Increasing Interdisciplinary Discussion on End of Life and POLST Form Completion in the Medical Intensive Care Unit

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INTRODUCTION

Advances in technology such as artificial ventilation, cardiopulmonary resuscitation, and artificial nutrition/hydration life expectancy has increased (Dobbins, 2016). These therapies many times prolong death and suffering in the frail elderly population. Therefore patients especially those who have been diagnosed with a terminal illness or have multiple comorbidities need to have conversations regarding EOL to set goals of care.

BACKGROUND/SIGNIFICANCE

Aggressive forms of treatment results in:

- Prolong death
- Treatments against wishes
- Decreased quality of life
- Decreased patient/family satisfaction
- Increased hospital length of stay
- Increased health care costs

AIMS/OBJECTIVES

Aim: Increase interdisciplinary discussion on end of life & POLST form completion

Objectives:

- Implementation of an educational session for nurses on POLST, advanced directives, and EOL
- Early identification of patients who would benefit from EOL discussion with the use of the Karnofsky Performance Scale on admission
- Increase interdisciplinary discussions regarding need for EOL care services
- Identification of patients who should have a POLST

CONTACT INFORMATION:

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Communication	Improves a lot	Improves somewhat
Between physicians and/or nurse practitioners	21 (100%)	0
Between physicians and nursing staff	21 (100%)	0
With an on-call or covering physician	21 (100%)	0
Between hospital and nursing home	18 (85.71%)	3 (14.29%)
Between physicians and patients/families	18 (85.71%)	3 (14.29%)

When would you consider using POSLT form? (All that apply)		
At the time of admission	21	100.00
During routine care planning meetings	21	100.00
After change in health status	19	90.48
After a hospitalization	0	0.00
With Hospice enrollment	21	100.00
When asked by a the patient or family	21	100.00
When asked by other staff	0	0.00

KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disable; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead

CLINICAL QUESTION

In patient's aged 65-85 diagnosed with a terminal illness or multiple comorbidities (P), how will the utilization of the Karnofsky Performance Scale by nurses (I), compared to usual practice (C), affect interdisciplinary discussions regarding EOL and POLST form completion (O), over a six-week period (T)?

METHODOLOGY

QI project: retrospective and prospective chart review, pre and post survey with an educational intervention and introduction of an EOL screening tool for nurses.

Implemented in an urban city hospital in Northern NJ, 16 bed MICU

RESULTS

Retrospective: 207 charts reviewed

2 with POLST on file

24 with EOL documentation

Prospective: 50 charts reviewed

2 with POLST on file

34 with EOL documentation

Showed higher rates of POLST from completion from 1% to 4% and interdisciplinary discussion on EOL conversation from 12.1% to 64%

DISCUSSIONS/IMPLICATIONS

Implications on practice: decrease unwanted treatments, decrease length of stay, decrease health care costs

Patient care: patient centered care, quality of life, improved satisfaction

REFERENCES

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