

LAC+USC MEDICAL CENTER POLICY

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| Subject: COMFORT CARE ROOMS UTILIZATION | | Original Issue Date: 5/17/19 | Policy # 958 |
| | | Supersedes: | Effective Date: 5/17/19 |
| Departments Consulted: Palliative Care Department of Medicine Office of Risk Management Medical Administration Nursing Administration | Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council | Approved by: (Signature on File) Chief Medical Officer | |
| | | (Signature on File) Chief Executive Officer | |

PURPOSE

To standardize the use of the Comfort Care Rooms for end-of-life care at the LAC+USC Medical Center.

- Provide eligibility and non-eligibility criteria for the utilization of the Comfort Care Rooms
- Outline a procedure to prioritize patients for the utilization of the Comfort Care Rooms
- Provide criteria when transfer out of the Comfort Care Rooms would be indicated.

POLICY

The goal of the Comfort Care Rooms will be to provide a soothing home-like environment for actively dying patients and their families.

DEFINITIONS

Palliative Care Team: Multi-disciplinary team that provides consultative services for patients and their families. The World Health Organization (WHO) defines palliative care as a patients care discipline that *improves the quality the quality of life for patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.*

Terminal Illness: An advanced stage of disease with poor prognosis and no known cure.

End-of-life: Patient care that aims to improve the quality of life of patients and their families facing the final phase of a terminal illness. Through effective pain and symptom management and skilled interdisciplinary communication, this care is provided with attention to the needs, values, beliefs and cultures of patients and families.

Actively dying patients: Patients who have started the dying process and their prognosis is expected to be in the order of hours to a few days.

Comfort-Focused Care: Patient care with an exclusive focus on optimizing patient comfort through aggressive symptom management to allow for a peaceful death, in the company of family and friends whenever possible.

PROCEDURE**Eligibility criteria for the utilization of the Comfort Care Rooms:**

- Adult patients (18 years and older) with a terminal illness no longer seeking aggressive care (including antimicrobials, electrolyte replacement, frequent lab monitoring) or life-sustaining treatments **AND**
- Receiving comfort-focused care including a Do Not Resuscitate/Do Not Intubate (DNR/DNI) code status

Non-eligibility criteria for utilization of the Comfort Care Rooms:

- Patients who do not meet all of the above eligibility criteria **OR**

Room utilization in order of priority:

- Actively dying patients after organ recovery efforts in Donation after Cardiac Death (DCD) when a case is terminated prematurely or aborted
- Actively dying patients after undergoing compassionate extubation
- Other actively dying patients with a prognosis of hours to days, in particular those who have family members staying overnight
- If there are no patients who meet the above mentioned criteria, then the room may be filled with a terminally ill (Hospice) patient on comfort-focused care
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Indicators for transfer out the Comfort Care Rooms:

- Patients with a prolonged end-of-life course (greater than 4 days) who are stable enough for transportation, and when their needs for comfort-focused care can be met outside a hospital setting, should be transitioned to hospice care either at home or in a skilled nursing facility (SNF)
- Routine medical-surgical patients occupying the room(s) will be moved to an alternate patient care room if the room is needed for comfort-care patients meeting eligibility criteria

The Primary Team provider will:

- Identify patients that meet transfer criteria to utilize the Comfort Care Rooms and request transfer with the respective units.
- Continue being responsible for overall patient care, including writing medication and non-medication orders with the goal of maximizing patients' comfort.

The Palliative Care Team will:

- Provide recommendations for additional symptom management as well as for family support, when consulted.
- Provide education to the nursing staff that will be providing comfort-focused nursing care at the end-of-life.

The Nurse Manager will:

- Facilitate coordination for room allocation

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958**RESPONSIBILITY**

Administration
Attending Staff
House Staff
Nursing Staff
All employees

PROCEDURE DOCUMENTATION

Attending Staff Manual
Nursing Policy Manual
Departmental Policy & Procedural Manuals

REFERENCES

Attending Staff Association Bylaws, Rules and Regulations: ASA Policy 113--Adult and Pediatric Palliative Care
LAC+USC Medical Center Policy #200: Patient Rights
LAC+USC Medical Center Policy #231: Considerate and Respectful Care
LAC+USC Medical Center Policy #228: Patient Death
LAC+USC Medical Center Policy #222: Guidelines for Forgoing Life-Sustaining Treatment
LAC+USC Medical Center Policy #709: "Hand off" Communication
DHS Policy #311.103: After Death Care Culturally Sensitive Nursing Policy
Nursing Policy #700: Patient Admissions / Bed Utilization
Nursing Policy #705: Transfer – Internal / External
Nursing Policy #706: Hand Off Communication – Patient Care Report
WHO definition of palliative care: <https://www.who.int/cancer/palliative/definition/en/>