



Developing a Standard of Care to Increase Family Satisfaction with End-of-Life Care

6D UBC-Portland VA Medical Center

Amanda Fryback, RN, BSN, CMSRN and Lydia Koo, RN, BSN.



Purpose

- The aim of this quality improvement project is to increase family satisfaction by standardizing the comfort care and after death periods.





Comfort Care

- Care is focused on enhancing quality of remaining life and easing the dying process.

End of Life Period

- Period of time encompassing the comfort care and after death period.





Background

- Veterans and their families do not receive access to the same care during the end of life or honored in the same way after death.
- There is no research looking into formalized comfort care and end of life nursing initiated rituals.





Methods

Comfort Care Ritual RN Checklist

Patient name: _____
Last 4 SSN: _____
Date: _____

- Place end of life quilt on patient's bed
- Place end of life picture (comforting scene) on patient's door to signify comfort care status
- Place comfort care magnet on patient board
- Offer veteran and or veteran's family:
Chaplin services
End of life packet
Tea or coffee
Music
Literature of the comfort care period (i.e. Chicken Soup for the Grieving Soul)
Flameless candles
Comfort care cot (for members planning to spend the night)
Items from the comfort care cart when available
- RN completes and turns in comfort care checklist to Charge RN

Satisfied with sheet (Y or N) _____
Comments/Suggestions: _____

After-Death Ritual RN Checklist

Patient name: _____
Last 4 SSN: _____
Date: _____

- Notify Charge RN of patient's death
- Charge RN/RN place flag magnet next to patient's name on the board
- Place wreath on patient's door
- Clean and prepare patient for transfer to morgue
- Obtain toe tag and place patient's identification label on both sides of tag; and place on patient
- MRSA Swab patient
- Call escort for cold cart to transport patient to the morgue
- Notify Charge RN to gather all available staff to line the hallway during patient's removal from the floor
- Request able/interested patients to stand in the hallway along with staff while patient is being removed off the floor
- MSA/Charge RN play TAPS low at the nursing station
- Ensure shroud is placed over patient before removed from room
- RN and or CNA escort the patient to entry of morgue along with escort personnel
- Move wreath from veteran's door to nursing station where it will remain for 24 hours after patient's death
- Place patient's name next to wreath to inform staff of the death

Satisfied with sheet (Y or N) _____
Comments/Suggestions: _____

Portland VA
Medical Center

Keeping the
PROMISE
Magnet Hospital
for
Nursing Excellence





Comfort Care

Portland VA
Medical Center

Keeping the
PROMISE
Magnet Hospital
for
Nursing Excellence





After Death



Nursing Excellence



Family Satisfaction

Evaluation of End of Life Care

- Were you satisfied with the care your loved one received prior to death?

Not Satisfied ----- Satisfied ----- Very Satisfied

1 2 3 4 5

(circle the number to rate your response)

Please check if not applicable _____

- Were you satisfied with the care your loved one received after death?

Not Satisfied ----- Satisfied ----- Very Satisfied

1 2 3 4 5

(circle the number to rate your response)

Please check if not applicable _____

- Comments:

Thank you. Your responses will help improve care for future veterans.



Portland VA
Medical Center

Keeping the
PROMISE
Magnet Hospital
for
Nursing Excellence





Results

- Standardization Compliance:
 - 100% of patients on comfort care had a comfort care checklist completed.
 - 100% of patients who died on 6D had an after death checklist completed.
- Family Satisfaction:
 - Not enough evidence collected at this time, data continuing to be collected.





Discussion

- All patients on comfort care who die on 6D are receiving the same treatment.
- Preliminary results indicate poor response rate for family satisfaction measures.





Discussion

“One family videotaped the procession as their family member was being taken off the ward. They cried and thanked us over and over. You could really tell how much they appreciated the entire staff stopping what they were doing to honor their loved one.” -6D RN





Conclusion

- Continue to educate new staff members.
- To implement end of life rituals to other medical/surgical units and the intensive care unit at the Portland VA Medical Center.





References

- Brown, M. & Vaughan, C. (2013). Care at the end of life: how policy and the law support practice. *British Journal of Nursing*, 22(10), 580-583.
- Gallagher, R. & Krawczyk, M. (2013). Family members' perceptions of end-of-life care across diverse locations of care. *BMC Palliative Care*, 12(1), 25-33.
- Izumi, S. & Nagae, H. (2012). Defining end-of-life care from perspectives of nursing ethics. *Nursing Ethics*, 19(5), 608-618.
- Leming, Michael R. and George E. Dickinson. (2002). *Understanding Death, Dying, and Bereavement* (5th ed.). New York: Harcourt College.
- Milligan, S. (2012). Optimising palliative and end of life care in hospital. *Nursing Standard*, 26(41), 48-56.
- Pattison, N. (2008). Caring for patients after death. *Nursing Standard*, 22(51), 48-56.
- Performance reporting and outcome measurement to improve the standard of care at end-of-life. (2010, 2012, 2013). Unpublished report, VA Center for Health Equity Research and Promotion.
- Rawlings, D. & Glynn, T. (2002). The development of a palliative care-led memorial service in an acute Hospital setting. *International Journal of Palliative Nursing*, 8(1), 40-47.





Portland VA
Medical Center

Keeping the
PROMISE
Magnet Hospital
for
Nursing Excellence



Portland VA Medical Center

THANK YOU