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Walden University

College of Nursing

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Nonie Weir

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Walden University
2021

Abstract

Evidence-Based Hospice Care Education for Healthcare Clinicians

by

Nonie Elizabeth Weir

MS, Walden University, 2015

BS, East Tennessee State University, 1995

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

December 2021

Abstract

Vulnerable populations with a terminal illness, who reside in a nursing home setting, continue to experience psychological, physical, and emotional effects that lead to end-of-life (EOL) suffering and discomfort. Globally, millions of individuals receive care from a hospice provider. By 2030, this figure will triple due to the increased lifespan of the geriatric population. The literature review has revealed that the practical problem is the lack of hospice care education received by healthcare clinicians. It is, therefore, important to prepare and educate healthcare clinicians about a peaceful death through an individualized plan-of-care (POC) from a holistic approach. The purpose of this practical change initiative was to improve clinicians' knowledge through an educational module on hospice care for healthcare clinicians by delivering a voice-over PowerPoint educational program based on evidence-based practices. Guided by the Henderson's nursing need model and the ADDIES (analyze, design, develop, implement, evaluate, and summative) design to promote social behavioral change from a holistic approach, an evidence-based, staff-education project to manage hospice patients was developed. A pre-education competency questionnaire, adopting nursing quality indicators to enhance performance and competencies from National Hospice and Palliative Care Organization (NHPCO) professional standards, was used to obtain the healthcare clinicians' prior knowledge of hospice care. An identical post education questionnaire was then used to measure the knowledge of information acquired with the *t* test paired data analysis to analyze results. This scholarly project will promote positive social change by providing clinicians with resources necessary to improve the delivery of EOLC (End-of-Life-Care).

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Dedication

I would like to dedicate this practical change project to ALL educators who make a difference within a vulnerable community and promote social change. I specifically want to thank my family who stood by me and encouraged me every step of the way. In the end, Dr. Anderson, Dr. Hahn, and Dr. Minnick made all the difference in the world to me by assisting me and applying their expertise to make this project feasible.

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I would like to say a big THANK YOU to the nursing faculty leaders (Dr. Anderson & Dr. Minnick) who made it feasible to implement my project. Next, my lovely husband of 34 years and four children always encouraged me and assisted me with the multiple hats I had to perform daily to reach my goals-To provide comfort, compassionate and competency nursing through evidence-based practices.

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Section 1: Overview of the Evidence-Based Project

Healthcare clinicians made a difference by applying hospice care at the end-of-life (EOL) for vulnerable populations by identifying an individualized plan-of-care (POC) to reduce stress and suffering for the terminal patient, while promoting comfort. Lack of understanding of hospice care has psychological and emotional effects for healthcare clinicians and terminal patients. According to the World Health Organization (WHO, 2018), two thirds of individuals with chronic illnesses experience unnecessary ailments, both physically and psychologically, for several months or years, thus underscoring the importance of ensuring quality delivery of care for a terminal patient, both professionally and ethically. This practice change initiative was identified through a literature review that revealed lack of education by healthcare clinicians as the major barrier to performing hospice care. The literature review has demonstrated the knowledge gap in hospice care by healthcare clinicians, which, in turn, has led to poor outcomes for the dying patient, especially in the form of a social and cultural stigma in the nursing world (Conner, 2017, p. 3). Through preparing and informing healthcare clinicians of National Hospice and Palliative Care Organization (NHPCO) Nursing Quality Standards of Care Nursing Indicators (safe, efficient, quality, patient-centered care, and equitable), is the identification of the unique needs of the terminal patient through a POC. The main goal of this educational program was to provide evidence-based nursing, informing and preparing healthcare clinicians so that they understand the mission and vision that drives social change by applying a practical change initiative to promote quality care. This was

done through a practice change initiative by delivering a voice-over PowerPoint educational program based on evidence-based practices.

According to the NHPCO (2011), “3.5 million globally receive care from a hospice provider” (p. 11), and by 2030, these statistics will triple due to the elderly population living longer. Second, “Despite efforts to minimize institutionalized care, the nursing home population is expected to grow more than 3 million people (about the population of Arkansas) by 2050, as more people will live in nursing homes, so will die there” (Ersek, 2013, p. 1180), emphasizing that 52 million people (about twice the population of Texas) globally receive hospice services at present (WHO, 2018). Over the past 35 years, the hospice movement has “grown enormously and has improved the way people die,” yet the hospice movement emphasizes that the lack of understanding of hospice services remains evident today, as most people die in institutions, alone, and in distress (Conner, 2017, p. 7). Through evidence-based literature and decades of a knowledge gap with hospice care in the long-term-care (LTC) setting, a hospice care education, evidence-based resource is the most significant resource for healthcare clinicians (e.g., physicians, nurses, certified nurse’s aides, administrators, directors of nursing, and social workers) used today and in the future to promote positive social change. By improving the knowledge of healthcare clinicians through evidence-based practical initiative, quality care was enhanced through best practices and improved a dying patient’s outcomes; honoring their last wishes of a good death affords this project a significant level of priority.

Problem Statement

Healthcare clinicians' failure to deliver quality care at EOL in an LTC setting has had psychological and emotional effects for hospice patients and families. The major problem identified through evidence-based literature is the knowledge gap in hospice care by healthcare clinicians. Hospice care is the specialty care that the hospice patients and families deserve, emphasizing the right to die with dignity. Hospice care has proven to ease suffering and promote comfort, also assisting with the spiritual, emotional, and psychological aspects of the dying patient (WHO, 2018). Healthcare clinicians form an essential component of a multidisciplinary team and provide daily care to hospice patients and families, yet scholarly literature exhibits two significant major barriers revealing the significant factors that affect and challenge LTC settings in providing quality care: (a) a lack of knowledge about the principles and practices of hospice care and (b) care providers' attitudes, beliefs, and experiences regarding death and dying (Shaley, et.al, (2018). The hospice educational practical change program provided healthcare clinicians with the specialty knowledge and social understanding of the clinical application role in LTC settings. Applying evidence-based literature proves that bridging the knowledge gap can enhance the quality of care for the hospice patient, by equipping healthcare clinicians with the information necessary to improve patient outcomes.

A system change occurred at the organizational level for LTC settings, specifically when the hospice patient is priority, and redesigning healthcare delivery promoted social change and ensured optimal outcomes at the individual level. Hospice

care services provide medical care, pain management, and emotional support at the EOL (Halabi, 2014, p. 7), giving the individual an opportunity to celebrate life accomplishments. Healthcare clinicians lack the knowledge of hospice care regarding terminal diagnosis and prognosis, specifically about hospice patients receiving hospice care, then poor outcomes result, and suffering from high stress levels becomes intense for the hospice patients and families. This project plan provided an evidence-based educational solution for the practical problem for healthcare clinicians of being informed about and improving knowledge/skills related to best clinical practices. The goal of this project was to educate healthcare clinicians on hospice care from evidence-based literature and sustain an educational program for future healthcare clinicians in LTC milieu. The literature suggested that if healthcare clinicians understood hospice nursing care and access to hospice care through a specialty educational resource, quality care could be delivered, thus promoting an EOL journey with the right to die with dignity.

Purpose Statement

The purpose of this project was to provide a hospice educational PowerPoint program for healthcare clinicians in an LTC setting to help inform and improve the knowledge and skills related to best clinical practices. The educational focus was a practical change initiative with the healthcare delivery that impacted outcomes within the direct care delivered to terminal patients by healthcare clinicians. This project identified the healthcare clinician’s competency needs through a pre-questionnaire on hospice care and in contrast the post questionnaire made the difference through EBP knowledge learnt. The pre- and post-education questionnaires, which were identical and based on the

National Hospice Quality Guidelines, were measured using the nursing indicators that define state-of-art care through an individualized POC for the hospice patient. The POC developed and promoted social change by delivering a clear message through reflecting the National Quality Forum of preferred practices of hospice care across the Institute of Medicine's (IOM's) six dimensions of quality: safe, effective, timely, patient-centered, efficient, and equitable (p. 3). Based on these six dimensions, I have developed and delivered a POC that assists healthcare clinicians in promoting quality, individualized patient care. The POC model reflected positive social change to improve patient care and responded to the unique demands of the LTC setting within a vulnerable community. This POC answered the following questions: How can safe and efficient hospice quality care be defined and delivered through staying informed? How can patients be educated on and enabled to make informed decisions through educating them on terminal diagnosis and assessing attitudes, beliefs, and spiritual values to identify patient-centered care? Finally, how can the POC be developed and documented that exhibits the pre-need assessment of religions, cultures, beliefs, and terminal diagnosis, promoting social change through a continuum of quality care? The IOM revealed that EOL care management is key across all six dimensions, resulting in a good death defined as "free from avoidable pain and suffering" (p. 3). The POC model of delivery in promoting quality care and reflecting patient-centered unique needs during the death and dying phase provided healthcare clinicians with the innovation of care developed to fill the existing knowledge gap. Following the PowerPoint (PPT) educational hospice presentation, the post-questionnaire asked the pre-questionnaire questions to measure the nursing indicators in

order to promote quality care. The pre- and post-questionnaire were validated through a multidisciplinary approach comprising two medical directors, a nursing director, a social worker, case management, and nursing supervisors. Future recommendations revealed using the Likert survey reflect the healthcare clinicians' unique ongoing needs in providing a continuum of quality care.

Based on the lack of knowledge of hospice care in LTC settings, evidence-based literature proved that LTC settings' unique needs are embraced and embedded using a first educational program of evidence-based practice (EBP) to diffuse strategies. First, through adopting and diffusing knowledge via an educational program for healthcare clinicians, an individualized plan of care for the hospice patient I designed. Second, key stakeholders served as the guide in ascertaining changes in knowledge at the LTC facility evaluated the educational program for evidence-based content, so that it was easily utilized by healthcare clinicians in promoting quality in the delivery of hospice care. Third, pre and post questionnaires contained identical questions on hospice care for the healthcare clinicians before and after receiving the educational offering; the questionnaires evaluated revolving themes with recommendations for social change. Fourth, a 5-Likert-type survey on the educational program were utilized and evaluated the content and collaborate with key stakeholders and healthcare clinicians for the implementation phase and recommendations for future use.

The objectives of this scholarly project The objectives of this scholarly project delivered through an evidence-based educational module on quality hospice care to healthcare clinicians and to promote social change for improving patient care by

informing the clinicians of and improving their knowledge and skills through evidence-based practices. According to the Tennessee Hospice Organization (NHPCO, 2018; THO, 2016; WHO, 2015the main goal of hospice care is to improve all aspects of life, thus emphasizing the holistic approach to care by providing services that exhibit the psychological, emotional, and spiritual well-being of the hospice patient. By redesigning the healthcare delivery to enhance quality hospice care and promote social change by honoring the dying patient's last wishes and accomplishments, the hospice patient and families across the provision of care lead to improved patient outcomes. As clinical leaders in hospice care, key stakeholders (e.g., medical directors, nurse practitioners, administrators, directors of nursing, quality improvement nurses, social workers, and RN supervisors) at the LTC facility worked as a multidisciplinary team in the planning stages. They collectively developed a plan to educate healthcare clinicians and identified organizational needs. The optimal goals were to promote comfort and ease suffering for hospice patients. Evidence has suggested that 20% of the population die in a nursing home setting (Anstey et.al, (2016), thereby emphasizing the necessity of educating and training healthcare clinicians on hospice care to sustain best practices.

Nature of the Doctoral Project

The nature of this project was a practical change initiative to improve knowledge through best practices and the quality of care delivered by healthcare clinicians to hospice patients in an LTC setting. The hospice role challenged healthcare clinicians to evaluate and understand autonomy before applying the knowledge learnt in the hospice paradigm. Hospice is a professional and ethical commitment to dying patients through a provision

of services rendered. By nature, hospice exhibits a caring, compassionate, and sensitive approach to quality care. Guidance, education, and standards of practice were woven into a healthcare institution through EBP and comprised the key elements of a modeled framework. Through nature and the ever-changing and evolving healthcare complexity, I questioned whether a hospice education module with the coordination of all disciplines could achieve great strides in promoting social change. The focus of this project's practical question's made a difference through EBP elucidated the purpose of the educational program answered the following questions: Will the staff educational project on hospice care improve staff knowledge and promote comfort with providing hospice care in a nursing home setting? EBP has proven the need to prepare and inform healthcare clinicians who work in EOL care, making them better prepared and accountable for best practices to promote quality care. By delivering this educational program on hospice care and with the preferences of the healthcare team and patients honored in addition to a view of health, terminal illness, and death, this project had a great impact now and in the future. This project proposed a guide to best practices and inspires change by utilizing the PICO method (Melnyk & Fineout-Overholt, 2005) of application which comprises the following.

- Population identified: Healthcare clinicians
- Intervention: Evidence-based educational practical change program on hospice care

- Comparison: Compare baseline knowledge of healthcare clinicians via pre-questionnaire to the post-questionnaire, using paired *t*-test data analysis for the results
- Outcome: Fill the knowledge gaps on hospice care and improve patient outcomes by promoting quality care through a practical change by informing healthcare clinicians of best clinical practices (Virginias' Unique Need Theory Application from the Holistic Approach and ADDIES Model from the planning to evaluation stage of intervention).

Significance

Failure to prepare healthcare clinicians for EOL care through specialty hospice nursing care education through best practices in LTC settings resulted in poor outcomes coupled with a lack of quality care for the hospice patients and families. Oliver conducted a systematic review of 493 articles and Zweig from 1995 to 2002, and 43 of these articles focused on EOL in America. These peer-reviewed journals from five major databases revealed that EOL care from diagnosis and prognosis to pain due to a lack of knowledge; however, the journals made a professional recommendation that "there is a need for research creative and innovative solutions aimed at improving the quality of EOL care in the LTC setting" (p. 30). Literature has proven that EOL care education is lacking and is in fact the major barrier that must be overcome in the LTC setting, given that it has led to poor outcomes.

A literature review and prior poor satisfaction surveys in the hospice paradigm of EOL suffering in the LTC setting advanced this educational module to the forefront of

the needs of the healthcare clinicians and, most significantly, the dying patient. Hospice is the heart of nursing, and prepared healthcare clinicians with scholarly evidence-based literature reduce anxiety and induces comfort through EOL care. Acknowledging the practical change initiative introduced positive change, and by communicating important issues with key stakeholders, the values and beliefs with the systems' current processes identified before the educational program can be prepared for implementation. With this first-of-its-kind evidence-based educational module for healthcare clinicians regarding hospice care in this LTC setting, a positive social change may benefit healthcare clinicians and hospice patients and families, while making a difference in EOL care in the LTC setting through best practices.

Proposal Guide from EBP to Promote Social Change

According to the Walden Alumni Magazine (2018), in order to promote social change within a community, change makers deal with "connecting with like-minded people might spark a great idea or open a new path. You just need take the first step to reach out" (p.7). By reaching out to this vulnerable population, I made a difference in the heart of nursing by supporting and supplying an educational program with a view to promoting best practices.

Hospice prognosis Hospice prognosis cause psychological, physical, and emotional disturbances that can be prevented through hospice care education at the beginning of the terminal diagnosis. A paradigm shift occurred at the organizational level, thus challenging healthcare clinicians to educate themselves and individualize a POC for the hospice patient. To promote social change, key stakeholders and healthcare

clinicians created and sustained best practices by acting as catalysts in a multidisciplinary team approach. Hospice care has been found to reduce anxiety, ease suffering, promote comfort, and reduce hospital visits and costs (Morrison, et al, (2011) for hospice patients. In a study conducted by Anstey et al. (2016), it was found hospice education and training were found to be direly required in nursing homes, thus emphasizing that the key to overcoming obstacles (such as knowledge deficits in hospice nursing, lack of training and confidence with hospice patients, and most significantly, the nursing home environment featuring overwhelming nursing duties to manage) is to educate healthcare clinicians (p. 6). In several case studies of terminally ill patients by Anstey, (2016), the significant findings were the impact of and lack of hospice care nursing education, which not only prevents the hospice patients from being relieved of pain, but also causes them to experience devastating psychological and emotional effects. These authors argued that certain types of environments negatively impact patient and families (p. 8), thus creating a social and cultural stigma that could be prevented by educating our healthcare clinicians to advocate and educate hospice patients and families, allowing them to be the center of the decision-making process. By proactively meeting a hospice patient's needs through identifying individualized needs, a POC exhibits the hospice patient's unique needs, honors values and beliefs, understands the perception of the death and dying process, and, most importantly, promotes comfort and eases suffering using a multi-disciplinary approach.

Reduction of Gaps, Relevance to Nursing Practice, Implication for Social Change

Reduction of knowledge gaps are addressed through EBP nursing process to drive social change, and the IOM has identified nurses as key leaders in driving the reform. By creating this project to promote quality care in hospice care, key stakeholders and I have identified and developed an evidence-based education module to reduce healthcare clinicians' knowledge deficits, thereby changing the behavior of healthcare delivery. Today, modern hospice using advanced technology has given LTC facilities the opportunity to prepare and train healthcare clinicians, emphasizing that the lack of educational resources limits the education that healthcare clinicians need to deliver quality care.

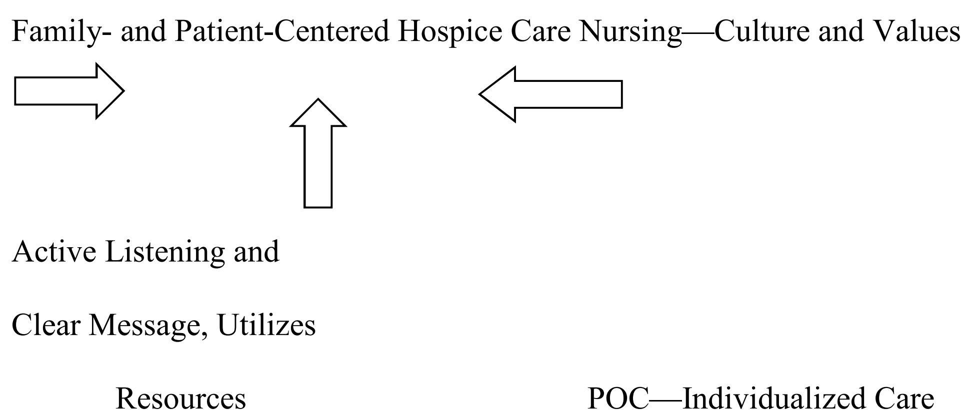
Ultimately, the LTC setting is unprepared to promote quality, competent hospice care, arguing that "despite efforts to minimize institutionalized care, the nursing home (NH) population is expected to grow more than three million people by 2050, as more people live in NHs, so too will die their" (Ersek, 2013, p. 1180). By identifying the knowledge deficits from a multidisciplinary approach at the LTC facility and the development of an educational program to promote quality comfort care, the gap in knowledge and clinical application were redesigned and EBP applied to promote lasting social change in an LTC setting.

Sustaining the educational, evidence-based program, this project for future duplication enhances the specialty nursing delivery in EOL care and healthcare clinicians' perception through the EBP information learnt. In using a formative pre-questionnaire, social change occurred using the same nursing indicators by NHPCO to

promote quality care and summative evaluations via a 5-point Likert scale for organizational key stakeholders. Healthcare clinicians voiced their opinions with an expert panel for follow-up recommendations; this DNP final product emerged as a significant priority to disseminate the findings. Figure 1 presents the key core components for focus to sustain change at the organizational level.

Figure 1

A2: End-of-Life Care Evidence-based Program of Behavioral Change Key Didactic Components from the Holistic Approach for Hospice Patients



Summary

This scholarly project introduced a new venue to change the perception of the current practices and umbrella the unique needs of healthcare clinicians by filling the knowledge gap with the management of EOL care with hospice care. The integration of perceived knowledge learnt from this evidence-based education program imparted benefits such as (a) improving the delivery of care and clinical applicability and (b) informing of the decision-making process with a better understanding of the clinical role in hospice care through an individualized POC for the dying patient. Evidence-based

practices have proven that hospice care education for healthcare clinicians exhibited positive clinical outcomes by informing of and improving on knowledge, communication skills, and performance pertaining to best practices. In conclusion, the knowledge gap in hospice care by healthcare clinicians have challenged LTC facilities to deliver quality care through best practices, thus pushing this project to an advanced level of priority. In Section 1, I have discussed the DNP project significance, practical problem, and premises of the project.

Section 2: Background and Context

Healthcare clinicians make a difference by applying hospice care at the EOL for vulnerable populations by identifying an individualized POC to reduce stress and suffering for the terminal patient, while promoting comfort. From 1963 to present, the IOM and the NHPCO have identified knowledge gaps of quality care in EOL care, demanding that attention be paid to healthcare clinicians' knowledge deficits. Both professional guideline establishments revealed that quality care for promoting a good death begins when an individual identified as hospice and the acute care stopped. A lack of quality care at EOL has been proven through a body of evidence, specifically with clinical competencies within vulnerable communities, challenging LTC settings to educate healthcare clinicians. Healthcare professionals' lack of education regarding EOL as a major barrier in improving services has been an identified issue throughout history. Given the poor level of care, unaddressed and untreated pain management, and lower patient satisfaction scores in the LTC setting, Ersek (2013) stated, "Nursing Home (NH) residents are subject to many unnecessary suffering and burdens in their final months" (p. 1182), emphasizing the significance of this staff educational project. Early recommendations from the 1999 Parliamentary Assembly of the Council of Europe were threatened by the Protection of Human Rights and Dignity of the Terminal Ill and Dying due to the major factors associated with dying factors, such as lack of continuing education or psychological and performance support for professionals working in LTC settings (p. 4). The NHPCO Quality Care Guidelines have embedded nursing indicators to perform state-of-the-art care with EOL care, emphasizing the need for this project to

remain informed and improve knowledge through best practices. If the healthcare professional is unprepared to utilize a modeled framework to follow EOL hospice care, the hospice patient and families encounter many challenges. As Conner (2017) states, “society and professional are just now embracing hospice, but only refer to hospice when “a patient is unambiguously near death (p. 8). Once referral begins, more than half of hospice patients die within 17 days, lending this project significance in making a human connection by getting healthcare clinicians to adopt a holistic approach and educating them so that a good death for hospice patients can be prepared in a LTC setting with EOL hospice care.

Over the past two decades, the word hospice has been associated with negative connotations. Conversations about EOL are difficult, given its cultural and social stigma by physicians, specifically with early referrals. In addition, nurses’ negative attitudes, beliefs, and lack of education about hospice, as well as hospice patients’ and families’ perception of death (Ersek & Carpenter, 2013, p. 2), lead to psychological effects at the emotional and physical level. Failure to identify LTC residents’ comorbid conditions with a terminal diagnosis has been devastating for hospice patients and families.

EOL suffering can be avoided by fulfilling the hospice patient’s last wishes to ensure that a peaceful death can change the perspectives of dying alone in an LTC setting (Thompson et al., 2018). A good death is characterized by the human connection that “near the end of one’s life was important” (Thompson et al., 2018, p. 8), as emphasized in history; it presents that the major barrier remains the gap in knowledge of EOL care, which must be recognized, and evidence-based literature must prevail in changing

healthcare clinicians' support systems to achieve vital knowledge about EOLC. In this context, the current project informs of and improves on the quality of care delivered by healthcare clinicians in the LTC setting.

The WHO (2018) has portrayed hospice care as an emerging design of care that improves the quality of life of an individual with a life-limiting illness with the treatment of pain and other problems, encompassing physical, psychosocial, and spiritual aspects of care. Hospice care is a specialty of managing and controlling pain and symptoms. According to the extant literature, hospice care has proven to provide the following benefits. It first offers relief from distressing symptoms and promotes comfort. Second, it integrates the psychological and spiritual aspects of care and offers a support system while educating the dying patient and families about accepting the outcome. Third, it enhances the quality of life and instills positive influence from a multidisciplinary team throughout the course of the illness (Shaley, et al, 2018, p. 431). This project enhanced healthcare clinicians' knowledge while providing hospice patients with the right to die with dignity.

The IOM (2017) consensus report stated, "Dying in America and asking the vital question to healthcare clinicians about hospice care-Did you know enough about end of life care?" In addition, the IOM points out that the hospice care must proactively assess the impact of ethnicity, culture, and provider settings when introducing hospice care. By understanding the individual/family values and beliefs with preferences, EOL care can be patient centered, and hospice patients can die with dignity, have their suffering eased, and enjoy increased comfort. With evidence-based literature, the IOM (2017) delivered a

significant statement that reveals how hospice care has advanced throughout history and emphasizes the need for this scholarly, practical change projects: “Providing high-quality care for people who are nearing the end of life is a matter of professional commitment and responsibility and may contribute to a more sustainable care system” (p. 2).

With this scholarly statement by the IOM (2017) and the advances in hospice care through a multidisciplinary approach, this project served as a continuing education resource for professional staff and assist key stakeholders in LTC settings. Throughout the history of the hospice movement and today, as a reflection of societal attitudes regarding both aging and death, the evolution of hospice care has caused the modern hospice movement to be described as a “multifaceted and individual experience” (Meier & Gallegos, 2016, p. 278). By utilizing the modern hospice movement and viewing the holistic concept from an education philosophy, the project problem is the knowledge gap in hospice care by healthcare clinicians. A lack of knowledge and provision of care without a model of delivery in promoting quality care causes suffering and discomfort in hospice patients and their families, thus elevating this scholarly project to a high level of priority.

Hospice is for people with a prognosis of a life-limiting illness with 6 months or less to live. This, in turn can cause psychological effects that lead to EOL suffering and discomfort. Hospice care is a specialty of nursing that provides comfort to and reduces stress in individuals and families with a terminal diagnosis. Yet, the literature has demonstrated that the knowledge gap in hospice care by healthcare clinicians has led to poor outcomes. Hospice care is known to focus on the quality of life for patients and

families with supportive discipline supports for the final phase of a terminal illness, relieving of symptoms of pain and problems, physical, psychosocial, and spiritual (WHO, 2017), while promoting comfort care. With this holistic hospice care adoptive strategy, the evidence-based hospice care delivery and early intervention educational program with healthcare clinicians have a major impact.

As death is part of the clinical role in an LTC setting (Bangerter et al., 2015), knowing and supporting healthcare clinicians with an evidence-based educational program will prepare future leaders in hospice to promote social change. The literature has proven that little work has been done to educate healthcare clinicians, thus leaving the hospice patients and families with the perspective or question of who would want to die alone in a LTC setting (Thompson et al., 2018, p. 8), thereby emphasizing that death pertains to making a connection to life’s accomplishments. Promoting the key outcome for the dying patient instills that “human connection near the end of one’s life was important” (Thompson et al., 2018, p. 8). Thus, the goal to the educational resource is to promote quality care by developing human connection while preparing the professional regarding hospice care. For EOL care, professionals require the necessary knowledge and skills to prepare the dying patients and families for a good death, emphasizing the human connection rule of hospice.

As of January 1, 2016, Medicare implemented the Health Policy initiative to reimburse doctors for EOL conversations. This health policy implication with an initiative to reduce the cultural barriers and social stigma at the EOL leads to peace and comfort, underscoring the individual’s right to die with dignity. According to Mason

(2015), “End of life is a national priority and the focus should be on celebrating life’s accomplishment emphasizing death is a natural part of life” (p. 314). EOL conversations by the Institute for Spirituality and Health revealed that if one feels prepared for death, peaceful, satisfied with life, and that they have achieved final goals, death seems more like a completely natural part of life. In this context, what actions can be taken to ease suffering and pain? What is their perception of death? Due to the realization and acceptance of the inevitability and imminence of death, hospice patients could significantly benefit from hospice care. If healthcare clinicians are unprepared to discuss death and lack knowledge about best clinical practices, the death and dying experience for both the healthcare clinicians and terminal patients could be devastating.

A terminal diagnosis can be devastating for patients and families, causing long-lasting psychological effects. Aziz’s (2012) theoretically driven design revealed that if healthcare clinicians could limit the realm of health disparities and barriers within the environment in which they practice, the hospice patient could receive quality care through a hospice care approach. If healthcare clinicians lack the knowledge and skills required for adequate symptom control and early assessment interventions in individualizing a POC, the death and dying process could be a miserable experience. The final part of life during the death and dying process is the most significant and significantly contributes to the patient having a “good death” or can conversely have devastating effects on members. Three major concepts are proven to challenge the death and dying process: (a) a lack of knowledge about the hospice care, (b) a lack of skills needed to assess or identify the hospice patients’ and families’ unique needs, and (c) a

lack of early interventions, such as an educational approach, that could promote comfort, reduce stress, anxiety, and ease suffering.

Additionally, in the evidence-based literature that streamlines the hospice care approach at the EOL, the qualitative design study of(Meier, et.al (2016) is used to measure the benefits by focusing on the quality of life and quality indicators that define a good death. This qualitative design revealed that a good death is based on measurable mechanisms, such as preparation of death and dying process through early intervention of symptom control, terminal diagnosis explained by the physician at the time of diagnosis, and early intervention with a hospice approach to identify an individualized POC to control symptoms that are psychological, physical, or spiritual. Healthcare clinicians should educate hospice patients and families and identify the individual's unique preferences, values, and beliefs for a good death and redesign the healthcare delivery to promote quality of life through recognition of knowledge deficits and seeking education on comfort measures to promote social change.

With healthcare clinicians lacking the education and assessment of hospice patients and hospice care strategies, death could indeed be devastating. The *Journal of the America Directors Association* (JAMDA) conducted a systematic review of EOL care in LTC in U.S. nursing homes. The review was descriptive and involved a data analysis of 43 nursing homes in the US, emphasizing the end report, which revealed that poor EOL care in nursing homes were overwhelming (Oliver, et.al, 2005). The reasons for poor EOL care in nursing homes pertains to the label's hospice, prognosis, pain, planning, communication, and education (Anstey et.al, 2016, p. 353). By limiting the

causes of poor EOL care in the LTC setting and evaluating the solutions from the casual mechanisms through best practices, positive social change can be the catalyst that informs, assesses, and promotes quality of life. A social change can occur by making a human connection through the holistic approach.

Theoretical Framework

Henderson's Nursing Need Theory

Evidence-based models redesign the nursing process, providing a foundation to nursing excellence through clinical reasoning and critical thinking (Alfaro-Lefevre, 2013) thus, Henderson's nursing need theory assumes a high level of significance from the assessment to the evaluation stage of this project. Henderson's grand theory identifies and models how the unique nursing needs are met from a holistic approach, specifically with hospice patients. According to Henderson's modeled framework, a peaceful death is derived from the individual's unique needs being met with the physical, psychological, and emotional aspects being evaluated by healthcare clinicians. This theory focused on the holistic approach by identifying the summative parts through an individualized POC for the terminal patient. These parts are as follows:

- Person—the adaptive process of coping with the terminal diagnosis psychological, physical, and emotionally through the professional assistance of healthcare clinicians.
- Environment—the person's individualized needs are met or not met through the environment one chooses to live in; healthcare clinicians prove competency by educating the hospice patient.

- Health—healthcare clinicians knowledgeable about the terminal diagnosis and assist in relieving elevated stress and anxiety by individualizing the terminal patient's unique needs to a POC, thus meeting the unique needs of a terminal patient.
- Nursing—the individualized POC exhibits and identifies how the healthcare clinicians will honor the last wishes by being competent in evidence-based nursing, being caring and compassionate in the healthcare delivery, and creating social change by putting hospice nursing into practice.

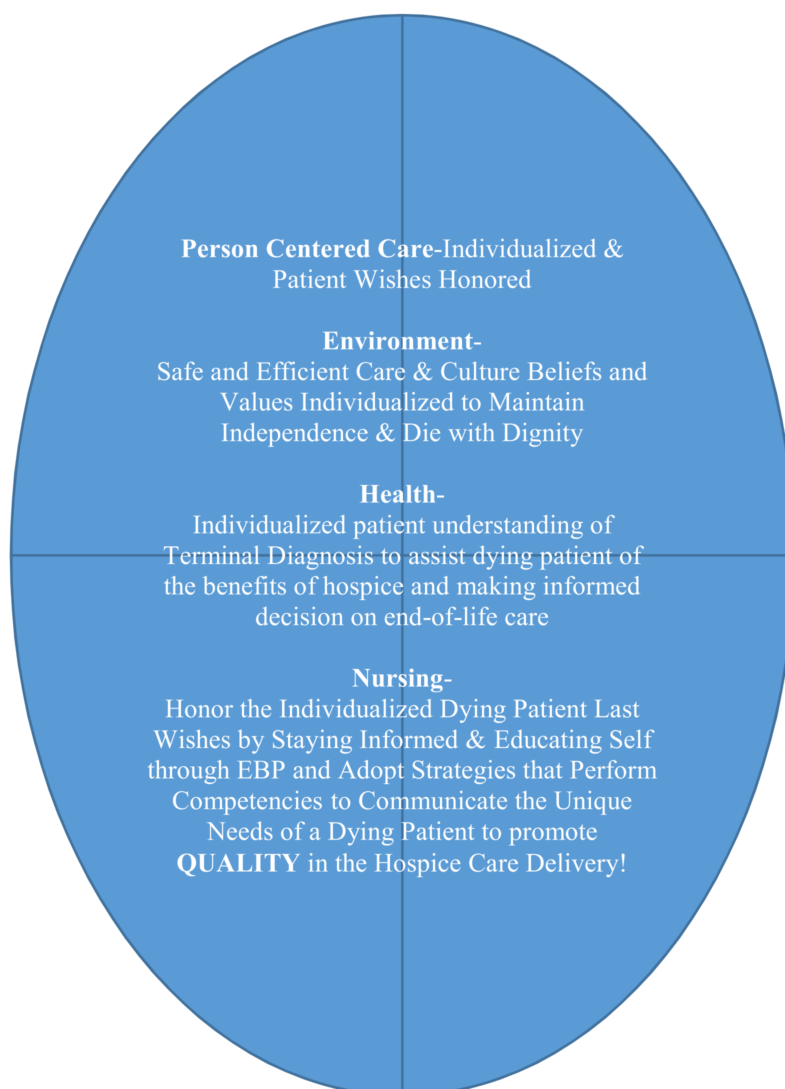
With these four significant components for successful implementation within the LTC setting, hospice patients can be the center of their own healthcare. By being the center of their own healthcare and not being hesitant to ask healthcare clinicians questions on terminal diagnosis, the death and dying experience can promote a level of comfort and ease suffering. Meanwhile, healthcare clinicians must be advocates and educators through a multidisciplinary approach, applying and assisting the terminal patient in the decision-making-process regarding EOL care. With a hospice patient, specifically at the beginning of the terminal diagnosis, behaviors are psychologically, physically, and emotionally heightened. It is the healthcare clinician's ethical duty to inform, provide discipline supports, and individualize a POC with hospice care in order to maintain a quality of life and die with dignity, as streamlined by Henderson's model. Effective interactions through clear, easy-to-understand communication can ease the coping skills needed for the death and dying process. Healthcare clinicians must honor the perception and wishes of dying patients by adopting a holistic approach, involving the

person, health, environment, and unique, nursing needs. This scholarly project guides healthcare clinicians on how to apply evidence-based nursing knowledge to an individualized POC, thus meeting the unique needs of terminal patients. Henderson's nursing need model has proven to change the outcome by promoting quality of life to die with dignity, establishing and streamlining best practices through evidence-based theoretical frameworks.

To Make the Human Connection That Defines the Community Served, I have integrated an adaptive holistic approach to guide healthcare clinicians in the LTC setting. By applying the major components of the holistic approach (person centered care, environment, health, and nursing), I made a difference in the quality of care healthcare clinicians provide to the terminal patient.

Figure 2

Adaptive Holistic Adoptive Approach for "Interactions" to Guide Healthcare Clinicians



Definitions

Healthcare clinicians: Nursing professionals (e.g., physicians, nurses, certified nurse's aides, administrators, directors of nursing, and social workers) who provide care with the ethical and professional responsibility of aligning the mission and vision of the setting of choice to practice in promoting the quality in the delivery and improve outcomes for the population served.

Hospice: A program covered entirely by Medicare, emphasizing that Medicare provides coverage to more than 55 million Americans. It is the cornerstone of healthcare insurance for people aged 65 years or older, people with disabilities under the age of 65, and people suffering from end-stage terminal illnesses with a life expectancy of less than six months (NPHCO, 2017).

Hospice care: Care designed to provide supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life rather than a cure. The goal is for patients to be comfortable, have reduced suffering, and be free of pain so the hospice patient has quality at EOL (NPHCO, 2017).

Hospice patient: An individual with a terminal diagnosis and life expectancy of less than six months, emphasizing that acute care and treatment have stopped and that the individual will not survive the illness (NPHCO, 2017).

End-of-life (EOL) care: Care designed to assist the hospice patient with resources and support from the multidisciplinary team for emotional, physical, and psychological support to assist with managing the death and dying process (NPHCO, 2017).

Key stakeholders: A team approach with a multi-disciplinary approach consisting of medical directors, nurse practitioners, administrators, directors of nursing, quality improvement nurses, social workers, and RN supervisors who work as a team to identify unique needs of the LTC setting.

Death and dying process: An individual's process of a terminal illness that exhibits the following symptoms: pain, anxiety, respiratory distress, and discomfort during the emotional, physical, and psychological process of a terminal illness, emphasizing pain control and anxiety relief to allow the emotional response to be calm and peaceful, allowing for a good death.

Good death: A situation where an individual's death and dying process is peaceful and comfortable. An ease of suffering places the family at ease and honors different cultural backgrounds, communication preferences, and their view on health, terminal illness, and death, allowing the accomplishments of the individual to shine through in the eyes of the loved ones and enabling the patient to die with dignity and respect.

Cultural stigmas: A community that has certain values and beliefs regarding the death and dying experience or perceived ideas about the word hospice. Negative views and perceptions can result in a devastating death, thus resulting in poor outcomes.

Hospice care barriers: A major negative impact on the delivery of care from healthcare clinicians, this results in poor outcomes, thus emphasizing the significance of this project: the lack of knowledge in hospice care, proven through evidence-based literature that the unique needs of the healthcare professional are fulfilled prior to the delivery of care.

Relevance to Nursing Practice

A literature search was conducted by utilizing the following databases: CINAHL, PubMed, ProQuest Dissertations, Medicare and Medicaid Policies, National Hospice Surveys, and WHO. Several key words were used with the databases, namely *hospice patient and families, end-of-life care, palliative care,* and *healthcare clinicians*. When using these key words, several literature sources combined words to give additional meaning to the hospice arena, such as *end-of-life care and LTC settings*, *hospice and healthcare clinicians, identify the hospice patient, hospice and palliative care, hospice and social and cultural stigmas, hospice and denial, hospice patient and environments,* and *hospice and palliative care barriers*. More than 552 articles were found using these key words, of which 19 were selected for the literature review to expand on the significant educational need that could limit EOL suffering and promote comfort with hospice patients and palliative care.

I utilized literature published in the past decade that, through evidence-based studies, has demonstrated the development of a hospice educational resource tool to improve knowledge and outcomes with EOL care in an LTC setting. The educational intervention resource tool was implemented to ascertain the number of changes in knowledge, with a plan for extended evaluation of the relevant health outcomes.

This literature primarily focused on the key words and additional meanings of words, as stated above, emphasizing that the key to healthcare clinicians with a specialty such as hospice is the translation of knowledge into practice from evidence-based, peer-reviewed scholarly journals. By staying abreast with current knowledge and best

practices, specifically with a hospice program to promote social change in behavior and make a human connection from the holistic approach, the death and dying experience could allow for a good death.

Local Background and Context

Hospice care provides terminal patients with the comfort and reduces anxiety when their death is imminent. LTC facilities preparation and adaptation to the latest knowledge assist healthcare clinicians to make informed decisions, yet locally presents a challenge due to culture and social barriers. Culturally, healthcare clinicians' values and beliefs on the terminal patient is negatively viewed, due to lack of education and experience. Daily practices continue to exhibit poor quality care and outcomes, emphasizing education of how and when to apply EBP drives the mission and vision to nursing excellence. Is dying socially accepted in the nursing paradigm by healthcare clinicians or is the dying experience too difficult for the unexperienced healthcare clinician? Major barriers present in LTC facilities and limits the healthcare clinicians' time, decision-making process, compassionate, and caring attitude. Such barriers include lack of education and experience, lack of time management skills, and unwillingness to change self-values and social stigmas with the terminal patient. As a clinical leader in the hospice paradigm, effective communication through EBP education changed the why stakeholders are challenged to deliver a clear message.

Role of DNP Student

As a nurse in critical care and hospice nursing serving in the hospice paradigm for the past decade, I believe that the hospice patient is the most rewarding. The major focus

of healthcare clinicians can realize the optimal goal of hospice: to promote comfort and ease suffering by staying abreast with today's modern hospice nursing knowledge and skills through EBP. Knowledge is power, and I believe that hospice clinical leaders should integrate such valuable knowledge, specifically with hospice, which is accompanied by a social stigma. On many occasions, I visited nursing facilities to advocate for hospice patients and families and was surprised to find that hospice is misunderstood by most healthcare clinicians, including physicians. I believe this misunderstanding stem from a lack of knowledge, which is apparent and proven in the literature and challenges hospice leaders to educate healthcare facilities. Education is key to maximizing opportunities of patient satisfaction, specifically with the hospice patients, who should be celebrating their life accomplishments. Instead, hospice patients suffer, and the stressors of the active dying phase do not meet the expectations of a loved one's family. I have witnessed this on several occasions in the nursing home setting, challenging hospice leaders to educate healthcare clinicians on the hospice role, if not understanding what is to be used as an excuse. As a clinical leader in the hospice paradigm, this project will provide the LTC setting with a guide to inform and gain valuable knowledge regarding hospice care and individualized POC for hospice patients.

Role of Project Team

As a clinical leader in the hospice paradigm, this project has become a priority for administrators, medical directors, and healthcare clinicians due to past hospice patients and families soaring over the satisfaction scores. From a multidisciplinary team standpoint, this educational resource tool and doctoral journey focuses on evidence-based

hospice care education can serve as a guide for promoting quality care, changing social behavior and perception, and improving patient outcomes. The project team agrees to assist in identifying the unique needs of healthcare clinicians, integrating evidence-based hospice care with education, and answering practical focus questions with the healthcare clinicians' feedback, evaluating the material for its ease to use and literature content process. This LTC facility will oversee the implementation and sustaining of an evidence-based hospice care educational resource tool, while Walden University will oversee the data analysis.

Summary

The literature review offered choice to the hospice patients, improving the hospice patients' quality of life by honoring their perceptions, beliefs, and values, while healthcare clinicians' interactions or behavior, if educated, would promote comfort and maintain integrity at death. Death is a natural part of life, and healthcare clinicians must be able to communicate effectively and competently by making the human connection, emphasizing the significance of the educational module on hospice care from EBP. In this regard, the conceptual framework of Henderson's' Nursing Needs model provides an additional support strategy to healthcare clinicians by following the guide for best practices by receiving and giving information allowed hospice patients to be comfortable, lowered anxiety, and die with dignity from the holistic approach. The studies presented in the literature review validated the unique needs of the hospice patients as they rely on healthcare clinicians to interact with, communicate choices about the terminal diagnosis and the death and dying process, and promote comfort. Knowledge deficits by healthcare

clinicians regarding hospice care were proven to result in poor outcomes, as validated in the literature review. The aim of this project delivered an educational offering on hospice care through evidence-based practices and achieved a positive social change. In Section 2, I discussed the modeled framework for a guide to the best practices in developing an educational program for improving knowledge and skills with hospice care in the LTC setting as well as a literature review pertaining to the significance of educating healthcare clinicians through evidence-based, peer-reviewed scholarly work.

Section 3: Collection and Analysis of Evidence

Hospice is provided to a patient with a prognosis of a life-limiting illness with 6 months or less to live that causes psychological effects such as EOL suffering and discomfort. Hospice care is a specialty in nursing that provides comfort to and reduce the stress of individuals and families with a terminal diagnosis. Yet, the literature has demonstrated that the knowledge gap in hospice care by healthcare clinicians has led to poor outcomes. The purpose of this scholarly project is to improve healthcare clinicians' knowledge through EBP by developing an educational PPT program on hospice care for healthcare clinicians. Based on the lack of knowledge regarding hospice care identified by the literature review and the unique needs identified by key stakeholders in the LTC setting, the analysis, design, develop, implement, evaluate, and summative (ADDIE) model was applied. First, I created an evidence-based educational module for healthcare clinicians to individualize a plan of care for the hospice patient at the beginning of the terminal diagnosis (analysis phase). Second, I developed an educational practical change program from evidence-based content and an easy-to-use PPT module by healthcare clinicians to promote quality in the delivery of hospice care (pre- and post- competency design to measure the learning objectives). Third, I created a pre and post questionnaire containing questions on hospice care for the healthcare clinicians before receiving the educational module to acquire baseline knowledge of hospice care, thus preparing the delivery of post competency in measuring the educational PPT presentation module (Voice over PowerPoint Educational Module). Fourth, I utilized the paired *t*-test data analysis system to project the significance of the results by comparing a paired *t*-test of

the means through pre- and post-questionnaire design to measure the competencies of or information learnt about hospice care. By using these dependent samples, two samples of data were compared at different times (knowledge development for healthcare clinicians to sustain competencies in nursing). The statistical difference between the dependent samples can demonstrate the knowledge gained through EBP and is judged to be statistically different when $p = .05$ or less. Last, a post 5-point Likert survey on the educational resource was used to evaluate the content and collaborate with the key stakeholders for recommendations on future use (learners' reactions and evaluation of content, relaying how healthcare clinicians can fill the knowledge gap by applying evidence-based nursing to create social change). Based on the lack of knowledge regarding hospice care identified by the literature review and the unique needs identified by key stakeholders in the LTC setting, the analysis, design, develop, implement, evaluate, and summative (ADDIES) model was applied. By applying the ADDIES model design, I developed the evidence-based competencies to apply the advanced competencies for complex nursing, enhancing knowledge to improve patient outcomes.

According to the National Hospice Palliative Care Organization (2015), hospice services are increasing steadily, thus challenging providers to examine and revisit current practices. In this LTC setting, I examined and targeted healthcare clinicians' professional understanding regarding the hospice patient, additionally providing an educational offering to enhance the knowledge from the EBP NPHCO professional standards of care. The primary objective of the evidence-based educational module was to serve as a guide

for healthcare clinicians to promote quality care and improve outcomes for hospice patients in the LTC setting.

The educational module PPT presentation delivered a clear message to healthcare clinicians on hospice care, requiring 45–60 minutes to deliver and view. After the educational PPT presentation was delivered to the target audience, I provided clinical simulation examples with rationale for future use. I asked questions about the information presented to the target audience regarding their understanding of hospice care. In addition, social understanding will be gained of Henderson's nursing need model with hospice patients, identifying why the environment can support coping cognitive skills and communication preferences to promote a good death and social change in behavior with the death and dying process by identifying the individualized unique needs. Reinforcing the right to die with dignity and by choice can be achieved by first recognizing self-needs by healthcare clinicians, specifically knowledge deficits in hospice. Last, an easy-to-read 5-point Likert evaluation for the educational PPT module presentation and recommendations for future dissemination was used on a voluntary basis for this LTC nursing facility.

Practice Focus Questions

The practice focus questions are as follows: Will the hospice care educational PPT presentation fill the knowledge gap on hospice care for healthcare clinicians in the LTC setting? The focus of this project's practical question from EBP achieved the purpose by informing and preparing healthcare clinicians to provide quality hospice care. Second, will the facility implement the educational PPT Program on hospice care to

enhance competencies and performance by staying informed of best practices? This project plan fulfilled the purpose of the evidence-based educational program for healthcare clinicians to help inform them and improve their knowledge and skills related to best clinical practices. The goals of this project were achieved through educating healthcare clinicians on hospice care from evidence-based literature and sustaining an educational module for future healthcare clinicians in LTC milieu.

Population and Sampling

This nursing home facility is in the rural area of the Appalachian Mountains of East Tennessee. The population sampling was done on the basis of voluntary participation, and a mean of 40 to 47 healthcare clinicians (e.g., physicians, nurses, certified nurse's aides, administrators, directors of nursing, and social workers) were selected to participate for the educational intervention, recognizing their knowledge deficits in hospice care. This educational intervention on hospice care was conducted in the LTC setting using 120 bed-level SNF/ICF units, emphasizing the healthcare clinicians' daily professional roles with the hospice patients. This scholarly project served as a facilitator, nurturer, and guidance model in promoting social change through an individualized plan of care for the hospice patients. Implementing this project allows the voice of hospice patients to be heard regarding quality care with EOL care and vital resources for a frame of reference to sustain best practices for healthcare clinicians in LTC settings.

Analysis and Synthesis

Data Collection

Data collection was performed after the Institutional Review Board (IRB) approval (#02-05-21-0237019) for the staff project. The IRB with Walden University protects human subjects and reviews the staff development educational intervention for approval. I did not collect data prior to receiving the IRB approval. Once I received approval to collect data, the paired *t*-test data analysis system was utilized to exhibit the significance of the scholarly product, making great strides in educating healthcare clinicians.

Instrument

This project design served as an ongoing surveillance system and cornerstone to train current and future healthcare clinicians at this LTC facility. Facility-based education in specialty hospice care was measured using the following instruments. First, I obtained the baseline prior nursing knowledge from the healthcare clinicians through a pre-questionnaire and on a voluntary basis. The unique needs of the healthcare clinicians were identified and communicated with key stakeholders for professional opinions and review by evaluating the unique needs, characteristics, and nursing roles with hospice nursing management by asking about prior experience and knowledge with hospice nursing. Second, the nursing education module from EBP was delivered to the healthcare clinicians in the second phase of this project, preparing them to apply hospice care and thus deliver safe, competent care from best practices. Third, I prepared and evaluated the pre-questionnaire with feedback from key stakeholders, defining the unique needs of

healthcare clinicians when preparing a good death for the terminal hospice patient (see Appendices A, B, and C). Finally, the 5-point Likert scale survey evaluation was utilized to measure the satisfaction of the nursing staff with the free educational offering and determine whether or not the hospice care, evidence-based educational practical change in the healthcare delivery has met the learning objectives.

Data Analysis

Upon the completion of data collection, the reoccurring questions from the pre-questionnaire or the lack of knowledge about hospice care was addressed with a post competency for comparison. A *t*-test data analysis comparison analysis was utilized to project the information learnt from the educational module intervention project on hospice care to achieve intervention success (see Appendices A, B, and C). The data analysis summative information will be reviewed by Walden University, and the final product results will be reviewed for validity.

Project Evaluation Plan

The advantages were numerous for this scholarly project of change proposal for clinical application for healthcare clinicians and hospice patients. The identified unique needs of key stakeholders developed knowledge specific to measure outcomes for clinical application through EBP. This, in turn, will increase the safe, quality care through the eyes of experts and align the mission and vision that drive the individual and the organization that the individual chooses to provide the service of EOL care through the specialty hospice program. Second, the valued views of key stakeholders and the pre- and post-questionnaires providing quality care nursing indicators delivered an individual POC

to alleviate the suffering and symptoms using the holistic approach, evaluating and preparing the healthcare clinicians through evidence-based practices. Third, I delivered a pre-questionnaire nursing design from hospice practical guidelines, asking critical questions to gain a social understanding through the healthcare clinicians' prior experience. On the other hand, access to information is not sufficient; for this reason, information was translated and transformed to satisfy the unique needs of the target audience by engaging key stakeholders with a multidisciplinary panel (medical director of the nursing facility, medical director of hospice care, administrator of nursing facility, director of nursing facility, and quality improvement nurse at facility) of knowledge. To lay a framework to change the current venue and streamline best practices through a positive social change project design, a call for action must occur.

The 2010 IOM report made a "call for action to be taken to shape future healthcare organizations and innovative leadership" (Cronenwett, 2011, App. 1), employing social change using the holistic approach. The major focus of this project is to deliver an educational program for healthcare clinicians to gain hospice care nursing content and effective communication skills to promote comfort and quality care at EOL. The holistic approach to hospice care nursing design begins in phases to promote awareness and lay a foundation for duplicate use with the guidance of Henderson's unique need's model by making the human connection to promote social change.

As an advocate and transformational leader in the hospice paradigm, I, alongside key stakeholders, created a framework that facilitated the delivery of healthcare services through EBP (AACN, Essential V, p. 17). The final DNP product identified the

reoccurring themes from the pre-formative data through an educational questionnaire and a post questionnaire, identifying key nursing indicators to promote social change. A *t*-test data analysis system comparison exhibited the information learned along with the culture background and preferences of the healthcare clinicians who practice in an LTC setting. The exchange of specialty knowledge through EBP direction educational design identified the valuable data gained and functioned as a final blueprint for organizational infrastructure for future use.

Early preparedness, planning, and evaluation of educational intervention improved the quality of care delivered by healthcare clinicians and increased the hospice patient and family satisfaction outcomes regarding EOL care. This scholarly product made a difference with vulnerable populations by filling the gap in hospice nursing by the innovation of knowledge, a population-specific audience, and a data analysis intervention. This evidence-based educational resource that I delivered compared the pre-questionnaire and post competency questionnaire and evaluated the data results. By measuring the learning objectives of learnt information, I tailored specific needs of the healthcare clinicians and promoted social change to deliver quality hospice care.

Projected Outcomes of the DNP Staff Education Development Project

1. The DNP proposal final product enhanced the competencies of quality hospice care from specialty information to healthcare clinicians in the LTC setting, honoring the ethical principles of justice, accountability, and autonomy in nursing to apply best practices.

2. The educational practical change initiative was measured as a success by healthcare clinicians on the pre- and post-competency designs, measuring clinical questions and evaluating the information learnt through a *t*-test data analysis system.
3. The educational program implemented with the ongoing education of hospice care and recruitment by this LTC nursing facility will be used as a guide to inform of and improve on the knowledge and skills related to best practices.
4. The healthcare clinicians are prepared to deliver specialty nursing through the information learnt with the evidence-based educational module to deliver safe, quality care measured through voluntary participation of pre-questionnaire formative, post-competency measuring intervention design. Furthermore, this includes a 5-point Likert survey summative assessment in addition to recommendations from key stakeholders and healthcare clinicians.
5. The evaluation plan was a 5-point Likert scale that projected the nursing staff perceptions of the educational program and core content taught, exhibiting the healthcare clinicians' perception scale and a panel of experts' comments and recommendations for data analysis evaluation, along with a scholarly product for future piloting to diffuse the knowledge at the aggregate level with this evaluation method scored as follows: *strongly disagree* (1) *disagree* (2) *neither* (3) *agree* (4) *strongly agree* (5). The statements evaluated using the 5-point Likert scale include:

   (1) The educational PPT module presentation fulfilled the learning objectives.

(2) The content was easy to understand and added to healthcare clinicians' knowledge and skills.

(3) The format was easy to follow, containing clinical simulation scenarios with rationale for the clinical decision to promote safe quality care.

(4) I would greatly recommend this educational program to other health professionals and healthcare settings.

Addressing Unique Needs: Evaluation Plan

Evidence-based literature and current practices at this nursing facility have revealed that the targeted audience—healthcare clinicians—lacked the experience and knowledge for the safe delivery of hospice care. With a soaring number of hospice patients and families, coupled with satisfaction surveys and poor outcomes revealed in the EBP literature, this scholarly project aims to be a natural support and resource for patient safety, facilitating and nurturing the professional role in hospice at the beginning of EOL care. The data collection tools included a pre- and post-questionnaire on the material learnt and a *t*-test data comparison analysis of the results using a 5-point Likert evaluation with professionals' views on hospice care so as to promote positive social change, whereas the narrow gaps in care served as the critical reflection to mirror for future use.

Summary

The purpose of this practical change initiative is to inform of and improve on the knowledge through an educational module on hospice care for healthcare clinicians. The literature review has proven that healthcare clinicians lack the knowledge and skills to

prepare hospice patients for a good death, resulting in poor outcomes. Henderson's Needs model guide to nursing excellence identified that the interactions or behaviors of the person, environment, health, and nursing concern making the human connection with EOL care. Hospice patients and healthcare clinicians greatly benefited from the educational program, evidence-based project to educate and inform healthcare clinicians, acting as a guide to promote quality of life during the death and dying process. The educational program's planning stages were developed according to the evidence-based literature. With key stakeholders' social understanding and a multi-disciplinary team approach, we served the mission and vision for the LTC setting to promote quality care to the population served. In conclusion, by promoting awareness and the best practices of hospice care through the steps of preparing, planning, and collaborating with key stakeholders to make the human connection from the holistic approach, a positive social change in behavior occurred within a vulnerable LTC setting. (In Section 3, I discussed ADDIES Model to deliver the project design based on the evidence-based literature, the educational module voice-over PPT presentation by NPHCO Standards of Care, the target audience, measuring the competency by evaluating the design T-Test data system to compare the significance results with a plan for summative evaluation for future recommendations).

Section 4: Discussion and Implications

Healthcare clinicians made a difference by applying hospice care at the EOL for vulnerable populations by identifying an individualized POC to reduce stress and suffering for the terminal patient, all the while promoting comfort. Lack of understanding hospice care, because healthcare systems assume healthcare clinicians provide a quality performance within the clinical role, caused adverse psychological and emotional effects for healthcare clinicians and terminal patients.

Hospice care is a specialty nursing of hospice prognosis that is known to provide comfort and reduce stress to individuals as well as families faced with a terminal diagnosis. However, research has shown that the prevailing knowledge gap in hospice care by healthcare clinicians has led to poor outcomes. The purpose of this staff educational program is to inform and improve knowledge through an evidence-based educational program on hospice care for healthcare clinicians providing care in the context of the nursing home setting. Lack of knowledge and communication between disciplines with hospice care for healthcare clinicians have been proven to exhibit poor outcomes. To resolve this issue, the evidence-based educational program provided the healthcare clinicians with a guide to best practices at the beginning of the terminal diagnosis and improved hospice patient outcomes. In particular, the aim of the educational program was answered through applying the practical change initiative from the PICO question identified: Will the staff educational project on hospice care improve staff knowledge and comfort with providing hospice care in a nursing home setting? Identical pre- and post- competency questionnaires helped formulate an educational plan

to establish quality in the hospice care delivery by applying EBP and acting as a catalyst to inform and prepare healthcare clinicians of the latest realm of knowledge to enhance practices. The unique needs of healthcare clinicians, coupled with barriers in the nursing home facility, were identified with key stakeholders in the preplanning phase of this project. By informing healthcare clinicians of best practices through an evidence-based, educational program on hospice care, healthcare clinicians were better prepared to identify a POC with the terminal patients.

Implementation of Educational Plan

Educational success is measured by evaluating the results and identifying the key areas of improvement from the pre competency questionnaire. This significance on the post competency questionnaire after delivery of the education resource on hospice care with the adoption of EBP strategies improved and informed key organizational leaders' knowledge base. This educational offering, offered over a 4-week period in the conference room, was voluntary for the healthcare clinicians to participate in, and validated through the organizational leadership of key stakeholders and end users. Applications of the modeled framework by Virginia's unique need theory from the holistic approach and ADDIES' systematic foundation for educational success, the positive outcomes for healthcare clinicians projected a major impact of enhancing hospice care and social change among vulnerable populations.

Displayed in Table 1 is the *t*-test data comparison analysis. According to the findings, the practical change initiative on hospice care made a significant difference by enhancing knowledge and preparing healthcare clinicians for the delivery of quality care.

Based on the findings of this project, the future recommendation is to disseminate findings to nursing home facilities in the Tennessee region.

Table 1

Pre-competency and Post-Competency Questionnaire With T-Test Data Analysis Results on Hospice Care EBP Nursing, 2021

√Samples	Range	Frequency	Midpoint	Pretest	Post Test
1	1-19%	18	10	15	3
2	20-49%	19	34.5	14	5
3	50-69%	18	59.5	8	10
4	70-89%	22	79.5	4	18
5	90-100%	17	95	8	9
		94	**278.5**	**49**	**45**

Source: Rehabilitation and Nursing Home Facility, 2021

Figure 3

Pre-competency and Post-Competency Questionnaire: Midpoint/Mean Sampling Results

Midpoint calculations: $\frac{Range}{2}$ 1. $\frac{1+19}{2}$ =**10** 3. $\frac{50+69}{2}$ = **59.5** 5. $\frac{90+100}{2}$ = **95**

2. $\frac{20+49}{2}$ **=34.5** 4. $\frac{70+89}{2}$ =**79.5**

N = samples size, Range= the percentage

Mean Calculations: Comparing the means of the two-sample data (pre/post test data).

Pretest mean: $\frac{49}{5}$ = $x_1$9.8 **Post-test:** $\frac{45}{5}$ **=** $\mathbf{x_2 9}$

Mean for two samples= $\frac{\mathbf{9.8+9}}{\mathbf{2}}$ **= 9.4**

The Population Standard Deviation Calculation represents (n) size of the population, (x) represents each value of population, and (μ) is the population mean. The Population Deviation was calculated with two samples: Pretest/Posttest Population to exhibit a fixed

Figure 4

Pre and Post Questionnaire Standard Error Results

$σ = \sqrt{\frac{\Sigma(x_{1-\mu})^2}{n}}$ =

Pretest	**Post-Test**
1. $(15-9.4)^2 = 31.36$	1. $(3-9.4)^2 = 40.96$
2. $(14-9.4)^2 = 21.16$	2. $(5-9.4)^2 = 19.36$
3. $(8-9.4)^2 = 1.96$	3. $(10-9.4)^2 = .36$
4. $(4-9.4)^2 = 29.16$	4. $(18-9.4)^2 = 73.96$
5. $(8-9.4)^2 = 1.96$	5. $(9-9.4)^2 = .16$
Total = 85.6	**Total = 134.8**

Total=220.4

$\frac{220.4}{10} = 22.04$ $\sqrt{220.4} = σ =$ **4.69**

Standard Error: $\frac{σ}{\sqrt{n}} = \frac{4.69}{\sqrt{5}} = \frac{4.69}{2.24}$ **= 2.09** (using Pretest and Post-test)

value from everyone in population and statistical rationale from the pre/post test data analysis

The t-test represents the following statistics and revealing the hospice care education made a significant difference by comparing the data of the two groups, accepting the null hypothesis by evidence of the T-Test of 2.27, T Stat of 0.24, and P of 0.81. The calculated formulas= x1 and x2 stand for the total sample population; s^2 stands for the two groups standard error; and.$n_{1\ and} n_2$ the number of observations from each group.

Figure 5

Pre and Post Questionnaire T-Test Data Analysis Results

$$\frac{x_1 - x_2}{\sqrt{\left(s^2\left(\frac{1}{n_1}+\frac{1}{n_2}\right)\right)}} = \frac{49-45}{\sqrt{\left\langle 238.83\left|\frac{1}{5}\right|\frac{1}{5}\right\rangle}} = \frac{9.8-9}{\sqrt{\frac{3.11}{49}+\frac{2.70}{45}}} = \mathbf{2.27}$$

$$\frac{4}{\sqrt{238.83\ x\ .4}} = \frac{4}{\sqrt{9.77}} = \mathbf{.4094165814}$$

Table 2

Two-Sample t-Test Results

t-Test: Two-Sample Assuming Unequal Variances

	Variable 1	Variable 2
Mean	9.8	9
Variance	21.2	33.5
Observations	5	5
Hypothesized Mean Difference	0	
Df	8	
t Stat	0.24187	
P(T<=t) one-tail	0.407483	
t Critical one-tail	1.859548	
P(T<=t) two-tail	0.814966	
t Critical two-tail	2.306004	

Figure 6

Using Chi Square

Chi Squared = $\frac{(Observed\ Outcome)^2-(Expected\ Outcome)^2}{Expected\ Outcome}$

Chi-Squared will show the statics of pretest and posttest by measuring the two groups data. It compares the actual data and the observation data at a random pull of the independent variables:

Chi-Squared: $\frac{(Pre-Test)^2-(Post-Test)^2}{Post-Test}$

Calculations:

1.) $\frac{(15)^{2-}(3)^2}{3} = \frac{225-9}{3} = \frac{72}{3} = 24$

2.) $\frac{(14)^2(5)^2}{5} = \frac{196-25}{5} = \frac{171}{5} = 34.2$

3.) $\frac{(8)^2-(10)^2}{10} = \frac{64-100}{10} = \frac{-36}{10} = -3.6$

4.) $\frac{(4)^{2-}(18)^2}{18} = \frac{16-324}{18} = \frac{-308}{18} = -17.11$

5.) $\frac{(8)^2-(9)^2}{9} = \frac{64-81}{9} = \frac{-17}{9} = -1.89$

Results: 24+34.2-3.6-17.11-1.89= 35.6

There was a total of 94 participants with 49 pre-tests and 45 post-tests from the Rehabilitation and Nursing Home Facility who have voluntarily taken the pre and post competency questionnaire surveys. The new knowledge provided by EBP delivered a clear message from the findings of the educational program statistically results. The *t*-test data analysis comparison test with pre and post questionnaire results were of significant

value, exhibiting a diffusion of knowledge preparing healthcare clinicians to apply best practices in the nursing paradigm. As evidenced above, the prequestionnaire answered the focus, practical question from EBP, thus driving the mission and vision to adopt strategies through best practices by delivering an educational resource to sustain quality performance in the clinical paradigm.

Evaluation Plan

The post competency questionnaire shows that the implementation of pre/post competency scores were significant. The *t*-test for a sample shows that pre and post scores made a difference with the preparation of EBP knowledge and application to sustain the learnt material. Comparison before and after the educational program's delivery on hospice care had a major impact on how the hospice delivery was applied within a nursing home setting, significantly for the outcome of vulnerable populations. From a multidisciplinary team approach involving key stakeholders (physicians, nurses, certified nurse's aides, administrator, director of nursing, and social worker), the preplanning, planning, preparing, analyzing, and evaluation of this project were enabled by this holistic approach. In fact, this holistic approach allowed for the evaluation of the unique needs of hospice patients and their families, letting them be the center of their own health care. Preparation of healthcare clinicians with hospice care knowledge was important, enhancing the quality of care and improving outcomes by filling the gap in knowledge. The accomplishments of hospice patients and their families must be celebrated at the EOL; however, findings from literature have suggested that the major barrier with EOL care is lack of knowledge in hospice care. In this regard, collaboration

and communication with key stakeholders' leadership hospice roles and group discussions were proven to be effective in informing and improving knowledge through best practices. Future recommendations were to implement the educational module at this nursing home facility, as part of the orientation process.

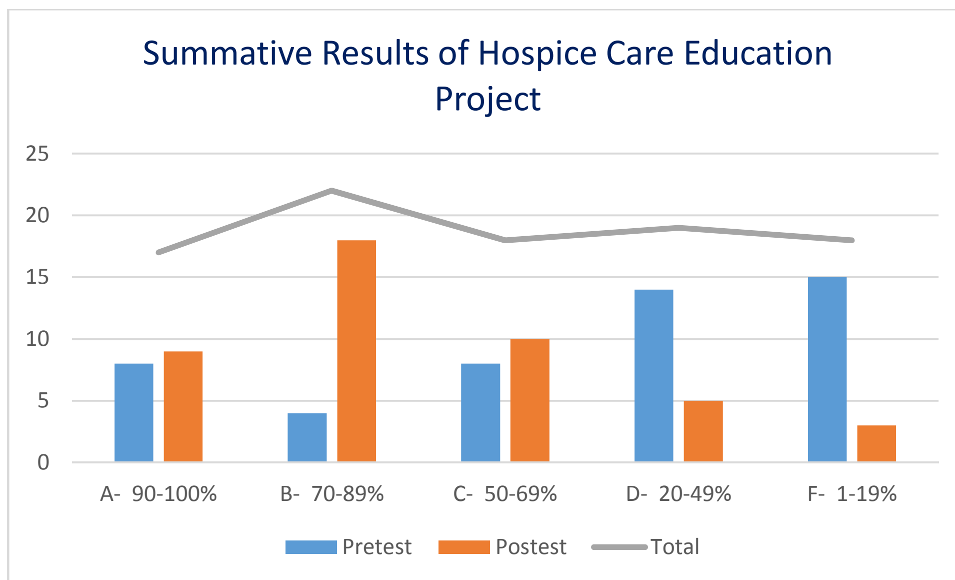
Table 3

Results of Pretest and Posttest

Staff Grades	A 90-100%	B 70-89%	C 50-69%	D 20-49%	F 1-19%
Pre-Test	8	4	8	14	15
Post-Test	9	18	10	5	3
Total	17	22	18	19	18

Figure 7

Pretest and Posttest Result Comparison



The histogram exhibits significance results from the voice over PPT presentation from EBP, emphasizing that the educational success with healthcare systems include advocacy for vulnerable populations, ability to disseminate and apply new knowledge for healthcare clinicians, and establish a connection across disciplines to deliver the element of human care of patients' unique needs from a holistic approach in the death and dying process.

Project Implications

Prior to the implementation of this evidence-based educational program on hospice care and over the last decade, poor surveys were given from hospice patients' families at the LTC facility. CMS (Center of Medicaid/Medicare Services) who control state rules and policies with survey's for nursing homes in the Tennessee Region, delivered soaring knowledge and clinical observation exhibited suffering and discomfort at the EOL care; and the most devastating among all was the lack of leadership or staff development projects before educating healthcare clinicians. Clinical observation exhibited suffering and discomfort at the EOL care; and the most devastating among all was the lack of leadership or staff development projects before educating healthcare clinicians. Lack of quality care with the delivery from healthcare clinicians in a nursing home setting results in poor outcomes for vulnerable populations.

Staffing turnover is almost constant at this nursing home facility. Lack of experience and knowledge among novice nurses were additional factors that projected negative outcomes for the LTC environment, resulting in poor outcomes and lack of quality care for the terminal patient. This project implementation phase of the educational

program on hospice care would have to be carried out every other week in the orientation phase. There also has been difficulty in educating novice nurses who are new graduates and have little or no experience with hospice care. This could have a major impact on the findings of this project due to the lack of experience of healthcare clinicians.

Discussions of Findings in the Context of Literature

The findings exhibited that lack of knowledge and communication from the literature review were significant barriers for healthcare clinicians, thus resulting in with poor outcomes. This model from Virginia's unique need theory provides the underlying framework through a holistic approach: person, environment, health, and nursing deliver a person-centered approach through a POC that meets the unique needs of hospice patients. Through collaboration and communication with key stakeholders, leadership can be transformed to apply knowledge by best practices to stay informed, to promote quality care and to improve outcomes for the hospice patients and their families.

Implications for Policy

The findings reflect a significant difference after the new knowledge for healthcare clinicians were obtained from EBP. Advocacy and organizational leadership are the voices that change the health outcomes of vulnerable populations in the nursing home setting. CMS guidelines and quality nursing indicators provide quality care, such as safe, time, efficient, equitable, and patient center care delivery from the holistic approach, which, in turn, has a significant social impact on positive outcomes. As clinical leader, advocacy and integration of EBP for a professional guide makes policy-related changes, altering nursing actions prepare in meeting the unique needs of vulnerable population.

Implications of Practice

The findings showed that there is a statistical significance from the pre and post competency testing on hospice care for healthcare clinicians who provide care in a nursing home facility. The evidence-based educational program on hospice care was shown to improve knowledge and inform the healthcare clinicians of best practices. More specifically, barriers were reduced by implementing the educational program for healthcare clinicians by filling the gap in knowledge on hospice care, while improving the quality of care and outcomes for the hospice patient and their families.

Implications of the Finding to HealthCare Systems/Communities/Research

The implementation phase through informing and improving knowledge with an evidence-based educational module for a rural community based on the needs of hospice patients requiring EOL care can be understood by referring to a guide to best practices. A guide to assist with vulnerable populations residing in a nursing home facility makes a difference in the quality of care delivered and improves outcomes across healthcare systems. Research findings reveal that a major impact to nursing competency actions is lack of education on the subject, thus emphasizing that future research on hospice care and the terminal patient must emerge to form the latest best practices.

Implications of the Findings to Systems

Healthcare systems could benefit globally for healthcare clinicians by implementing the evidence-based educational program at the beginning of the terminal diagnosis for hospice care. Healthcare systems, specifically those addressing unique

needs of specialty hospice patients, need to stay abreast with the latest resources and guide from best practices, to improve outcomes of healthcare delivery.

Implications of Positive Social Change/Recommendations

The evidence-based educational program can make a difference in promulgating social change for the vulnerable population throughout rural communities globally in the nursing home setting. Hospice patients and their families could be made aware of their options to EOL care whereas the knowledge of healthcare clinicians could be informed and improved, thereby changing social behaviors through a multidisciplinary approach involving communication and collaboration. Healthcare clinicians must exhibit competent actions in nursing to demonstrate that the target audience's unique needs can be met, specifically of vulnerable populations who depend on healthcare clinicians to prepare and inform them (typically terminal patients) about death and EOL accomplishments. Future piloting of this product can deliver a clear message and effect a transformative social change by disseminating findings at the national level to deliver EBP and measure the outcome of vulnerable populations through data analysis.

Strengths and Limitations

This project's strength is its ability to improve knowledge and inform the healthcare clinicians of best practices from a multidisciplinary approach. More precisely, the guided framework from a holistic approach makes the individual the center of own healthcare decisions. Meanwhile, limitations would be organizations' time constraints, culture and self-values of material learnt, and emphasizing novice nursing, specifically those with limited experiences in hospice care. Healthcare clinicians' attitude are another

factor in the death and dying process, potentially limiting the competencies of the educational program.

Analysis of Self

Upon commencing the doctoral journey, I was very impressed with the vital resources and networks available to each discipline in nursing in order to keep abreast of each leader role through best clinical practices. As a hospice clinical leader, I have found that hospice is very difficult for healthcare clinicians to stay abreast on important issues due to the complex terminal diagnoses and the complexity of healthcare today. To promote the optimal goal for this vulnerable population: To promote comfort and ease suffering through delivering quality care. For me, this project has been a long and eventful journey, and if I can provide a resource tool, such as an educational program on hospice care, the end results would be significant. My goal all along, since receiving my MSN from Walden University, is to provide/inform knowledge and improve patient outcomes through best practices. Building key relationships have always been the key to success with nursing facilities to bring about a lasting social behavioral change. Challenges included organizations' time constraints to discuss the importance of being aware of best practices, a social understanding of the hospice patient' unique needs, and most significantly, convincing the nursing facilities to think outside of the box. I believe that making a difference through educating healthcare clinicians can provide vulnerable populations with positive outcomes in the nursing home environment.

Summary

In healthcare systems, ethical and professional duties are imperative to meet the unique needs of the vulnerable population served by staying informed of the latest EBP and integrating new knowledge to serve as a guide to best practices. Hospice care is an essential part of nursing that brings closure to individual needs and provides comfort by enabling terminal patients and their families celebrate EOL accomplishments. This educational program provided healthcare clinicians with a guide to perform hospice care from EBP and deliver the optimal health outcome by expanding the realm of knowledge from best practices. By delivering and disseminating findings of this practical change initiative to inform and prepare healthcare clinicians working with vulnerable populations, a significant impact is likely to take place that can facilitate the transmission of knowledge with a view to providing competent care.

Section 5: Dissemination Plan

The purpose of this staff educational program is to inform and improve knowledge through an evidence-based educational program on hospice care for healthcare clinicians who provide care in the context of the nursing home setting. A significant improvement in healthcare clinicians' knowledge on hospice care was observed after the pre and post competency testing data results were revealed. This evidence-based educational program for healthcare clinicians could be implemented as part of the orientation phase for nursing home facilities with EOL care management. The information received is valuable by improving and informing hospice patients and families of the options available to them, terminal diagnosis, and disease progression, promoting quality care, and improving patient outcomes through best practices. Healthcare systems must be informed of the latest EBP and translate knowledge on hospice care for healthcare clinicians to transfer knowledge into the practical arena. Through dissemination of the educational program's findings, piloting for future EBP guides for future organizations and system leadership can deliver quality care and improve patient outcomes through best practices.

Analysis of Self

As a clinical leader in the nursing world, performing multiple tasks daily kept me well informed of the latest challenges occurring in the area of healthcare. However, the pandemic was mentally and physically challenging for me. I was elated to have received IRB approval last term, as I could introduce new knowledge, and was even more excited to present the findings before key stakeholders. I feel that education is the key to success

for the future healthcare systems and that I can make a difference by emerging as an advocate for providing pertinent resources that can address challenges faced by healthcare systems daily.

Summary

This project provided a formative review of prior knowledge with a pre and post questionnaire educational resource on hospice care for healthcare clinicians, thereby improving outcomes for hospice patients and promoting quality care in the clinical arena by healthcare clinicians. Through group discussions with key stakeholders, from the preplanning, analyzing, implementation, and evaluation phases, it was observed that best practices will yield major benefits for the nursing home facility. This project data yielded significant results from the pre and post competency results with a Likert survey from an expert panel to follow-up on recommendations of the target audience. This project can make a difference, daily, both at this facility and globally by orienting healthcare clinicians in the orientation phase at nursing home facilities. Through translation and transmission of knowledge into practice through this practical change initiative based on EBP, healthcare clinicians can improve patient outcomes. In summary, findings of this project concerning organizational management of hospice care for hospice patients and their families should be disseminated to healthcare clinicians in order to promote social change in behavior and nursing actions. More specifically, this could be done by informing and improving patient outcomes through utilizing this educational program for healthcare clinicians.

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Appendix A: Staff Education Project

The **main purpose** is to inform of and an improve the knowledge of healthcare clinician regarding hospice care, reduce the negative stigma of the word hospice and the health access offering by promoting awareness, deliver a project plan through best practices, and sustain a positive change through ongoing evaluation to make a difference.

The problem is that failure to deliver quality care at the EOL by healthcare clinicians in an LTC setting can cause psychological and emotional effects for the hospice patients and families. The major problem identified through evidence-based literature was the knowledge gap of healthcare clinicians in hospice care, which is the specialty care that hospice patients and families deserve, emphasizing the right to die with dignity. Hospice care has proven to ease suffering and promote comfort, assisting with the spiritual, emotional, and psychological aspects of the dying patient. Healthcare clinicians are an essential aspect of multi-disciplinary team that provides daily care to hospice patients and families. Yet, the scholarly literature has exhibited a major barrier, which reveals significant factors that affect and challenge LTC settings in providing quality care: (a) a lack of knowledge about the principles and practices of hospice care and (b) care provider attitudes, beliefs, and experiences with death and dying. Evidence-based literature has proven that the significant barrier was the lack of knowledge and skills for healthcare clinicians, who have delivered poor outcomes for hospice patients as a result. The hospice care educational module can provide healthcare clinicians with the specialty knowledge and social understanding of the clinical application role in LTC

settings. Applying evidence-based literature proves that the knowledge gap may narrow, enhance the quality of care for the hospice patients delivered by the healthcare clinicians, and improve patient outcomes.

The **rationale** behind using the PICO method is to framework the scientific evidence and knowledge through NPHCO Standards to promote quality care, emerging from the reflection of knowledge learned through the educational project. This project aimed to identify the healthcare clinicians' baseline needs through a pre-questionnaire on hospice care, asking questions pertaining to the healthcare clinicians' prior knowledge about hospice care. The pre-questionnaire is based on the National Hospice Quality Guidelines and is measured using the nursing indicators that define state-of-art care through an individualized plan of care (POC) for hospice patients. The POC will be developed and promote social change by delivering a clear message through the reflection of the National Quality Forum of preferred practices of hospice care across the Institute of Medicine's six dimensions of quality: safe, effective, timely, patient centered, efficient, and equitable (p.3). Based on these six dimensions, I have developed a POC that will assist healthcare clinicians in promoting quality, individualized patient care. The POC model will reflect positive social change for improving patient care and respond to the unique demands of the LTC setting within a vulnerable community. This POC will answer the following questions: How can safe and efficient hospice be defined and delivered by staying informed? How can patients be educated and enabled to make informed decisions by educating them on the terminal diagnosis and assessing the attitude, beliefs, and spiritual values to identify patient-centered care? Finally, how can a

POC be developed and documented that exhibits the pre-needs assessment of religions, cultures, beliefs, and terminal diagnosis for hospice patients? The purpose of this project is to provide hospice education through a voice-over PowerPoint presentation for healthcare clinicians to help inform of and improve on the knowledge and skills related to best clinical practices, promoting social change through a continuum of quality care.

Appendix B: Staff Project Intervention and Critical Questioning

This project will propose a guideline for best practices and inspire change by utilizing the Population, Intervention, Comparison, and Outcome (PICO) method (Melnyk & Fineout-Overholt, 2005) of application.

- Population Identified: Healthcare clinicians.
- Intervention: Evidence-based educational module on hospice care.
- Comparison: Compare baseline knowledge of healthcare clinicians via a pre-questionnaire to the post-questionnaire using the T-Test data comparison analysis for the results.
- Outcome: Fill the knowledge gaps regarding hospice care and improve patient outcomes by promoting quality care through a practical change initiative by informing healthcare clinicians about best clinical practices.

By creating the staff educational project through NPHCO for the best practices through the six dimensions in promoting quality care, I would be able to streamline the best practices to promote quality care by delivering the following critical questions on hospice care:

1. Hospice is defined as follows:

   A) A specialty program provided to an individual with a prognosis of a life-limiting illness with six months or less to live, emphasizing that the individual will not survive the terminal illness.

   B) A specialty program provided to patients with a sickness that requires assistance with medical care.

C) A specialty program responsible for all care at the end of life (EOL).

2. The main purpose of hospice care is as follows:

   A) Care designed to provide support to people during the final phase of a terminal illness and focus on comfort and quality of life rather than a cure.

   B) Care designed to enhance the quality of life to seek acute care at the EOL.

   C) Care that focuses on the medical assistance of the patient to take the place of the current healthcare clinicians' role to the hospice patient.

3. The plan of care (POC) for a hospice patient during the assessment stage reveals the following:

   A) Provides an assessment to exchange how the healthcare clinicians will deliver care

   B) Provides a unique, individualized assessment at the beginning of the terminal diagnosis, revealing the cultures and beliefs of the hospice patient and how the patient wishes to receive care at EOL.

   C) Provides and honors the wishes of the terminal patient even if beliefs are outside the realms of nursing.

4. The National Hospice Quality Guidelines reveal six dimensions emerging in the clinical application decision-making process and are supported by the Institute of Medicine to promote quality care:

   A) The aspects of clinical competency, clinical application, decision making, informing, safe, and caring.

B) Quality-safe, effective, timely, patient-centered, efficient, and equitable hospice care.

C) Enhancing the delivery by exchanging the beliefs, values, clinical roles, decision-making processes, and challenges of hospice care.

5. What is the clinical role of healthcare clinicians when providing hospice care?

A) To provide care with the ethical and professional responsibility to align the mission and vision of the setting of choice to practice in promoting the quality in the delivery and improve outcomes for the population served.

B) To provide care with a compassionate attitude toward the hospice population.

C) To provide care based on past experiences and communicating self-beliefs about hospice.

6. What promotes a "GOOD DEATH" for hospice patients?

A) An individual terminal illness is realized by the healthcare clinicians, staying comfortable up to the EOL.

B) A "GOOD DEATH" is a challenge for healthcare clinicians; understanding the terminal diagnosis will make the patient comfortable.

C) An individual death and dying process is peaceful, and comfort provided through an ease of suffering places the family at ease, honoring various cultural backgrounds, communication preferences, and their views on health, terminal illness, and death, thus allowing the accomplishments of the individual to shine through in the eyes of the loved ones and enabling the patient to die with dignity and respect.

7. After the POC assessment stage of the hospice patient, the death and dying process is from the holistic approach, which reveals the following:
   A) An individual process of the terminal illness that exhibits the following symptoms: pain, anxiety, respiratory distress, and emotional, physical, and psychological discomfort in the process of a terminal illness, emphasizing whether pain is controlled and whether the relief of anxiety before the emotional response can be calm and peaceful, resulting in a good death.
   B) An individual's process of hospice care that emerges from the holistic approach through a nursing clinical decision-making process, the environment utilizing resources to provide comfort, and the staff's understanding of terminal illness to improve the delivery of hospice care.
   C) An individual process that recognizes that the hospice patient is the center of care by honoring the psychosocial, physical, and emotional aspects of the holistic nursing approach.
8. The literature has revealed a significant barrier to hospice care and how the healthcare arena could change the outcome, as follows:
   A) Enhancing clinical competencies through EBP and staying informed of changes in the healthcare arena daily.
   B) A significant barrier is the ethical and professional responsibility of the clinical role of hospice care without knowing how to deliver quality and safe care, thus resulting in a devastating death.
   C) A major negative impact to the delivery of care by healthcare clinicians is the lack of knowledge in hospice care, proven through evidence-based literature,

in which the unique needs of the healthcare professional must be met prior to the delivery of care, resulting in poor outcomes for the hospice patient.

9. When reviewing the literature of the PPT module on hospice care, the primary objective of delivering quality care has been identified as follows:
   A) To promote a peaceful death through recognition of the terminal illness and cultural beliefs.
   B) To deliver quality, safe, and competent care through clinical actions to promote comfort and reduce suffering at EOL.
   C) To provide hospice care through prior beliefs and promote comfort through compassionate care.
10. When recalling the EBP literature presented in the PPT module, what is most significant about the clinical role of application?
   A) Effective communication about the death and dying process, competent informed decision-making process for individualized care, and an individualized POC to deliver quality care to celebrate EOL accomplishments.
   B) Understanding the death and dying process assists healthcare clinicians to practice and make competent decisions in communicating with hospice patients.
   C) A caring and compassionate attitude would allow the hospice patient to feel comfortable when receiving EOL care.
11. What are the three significant concepts supported by evidence-based literature to promote social change?

A) Recalling and understanding the information presented, applying the information received in the clinical arena, and utilizing EBP to evaluate methods of current practices to promote awareness, action, as well as advocacy with complex healthcare demands.

B) Understanding the literature presented and being able to explain and merge old practices with new practices.

C) Evaluating and introducing new methods of educational resources to change the belief of healthcare clinicians.

12. Hospice care presents a caring, compassionate relationship through Henderson's' model—person, environment, health, and nursing—to deliver quality care from the holistic approach, identifying the following:

A) Emotional and physical factors to the phase of dying.

B) Characteristics of the dying patient's unique needs and terminal diagnosis. Knowledge received and understanding of hospice care through the psychological and physical domains to merge with the clinical practice.

Appendix C: Educational Program Learning Outcomes

Through a Voice-over PowerPoint Educational Module

The educational module was measured as a success by healthcare clinicians in the pre- and post-competency design, measuring clinical questions, and evaluating the information learnt through a T-Test Comparison data analysis system. The learners will be able to enhance the knowledge translation on hospice care as follows:

A) To identify the six dimensions of NPHCO Standards of Best Practices to deliver quality care.

B) To enhance the decision-making process by identifying an individualized, unique POC to satisfy the needs of the hospice patient.

C) To emerge and apply EBP knowledge in the clinical arena learned in the educational program.

At the end of the educational program delivery, each of these learners' outcomes will be measured using the same pre- and post-survey questionnaires, engaging the learners to take ethical and professional responsibility in providing competent, quality care.