

# Improving Quality Delivery of End-of-Life Care: Encoding Current Clinical Guidelines Using the Omaha System

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**End-of-Life Care is:**

- Interdisciplinary
- Focus on comfort and quality of life
- Many more decisions for care



**PROCESS:**  
**Creating an Omaha System Intervention Library**  
**Using Evidence Based Guidelines**

## Clinical Practice Guidelines Used

- \* The Hastings Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End-of-Life: Revised and Expanded 2<sup>nd</sup> Ed. 2013.
- \* Institute for Clinical Systems Improvement Palliative Care for Adults. 2013.
- \* Guidelines for End-of-Life Care in Nursing Homes: Principles and Recommendations. The John A. Hartford Institute for Geriatric Nursing at New York University, Division of Nursing, New York. 2000.
- \* Clinical Practice Guidelines for Quality Palliative Care, 3<sup>rd</sup> Ed. National Consensus Project for Quality Palliative Care. 2013.
- \* Fairview Home Care & Hospice Standing Orders rev. 12/15

<b>PROBLEM LIST</b>	Interpersonal relationship	Reproductive function
Bowel function	Medication regimen	Respiration
Cognition	Mental health	Skin
Communicable/infectious condition	Neuro-musculo-skeletal function	Sleep & rest patterns
Communication with community resources	Nutrition	Spirituality
Digestion-hydration	Oral health	Urinary function
Grief	Pain	Vision
Health care supervision	Physical activity	

<b>TARGET LIST</b>	Legal system	Sickness/injury care
Bladder care	Medical/dental care	Signs/symptoms mental/emotional
Communication	Medication administration	Skin care
Continuity of care	Medication coordination/ordering	Spiritual care
Durable medical equipment	Nursing care	Stress management
End-of-life care	Relaxation/breathing techniques	Support group
Interpreter/translator services	Respiratory care	Wellness

# \*Guideline Snapshot 1:

Intervention descriptions with Omaha System classifications

Domain	Problem	Category	Target	Care Description
II	Mental health	TP	medication administration	For anxiety/agitation w/hx memory problems or delirium try first: Haloperidol (Haldol) 1-2 mg or if >65 yo 0.5-1 mg (PO/SL/IM/R) q6h prn
II	Grief	TGC	end-of-life care	provide bereavement support after death
II	Interpersonal relationship	TGC	end-of-life care	conduct life review
II	Mental health	TP	stress management	apply music therapy techniques for stress reduction and coping
II	Interpersonal relationship	TGC	support system	facilitate patient-family communication re POC
III	Health care supervision	S	nursing care	d/c vital signs, weights, O2 sats
III	Digestion-hydration	TP	medication administration	For nausea: Haloperidol (Haldol) 0.5-1 mg (PO/SL/R) q6h prn
III	Pain	TP	medication administration	For moderate/severe pain: Morphine sulfate 20 mg/mL, .25mL to 0.5 mL (PO/SL) q2h prn. If >65 yo, take 0.125 ML TO 0.25 ML (PO/SL) q2h prn
III	Respiration	TP	medication administration	For copious secretions: Atropine 1 % eye drops 2-4 gtts (0.5-1 mg)
III	Oral health	TP	medication administration	Artificial saliva (Xerolube or Moist Plus or Oral Balance) prn
III	Neuro-musculo-skeletal function	TP	relaxation/breathing techniques	massage via various techniques prn for relaxation, pain, or symptom management
III	Cognition	S	signs/symptoms mental/emotional	assess decision making capacity
III	Bowel function	TP	end-of-life care	Any pt on scheduled opioids should be on daily scheduled bowel program, unless there is a contraindication
IV	Health care supervision	TGC	communication	relate decision at hand to preferences and goals
IV	Health care supervision	CM	legal system	facilitate advanced care planning
IV	Health care supervision	CM	support system	determine appropriate surrogate
IV	Health care supervision	CM	continuity of care	designate primary healthcare professional ("PHP")
IV	Health care supervision	CM	nursing care	Initiate continuous care PRN for periods of crisis and mgmt of acute symptoms
IV	Physical activity	TGC	wellness	physical activity as tolerated



# \*Guideline Snapshot 2:

Intervention descriptions with corresponding care moments  
and Omaha System Targets

Care Description	Admission to NH	Admission to Hospital	Admission to Hospice	Pt health deteriorating	During EOL care	Discharge planning
For anxiety/agitation w/hx memory problems or delirium try first: Haloperidol (Haldol) 1-2 mg or if >65 yo 0.5-1 mg (PO/SL/IM/R) q6h prn				1	1	
provide bereavement support after death						
conduct life review				1	1	
apply music therapy techniques for stress reduction and coping				1	1	
facilitate patient-family communication re POC	1	1	1	1	1	1
d/c vital signs, weights, O2 sats				1	1	
For nausea: Haloperidol (Haldol) 0.5-1 mg (PO/SL/R) q6h prn				1	1	
For moderate/severe pain: Morphine sulfate 20 mg/mL, .25mL to 0.5 mL (PO/SL) q2h prn. If >65 yo, take 0.125 ML TO 0.25 ML (PO/SL) q2h prn				1	1	
For copious secretions: Atropine 1 % eye drops 2-4 gtts (0.5-1 mg)				1	1	
Artificial saliva (Xerolube or Moist Plus or Oral Balance) prn				1	1	
massage via various techniques prn for relaxation, pain, or symptom management				1	1	
assess decision making capacity	1	1	1	1		1
Any pt on scheduled opioids should be on daily scheduled bowel program, unless there is a contraindication				1	1	
relate decision at hand to preferences and goals				1	1	
facilitate advanced care planning	1	1	1		1	
determine appropriate surrogate	1	1	1			1
designate primary healthcare professional ("PHP")	1	1	1			1
Initiate continuous care PRN for periods of crisis and mgmt of acute symptoms				1	1	
physical activity as tolerated				1	1	

# \*Guideline Snapshot 3:

Intervention descriptions with care participants



- \* Each guideline offers a different perspective of care, yet most recommendations overlap
- \* Lack of Omaha System syntax for “terminal illness”
- \* “dietary management” target is defined as nourishment that is life-sustaining (end-of-life: food focus is comfort and tolerance over nourishment)
- \* Choose “nursing care” or “end-of-life care” target?

## \* Challenges

- \* Content evaluation in practice
- \* Revisions based on practice evaluation
- \* KBS evaluation as quality outcome measure

\* **Next steps**