2023

End-of-Life Collaborative

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Background

- Sometimes, families have to make a difficult decision to redirect their child's care
- Some wish to do this at home, and some prefer the hospital
- A portion of these children remain in the intensive care unit for end-of-life (EOL)
  -this is often a poor use of resources
  -the setting can feel less comfortable for dying children and their families
- Children transferred to inpatient floors experience inconsistent care, depending on the comfort level of staff and providers
- This increases staff moral distress due to the high emotions surrounding the death and dying process
- Due to these inconsistencies, the Palliative Care team initiated the EOL collaborative and identified an inpatient unit (Pulmonary) as the designated EOL location within the hospital.

Interventions

- Pulmonary unit identified as EOL unit, rooms positioned further from busy areas
- Identified core nursing staff who volunteered to care for this patient population
- Later identified clinical resource team staff who volunteered to serve as needed
- Staffing adjusted to allow nurses time to answer questions as well as psychosocial family needs
- Palliative care created education for nursing staff
- Created end-of-life protocol to guide the process and logistics for these patients
- Palliative care serves as consult service, an dis available 24/7 by phone for support and rounds on patients daily during weekdays

Literature Review

- Most pediatric deaths occur in hospitals after redirecting interventions (Linbarger et al., 2022)
- Close partnership with palliative care leads to improved pain management, family and care team support, and clear communication about family preferences (Linbarger et al., 2022)
- Clinical nurses that receive additional training on the dying process and palliative care are more comfortable providing care and suffer less moral distress (De Campos et al., 2022)

Outcomes

- Since initiation 11 patients have utilized the option to have comfort care on the inpatient floor
- Clinical nurses who volunteered to participate report that it is rewarding to be with families and patients and be able to focus on everything the family may need
- All original volunteer nurses have elected to continue to care for this patient population

Next steps

- Creating customized documentation flowsheets within EMR for nursing to record end-of-life care provided
- Optimizing existing end-of-life order sets to encompass more comprehensive interventions
- Provide thorough nursing education on end-of-life through Center for Advanced Palliative Care
- Streamlining end-of-life resource access across the system by creating a SharePoint site
- Future plans to provide staff with end-of-life simulation experiences for increased knowledge and comfort
- Adding addendums to the existing end-of-life policy to provide additional information and guidance to staff

Literature references