

# Educational Intervention to Enhance Nursing Comfort With Advance Care Planning and Documentation

Anne Feaster, DNP, ANP-BC, CRNP, Susan E. Thrane, PhD, RN, CHPN, FPCN, Courtney DuBois Shihabuddin, DNP, APRN-CNP, AGPCNP-BC, Loraine Sinnott, PhD, and Janine Overcash, PhD, APRN-CNP, FAANP, FAAN



The objectives of this quality improvement project were to increase documentation of advance care planning (ACP) in the electronic health record (EHR) and improve nurses' self-reported comfort during discussions about end-of-life care. An ACP educational program was presented in a community oncology practice. Survey and EHR audits were conducted at two weeks before the educational intervention and at six weeks after the intervention. Results indicate that nursing education increases documentation rates and comfort level with ACP discussions.

## AT A GLANCE

- Evidence-based education can improve experienced oncology nurses' comfort with discussing ACP.
- Educational offerings to enhance nurses' self-reported comfort and documentation rates can be brief and include video examples and role-play.
- Lack of ACP documentation is a common issue, and educating providers about how and where to record ACP in the EHR can improve documentation rates.

## KEYWORDS

adults with cancer; advance care planning; early palliative care; advance directives

## DIGITAL OBJECT IDENTIFIER

10.1188/23.CJON.27-32

Nearly 70% of adults in the United States have not undertaken advance care planning (ACP) (Centers for Disease Control and Prevention, 2021). The goal of ACP is to make end-of-life decisions before diagnosis or at early onset of a serious health situation (National Institute on Aging, 2019). ACP involves discussions to establish goals and end-of-life preferences, such as a living will, healthcare power of attorney, and advance directives (Bires et al., 2018). Only 37% of adults in the United States have established advance directives, 29% have a living will, and 33% have a healthcare power of attorney (Yadav et al., 2017). Only 45% of adults aged 65 years or older report having an advance directive (Yadav et al., 2017). People who are diagnosed with a potentially life-threatening condition tend to be more willing to undertake ACP. However, a barrier to ACP is a lack of provider comfort with initiating effective and productive end-of-life discussions (Steiner et al., 2020).

The purpose of this project was to provide education about ACP for nurses caring for people with advanced-stage cancer. The project's objectives were to increase the rate of ACP documentation in the electronic health record (EHR) by nurses and enhance nurses' self-reported comfort with ACP discussions and topics, such as living will, healthcare power of attorney, and do-not-resuscitate (DNR) orders.

## Background

### Improving ACP

Guidelines from the American Society of Clinical Oncology (ASCO, 2021) and the National Comprehensive Cancer Network (NCCN, 2022) recommend that ACP take place within three months of an advanced cancer diagnosis (Chandar et al. 2017). According to ASCO guidelines, documentation of ACP discussion is a metric for quality care (Ferrell et al., 2017). Many oncology providers initiate ACP discussions only when individuals are in the late stages of disease (Bires et al., 2018). Nearly 20% of providers state that a life-threatening occurrence motivated initiating ACP (Steiner et al., 2020).

Barriers to ACP conversations and documentation include provider lack of comfort, fears of upsetting the person receiving care or their family, lack