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).
- 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.


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.

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).

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.

REFERENCES