



# A GOOD DEATH

PI: Elizabeth Wickersham, MD

Student: Kelsey Anderson MSII

# Overview

- 5th year of ongoing project
- 2014-2017 surveys sent to loved ones of patients who died at OU

# Statement of Problem

- Death is a complicated topic
- Death rates are rising with the older population<sub>1</sub>
- Not enough doctors trained properly on end-of-life care, which forms a barrier between dying patients and a good death<sub>2</sub>
- We must address the quality of end-of-life care
  - *Remember family of patients*

# Objectives for the Study

- Understand the interactions of patients, loved ones, and healthcare workers in the process of dying
- Compare surveys between regular hospital floor, ED, ICU, palliative care, and comfort care suites
- Improve end-of-life care at OU

# Background

- This matters for all of us in this room
- Current and future physicians must feel more prepared for the deaths of patients
- It is important to review what is and isn't working in our hospitals

# Methods and Study Design

- *Intro letters were mailed to prepare family members to receive survey and to see if addresses were accurate*
- *Surveys optional, sent after family given time to grieve loss*
- *Could fill out survey on paper or online*
- *Survey sections*
  - Basics of patient's death
  - End of life planning
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - Emotional/ physical experiences near time of death
  - Overall quality of dying experience
  - Demographics

# Sample Population

- Loved ones of patient contacted (adult and pediatric patients)
  - *Adults between 90 days and 1 year after death*
  - *Children between 90 days and 2 years after death*
- Excluded deaths that were due to prematurity, stillbirth, and accidents
- Demographics of loved one and patient are self reported within the survey

# What we are measuring

- Basics of patient's death
  - *Where people died/ comparison of quality of death within each location*
  - *Common causes*
  - *Length of stay*
- End of life planning
  - *Within each location*
  - *Advanced directives, living will, healthcare proxy, DNR, organ donation*
- HCAHPS
  - *Relationships with healthcare providers, hygiene*
- Emotional/physical experiences near time of death
  - *Control, breathing, emotional pain, physical pain*
- Overall quality of dying experience
  - *Preparation, peaceful death, good death*
- Demographics



# Data Analysis

- Qualitative:
  - *Quotes collected*
  - *Will be distributed to chaplain, who will direct information to individuals named*
  - *Analyze for themes*
  - *Compare our hospitals with other hospital systems*
- Quantitative
  - *Will compare:*
    - Who filled out surveys
    - Where people died
    - Who had certain services offered

# Progress Made Thus Far

- Entering 2017 data into Redcap
- Direct quotes from open ended questions recorded on Excel
- Personally will be shadowing in hospice to further understand the caretaking of dying patients
- Studying literature

# Quotes from 2017 Surveys

- “I thought it was very kind of the nurses that had cared for him over the years to come say good-bye. Very touching!!”
- “Your staff is an amazing team who strives to learn, teach and grow with skill and compassion. The only area I felt could improve was post death care of immediate family.”
- “I felt the doctors were not forthcoming about her living or dying. Some nurses were not even informed about her illness. We received a call saying she had liver cancer. Scared us to death. When we arrived the nurse said she had made a mistake looking at someone else's chart.”

# Summer 2018 Goals

- Have data entered and analyzed
  - *Learn how to operate Redcap*
  - *Learn qualitative analysis techniques*
  - *Start putting together a picture of what end-of-life care is like at OUHSC*
- Have shadowed hospice, specifically cancer related

# Sources

1. Parker, G. D., Smith, T., Corzine, M., Mitchell, G., Schrader, S., Hayslip, B., & Fanning, L. (2011). Assessing Attitudinal Barriers Toward End-of-Life Care. *American Journal of Hospice and Palliative Medicine®*, 29(6), 438-442.  
doi:10.1177/1049909111429558
2. Bui, T. (2011). Effectively Training the Hospice and Palliative Medicine Physician Workforce for Improved End-of-Life Health Care in the United States. *American Journal of Hospice and Palliative Medicine®*, 29(6), 417-420.  
doi:10.1177/1049909111429325

QUESTIONS?