

Evaluation study of end of life care



End-of-life care is not an obvious focus of the nursing home industry. With more residents being cared for in these facilities rather than transferring to the hospital or to a hospice, end-of-life care has become more common in the nursing home environment. There is a need to bring more clarity to end-of-life decisions for the residents and those with decision making rights. Lachman (2010) states that “ family members often misconstrue do not resuscitate (DNR) as giving permission to terminate an individual’s life” (p. 251).

Our facility identified the need to provide further education to demystifying what DNR really means. Our stakeholders are the residents, families, employees, medical teams and the area Hospice agencies. The scope is to enhance the knowledge of the resident and those with decision making rights to establish an individualized plan of care reflective of the end-of-life care choices. In today’s healthcare environment, current practice is based on evidence, so early consideration of how evaluation will be done is imperative (Bastable, 2008, p. 58). Evaluation is an ongoing process that addresses the effectiveness of a specific intervention in a particular situation with an individual or specified group (Bastable, 2008, p. 558). Results of these evaluations then become a source to guide future practice when critically analyzed to enhance future nurse-patient interactions (Bastable, 2008, p. 559). End of life decisions are being made daily without the benefit of a discussion as to resident choices along with the documents to support these decisions (Later & King, 2007).

As we learned, research indicates that many postpone the discussion of end of life care preferences and completion of the advance directives to the point

where another has to make the decision (Later & King, 2007). Another is that twenty-five percent of deaths over the age of 65 occur in nursing homes (Hanson, Henderson & Menon, 2002). Demystifying what do not resuscitate (DNR) actually means as many residents, family members or significant others who have decision making rights do not fully understand what DNR means would enhance quality of life.

Evaluation of this activity would be beneficial to see if I have chosen the most appropriate learning theory-Cognitive Learning Theory as its “ specific focus is on mental processes that include perception, thinking, knowledge representation, and memory, with emphasis on understanding and acquisition of knowledge” (Billings & Halstead, 2009 p. 196). Along with the Assimilation Theory as it involves “ assimilating old meanings with the new meanings that form a more highly differentiated framework that incorporates new knowledge that is a prerequisite to meaningful learning” (Billings & Halstead, 2009 p. 97). A pre and post survey will be given to determine whether objectives are realistic, establishment of current knowledge base, and identification of further information to focus on during the educational opportunity. Results of the survey will be reviewed to determine whether objectives are appropriate and adjusted as indicated. Upon completion of the learning activity, the survey will be given to measure the resident and/or those with decision making rights current learning and the effectiveness of active learning strategies.

Post survey data will be analyzed to determine if the resident and/or those with decision making rights learning were achieved, objectives were met, and whether adjustments are needed in learning materials or objectives.

Interview method is used to obtain both qualitative and quantitative data that may be conducted individually or as a focus group. Meeting with the interdisciplinary care plan team in our designated care plan room provides a personal and informal environment to encourage the resident and/or those with decision making rights to share their thoughts and concerns.

Use of a focus group strategy allows for the gathering of further insight and viewpoints as according to Bastable (2008) it fosters positive peer support and group belonging. Last but not least is the recommendations from the evaluation that focuses on “ action rather than implications for future research” (The College Network, 2005, p. 228). These would include the incorporation of the post survey and interview information to assure whether adjustments are needed in learning materials or objectives.

Next is the development of an individualized care plan to identify patient treatment goals and specific interventions related to DNR and or other end of life care choices along with sharing the percentage of residents, family members or significant others who have decision making rights initiated the Medical Orders for the Scope of Treatment form (MOST) to establish end of life care choices. . References Bastable, S. B. (2008). Nurse as educator: principles of teaching and learning for nursing practice.

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