REDESIGNING
THE END OF LIFE EXPERIENCE
AT HOSPITALS
USING THE
MINDFUL
ATTENTIVE
EXPERIENCE
METHOD
(MAX)

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Many of us would prefer to die at our own home, but the fact is that most of us are going to die in a hospital.
INTRODUCTION

Evaluation Goals

- Determine the effectiveness of MAX on dying patients, their families, medical staff, and the entire hospital ecosystem through the creation of mindful clinical spaces and education programs in empathy for physicians.

- Review and compare various perspectives from before the implementation of MAX and then a year after operating.

- Discuss the aspects of the program that are working well, need improvement, outcomes, and suggestions for future actions.
LITERATURE REVIEW

Background & Description of Clinical Spaces

- Hospitals originated as a shelter for the needy.

- Religious institutions built places next to the church that offered treatment for the ill. The layout of the wards was in a cross shape with an altar in the center so patients could see it (Gormley, 2010).

- Architecture of hospitals remained same with slight changes, such as private rooms and separate floors to prevent spreading diseases.

- Fluorescent lights, white sheets, white walls, minimal design, array of medical equipment, distinct smell, one-size-fits-all gowns, and beeping machines all are about the functionality and curing an illness.

- The need for a designated clinical space that incorporates compassion into design and puts dying patient at the center is great.
Hospital Real Granada, Spain 1511

Integris Baptist OKC, OK est. 1959
LITERATURE REVIEW

Background & Description of Education Program

- Practice of medicine began with the study of herbal and holistic healing.

- Training for becoming a doctor involved studying anatomy and performing diagnosis using previous symptoms, and treatments that worked earlier.

- Medical schools opened, tools were created, prescription and modern medicine was invented, and the amount of material doctors had to learn was vast.

- The goal of the doctor was about treating a symptom and moving on to the next patient.

- The need for educational programs and training in empathy for medical staff is significant.
The Anatomy Lesson

Modern Medicine
STAKEHOLDER ASSESSMENT

The team identified the stakeholders as Mercy hospital executives, doctors, nurses, hospital advisory board, medical professors, palliative care experts, dying patients, families of dying patient, local architects, local designers, hospital volunteers, future patients, and future hospital staff.
The goal of the MAX program is to create a better end of life experience at hospitals, improve the quality of life in patients, families and medical staff, and shift the focus with people being at the center of design.
PURPOSE

MAX Clinical Spaces

- The MAX program had designated clinical spaces for dying patients that were away from busy emergency rooms and general practice offices, but close enough for medical assistance if needed.

- The units resembled more of a home with personal touches in each room like color, soft lighting, cozy sheets, patterned gowns, fresh baked cookie smells, lots of windows, ample and relaxing seating areas, and manicured landscapes.

- The facility put people at the center of death, not their illness.
PURPOSE

MAX Education Programs

- The MAX program has multiple training courses on active listening, comforting, compassionate care giving, and deep empathy.

- The mindful care and connection between the patient and their families to the medical staff will ease the suffering and make the process more comfortable.
**LOGIC MODEL**

**Formative**

- To check progress of MAX program using surveys, focus groups, observations, and then revise based on results.

**Process**

- To ensure MAX program clinical space and education program is functioning properly

**Outcome**

- To ensure patients and staff of the MAX program are feeling tranquility, comfort, love, empathy, and warmth.
EVALUATION QUESTIONS

Comparative Data

- Has the general quality of care by the staff improved?
  - Has the communication and connection between staff and patients improved?
- Are patients emotional well being better?
- Are patients physical well being better?
- Do the patients feel emotionally more content and comfortable?
- Do the patients feel physically more content and comfortable (“at home”)?
- Has the satisfaction of families with care of their patient improved?
- Has the satisfaction of families of the space improved?
- Has the satisfaction of families to staff connection improved?
- Has the staff been properly trained?
- Does the staff understand the principles of empathy?
- Is the staff adhering to MAX program initiatives properly?
- Does the MAX program work properly with insurance agencies?
- Has the relationship between MAX program and the healthcare system improved?
- Has the relationship between MAX program and politics improved?
METHODOLOGY

Evaluation Design

- The evaluation team reviewed survey, observational, and interview results from patients, families, and staff from before MAX program implementation and compared them to findings after the MAX program was in operation after a year.

Sampling

- Members of the pre-determined population will be selected through stratified sampling. The sample will be split up into different categories as per their professional title, or area of study/ expertise. Simple random sampling will then be administered to ensure a member from each of the categories is represented in the sample.

Participants

- The sample will consist of doctors, nurses, other medical staff, chronically ill patients, family members of chronically ill, and medical staff volunteers.
METHODOLOGY

Data Collection

- The evaluation uses several different methods for collecting data including focus groups, surveys, interviews, observations, and document reviews.

- Likert-type surveys will be administered to consenting medical staff members before MAX program is implemented and then will be giving a follow-up survey a year after MAX has been implemented with the same format and questions.

- More Likert-type surveys will be administered to medical staff based on MAX education program training and implementation.

- Focus groups will be held between patients’ families and lead evaluator once a month.

- Observations will be held before the MAX program is implemented to document staff protocols and interactions between patients.
**METHODODOLOGY**

*Data Analysis*

- Both qualitative and quantitative research methods will be used to analyze the data.

- The surveys being in Likert-type style will be calculated and numerical answers will be transcribed into quantitative data. The survey data will be compared from before and after MAX program instituted.

- The observations, interviews, and focus group data will be measured by patterns and insights uncovered using keywords and phrases by participants.

- Direct quotes, pictures taken during observation, and sound bites will be used in the presentation.
RESULTS

x The use of the MAX program at Mercy hospital had significant effects on the medical staff, dying patients and their families.

x The surveys concluded the integration of empathy improved the care of medical staff greatly over the course of once year.

x Interviews detailed chronically ill patients felt “peaceful” and “respected” in terms of their well-being.

x Overall the introduction of the MAX program required huge changes to the hospital structure, but was for the betterment of patients and their staff.
DISCUSSION

- The MAX program does have room for improvement with the need for continued education on different areas, taking on more patients and medical staff for training then just a small sample, transitional work of staff from learning to doing, and refining the organization system of MAX.

- For future MAX programs, time and feasibility needs to be figured out. Mercy hospital was lucky enough to have an empty, unused area, but what do facilities do if they don’t have this luxury? The construction of a new space will take time, money, and more effort, which is something MAX should consider.

- Either way, the shifting of the focus from business-as-usual with a dying patient in a hospital to let me make these last few moments precious and loving is the answer.