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

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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 Status 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


Dobbins, E. (2016). Improving end-of-life care: Recommendations from the IOM. The Nurse Practitioner, 41(9), 26-34. doi:10.1097/01.NPR.0000490388.58851.e0