

Increasing Advance Care Planning in Acute Care Nurses: Have You Had the Conversation?

Division of General Internal Medicine SCHOOL OF MEDICINE

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Statement of the Problem

Nurses often do not complete their own advance directives (ADs), making it challenging for them to model this behavior in end-of-life conversations with patients.



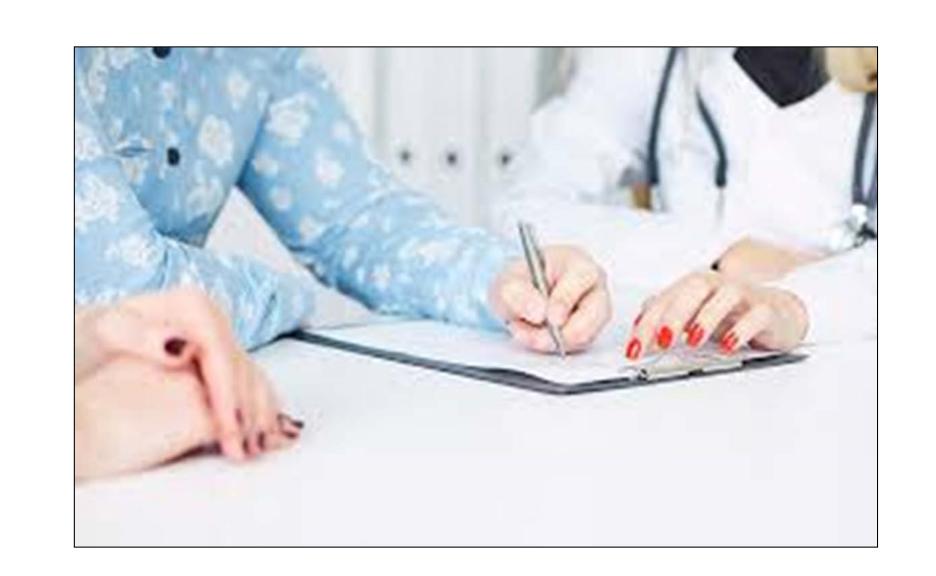
Background/Literature Review

- Medical technology has extended life expectancy of Americans.
- Only 26.3% of the U.S. population has completed advance directives (Rao, 2014).
- Only half of all people will be able to make decisions for themselves near the end of their life (Rao, 2014).
- Nurses, due to the nature of their profession, often see the ramifications of NOT having ADs.
- Nurses should be knowledgeable about various AD options and be a role model for their patients.

Purpose/Objectives

Educational Project

- Determine current AD completion rate among nurses
- Increase nurses' knowledge of ADs
- Identify nurse demographics associated with AD completion
- Increase nurses' AD completion rate



Methods

Setting: Level One Trauma,
Safety Net, Teaching Hospital

Participants: Nurses on 2 medical surgical units (8A & 9A)

Pre test: N= 53; Intervention: N=82; Post test N=16

Educational Intervention Content

- Self-determination Act
- Types of ADs
- Colorado Laws concerning ADs
- How to have the conversation
- Who to have the conversation with
- How to get your AD into your EMR

Comparison (since Therefore, Pheriology) P. In Cotamado, If a person diseast's designate a proxy to speak for them if they lead designate a proxy to speak for them. P. A firing will only applies if a patient is to a terminal state or persistent regetative state. P. A DAR order in the hospital most be transferred to a no - CPR form on discharge because it is say in effect during that hospitalization. P. A MOST form is different from other forms in that it contains provider polars that are to be moved by EMS and all providers.

■ Pre ■ Post

Findings/Results

Average participant: 38 years, female (89%), 4.9 years on unit, 7.5 years as an RN; 68% (Spiritual/Religious)

82% White

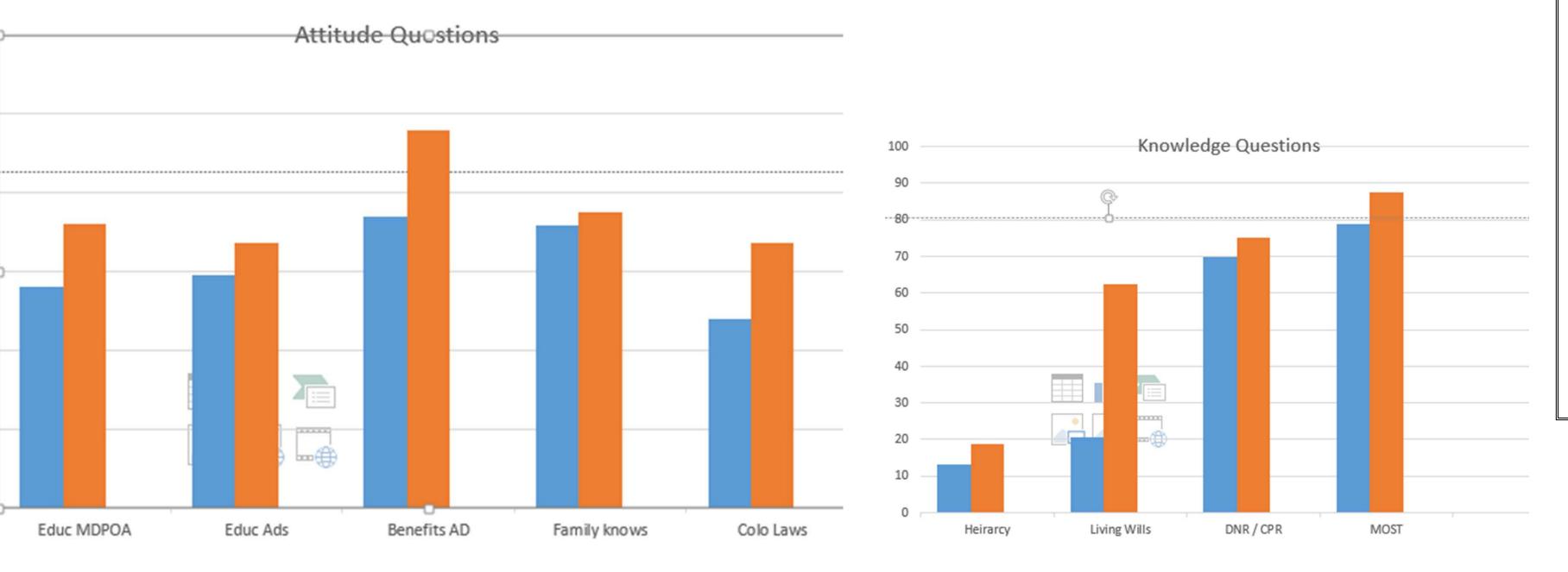
6% African American

■ Pre ■ Post

6% Hispanic

4% Asian

2% Arabic



Conclusions/Future Directions

- Most RNs have not had the conversation, or completed an AD
- Most RNs did not feel prepared to advocate for patients in regards to ADs
- There was no correlation between AD completion and nurse demographics (ethnicity, age, gender, time on unit, years as nurse).
- Staff believed intervention was beneficial both personally and professionally
- Roll out hospital wide education

Limitations

- One hospital environment
- Only two medical surgical units participated
- Small N
- Even smaller N for post test, despite gift card incentives
- Limited scope and time

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