

Children's Mercy Kansas City

SHARE @ Children's Mercy

Posters

2018

Redirecting Care, Directing Support: End of Life Huddles in the Intensive Care Nursery

Tiffany Willis

Children's Mercy Hospital, tnwillis@cmh.edu

Sandra Ganey

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/posters>



Part of the [Critical Care Commons](#), [Maternal, Child Health and Neonatal Nursing Commons](#), [Palliative Care Commons](#), [Pediatric Nursing Commons](#), and the [Pediatrics Commons](#)

Recommended Citation

Willis, Tiffany and Ganey, Sandra, "Redirecting Care, Directing Support: End of Life Huddles in the Intensive Care Nursery" (2018). *Posters*. 44.

<https://scholarlyexchange.childrensmercy.org/posters/44>

This Poster is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Posters by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.

Redirecting Care, Directing Support: End of Life Huddles in the Intensive Care Nursery

Tiffany Willis, PsyD^{1,2}, Sandra Ganey³

1. Children's Mercy Kansas City; 2. University of Missouri Kansas City School of Medicine; 3. Children's Hospital of Los Angeles

Background

As described in a 2014 descriptive study, end of life experiences are often variable and inconsistent between families in the NICU (Cortezzo et al, 2014). Families desire varying levels and types of support at the end of their baby's life. Some families prefer space and privacy, while others appreciate having a support person by their side throughout the end of life experience (Hasanpour, Sadeghi & Heidarzadeh, 2016). Several studies that solicited feedback from families in the NICU highlighted good communication amongst a multidisciplinary team and with the family as a primary solution to help ensure the end of life experience is family centered, trauma informed, and culturally responsive (Kenner, Press, & Ryan, 2015).

Objectives

- 1) Streamline communication of an anticipated infant death in the ICN, in order to ensure all families receive their desired end of life experience and have equal opportunities for their desired level of support.
- 2) Inform ICN psychosocial team members that redirection of care or a death was occurring at night or on the weekend, giving them an opportunity to begin processing the loss prior to their work day, or come in to the hospital to support a family they were close to (if permitted/desired).

Methods

Send page

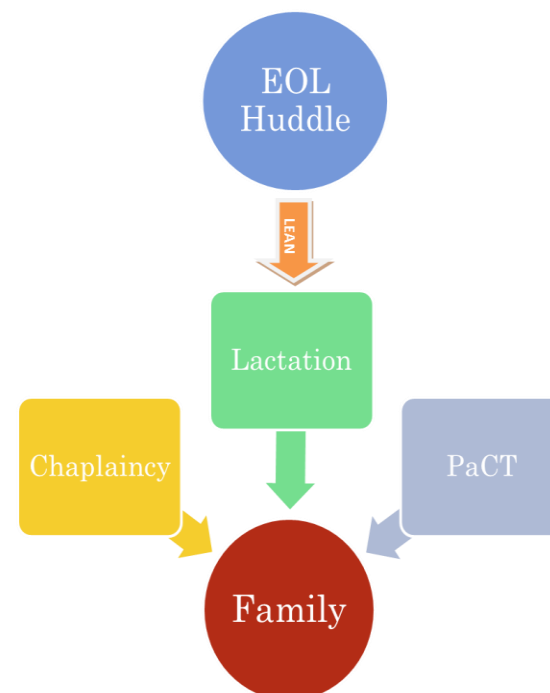
- Bed space
- 15 minute window
- Location of huddle

Have huddle

- Discuss family's needs
- Identify who has a relationship

Support family

- Identified individuals will fulfill identified roles (i.e. coordinate memory making items, go talk with family, etc.)



Results

Deaths eligible for an EOL huddle were those that were admitted for at least one day. Over the pilot year, there were 29 eligible deaths and 24 of those were captured using EOL huddle record sheets, which recorded the time, who called the huddle and who was present at the huddle. At the close of the pilot year, the ICN staff was sent a follow up survey to evaluate the usefulness of the EOL huddles. There were 68 participants who completed the survey, 41% of which had participated directly in an EOL huddle. Per the survey, 100% of individuals who had participated in an EOL huddle found them helpful to some degree.

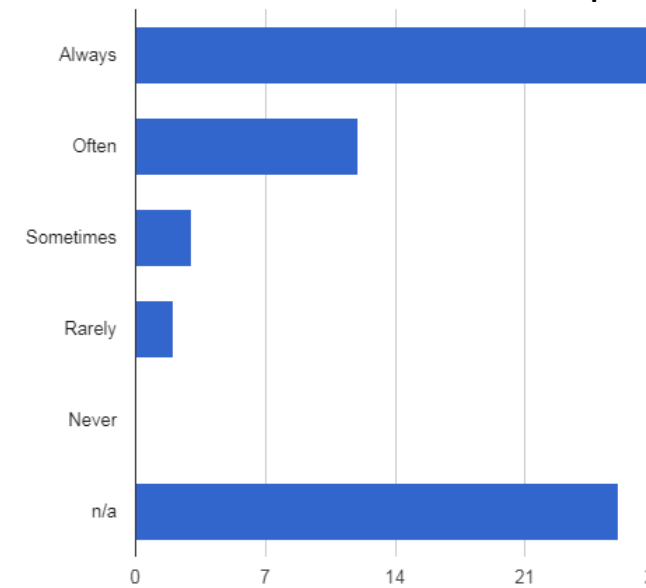
Table 1: Data collected on one year of huddles

Total number of huddles	24 huddles
Average number of minutes	11 minutes
Average number of people at each huddle	8 people
Average number of disciplines at each huddle	6 disciplines

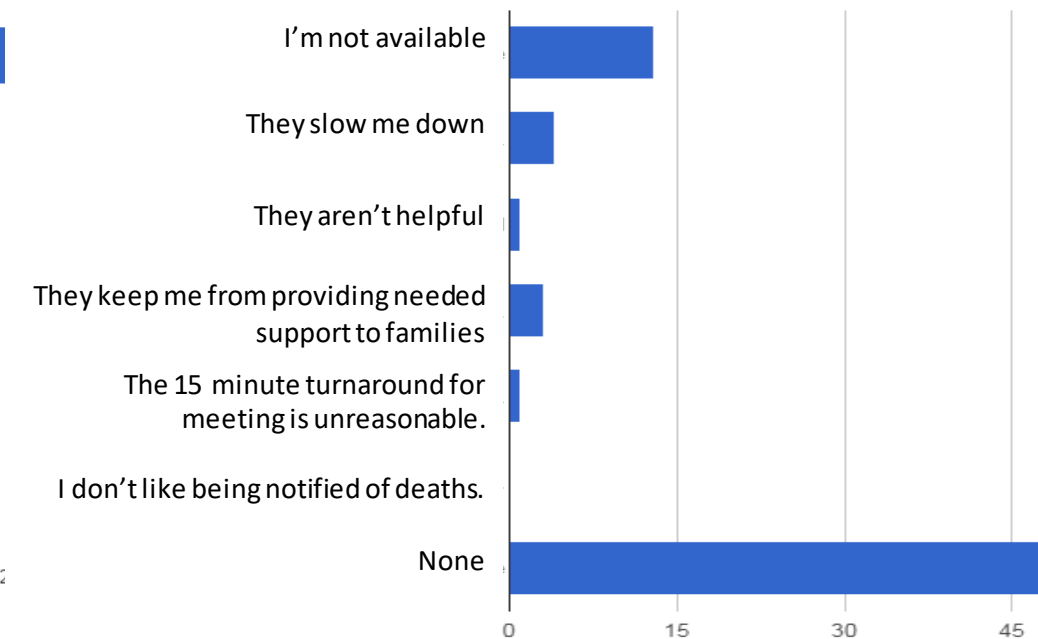
Top 5 identified benefits from survey

1. Improved multidisciplinary team communication.
2. Ensured appropriate support staff/services are notified and available to the family.
3. Attempted to ensure the family has the resources and support they need.
4. Efficiency in notifying relevant staff members of end of life/death of a patient.
5. Avoided overwhelming the family with multiple support staff.

I found EOL huddles to be helpful.



The challenges of the EOL huddles are:



Open feedback:

"I wish they were more consistently called at night and on weekends."

"This has been a great process and helpful for making things run smoothly for staff and families."

"There have been a few instances where I think an EOL should have been completed at an earlier time to better coordinate for families."

"I think this is a fantastic way for the multidisciplinary team to communicate and provide best possible care to families in the midst of tragedy. I hope this model can be adopted in other areas of the hospital."

"I love the huddles, I think they are very useful!"

"I find this process to be extremely helpful for the family by allowing the healthcare team to be on the same page in real time. The family does not need to repeat their EOL wishes to each staff member who comes to the bedside."

Conclusion/Future Directions

EOL huddles are a meaningful process and should be expanded to all inpatient units.

References

- Falck, A. J., Moorthy, S., & Hussey-Gardner, B. (2016). Perceptions of Palliative Care in the NICU. *Advances in Neonatal Care*, 16(3), 191-200. doi:10.1097/anc.0000000000000301
- Kenner, C., Press, J., & Ryan, D. (2015). Recommendations for palliative and bereavement care in the NICU: A family-centered integrative approach. *Journal of Perinatology*, 35(S1). doi:10.1038/jp.2015.145
- Sadeghi, N., Hasanpour, M., & Heidarzadeh, M. (2016). Parental needs in infants end-of-life and bereavement in NICU: A qualitative study. *Journal of Education and Health Promotion*, 5(1), 19. doi:10.4103/2277-9531.184566
- Sanders, M., Brownell, E., Moss, K., & Cortezzo, D. (2014). End-of-Life Care in the Neonatal Intensive Care Unit: Experiences of Staff and Parents. *American Journal of Perinatology*, 32(08), 713-724. doi:10.1055/s-0034-1395475