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## Pilot Project on a Palliative/Hospice Care Educational Video

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PILOT PROJECT ON A PALLIATIVE/HOSPICE CARE EDUCATIONAL VIDEO

DNP Project  
Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

St. Catherine University  
St. Paul, Minnesota

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This is to certify that I have examined this  
Doctor of Nursing Practice DNP project Manuscript  
written by

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and have found that it is complete and satisfactory in all respects,  
and that any and all revisions required by  
the final examining committee have been made.

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DEPARTMENT OF NURSING



### **Abstract**

At a long-term care facility in a suburb of Minneapolis, Minnesota, there is no formal training for the facility Nurse Practitioner (NP) on palliative care (PC) and hospice care (HC) content. Older individuals want to discuss end of life (EOL) care (Yokoya et al., 2018) however; these conversations are often not being discussed due to lack of education/training and confidence of long-term care (LTC) staff (Epstein et al., 2015). When an educational video on PC and HC was implemented to LTC Nurse Practitioners (NPs), evidence showed increased knowledge acquisition based on a 10 question pre/post video test. Qualitative evidence presented themes about the content of the video, video execution, and target audience. Since the video provided increased knowledge of LTC NPs, this project recommends that the pre and post video questionnaires and video be implemented to LTC residents.

*Keywords:* long term care Nurse Practitioner, long term care resident/patient educational video, palliative care, hospice Care

### **Pilot Project on a Palliative/Hospice Care Educational Video**

More than half of adults aged 65 and older in the United States have three or more chronic health problems, including diabetes, heart disease, and hypertension (American Geriatrics Society, 2019). In 2016, almost a third of Medicare beneficiaries died in a nursing home (National Hospice and Palliative Care Organization, 2017). Palliative care and HC are not often being discussed with nursing home residents due to lack of education/training and confidence of LTC staff (Epstein et al., 2015). Palliative care and HC can provide many benefits (National Hospice and Palliative Care Organization, 2017), which is why discussions about PC and HC are imperative.

**Problem Statement**

According to many studies in nursing homes and skilled nursing facilities, residents needs for comfort, pain relief, emotional and spiritual support are not met (Martz & Gerding, 2011). Advanced care planning respects the wishes of the patient and also reduces the use of health resources and rates of hospitalization in nursing homes (Yokoya et al., 2018). Studies have reported that between 61% and 91% of older individuals would like to discuss their EOL care with others (Yokoya et al., 2018) but providers are often reluctant to discuss EOL life citing the lack of education/training and confidence to have the conversation (Epstein et al., 2015).

Palliative care, which focuses on symptom management, is a component of HC and can be provided while a person continues to receive treatment for their disease. Hospice care implementation occurs when curative treatment is no longer desired, and life expectancy is to be about six months or less (National Comprehensive Cancer Network, 2019). As a result of the Omnibus Budget Reconciliation Acts of 1985 and 1989, residents of LTC facilities can receive the same Medicare Hospice Benefits as those in the community setting (Braveman, 2002).

**Needs Assessment**

At a LTC facility in a suburb of Minneapolis, Minnesota, there is no formal training for the facility NP on PC and HC content. Considering that older individuals want to discuss EOL care (Yokoya et al., 2018), an action to mitigate the obstacles of initiating a difficult conversation could be through the provision of a PC and HC educational video. First, LTC NPs need to be educated on this material so that they can gain confidence and knowledge on these topics.

An educational video on PC and HC can also accommodate different abilities, allow for viewing when convenient, in private, or shared with family/friends. The video can accommodate hearing impairment via volume controls/headphones or closed captioning. The information can

be voiced aloud to accommodate an individual with a visual impairment. The video will be carefully scripted to provide consistent, factual, and evidence-based information. The video can be watched at any time of day, which can accommodate each person's preferred time and schedule. End of life conversations remains difficult; though, an informational video on PC and HC may help to facilitate the discussion between patients and providers. An educational video on PC and HC has the versatility to reach a large and diverse audience.

### **Significance and Contribution to the Literature and Nursing Profession**

This project is focused on improving the knowledge and understanding of LTC NPs on PC and HC via educational video. The importance of this issue is that LTC residents should be aware of what options they have when facing a serious illness or when nearing the end of their life. Improving the knowledge of LTC NPs allows them to feel more comfortable, therefore starting these conversations earlier. Increasing the knowledge of LTC NPs on PC and HC is directly related to the nursing profession.

### **Purpose Statement and Project Goals and Objectives**

The purpose of this quality improvement project was to improve PC and HC understanding by LTC NPs so that they feel more knowledgeable regarding these topics and have the confidence to start conversations earlier with LTC residents. The PICO question was as follows: In an LTC facility, does the implementation of a pilot educational video on PC and HC increase knowledge of LTC NPs compared to current practices?

Project goals were to successfully implement a pilot educational video on PC and HC to increase the knowledge and confidence of the LTC NPs. Another goal is to ultimately facilitate the discussion of PC and HC between LTC NPs and residents in the future. The objective of the video implementation is for LTC NPs to be aware of what options are available for LTC

residents at the EOL or when living with chronic progressive diseases. The majority of residents in the LTC facility have chronic progressive diseases, and LTC NPs need to know about the additional care that can be provided by PC and HC.

### **Theoretical Framework**

The Comfort Theory by Katharine Kolcaba provided the framework for this project. This theory explains that nurses identify the unmet needs of patients and their families. The needs of these individuals have variables such as a diagnosis, which cannot be changed. Based on these needs, nurses create a care plan to enhance comfort (Kolcaba, 2018). Once comfort is enhanced, the individual can either consciously or subconsciously engage more fully in health-seeking behaviors. These mutually agreed upon goals can help create a peaceful death (Kolcaba, 2018).

The LTC NPs will gain knowledge from watching this project video on PC and HC and then can start conversations with LTC residents earlier. Mutual goals between the LTC NP and resident can then form, which can increase the comfort of the resident in times of illness or when nearing the end of life.

## **Review of Literature**

### **Search Strategy**

Literature was searched in the Cochrane Library, Trip Database, CINAHL, and PubMed. Databases were investigated using keywords including: hospice, palliative care, long term care facilities, long term care residents, skilled nursing facility, advanced care planning, education, end of life, knowledge, video, learning interventions, and video education. The English language was used as the inclusion criteria. The initial search included 68,663 articles: Cochrane (n=94), Trip Database (n=207), CINAHL (n=37,498) and PubMed (30,864). After title and abstract review, 11 studies were identified for further evaluation.



## **Appraisal**

The Johns Hopkins Critical Appraisal Tool (2017) was used to evaluate the strength and value of the evidence. In this system, a rating of I is an experimental study of a randomized controlled trial (RCT) or systematic review of RCTs with or without meta-analysis. A level V is considered evidence obtained from a literature review, quality improvement, program evaluation, case report, or opinion of nation experts based on experimental outcomes. The quality of evidence is explained as "A, B, or C." "A" is considered high quality and consistent with adequate control and consistent recommendations supported by research. "C" is considered low quality and means conclusions cannot be drawn due to no consistency in research (Johns Hopkins University, n.d.).

There were two level I studies of good quality. According to Epstein et al. (2015), when talking about advance care planning, participants were apprehensive but still wanted to discuss their options of care. El-Jawahri et al. (2010) state that when there is an understanding of EOL care choices, residents opt for less aggressive treatment. There were five level II studies of good and high quality. According to Martz and Gerding (2011), hospice providers have a higher understanding of the hospice philosophy compared to the nursing home staff, which creates a barrier for residents to obtain the information that they need. Residents are only minimally involved in care decision making, due to nursing home staff not asking pertinent questions about their wishes when having a life-limiting illness (Yokoya et al., 2018). Palliative care intervention improved the quality of life and decreased the discomfort of residents at the EOL, which was assessed by bereaved families (Hall et al., 2018). A way to educate residents is by an educational video; according to Ciciriello et al. (2013), when compared, multimedia education is superior to no education. Mor et al. (2017) also report that video implementation is a practical approach to

improve advance care planning. There were two level II studies with good quality. Ostherr et al. (2016) state that video education has strong evidence of helping clarify treatment for residents. For successful implementation of a video, there needs to be engagement from the facility, and evaluation of how the video implementation is working so that necessary changes can be made (Loomer et al., 2019). There were two, level V studies, one as good quality and one as poor. Bravemam (2002) states that LTC facilities are focused on rehabilitation, which often creates conflict with hospice. The conflict can come from both the LTC and hospice organizations meeting their accrediting requirements (Cateau, 2006). Working with patients at home is much different than working with a patient in a facility; the LTC facility staff and HC will need to build a working relationship so that the needs of the residents can be met (Bravemam, 2002).

### **Synthesis**

The two categories that pertain to this project are palliative and HC and educational video implementation. In each of these categories' themes were presented within the studies.

### **Palliative and Hospice Care**

It is apparent that residents living in LTC facilities want to talk about EOL care, but they are often not given the option, therefore functioning as a barrier to care. A hospice team has the skill and competency in EOL care that is typically not possessed by LTC staff. Another theme identified was when residents understand their options at the EOL, they are more likely to choose less aggressive medical care.

### **Educational Video Implementation**

Having a multimedia video is superior to written or only spoken education (Ciciriello et al. 2013; Mor et al., 2017; Ostherr et al., 2016). An educational video can accommodate disabilities, which is often necessary for the LTC facilities where residents are elderly and may

have vision or hearing problems. The last theme is that the implementation of an educational video is more successful when the facility is a higher quality nursing home and engaged in resident care.

After reviewing the studies, it is clear that an educational video implementation on PC and HC can improve knowledge and awareness about EOL care options. There is a need to improve PC and HC education in LTC facilities. There are many advantages to providing this education in the form of a video, as it accommodates a variety of learner abilities. A recorded video allows the LTC NP and resident to watch the video at their convenience. A video displays the information in an identical format to each viewer, providing standardization and consistency of information. The video can also be viewed by other LTC facility staff for educational purposes. Long term care NPs can increase their confidence in their knowledge base and further assist nursing home residents with questions.

## **Project Implementation**

### **Design and Methods**

The intervention for this pilot project was to implement an educational video on PC and HC through web-based measures to LTC NPs. This project used a Plan-Do-Study-Act design so that continuous feedback and changes could occur based on the evaluation. Long-term care NPs were asked to participate during April 2020. First, a consent form was completed by each participant, a ten-question true/false pre-test was completed, and a 3 minute and forty-six-second video was viewed at their convenience. The participants then completed a true/false post-test and one additional question asking, “Do you have any thoughts, comments or recommendations.” The pre and post-test had the same questions and were used to assess knowledge acquisition and obtain quantitative data. The purpose of the final question was to collect qualitative data.

Participants were asked to complete the questionnaires once; therefore, data were collected one time.

The video script was drafted from the Minnesota Network of Hospice and Palliative care and Minnesota Hospice websites, which were both updated in 2019. The script explained PC and HC, who qualifies and what services could potentially be received. The action of the video is two LTC residents having a conversation and was originally written for the audience of LTC residents. The intent of the video was to address basic information regarding the topics of PC and HC. Once the script was drafted, a LTC resident at the LTC facility reviewed it and assured that the content was appropriate, easy to read, enjoyable, and a “wonderful idea.” A hospice RN who has worked in hospice for 11 years also reviewed the script and provided input. The recommendation was to explain that a HC patient is continuously being reevaluated and can continue receiving services if the HC criteria remain met. The video script was improved upon and then the video was filmed. Following the completion of the video production, due to the Covid-19 global pandemic, the project was switched from the intended focus of LTC residents to LTC NPs. The switch occurred due to regulations stating only essential employees are allowed into the facility; therefore, the project was completed through web-based applications, rather than in-person contact.

### **Ethical and Social Justice Consideration**

This project was initially directed toward LTC-residents, and the Institutional Review Board (IRB) was concerned about the vulnerability of the elderly population. The IRB wanted to know that residents who were participating were cognitively intact. A Brief Interview for Mental Status test was used to identify which long term care residents were cognitively intact. Due to Covid-19, and the inability to enter into LTC facilities, the focus of this project switched to LTC

NPs. Since LTC NPs were now the focus of this project, the vulnerability of the elderly population was no longer a concern.

According to the American Nurses Association Code of Ethics for Nurses, "Nurses have an obligation to be familiar with and to understand the moral and legal rights of patients" (2015, p. 2). Individuals have the right to self-determination, therefore making their own decisions about their health. This project supports the social justice of each resident so that they are given accurate information in an understandable way to make an informed decision. Long-term care NP's will be able to support this by having an accurate knowledge base.

## **Evaluation**

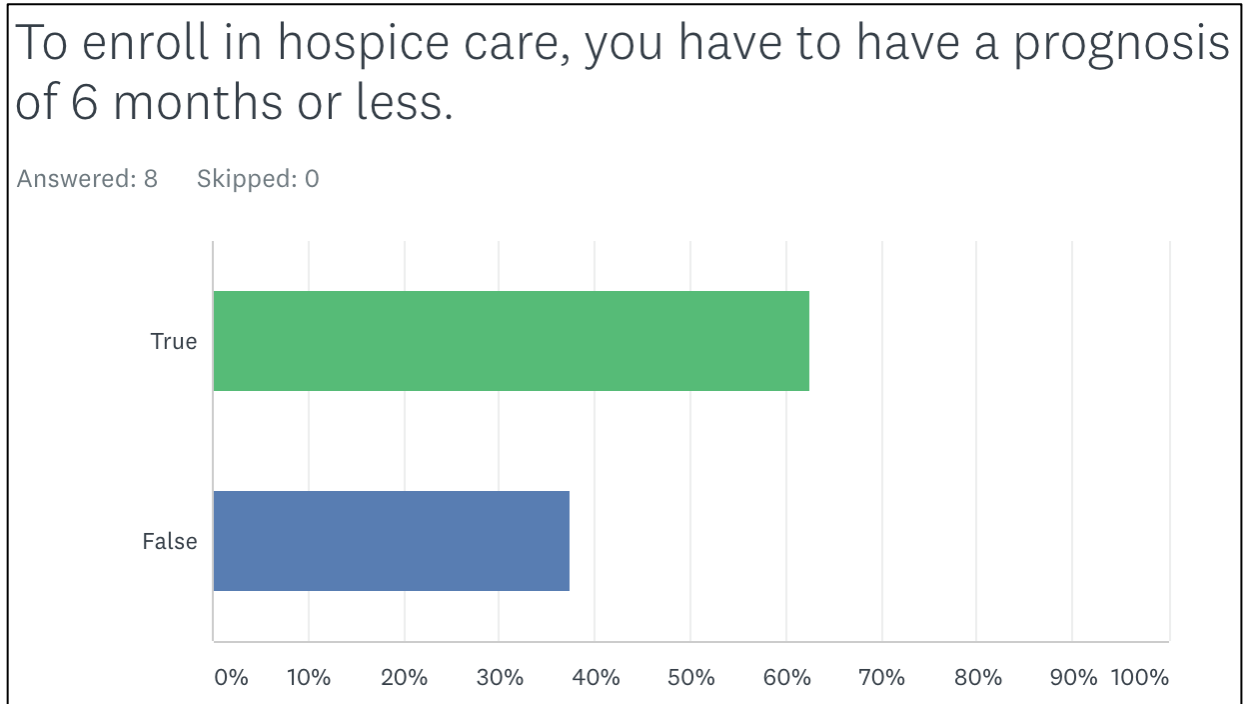
### **Analysis Methods**

There was a total of 8 individuals that participated in this project. The individuals that participated reported they are NPs that work in LTC in urban and suburban Minnesota and western Wisconsin.

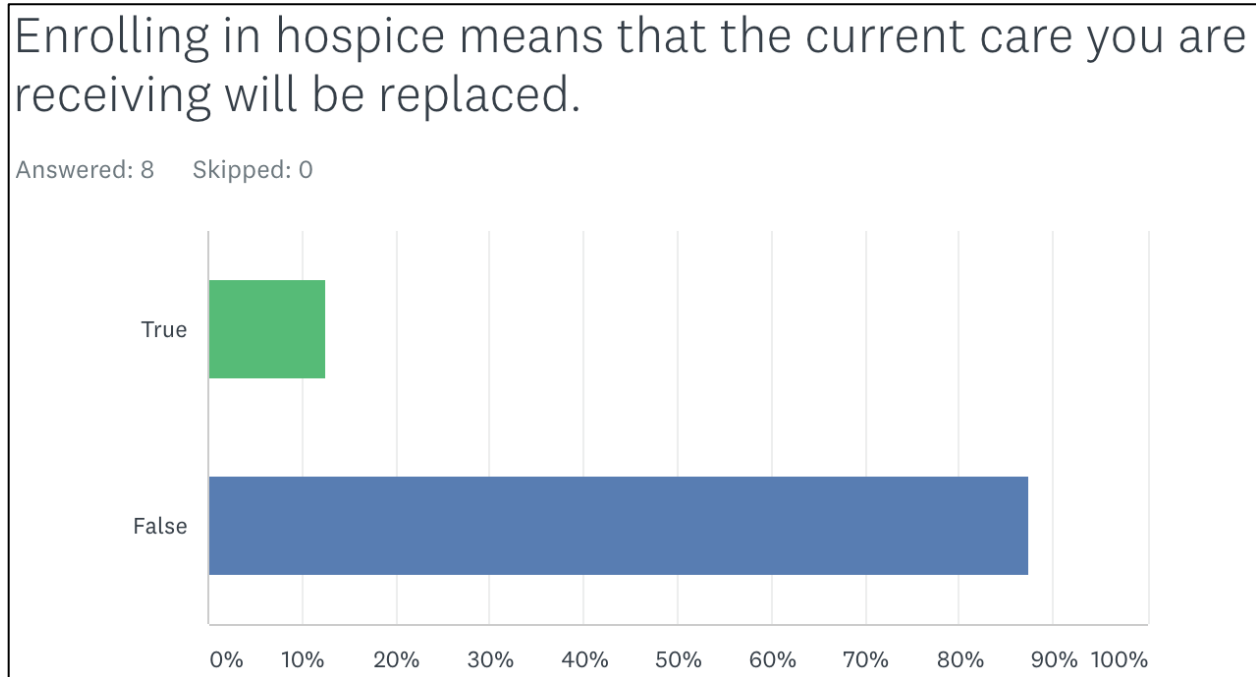
### **Quantitative Results**

The pre-test results showed that the highest score was 10/10 (100%), and the lowest score was 9/10 (90%). There were 3/8 participants (37.50%) who answered one question incorrectly, and it was the same question by every participant. The question addressed a requirement of HC and stated: "To enroll in hospice care, you have to have a prognosis of 6 months or less." The answer to this question is "true," and 5/8 (62%) of the participants answered it correctly, which increased to 100% in the post-survey. See the data displayed in figure 1.

**Figure 1** *Pre-test Response*



The results of the post-test showed that 1/8 participants answered one question incorrectly, which stated: “Enrolling in hospice means that the current care you are receiving will be replaced.” The correct answer is false, and 7/8 (88%) of the participants answered correctly. See the data displayed in figure 2.

**Figure 2** *Post-test Response*

Interestingly, the question answered incorrectly in the post-test was answered correctly in the pre-test by 100% of the participants. This change could have been a result of human error.

According to Mor et al. (2017), multimedia education is superior to no education, or usual care. On the pre-test, 3 participants incorrectly answered a question, compared to only one participant answered a question incorrectly on the post-test. This project indicated that multimedia education showed evidence of learning which could specifically be applied to HC and PC knowledge. According to Epstein et al., (2015), providers are often reluctant to discuss EOL care citing the lack of education/training and confidence to have the conversation. Since 3/8 participants incorrectly answered a question on the pre-test, this shows evidence that LTC NP's could have a lack of knowledge on this topic, which could relate to a lack of confidence.

### **Qualitative Results**

The final question asked stated: “Do you have any thoughts, comments or recommendations?” There were eight anonymous responses, which included two statements with

no recommendations. One response stated, "Educating providers is a much-needed service," and another stated, "It's a great reminder of palliative care. They offer great support and resources to help improve quality of life with patients dealing with chronic illnesses. Patients and families usually think they are one in the same in my experience." These responses indicated that the topic of the video was valuable and again agreed with the literature stating that NP's could lack knowledge on these topics.

Two answers were focused on the video execution and stated, "It was upbeat, had straightforward answers, and it was quick without too much access [sic] detail while hitting all of the main points" and "The video was clear and straightforward. It may be helpful to have some scrolling banners at the bottom as they address important topics. This will help the viewer better absorb and retain the information." These responses displayed that the video content was appropriate, yet adding additional visual banners across the bottom could improve the retention of knowledge.

Two comments stated that the video was targeted towards patients and families versus NPs and offered comments on how to improve the video. One response said to explain other services that HC can offer, such as music therapy and massage therapy. Another response said to add a section on advanced care planning, it "... is a crucial first step to exploring one's values and if they line up with the hospice philosophy." This comment remains consistent with Mor et al., (2017), who stated that video implementation is a practical approach to improve advance care planning. These comments recognized that the video audience was targeted towards LTC residents. Using this project as a pilot, the author wanted to gain insight into LTC NP's knowledge of PC and HC. Since the participants were able to offer additional information regarding PC and HC, it is assumed that the LTC NPs have a knowledge base of PC and HC.



**Limitations**

Several limitations affected this project; a significant factor was the implications of the Covid-19 global pandemic. Due to the lockdown of LTC facilities, this project was no longer able to be completed inside of a LTC facility. The project focus was switched from LTC residents to LTC NPs and was changed to a pilot. It was changed from in-person implementation to a web-based application implementation. The educational video made was for the audience of LTC residents, but due to the limitation was viewed by LTC NPs. Due to the switch of the audience, the authors' peers were asked to participate in the project. The participant's credentials and place of employment were not confirmed.

Another limitation of this project was finding high quality and current research on how to implement an educational video. Although the project changed to a pilot, now focusing on LTC NPs, this lack of research pertained to the web-based implantation that occurred.

Qualitative evidence is subjective, without a way to measure the reliability or value. The comments appeared to be grouped in themes regarding video content, video execution, and target audience; however, individual author bias could contribute to the analysis of the responses.

The small sample size is another limitation to this project that could have affected the outcomes. There were 8 participants, and the responses may not reflect what the response from a larger sample size of LTC NPs would reveal.

Lastly, there was no funding to support this project, and therefore there were limited resources available. A personal computer was used for the final video production and editing. The lack of resources could have limited the clarity, noise, and picture of the video and the use of special effects.

## **Discussion**

### **Recommendations and Implications**

Nursing home residents lack conversations about PC and HC due to insufficient education/training and confidence in LTC staff (Epstein et al., 2015). When compared, multimedia education is superior to no education, or usual care (Mor et al., 2017), which is why the implementation of an educational video on PC and HC is necessary.

The implementation of this project showed that there was evidence of learning by LTC NPs after viewing an educational video on PC and HC. Eight participants took the pre-video test with 3 participants answering a question incorrectly. The post-video test revealed only 1 participant answering 1 question incorrectly. The question that was answered incorrectly during the post-test was a question that during the pre-test, 8/8 (100%) of participants answered correctly. The results could imply that question was possibly answered incorrectly due to human error.

Qualitative evidence presented themes, including the content of the video, video execution, and target audience. Participants indicated that the content of the video was appropriate. They reported that the use of multimedia as an educational tool was appropriate and straightforward but offered that a scrolling banner with important topics could be helpful. Lastly, the participants reported that the target audience of the video was LTC residents rather than LTC NPs and that they would add the topic of advanced care planning and explain that HC can offer services such as music and massage therapy. Although they stated that the target audience was not appropriate, they offered recommendations with more information targeted towards the LTC residents rather than LTC NP's

This pilot project completed was to facilitate discussion of PC and HC between LTC NPs and residents. Since the video provided increased knowledge to LTC NPs, this project recommends creating a successful project implementation for LTC residents; so that they know what options are available at the EOL or when living with chronic progressive diseases. Further evidence is needed to determine if a successful implementation increases discussions about PC and HC between LTC NPs and LTC residents.

### **Conclusion**

Palliative care and HC typically are discussed when nearing the end of life or when living with a serious condition, though, conversations are often not taking place due to the lack of education/training and confidence of LTC staff. This pilot project implemented an educational video on PC and HC to LTC NP's, which showed evidence of learning. With the increased knowledge of LTC NPs and possible future implementation of the video to LTC residents, there is hope that this intervention can help facilitate these difficult conversations.

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