

# The Art of Healing: Transforming ICU Care Delivery Using a Compassionate Care Approach

TaShauna McCray, DNP, RN



## Abstract

Care provided to seriously ill patients at the end of life is viewed as a significant indicator of healthcare quality. Many patients with serious illnesses are admitted to an ICU, where the primary focus is on reversing or controlling illnesses. This can result in decreased patient satisfaction, unnecessary testing, and poor symptom management. This study monitored the patient satisfaction, length of stay, variable costs, and mortality and readmission rates of seriously ill patients at a small community hospital. The patients had been admitted to a medical-surgical ICU (MSICU) and were receiving end-of-life palliative care consultative services.

**Purpose:** This quality improvement study was to (a) develop and implement a robust palliative care program for intensive care patients at a small community hospital, (b) evaluate whether the study approach was successful in improving care delivery at the end of life, and (c) explore the impacts the study approach had on patient satisfaction, length of stay, mortality rates, readmission rates, and variable costs.

**Method:** The primary focus was for the compassionate care team (CCT) to provide an added support to patients at the end of life.

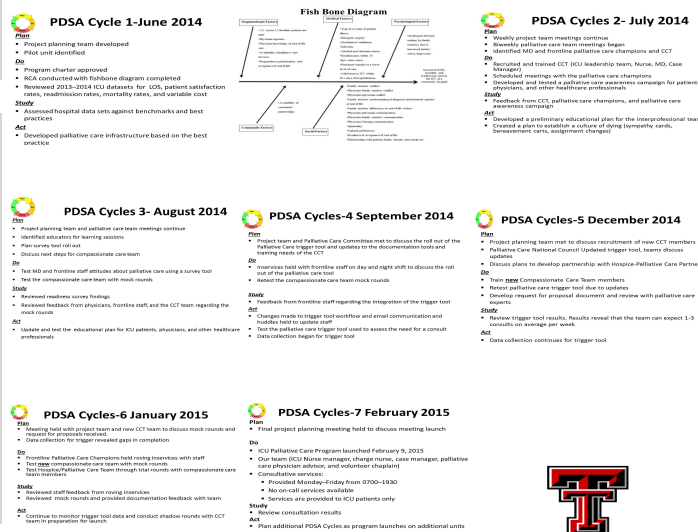
**Results:** The data suggested the need for early palliative care consultations to improve program effectiveness.

## Palliative Care Embraces Patient Centeredness

- Patient-centered and family-oriented care is a major focus for healthcare organizations across the US. These qualities can be achieved best through a synergy of science and compassion to foster harmonious support of the whole being (mind, body, and spirit).
- Hospitals and health systems are faced with the unprecedented challenge of providing **quality, patient-centered, family-oriented, cost-effective care** to a population that is comprised of a large number of seriously ill patients who are frequently admitted to the ICU.
- Management of serious illness has increased: critical care admission rates, length of stay (LOS), readmission rates, total care delivery cost, and inpatient mortality rates (Khandelwal & Curtis, 2014)
- The Institute of Medicine Report (1997) *Approaching Death: Improving Care at the End of Life* made recommendations to decision maker's to remove barriers to quality and compassionate care at the end of life. The report highly recommended palliative care as a way to foster patient centeredness at the end of life.

## Applying Evidence-Based Improvement Strategies and Learning from PDSAs

- The impact of palliative care services implemented in the MSICU using a consultative team approach was explored using two specific improvement methodologies—PDSA cycles and a root cause analysis (RCA).
- A series of PDSA cycles served as the building blocks for the project based on the Model for Improvement framework.
- Using the Model for Improvement as a foundation, the project served to answer three questions that included (a) what are we trying to accomplish, (b) how will we know that the change is an improvement, and (c) what changes can we make that will result in improvement?
- Each phase of the PDSA cycles had a distinct contribution to managing the change process.



## How PDSA Cycles Guided the Project

- The project was successful in identifying barriers and challenges to effectively managing the coordination of care delivery in seriously ill patients at the end of life.
- Successful implementation of a nurse-led compassionate care team (CCT). Averaging 1–2 consultations per week
- While the success of the program was to be measured using a pre-implementation and post-implementation design, additional consults will need to be received to best extrapolate the data.

## Conclusion

- Quality and cost-effective care delivery at the end of life is imperative.
- Palliative care is a viable approach to improving care at the end of life.
- Creating a culture of dying takes persistence.
- Key stakeholders must be engaged early and often in a palliative care program to foster enhanced awareness, advanced care planning, improved communication, and enhanced interprofessional engagement

## References:

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## Contact

TaShauna McCray, DNP, RN  
Texas Tech University Health Sciences Center  
[taashaunamccray810@gmail.com](mailto:taashaunamccray810@gmail.com)  
870-723-1585

