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.
• 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 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)
• 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.
• IRB approval.

Methods (cont’d)

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%).

Results

The APN was observed during patient visits with CBPC staff and interdisciplinary team (IDT) meetings.
• Findings from the CBPC focus groups indicate the APN played an important and unique role in 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.

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