

Strategies for End of Life Conversations
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Abstract

Purpose: The purpose of this project was to determine if home health nurses who are trained in the strategies of approach to end of life conversations will engage in more of these conversations than nurses not trained in the strategies.

Background: More end of life patients are being referred to home health. Home health nurses are more frequently required to engage in end of life conversations as they educate patients on ongoing care options such as hospice. Discomfort with these conversations and time constraints have caused this counseling to be avoided or not done. The standard of care is that nurses will provide information on care options to patients.

Method: A chart review was conducted on patients designated as having less than 6 months life expectancy. An educational intervention and brochure on in-home care options were provided. Counts of end of life discussions were kept for 6 weeks prior to the education and disseminating the brochure, and for 6 weeks after.

Result: Prior to the education, nurses engaged in end of life conversations with 20% of patients. After the education and with the brochure available, nurses engaged in end of life conversations with 32% of patients.

Discussion: Limitations included appropriate patient assignments, vacation absences, and staffing inconsistency. Despite this, more conversations were held overall. Other disciplines within home health expressed interest in participating. The brochure was seen as a critical part of the process because it created a starting point for discussion of goals and plans.

Conclusion: Education in the strategies of approach to end of life discussions provides valuable tools to facilitate these conversations. The brochure on in-home care options is especially useful as an information tool and as a starting point for conversations.

Key Words: end of life conversations, discussing hospice, initiating difficult conversations