Pt/Family Wishes in ICU Lowers In-Hospital Mortality
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Problem:
Scenarios with patients dying “in full code” often represent a failure to communicate.

Evidence:
In a 2007 study of patients who died in the ICU, as the hospitalization progressed, 86% of the physicians felt that death was imminent. Only 11% of the physicians spoke to the patients about the possibility of dying. Physicians that recognized and addressed the imminently dying patient were more likely to have caregiver satisfaction. {Sullivan AM, 2007 #10} Helft reviewed 284 death charts. Even with a diagnosis of cancer with terminal decline only 77% had documented DNR orders at End of Life. {PR Helft, 2007 #12}. At SLBH, a three-month death chart review from Jan 08 to April 08 showed similar findings with 18% of patients dying in a full code. Discussions were documented as occurring with a family member, yet often details, other than “time spent” were omitted.

Strategy:
In August 2008, we instituted a Palliative Care Infrastructure Project in the ICU at SLBH. The goals were to improve symptom control, communication of patient wishes, recognition and comfort care of dying patients, and offer out-of-hospital options for care of terminal patients. A Plan-Do-Study Act design with comparison cohort prior to intervention was chosen.

Practice Change:
The interventions included physician prompts: [www.senari.com\rxchackof\fc\engage.html], a chart prompt every 72 hours to document patient/family wishes in the medical record, a sample family conferencing progress note, and resources of physician suggestions for symptom management.

Evaluation:
All hospital deaths of inpatients > 18 were reviewed for the next three months. Code status at death, documentation of patient/family concerns, opioid presence or absence on MAR at EOL, Length of Stay in ICU and in hospital, and DNR timing if present. Hospice Referral Rate per 1000 discharge, and Hospital Death Rate per 1000 discharge were calculated.

Results:
Patients dying in full code decreased by 50%. (Patients dying without an opioid for symptoms decreased by 25%) Lengths of Stays decreased. Inpatient Death Rate decreased by 20%. Hospice Referral Rate increased by 18% for the three months compared to the year prior.

Recommendations:
Spread practice throughout hospital.

Lessons Learned:
Chart documentation of patient/family wishes IN THEIR OWN WORDS improved communication and patient centered care.
**Bibliography:**


