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Title:

Nurse-Led Quality Improvement Presentation of Advance Directives in an Outpatient Oncology Setting

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ACCEPTED

Session Title:

Rising Stars of Research and Scholarship Invited Student Posters

Slot:

RS PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

Applicable category :

Students

Keywords:

Advance Directive, Oncology and Palliative

References:

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Abstract Summary:

For oncology patients with no advance directives, vital conversations about advance care planning can occur too late, therefore rendering them unable to verbalize their end-of-life wishes. However, nurses have a pivotal role in creating relationship-based caring with patients and these meaningful connections can translate to conversations about advance care planning.

Content Outline:

INTRODUCTION
The literature search focused on the feasibility of RNs presenting ACP and completing AD with oncology patients to support the QI project. Primary care was the emphasis on literature search as it was inferred as the ideal setting to start conversations about AD. These crucial conversations should ideally be presented in outpatient settings where patients are not subjected to undue stress brought about by emergent acute illnesses. Since nurses can be instrumental in presenting ADs, part of the literature search included educational interventions for nurses to facilitate ACP and increase confidence for nurses to drive the completion of ADs.

BODY

Main Point #1
Patient Acceptance with Nurses Presenting Advance Directives

Sinclair et al. (2017) is a level one (1) randomized control trial that showed nurse-led advance directive discussion is acceptable to patients and in increasing care planning and completion. At six months, advance care planning was significantly higher ($p<0.001$) compared to a usual protocol of discussions with physicians (Sinclair et al., 2017).

Walczak et al. (2017) is another level one (I) parallel-group randomized control trial showed that a nurse-led communication support program that featured a question prompt list gave more cues for discussion of prognosis and EOL care. The result of the support program increased patient satisfaction (Walczak et al., 2017).

Holland et al. (2017) is a level two (II) prospective, comparative design pilot study reported that the use of nurses in a primary care setting to conduct advance directive conversations with patients is acceptable. Patients reported feeling comfortable completing the process with nurses. Out of 40 patients, 34 (85%) completed or updated their advance directives. The limitation to this study is that patients who agreed to participate may have already thought about completing advance directives and self-selected into the study (Holland et al., 2017).

Main Point #2

Nurse Perception with Advance Directive Presentation

Hinderer and Lee (2014) is a level two (II) quasi-experimental pilot study that showed nurses support the role of nurse-driven educational interventions to facilitate advance care planning conversations and improve advance directive completion. Approximately 82.6% of nurses who participated in nurse-led advance directive seminar found it useful and were likely to complete advance directives with patients and engage in advance care planning conversations. Hinderer and Lee (2014) suggest that additional research is needed on the role of gender in nurses in measuring the likelihood of discussing advance care planning (Hinderer & Lee, 2014).

Novice and experienced nurses may feel they are not able to properly provide end-of-life (EOL) care for a myriad of reasons. Lack of education about EOL discussions and lack of comfort in delivering EOL care can greatly contribute to fearful attempts to initiate conversations about AD. A comprehensive EOL education project, End-of Life Nursing Education Consortium (ELNEC), provides a structured information for nurses in tackling the educational gap with EOL discussions (American Association of Colleges of Nursing [AACN], (2016).

In a study conducted by Corcoran (2016), an EOL workshop comprised of three modules of the ELNEC training was presented to nurses. A matched-pairs t-test found a significant difference between pre- and post-test scores. To measure the effect of the program, all the nurses completed the End of Life Professional Caregiver Survey three weeks before and three weeks after attending the workshop. The results propose that the workshop was effective in improving nurses' comfort levels with delivering EOL care. The program's success offers a powerful implication in pursuing EOL training for nurses to provide compassionate and effective care for patients (Corcoran, 2016).

CONCLUSION

Presentation of AD by RNs in the outpatient oncology setting has not been previously explored by Reading Hospital-Tower Health. Traditionally, physicians or social workers take on the responsibility to explain ADs, but only when requested by patients. However, RNs have the ability to form meaningful relationships with patients that can translate to initiating conversations about AD. The strategic approach to this Quality Improvement (QI) project is to facilitate comprehensive education with oncology RNs to increase comfort and confidence in presenting ADs. The intended result of this education is anticipated to translate well into the ultimate goal of AD completion by cancer patients in the outpatient oncology setting.

Topic Selection:

Rising Stars of Research and Scholarship Invited Student Posters (25201)

Abstract Text:

Nurse-led presentation of advance directives (AD) for patients in the outpatient oncology setting at Reading Hospital-Tower Health is currently not a standard of practice for patient care. For patients with no advance directives, vital conversations about advance care planning (ACP) can occur late with respect to the patients' well-being; they can experience a precipitous decline in their health condition, therefore rendering them unable to verbalize their end-of-life (EOL) wishes. Family members and loved ones who are entrusted to advocate for the patient may not necessarily know what those EOL wishes are. In addition, family members may find themselves ensnared in vulnerable dispositions and plagued with overpowering emotions as to what would be best for the patient. The result can be undesired invasive treatments for the patient when ACP has not been established. This quality improvement (QI) project was initiated after identifying a need to increase completion of ADs for adult oncology patients. Nurses have a pivotal role in creating relationship-based caring with patients and these meaningful connections can translate to conversations about ACP, and eventual completion of advance directives. This QI project aims to understand the likelihood that patients' completion of advanced directives will increase when presented by a nurse.

The critical need for nurses to advocate for AD is transforming into a significant issue in the current health care system. Our population is aging, and technology is advancing rapidly that it has changed the trajectory of medical care with chronic, terminal health conditions into protracted debility (Gardner, 2013). When patients have no ADs in place, family members and health care providers are compelled to make grueling healthcare decisions, potentially intensifying stress and further complicating family dynamics (Lowey, Norton, Quinn, & Quill, 2013). Timely conversations about EOL is necessary to ensure the patient's increased quality-of-life (Walczak et al., 2014). Nurses have the unique opportunity to educate patients and their families on the significance of AD and EOL decisions. In addition, nurses are poised to build the foundation to facilitate conversations about the patient's EOL wishes early in the medical treatment process (Ryan & Jezewski, 2012). Patients with advanced cancer experience precipitous deterioration in quality of life (Zimmerman et al., 2014), but continue to receive inappropriate, aggressive treatment near the end of life (Ferrell et al., 2016). According to the Centers for Disease Control and Prevention (CDC), there is an estimated 70% of Americans who have not explored ACPs and completed ADs (Centers for Disease Control and Prevention [CDC], 2017). Advance care planning should be an ongoing process of discussion between patients, family, and the health care team intended to elucidate goals for future care and when the patient is unable to communicate their preferences (Sinclair et al., 2017). ACP can provide opportunities for patients to express their wishes for EOL and ensure that the care provided for them by the health care team is consistent with their values. Discussions about AD can reduce unnecessary costs associated with invasive diagnostics and interventions, increase patient and caregiver satisfaction, and improve the patients' quality-of-life (Walczak et al., 2014). The Agency for Healthcare Research and Quality (AHRQ) recommends initiation of directed discussions, and assistance in ACP with the intent to document, implement and revise annually throughout the trajectory of patient care. Discussing ACP and completing ADs improves patient outcomes and satisfaction (Agency for Healthcare Research and Quality [AHRQ], 2014).

Oncology registered nurses (RNs) are in the best position to deliver meaningful support for their patients by having conversations about ACP. These conversations can provide opportunities to coordinate care provided for the patient in determining their needs. Oncology RNs have the ability to spend more time with patients, answer questions about their health conditions, and discuss EOL issues when the patients

are emotionally prepared to do so. In addition, they can have opportunities to assess caregivers' dispositions and ascertain how involved they want to be in helping patients make important EOL decisions (Kaplan, 2018). Oncology RNs provide most of the care for cancer patients; they can spend more time at the bedside or in the community assessing and managing these patients and their loved ones (Malloy, Takenouchi, Kim, Lu, & Ferrell, 2017). In primary care settings, a care-management type approach has been successfully utilized to help patients and their family members in managing chronic illnesses and related psychosocial problems. This strategy effectively reduces the need for specialized medical services. When this strategy is performed by trained RNs paired with effective communication with physicians, it can result in a feasible, acceptable, and effective care of complex patients (Vayne-Bossert, Richard, Good, Sullivan, & Hardy, 2017). The interest of this QI project is whether this strategic model could translate well into an outpatient oncology setting.