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, rs=.73, and post-activity, rs=.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.

Results. Referral data from the PC team indicated that although IP referrals decreased slightly (17%) in the 3 months after the guideline launch, OP referrals increased by 40%. In general, pilot feedback from the ARISE guideline was positive with 100% of clinicians indicating they felt the guideline was "very" or "extremely" useable. In addition, 75% of clinicians in the posttest indicated they anticipated using the guideline in the future.

Conclusions and Implications. It is hoped that this project helped HF clinicians better understand the benefits that PC can provide for their patients, and that the ARISE guideline may be a viable tool to promote upstream integration of PC into the care of elderly ESHF patients and their families.

A Rapid Qualitative Synthesis of Insights from the Veterans Administration Life-Sustaining Treatment Decisions Initiative (LSTDI) National Implementation (QI703)

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Objectives
1. Describe the core elements of the Life-Sustaining Treatment Decisions Initiative.
2. Describe implementation barriers and facilitators from the perspective of multiple stakeholders.
3. Define essentials of a lightning report rapid qualitative synthesis methodological approach.

Background. The Veterans Health Administration's Life-Sustaining Treatment Decisions Initiative (LSTDI) was initiated to elicit, document, and respect seriously ill Veterans' goals, values, and preferences for life-sustaining treatments. To characterize implementation barriers and facilitators, we interviewed stakeholders from four geographically diverse demonstration sites (Salt Lake, Black Hills, Madison, and James Lovell), and identified strategies to enhance continuing national rollout.

Aim Statement. To characterize major contextual factors affecting implementation of goals of care in a diverse health system.

Methods. We conducted 16 semi-structured interviews (4/site) with providers and clinical leaders identified using snowball sampling and characterized themes using rapid qualitative synthesis (RQS) which includes: pre-planning with evaluation partners; data gathering; data synthesis using Plus/Delta debriefing derived from LEAN techniques; report creation, with executive summary and findings that reflect Plus/Delta, refined with stakeholder input.

Results. Respondents represented nursing, primary care, social work, non-clinical administration, and leadership. Local issues were common, "Our badges say one VA. But then everybody jokes that when you've seen one VA you've literally only seen one VA." Nevertheless, general themes encompassed facilitators of having clinical champions, national support, outpatient palliative care, and strong local advisory oversight. Barriers included limited physician support, low provider self-efficacy for communication, lack of ownership by specialty/primary care clinicians, "We're not having great luck with the subspecialty providers," poor support (e.g., time and funding) for training, and staff/trainee turnover and inexperience. Insights included that middle manager outreach overcomes senior leader resistance, champions cultivate grass roots support for training, a dedicated trainer is critical, and that small group training, and cultivating long-term-care superusers, abets implementation. Local implementation coordinators succeeded through repeated incremental efforts that encompassed train-the-trainer, peer mentoring, and cultivating onsite experts/advocates.

Conclusions and Implications. Site leaders described critical strategies to support goals of care implementation and improvement in an extremely large, diverse national health system. RQS methodology can provide just-in-time information to inform ongoing implementation of complex initiatives.

The Discrepancy Between Palliative and Oncology Providers in Palliative Referrals (QI704)

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Objectives
1. Justify the need for palliative care consultation to outpatient oncologists by meeting with them on a regular basis in order to increase the rate of referrals.