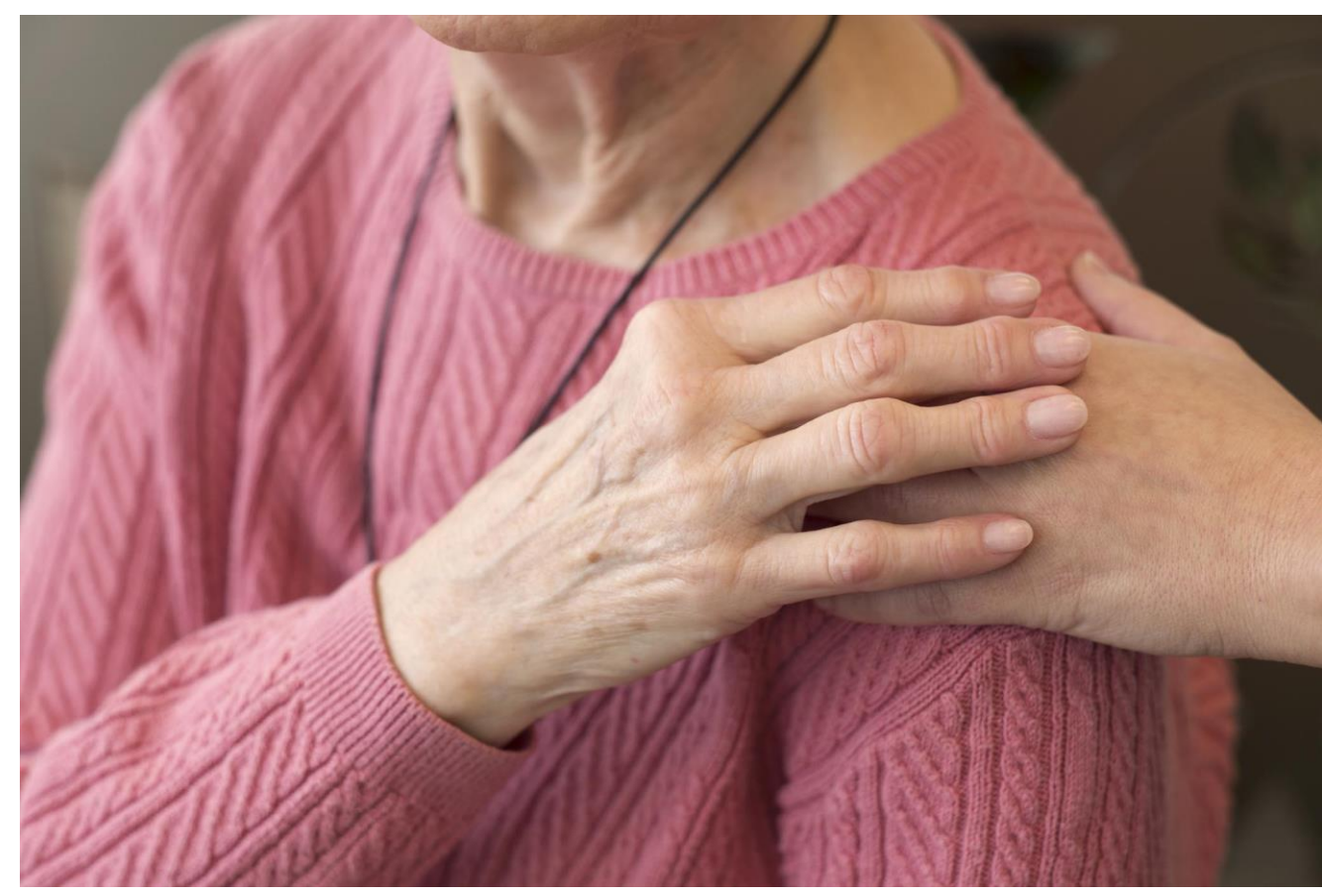


Advanced Practice Nurse Collaboration with an Established Community-Based Palliative Care Model

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Background & Significance

- Palliative care (PC) is a philosophy of care for patients with life-limiting illness⁵
- PC addresses physical, intellectual, emotional, social, and spiritual needs to anticipate, prevent and treat suffering and improve quality of life⁵
- PC improves healthcare utilization and patient outcomes¹
- Unfortunately, the majority of PC services exist in the inpatient setting, which do not meet with needs of patients along the trajectory of illness⁶
- Healthcare systems are expanding the provision of PC delivery to patients' homes through community-based palliative care programs (CBPC)²
- Advance practice nurses (APN), due to their training and scope of practice, are in an excellent position to provide the holistic care essential to PC practice⁴

Project Aims

- To evaluate a collaborative PC model that utilizes an APN within an existing CBPC team
- To examine the impact of this model of care on care coordination and patient outcomes (e.g., 30-day readmissions and ED utilization)
- It was expected that the findings would provide a framework for collaboration between the APN and the CBPC team as well as a framework for future PC program growth

Theoretical Model

- This evidence-based practice (EBP) project was based on the IOWA model, a practical, step-wise approach to integrating evidence into practice

Methods

- A mixed methods approach was used to examine the impact of the APN on the PC team as well as the CBPC patient ED, and readmission rates

Qualitative Analysis

- PC team members participated in focus groups examining the APNs contribution to the CBPC
- The APN was observed during patient visits with CBPC staff and interdisciplinary team (IDT) meetings

Quantitative Analysis

- A retrospective review of the electronic health record (EHR) was conducted comparing 30-day readmissions and ED visits of PC patients receiving care before and after the addition of the APN:
 - June 1, 2017-September 30, 2017 (N=27)
 - June 1, 2018-September 30, 2018 (N=44)

Sample & Setting

- CBPC team members (N=6) interested in participating in a one-hour focus group to discuss the role of the APN
- Patients (N=71) receiving CBPC in the Southwest region of a large Midwest not-for profit health care system
- Patients were primarily white (91.5%), married (47.9%), over age 65 (88.7%), with a primary diagnosis of cancer (42.3%)

Results

- The APN was observed to provide support in all domains of palliative care, improved care coordination, and communication at IDT meetings
- Findings from the CBPC focus groups indicate the APN played an important and unique role on the team. The APN improved staff education, contributed to complex patient management/care coordination, and provided timely medical interventions
- There was a significant difference (increase) in the number of social services visits during timeframe with APN involvement ($p=0.001$)
- No significant difference was found in 30-day readmissions ($p=0.286$) or emergency room visits ($p=0.506$)

Conclusions/ Implications

- The addition of an APN was associated with an increase in social services visits suggesting the APN role enhanced coordination of care, psychosocial support, and advanced care planning
- Examining APN referrals and resource utilization over a longer period of time will clarify the APNs contributions to a PC team

Limitations

- Small data samples and inconsistent APN involvement (involved in 56.8 % of patients in the second studied time period) were limitations to the quantitative data analysis.
- Staff report social services increase may be due to programmatic changes.

References

1. Bakitas, M., Lyons, K., Hegel, M., Balan, S., Brokaw, F., Seville, J.,...Ahles, T. (2009). Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: The Project ENABLE II randomized control trial. *Journal of the American Medical Association*, 302, 741-1052
2. Center to Advance Palliative Care. (2016). *Palliative care in the home: A guide to program design*. Retrieved October 7, 2018 from https://central.ccapc.org/eco_download.php?id=4511
3. Deitrick, L., Rockwell, E., Gratz, N., Davidson, C., Lukas, L., Stevens, D.,...Sikora, B. (2011). Delivering specialized palliative care in the community: A new role for nurse practitioners. *Advances in Nursing Science*, 34, E23-E36.
4. Hospice & Palliative Nurses Association. (2015, July) *HPNA position statement: Value of the Advanced Practice Registered Nurse in Palliative Care*. Retrieved October 10, 2017, from <https://hpna.advancingexpertcare.org/wp-content/uploads/2015/08/Value-of-the-Advanced-Practice-Registered-Nurse-in-Palliative-Care.pdf>
5. National Hospice and Palliative Care Organization. (2017). *An explanation of palliative care*. Retrieved June 11, 2017, from <http://www.nhpco.org/palliative-care-4>
6. Pantilat, S., Kerr, K., Billings, A., Bruno, K., & O'Riordan, D. (2012). Palliative care services in California hospitals: Program prevalence and hospital characteristics. *Journal of Pain and Symptom Management*, 43, 39-46.

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