

Enhancing Advance Care Planning Conversations by Nurses in a Bone Marrow Transplantation Unit

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OBJECTIVES: To describe the impact of advance care planning (ACP) education on nurses' confidence in ACP knowledge and practice and to identify barriers to facilitate ACP conversation in a bone marrow transplantation unit.

SAMPLE & SETTING: 60 nurses working in the bone marrow transplant unit at Oregon Health and Science University, an academic medical center.

METHODS & VARIABLES: The aim of this quality improvement project was to increase ACP conversations by nurses. The authors used a single-group pre-/post-test design to assess the effectiveness of a 30-minute educational intervention in changing nurses' confidence and practice. Group interviews were conducted to identify barriers to ACP.

RESULTS: The educational intervention increased nurses' confidence in knowledge about ACP. The number of nurses who discussed ACP with patients also increased, but it was not statistically significant. Lack of time, inefficient workflow, and concerns about questioning providers' understanding of patient preferences were identified as barriers for nurses engaging in and documenting ACP conversations.

IMPLICATIONS FOR NURSING: In addition to appropriate education, strategies that help tailor ACP practice to fit into nurse workflow and promote collaboration with other healthcare team members are needed to change nurses' ACP practice.

KEYWORDS advance care planning; advance directives; decision making; end-of-life care

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Provision of care that is consistent with patient values, goals, and preferences is the aim of health care. To meet this goal, it is necessary to know a patient's values and preferences for future care in case a time comes when the patient may be incapable of making decisions or expressing preferences (Institute of Medicine, 2014). Advance care planning (ACP) is a process that supports people at any stage of health to understand and share their personal values, life goals, and preferences with family members and healthcare professionals (Sudore et al., 2017).

Although patients admitted to hospitals are often seriously ill, they rarely have prior conversations about ACP. Healthcare providers, patients, and family members frequently believe that ACP is only for dying patients and may avoid conversations about ACP because of the fear of and discomfort with talking about dying and end-of-life care (Baughman et al., 2012; Gutierrez, 2012; Izumi, 2017). Starting ACP conversations from the earliest stages of illness—or even when a person is healthy—and revisiting the conversation during the illness trajectory is recommended as a best practice for ACP (Sudore & Fried, 2010). However, there are no consensus guidelines about when and how ACP should be addressed and who is responsible to facilitate the conversations in a healthcare setting (Dillon et al., 2017; Izumi, 2017; Izumi & Fromme, 2017).

Nurses often provide care to patients whose health is in transition or declining. Hospital nurses are at the patient's bedside regularly and assist with decision making using knowledge about potential consequences of each treatment and what it may mean for the patient. Because of this knowledge and the close and intimate relationship with patients who are experiencing serious illness, hospital bedside nurses