

## Journal Watch

### Impact of standardized palliative care order set on end-of-life care in a community teaching hospital

**Presented by:** Keith Barry PGYII Family Medicine, University of Alberta, presented August 23, 2011 at Grey Nuns Tertiary Palliative Care Unit

**Reference:** Walker KA, Nachreiner D, Patel J, Mayo RL and Kearney CD. Impact of standardized palliative care order set on end-of-life care in a community teaching hospital. *J Palliative Med.* 2011 Mar;14(3): 281-6.

#### Abstract

**Background:** We evaluated use of medications and interventions in patients receiving a new standardized palliative care order set (PCOS) compared with patients receiving no palliative care orders and those with an order for comfort measures only (CMO), the largely ineffective method used at our institution before implementation of the order set.

**Methods and Results:** We conducted a retrospective chart review of all patients who died at our community teaching hospital between November 2006, 8 months after PCOS implementation, and May 2007. Of 106 patients in the study group, 31 (29%) were treated using the PCOS, 6 (6%) received the CMO order, and 69 (65%) did not receive either. Patients in the PCOS group had significantly more orders for every palliative medication ( $p < 0.05$ ). Opioids and anxiolytics were made available to every patient in the PCOS group. Most PCOS patients received orders for antiemetic, antipsychotic, antisecretion, and laxative medication during the end-of-life period. No CMO patients and few patients in the no palliative care orders group received orders for these medications. The PCOS and CMO group similarly limited nonpalliative interventions, whereas the nonpalliative group had relatively high use of these interventions until death.

**Conclusion:** The palliative care order set implemented at our community teaching hospital significantly improved adherence to accepted palliative care treatment principles for patients at the end of life.

#### Strengths

- Similar approach to palliative care and similar setting to the GNH
- Baseline characteristics of the cohorts were fairly similar
- Looked at medical interventions, nursing interventions and withdrawal of unnecessary interventions (i.e. lab work, vitals)
- Has good face validity and this seems like it would be a beneficial intervention in many hospitals.
- Addresses an important issue/might benefit a large number of patients as many patients die in hospital without the benefit of being managed by palliative care experts

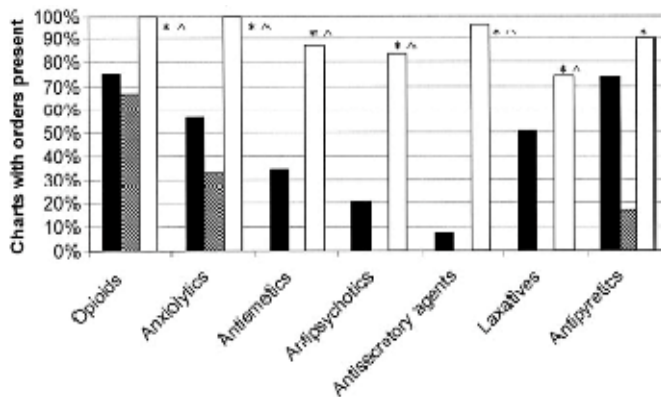
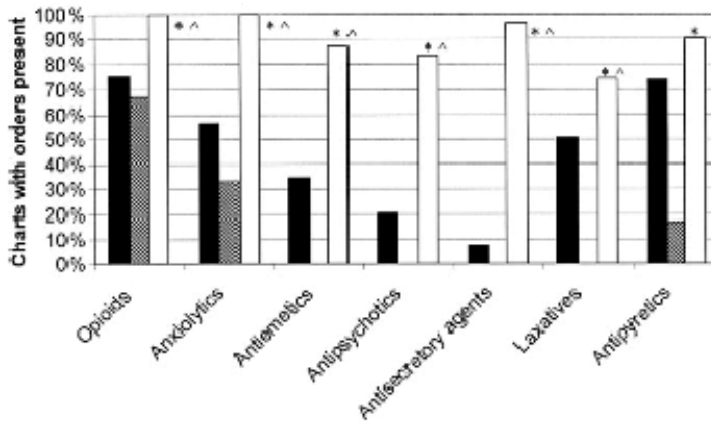
#### Weaknesses

- Looked only at availability of palliative care measure orders and not at the actual use or implementation
- Does not evaluate a patient oriented outcome (i.e. comfort at end of life, family satisfaction/perception of the end of life)
- The implementation of the order set also included quite a bit of education around end of life care which could be a confounder to any benefits seen

- Relatively small number of patients
- Very few patients in the CMO group
- Possibility that patients in the “no orders” group simply died too quickly to have palliative measures (with a order set or otherwise) implemented or that palliation was never the goal of care (or other selection bias as to why this group did not receive the order set)
- Retrospective with no control/comparison group
  - o Could have done a prospective study looking at end of life care before then after the order set implementation

### Relevance To Palliative Care

- Very commonly patients with terminal illness die in hospital but not on a palliative care ward or being managed by a palliative expert
- The implementation of a order set has the potential to improve end of life care/access to palliative interventions outside of the traditional palliative care settings with little cost to the system
- Potential to reduce the need for palliative care consultation for straightforward cases
- Can extend the reach of palliative care principles to more patients (and may help educated other healthcare providers)



■ No Palliative Care Orders    ▨ Comfort Measures Only    □ Palliative Care Order Set