**Background & Significance**

- Palliative care (PC) is a philosophy of care for patients with life-limiting illness.
- PC 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 with 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.

**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 healthcare 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**


**Acknowledgements**

The presenters would like to thank:
- The Racine/Kenosha Aurora at Home Palliative care team and their leadership.
- Cynthia Phelan PhD, RN, AAH Center for Nursing Research and Practice.
- Dr. Jeanne Erickson, PhD, RN, UWM Associate Professor.