Family Satisfaction with Dying and Death in the Intensive Care Unit

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Quality of Dying & Death in the ICU

What aspects matter?

How do we measure it?

How do we intervene to improve it?
Communication in the ICU

Survey of relatives

- Treatment inadequate: 10%
- Dissatisfied with explanation of death: 30%

Family conferences

- Family speech time correlates to satisfaction

Shared decision making

- Frequently lacking; correlates to satisfaction

Additional Aspects of Quality

Withdrawal of life support
  • Manner and specific measures

Addressing spiritual needs
  • Discussion and involvement

Patient’s wishes
  • Documentation of a living will

Standardized comfort care orders
  • Symptom control
Quality of Dying & Death Surveys

QODD-22

Symptoms poorly controlled
Overall quality of dying: 60 ± 14
Correlations with higher scores:
- Control of pain
- Control of events
- Feeling at peace with dying
- Keeping one’s dignity and self-respect

Quality of Dying & Death Surveys

FS-ICU

- Overall high satisfaction with care: 84.3
- Nursing skill and competence: 92.4
- Compassion and respect for patient: 91.8
- Pain management: 89.1
- Waiting room atmosphere: 65.0
- Frequency of physician communication: 70.7

Controlled Interventions

Communication strategy

Intervention: structured conference & brochure
Outcomes: lower anxiety and PTSD

Family spent more time talking in intervention
No difference in ICU or hospital LOS
Fewer non-beneficial interventions

Controlled Interventions

Integrating Palliative And Critical Care

Intervention

1. Education of ICU clinicians in palliative care
2. Training local ICU champions
3. Identification of barriers to palliative care
4. Feedback on quality improvement data
5. Resources: pamphlets, posters, standardized care
Controlled Interventions

Integrating Palliative And Critical Care

Outcomes

1. No difference in family survey scores
2. Significantly improved nurse QODD scores
3. Decreased ICU & hospital LOS

Quality of Dying & Death in the ICU

Objective

• Identify items from the FS-ICU associated with overall quality of dying & death (QOD-1)

Sample

• 15 Seattle-Tacoma area hospitals: families of 1211 patients who died in the ICU (42% of eligible cases)

Model

• Multivariate linear regression model controlling for demographics, hospital site (and all FS-ICU items)
## Most FS-ICU items rated highly

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Proportion excellent</th>
<th>*Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequacy of time to address concerns</td>
<td>0.85</td>
<td>0.35</td>
</tr>
<tr>
<td>The courtesy, respect and compassion towards patient</td>
<td>0.59</td>
<td>0.44</td>
</tr>
<tr>
<td>Did you feel included in the decision making process</td>
<td>0.59</td>
<td>0.27</td>
</tr>
<tr>
<td>How well the nurses cared for your family member</td>
<td>0.59</td>
<td>0.44</td>
</tr>
<tr>
<td>The courtesy, respect and compassion towards you</td>
<td>0.56</td>
<td>0.48</td>
</tr>
<tr>
<td>Satisfaction with amount or level of care</td>
<td>0.38</td>
<td>0.46</td>
</tr>
<tr>
<td>Frequency of doctor communication</td>
<td>0.38</td>
<td>0.41</td>
</tr>
<tr>
<td>The atmosphere of ICU</td>
<td>0.31</td>
<td>0.49</td>
</tr>
<tr>
<td>Did you feel supported in the decision making process</td>
<td>0.29</td>
<td>0.43</td>
</tr>
<tr>
<td>The atmosphere in the ICU waiting room</td>
<td>0.17</td>
<td>0.28</td>
</tr>
</tbody>
</table>

*Controlling for hospital site, and patient and family age, gender, and minority status*
Items that correlate with QOD-1

<table>
<thead>
<tr>
<th>Survey item</th>
<th>Proportion</th>
<th>*Beta</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well the nurses cared for your family member</td>
<td>0.59</td>
<td>0.15</td>
<td>0.01</td>
</tr>
<tr>
<td>The atmosphere of ICU</td>
<td>0.31</td>
<td>0.12</td>
<td>0.03</td>
</tr>
<tr>
<td>Feeling of support in the decision making process</td>
<td>0.29</td>
<td>0.10</td>
<td>0.03</td>
</tr>
<tr>
<td>Feeling of control over the care of your family member</td>
<td>0.37</td>
<td>0.18</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

*Controlling for hospital site, patient and family age, gender, minority status, and all FS-ICU items
Conclusions

Satisfaction with end-of-life generally rated high

Four items significantly associated with QOD-1

1. Skill and competence of nurses
2. Atmosphere of the intensive care unit
3. Feeling of support in the decision making process
4. Feeling of control over the level or amount of care

Items 2-4 have room for improvement
Acknowledgements

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