Evaluation of a Training Program for Community-Based End-of-Life Care: A Three-year Follow-up Study

Chizuru Nagata, PHN, PhD[1]
Masae Tsutsumi, RN, PhD[1]
Asako Kiyonaga, RN, M.S. [1]
Hiroshi Nogaki, MD, PhD[1]

[1] Division of Community/Gerontological Nursing, School of Health Sciences, Yamaguchi University Graduate School of Medicine

Could dying at home be considered a good death?

The theme of good death:

pain-free status, peaceful/comfort, dignity, family presence, surrounded by familiar things and people, person-centered communication, spirituality, life completion, treatment preferences, preference for process of dying, quality of life[1)]

Dying at home is an indicator of high-quality care and has been perceived as a "good death" [2;3)].

- **Japan**; Dying at **home** : **11–13%**, **Hospital**: **73%**[4)]
- **UK**; **Home**: **23%**, **Hospital**: **47%**
- **Netherlands**; **Home**: **31%**, **Hospital**: **35%**
- **France**; **Home**: **24%**, **Hospital**: **58%** [5)]

Community-based service

Small-scale **community-based services (CBS)** are a new service established in Japan in 2006. These are flexible services using home and/or facility care for a person at the end of their life to stay long term in their preferred place.

Aging-in-place

If dying in place becomes possible with CBS

- Aging-in-place
- Good death
- Contributing to other countries

We conducted the End-of-Life Care (EoLC) educational training program to encourage behavioral changes in CBS staff members at different stage of readiness.

Study purpose

To evaluate a training program that supports community-based service staff members to implement aging-in-place and end-of-life care programs.

This is the first study in Japan to evaluate a training program as an aging-in-place and end-of-life care

Methods

Study design:

A qualitative descriptive study with a 3-year follow-up study

Using the **four-level Kirkpatrick model**[6] as the evaluation indicator-

reaction, learning, behavior, results

Participants:

Fifty-three community-based service staff members who participated in the training program from September 2017 to September 2019.

Training and evaluation

Topic	Time (min)
Orientation	**30**
Explanation of the purpose, significance, and ethical consideration	
Informed consent	
Presentation	**45**
Topics designed to address the identified needs of the participants Medical findings on EoLC, dementia, spiritual pain, and the role of physicians in EoLC	
Focus Group Discussions (FGD)	**90**
EoLC topics or episodes provided by highly experienced participants	
The role of care providers in EoLC	
Structured discussion between experienced clinicians and participants	
Closing remarks	
Feedback from each FGD	
Post – program evaluation	

Data Collection and analysis

FGD question "What is your experience of EoLC?"

Qualitative data from the FGD and the qualitative elements from the questionnaire survey were analyzed using content analysis[5].

Qualitative data were analyzed by applying Kirkpatrick's four levels.

This study was approved by the Ethical Review Boards of School of Health Sciences Yamaguchi University Graduate School of Medicine.
(approval number 469)

Figure1 **The evaluation based on** 4-levels of the Kirkpatrick Model

Findings

Simulating and sharing EoLC fulfillment experiences as a reaction and new insights on EoLC

Reaction to the program and learning (Kirkpatrick levels one and two)

▪ A new CBS care staff:

I was shocked to hear what EoLC was actually like and was rather anxious. I was relieved to hear that I was not the only one feeling afraid and I had a sense of accomplishment, hearing the experience of others in the group. So, I feel it is important to have opportunities to learn together, sharing experiences, anxiety, and accomplishments. (G5P5)

▪ An experienced nurse, shared a new insight:

So far, I have cared for my patients in order to save their lives, but the training made me notice that support for a peaceful death is also an important part of nursing care. (G5P1)

Findings

Action plans to establish EoLC through the FGD

Process leading up to level three

I have to tell the staff that it is preferable and less distressing for the older people to die peacefully at CBS. (G4P4)

Cooperation between physicians and visiting nurses has been established, ▪ ▪ ▪ I need to persuade them to try practicing EoLC, as that is our policy. Also, we need to hold study sessions. (G3P5)

I was afraid that I would have to call an ambulance and police to certify death if a patient died at night when physicians were not available. I want to tell my colleagues about this, so they know what we should do after a person' s death. (G2P2)

Findings

Behavioral changes

Behavior and results related to the program (Kirkpatrick levels three and four)

I was impressed by the significance of EoLC in CBS learned in the FGD, and I have asked staff to put it into practice at the study meeting (G4P4);
I held a CBS joint workshop of EoLC with five facilities. (G1P1)

After training, I have come to give more support to the family members especially when the patient died earlier than they expected. (G8P3/third time)
I've discussed and practiced not only EoLC but also daily care activities with our staff members. (G3P1)

Findings

Results

Achieving EoLC at CBS

We have created a consent form to confirm the older people' s wish to die in the facility and suggested it to our executives. (G2P2; G3P4)

We decided to change our policy to practice EoLC. (G3P2; G9P5)

I attempted to relieve patients' pain in cooperation with the attending physician. (G2P1)

The patient died without suffering, living peacefully until the end; her last words, which were uttered on the day of her birthday party, were "Thank you" and "Let's eat the cake." (G3P1)

Conclusion

This training program is effective for promoting EoLC through community-based services in Japan[7].

- Training program has caused behavioral changes in participants and implemented EoLC.
- Increased their confidence in dealing with EoLC

- ✓ Targeting a range of health professionals at different organizational levels
- ✓ Strengthened the program' s impact through vicarious learning
- ✓ Enhanced team performance

The establishment of a community-based end-of-life care support system by providing end-of-life care education and training programs that meet the various needs and levels of each facility in an environment that is more accessible and allows timely participation.

What next?

Nurses need empowering support system.

A follow-up survey shows
In the CBS with a high number of end-of-life care cases,
tended to increase job satisfaction of careworkers
while decreasing the satisfaction of nurses.

Community based end-of-life care for older people with “Aging-in-Place” training can lead to a "good death". Dying with a nurse by one's side in a place of our choosing will give us a comfortable and peaceful death.

Reference

1)Takahashi, Z., Yamakawa, M., Nakanishi, M., Fukahori, H., Igarashi, N., Aoyama, M., Sato, K., Sakai, S., Nagae, H., Miyashita, M. (2021).Defining a good death for people with dementia: A scoping review. Japan Journal of Nursing Science, 18(2), e12402

2) F. Bannon, V. Cairnduff, D. Fitzpatrick, J. Blaney, B. Gomes, A. Gavin, C. Donnelly Insights into the factors associated with achieving the preference of home death in terminal cancer: a national population-based study Palliat. Support. Care, 16 (2018), pp. 749-755.

3) V. Costa, C.C. Earle, M.J. Esplen, R. Fowler, R. Goldman, D. Grossman, L. Levin, D.G. Manuel, S. Sharkey, P. Tanuseputro, J.J. You The determinants of home and nursing home death: a systematic review and meta-analysis BMC Palliat. Care, 15 (2016), p. 8.

4) Ministry of Health, Labour and Welfare, Government of Japan, 2019, Vital statistics (in Japanese). Available at: https://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei18/index.htm

5) International Longevity Center-Japan (2011). End-of-life Care: Japan and the world[Cited 2017 Nov 15]Retrieved from http://www.ilcjapan.org/studyE/doc/End-of-life_Care.pdf

6) D.L. Kirkpatrick, J.D. Kirkpatrick Evaluating Training Programs: The Four Levels (third ed..,), Berrett-Koehler, San Francisco (2005)

7) Nagata, C., Tsutsumi, M., Kiyonaga, A., & Nogaki, H. (2021). Evaluation of a training program for community-based end-of-life care of older people toward aging in place: A mixed methods study. Nurse Education in Practice, 54, 103091. https://doi.org/10.1016/j.nepr.2021.103091

Thank you for your kind attention.