Quality improvement in End-of-Life Care

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Quality improvement is an essential process in the progression of the nursing practice. The continuation of changes that befit the nursing practice and patient outcomes is linked to quality improvement and its process. Exploring categories within QSEN, such as skills, knowledge, and attitudes, helps nurses better prepare for the ever-changing future of the profession. Quality improvement and QSEN work hand in hand to use strategies and competencies to promote skills, knowledge, and attitudes to improve positive change and outcomes (QSEN Institute, 2020). The improvement of end-of-life care is beneficial not only to the patient but also to the staff. Finding new ways to create better outcomes for the patient in the end stages of care is essential to improving the quality of the perception of the end-of-life stage. Looking at things like comfort, pain management, and staff competency helps nursing move forward during this difficult time.

Article Summary

Introduction

End-of-life care can often be overwhelming for staff and patients. It is not always easy to communicate directives or patient needs if the patient is deemed unable to do so. This strain put on staff can cause many issues within the care process. This study further examines how end-of-life care may be improved by reinforcing and educating on palliative care (di Giulio et al., 2019). By providing education on palliative care and collecting data to prove its validity or necessity, this study helps pinpoint needed improvements in end-of-life care, especially among non-decisional patients.

Overview

The article chosen is “The Impact of Nursing Homes Staff Education on End-of-Life Care in Residents with Advanced Dementia: A Quality Improvement Study ."This article aims to research ways to promote understanding and comfort to those in the end stages of life, specifically those with dementia. By understanding the need of patients during this time, nurses can further anticipate the needs of the dying patient (di Giulio et al., 2019). This article falls under the category of patient-centered care within the QSEN model. They use subcategories in the model, such as understanding the concepts of pain and how to manage it, which links to the further understanding of the improvement of end-of-life care (QSEN Institute, 2020, table 1). By further understanding, how to assess pain and possible barriers to therapeutic communication regarding a patient with dementia, the quality of end-of-life care can be further assessed and modified to meet the patient and staffing needs (QSEN Institute, 2020, table 1).

Quality Improvement

The quality improvement within this study is applied in the long-term health setting; however, it could also be implemented within in-home care and possibly the hospital setting. Pre-implementation of techniques and attitudes found in this study would first require the willingness and openness of staff participating. Staff would need to be willing to sit through training and competency modules and be willing to practice what was learned in training. During the training process, staff retention would need to be a high priority; yes, new staff can always be trained. However, staff retention is necessary for implementation to achieve positive outcomes. That said, facilities must be willing to pay staff adequately to promote retention. This may cause extra funding for dementia unit staff since special training is needed. During the post-implementation process, there needs to be a willingness to participate in ongoing quality

improvement data collection. For example, regular chart auditing, additional staffing, and family education are necessary. These extra training may cause the institution implementing them to need to find extra financial resources. This cost may also be passed down to the client or family. If that is the case, further education will be needed to help families understand the importance of end-of-life comfort and the difficulties of dementia (di Giulio et al., 2019). With training provided, staff will be equipped for those demanding situations, leading to less stress and burnout. With less stress and burnout, the patients will receive continuity of care by trained professionals, which may promote safety and an overall better experience.

Application to Nursing

Within this study, the goal is to educate staff on comfort measures during end-of-life care. Furthermore, to reinforce existing attitudes in the knowledge of end-of-life care. Being able to apply knowledge learned to practicum is essential to the success of this study.

Practice

The preferred practice within this study for end-of-life care is comfort hydration and nourishment. It is difficult to keep patients hydrated when there is a mental or physical impairment such as dementia. Table two of this study shows the outcomes of different methods to keep patients hydrated. The least invasive method, oral, is the best practice due to patient comfort, but using IV or tube feedings is also bifacial to the patient. Providing adequate hydration promotes less suffering for the patient at the end of life (Di Giulio et al., 2019).

Education

Current education on end-of-life care addresses mental and emotional needs, physical comfort, and spiritual needs. According to the National Institute on Aging, these categories should be addressed during end-of-life care. Online resources provide education on implementing these aspects, but in a nursing home setting, education for these particular units is provided (National Institute on Aging, 2017). In relation to the study used for this paper, comfort is the aspect being addressed (di Giulio et al., 2019). For each aspect, the nursing home may provide training that addresses the needs to be met within the aspect.

Research

Further research into this topic should be conducted. To fully assess patient outcomes, future studies should be conducted with larger sample sizing and for a more extended period to measure positive results for treatment (di Giulio et al., 2019). Initial education was utilized to reinforce existing attitudes, but further education can optimize positive patient, staff, and family participation over time.

Conclusion

End-of-life care is an overwhelming task for the staff but can also be uncomfortable for the patient and family. Providing proper education that reenforces the correct attitude and skills needed to optimize positive patient outcomes is essential. The QSEN Competency of Quality Improvement helps set a clear outline for how education and attitudes should be managed. This article used education on patient comfort to reinforce existing attitudes toward end-of-life care. The education provides enabled staff to perform tasks safely with knowledge gained through education videos, modules, and in-services. The skills learned from the education provided helped ease patients' discomfort during the end-of-life process.

References

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