Background
• Palliative care (PC) is a philosophy of care for patients with life-limiting illness that addresses physical, intellectual, emotional, social, and spiritual needs to anticipate, prevent and treat suffering and improve quality of life.
• PC improves healthcare utilization and patient outcomes.
• Unfortunately, the majority of PC services exist in the inpatient setting, which do not meet the needs of patients along the trajectory of illness.
• Healthcare systems are expanding the provision of PC delivery to patients’ homes through community-based palliative care programs (CBPC).
• 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 practice.
• This evidence-based practice (EBP) project was based on the IOM model, a practical, step-wise approach to integrating evidence into practice.

Specific 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 emergency department (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.

Methods

Study Design
• A mixed methods approach was used to examine the impact of the APN on the CBPC team as well as the patient 30-day readmission rates and ED utilization.

Qualitative Analysis
• PC team members participated in focus groups examining the APN contribution to the CBPC team.
• 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 and 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%).

IRB approval
• The project was submitted to the Internal Review Board (IRB) pre-review process at both University of Wisconsin-Milwaukee (UWM) and Aurora Health Care. Each site determined the project to be EBP, not research, and was therefore approved for implementation.

Number of Interdisciplinary Visits

Conclusions
• The addition of an APN was associated with an increase in social services visits.
• Staff valued the APN contribution to the palliative care team and felt a dedicated provider elevated the provision of palliative care services.
• The addition of the APN did not have a significant impact on patient outcomes in this sample.

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.
• Focus group participation rate of 40% was a limitation to the qualitative data analysis.
• Staff report social services increase may be due to programmatic changes.

Implications
• Increased social service visits suggest 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.
• Further study is needed to evaluate the impact of social services interventions.

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