

# TABLE OF CONTENTS

- I. ACKNOWLEDGMENTS
- II. COURSE TRIBUTE
- III. INSTRUCTIONS
- IV. Module 1: Introduction to End-of-Life Care



End of life e**D**ucation for the **N**urse **A**ssistant

# ACKNOWLEDGMENTS

## REVISIONAL COMMITTEE 2014

Gwynn Caruthers BSN, CHPN  
Elizabeth Lee RN, BA, CHPN  
Kimberly Morelock – Education Director-MHPCA  
Donna Vermillion RN, BSN, CHPN

Sativa Boatman Sloan – Attorney at Law,  
Law Office of Sativa Boatman-Sloan, LLC &  
417 Elder Law  
Ileen Koller, MSW

## THE ORIGINAL AUTHORS 2004

James Duff, MD  
Carole Frost, R.N.  
Marilyn Garrett PA  
Susan Hopkins, R.N.

Tobias Meeker, M. Div, M.A.  
Mark Smith, MD  
Mary Lou Stevens, R.N., M.S., PA-C  
Donna Willoughby, R.N., PCS

## CONTRIBUTORS OF EDUCATIONAL MATERIAL AND EXPERTISE 2004/2014

Dr. Jay Riseman, MD - Kansas City Hospice and Palliative Care  
De Dashtipour, RN, BSN, Module 5 – “Pain Pearls for the Nursing Assistant”  
Missouri End of Life Coalition Task force “Guidelines for End-of-Life Care in Long-Term Care Facilities.”  
Tools and material used with permission of authors.  
Ann Catlin, OT, LMT, Owner of Compassionate Touch



End of life eDucation for the Nurse Assistant

# ACKNOWLEDGMENTS

## A SPECIAL THANKS TO:

Missouri Foundation for Health (MFH), Hospice Foundation of the Ozarks (HFO)  
& Enterprise Holdings Foundation

*For their generous support of EDNA (End of Life Education for the Nurse Assistant)*

## TRIBUTE TO MARILYN GARRETT

*“Never doubt that a small  
group of thoughtful  
committed citizens can  
change the world; indeed, it’s  
the only thing that ever has.”  
- Margaret Mead*

This quote was at the bottom of each and every email sent by Marilyn. It was her mantra. It became part of the core of who she was as person, what she worked towards and most importantly, wanted to accomplish. Marilyn could be persistent and equally persuasive. Anyone who knew Marilyn recognized that if she ever asked you to lunch it was best just to say “yes” to whatever endeavor she was working on at the time.

“Marilyn Garrett (1948-2010) was a tireless advocate for care of people at life’s end. Through her leadership of the Community Alliance for Compassionate Care at the End of Life in Springfield, Missouri, she built a network of community cooperation among medical providers, community organizations, and patients, which dramatically improved the life experience of people in their final months.” EDNA (End of Life Education for the Nurse Assistant) is just one of the projects she was passionate about. Marilyn Garrett was dedicated to improving end of life for everyone; most especially those populations served by the Nurse Assistant. She knew that by improving the education provided to the

Nurse Assistant, it would positively impact the delivery and quality of care. By recognizing the time and effort given by the Nurse Assistant, that in turn would improve retention and recruitment in the field. Most importantly, there would be an increase in support through recognition of the significant role the Nurse Assistant plays in the provision of quality end of life care.

Boundlessly energetic in her efforts, unfailingly optimistic in her belief that well intended people working together could make a difference, and imaginative in the collaborations she created, this individual was a hero in the movement to improve the community’s response to those at life’s end and their families. She will be missed, but the measurable results of her efforts will continue to be felt in the Ozarks for years to come

Marilyn’s passion never wavered; in fact, she was still teaching and presenting end of life, palliative care and hospice ideals as she was in the hospital battling cancer. Her passion was evident in her life and also as she approached her death.



End of life eDucation for the Nurse Assistant

# TEST DEMONSTRATION INSTRUCTIONS



End of life eDucation for the Nurse Assistant

The demonstration has been designed to provide you with an idea of what to expect when completing the EDNA Certification Program. This demo includes our Tribute and Acknowledgement Pages, Table of Contents, Module One Curriculum, a Sample of Test Questions as well as Results for your review of the program.

*(Please proceed to the next selection in the menu at left.)*



End of life eDucation for the Nurse Assistant

# MODULE 1

(Introduction to End-of-Life Care)

© Copyright 2014 THE MISSOURI HOSPICE AND PALLIATIVE CARE ASSOCIATION

# OBJECTIVES – MODULE 1

The Community Alliance for Compassionate Care at the End-of-Life originally authored this nine-module program to celebrate **YOU**, the nursing assistant, the front-line worker in healthcare.

**YOU** bring the gifts of care, compassion and touch to your patients/residents at the End-of-Life. While all illness cannot be cured, there are many ways to provide comfort.

The concept of End-of-Life care – which is the relief of suffering; whether it be physical, emotional, social and/or spiritual – will be discussed in this and future modules. At the conclusion of this module participant will be able to:

- Recognize the front-line workers in healthcare – Nursing Assistants
- Introduce the concepts of End-of-Life, palliative and hospice care
- Celebrate the gifts given by nursing assistants to patients/residents at the End-of-Life



End of life eDucation for the Nurse Assistant

# What is End-of-Life Care?

One hundred years ago, the average lifespan was 42 years and most people died suddenly from infections or trauma. Individuals were cared for by their families. Death was accepted as part of life.

Since the mid-20th century, rapidly advancing healthcare technology began taking care of dying patients in the hospital. Families were isolated from end-of-life care, as patients died in hospital ICUs instead of at home.

Most people, when asked, prefer not to die in a hospital. There is increasing recognition that end-of-life care in the United States is not patient-centered. Physicians do not commonly discuss life-limiting illness with patients/residents and their families. Patients/residents may not be empowered to direct their own end-of-life care.

EDNA and other educational programs for healthcare workers are designed to make end-of-life care more patient/resident-centered.

## SUMMARY

End-of-Life Care is:

- Patient/resident-centered care
- Emphasizes symptom control
- Provides care consistent with the goals of the patients/residents
- Recognizes dying as a natural part of life
- Focuses on the whole person, NOT a disease



# What is Palliative Care?

Palliative care is defined in many different but related ways. The core values are an affirmation of life and a recognition of death as a part of life. Death is not optional for any of us. It is as much a part of life as birth. Palliative care neither hastens nor postpones death.

Palliative care goals are to relieve suffering and to provide maximum comfort. In contrast, rehabilitation goals are to return function, maintain function or preventing loss of function.

## SUMMARY

- Palliative care is active total care of patients/residents when cure is not possible
- Focus is on:
  - control of pain and other symptoms
  - psychological, social and spiritual problems
- The goal is the best quality of care
- Care is provided by the healthcare team



# Expanded Definition of Palliative Care

- Affirms life and regards dying as a normal process
- Allows natural death
- Provides relief from pain and other distressing symptoms
- Integrates the psychological and spiritual aspects of care, fostering opportunities to grow
- Offers a healthcare team to help patients/residents live as actively as possible until death
- Offers support systems for the family during the resident's illness and their own bereavement and grief.

## SUMMARY

### Palliative Care:

- Does not make death come sooner
- May even extend life
- Improves quality of life

# What is Hospice?

When dealing with End-of-Life issues the patients/residents can become emotionally exhausted. They feel overwhelmed. Many times 911 is called in fear and desperation. The following slide addresses how hospice can help alleviate some of the stress and worry.

## SUMMARY

- Hospice is a medical benefit
- The goal is comfort measures and pain control
- Care is provided by a healthcare team
- Bereavement services are provided for survivors after a death
- Volunteers are available to help
- Treatment for cure is no longer an option

# Expanded Definition of Hospice Care

- All costs for the terminal illness are covered by Hospice this includes: DME, supplies, drugs and oxygen
- The hospice team is available 24/7. A visit is made at the time of death
- The patient does not need to be homebound
- Hospice can be provided in a variety of settings
- Acute care is provided short term for symptoms not controlled in a home setting
- There is Respite Care for families
- There are trained volunteers available for families
- Grief counseling and support are available for 13 months after the death

## SUMMARY

Hospice Care focuses on:

- Pain management
- Relief of distressing symptoms
- Support of families during the dying process

# Suffering

We mentioned relieving suffering earlier. Let's talk about what suffering is. First, we must work to *identify*, *understand*, and *relieve* suffering.

Suffering is experienced by the person as a **WHOLE** and includes physical, psychosocial (emotional), and spiritual aspects.

Disease, disability, and loss of control are issues at the End-of-Life. Any of these can threaten a person's sense of self and cause great suffering. However, suffering is not just from a full bladder, cancer of the bone, or broken bones. Psychological (emotional) and spiritual pain are very real.

The goal is to help people live as fully as possible at all stages of life. Patients/residents must see themselves not as dying, but **LIVING**, and so must we.

## SUMMARY

Suffering affects the WHOLE Person:

- Physical being
- Psychosocial well-being
- Spiritual being

# Why **YOU** Are So Important!

Nursing assistants are the front-line healthcare workers. Patients/residents depend on them for daily care.

Nursing assistants spend more time with patients/residents than anyone in the healthcare system. For many patients/residents, nursing assistants may be their closest friends and family. Care, compassion and touch can make all the difference in quality of life. When you touch with a caring heart, it reaches past the disease to acknowledge the individual.

It is important to remember that you may see fragile shells. Inside, however; the patients/residents may still feel 25.

## SUMMARY

Patients/residents depend on:

- YOUR skills and compassion
- YOUR voice when they need help

# "This is Henry; He Was a Lawyer."

Henry is still a lawyer. Respect who he is and what he has done.

"Was" only applies after he is dead. Remember how he may still see himself.

It's like going to your high school reunion; everyone else looks older, but you are still the same.



# How Things Have Changed...

Nursing assistants are working harder and longer.

Sick patients are transferred sooner to nursing homes or sent home from the hospital for families to care for. Nursing homes, hospices and home health agencies now provide a level of care that was previously done in the hospital.

People live longer today than in the past.

According to a 2005 US Census Bureau Report (65+ In the United States): *“The United States population aged 65 and over is expected to double in size within the next 25 years.* By 2030, almost 1 out of every 5 Americans – some 72 million people – will be 65 years or older. The age group 85 and older is now the fastest growing segment of the U.S. population.”

A larger percentage of patients/residents suffer from dementia, and the number with advanced dementia is rising.

## SUMMARY

In the past 15 years, nursing home residents have:

- Become older
- Become sicker
- Been taking more medications
- Been requiring more assistance with Activities of Daily Living (ADLs)

# YOU Are the Eyes and Ears of the Facility

When questioned, administrative personnel recognized that nursing assistants are extremely valuable and should be supported to the fullest extent possible. Nurses also recognize the invaluable role nursing assistants play on patients/residents care teams.

The healthcare system cannot function without you. Respect yourself. **YOU** are a vital member of the healthcare team.

## SUMMARY

- YOU are a valued member of the healthcare team
- YOU may be the first to recognize a change in patient/resident condition
- YOU may provide support for the psychological, social and spiritual needs of the patient/resident
- YOU assist the patients/residents with bathing, dressing, eating, toileting, etc.



# Points to Remember

Healthcare is hard work, both emotionally and physically. We are all here to serve patients/residents.

*People may not remember what we said, but they will always remember how we made them feel.*

For example, Betty has been in an extended care facility for seven months. When asked what she wanted from personnel, she replied; “I want them to care. I don’t want them to say they are sorry, I want them to care. If they care they will answer my light, they will be gentle when turning me and when they help me to the toilet.”

Some days are just better than others. Remember to have compassion for yourself as well as the patients/residents.

## SUMMARY

- We are all here to serve patients/residents
- People may not remember what we said, but they will always remember how we made them feel
- Some days are just better than others

# You Are Respected Because...

When asked, physicians, administrators and nurses respected the observations and assessments of nursing assistants. They rely heavily on the data the nursing assistants collected and reported about patients/residents.

Although you are paid for your physical labor, it is increasingly apparent that some of your most important work is done with your heart.

## SUMMARY

- YOU are hard-working and committed to doing a difficult job
- The work YOU do is done with your heart as well as your hands
- Caring for so many patients/residents makes delivering quality care a real challenge

# The Real Heroes of Long-Term Care

“CNAs are the real heroes of long-term care. They are the Rosie-the-Riveters of this age’s greatest social challenge.”

– Ira Byock, MD \*

## BACKGROUND

- Rosie the Riveter was a popular image of World War II working women. She represented a strong woman doing her part to help the war effort. Rosie worked long hours for low pay and kept America moving. Sound familiar?
- Ira Byock, MD. is a family practice physician and author of the book Dying Well. He was the director of the Missoula Demonstration Project on End-of-Life Care.
- If we had a magic wand, you would all be celebrated and respected for what you do on a daily basis. All that you give to your patients/residents would return to each of you ten fold. You are all heroes everyday, you keep the healthcare machine moving.

# The Rules:

1

Rule number one: ALL PEOPLE DIE.

2

Rule number two: YOU CAN'T CHANGE RULE NUMBER ONE.

3

Rule number three: YOU CAN CHANGE HOW THEY DIE.

## SUMMARY

Remember:

- Rule number one:  
ALL PEOPLE DIE.
- Rule number two:  
YOU CAN'T CHANGE RULE NUMBER ONE.
- Rule number three:  
YOU CAN CHANGE HOW THEY DIE.

EDNA

## SUMMARY – MODULE 1

When you understand the patient's/resident's goals

+

your care **supports** those goals

=

**EXCELLENT END-OF-LIFE CARE**

*( When you understand the patient's/resident's goals, and your care supports those goals, then you are providing EXCELLENT END-OF-LIFE CARE! )*



End of life eDucation for the Nurse Assistant

# TEST DEMONSTRATION



End of life eDucation for the Nurse Assistant

The following demonstration has been designed to provide you with an idea of what to expect when completing the EDNA Certification Program. “This demo includes our Tribute and Acknowledgement Pages, Table of Contents, Module One Curriculum, a Sample of Test Questions as well as Results for your review of the program.”

*( Please scroll down to the next page to begin  
the EDNA Certification Program Demo. )*

# SAMPLE TEST QUESTIONS

## Introduction to End-of-life Care 1 Test

### Introduction


EDNA Module 1 Exam

**Begin Exam**





# SAMPLE TEST QUESTIONS

**Introduction to End-of-life Care 1 Test** Options

Question 1 of 8


Who is the front line worker for healthcare?


a) Physician

b) Nurse

c) Nursing Assistant


d) All of the Above

 Flag for Review

Next 



# SAMPLE TEST QUESTIONS

**Introduction to End-of-life Care 1 Test** Options

Question 2 of 8


End of Life Care includes:


a) Improved pain management

b) Patient centered care


c) Recognition of dying as a natural part of life

d) All of the above

 Flag for Review

Next 

# SAMPLE TEST QUESTIONS

**Introduction to End-of-life Care 1 Test** Options

Question 3 of 8

End of Life Care provides:


a) Symptom control

b) Consistent care with goals of patient/resident in mind.

c) Focus on only the disease


d) A and B

e) All of the above

 Flag for Review

Next >

# SAMPLE TEST QUESTIONS

**Introduction to End-of-life Care 1 Test** Options

Question 4 of 8


The Nurse Assistant brings the gifts of:


a) Care

b) Compassion

c) Touch


d) All of the above

 Flag for Review

Next 



# SAMPLE TEST QUESTIONS


**Introduction to End-of-life Care 1 Test** Options


Question 5 of 8

Hospice is a medical benefit?


a) True

b) False

 Flag for Review

Next 

# SAMPLE TEST QUESTIONS


**Introduction to End-of-life Care 1 Test** Options


Question 6 of 8

Hospice includes family centered care.


a) True

b) False

 Flag for Review

Next 

# SAMPLE TEST QUESTIONS

**Introduction to End-of-life Care 1 Test** Options

Question 7 of 8

What will patients remember most from your care?


a) What we said

b) How much fun you had recently

c) How you made them feel


d) Last blood pressure reading

☐ Flag for Review

Next 



# SAMPLE TEST QUESTIONS


**Introduction to End-of-life Care 1 Test** Options

Question 8 of 8

You may be the first to notice a change in the patient/resident's condition.

a) True

b) False

 Flag for Review

Next >

# SAMPLE RESULTS

Your Score

**87.50%**

**Passed**

You have passed this EDNA Module.

Your time to complete this attempt was: **00:02:37**

Your Score

87.50%



✓ 7 Correct

✗ 1 Incorrect

● Correct ● Incorrect ● Unanswered



 Summary

 Review Results