

# Palliative Privacy

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## Background

One of the most difficult conversations to have with a patient is about end of life care. These conversations, had between the patient and the palliative care provider, are crucial, sensitive and extremely private. In such an important interaction, patients are encouraged to open up about personal beliefs and concerns. This leads to a more profound and meaningful exchange and expectation of goals for the eventuality of passing on. While in the hospital, these conversations typically take place in the patient's room, the issue with this being that several unintentional but well-meaning interruptions can occur (1). Whether this be from nursing, nutrition, janitorial and other ancillary staff, any form of interruptions can make the topic of death and dying that much more difficult (2).

## Objective

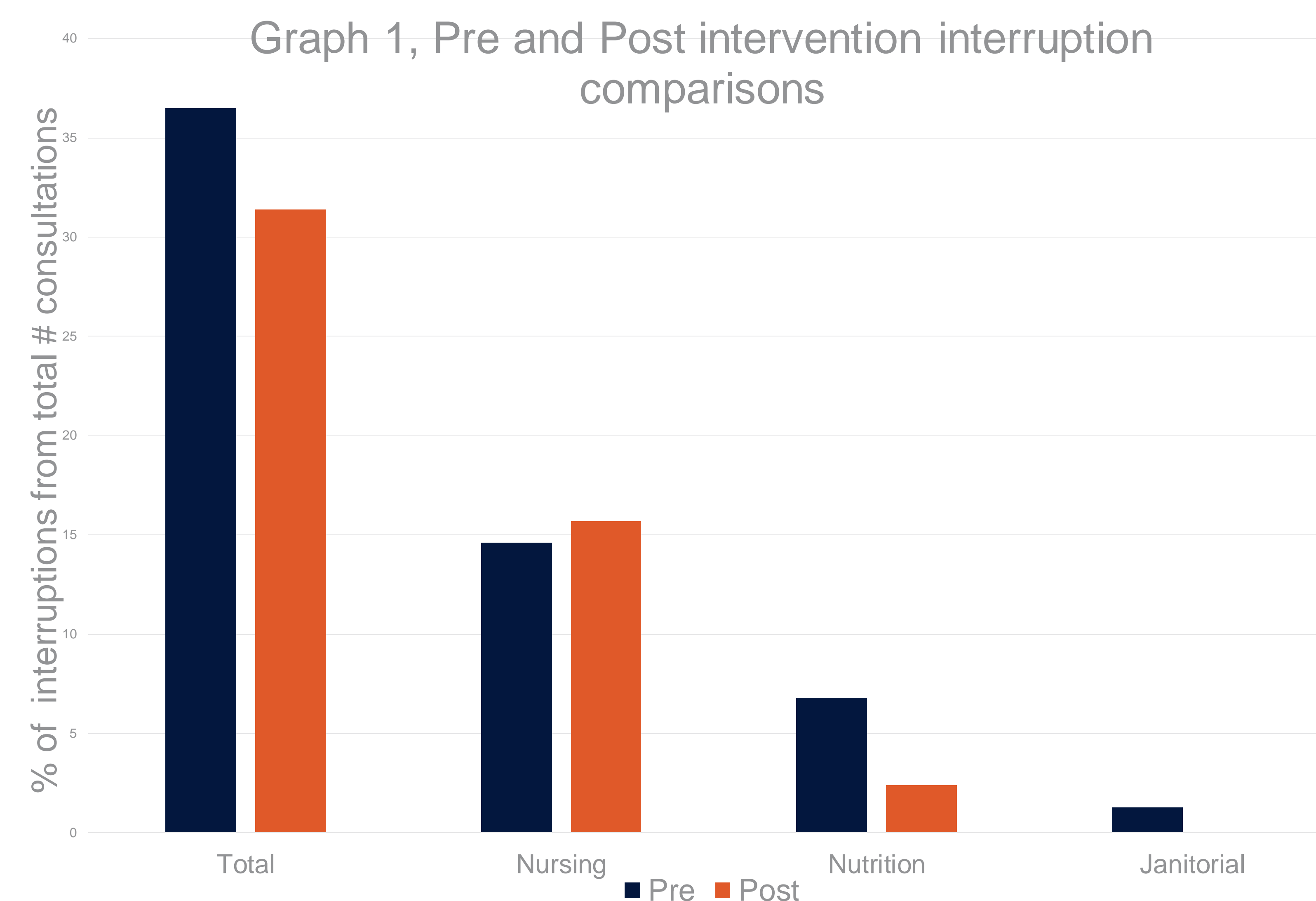
The objective of this quality improvement project was to minimize distractions during palliative care consultations in the hospital.

## Methods

A Palliative Privacy sign was developed and designed to be placed on patients hospital room door during palliative consultations. The signage was drafted with the intent to protect the patient's privacy by not containing any patient identifiers or any indication that a palliative consult was being conducted. The signage was simple and stated that no entry be allowed into that room at that time, refer to Figure 1. Prior to implementing the intervention, a pre-intervention survey was conducted. The survey was completed by Palliative Care Providers during their consultations with patients. The survey asked for the quantity of unwanted entries into the patient's room and to classify the interruption into specific departments. Following the implementation of the Palliative Privacy sign, a post-intervention survey was then completed by those same providers. The post survey again asked for quantity and quality of the interruptions.

*This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.*

## Results



## Figures



Figure 1: Palliative Privacy signage, the "intervention."

## Discussion

Pre-intervention data showed an average number of interruptions during a Palliative care consultation to be 36.5%. A large portion of these interruptions were observed to be from Nursing (40%) followed by Nutrition Services (18.9%) and Others (18.8%). Post-intervention data that showed the average number of interruptions decreased to 31.4% with Nursing noted to be the cause of 50% of all interruptions followed by Others at 32.5%. There was a significant reduction of interruptions in certain hospital departments post intervention. Most notable were Nutrition (18.8% to 7.5%) and Janitorial (10.8% to 0%).

## Conclusion

There appears to be a reduction in the total amount of interruptions during Palliative care consults when the signage was used. With this information comes the opportunity to target groups known to have higher interruption rates. This can be in the form of counseling and education on the delicate and sensitive nature of palliative conversations to hopefully improve and ensure Palliative Privacy.

## References

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