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

Patrice Fedel, MS, APNP, GCNS-BC, ACHPN
Gwen Pennington, DNP, RN-BC, AGCNS-BC

Aurora Medical Group Palliative Care
Aurora at Home Racine/Kenosha Palliative Care

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

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

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