

**ICU Palliative Care Quality Assessment Tool
Attending/Housestaff Survey**

Measuring the Quality of Palliative Care in the Intensive Care Unit

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Institution _____

Type of Unit _____

Please check one of the following:

Housestaff _____

Attending _____

Date ____/____/____
 Month Day Year

We are interested in understanding palliative care clinical practice, including end-of-life care (EOLC), in your ICU. This survey is organized under seven domains for quality EOLC in the ICU. Some questions ask “how often,”- for all patients in your ICU - do specific palliative care practices occur. Other questions ask “how well” do clinicians in your ICU provide aspects of palliative care. In addition, some questions ask specifically about physician or nursing palliative care practices. Circle the number that corresponds to the best answer choice.

Communication Within the Team and with Patients and Families

For questions 1-4, indicate How often in your ICU do...

1. Doctors meet with nurses to clarify goals of patient care?

Never
0 1 2 3 4 5 6 7 8 9 Always
10

2. Attending physicians meet at least once with the patient’s family?

Never
0 1 2 3 4 5 6 7 8 9 Always
10

3. Physicians, when meeting with families, meet with them in a private conference room?

Never
0 1 2 3 4 5 6 7 8 9 Always
10

4. Clinicians identify a family member who will serve as the contact person for the family?

Never
0 1 2 3 4 5 6 7 8 9 Always
10

For questions 5-8, circle the number that best reflects How well do clinicians in your ICU...

5. Address conflicts about goals of care within the clinical team prior to meeting with the patient and/or family?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

6. Communicate distressing news to the patient and/or family in a sensitive way?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

7. Ensure that the patient and/or family understand the patient’s condition?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

8. Prepare the patient and/or family for the dying process?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Patient and Family Centered Decision-Making

For questions 9-13, indicate How often do clinicians in your ICU...

9. Consider the family as well as the patient as the focus of care?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

10. Determine whether the patient has an advance directive?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

11. Place the patient's advance directive in the chart?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

12. Assess the treatment preferences of the patient who has decision-making ability?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

13. Identify the patient's health care proxy or other surrogate decision-maker?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

For questions 14-17, indicate How often do physicians in your ICU...

14. Assess the family's knowledge of the patient's wishes and treatment goals if the patient lacks decision-making ability?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

15. Schedule follow-up meetings with the patient and/or family to discuss progress towards the goals of care?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

16. Document discussions with the patient and/or family about the re-assessment of the patient's condition and the goals of care?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

17. Document discussions with the patient and/or family about cardiopulmonary resuscitation (CPR) status?
Never
0 1 2 3 4 5 6 7 8 9 Always
10

For questions 18-20, circle the number that best reflects How well do physicians in your ICU...

18. Assess the family's knowledge of the patient's wishes and treatment goals if the patient lacks decision-making ability?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

19. Establish realistic and appropriate goals of care in consultation with the patient and/or family?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

20. Identify for the patient and/or family a time frame for the re-assessment of goals of care?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

For questions 21-24, circle the number that best reflects How well do clinicians in your ICU...

21. Help the patient and/or family assess the benefits and burdens of treatment?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

22. Ensure that decision-making by the health care team incorporates the patient's and/or family's preferences?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

23. Help to resolve conflicts within the family about patient-related issues?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

24. Forgo life-sustaining treatments in a way that ensures the patient's and family's preferences are respected?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Continuity of Care

For questions 25-26, indicate How often do physicians in your ICU...

25. Prepare the patient and/or the family for a change of physicians?

Never
0 1 2 3 4 5 6 7 8 9 Always
10

26. Consider keeping the patient in the ICU, after the withdrawal of life support, if death is likely to occur in 24 hours?

Never
0 1 2 3 4 5 6 7 8 9 Always
10

For questions 27-28, circle the number that best reflects How well do physicians in your ICU...

27. Communicate with colleagues about the patient's and/or family's emotional needs?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

28. Ensure that the goals of care are communicated to the next caregivers after transfer out of the ICU?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Emotional and Practical Support for Patients and Families

For question 29, indicate How often do attending physicians in your ICU...

29. Continue to meet with the family of a dying patient throughout the ICU stay?

Never 0 1 2 3 4 5 6 7 8 9 Always 10

For questions 30-33, indicate How often do clinicians in your ICU...

30. Solicit the family's wishes about being present when the patient is dying?

Never 0 1 2 3 4 5 6 7 8 9 Always 10

31. Offer the family an opportunity to meet with caregivers after the patient dies?

Never 0 1 2 3 4 5 6 7 8 9 Always 10

32. Send a message of condolence to the families of patients who have died?

Never 0 1 2 3 4 5 6 7 8 9 Always 10

33. Provide families of patients who have died with bereavement materials (e.g., listings of support groups and funeral homes etc.)?

Never 0 1 2 3 4 5 6 7 8 9 Always 10

For questions 34-37, circle the number that best reflects How well do clinicians in your ICU...

34. Attend to the emotional needs of the families of dying patients?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

35. Address the needs of the patient's young children and/or grandchildren?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

36. Maximize privacy for the dying patient and family?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

37. Accommodate the patient's and/or family's cultural traditions about end-of-life care?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Symptom Management and Comfort Care

For questions 38-43, circle the number that best reflects How well do clinicians in your ICU...

38. Control pain in dying patients?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

39. Control agitation in dying patients?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

40. Utilize expert consultants (palliative care, anesthesia, etc.) for the management of refractory symptoms?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

41. Reassure families that patients will be comfortable when life-sustaining treatments are withdrawn?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

42. Minimize unnecessary tests and procedures (lab work, weights, routine vital signs, etc.) after life-support is withdrawn?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

43. Minimize noxious stimuli (monitor noises, strong lights, etc.) after life-support is withdrawn?

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Spiritual Support for Patients and Families

For question 44, indicate How often do clinicians in your ICU...

44. Offer a pastoral care representative to dying patients and their families?

Never
0 1 2 3 4 5 6 7 8 9 Always
10

For question 45, circle the number that best reflects How well do clinicians in your ICU...

45. Assess the spiritual/religious needs of the patient and family?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Emotional and Organizational Support for ICU Clinicians

For questions 46-51, circle the number that best reflects How well do clinicians in your ICU...

46. Provide emotional support for clinicians caring for dying patients?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

47. Provide education about palliative care?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

48. Provide nursing leadership regarding palliative care?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

49. Provide physician leadership regarding palliative care?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

50. Incorporate discussion of palliative care in patient care rounds?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

51. Incorporate palliative care competencies into routine clinical performance evaluations?

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Overall Assessment of the Quality of Palliative Care Provided by Physicians and Nurses in Your ICU

In this section (questions 52-61), we ask you to give separate responses about the *overall quality* of medical and nursing palliative care practices. We ask here, How well do physicians and How well do nurses in your ICU provide palliative care within each of the seven end-of-life care (EOLC) domains? Please choose a response for all questions.

Communication Within the Team and with Patients and Families

52. Communication with members of the clinical team to clarify goals of care

Physicians

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Nurses

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

53. Communication with patients and families about goals of care and treatment

Physicians

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Nurses

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Patient and Family Centered Decision –Making

54. Eliciting and respecting patient's and/or family's preferences regarding goals of care and treatment

Physicians

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Nurses

Worst possible
0 1 2 3 4 5 6 7 8 9 Best possible
10

Continuity of Care

55. Communication with colleagues about the patient's and/or family's emotional needs

Physicians

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Nurses

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

56. Communication of the goals of care to the next caregivers

Physicians

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Nurses

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Emotional and Practical Support for Patients and Families

57. Attention to the emotional and practical needs of dying patients and their families

Physicians

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Nurses

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Symptom Management and Comfort Care

58. Management of symptoms and provision of comfort care

Physicians

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Nurses

Worst possible 0 1 2 3 4 5 6 7 8 9 Best possible 10

Spiritual Support for Patients and Families

59. Assessment of the spiritual/religious needs of the patient and family

Physicians

Worst possible											Best possible
0	1	2	3	4	5	6	7	8	9	10	

Nurses

Worst possible											Best possible
0	1	2	3	4	5	6	7	8	9	10	

Emotional and Organizational Support for ICU Clinicians

60. Provision of emotional support for clinicians caring for dying patients

Physicians

Worst possible											Best possible
0	1	2	3	4	5	6	7	8	9	10	

Nurses

Worst possible											Best possible
0	1	2	3	4	5	6	7	8	9	10	

61. Provision of education about palliative care

Physicians

Worst possible											Best possible
0	1	2	3	4	5	6	7	8	9	10	

Nurses

Worst possible											Best possible
0	1	2	3	4	5	6	7	8	9	10	

Please add any additional comments in the space below which you think would be useful for us to consider about the content and/or the format of this survey.

Thank you for taking the time to complete this survey. We know that your time is important and that there are many demands on you. Your input is essential to on-going efforts to improve palliative care in the ICU.