Nurses Develop an Ethical Intervention Tool for Use in the Critical Care Setting C907

2015 ANCC National Magnet Conference®
Friday, October 9, 2015
8:00a.m.-9:00a.m.

Usha Cherian, MSN, RN, CCRN, NEA-BC
Maureen Heck, BSN, RN, CCRN
Amelia Jackson, BSN, RN, CCRN

University North Carolina Hospitals
Chapel Hill, N.C.

Session Content

- Demographics
  - University of North Carolina Hospitals
  - Surgical Intensive Care Unit
- Ethics Champions Mission, Vision and Values
- Literature Review
- Survey Methods
- Pilot - Goals of Treatment Program
- Nursing Rounding Tool
- Next Steps
- Discussion/Questions

University North Carolina Hospitals

- 853-bed Academic Medical Center providing healthcare to more than 37,000 people/year
- 8,000 employees
- 2,500 registered nurses
- 79% patients gave overall rating of 9-10 on HCAHPS in FY15
- Achieved Magnet Recognition in 2010
- U.S. News & World Report: Best Hospitals and Best Children's Hospitals 2014-15
Surgical Intensive Care Unit

- 16 bed ICU
- Managed Care Model
- AACN Beacon Gold Award for Critical Care Excellence
- ADC=13.7
- Trauma patients 28% of admitted patients
- Other conditions treated include diseases of the colon, pancreas, spleen, liver and kidney, liver transplantation, ENT and plastic surgery, acute respiratory failure treated by ECMO

Regional Advisory Committee

- Expanding and implementing evidence based care by interprofessional teams
- Person-centered care, with inclusion and support of family
- Safer care through better use of health IT
- Care coordination and transitional care
- End of life care that is markedly different from the 20th century
New Concepts in Health Care Delivery (ACA)

- Patient Centered Care Coordination
- Accountable Care Organizations
- Health Care for the 21st Century
- Meaningful Use
- Comparative Effectiveness

Case Studies

History of SICU Ethics Champion Committee
Our Aha Moment...

SICU Ethics Champions Mission, Vision and Values

MISSION:
- Educate and empower staff to obtain early, clear goals of care

VISION:
- Facilitate culture of awareness and open discussion

VALUES:
- Patient centeredness
- Openness and honesty
- Respect for family inclusion and involvement
- Regard for diverse spiritual and cultural needs
- Interprofessional collaboration

The Four A's to Rise Above Moral Distress

ASK
Awareness of moral distress in self or others

AFFIRM
Prepare to act, take action, maintain desired change

ASSESS
Identify source and severity of distress and readiness to act

"Creation of a healthy environment where critical care nurses make their optimal contributions to patients and families"
### ANA Code of Ethics for Nurses

- “Nurses are leaders and vigilant advocates for the delivery of dignified and humane care.”
- “Nurses actively participate in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and patient suffering.”
- “Nurses have invaluable experience, knowledge, and insight into care at the end of life and should be actively involved in related research, education, practice, and policy development.”

### Baseline Interprofessional Ethics Survey

- **Purpose** – to assess caregiver knowledge and comfort related to addressing ethical concerns
- **Survey prompts:**
  - I am comfortable working with patients and families to elicit goals of care.
  - I am able to support a treatment plan that differs from what I personally believe would be best for a patient.
  - Healthcare team members consider each other’s input regarding patient preferences about goals of care, code status and end-of-life choices.

### GOT Pilot Initiative & Interprofessional Involvement

- **Goals of Treatment (GOT) Pilot Goals**
  - Earlier identification of ethical issues
  - Goal alignment
  - Decrease staff moral distress
  - More efficient utilization of resources
  - Formalize nursing contribution in rounds
Goals of Treatment Terminology

- Return to baseline
- New baseline
- Good death

- Timeline
- Pathway
- Prognosis

- Goals
- Expectations

- Modes
- Misalignment

- Identify goals
- Align goals

- Restorative
- Supportive

Goals of Treatment Philosophy

- Longevity
- Well-being

Every Patient Every Day

Goal of Treatment Daily Rounding Tool

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<tr>
<th>GOALS</th>
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Goals of Treatment Daily Rounding Tool

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<th>Hospital Admit date:</th>
<th>SICU Admit date:</th>
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**Expectations**

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<td>Change in Pathway</td>
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<td>Change in Prognosis</td>
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<td>Change in Timeline</td>
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MODES

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<td>Misalignment (specify)</td>
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Ethics Champions Needs Assessment Survey Participation

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<tr>
<th>Percent Participation by Discipline Dec-12 (N=58)</th>
<th>Percent Participation by Discipline Jan-14 (N=57)</th>
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<tr>
<td>Attending physician</td>
<td>Attending physician</td>
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<tr>
<td>Resident/physician/fellow/intern</td>
<td>Resident/physician/fellow/intern</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>Registered nurse</td>
</tr>
<tr>
<td>Other profession not indicated</td>
<td>Other profession not indicated</td>
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<tr>
<td>Withdrawn not relevant</td>
<td>Withdrawn not relevant</td>
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Comparison of Interprofessional Ethics Survey Responses

- Never / Rarely:
  - Dec-12: 19%
  - Jan-14: 20%

- Occasionally:
  - Dec-12: 28%
  - Jan-14: 26%

- Frequently:
  - Dec-12: 43%
  - Jan-14: 46%

- Very Frequently:
  - Dec-12: 21%
  - Jan-14: 23%

Staff report that they perceive a higher proportion of proactive interactions around ethical issues.

Comparison of interprofessional Ethics Survey Responses

- Undecided:
  - Dec-12: 13%
  - Jan-14: 9%

- Disagree:
  - Dec-12: 5%
  - Jan-14: 3%

- Agree:
  - Dec-12: 49%
  - Jan-14: 68%

- Strongly Agree:
  - Dec-12: 21%
  - Jan-14: 22%

Staff report an increased understanding of ethical values and the ability to discuss them with patients and colleagues.

Comparison of Interprofessional Ethics Survey Responses

- Never / Rarely:
  - Dec-12: 28%
  - Jan-14: 24%

- Occasionally:
  - Dec-12: 21%
  - Jan-14: 16%

- Frequently:
  - Dec-12: 49%
  - Jan-14: 58%

- Very Frequently:
  - Dec-12: 21%
  - Jan-14: 23%

Staff report a shift in ethical values as embodied by the healthcare team.
Comparison of RN Ethics Survey Responses

Percent of SICU RN Frequently & Very Frequently: Comparison of December 2012 and January 2014 Assessment

<table>
<thead>
<tr>
<th>Response</th>
<th>December 2012</th>
<th>January 2014</th>
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<tbody>
<tr>
<td>Frequently</td>
<td>25%</td>
<td>20%</td>
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<tr>
<td>Very Frequently</td>
<td>30%</td>
<td>40%</td>
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<tr>
<td>Other</td>
<td>45%</td>
<td>40%</td>
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Healthcare team members consider patient effort report regarding patient values and goals of their care.

Healthcare team is comfortable addressing the ethical issues related to patient’s decision making.

Healthcare team embodies a culture that supports transitions from curative care, as appropriate.

Additional survey responses from March 2014 reveal internal support for the program

Survey Prompt: I believe the Ethics Advisor Program has been beneficial N=33

- Agree or Strongly Agree: 78% (26/33)
- Undecided: 8% (3/33)
- Disagree or Strongly Disagree: 14% (4/33)

Survey Prompt: I believe the Goals of Treatment Program is beneficial N=33

- Agree or Strongly Agree: 88% (29/33)
- Undecided: 3% (1/33)
- Disagree or Strongly Disagree: 9% (3/33)

Next Steps

- Recruit additional SICU Ethics Champions
- Include GOT information in SICU orientation
- Report University Hospital Consortium Nurse Residency Goals of Treatment project results
- Ethics flag in EMR
- Disseminate our work
References


Questions/ Open Forum

Email Contact Information for presenters:

- Usha Cherian: Usha.Cherian@unchealth.unc.edu
- Maureen Heck: Maureen.Heck@unchealth.unc.edu
- Amelia Jackson: Amelia.Jackson@unchealth.unc.edu