The John A. Hartford Foundation
Tipping Point
CHALLENGE

Primary Palliative Care RN Resource Team Initiative

Submitted by: Sarasota Memorial Hospital
Gold Winner
Category: Building Skills Among Nonpalliative Care Specialties and Disciplines

Overview

In 2018, a survey revealed that 86% of bedside nurses at our hospital desired to learnmore about strategies to care for patients with serious medical conditions, including end of life care. From this survey emerged a partnership with oncology, nursing leadership, and the Supportive Care Team (palliative care) to develop a team of strong RN peer mentors to extend the reach of palliative care system-wide. The program included the use of CAPC online resources, in person education and the commitment of ongoing mentorship from the established Supportive Care team. Enhancing bedside primary palliative nursing skills benefits patients regardless of the ability to pay. Primary palliative nursing skills elevate the experience of patients' families and staff no matter the unit or floor. Our budget included reimbursement for nursing time spent away from the bedside and our CAPC membership which are supported by grants from our hospital foundation.

Impact

Sarasota Memorial Hospital (SMH) is an 800-bed is a rapidly growing public health care system with a mission to meet a variety of health care needs for a culturally diverse community, including underserved populations. While the current Supportive Care Team has adapted to the rapidly growing demand for its services, these specialists cannot attend to every hospitalized patient with unmet palliative needs. The purpose of developing a Primary Palliative Care Resource Team is to expand the reach of palliative care by creating a force of primary palliative care clinical nurse specialists. The final confirmation of an applicant's training completion is the awarding of an in house certificate, as well as encouragement to go on and seek other certifications (such as HPNA's CHPN) to demonstrate proficiency. These well- trained RNs respond in real time to their nursing peers who may need support to manage seriously ill or actively dying patients. The mission of this new team is to provide all bedside RN's with the skills and confidence required to help patients and families navigate the complicated landscape of acute inpatient care. The goal is to have a Palliative Resource Nurse readily available for every area of the hospital on every shift. Given the enthusiasm and ongoing interest already expressed by hospital nurses to join this new team (especially remarkable in the middle of a pandemic) there is a high level of confidence that this program will be successful. In fact, the program had to change its admissions process to accommodate the level of interest. Rather than waiting until the courses cycle through a 12-month completion, nurses can begin at any point in the curriculum, as long as they commit to completed all modules.

Evidence-Base

In preparation for this new initiative, nursing leadership received a formal presentation including a summary of the available literature. The results of the 2018 palliative nursing skills needs assessment survey (described above) were disclosed to hospital stake-holders at that meeting. ANA's 2017 Call to Action, ANA's 2010 Position Statement, oncology literature and CAPC resources were highlighted, demonstrating the need to expand RNs' roles in providing primary palliative care. (Please refer to attached bibliography for supporting documentation for details). The effectiveness of the program will be measured by 1) creating a new survey to sample RNs confidence regarding EOL care, 2) measuring RN retention, 3) an increase in program applications, 4) enhanced family satisfaction as noted in surveys and/or 5) a decrease in length of stay, with EOL patients being discharged more quickly to the most appropriate setting. However, due to the pandemic and the ensuing delays, formal outcomes are not yet measured or evaluated.

Feasibility

To develop this new team concept, clinical managers, educators, hospital administrators, informal RN peer leaders and the Supportive Care Team formed a voluntary clinical steering committee. One of Supportive Care's seasoned APRNs, assumed the role of program developer, coordinator and educator, in collaboration with the oncology leadership. The choice of an APRN was intentional and strengthened the identity of this program as a nurse-led initiative. Pre-existing and successful hospital teams such as the Pain Team, Wound Care, SWAT Team, Vascular Access Team and the Emergency Department's Sexual Assault RN team served as the models for our proposed new team. This increased the leadership's confidence in the new program as they had experienced the benefits of these previously developed hospital teams. As part of the initial pilot, a series of CAPC symptom management modules were assigned to all oncology nurses. These were so well-received that the team quickly developed the remainder components of the program, including an application process to identify motivated system-wide participants. This application process involved several steps 1) participants must have at least a year of SMH nursing experience 2) approval from their Clinical Unit Manager, 2) proof of having completed the assigned CAPC module, An in-depth Look at Palliative Care and Its Services, 3) regular attendance of interdisciplinary quarterly in-house educational sessions, 4) completion of a series of journaling exercises focused on direct patient care experiences and 5) documentation of peer led educational sessions. The quarterly educational sessions were evidence-based presentations, led by in-house transdisciplinary content experts. Of course, the project was impacted by the pandemic. While a handful of RN participants were lost to attrition, most of the original membership continues to attend with new staff regularly requesting applications. To adapt to COVID restrictions, the offering of quarterly sessions now includes a choice between socially distanced, in-person and virtual sessions. Since January 2020, the following educational sessions have been offered; Palliative Care vs Hospice, Spirituality at EOL presented in January 2020, and then Symptom Management presented in October 2020. To complete the first year, upcoming presentations will focus on Goals of Care Conversations 101/The impact of Patient/Family/Caregiver Grief, as well as Clinical Bioethics, both to be completed by year's end. The second year of the education will focus on the most common chronic disease processes and their symptoms, as well as available community outpatient resources.

The strength, enthusiasm, and depth of the Steering Committee, along with their visibility within the hospital system, allows for strong scalability, as well as sustainability. To maintain stability, the steering committee assigns its membership to the hospital position or role. In this way, the program has already weathered changes in its core membership but continues to grow. The size and composition of the Steering Committee also allows for an equitable distribution of required administrative tasks such tracking participants' completion of work, budget management, recruitment, content development, design/implementation of outcome measurement tools and managing CEUs. Nurses are rewarded with recognition from their peers and nursing leadership upon completion of the program.

Scalability

The more nurses who go through the program, the more patients will have access to primary palliative nursing. These bedside skills are meant to be propagated such that the patient exposure to primary palliative nursing care is to be exponential. In other words, the more clinicians who have acquired bedside palliative skills, the more opportunities there are for other nurses to learn them. The initiative "scales itself" upwards over time. The number of offerings of in-person sessions does not change should the number of participants increase. In addition, the program is easily shared with other hospital partners and campuses.

Sustainability

The global pandemic has created opportunities for creative approaches to foster long-term sustainability. The application process is now rolling rather than fixed, for example. The Supportive Care APRN Educator participates annually in the hospital's RN Residency Program to explain the program and generate interest. Educational sessions are uploaded to a dedicated palliative care webpage, set up by an oncology floor RN, for hospital community-wide access. Palliative resource team members engage in peer-to-peer education during floor huddle sessions providing another potential opportunity for recruitment to the Palliative Resource Nurse team. To promote ongoing skill enhancement, Palliative Resource Team RNs are invited to shadow Supportive Care Team members and to attend joint sessions with the physician hospice and palliative fellows. Some participants are encouraged to become content experts and teach new recruits. All these opportunities require only limited budget support as 1) nursing departments already financially support CEU programs, 2) education is developed and provided by existing in-house content experts, and 3) completion of CAPC educational modules are currently supported from an existing grant.

Project Team

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About the Challenge

The John A. Hartford Foundation Tipping Point Challenge is a national competition to catalyze the spread of skills, ideas, and solutions that will improve health care delivery for all people living with a serious illness. It is sponsored by the Center to Advance Palliative Care and The John A. Hartford Foundation.

For more information, visit tippingpointchallenge.capc.org.