



A Pilot Study to Evaluate the Effectiveness of the C.A.R.E. (Compassion And Respect at the End-of-Life) Training Program



Huntington Hospital

Principal Investigator: Brenda Chan, DNP, RN, FNP, PMGT-BC

Faculty Advisor: Aurelia Macabasco-O'Connell PhD, RN, ACNP-BC, FAHA

CARES Tool Creator: Bonnie Freeman DNP, RN, ANP-BC, ACHPN, CT

Project Advisor: Linda Searle-Leach PhD, RN, NEA-BC C.A.R.E. Program Project Manager: Ashleigh Reid BSN, RN, OCN

C.A.R.E. Program Instructors: Stacey Hoffman BSN, RN Frances Johnson BSN, RN Amy Stadelin BSN, RN Kimberly Sullivan BSN, RN

Purpose of the Pilot Study

To evaluate the effectiveness of the C.A.R.E. Program and the CARES Tool to empower nurses to deliver compassionate, dignified, and personalized nursing care at end-of-life consistent with patient and family wishes.

CARES Tool
CARES stands for:
Comfort
Airways
Restlessness & Delirium
Emotional & Spiritual Support
Self-Care
 (Freeman, 2013)

C.A.R.E. Program

The C.A.R.E. Program is a 3-hour workshop to introduce palliative and hospice care, palliative care team members, communication techniques for difficult topics, the CARES Tool, and the Care Cart resources. Each workshop was conducted by an Oncology Clinical Nurse Specialist and two members of the C.A.R.E. Project Team. In each workshop, participants received printed materials including the program agenda and the CARES Tool booklets. A total of seven workshops were conducted and attended by nurses from ambulatory care, critical care, medical, and surgical units.

Problem & Significance

In the United States, there is an urgent need for quality end-of-life care for patients with life-limiting illnesses. End-of-life care training among nurses is inadequate and inconsistent. Little is known about nurses' knowledge and comfort when caring for the dying.

PICOT Questions

Will nurses report an increase in knowledge and comfort to enhance:
 a. patient and family centered communications (PFCC)
 b. cultural and ethical values assessments (CEV)
 c. effective care delivery (ECD) at patients' end-of-life after attending the C.A.R.E. Program?

Methodology

A quantitative study using convenience sampling, pre-test, intervention, and post-test survey questionnaires to measure nurses' end-of-life knowledge and comfort in the domains of patient- and family- centered communication, cultural and ethical values, and effective care delivery by using the End-of-Life Professional Caregiver Survey (EPCS) tool (a validated twenty-eight item questionnaire) before and after the C.A.R.E. program training workshops. The CARES Tool survey assesses the effectiveness of the CARES Tool in improving end-of-life care.

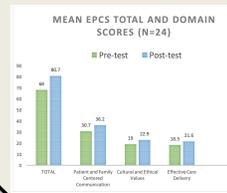
End-of-Life Professional Caregiver Survey (EPCS)

Lazenby et al., 2012

Results

Fifty-one registered nurses (N=51) participating in the C.A.R.E. Program were recruited to participate in the study and completed the EPCS before the C.A.R.E. program training. Twenty-four nurses (N=24) returned the EPCS and CARES Tool Evaluation between week 5 and week 8. Paired t-tests (EPCS v. 24) were used to compare pre and post domain scores of EPCS and showed that there was increase in scores in all three domains: patient-and-family-centered communication (18%), cultural and ethical values (21%), and effective care delivery (18%) with p<0.05 for all three domains. Item analyses of the EPCS questionnaire items revealed that most participants feel comfortable with being present with dying patients and with encouraging patients and families to complete advance care planning. The participants felt least comfortable in addressing requests for physician-assisted death. In addition, participants also stated that the CARES Tool helps them gain knowledge and comfort in caring for patients at end-of-life.

EPCS Total & Domain Scores



13 EPCS items showed statistical significance (p<0.05)

Item	Pre-test	Post-test	Change	Item	Pre-test	Post-test	Change
C1 I am comfortable dealing with ethical issues related to end-of-life/hospice/palliative care	2	2.8	0.8	E6 I feel confident addressing requests for assisted suicide	1.2	1.8	0.6
P12 I encourage patients and families to complete advanced care planning	2.4	3.1	0.8	E3 I am effective at helping patients and families navigate the health care system	2.2	2.7	0.5
P8 I am comfortable helping to resolve difficult family conflicts about end-of-life care	2	2.5	0.6	P3 I am comfortable talking to patients and families about personal choices and self-determination	2.4	2.9	0.5
C6 I am comfortable providing grief counseling for families	2	2.6	0.6	P10 I know how to use non-drug therapies in management of patients' symptoms	2.4	2.9	0.5
E4 I am familiar with the services hospice provides	2.5	3	0.6	P2 I am able to set goals for care with patients and families	2.5	3	0.5
P7 I am comfortable talking with other health care professionals about the care of dying patients	2.8	3.4	0.6	C2 I am able to deal with my feelings related to working with dying patients	2.9	3.4	0.5
				C3 I am able to be present with dying patients	3.0	3.5	0.4

CARES Tool

No.	Question	Mean Score (0-5) 5=Strongly Agree 1=Disagree	SD
1	The CARES Tool could help improve end-of-life care for patients	4.5	0.5
2	I understand the basic concepts of the CARES Tool	4.3	0.4
3	I can incorporate use of the CARES Tool into my clinical practice	4.3	0.9
4	I can teach the use of the CARES Tool to my co-workers, and to the family and friends of my dying patients	4.1	0.8
5	I can explain the difference between suffering and the normal dying process	4.2	0.7

Survey Results

Conclusions & Recommendations

The C.A.R.E. Program and the CARES Tool have demonstrated effectiveness in using a palliative care training program and an evidence-based educational tool to increase nurses' knowledge and comfort when caring for patients at end-of-life. Implications and suggestions for future research will include how the C.A.R.E. Program and the CARES Tool impact patient and family outcomes, care satisfaction, nurses and nursing students' end-of-life care education and training, physicians, and other health care providers' end-of-life care practices.