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

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

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

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 IOWA 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.

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.

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) with APN involvement.

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.

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.

References

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