is important to implement the best evidence based practice when approaching end-of-life care.

PICO Question

Population: End-of-life inpatients

Intervention: End-of-life care order set and/or protocol

Comparison: Individualized patient orders for symptoms or no orders from providers for end-of-life symptom management

Outcome: Increased patient comfort and family satisfaction when dealing with end-of life care.

Question: Does having an end-of-life care order set/ protocol for end-of-life inpatients increase patient comfort and family satisfaction?

Methods

A literature search was conducted using CINAHL, PubMed, EbscoHost databases.

Keywords: *end-of-life, protocol, order set, quality of life, ICU, standardized order sets, care*

Inclusion Criteria: Articles with 10 year, Full Text, English, PDF, All Adult

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Results

STUDY	FINDINGS
Kuschner, W., Gruenewald, D., Clum, N., Beal, A., & Ezeji-Okoye, S. (2009)	<ul style="list-style-type: none"> Written End-of-Life guidelines reduce confusion/disagreement in care also establishes consistency in ICU comfort care and developing plans of care Used a collaborative approach (MDs, RNs, RTs, Pharmacists) Reviewed other hospitals successful guidelines in implementing their own
Walling, A., Ettner, S., Barry, T., Yamamoto, M., & Wenger, N. (2011)	<ul style="list-style-type: none"> Examined pt. with expected deaths. 46% of patients during study died in the hospital with End-of-Life Symptom management (ESMO) in place Patient populations less likely to have an ESMO protocol ordered included (younger, considered for transplant, uninsured, currently living in a nursing home) Identified barriers to transitioning from aggressive treatments to comfort measures, often ESMO implemented too late
Mcdonald, F., Jarabek, B., Jama, A., Cha, S., Ruegg, S., & Moynihan, T. (2012)	<ul style="list-style-type: none"> Palliative order set was shown to accelerate resident comfort in dealing with symptom management. Order sets proved to be an effective teaching tool when it came to symptom management The survey included aspects of specific symptom management (pain, secretions, agitation, dyspnea) as well as interacting with patients and their respective families This study focused around resident comfort with the implementation of a care set.
Evans, L. E., Friedenberg, A. S., Levy, M. M., & Ross (2008)	<ul style="list-style-type: none"> Perceived barriers to EOL care were highly based on level of training An institution's culture towards EOL plays a huge role in the way these situations are approached Becoming more familiar and knowing what to do in EOL situations could lead to better results for both families and patients. Had appropriate distribution of resident, fellows, attending's, and nurses in the study Extensive breakdown of different factors including family and patient factors, as well as clinician factors
Treece, P. (2007)	<ul style="list-style-type: none"> Standardized order sets can be a very useful tool in decreasing variability, assuring best practice, and as a good beginning to delivering high-quality and personalized care 98% of physicians reported overall satisfaction with the order set; 84% of nurses reported overall satisfaction with the order set Standardized order sets can decrease provider variability when writing orders To increase clinician acceptance and satisfaction, order sets should be developed by an interdisciplinary team that included all major stakeholders Standardized order sets must reflect institutional philosophy and standard of care
Walker, K.A., Nachreiner, D., Patel, J., Mayo, R., Kearney, D. (2011)	<ul style="list-style-type: none"> Palliative care order sets (PCOS) improved adherence to accepted palliative care treatment principles for patients at the end-of-life PCOS improved the availability of medications and use of appropriate interventions to care for end-of-life patients The study's findings support previous reports of successful PCOS implementation at large hospital centers

Discussion

- Currently orders are entered according to a patient's presentation of symptoms.
- One research study showed, "...family reported that 63% of patients had difficulty with physical or emotional issues in the 3 days prior to death(Lynn J. et al., 1997)."
- Order sets often include:
 - Symptom Management: Pain and secretion control, nausea, anxiety, dyspnea, constipation
 - Discontinuation of: Vital sign monitoring, labs and studies, minimize non-essential lines and devices
 - Consults: Spiritual care, social services, palliative care
- Researchers have identified several barriers that delay adequate holistic end-of-life care such as:
 - unrealistic expectations of the family or patient
 - care givers comfort with EOL care
 - Continuity of medical team

Conclusions

The research has shown that the implementation of an EOL care set has shown to be beneficial in the hospital setting. Utilization of an interdisciplinary approach to EOL care sets can improve patient and family satisfaction when dealing with EOL cases. Additional research addressing long term effects of these care sets is needed. Care sets should be individualized to better reflect the institution's philosophy.

References

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