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The Impact of a Palliative Care Fellowship on Nurses' Knowledge and Comfort

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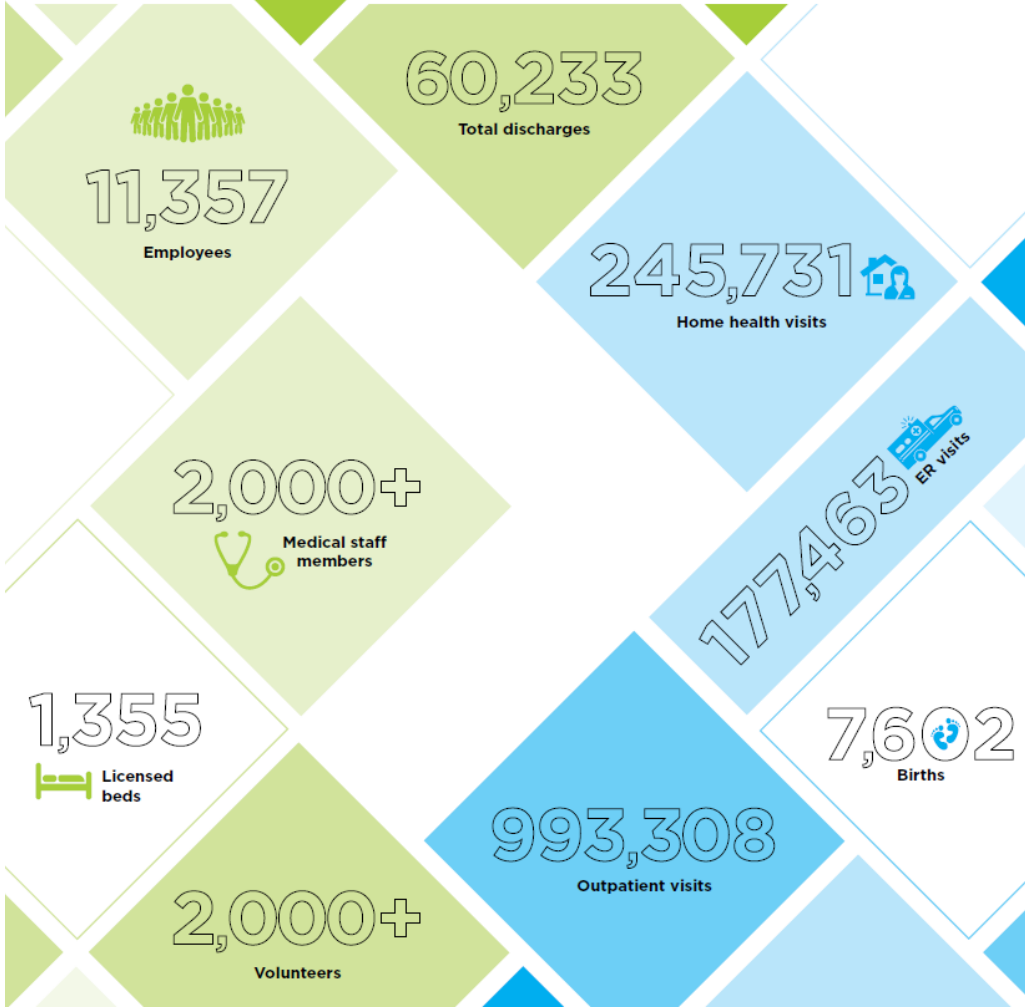
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Main Line Health

- Five Hospital Healthcare System
- Serves portions of Philadelphia and western suburbs
- Over 2,800 nurses
- Mid-Atlantic Alliance for Performance Excellence (MAAPE) Excellence Award
- Voted among the nation's best employers by Forbes Magazine

About Main Line Health



System Magnet® Designation

Initial Designation

Riddle Hospital and Bryn Mawr Rehab Hospital



Third Designation

Lankenau Medical Center, Bryn Mawr Hospital and Paoli Hospital



Purpose

- To investigate the impact of a one year educational program on nurses' knowledge and comfort level when caring for patients with palliative care or end of life needs
- To more than double the number of current palliative care fellow graduates by the end of the program

Objective

- Participants will experience an increase in knowledge and comfort when caring for palliative care and end of life patients as measured by a survey completed at the start of the program, at six months and then again at the completion

Review of the Literature: Background/Significance

- Current healthcare focus on population health, patient outcomes and cost containment
- National Consensus Project (NCP) supports palliative care for all populations across lifespan
- Institute of Medicine (IOM) highlights critical need for end of life care focus for a “more sustainable care system”

Review of the Literature: Background/Significance

- Many healthcare organizations do not provide palliative care education
- Population of 65 year olds and older is estimated to increase by 7% in the United States by 2040
- Current challenges to providing better palliative care services
 - Inadequate number of educated providers specializing in this care
 - Inequitable access
 - Unsustainable cost of healthcare delivery in the US

Review of the Literature: Background/Significance

- Barriers to palliative care education
 - Confusion regarding the difference between a hospice versus palliative care consult
- Two current educational opportunities
 - End of Life Nursing Education Consortium (ELNEC) and Center to Advance Palliative Care (CAPC) modules

Review of the Literature: Background/Significance

- Gaps in literature
 - The return on investment for providing palliative care in the United States
 - The impact of nursing specific palliative care fellowships within the acute care setting for experienced health care providers

Background/Significance: Organizational

- Organization identified the need for more wide spread palliative care education
- A palliative care fellowship supports the healthcare organization's mission and strategic focus of providing comprehensive care to a growing population in need of supportive care to enhance quality of life

Background/Significance: Organizational

- Current acute care education includes
 - End of Life Nursing Education Consortium (ELNEC)
 - Center to Advance Palliative Care (CAPC)
 - Prior Palliative Care Education Program for one campus lasting two years

The Course: Palliative Care Fellowship

- Collaborated with CNO, Palliative Care Team, Director of Nursing Education, & MLH ELNEC Trainers to develop a Palliative Care Fellowship (PCF) Committee
- Conducted an extensive literature review and examined a previous program existing in one MLH hospital
- Aligned PCF expected outcomes with MLH nursing vision and strategic goals
- Developed eligibility requirements & application process
- Presented plans to CNO who gained approval from MLH Senior Leadership and Nursing Leadership Teams

Eligibility Requirements

- RN with 2 years clinical experience
- ELNEC completion within the past 5 years
- Nurse Manager Approval
- Overall performance appraisal with no performance management corrective interventions within the past six months
- Application and Resume or CV submission by specified date

Curriculum Design

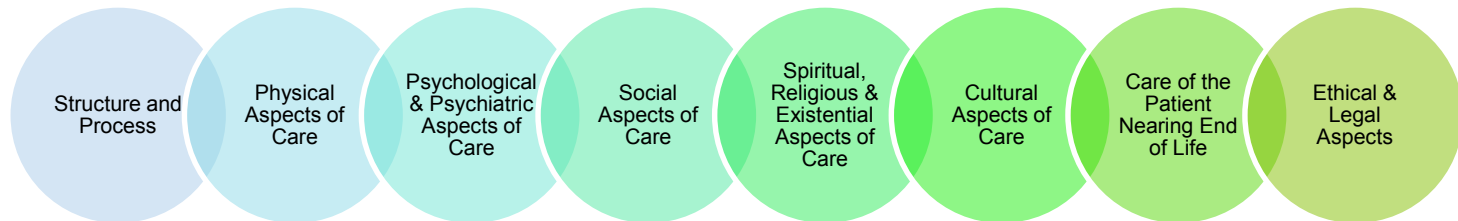
Evidence Based

- Utilized NCP 8 Domains for Quality Palliative Care to create a curriculum shell
- Elaborated on ELNEC content
- CAPC modules

Team Approach

- Flipped classroom model
- Utilized in house experts from System PC Team as lecturers
- One director, 4 campus lead volunteers from each acute care facility

NCP Guidelines for Quality Palliative Care



The Experience

Program Expectations

- Didactic Time
- Campus Meetings
- Clinical Shadowing
- Journal Entries
- CAPC modules
- Evidence Based Practice Project
- Sit for Specialty Certification
- Attend Graduation and Poster Presentation Event

Method for Program Evaluation

- Longitudinal evaluation of survey data
- Palliative Care Fellows (n=26) and Nurse Residents (n=26) were identified as the two samples and data collection occurred at three time points throughout educational program
 - Start of fellowship and residency (Spring 2016)
 - Six month mark (Fall 2016)
 - Completion of Program (Spring 2017)

Pre Survey Demographics

- Palliative Care Fellows (PCFs)
 - 25 RNs and 1 Social Worker (n=26)
 - All female
 - Four with Masters Degree
 - Average years since graduation – 13
 - Representative of all campuses

Pre Survey Demographics

- Nurse Residents (NR)
 - 26 RNs
 - One male
 - Only inpatient acute care campuses were represented

Instrument

- Powazki et al Survey Tool specific to Palliative Care
 - Capability / Knowledge Questions (9)
 - Comfort Questions (11)
- Statistical Analysis
 - Means, standard deviations and one tailed t tests
 - Stata Software Version 10

Pre and Post Survey Participation Rates

- PCFs: Pre 92% and Post 59%
- NRs: Pre 62% and Post 69%

Results: Baseline Knowledge and Comfort

t-Test Difference Between PCF and NR Pre Training

	Pre-Training				t-Stat	p value
	Nurse Resident		Palliative Care Fellow			
	Avg (SD)	N	Avg (SD)	N		
Knowledge Domain	2.44 (0.76)	14	3.44 (0.53)	24	4.35***	p = .0001
Comfort Domain	3.12 (0.70)	14	3.88 (0.39)	24	3.77***	p = .0007

Note. * $p < .05$, ** $p < .01$ and *** $p < .001$

Findings demonstrate a clear difference in baseline knowledge with the PCFs scoring significantly higher in both domains with p values for both $< .001$

Results:

PCF Knowledge and Comfort Through Program Year

t-Test PCF Differences from Pre, Mid and Post training

	Pre-Training		Mid-Training		Post-Training		t-Stat (p value)		
	Avg (SD)	N	Avg (SD)	N	Avg (SD)	N	Pre vs. Mid	Pre vs. Post	Mid vs. Post
Knowledge Domain	3.44 (0.53)	2 4	4.01 (0.53)	20	4.20 (0.52)	15	-3.52 *** (p = .0005)	-4.33 *** (p = .0001)	-1.05 (p = .1498)
Comfort Domain	3.88 (0.39)	2 4	4.24 (0.47)	20	4.48 (0.42)	15	-2.70 ** (p = .0050)	-4.52 *** (p = .00003)	-1.61 (p = .0583)

Note. * $p < .05$, ** $p < .01$ and *** $p < .001$

Results:

NR Knowledge and Comfort Through Program Year

t-Test NR Differences from Pre, Mid and Post training

	Pre-Training		Mid-Training		Post-Training		t-Stat (p value)		
	Avg (SD)	N	Avg (SD)	N	Avg (SD)	N	Pre vs. Mid	Pre vs. Post	Mid vs. Post
Knowledge Domain	2.44 (0.76)	14	3.24 (0.57)	17	3.34 (0.85)	13	-3.36 ** (p = .0011)	-2.91 ** (p = .0038)	-0.39 (p = .3509)
Comfort Domain	3.12 (0.70)	14	3.49 (0.60)	17	3.57 (1.00)	13	-1.57 (p = .0634)	-1.38 (p = .0899)	-0.3 (p = .3846)

Note. * $p < .05$, ** $p < .01$ and *** $p < .001$

Results: PCF Knowledge Question Comparison



Results: PCF Comfort Question Comparison



Results: NR Knowledge Question Comparison



Results: NR Comfort Question Comparison



Achievement of EBP Objectives

- Based on statistical significance of the data, the PCF did experience an increase in knowledge and comfort
- Upon program graduation, the organization increased the existing 15 graduates from prior programs to 38

Additional Results

- 19 Evidence Based Practice (EBP) Projects Completed
 - 1 Policy Change
 - 2 Unit Based Practice Changes
 - 1 Accepted for Presentation at National Nursing Conference
- 91% Achieved Specialty Nursing Certification
 - 11 HPCC Hospice Palliative Care RNs
 - 9 ANCC Pain Management RNs
 - 1 HPCC Hospice/Palliative Care SW

Limitations

- Small sample size
- Confusion surrounding the RN category for demographics
- Timing of the nurse residency session on palliative care and end of life needs
- Last 6 months of program significantly focused on the completion of an EBP project
- Survey tool may not have reflected the value of the EBP project

Conclusion

- This one year system wide Palliative Care Fellowship Program did enhance the knowledge and comfort levels of the PCFs

Recommendations / Lessons Learned

- Larger sample size
- Further investigation and data collection surrounding impact/value of the EBP project
- Change survey verbiage from RN to Diploma
- Change timing of NR education on palliative care
- Require CAPC module completion prior to start of program

Thank You

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