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.
- 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.

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.

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