

THE USE OF CHECKLISTS IN PEDIATRIC END OF LIFE CARE

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AIM

To increase Pediatric nurses' self-efficacy in dealing with families and patients for whom life-sustaining care is being withdrawn.

BACKGROUND

The need for this project was identified through the experiences and observations of Pediatric nurses. A literature review showed that healthcare workers experience discomfort when dealing with dying patients and their families, and that this affects their care behaviors. In addition, nurses identify stress, lack of knowledge and communications skills as barriers to providing end of life care. Studies have found that checklists can be effective tools in improving communication among caregivers, and increasing self-efficacy has been shown to be effective in improving individuals' abilities to manage stressful situations.

METHODS

An investigator developed survey was used to assess initial nurse self-efficacy when dealing with patients and families at the end of life. The nurses studied work in a 16-bed general medical surgical pediatric critical care unit at a large academic medical center which experiences 14 deaths annually on average. A total of 18 pre-implementation surveys were returned, representing 32% of the nursing staff. Upon evaluation of the end of life surveys, the nurses demonstrated medium self-efficacy, expressed a need for a specific plan of care, and identified limited access to information for both themselves and families. Based on the literature and survey result, a checklist and online resource manual was designed with the assistance of child life, palliative care, spiritual care, and social work disciplines. The checklist and online resource manual was implemented through email notification to nursing staff, as well as short in-services at monthly staff meetings. Both documents were then uploaded to the Medical Center intranet to be available for all staff to download as needed.

RESULTS

Due to few deaths, the project remains in the measuring phase. The checklist effectiveness will be measured by evaluating the nurses' use of the tool, and effectiveness of the online resource manual will be evaluated through interviews with nurses after caring for a patient at the end of life. Timely revisions of both tools will be based on received feedback. Once 10 deaths have occurred nurses will be resurveyed to evaluate self-efficacy post-implementation.

DISCUSSION

Results of the nursing surveys are consistent with the literature; the staff did not feel they were trained in end of life care or well supported when they were providing it. Staff feedback during the education phase was extremely positive, and the staff is eager to use the tools. At this time the checklist has been implemented in the care of one patient, the staff feed back has helped refine the location of the checklist. The response from

participating services has been positive as well, and plans are forming to utilize the tools throughout Children's Hospital.

LIMITATIONS

The project is limited by the nurse sample size. Also the unit studied is a general pediatric medical surgical critical care unit that does not serve trauma or cardiac populations, which form a significant part of the pediatric population facing end of life issues.

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