

Announcement of Scholarly Presentation

Candidate:	Tracey Wilson
Date, Time, Place:	April 16, 2015 1:30pm SON Room 470

Scholarly Project Title:	Healthcare Provider Communication in End of Life Decision Making in the Critically Ill Patient
---------------------------------	--

Scholarly Project Abstract: (You must type your abstract in the space provided on this form.)

Problem: Family members of critically ill patients have been dissatisfied with healthcare provider communication regarding end of life (EOL) decisions and treatment choices for decades, which has created anxiety, stress and depression symptoms for the families during and after the hospital course. Family meetings are typically held in critical care settings to share bad news and plan for end of life choices. Evidence based guidelines have been developed and recommended to provide consistent structure to conduct the family meeting in this setting, but are not universally used and health care team members are not comfortable, nor educated to use a standard meeting format.

Objective: The purpose of the quality improvement project is to implement a structured, formal process to conduct family meetings in the medical ICU at a large university medical center, in order to assist the interprofessional team in utilizing a standard methodology to improve communication regarding EOL.

Methods: Initially, a gap analysis was completed with a chart review to determine current documentation of EOL family meetings along with a survey among staff to identify knowledge and comfort in the area of conducting the meetings. After IRB approval, staff were recruited to participate in learning about the Center to Advance Palliative Care formal family meeting protocols and then to utilize this process for family meetings. Charts were reviewed to identify changes in documentation of the family meeting post intervention and staff then completed a post survey in regards to their knowledge and comfort in conducting the family meeting with the formal tool. A pre-test, post-test non-experimental design to compare provider level of confidence and training regarding EOL meetings was completed. **Results:** This project was implemented in the Medical ICU from September-November 2014. Twenty-one volunteers, who represented nursing and social work completed the full project. Post chart review was suggestive of compliance of the use of recommended guidelines. T-test performed on metrics level of comfort and adequate education resulted in p-value<0.16 and p<0.015 respectively.

Implications: EOL communication in the critical care setting is common but inconsistent.. The IOM supports the need for improvement of EOL communication by utilizing a structured format and guidelines which in this project included those developed by the Center to Advance Palliative Care. Through use of a structured format, providers may have increased level of comfort and education leading to a consistent approach among all providers when having to deliver bad news in the critical care setting.

Scholarly Chair: (name & title)	Dr. Catherine Haut
Scholarly Advisory Committee Members: (names & titles)	
Member:	Dr. Bim Akintade
Member:	Dr. Jane Kapustin
Member:	Dr. Carl Shanholtz