

Onboarding of advance practice registered nurses in a Palliative Care program during challenging times

INTRODUCTION

According to the Institute of Medicine (IOM, 2011) in **The Future of Nursing: Leading Change, Advancing Health**, there are over 3 million registered nurses in the United States, which encompasses the largest field of health care professionals. With a growing number of patients seeking health care, it is vital that these health care professionals receive a vast amount of education to provide this care.

Palliative Care is a specialty program in which a team of trained clinicians cares for seriously ill patients with emphasis on symptom management and preventing avoidable hospitalizations (CAPC, n.d.). One program, in particular, consists of a team of physicians, advance practice registered nurses (APRNs), registered nurses (RNs), licensed vocational/practical nurses (LVN/LPN), social workers (SWs), certified medical assistants (CMAs), clinic administrators (CAs), and patient service representatives (PSRs).

WellMed is a health care delivery system serving more than 400,000 patients in Texas and Florida. The WellMed Palliative Care program, now known as WellMed Supportive and Palliative Care, originated in 2013 as one of several sub-specialty programs offered. Patients are seen in the primary care clinic offices, skilled nursing facilities, and in their own homes. The Supportive and Palliative Care program has been expanding and, therefore, needed to add additional advance practice registered nurses (APRNs). Between the months of Jan. and Mar. third new APRNs were hired on to the program. The challenge is that the APRNs were added to multiple geographical sites and, due to ongoing travel restrictions, a more innovative way to onboard them while standardizing this process had to be initiated.

In efforts to expand access to quality palliative care, two senior APRNs identified a need to standardize the onboarding process for this specialized program. They took on the challenge of standardizing the new staff onboarding by various methods that included use of WebEx, telephonic meetings, and emails.

DESCRIPTION

Bridges is the home visiting program and, presently, over 1,000 patients have been enrolled across all of the WellMed markets in Texas and Florida. Due to the complexity and needs of the program, the need to devote staffing resources to the most complex patients was of top priority. APRNs are an integral part to the success in the Bridges program. Each APRN manages approximately 125 patients with the support of the RNs in the field. The senior APRNs, with support from leadership, allotted one hour a week for the new APRNs over three months to meet and cover topics to promote success in a new specialized role.

METHODS

Initially, planning and meetings were held via WebEx with key players of the team, including lead physicians, to determine how best to meet the needs of APRNs. Once the base of the onboarding process was established, weekly one hour meetings were conducted via WebEx with the new APRNs. Each session began with a review of the week in which the APRNs discussed challenges or concerns they encountered. Discussion topics included policies and procedures, documentation of a palliative care note, geriatric screenings for cognition, depression and functional limitations, reviewing a symptom-screening tool, and many other palliative care topics. Each session ended with a question and answer session to check in on the staff to ensure their role transition was successful.

FINDINGS

In conclusion, it was evident that this onboarding process produced positive outcomes. Although we were unable to physically meet in person, new APRNs felt that they had support from senior leadership. They were able to successfully transition into their new role and knew whom to contact if they have questions. An onboarding guide was designed for standardization for future APRNs across all markets for WellMed Supportive and Palliative Care. In this dynamic specialty of palliative care, this guide will be modified to meet the needs of new APRNs and, more recently, with the inclusion other new clinicians such as physicians and physician assistants.

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