

# Initiatives to Improve Care Coordination and the Patient and Family Experience with the End of Life Process

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## Purpose

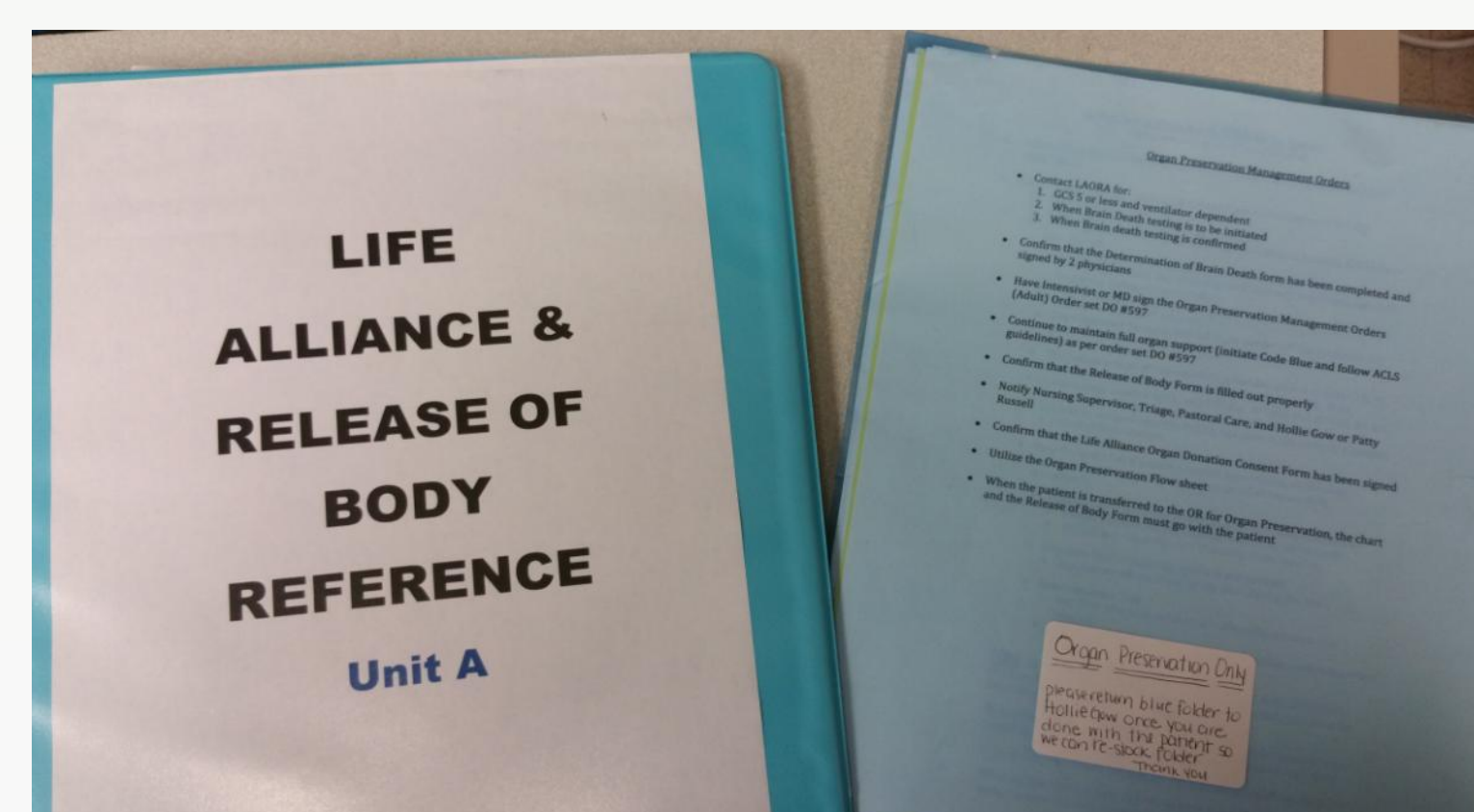
- Our continual efforts are to ensure patient safety by increasing the compliance of on-time trigger calls to Life Alliance Organ Recovery Agency (LAORA) within one hour of any triggers.
- This will ensure hospital compliance with The Joint Commission (TJC) and the Centers for Medicare and Medicaid (CMS).

## Background

- Regulatory agencies including CMS, TJC, the State Department of Health, as well as hospital polices, require all patient deaths, 20 weeks gestation and older, and all clinical triggers to be referred for donation assessment within one hour.
- All referrals made within one hour of any of the triggers are considered timely referrals.

## Methods

- The Critical Care nurses recognized the need for education and resources with the end of life processes.
- Our unit created a resource book for each unit with instructions and examples of forms that need to be filled out, packets for quick access for Organ Procurement and Donation after Cardiac Death (DCD), and a Withdrawal of Life Support Checklist to increase the timely notification to LAORA.
- These resource books became a system wide initiative to standardize the way we practice and provide care.
- Our staff received education on the death and dying process to ensure understanding and to help improve the end of life process for the patient, family, and staff.

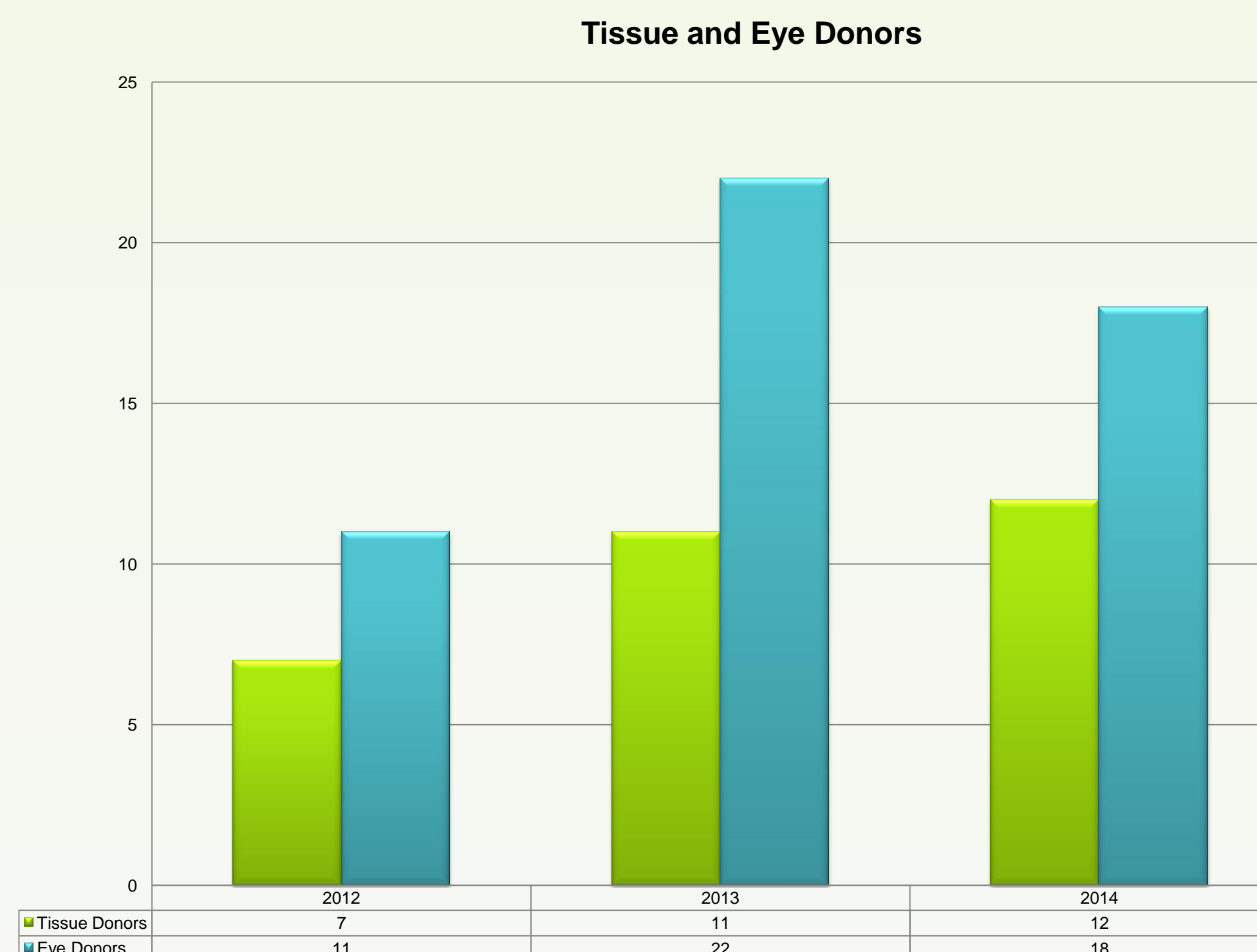


## Results

Chart 1



Chart 2



## Conclusion

- Each quarter we acknowledge staff with certificates for 100% compliance on timely trigger calls.
- We have achieved 100% compliance with our timely notifications on trigger calls, increased patient, family, and staff satisfaction, and increased organ, tissue, and eye donation potential in a timely manner.
- The results of tissue donors has increased from 7 in 2012 to 12 in 2014; eye donors increased from 11 in 2012 to 18 in 2014; tissue grafts increased from 165 in 2012 to 628 in 2014.



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