

End-of-Life Care Transitions in an
Academic Medical Center:
Contributions of the Palliative Care
Clinical Nurse Specialist

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Objectives

- Describe how a large academic medical center addressed identified challenges during transitions at end of life
- Describe the impact of a huddle checklist prior to withdrawal of life sustaining treatment
- Describe the role and contribution of a Palliative Care CNS

Background

- Palliative Care – Primary v. Specialty
- Role of Palliative Care CNS at UCSF Medical Center
 - Liaison
 - Education
 - Direct patient care
 - Consultation

Gaps Identified

- Staff distress
- Two different comfort care order sets
- ICU Comfort Care order set not based on pharmacologic/palliative principles
- Transition from ICU to acute care challenges

Next Steps

- Convened group of ICU and acute care nurses
- Chart reviews
- Solidified ideal approach and goals over six months
- Combined efforts with inter-professional group
- Developed one comfort care order set with associated guideline and huddle

Huddle Checklist

- Pilot
- Feedback
- Evolution
- Impact

Components of Intervention

- Huddle before WOLST
 - Ensuring focus on patient/family goals
 - Ensuring all team members involved
- Combined order set
 - Changed ICU opioid and sedative delivery from infusion to bolus
 - Consistent philosophy across hospital units
- Guidelines

Next Steps

- Await completion of order set build in EMR
- Test with providers and staff when available
- Provide education around changes
- Measure impact
 - on medication delivery
 - staff distress
 - quality of transitions between units

Summary

- Area with lots of opportunities
- Seek certification thru HPNA - <http://advancingexpertcare.org/chpn/>
- ELNEC classes - <http://www.aacn.nche.edu/elnec>
- NQF http://www.qualityforum.org/Topics/Palliative_Care_and_End-of-Life_Care.aspx
