Improving the End of Life (EoL) experience for critically ill patients, families and multidisciplinary teams – a quality improvement (QI) project

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Introduction

Evidence indicates that the provision of effective care at the end of life (EoL) is a vital component of Intensive Care Medicine.[1] The Guidelines for provision of intensive care services V2 (GPICSV2) has set out definitive standards and recommendations for care at EoL.[2,3] In order to conform with the standards and recommendations set out in GPICSV2, the multidisciplinary team at the Royal Alexandra Hospital (RAH) implemented a QI programme adhering to Institute of Healthcare Improvement`s Model for improvement.

Methods

The Royal Alexandra Hospital is a busy district general in the West of Scotland with 7 Level 3 beds. Approximately 350 patients are admitted each year. EoL prescribing practices were analysed by identifying the proportion of patients who were appropriately commenced on the End of Life Care Bundle (EoLCB) on Carevue, the electronic database.

Data was initially collected over a twelve month period from February 2019, studying the 78 deaths on the unit across this period. Two exclusion criteria were applied, namely patients who had died within one hour of arrival on the unit or those who had experienced a sudden, unexpected death. 41 patients satisfied the criteria. The process was repeated seven months later between September 2020 and May 2021 following a period of staff education with involvement from the palliative care team, yielding a total data set of 49 patients following application of exclusion criteria.

Concurrently, a staff survey was carried out and multiple meetings were held with the Palliative Care team to guide the QI journey.

Results

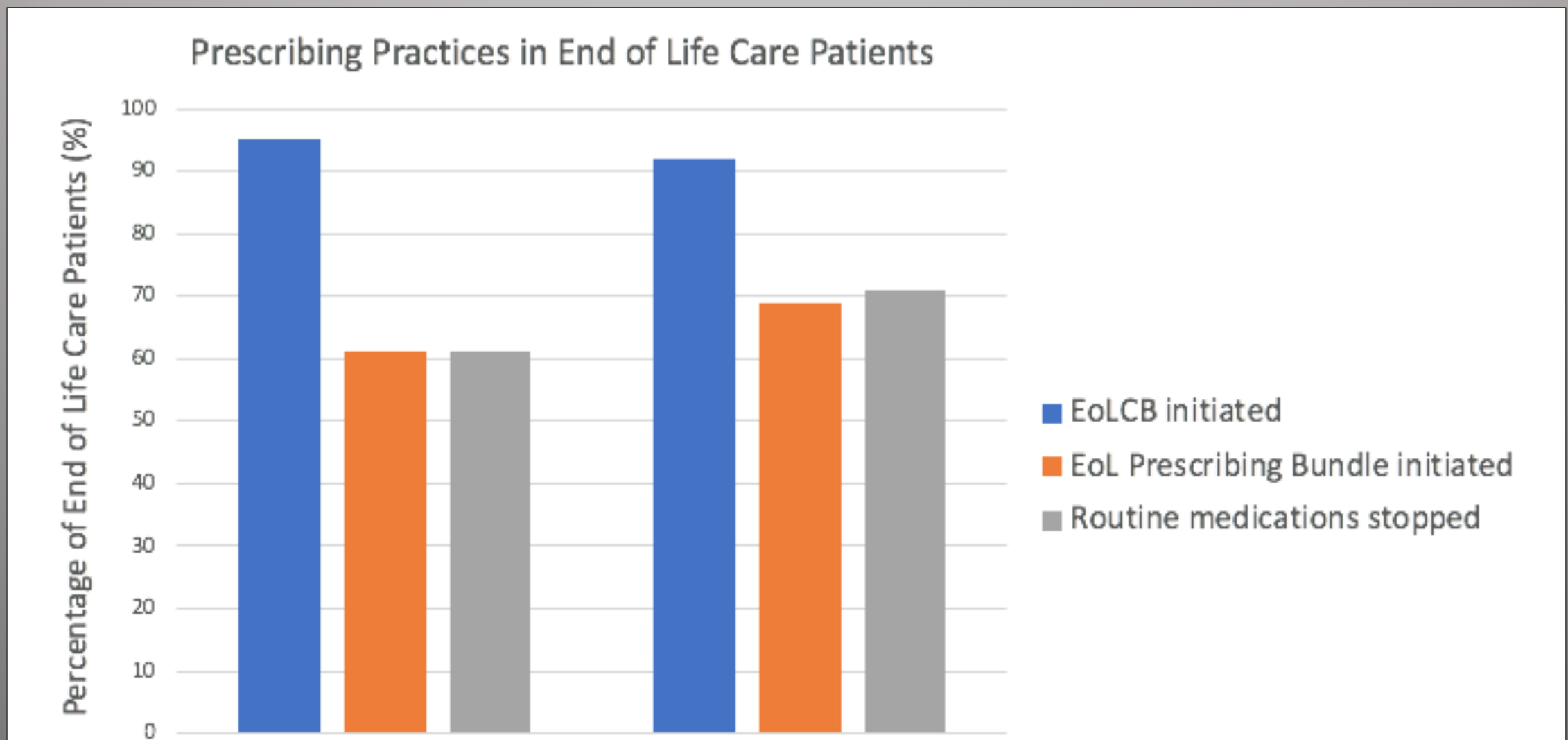
Analysing clinical documentation from February 2019 indicated that whilst the EoLCB was appropriately commenced in 95% of cases, only 61% of cases involved judicious implementation of the End of Life Prescribing Bundle (EoLPB) and discontinuation of non-anticipatory care medications.

The staff survey in September 2020 had 33 respondents with participation from all staff groups. This highlighted the need for staff education on prescribing and the use of syringe drivers and the desire for peer support, bereavement support and death debriefs.

Between September 2020 and May 2021 92% of patients were appropriately commenced on the EoLCB. Evaluating how prescribing practices had changed following the period of staff education illustrated that 69% of patients were appropriately commenced on the EoLPB and 71% of patient had all other medications discontinued upon implementation of EoLCB.

Conclusion

The EoL QI project, although a work in progress, has demonstrated a modest improvement in prescribing practice at EoL in critically ill patients. A repeat survey and evaluation of all key areas of EoL care is planned in order to achieve the standards set out in GPICSV2. Informal feedback from staff accessing bereavement support and attending death debriefs has been overwhelmingly positive.



Reference

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