

## Getting Started

The Recommendations in this document are intended as a blueprint which facilities can modify and adapt according to their institutional culture, processes, resources and interests. With end-of-life care, the critical issue is not only "*what needs to be done?*" but also "*where do we start?*"

The following are suggestions that may prove helpful:

**1. Secure the commitment of the facility administrator, director of nursing, and medical director.**

The administrative team ultimately makes the difference in implementing changes in policy and practice. Although this commitment does not require an open-ended timeframe or unlimited resources, it does require that the administration endorse and support those charged with planning changes.

**2. Designate a small—and enthusiastic—leadership team.**

Appoint a team leader to convene a multidisciplinary Quality Improvement Team to assess the needs of the facility, establish priorities and develop an implementation plan. In addition to representatives from the nursing, dietary and social services departments, the team might also include a chaplain, a family member and the ombudsman.

**3. Conduct an internal assessment.**

To develop a plan uniquely suited to the facility, first identify its strengths and weaknesses.

Consider:

- Evaluating the status of current written processes and procedures using the tool "Assessing Your Facility's Policy and Practice of End-of-Life Care."
- Soliciting current opinions, comments and/or concerns regarding end-of-life issues with staff, resident council, family council, medical director and ombudsman.
- Reviewing the facility's compliance with the Patient Self-Determination Act.
- Reviewing recently closed charts of residents whose death was expected. Were the goals of care and end-of-life preferences documented and respected? Were there problems with pain, dyspnea or other distressing symptoms? Were psychological

and spiritual needs assessed and addressed?  
Was communication effective with loved ones? Were they satisfied with the care?  
Were all appropriate disciplines involved?

**4. Establish and prioritize objectives for improvement.**

Based on the internal assessment, identify two to four aspects of end-of-life care to be improved over the next year. Though the assessment may reveal many more needs than that, sustainable change is difficult if too much is undertaken at once. Begin with quick-start projects that will generate enthusiasm, rather than an arduous project like rewriting all the policies at once. Stay realistic while raising the bar of expectations one notch at a time.

**5. Include "infrastructure" changes whenever possible.**

Educating staff is often a reasonable first intervention. But education alone rarely leads to lasting change in clinical behavior, particularly in an area as complex as end-of-life care. For each targeted area, identify specific changes that may be needed in the institutional structure. These infrastructure changes may include such things as:

- Revising the orientation and inservice programs
- Adopting a pain assessment protocol
- Tracking end-of-life-related indicators in QA meetings
- Updating job descriptions
- Using a form for documenting treatment preferences.

**6. Take incremental steps, but make them visible.**

Though the steps may be small, they should be visible and measurable. Once actions are chosen, develop a QA monitoring tool to identify areas of

success or opportunities for improvement. Recognize success and give credit to those making a difference, however minor. As soon as one change is working, choose another. The impact of these changes will grow over time.

**7. Establish responsibilities and a time-line.**

For each goal or action, decide who is responsible, how often and in what context they will visit the issue, and the date for expected

completion or reevaluation. Allow a reasonable amount of time to affect change.

**8. Collaborate with colleagues from other facilities and regions.**

Talking with others and sharing ideas, policies and educational programs will save countless hours and sustain creativity. Seek out or form regional networks for support.