

A Quality Improvement Initiative for Improving Hospice Care Experience Through Hospice Nurse's Communication

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Background

High quality communication at end of life provides improved outcomes, improved symptom management, and enhanced hospice experience (LeBaron et al., 2011).

Provides: trust, instills caregiver empowerment, improves patient outcomes

Need for: significant skills, expertise training, increased confidence in communicating (Ellington et al., 2012; Scholz et al., 2020).

Barriers: training is not sufficient nor supportive for the nurses, organizational priorities, various end of life circumstances (Ellington et al.; Gillstrap et al., 2014; Scholz et al., 2020).



The COMFORT Model. (n.d.).

Purpose & Aims

Purpose: This pilot project aims to determine if standardization of end of life communication education for hospice nurses will improve nurse confidence and overall satisfaction of communication through self-reported confidence and opioid pain medication utilization.

Aim 1: Determine effect of education on nurse's self reported confidence

Aim 2: Determine effect of education on increased opioid medication usage

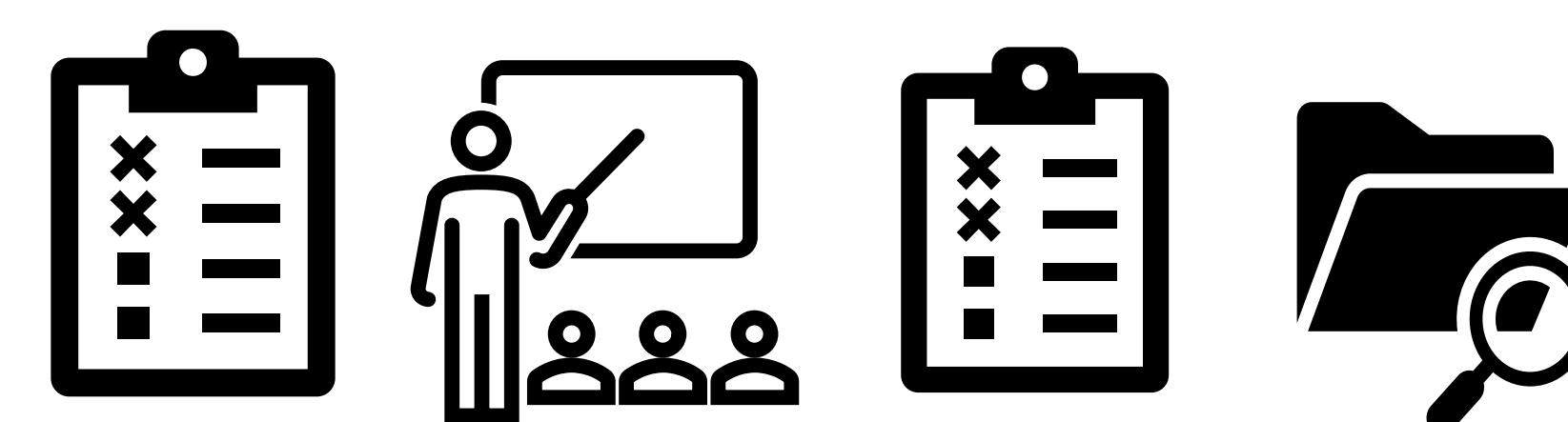
Methods

Design: Pre/Post intervention

Setting: moderate sized hospice organization, Southwest Michigan.

Sample: hospice nurses employed by the study hospice organization.

Sample Size: six nurses



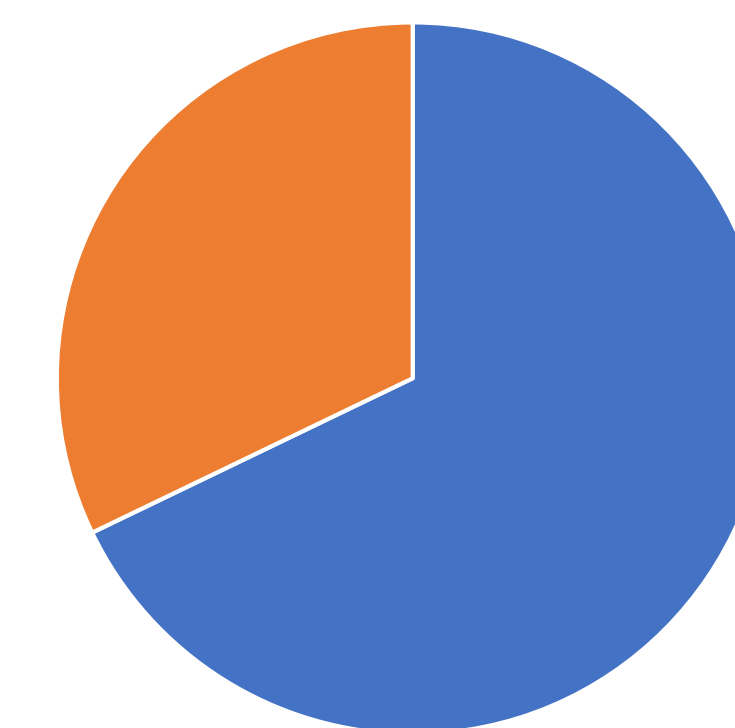
1. Pretest
2. 6 Hour educational course using COMFORT module
3. Post Test
4. Analysis of Pre/Post Test and Chart Review of opioid utilization within 30 days of admission

Results & Findings

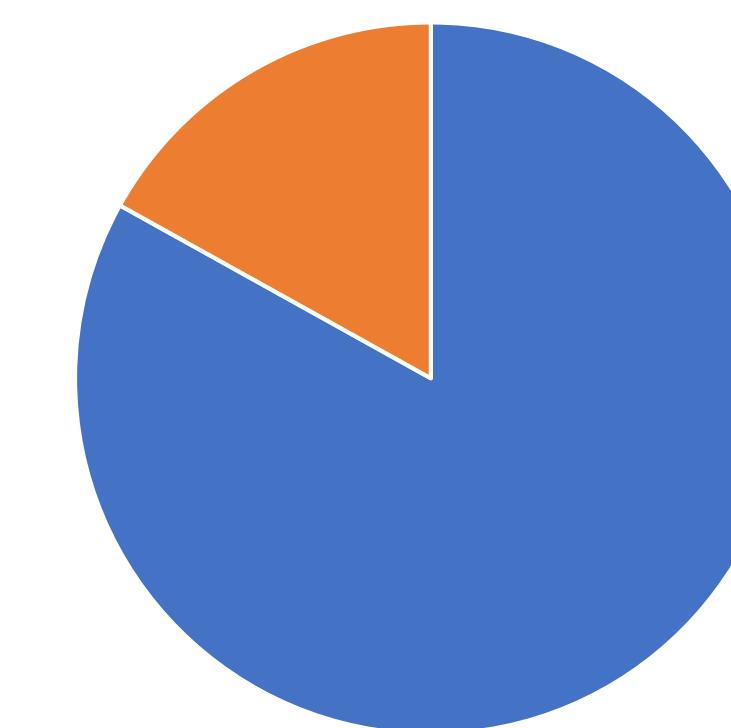
- 100% participation with all questions answered
- Median 7-point improvement
- Overall improvement on every question post test
- Increase in opioid utilization

Limitations: sample size & limited project timeline

In Home Hospice Admissions from 9/20/22-10/20/2022

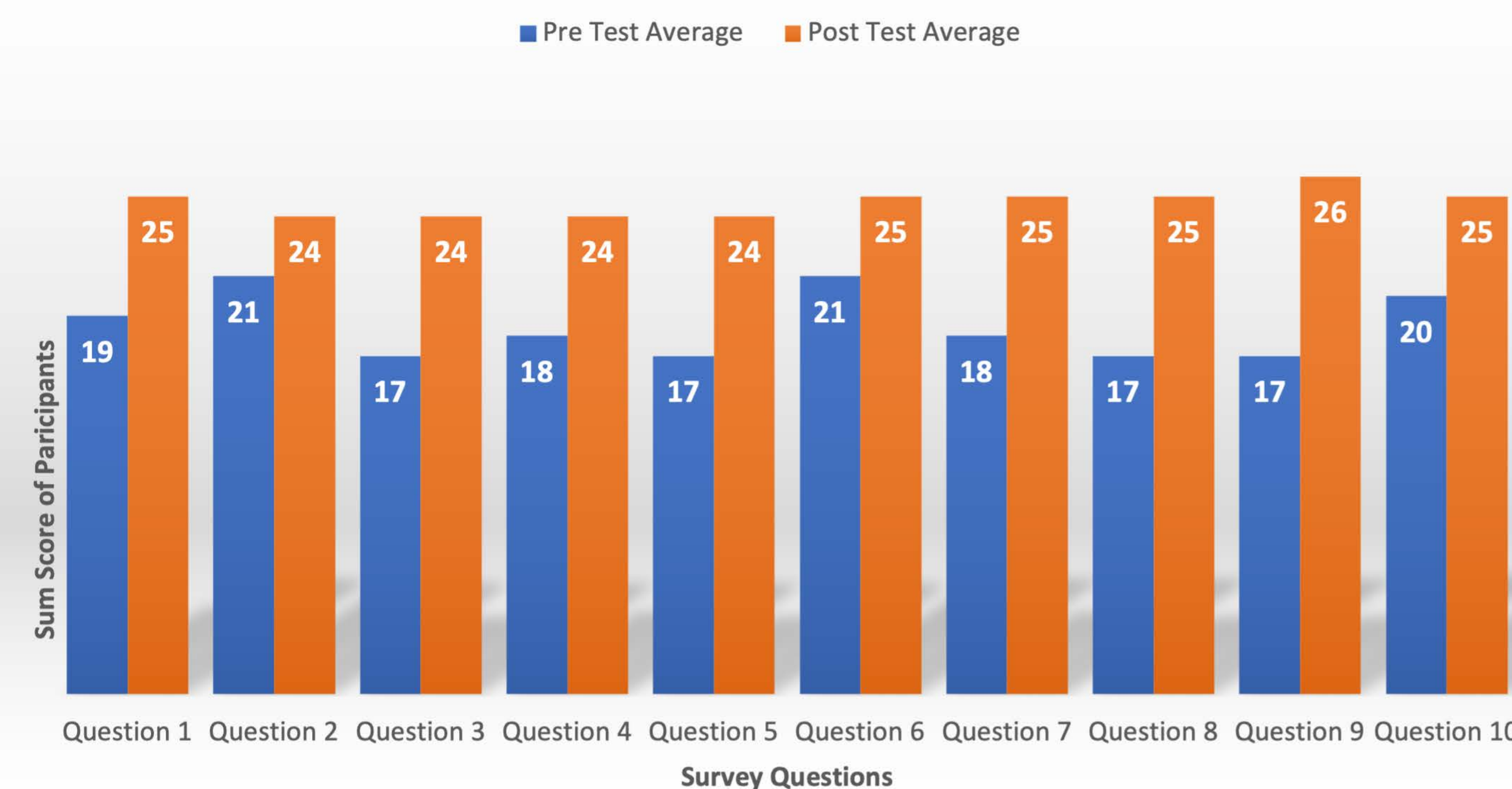


In Home Hospice Admissions from 10/21/22-11/21/2022



■ Had opioid prescribed in first 30 days of hospice admission ■ Had opioid prescribed in first 30 days of hospice admission
 ■ Did not have opioid prescribed in first 30 day of hospice admission ■ Did not have opioid prescribed in first 30 day of hospice admission

Pre and Post Test Average Responses



Conclusion

End of life communication course is **clinically beneficial for both self-reported confidence level by hospice nurses and opioid medication utilization within the first 30 days of hospice admission.**

Positive survey results reflecting improved self-confidence indicate a viable intervention with feasibility.

Self-reported improvements through pre and post test scores of nurses signify the importance of long-term adaptation of standardized communication education. This project acknowledges the impact of quality communication at end of life and the influence communication can have in providing quality end of life care.

Future Implications

There remains no standardization for end of life communication training provided to hospice nurses despite the need.

Provides guidelines which can be used in future to foster improved communication and confidence of hospice nurses.

Hospice organizations have a **responsibility to provide end of life communication training to all hospice nurses to improve self-confidence and quality end of life care.**

Considerations: CHAPS scores, nurse participants, time

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