

Responding to SUPPORT: An academic medical center examines its end-of-life care practices.

Dendaas N, Pellino TA, Ford Roberts, K, Cleary J. J of Pain & Symptom Manage 2001; 21(2): 121-128.

Prepared by: : Dr. Robin Fainsinger

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Abstract:

The purpose of this exploratory study was to examine the end-of-life (EOL) care rendered to patients and families within a large midwestern academic medical center during a recent one-year period. An investigator-developed audit tool was used to review the final hospitalization records of 100 patients. Data were collected regarding demographic variables, final hospitalization, medical diagnoses and histories, and documented end-of-life care. Major findings included a majority of deaths occurring within medical services on critical care units, a frequent short length of stay, a majority of Do Not Resuscitate or Withdrawal of Support orders being written one to three days prior to death, an unstable health status prior to admission, and presence of at least one significant chronic illness in the past medical history. Findings are being used to address EOL care related issues within the institution.

Comments:

Strengths/uniqueness: This report presents one component of a three-step approach to survey clinical knowledge, documentation of practice, and develop future initiatives on end-of-life care in the acute centre.

Weaknesses: The lack of description for many of the daily collection items limits the ability of other programs to reproduce or compare some of the research results.

Relevance to Palliative Care: Overall an useful outline and a challenge to all major health care institutions to examine their end-of-life practice patterns. This information can then be used to understand strengths and weaknesses in developing new initiatives.