Advance care planning in faith communities: A quality improvement project

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Introduction

- Advance care planning (ACP) improves outcomes by helping patients achieve goal concordant care (National Committee for Quality Assurance, 2018).
- 92% of people indicate that advance care planning is important, only 32% have had a conversation (The Conversation Project, 2020)
- Faith communities play an important role in shaping social issues and values around end-of-life care and help overcome barriers (Sun et al., (2017).
- Faith community nurses (FCN's) are uniquely positioned to bridge the gap through the integration of faith and health through outreach programs (Rastas, 2014).
- The development of an advance care planning training tool (ACPTT) will guide faith community nursing practice in conducting advance care planning outreach efforts

Purpose and Project Question

Purpose Statement:

The development of an ACPTT will engage faith communities in ACP by equipping FCN's with education, tools and resources that will be sustainable for future implementation at this project site. The aim of this project is to increase ACP knowledge and self-efficacy, to increase ACP outreach and completion of AD in targeted faith communities by 25% by the fall of 2020.

Project Question:

Does providing an ACPTT to FCN's increase outreach and education of ACP in faith communities compared to those with FCN's with no training guide?

Literature Review

Themes

- ACP's positive impact on patient outcomes
- How FCNs are involved health promotion
- The role of community health in health promotion
- Barriers
  - *Lack of awareness or perceived need*
  - *Mistrust of the medical community*
  - *Cultural implications*

PRISM Model
Theoretical Model of Faith Community Nursing

PRISM -practical, robust implementation and sustainability model (Feldstein & Glasgow, 2008)

- Guided the project implementation process
  - Organizational and patient perspective
  - External environment
  - Implementation and sustainability infrastructure
  - Recipients

Theoretical model of faith community nursing (Ziebarth, 2014)

- ACPTT development.

Design & Methodology

Setting

Central Indiana faith community nurse program sponsored by a local health system. The staff include one half time program facilitator, one manager, 18 active and 5 non-active professional non-paid faith community nurses. This site represents 23 faith communities in the region.

Objectives

1. An ACPTT will be created for implementation at the project site by Fall 2020.
2. Faith community nurses will demonstrate a **25% increase in knowledge and self-efficacy of ACP and AD** by the Fall 2020 from pre-intervention- *Advance Care Planning Engagement 34-point survey* to post intervention (The Regents of the University of California, 2013).
3. Faith community nurse's will demonstrate a **25% increase in ACP outreach activities** in their faith communities by the Fall 2020 from pre-intervention to post intervention.
4. Faith community members will complete **25% more AD** post intervention compared to pre-intervention by the Fall 2020.

Design & Methodology

Interventions

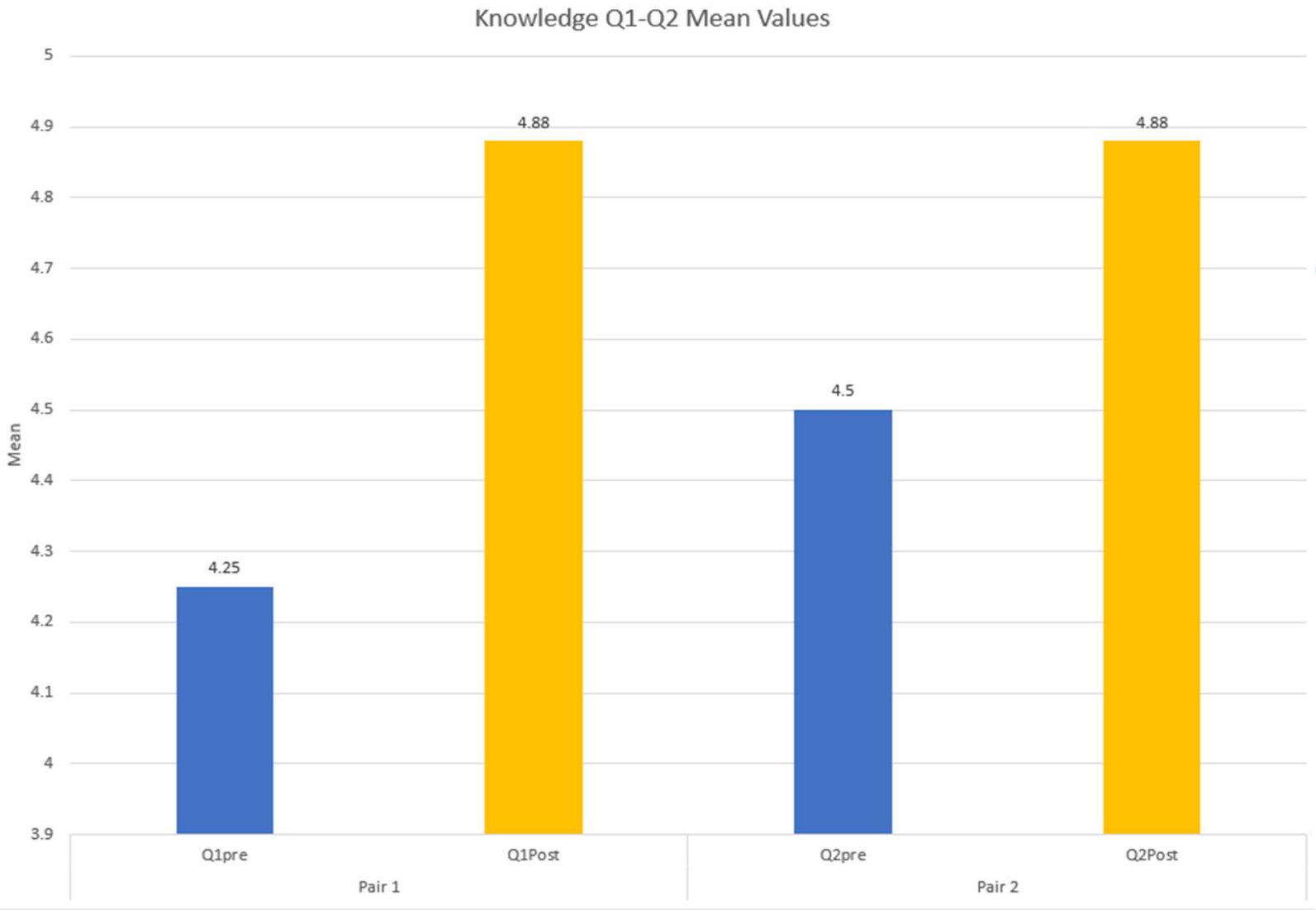
- **Pre-intervention**
  - Data was collected from the Community Benefits Inventory for Social Accountability (CBISA) reports regarding current ACP outreach and advance directive completion.
  - Advance care planning engagement survey was collected measuring ACP knowledge and self-efficacy
- **Intervention**
  - Delivery and training on use of the ACPTT was conducted at the practice site via Zoom and in person in October 2020
- **Post Intervention**
  - ACP engagement survey
  - Data collection from CBISA reports (ACP outreach and AD completion) → 4 weeks post intervention

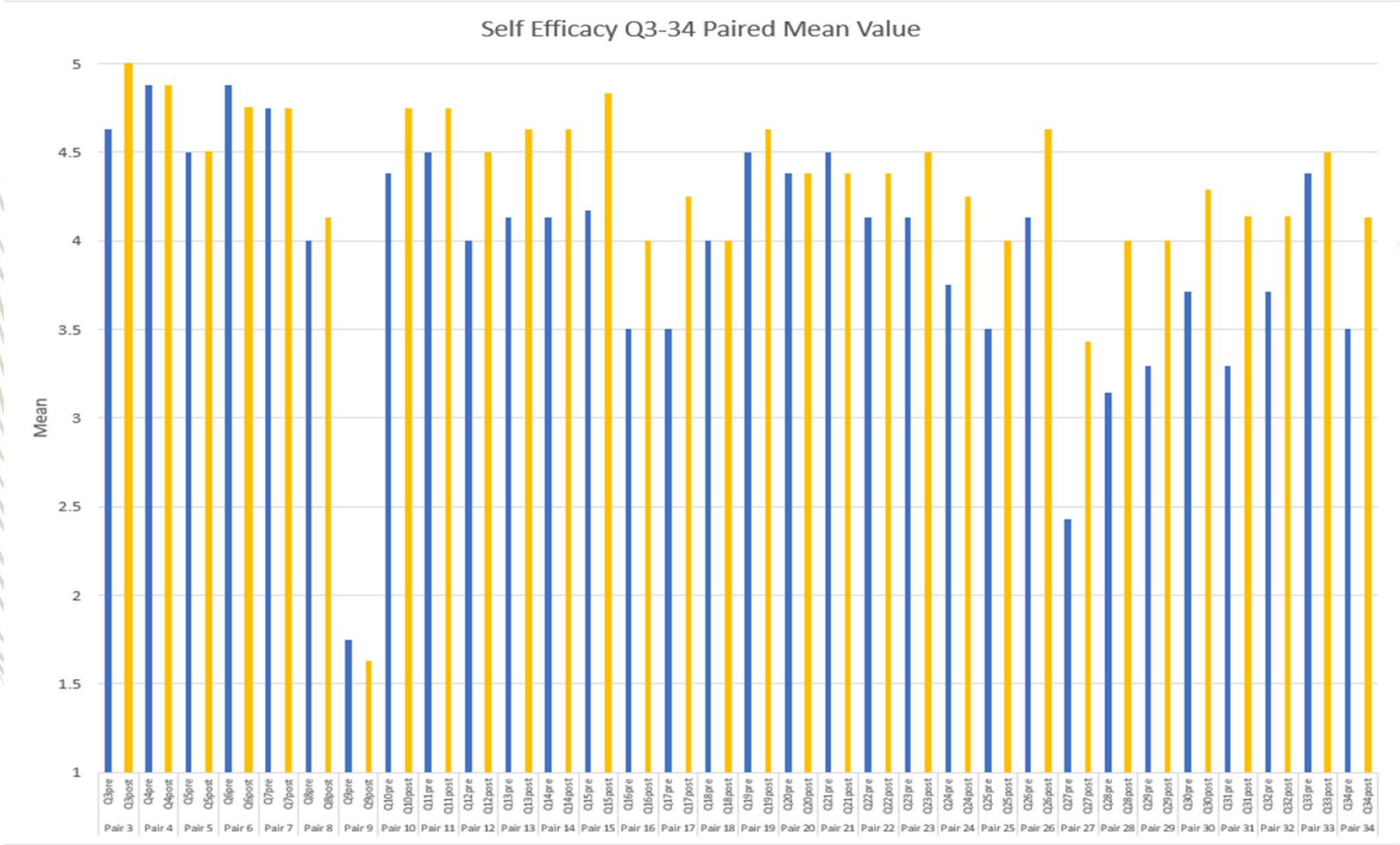
Results

- Data collection from 8 faith community nurses
- Analysis using the IBM SPSS software
  - Paired t-test to compare mean scores pre- and post-intervention of the ACP engagement survey: Knowledge and Self-Efficacy
- Frequencies measure was used to calculate the percentage change for the ACP outreach and AD completion using Microsoft Excel

Knowledge and Self-Efficacy Results

- No statistically significant difference in scores (range of $p = .080$ to $p = 1$)
- Positive mean change for knowledge (Q1 and Q2) was -0.63 and -0.38
- The average mean for self-efficacy (Q3, Q8, Q10-17, Q19, Q22-Q34) ranged from -0.13 to -1


Knowledge Q1-Q2 Mean Values
5
4.9
4.8
4.7
4.6
4.5
4.4
4.3
4.2
4.1
4
3.9
Mean
4.25
4.88
4.5
4.88
Q1pre
Q1Post
Q2pre
Q2Post
Pair 1
Pair 2


Self Efficacy Q3-34 Paired Mean Value
Mean
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4
3.5
3
2.5
2
1.5
1
Q3pre Q3post Pair 3
Q4pre Q4post Pair 4
Q5pre Q5post Pair 5
Q6pre Q6post Pair 6
Q7pre Q7post Pair 7
Q8pre Q8post Pair 8
Q9pre Q9post Pair 9
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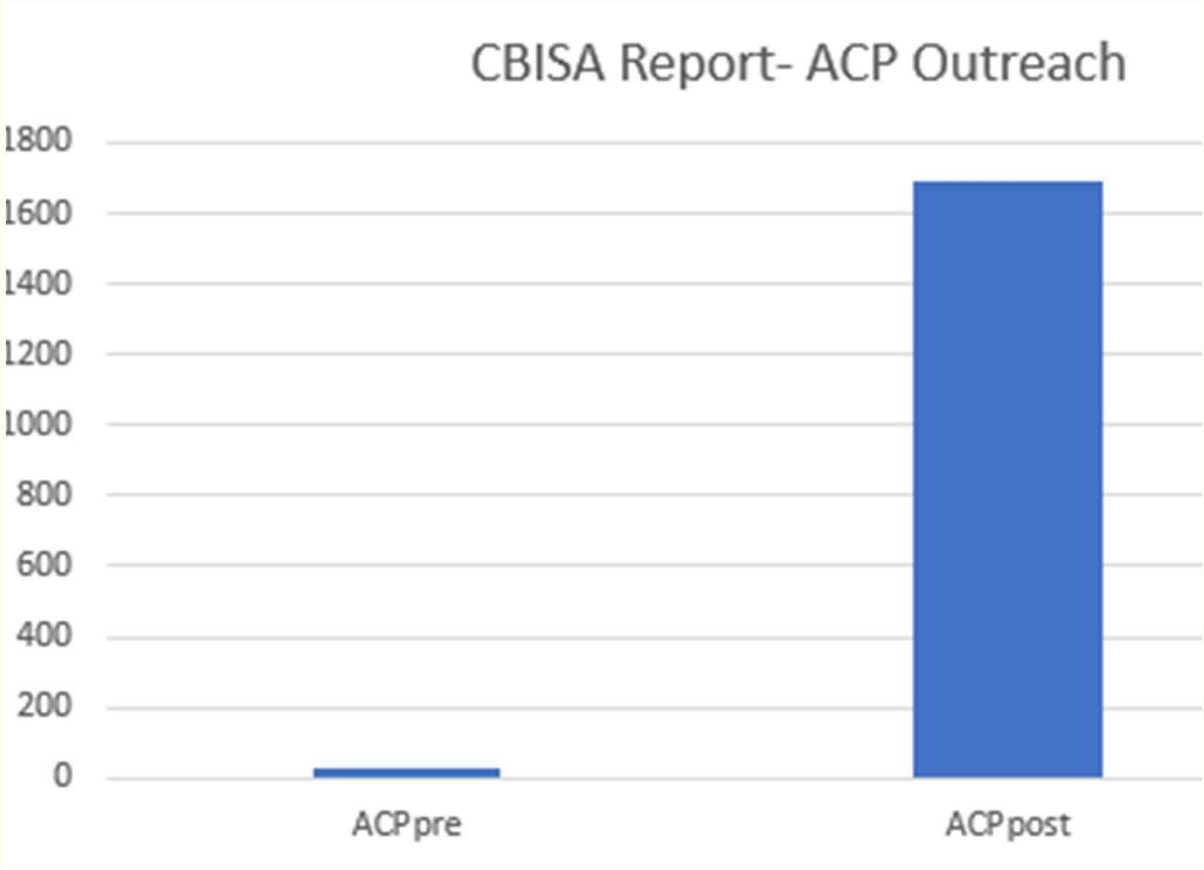

Results continued

CBISA data: ACP Outreach and AD completion Results

- 1 out of 18 churches conducted ACP outreach prior to the intervention
- 3 out of 18 churches conducted ACP outreach after the intervention. **This resulted in outreach to 1,690 individuals**
- No changes to the rates of AD completion

Clinical Significance

- Improvements in knowledge (11%) and self-efficacy (14%) (below the stated objectives of 25% for this project) were measured
- Clear and measurable improvements to ACP outreach efforts were demonstrated among the group.
- Clinical significance
  - *Impact of education and receipt of the ACPTT → increase in the number of churches conducting outreach activities*
  - Clinical significance reflects the impact on clinical practice (Ranganathan, Pramesh, & Buyse, 2015).

Discussion

- Increases in knowledge and self-efficacy → increase in ACP outreach activities
- FCN's engage with a wide range of communities including vulnerable and often underserved members of society
- Professional unpaid nurses
  - Outreach to 1,690 congregants over approximately six-week period
  - *Despite the barriers*
    - *Pandemic and social distancing*
    - *Prohibition of in-person gatherings common to FCN practice*

Discussion

- Integration of faith and health (central to FCN practice)
  - Ideal setting for the FCN to be an educator and trusted motivator of health in the community (Gotwals, 2018)
- Equipping FCN's with tools → increase knowledge and self-efficacy
  - Provided a foundation for ACP outreach
  - Eased facilitation

Conclusion

Limitations

- Small sample size
- Timing of implementation
- Non-paid professional nursing workforce
- Short turn-around time

Faith Community Nurses play an integral role in community health

- Tools promote the facilitation of health education and health promotion activities
- The trusting relationship the FCN has in the community profoundly influences the nature of support provided when discussing future medical care
- ACP outreach fosters a move to goal concordant care
- The ACPTT provided a vehicle to improve knowledge, and self-efficacy of ACP and increased outreach efforts

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Questions?

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