

# IMPROVING RESIDENT OUTCOMES BY EDUCATING NURSING STAFF IN LONG-TERM CARE FACILITIES ON END OF LIFE COMMUNICATION

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## BACKGROUND

- It is projected that by 2030, nearly 40% of Americans over 65 years of age, will die in a long term care (LTC) facility (CAPC, 2008)
- 35% of residents living in LTC facilities do not have an advance directive (Jones, 2011).
- Nursing staff (RNs, LPNs, and certified nursing assistants) in LTC facilities are inadequately prepared in end of life (EOL) care (Wholihan & Anderson, 2013).
- Residents in LTC facilities where nursing staff receive education on EOL care and communication receive better EOL care (Temkin-Greener, 2009).
- Few studies focus on improving EOL education of certified nursing assistants (CNAs) in LTC facilities.
- The impact of EOL education of nursing staff on rates of advance directives among LTC residents is unknown.

## METHODS

**Design:** Quality Improvement Project.

**Setting:** Two LTC facilities in NJ, one urban, one suburban

**Sample:** Convenience sample of 11 nurses and 18 CNAs.

Records of 139 residents examined for Advance Directives (AD) and hospital transfers.

**Method:** EOL education adapted based on End-of-Life Nursing Education Consortium (ELNEC)-Geriatric curriculum. Three 30 minute weekly EOL educational sessions

**Data Collection:** Pre-education baseline data on residents' ADs and transfers collected from September–October, 2014. Post-education data collected for December 2014–January 2015. Baseline staff data gathered immediately pre and post-education.

**Measures:**

- Staff EOL knowledge on the adapted ELNEC test or Hospice and Palliative Nurses Association (HPNA) test.
- Staff self-evaluation of the education on knowledge and future practice.

Rutgers University IRB approved Project Pro20140000491.

## PURPOSE

- To examine whether EOL knowledge of nurses and CNAs improves after receiving education in EOL communication.
- To examine whether there is a related increase in the rate of LTC residents with advance directives, and a decrease in the rates of the residents' transfers to the Emergency Department (ED) and hospital.

Table 1: LTC Resident Demographics

DEMOGRAPHIC CHARACTERISTICS OF RESIDENTS							
	All	Urban LTC	Suburban LTC		All	Urban LTC	Suburban LTC
	n=139	n=54	n=85		n=139	n=54	n=85
<b>GENDER</b>				<b>RACE / ETHNICITY</b>			
Male	43.90%	66.60%	29.40%	Caucasian	86.20%	25.90%	91.80%
Female	56.10%	33.30%	70.60%	African American	92.40%	74.10%	93.90%
<b>AGE</b>				Asian	1.40%		2.40%
Mean Age	76	88.43	80.26	Pacific Islander			
Range	29-104	38-91	29-104	Hispanic	7.20%	13%	3.60%

Table 2: LTC Resident Outcomes

LTC RESIDENT OUTCOMES							
	All LTC	URBAN LTC	SUBURBAN LTC		All LTC	URBAN LTC	SUBURBAN LTC
	n=139	n=54	n=85		n=139	n=54	n=85
<b>ADVANCE DIRECTIVES</b>				<b>HOSPITAL / ED TRANSFERS</b>			
Pre-Education Advance Directive	50.40%	7.40%	73.90%	Pre-Education Transfers to Hospital/ED	16	14	2
Post-Education Advance Directive	52.50%	7.40%	79.80%	Post-Education Transfers to Hospital/ED	9	8	1

Figure 1: Change in Nursing Staff Post-Education Test Scores

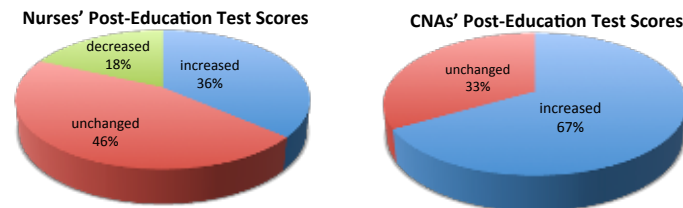
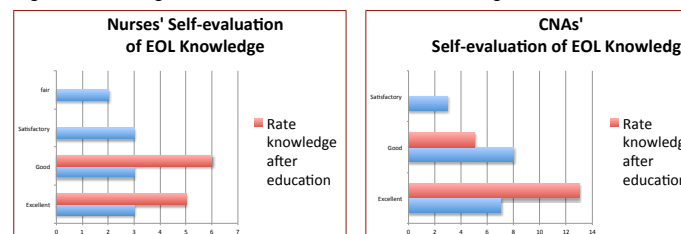


Figure 2: Nursing Staff Self-evaluation of EOL knowledge



## RESULTS

### Nursing Staff Demographics

- Nursing staff of both units was mostly female, and predominantly African American.
- > 50% of nursing staff had 6 or more years experience.

### Nursing Staff Knowledge of EOL

- 67% of CNAs had increased post-education test scores, 33% remained the same.
- 36% of nurses demonstrated an increase in post-education test scores, 46% remained unchanged, and 18% had decreased scores (Fig.1).

### Nursing Staff Self-Evaluation

- Post-education EOL knowledge was rated higher (Fig. 2).
- More than 80% of nursing staff related that the education would change their practice "quite a lot".

### LTC Resident Demographics

- Urban LTC: Predominantly male, African-American, ages ranged from 38-91 years.
- Suburban LTC: Predominantly female, Caucasian, ages ranged from 29-104 years (Table 1).

### Resident Outcomes

- Pre-education: 70 residents had an advance directive.
- Post-education: 73 residents had an advance directive.
- = **2.15% increase in rate of AD**
- Pre-education: 16 residents transferred to Hospital/ED.
- Post-education: 9 residents transferred to Hospital/ED.
- = **43.8% decrease in rate of transfers to Hospital/ED.**

## CONCLUSIONS

- EOL knowledge competencies of nurses and CNAs improved after receiving education.
- Documentation of resident EOL preferences improved minimally, and rate of transfers to the hospitals was dramatically reduced.

## IMPLICATIONS FOR NURSING PRACTICE

- CNAs benefit from combined education sessions with the nurses.
- Need strategies to empower nurses and CNAs to actively participate in EOL discussions in LTC facilities.
- Institutional DNR policies addressing the role of nursing staff in EOL discussions should be developed.