

Scientific and Quality Improvement Project Poster Abstracts

Advance Care Planning Conversations: Measuring Registered Nurses' Self-Efficacy Before and After an Educational Intervention (QI701)



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Objectives

- Describe advance care planning from the perspective of the registered nurse.
- Articulate changes in registered nurse advance care planning self-efficacy following evidence-based training.

Background. Advance care planning (ACP) improves patient outcomes at the end-of-life. Effective ACP requires specialized knowledge and communication skills lacking in traditional nursing education and by nurses practicing in our local community. Substantial gaps in the literature exist in understanding nurses' ACP self-efficacy and the effects of innovative teaching approaches on this outcome.

Aim Statement. The purpose of this quality improvement project was to evaluate changes in registered nurses' (RNs) ACP self-efficacy after participating in a multimodal evidence-based educational program designed to improve ACP conversations.

Methods. This project was a comparative study using a non-experimental Before-After design with an equivalent control group. Participants completed a demographic survey and the Advance Care Planning Self-Efficacy (ACP-SE) scale before and after a program combining lecture, video-taped demonstration using a simulated patient scenario, and role-play activities. Analyses were conducted using descriptive statistics and Wilcoxon Signed Rank test. Bivariate correlations between a global single-item measure of ACP-SE and the mean score of the items on the ACP-SE scale were examined using Spearman Rho correlation coefficient to assess the validity of the ACP-SE scale, originally developed for physicians, in this sample of RNs (N=45).

Results. Findings demonstrated a statistically significant improvement in ACP-SE scores following the program, $z=-3.65$, $p<.000$, with a medium effect size ($r=.39$). The median score on the ACP-SE scale increased from pre-activity (Md=65) to post-activity

(Md=74). There were strong, positive significant correlations between the global single-item and mean score of ACP-SE pre-activity, $r=.73$, and post-activity, $r=.78$, supporting the validity of the ACP-SE scale in this sample of RNs.

Conclusions and Implications. Findings demonstrated that a multimodal educational program improved nurses' self-efficacy in conducting ACP. As nurses are uniquely positioned to facilitate ACP, additional research is needed to determine if increased ACP-SE improves patient and family outcomes and decreases healthcare costs.

Promoting Upstream Integration of Palliative Care in Elderly Heart Failure Patients (QI702)



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Objectives

1. Summarize understanding and deployment of the ARISE guideline.
2. Articulate possible provider barriers to early integration of Palliative Care.

Background. Heart failure (HF) is a devastating disease that inordinately affects the elderly. Although Palliative Care (PC) can be an invaluable tool in promoting symptom management and quality of life (QOL) for end-stage heart failure (ESHF) patients, it is a resource that is often underutilized by HF clinicians because many providers do not know when in the disease trajectory to refer patients for PC.

Aim Statement. The purpose of this quality improvement project was to assess clinicians' understanding of PC to determine barriers preventing appropriate referrals for elderly patients with stage 3 and 4 HF. This information was then used to develop an evidence-based guideline for promoting earlier PC referrals. Finally, the developed guideline was disseminated as a resource for HF providers/clinicians.

Methods. Baseline data were collected from the facility PC team about the number of inpatient (IP) and outpatient (OP) referrals for PC that were received from the HF attending physicians for three months prior to the ARISE guideline launch, and for three months following the deployment of the guideline. A pretest-posttest design was the approach employed to measure changes in provider attitude toward PC, frequency of PC referrals, and barriers to consulting PC.