

Introduction

Advance Care Planning (ACP)

- Process to help patients plan **future goals of care** in the event they become unable to make decisions on their own.
- It consist of:
 1. Self reflection
 2. Communication
 3. Documentation
 4. Revision/Update
- ACP provides individualized care based on patients' values and beliefs (American Nurses Association [ANA], 2016).

Nurses are important in the delivery of ACP because they are actively involved in patient's care. Nurses play the critical role of initiator, information provider/educator, communicator, facilitator and advocate of ACP.

Background and Significance

- Patient Self Determination Act (PSDA) of 1990 requires all providers and health care facilities to educate patients about Advance Directives.
- **30% of the population is involved in ACP. And less than 50% of severely ill patients have some form of Advance Directive.**
- Number of older adults is increasing and they are more likely to have more than one chronic condition, which can impact health care costs.
- A quarter of Medicare dollars were spent on beneficiaries in the last year of life for care that was ineffective/unwanted.
- **Not starting ACP discussions could lead to low-value, high-cost unnecessary treatment.**
- Barriers to ACP includes: limited training, lack of nursing education, lack of system-based support, heavy workloads, and role confusion. Most nurses felt untrained to initiate ACP because of a deficiency in knowledge.

Research Question

In a sample of SICU nurses (P), how does implementing a protocol change that includes an educational program and a bedside assessment checklist (I), compared to standard practice (C), increase knowledge about ACP and the number of Pastoral Care referrals (O)?

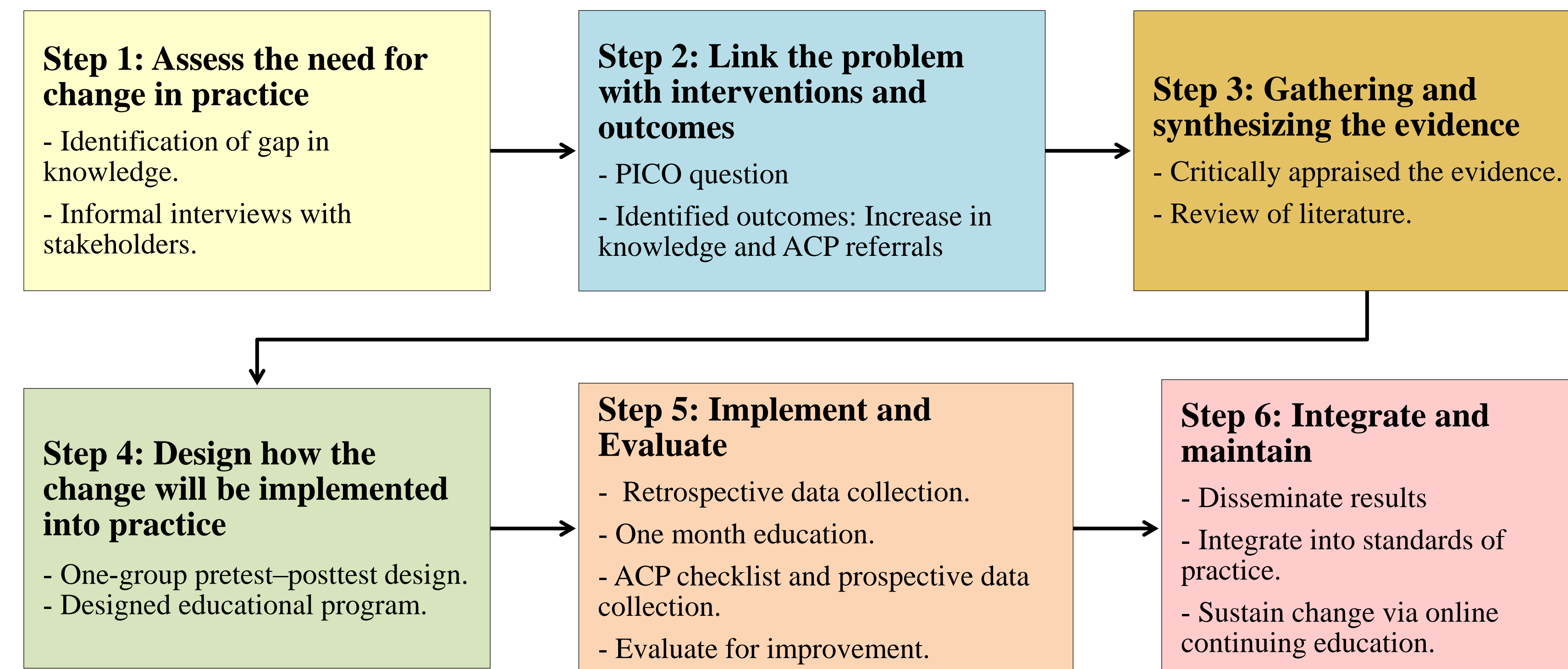
Aims

1. Improve nurses' knowledge about ACP processes and procedures.
2. Increase the number of Pastoral Care referrals.

Theoretical Framework

Model for Evidence-Based Practice Change

by Rosswurm & Larrabee, 1999



Methodology

Project Design

- One-group pretest-posttest design.
- Implementation of ACP educational program and bedside assessment checklist.
- Retrospective and prospective data collection of Pastoral Care referrals.

Setting

- Surgical ICU department that cares for trauma, post-surgical, and neurosurgical patient in a large urban hospital in Central New Jersey.

Sample/Population

- Total of 30 bedside nurses with various years of ICU experience.
- Convenience sample of 26 nurses.
- Recruitment through emails, flyer, and direct verbal interaction.

Intervention

- Educational program: 1 month (December 2019)
- Implementation of ACP bedside assessment checklist: 2 months (January and February 2020)

Data Collection Tools

- Pretest and posttest: Ten multiple choice question.
- Retrospective and Prospective data collection of Pastoral Care referrals: 2 months before (October and November 2019) and 2 months after the educational program (January and February 2020).

Data Analysis

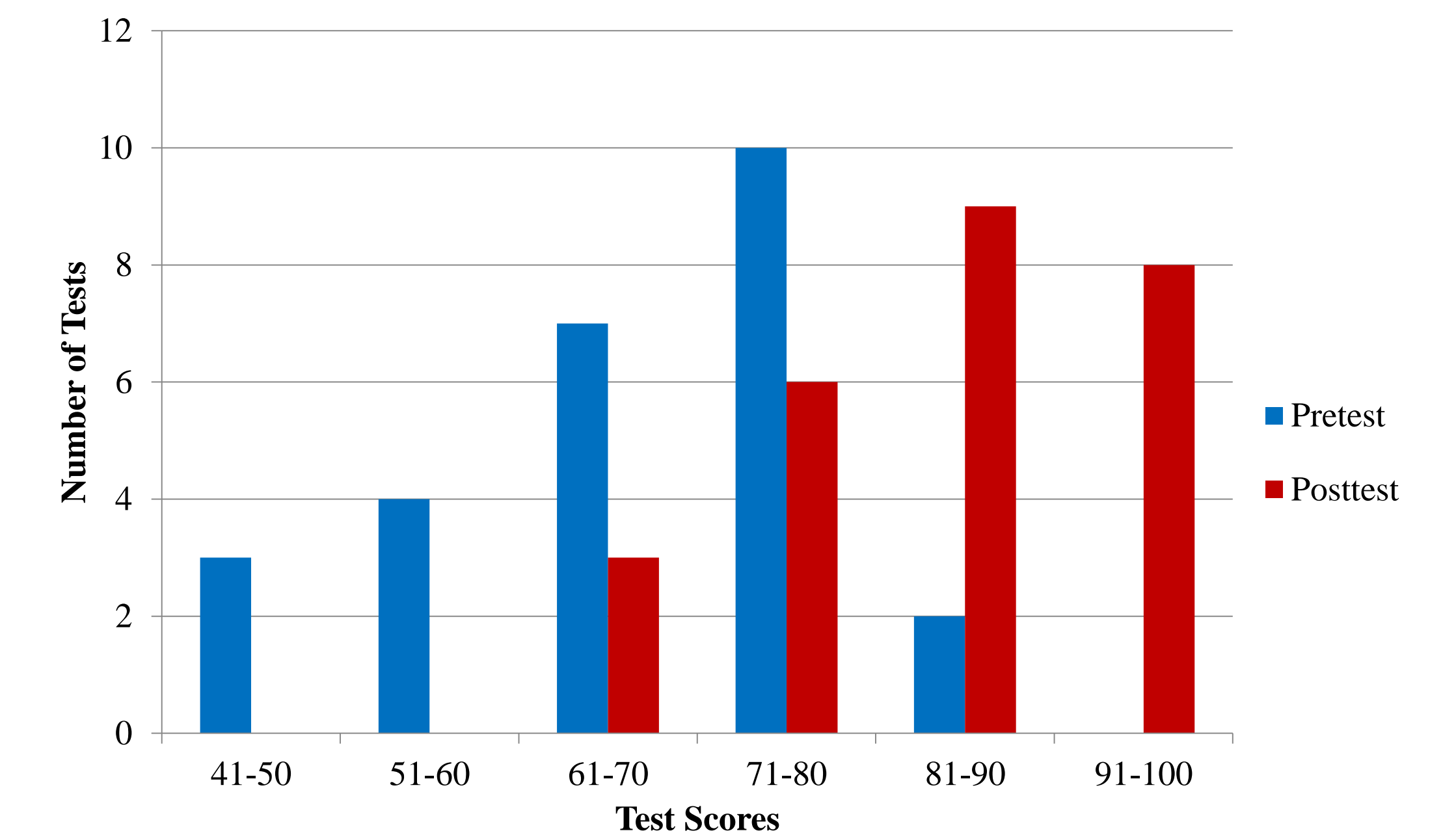
- Data entry and analysis: Microsoft Excel
- Descriptive and inferential statistics
- Two-sample *t*-test for Pre-Posttest and Retrospective/Prospective Data collection of referrals

Evaluation Plan

- Evaluation form consisted of six questions: two Likert-scale, one close-ended, and three open-ended questions.

Results

1. Pre and Posttest Scores



- Results demonstrated that knowledge did improve as seen by the 24% increase in posttest scores.
- Posttest scores were found to be significantly higher ($M = 88.46$, $SD=10.07$) than pretest scores ($M = 71.53$, $SD = 1.55$), $t(50) = -5.62$, $p < 0.001, d=1.61$

2. Pastoral Care Referrals

Retrospective and Prospective Number of Referrals Two-Sample *t*-Test

	Before Program	After Program
Mean	3.5	9
Variance	0.5	2
Observations	2	2
Pooled Variance	1.25	
df	2	
t Stat	-4.91934955	
P(T<=t) one-tail	0.019462769	
t Critical one-tail	2.91998558	
P(T<=t) two-tail	0.038925538***	
t Critical two-tail	4.30265273	

- Two sample *t*-test showed a statistically significant increase in the number of referrals made after the project ($M=9$) compared to before ($M=3.5$), $t(2) = -4.91$, $p = 0.03$

Implications

- Results on this project reinforced the need for a change in current practice. ACP should be initiated at any time and revisited periodically as patients' condition changes.
- Nurses knowledge improved as seen by the comparison of pre and posttest scores.
- Quality of care improved by empowering nurses to initiate ACP discussions early and support patients' reported values and beliefs.
- Current policy focuses on creating Advance Directives rather than involving the ACP process. The organization should update the policy to include the importance of ACP.
- Decrease cost of unnecessary medical treatment.
- Enhance collaboration between nurses and Pastoral Care team.