

## Background

Foundationally Palliative Medicine (PM) is an interdisciplinary team (IDT) approach to caring for seriously ill patients and their families. Disciplines include physician, advanced practice provider (APC/PA), Registered Nurse (RN), social work, chaplaincy, pharmacy, and healing arts. Each discipline brings the foundation of their specialty to the team. This allows each team member (discipline) to provide care at their maximum potential skill set, and work at the top of the team member's license. Doing so has the potential to enhance PM reach, improve patient/family care, increase RN and IDT job satisfaction, and increase team efficiency. An interdisciplinary team based approach enables a PM team to deliver whole person care.

In 2014 Mayo Clinic Rochester (MCR) PM had 1 RN dedicated to the outpatient setting. Since 2016 RNs have been part of the inpatient PM teams. In 2019, 11 PM RNs cover all 5 inpatient teams and the PM outpatient clinic. The addition of RNs to the inpatient IDT provided an opportunity to further define the RN role on the PM IDT allowing the nurse to work to fullest scope of RN licensure, increase team efficiency, increase RN and team satisfaction, as well as improved patient/family care.

## Project Summary

### GAPS

- Lack of IDT knowledge of the RN role
- Limited experience of the RN role on IDT
- No formal written process or workflow for RN-only visits

**AIM** Clarify and define the role of the RN as part of the PM inpatient team.

- Operationalize the role of the specialty PM RN on the inpatient consulting services.
- Educate the PM IDT to fully engage the skill of the RN to optimize team function and patient care.
- Increase the number of RN-led patient visits by 25%.

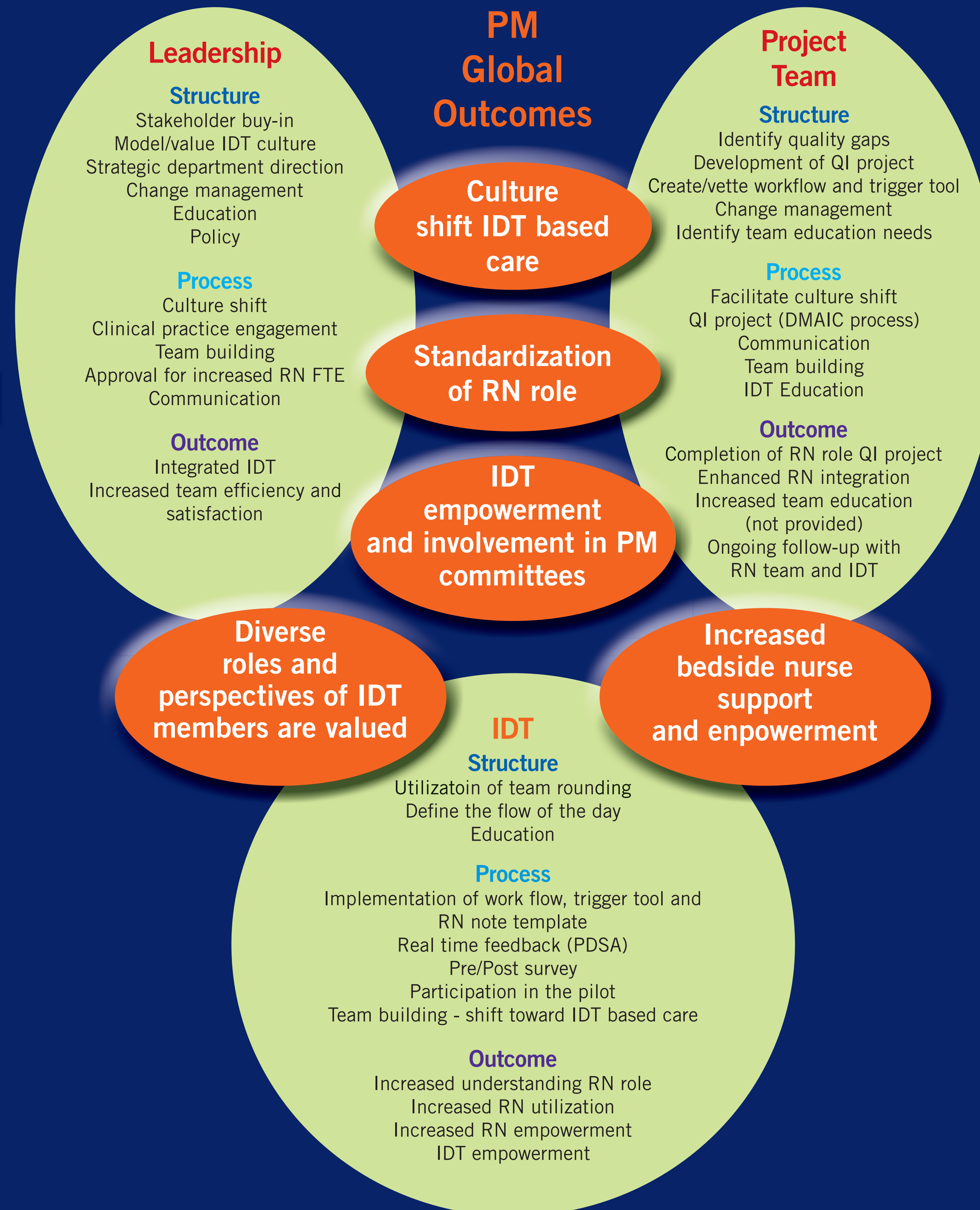
**PROJECT** The pilot project was conducted on one inpatient PM service. During this project a formal workflow and RN visit trigger tool were created and implemented. This project was completed over 6 weeks. Feedback and real-time project adjustments (to the trigger tool and/or the workflow) were done at weekly PDSA cycles.

### RESULTS

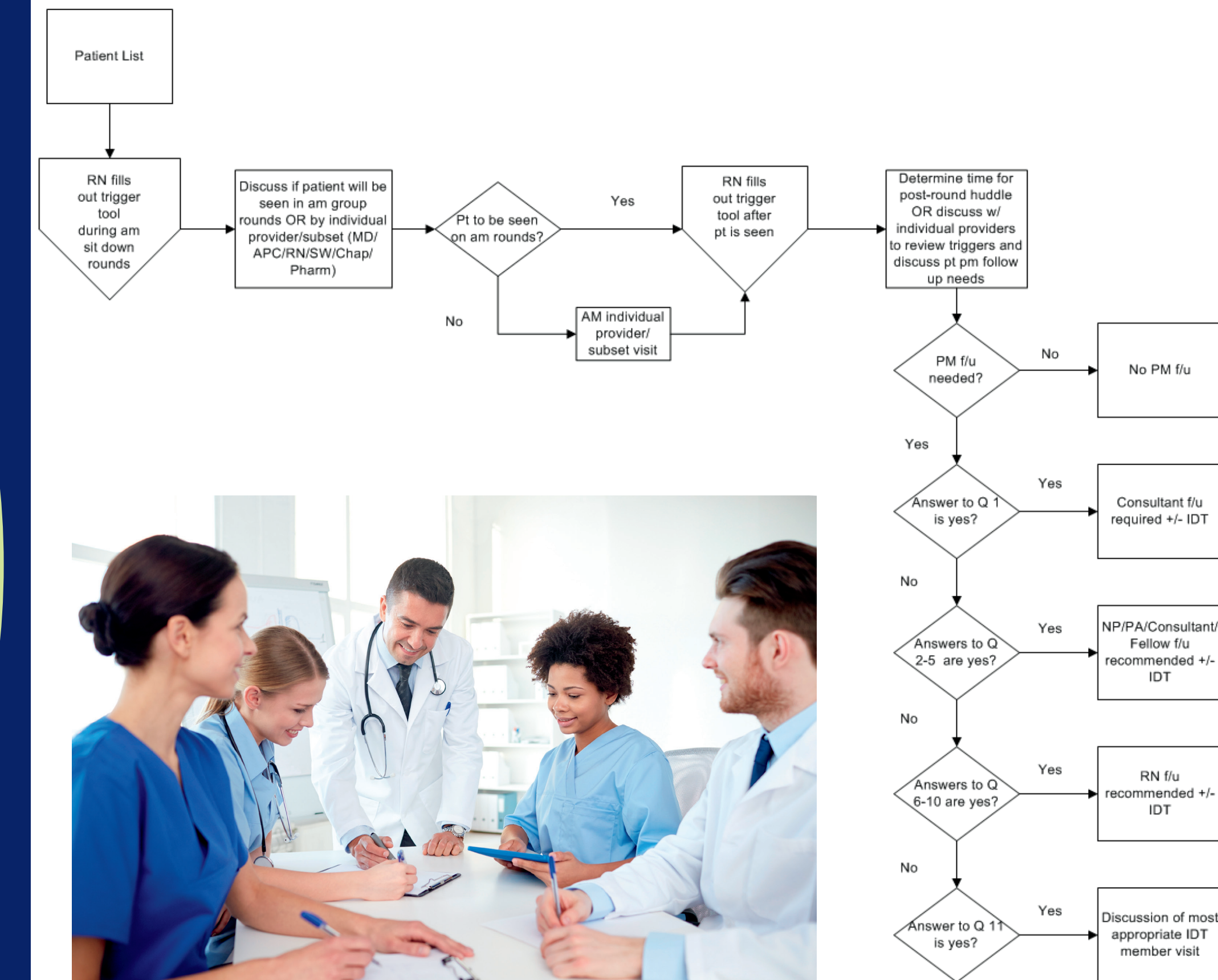
- RN-led patient visits increased by 28%
- RN identifying visits increased by 21%
- IDT identifying RN-only visits increased by 27%
- RN satisfaction increased from 40% to 100% (of RNs reporting satisfaction)

**DISCUSSION** Defining the RN role provided structure for integrating an RN into the inpatient PM team. The workflow and visit trigger tool provided standardization which allowed RNs to be more proactive in identifying potential nurse visits while increasing the team's understanding of the RN role. This structure has been implemented across all inpatient PM teams. RN integration required leadership support, a project team and IDT. The global outcomes demonstrate that integration of roles has the potential to empower all disciplines; change culture and support the consulting services.

## RN Integration: Structure + Process = Outcome



## RN Workflow



## Visit Trigger Tool

Date \_\_\_\_\_ Provider \_\_\_\_\_ Pt initials/MC# \_\_\_\_\_

AM

Utilize the following questions to determine who needs to see patient:

**Consultant Trigger Questions:**

- Patient must be staffed? YES
- If yes, consultant needed at minimum. YES

**NP/PA/Consultant/Fellow Trigger Questions:**

- Specific goals of care decisions need to be made today? YES
- Care conference today? YES
- Changing and/or complex symptom burden/med regimen? YES
- Complex and/or unstable discharge plan with d/c in next 24 hours? YES

If yes to any questions above, NP/PA/Consultant/Fellow needed at minimum.

**RN Trigger Questions:**

- Reassessment of symptoms and/or medication needed? YES
- Patient/family clinical education needed? YES
- Bedside RN education and/or support needed? YES
- Completion of Advance Directive document needed? YES
- Specific circumstance discussed with provider concluding RN visit? YES

Reason: \_\_\_\_\_

If yes to any or all questions above, RN needed at minimum.

**PM**

The patient needs to be seen this afternoon? YES NO

**RN Trigger Questions:**

- Reassessment of symptoms and/or medication needed? YES
- Patient/family clinical education needed? YES
- Bedside RN education and/or support needed? YES
- Completion of Advance Directive document needed? YES
- Specific circumstance discussed with provider concluding RN visit? YES

Reason: \_\_\_\_\_

If yes to any or all questions above, RN needed at minimum.

**11. Patient/family coping/support needed? YES**  
(If YES identify appropriate IDT member: Chap / MT / RN / SW)

## References

- Temel, J.S. et al. (2010). Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*, 363, 733-742. doi: 10.1056/NEJMoa1000678
- Ferrell, B., Malloy, P. ELNEC Core Curriculum COH & AACN 2017 Introduction to ELNEC Curriculum Intro-1