Breaking the Glass Ceiling

Working to the Top of the Palliative Nurse License

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LOWER CAPE FEAR LifeCare

Problem Statement

Expanding access to inpatient palliative care is challenging due to several systemic, financial, and cultural barriers. Among these are workforce shortages, funding limitations, lack of awareness of palliative care, logistical challenges within hospital workflows, geographic disparities, and time constraints in acute care settings.

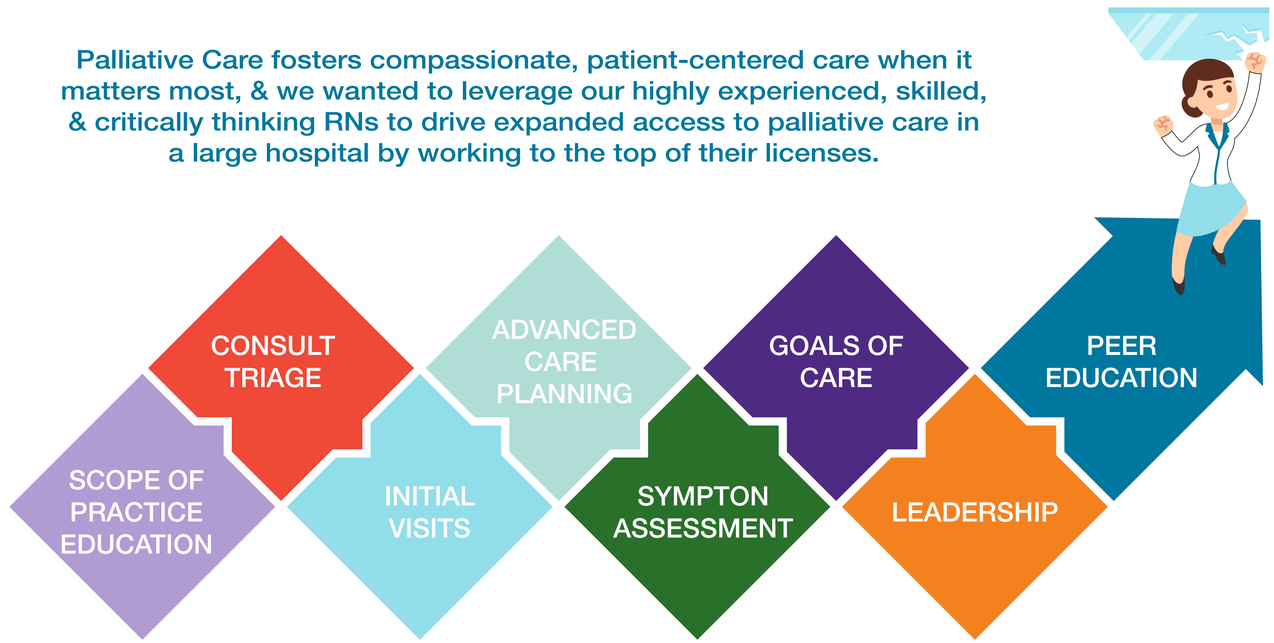
Expanding Access, Empowering Nurses

Implementation Strategy

- **Orientation Guide:** Developed from CAPC resources/training & materials provided by LCFL education department, led by April Blizzard, RN.
- **Interdisciplinary Collaboration:** Daily huddles where palliative & hospice team discuss complex cases. RNs embedded in the ED to screen & quickly assess patient needs.
- **Stakeholder Engagement:** Active advocacy through presentations to key hospital leaders regarding the benefits of early palliative consults/involvement.
- **Education:** Completion of CAPC modules, Relias education, Fast Facts, & Palliative Pearls reviews during staff meetings.
- **Ongoing Learning:** Hosting "Lunch & Learn" sessions led by palliative care specialists.
- **Self-Learning Encouragement:** Promoting self-directed learning & professional society membership.
- **Certification Support**: Encouraging access to the Hospice & Palliative Nurse (CHPN) certification program.
- **Mentorship:** Collaborative mentorship with seasoned providers and nurses.

Areas of Skill Enhancement

Palliative Care fosters compassionate, patient-centered care when it matters most, & we wanted to leverage our highly experienced, skilled, & critically thinking RNs to drive expanded access to palliative care in a large hospital by working to the top of their licenses.



- Promoting nursing autonomy, scope of practice, and impact within the palliative care context.
- Triage all incoming consultations and notifications from hospital team members, under the supervision of a provider. Monitoring ED track board and screening for palliative care needs.
- Facilitating initial visits to support complex case management and enhance communication between teams.
- Leading advanced care planning (ACP) discussions to empower patients to make autonomous healthcare decisions.
- Conducting acute symptom assessments, addressing complex symptom management needs, and providing crisis management with the support of a palliative care provider.
- Goals-of-care discussions and complex decision-making, including code status, artificial nutrition, chemical and mechanical life support, and weighing the benefits versus risks of treatments, particularly in end-of-life care.
- Encouraging interdisciplinary leadership by positioning nurses as care navigators.
- Providing ongoing education and support for nurses addressing complex patient questions or concerns.

Results

- **24 Hour Metric/Enhanced Efficiency:** increased by 20% (2024 vs 2025)
- Palliative providers report improved workflow and efficiency.
- **ED Consults:** Increased 93% from 2024 to 2025 YTD.
- **PC Consults Total:** increased by 15%
- **ACP Note Completion:** 95% for 2025
- **Improved ED Provider Satisfaction:** Positive feedback from ED providers regarding palliative care integration.
- **ED Avoidable Admissions (Jan-July 2025):** 39 patients which saved Novant NHRMC an estimated $1,000,000 or more based on the average inpatient stay rate
- **Screening:** Implementation of a screening tool (P-CaRES) in the ED to identify patients who may benefit from palliative care, as well as identifying patients enrolled in our outpatient program
- **Improved Communication:** Inpatient palliative nurses regularly communicate with our patients' multidisciplinary teams. Inpatient nurses also communicate with outpatient team members to inform them of patient admissions and discharges from the hospital.

****All of these percentages were calculated based on the first 6 months of 2024 vs. the first six months of 2025****

Next Steps

- **ACP Notes by RNs:** Empower PC RNs to take on the responsibility of writing ACP notes.
- **Ongoing Educational Partnerships:** Develop partnerships to support ongoing research & education, providing targeted training as RNs gain experience.
- **Mentorship Programs:** Establish mentorship initiatives that allow experienced PC RNs to train bedside RNs in primary PC skills.
- **Influencing Hospital Culture:** Fostering a supportive teaching environment across departments & enhancing hospital culture.