

**ICU Palliative Care Quality Assessment Tool
Bedside Nurse Survey**

Measuring the Quality of Palliative Care in the Intensive Care Unit

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Institution _____

Type of Unit _____

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 preferences about treatment 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 25-27, 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 question 27, indicate How often does the nurse manager/head nurse in your ICU...

27. Adjust nursing assignments/schedules to maximize continuity of care?

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

For questions 28-29, circle the number that best reflects How well do clinicians in your ICU...

28. 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 10 Best possible

29. 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 10 Best possible

Emotional and Practical Support for Patients and Families

For question 30, indicate How often do attending physicians in your ICU...

30. 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 10 Always

For question 31, indicate How often do nurses in your ICU...

31. Clarify the family's desire to participate in the physical care of the patient and involve them as appropriate?

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

For questions 32-35, indicate How often do clinicians in your ICU...

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

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

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

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

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

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

35. 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 10 Always

For questions 36-39, circle the number that best reflects How well do clinicians in your ICU...

36. 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

37. 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

38. Maximize privacy for the dying patient and family?

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

39. 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 40-45, circle the number that best reflects How well do clinicians in your ICU...

40. Control pain in dying patients?

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

41. Control agitation in dying patients?

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

42. 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

43. 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

44. 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

45. 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 10 Best possible

Spiritual Support for Patients and Families

For question 46, indicate How often do clinicians in your ICU...

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

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

For question 47, circle the number that best reflects How well do clinicians in your ICU...

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

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

Emotional and Organizational Support for ICU Clinicians

For questions 48-53, circle the number that best reflects How well do clinicians in your ICU...

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

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

49. Provide education about palliative care?

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

50. Provide nursing leadership regarding palliative care?

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

51. Provide physician leadership regarding palliative care?

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

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

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

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

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

Continuity of Care

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

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	

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

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 Practical Support for Patients and Families

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

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	

Symptom Management and Comfort Care

60. Management of symptoms and provision of comfort 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	

Spiritual Support for Patients and Families

61. 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

62. 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	

63. 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.