Organ Transplant Program Advance Directive (End-of-Life Care) Quality Improvement Initiative

Charles R. Nolan, MD

Professor of Medicine & Surgery

Medical Director, University Transplant Center, Kidney Transplant Program Medical Director, Palliative Care Program – University Hospital System

Technology and clinical expertise of critical care practice can support patients through lifethreatening illnesses

- Most patients recover
- Some patients die quickly

Other patients linger, neither improving nor acutely dying, alive but with progressively diminishing capacity to recover from their injury or illness

Prendergast TJ, et al. JAMA 288: 2732 – 2740, 2002

Management of these patients is often overshadowed by a critical question. *Is it appropriate to continue life-sustaining therapy???*

- Sadly, patients rarely participate in these pivotal discussions because they or too sick or heavily sedated
- These discussions often fall to the family or a surrogate decision maker in consultation with the Medical / Surgical Team

Prendergast TJ, et al. JAMA 288: 2732 – 2740, 2002

- End of Life issues are emotionally stressful and often a source of disagreement.
- Failure to resolve such disagreements
 - Compromises patient care
 - Engenders guilt among family members
 - Creates dissatisfaction for health care professionals

Prendergast TJ, et al. JAMA 288: 2732 – 2740, 2002

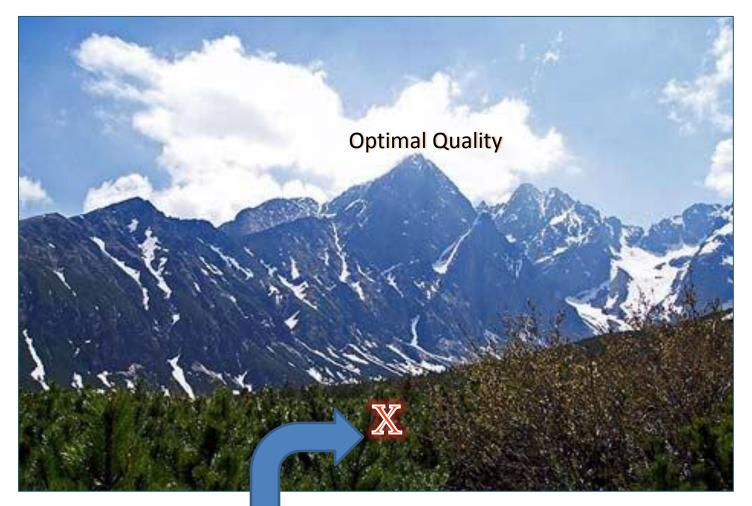
End of life conflicts and stressful issues can be ameliorated if clinicians provide:

- Support for the patient and family with aggressive symptom control
- A comfortable setting
- Ongoing intensive family psychosocial support (the LIFE Support concept)

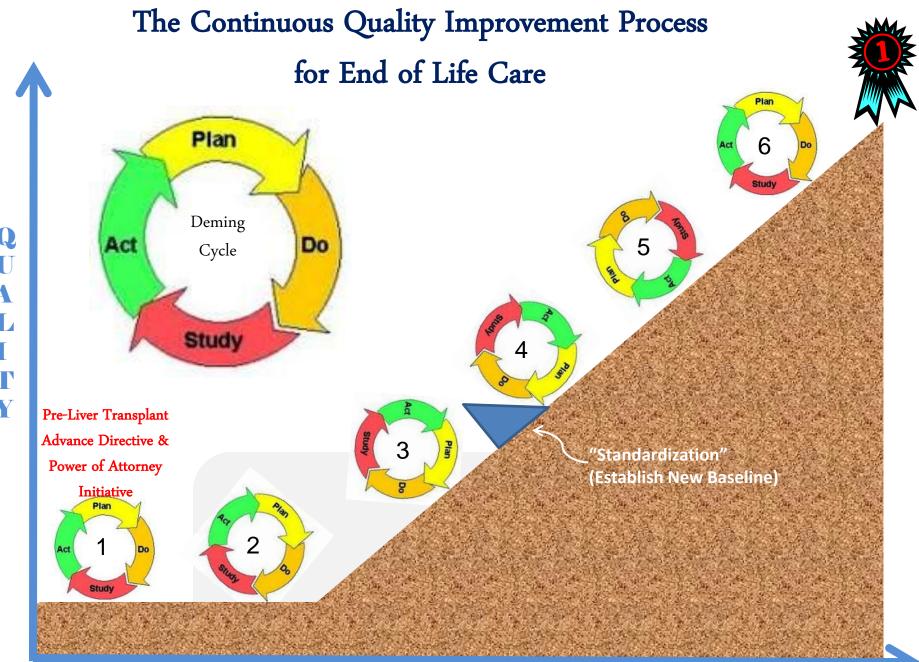
Pendergast TJ, et al. JAMA 288: 2732 – 2740, 2002

- Effective patient and family emotional support includes sharing the burden of decision making with family members.
- High quality End of Life Care requires an institutional culture shift from single-minded focus on high-tech medical interventions to a patient-focused consensus.
- Expert family emotional support enables the family to understand and accept that intensive caring may involve letting go of futile life-sustaining interventions.

The Road to Optimal Quality End of Life Care



You are Here

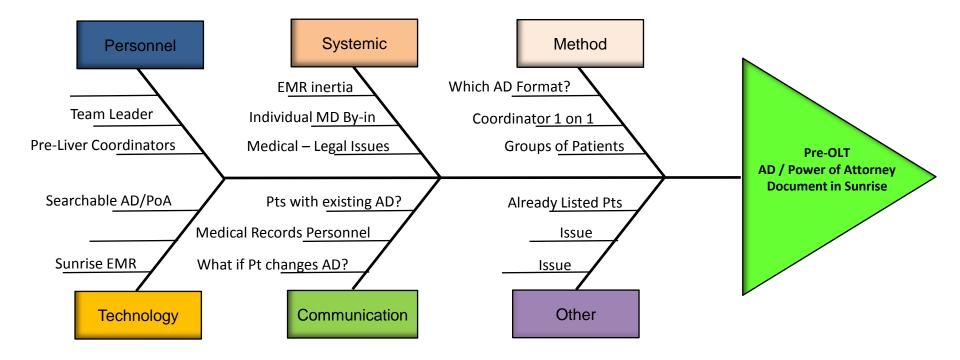


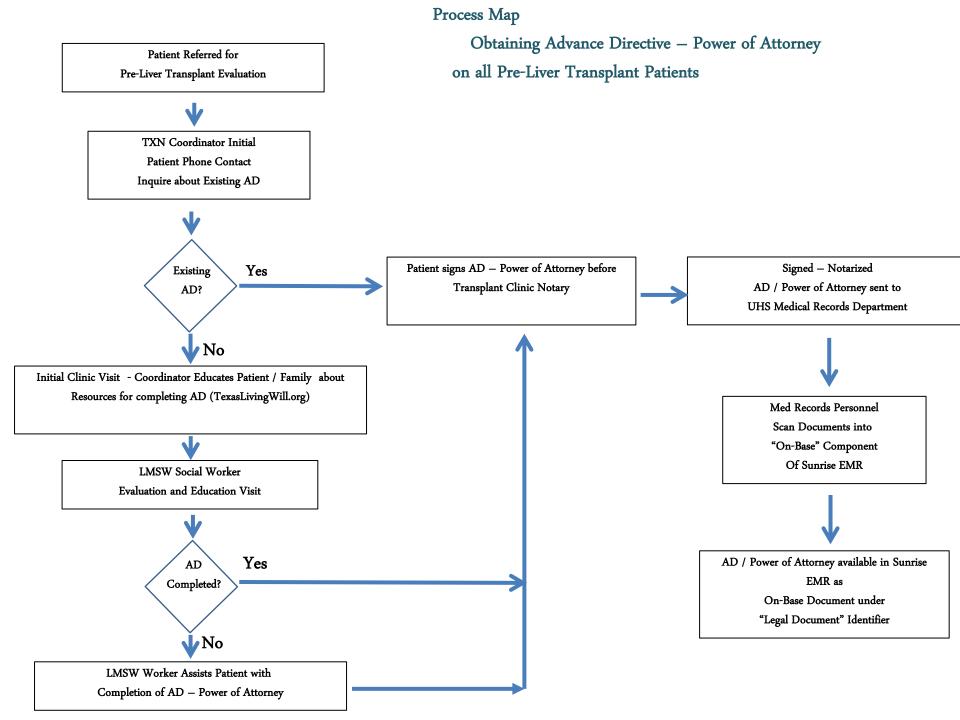
Liver Transplant Advance Directive

Process Improvement Initiative

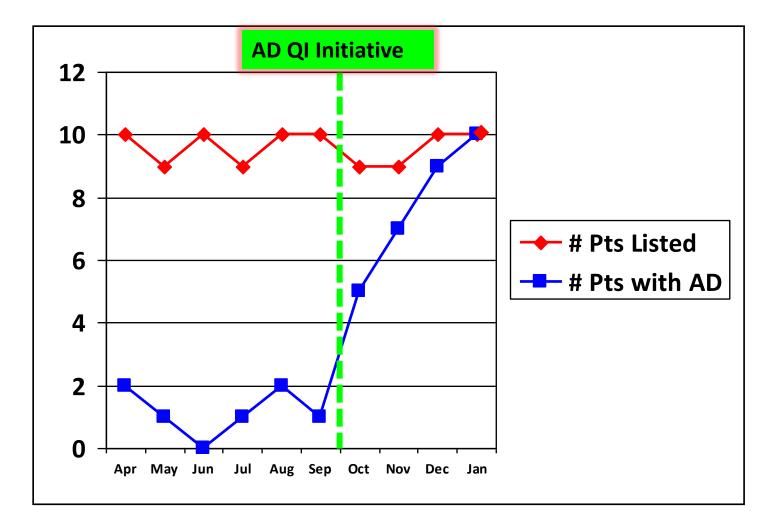
Aim Statement

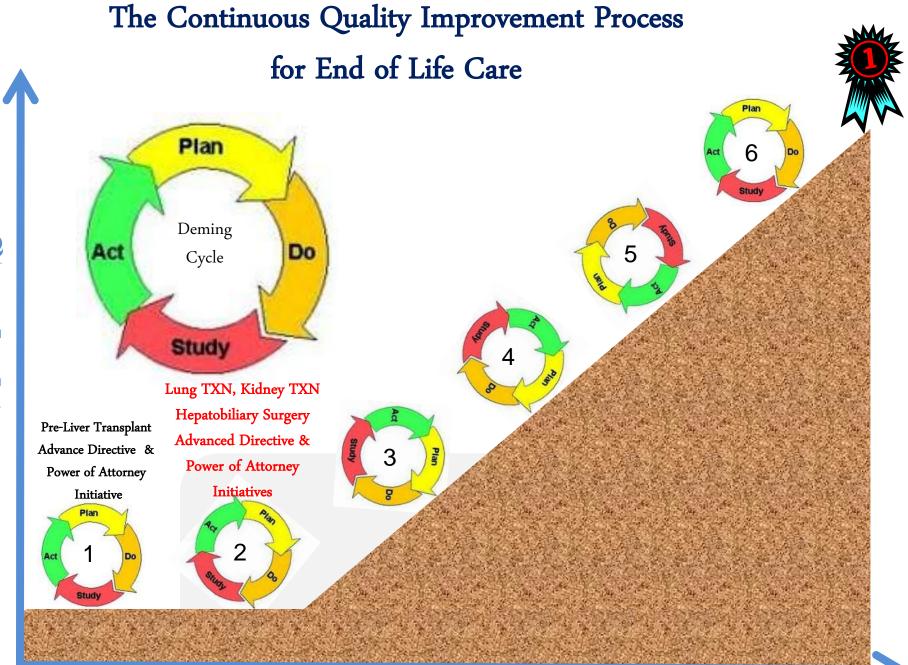
Implement a process by December 1st, 2010 whereby 100% of patients being listed for Liver Transplant will have a signed Advance Directive and Power of Attorney documented and available in the Sunrise Electronic Medical Record. Pre-Liver Transplant Advance Directive / Power of Attorney Quality Improvement Initiative

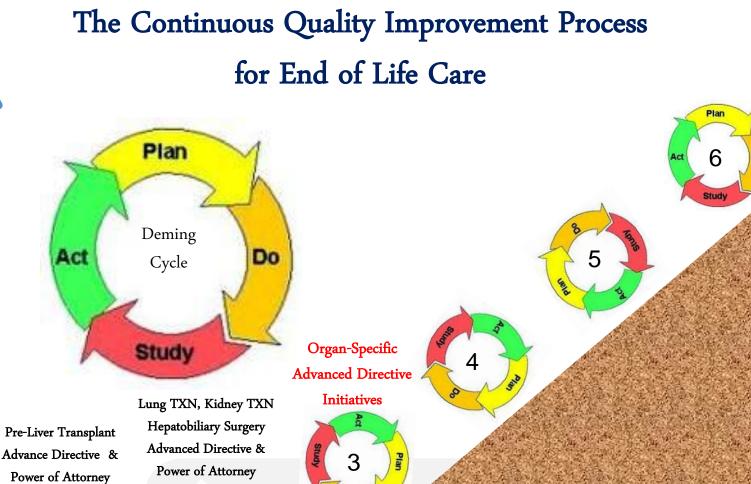




Pre-Liver Transplant Advance Directive – Power of Attorney Statistical Process Control Chart







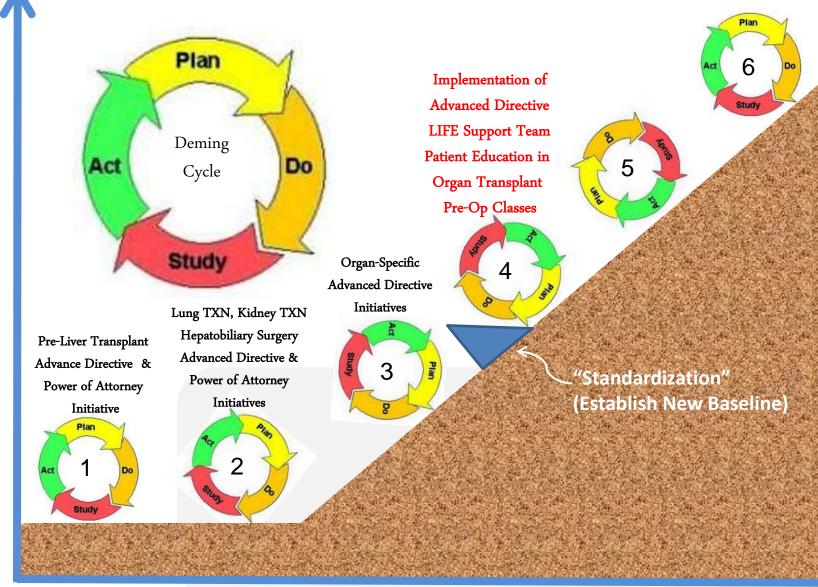
Initiative Plan

Study

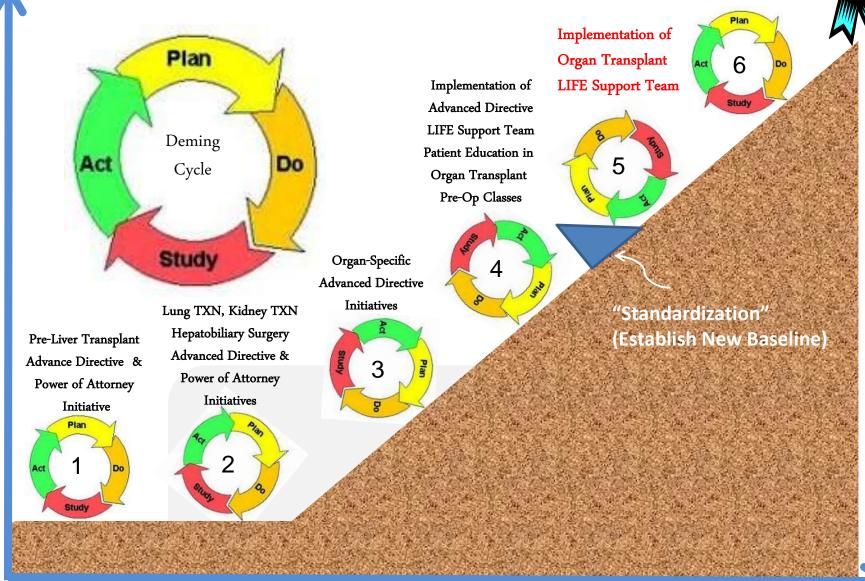
Initiatives

"Standardization" (Establish New Baseline)

The Continuous Quality Improvement Process for End of Life Care

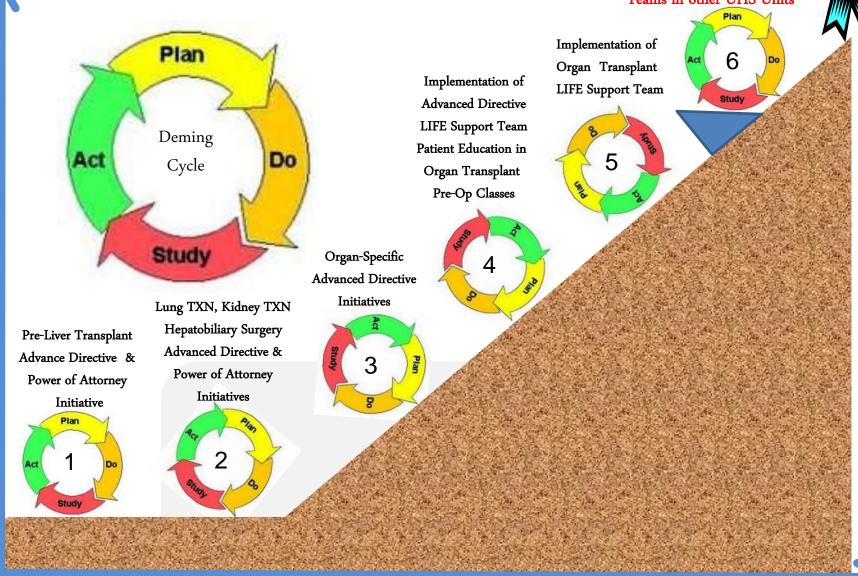


The Continuous Quality Improvement Process for End of Life Care



The Continuous Quality Improvement Process for End of Life Care

Implementation of Grassroots Palliative Care LIFE Support Teams in other UHS Units



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