Customizing Patient Care to Meet Individual Needs: A Toolkit Approach

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Objectives
1. Describe comfort care plan development for inpatient use.
2. Examine the interprofessional comfort care plan.
3. Examine a toolkit approach to comfort care in an inpatient setting.

Overview
This presentation provides an overview of the following:
1. Philosophy of Comfort and End-of-Life Care
2. Comfort Care Order set and Care Plan
3. Comfort Care Cart (CCC)
4. Butterfly Door Hanger
5. White Rose Door Hanger
6. Tangible Remembrances
7. Personal Pet Visitaton
8. Self Care Time Out Card
9. Sympathy Cards
Philosophy of Care and Comfort Care Committee

Nursing Policy

NURSING SERVICE POLICY AND PROCEDURE

SUBJECT: END OF LIFE CARE, COMFORT CARE CART, WHITE ROSE, TANGIBLE REMEMBRANCES, SYMPATHY CARDS
EFFECTIVE DATE: 1/11
REVISED DATE: 12/12

PURPOSE: To provide end-of-life guidelines on use of supplies and resources for patients and families experiencing an end-of-life situation that address the physical, emotional, cultural, and spiritual needs of the patient and family.

MAY BE IMPLEMENTED BY: RN

POLICY: This policy includes content on appropriate use of specific supplies for end-of-life care, including the Comfort Care Cart, the butterfly door hanger, white rose door hanger, refreshment menu, tangible remembrances for families, and sympathy cards.

Nurses’ Responsibility

• ANA mandates that “nurses have a responsibility in the care of the dying to educate patients and families about end-of-life (EOL) issues, encourage the discussions of life preferences, communicate relevant information for the decisions made and advocate for the patient.” 1,2
• AACN recognized the importance of EOL communication through the establishment of competencies for EOL that “requires nurses to communicate effectively and compassionately with patients, families and other healthcare providers about EOL issues.” 2,3
Literature Review

• Patients who have conversations about their wishes for end-of-life care are more likely to receive care consistent with their values, beliefs, and preferences.4,5

• Aggressive care is associated with:6,7
  – worse quality of life (QOL) and quality of care for patients.
  – decreased QOL and bereavement adjustment for caregivers.

Literature Review

• End of life discussions are associated with:4-8
  – fewer consequences of resuscitation and ventilation
  – death in the Critical Care Unit
  – earlier referral to palliative care
  – earlier referral to hospice services
  – improved QOL for patients/families

Literature Review

• Clarification of goals of care may help achieve a “good death”.

• Qualitative study by Kehl (2006)9
  – being in control
  – being comfortable
  – experiencing a sense of closure
  – having trust in care providers
  – recognizing the impending death
  – leaving a legacy
Geropalliative Care

Geropalliative care involves the thoughtful application of what can and should be done to avoid needless suffering and to enhance quality of life for all older adults. It is both a philosophical stance and a structured, interprofessional delivery model that guides the care of patients and families during the last two to five years of life, irrespective of disease states. 10 -13
Comfort Care Order Set

**Old Approach**
- Comfort care "blanket orders" – options preselected
- Get rid of everything
- Keep "the good stuff"

**New Approach**
- Comfort care orders individualized – options selected by provider
- Remove unnecessary medications/orders, driven by comfort for patient
- Keep previous meds/orders if improves patient comfort
- Categorized by symptom

Comfort Care Order Set: Medications
- Pain/Dyspnea/Fever
- Seizures
- Constipation
- Diarrhea
- Nausea/Vomiting
- Breathlessness/Secretions/Anxiety
- Cough
- Oral Care
- Sleep
- Eyes
- Delirium

Comfort Care Order Set: Patient Care
- Vital signs
- Resuscitation status
- Foley catheter
- Comfort Care status
- Consults/Follow-up
  - Dietitian
  - Chaplain
Comfort Care Nursing Care Plan

- Holistic
- Interdisciplinary: wound care, pastoral care, respiratory therapy
- Patient and family are center of care
- Like order set, nurse has ability to individualize care plan
- Provides prompts for “toolkit”

Comfort Care Nursing Care Plan

- 5 nursing diagnoses:
  - Pain, acute
  - Death anxiety
  - Spiritual distress, risk for
  - Family processes: interrupted
  - Airway clearance, ineffective

What is a Comfort Care Cart (CCC)?

It is the responsibility of the RN — once a patient has an order for Comfort Care — to bring the CCC into the patients room and review the contents with the family using the handout noted here.
Butterfly Door Hanger

Under Plexiglas on top of cart.
Staff to place on door when patient is near end-of-life and or on comfort care.

Comfort Care Cart

- Top Plexiglas
- 3 drawers labeled with contents

Top of Comfort Care Cart (CCC) Under the Plexiglas

Butterfly door hanger

Restocking Card: Ready for use

Refreshments Menu
Comfort Care Refreshments

Dear Family,

In your time of grief we want to offer you complimentary refreshments. The following items are available by calling Room Service at the numbers noted below.

When you call, please indicate that you are calling for the "Comfort Care Refreshments" and select items from the list below:

- Available during Room Service hours of operation 8:00 a.m. – 8:00 p.m.
- Methodist Hospital call extension 44909
- Women's Hospital call extension 53060
- Methodist Children's call extension 35490
- Please indicate the # of family in the room.
- A Food Service Ambassador will deliver your complimentary refreshments.
- Soda (indicate diet or regular)
- Carafe of Coffee or Iced Tea (includes condiments)
- Bagels (includes margarine & cream cheese)
- Sweet Bread – pumpkin, poppy seed, banana, or quiche
- Fruit Tray
- Vegetable & Dip Tray
- Cheese & Crackers Tray
- Cookies

Top 1st Drawer

Middle 2nd Drawer
Bottom 3rd Drawer

Folder Holder on Side of CCC

The Life Story Memories and Mementos booklet for family to take.
A mini version of the Comfort Care Patient Education Packet.

When the CCC is not in use, Volunteers restock it.
Housekeeping maintains cleaning of the CCC.
White Rose Door Hanger

Placed on the door when a patient has died.
May offer to family to take home.
Order from Patient Education dept.

White Rose Door Hanger

Basket of White Rose Door Hangers are on each unit.

Personal Pet Visitation
Tangible Remembrances
To Aid in Comforting End-of-Life Patients and their Families/Support Persons

- Model Magic Modeling Clay
- Small Mesh Bags with satin ties
- Remembrance Thumb Stones

Magic Modeling Clay

- Makes a hand- or thumb-print of a patient.
- Black baseboard to place clay upon and support the print.
- Air-dries within 24 hours.
- Model Magic can be used on a hard, clean surface and formed into almost any shape. It does not cling to the skin or crumble.
- Easy for a hand or thumb/finger to make an impression.

Mesh Bags with Satin Ties for Locks of Hair
(or other remembrances)
Remembrance Thumb Stones

- Thumb stones are intended to bring comfort to families.
- As they rub the stones, they let go of worry, anxiety, distress
- Families may keep the stones.
(Stones were fabricated and donated by the Millard West High School Pottery Class)

Self Care

- Imperative for all those caring for patients at the end of life
- Prevents burn-out and compassion fatigue
- Improves job satisfaction
- Patients and families receive best quality care
- Toolkit: Self Care Time Out cards for staff
Sympathy Cards

- Chaplain’s bring a sympathy card to the unit at the time of death.
- Employees who wish to offer their sympathy can sign the card.
- An envelope to put the card in for other staff to sign is in each staff lounge.
- Volunteers will check envelope daily and mail within one week.

Family Lounges

- Ad-hoc committee of the Comfort Care Committee
- Reviewed the literature and did surveys with our volunteers (representative of patients and families) to ask for input on what they would like in the family lounge.
- The goal is to have a “healing environment” where families can be.

AgeWISE by Kim....

A Advocate alignment of care
G Geropalliative care
E Experience healing
W Well-being is our outcome
I Inspire, Intervene, Interdisciplinary
S Suffer no more
E Empowers and enlightens nurses
Summary

- Staff need support and education to provide best practices in comfort and end-of-life care.
- The comfort care physician order set provides the nurse/team with a framework for providing individualized care.
- The interdisciplinary care plan can be individualized per each patient.
- The comfort care cart provides support to the family.
- Keepsakes from the tangible remembrances also provides family comfort.

References


References


Resources

- Advanced Care Planning http://www.epdecisions.org accessed December 30, 2014
- Consider the Conversation Project http://www.considertheconversation.org accessed December 30, 2014

Q & A

Thank You!