

## Abstract

**Background:** Advance Directives (AD) and Advanced Care Planning (ACP) are part of the healthcare process and within the scope of practice for providers. Despite the evidence supporting the effectiveness of these conversations, the system falls short. Reports in the AD literature reveal that healthcare professionals avoid discussions about preparations for ACP due to feeling unprepared and a lack of a framework for such conversations.

**Purpose:** The purpose of this doctoral project was to initiate an AD protocol in the Geriatric and Palliative Care Clinics to improve the completion rate of AD.

**Method:** This project was a Quazi-experimental pre and post-intervention design. A pre-intervention baseline assessment of healthcare providers comfort level with ACP conversations through a self-assessment survey and retrospective chart audits were conducted. An educational intervention was completed implementing an evidenced-based training and resources to guide ACP discussions. Post-intervention data was collected to include a repeat of the self-assessment survey and retrospective chart audits to determine changes in ACP comfort level and increase in ADs completion rates.

**Results:** Statistical analyses of project data revealed the four-hour education program and the implementation of an AD protocol did increase the overall comfort and knowledge of the participants of the two clinics. The overall knowledge, attitude an experiential level among the participants in the post-education survey had an impressive 82% improvement.

**Conclusion:** Providers reported increases in knowledge, skills, and attitudes (KSAs) level of comfort as a result of the staff education and AD protocol. The AD completion rate for the two clinics was increased by 57%.

**Keywords:** advance directives, advance care planning, nurses, end of life

