

SE13a

Provide one example, with supporting evidence, of a nurse or group of nurses in the delivery of culturally and/or socially sensitive care.

Example a: Socially Sensitive Care Provided to End of Life Patient/Family

Socially Sensitive Patient Need

In March 2023, the interprofessional team in the Cary Intensive Care Unit (ICU) made it a priority to provide socially sensitive care to a critically ill elderly patient who was at the end of life. The patient's adult children were having goals of care discussions and making care decisions with the provider and palliative care team when they expressed to the primary nurse, Tammy Fralin-Mosier BSN, RN, CCRN, Cary ICU, that the patient felt strongly about not dying in a hospital setting and asked about the options for end-of-life care.

The daughters stated that the patient had often expressed wanting to die at home or in hospice care rather than in the hospital. Fralin-Moser discussed the daughters' requests with the palliative care team and ICU provider, who concurred that the patient was not likely to live long after the withdrawal of life support. Fralin-Moser updated a member of the unit leadership team, Michele Brake, MSN, RN, CCRN, Clinical Educator/Supervisor Cary ICU, on the family's request for alternative options of withdrawal from life support outside the ICU room. Brake met with the family, who said that the patient loved being outdoors and in nature and asked whether it would be possible to be outside, or to be in a room with an outdoor view, when care was withdrawn. ([Evidence SE13a-1, Palliative Care Note](#))

Brake reached out to Sabrina Tyndall, DNP, RN, NEA-BC, Executive Nursing Director, to explore options. Tyndall coordinated with Peggy Hayes, BSN, RN-BC, 5W Surgery Trauma Nurse Manager, and the System Capacity & Patient Placement Center to arrange to hold a room on 5W that has large windows with an expansive outdoor view in anticipation of withdrawal of care the following day. ([Evidence SE13a-2, Email communication with Tyndall](#))

Tyndall asked Derak Dillahunt, Manager, Facility Operations, to assist with logistics planning in looking for outside locations that would be safe and accessible for the patient to be transported to for end-of-life care. ([Evidence SE13a-3, Text Thread Tyndall](#)) Tyndall, Brake, and Dillahunt planned to have the patient transported outside to the chosen area in the hospital courtyard by nursing staff members and a respiratory therapist, where the patient would be extubated. Nursing care and comfort measures would be provided outdoors for the patient. If the patient did not pass within an hour of extubation, they would be moved to the patient's room with large windows, where the family would remain at the bedside and nursing care would be provided. Fralin-Moser and Brake discussed the plan with the patient's daughters, who expressed appreciation and comfort with the plan and stated that attempting to be outdoors is exactly what they had hoped for.

Nurses Deliver Socially Sensitive Care

On March 2023, the planned day for extubation and withdrawal from care, Brake coordinated with Ashley Everington, BSN, RN-BC, Clinical Administrator; Megha Patel, RT, Respiratory Therapist; Lizette Lopez, MSQ, LCSW, Palliative Care Social Worker; and Michelle Graham, Chaplain, to arrange the time and finalize the plan. The primary nurse Alaina Eisenhooth BSN, RN, Cary ICU, directed the plan for how care was to be delivered with WeiWei Wang, NP, Palliative Care Provider. ([Evidence SE13a-4, Palliative Note Planning](#))

The supplies and medications needed to provide and implement care outdoors were gathered. The patient, accompanied by the adult children, was then transported to the courtyard area. Team members including Tyndall, Brake, Everington, Hayes, Bill Solberg, Manager of Environmental Services, and Derek Dillahunt, Manager of Facility Operations, provided support and privacy with a screen and redirected hospital pedestrian traffic to keep the area as private as possible. The patient was extubated, and Eisenhooth, Graham, and Wang provided comfort and emotional care in the courtyard outdoors. The patient passed peacefully outdoors with the family at bedside, as the patient desired. ([Evidence SE13a-5, Palliative Note Description of Event](#))

By advocating for the patient and family's wishes, the nursing team, with nursing leadership support and interdisciplinary partnerships, was able to coordinate patient care at the end of life and provide an alternative to dying in the hospital room. This promoted high-quality end-of-life care in a more peaceful environment through an experience that was patient and family-centered as well as socially sensitive to their unique needs and preferences.