

Identifying and Addressing Nursing Barriers in End of Life Care: A Palliative Care and Nursing Team Approach

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Palliative Care and Nursing Collaboration

- Greenwich Hospital is a 206 bed regional hospital affiliated with Yale New Haven Health System with a multifaceted Palliative Care (PC) service comprised of a Physician, Nurse (APRN), Chaplain and dedicated educational program for Interns, Residents, Attending Physicians and Nursing Staff.
- The Palliative Care Physician, APRN, Oncology and Medicine Unit nurses noted inconsistencies in Opioid Administration at End of Life (EOL) related to:
 - Symptom Assessment
 - Medication Indications/Interactions
 - DNR vs CMO Orders
 - Day vs Night Shift
 - Unit Affiliation
 - Nursing Experience

Objectives

- Improve Management of Symptoms for Patients at End of Life on Medical & Oncology Units
- Identify and Educate PCRNs and Survey Staff RNs About Barriers to Opioid Administration at End of Life
- Include Project for Shared Governance and Magnet Program

Methods

- Enlist & provide training to a Palliative Care Resource Nurse (PCRN) per shift as a unit resource for a total of 8 nurses
- Formal training (shadowing & didactics) with PallCare team
- Keep ongoing list of cases & monthly review w/ PallCare team
- Quality measures
 - Documentation of symptom management and staff satisfaction with process and CARES tool
 - Provide a survey to PCRNs before and post-training
 - Provide a survey to Staff RNs

Tools/Skills

Leadership Planning Meetings: Dec, Jan and Feb

Session I: March

- Self-Assessment, Pain Relief, CARES tool
- Identify Attitudes/Influences: Narcotics
- Myths/Misconceptions: Narcotics
- Identify Barriers: PRNs, Practices/Perceptions
- Identify Strategies: Support/Hinder Attitudes
- Identify Strategies Targeted with Case Studies
- PCRN Shadowing Days Sign-up

Session IV: June - July

- C.A.R.E.S. Tool Med Rms; WOWs
- Resource Binder placement on floors
- RN Palliative Competency Check List
- Change in Practice Due to RN referrals
- Case Studies: Mgmt of CMO (4)

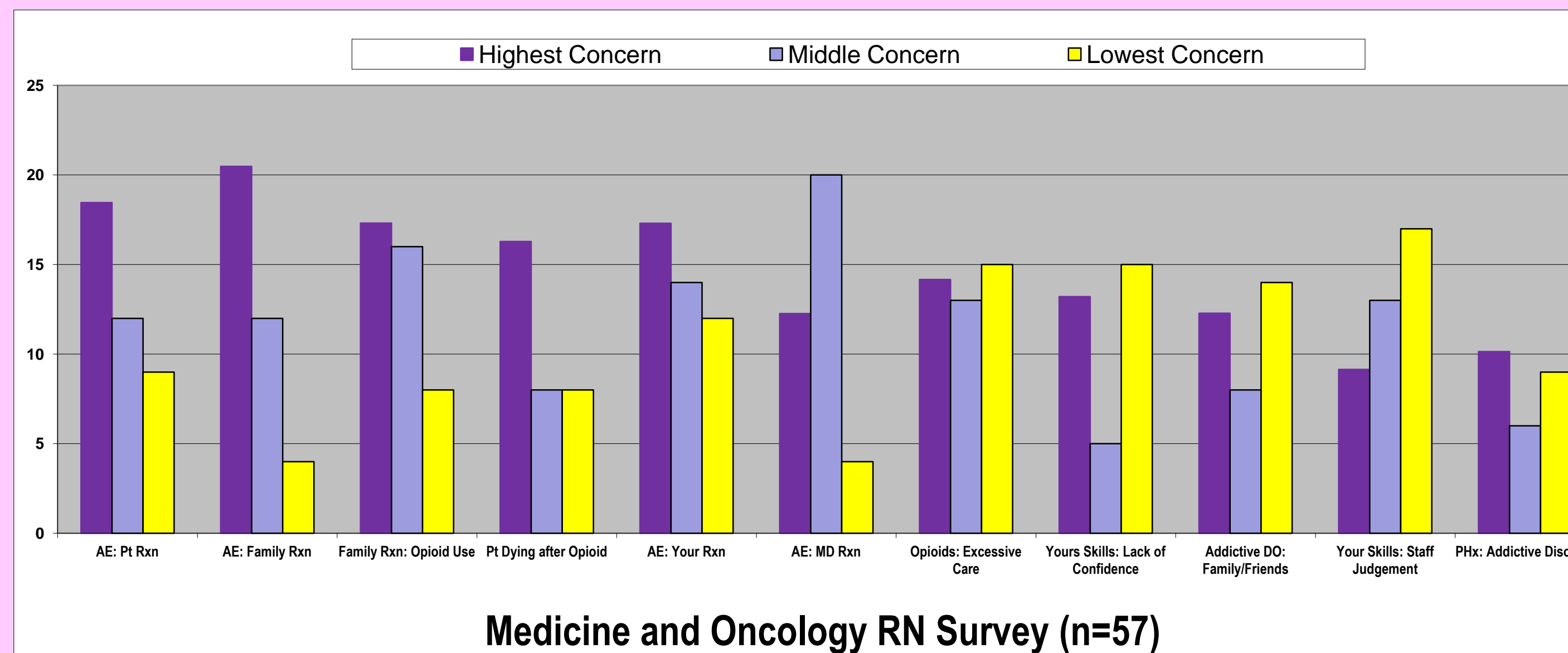
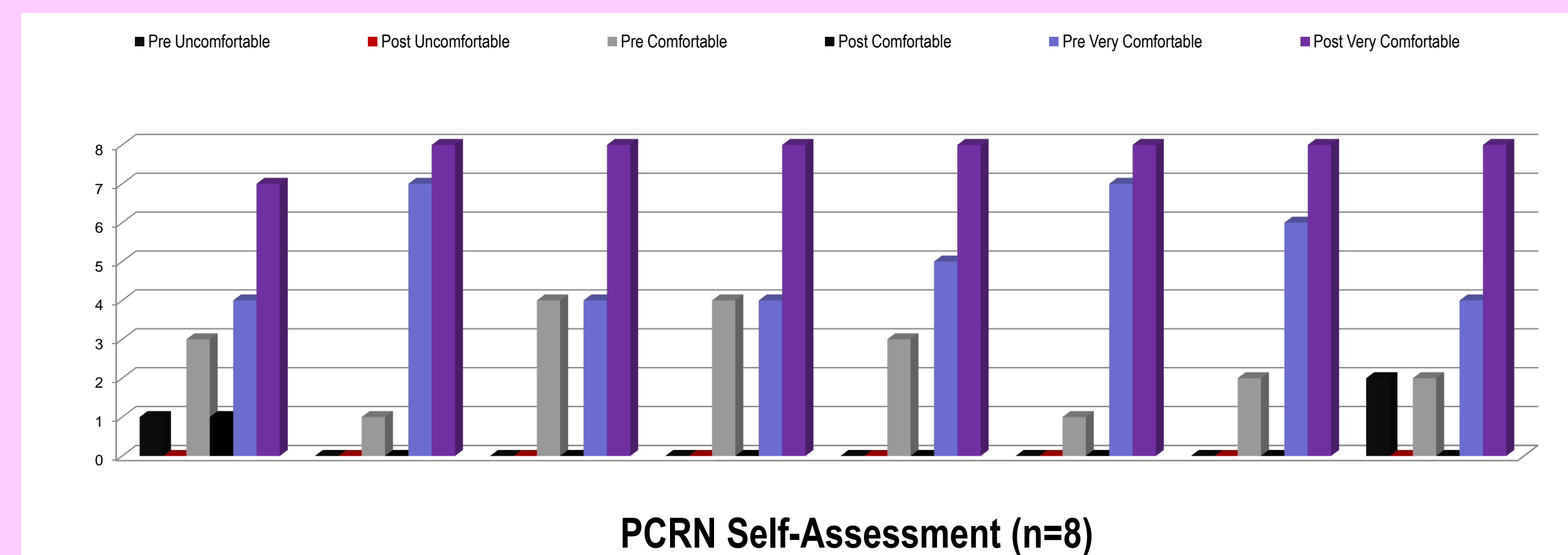
Session II, III: April - May

- PCRN Shadowing Days
- Management of PC patients
- Utilizing PCRN on Units
- Unit Safety huddle ID of PC patients
- Case Review's Influence on Behaviors

Session V, VI: August - Sept

- RN Survey
- Magnet Story for PC & PCRNs
- RN Palliative Competency Review
- Recruitment of new PCRNs
- Case Reviews: Patient Mgmt Changes
- Complicated Grief
- Family Interference

Data



Results

PCRN Self Assessment Survey: (n=8)

8 Domains queried on a scale 1-9 then ranked "Very Comfortable" "Comfortable" or "Uncomfortable"

- Pre-Test:** Reflects PCRN Self-Selection Bias
Lowest Comfort Level: DNR & Prognostication
- Post Test:** Comfort Levels Increased in All Domains
All but (1) "Very Comfortable" in All Domains
Exception was discussing DNR

Medicine & Oncology RN Survey (n=57)

11 Domains queried
Ranked in "Order of Importance" on a scale of 1-11

- (5) General Categories:
- Reaction (Rxn) to Adverse Events (AE)
 - Lack of Confidence or Skill
 - Staff Judgement
 - Too Much Work
 - Previous Experience with Opioids
- Responses Grouped (3) Tertiles: High, Mid & Low Concern
- High: Reactions to AE, Feelings of Responsibility
 - Mid: MD Rxn to AE, Family Rxn to Opioid Use
 - Low: Lack of Confidence, Fear of Staff Judgement, prior Experience with Addiction

Conclusion & Discussion

- Peer Assistance has Improved Staff Communication
- PCRNs have Increased Knowledge and Confidence
- PCRNs & RN's: Increased Awareness to Opioid Barriers
- PCRNs & RN's: Increased Awareness to Symptom Mgmt

Future Work

- Supporting Initial PCRN Trainees and Staff RNs
- Training Second Group of PCRNs
- Sharing Experiences with Other Hospital Systems
- Partnering with Undergraduate Nursing Programs