



# The End-of-Life Nursing Education Consortium

*April 2019 Webinar*

**ELNEC-ONCOLOGY APRN  
COHORT 2**

# Heidi Mason RN, MSN, ACNP-BC, DNP(c)

University of Michigan, Head and Neck Oncology, Ann Arbor MI

- I have been working on...
  - A new palliative care nursing class at the school of nursing
  - Implementing use of POLST (Provider Orders for Life-Sustaining Treatment)
  - Better palliative care for outpatient oncology
- We have achieved...
  - Educating undergraduate and NP students in palliative care
- A few challenges have been...
  - Making palliative care a priority in the cancer center



# Joanne Greene, MSN, MA, APRN, CPNP-BC

## MD Anderson Cancer Center, Department of Pediatrics

### Houston, TX

- I have been working on...
  - Staff education using ELNEC Modules
  - Staff Self Care programs
  - Criteria for Pediatric Palliative Care referrals
  - Symptom management SOP's
- We have achieved...
  - Presented at APHON local chapter meeting
  - Presenting at GAP Conference in May
  - Hired Mind/Body Specialist
  - Developed unit Palliative Care Champions
- A few challenges have been...
  - Staffing issues
  - Need more time to accomplish goals



# Allison Taylor, MSN, APN-BC, AOCNP

Dana Farber/Brigham and Women's Cancer Center

Supportive and Palliative Radiation Oncology / Boston, MA

## ● I have been working on...

- Pilot; ethics rounds within the radiation oncology department.
- Improving resident education

## ● We have achieved...

- Pilot program established; ethics rounds in radiation oncology department. Monthly x6 months (March-August) in collaboration with our hospital ethics team. The inaugural March meeting was well attended (n=50), topic was medical futility.
- Presentations at resident morning conference; Advanced Care Planning (ACP) and Hospice Care. Worked with the leadership team to add ACP training to annual competencies.

## ● A few challenges have been...

- Time, resources



# Lynsey Teulings, APRN

## Dartmouth Hitchcock Medical Center, Hematology/Oncology, Lebanon, NH

- I have been working on...
  - Implementing routine opioid misuse screening in Head and Neck Oncology patient undergoing chemo-radiation at a pre-treatment visit.
- We have achieved...
  - Administration of the Opioid Risk Tool (ORT) by a nurse or APRN for most patients
  - Addition of the ORT to eDH for data entry
  - Standardizing referrals for moderate-high risk patients to palliative care for complex pain management
- A few challenges have been...
  - Deciding when to screen (initial visit, chemo teach, etc) and ensuring patients are not being missed
  - Consistency of scoring (ie. Defining alcohol abuse, illegal drugs, family history, etc)



# Taryn J. Hamre, DNP, APRN, FNP-BC, CPHON

Division of Pain and Palliative Medicine, Sunflower Kids Program, Assistant Professor, Connecticut Children's Medical Center, Department of Pediatrics - UCONN School of Medicine, Connecticut Children's Medical Center

- Goal 1: To provide improved pain and symptom management to pediatric oncology patients on the inpatient Hematology/Oncology service through monthly educational sessions with house staff. Each month I have a 1 hour teaching session with the residents and medical students rotating on the hematology/oncology service.
- Update: Since ELNEC, I have focused my sessions on pain and symptom management and a basic introduction to pediatric palliative care. I often utilize a current patient on their service as a case to provide a foundation for what we discuss.



# Taryn J. Hamre cont'd

- Goal 2: To initiate conversations and to encourage an interdisciplinary approach to increase access to early pediatric palliative care involvement to children facing high-risk cancers including neuroblastoma, relapsed oncological diseases and brain tumors.
- Update: This is a work in progress. We are advocating for earlier involvement on these types of patients and are attending tumor boards regularly to be a presence and to offer suggestions on improving symptom management and quality of life.
- Goal 3: To promote/provide generalist pediatric palliative care education to colleagues including nurses as well as other learners (medical students & residents). Currently planning a state-wide conference in CT for nurses interested in learning more about pediatric palliative care to help address the gap in access to care for children facing serious illnesses and those at the end-of-life.
- Update: The state –wide conference was a huge success! We had 103 nurses attend from inpatient and outpatient settings across CT. It was a 1 day educational conference including: an introduction to pediatric palliative care, pain management, symptom management, communication skills, child development, integrative medicine strategies, self-care tools and a concluded with a bereaved parent panel. Additionally, I am looking at pre/post conference data on self-efficacy and hope to have my official results soon.

# Jo Ann Flounders MSN CRNP,ANP-BC, AOCN, CMOH

## Broomall, PA

- Completed 80 hours following Palliative Care Team at local hospital
- Completed online Palliative Care Continuing Education
- Planned a Spiritual Wellness session for 1.5 hours on a Thursday evening in May for Staff, patients and caregivers including Mindfulness, Pet Therapy, Music Therapy, Reiki, Aromatherapy, Journaling, etc including stations around the meeting room



# Phebe Cole FNP-C

## Medical Oncology Falck Cancer Center, Elmira, New York

### I have been working on...

- Initiating a palliative program in our outpatient oncology practice
- Coordinating with the inpatient palliative program in order to provide a more collaborative approach when our patients are admitted

### We have achieved...

- Program for outpatient palliative care is initiated and there have been many successes in better pain and symptom control, addressing advanced directives, discussions for goals of care and these discussions are occurring earlier in the course of treatment rather than at time of crisis



# Phebe Cole FNP-C cont'd

## We have achieved...

- Big improvements in coordination between the cancer center and the hospital palliative team. There has been a positive response from social work, hospice, the hospital palliative team and our patients regarding the impact this has had.
- Staff education has given them a better understanding of palliative care

## A few challenges have been...

- Making time for this program. There is a very serious discussion regarding hiring another APP to cover some of my other duties to allow more time for this program
- The hospitalist have not been as quick to get on board this program

# Karen Abbas, MS, RN, AOCN<sup>®</sup>, RN-BC

## Wilmot Cancer Institute, Rochester, NY

- I have been working on...
  - Adding end-of-life education to our Oncology Nursing Residency Program (ONRP)
  - In conjunction with our Pursuing Excellence team – adding a home care/hospice liaison into our thoracic and GI clinics
  - Providing education on delirium at end-of-life for oncology nurses and APPs in conjunction with a Palliative care NP
  - Spending time with palliative care team



# Karen Abbas, MS, RN, AOCN<sup>®</sup>, RN-BC

## Wilmot Cancer Institute, Rochester, NY

- We have achieved...
  - Have added several ELNEC modules into the ONRP
  - Have a liaison position approved – have been interviewing
  - Started working on developing an online module on delirium
  - Attending palliative care team meetings – still working on rounding with them
- A few challenges have been...
  - We have been preparing for Joint Commission visit- I am part of the JC steering team as well as my service rep – so much time has been spent on that
  - Working my schedule to coordinate with the palliative care team schedule

# Ashley Zanter, RN, MSN, ANP-BC, AOCNP

## University of North Carolina Chapel Hill/Adult BMT and Cellular Therapy Program

- I have been working on...
  - Development of Patient/Provider Pain medication agreement specific to our clinic population
- We have achieved...
  - Revisions and approval by BMT program
  - Awaiting revision and approval by hospital committees (Ethics, Legal and Risk Management, Patient Education) to begin using in clinic
- A few challenges have been...
  - Getting group to agree on what should be in the document and wording
  - Awaiting multiple committee approval



# Erin Hansen, MSN, MPH, ANP-BC

## University of California at Davis, Division of Hematology/Oncology, Sacramento, CA

### ● Ongoing

- Spending time with palliative care providers in clinic and inpatient teams
- Collaboration with nursing school students and fellows to assist with implementation of patient centered interviews regarding symptoms assessment and tracking in EMR for patients with multiple myeloma. Plan to expand to other hematologic malignancies after initial implementation

### ● Achieved

- Grant application to integrate PROMIS tools into EMR for evaluation of patient reported outcomes for enhanced symptom assessment and symptom tracking for patients with multiple myeloma/plasma cell disorders
- Increased referrals to supportive oncology at our cancer center

### ● Challenges

- Time: difficult to find the time in a busy clinic schedule to implement skills and knowledge gained from attending ELNEC conference
- Resistance from some oncology physicians regarding referrals to palliative care



# Catherine Robson, APRN

The Christ Hospital, Palliative Care Team, Cincinnati, OH

- **I have been working on:**

- Growing in my role on the Palliative Care team
- End of Life presentation for oncology RNs

- **We have achieved:**

- Increased independence/confidence in my role

- **A few challenges have been:**

- Large amount to learn
- Busy census



# Katherine Kell Mason, BSN, RN, MSN, APRN-PNP

University of Arkansas for Medical Science, Arkansas Children's Hospital Campus  
/Inpatient Oncology, Little Rock, Arkansas

- I have been working on...
  - *Getting more palliative care consults*
  - *Spending more time with palliative care*
- We have achieved...
  - *I will be doing a weekly palliative care lunch starting April 18<sup>th</sup> for 8 weeks*
  - *Increased knowledge among nursing for the need for increased palliative care involvement on our patients*
- A few challenges have been...
  - *Grumpy old men set in their ways and not willing to change!*
  - *Time, hard to work in the time to really make changes!*



# Audrey Taylor-Bond, DNP, FNP, BC

## Radiation Oncology, Detroit, MI

- I have been working on...
  - My broadening my paradigm toward providing cancer care.
  - Not imposing my values, but the values of the patient and family
  - I am scheduled to shadow in the Palliative Care department on 4/23
- We have achieved...
  - ELNEC has improved my comfort level when included in goals of care discussions
- A few challenges have been...
  - Connecting with a provider in palliative care. Our palliative care department is short staffed.

# Lindsay Cleveland MSN, RN, FNP-C, BMTCN

## Karmanos Cancer Center, Detroit- MI

### Bone Marrow and Stem Cell Transplant



#### ● I have been working on....

- Awaiting a time that I am able to work with KCI Supportive Care Team.
- Reading text book provided by ELNEC APRN conference, learning.
- Reached out to nursing staff at KCI to address possible learning needs related to end of life care

#### ● What I have achieved...

- Authored MDONS newsletter article on Supportive Care presentation presented at Detroit MDONS annual conference in February 2019.

#### ● Challenges...

- Supportive Care team is going through a staffing transition. Currently, they are unable to take me on for shadow experiences etc.

# Jeanine Moreno, MS, APRN, AGNP-C

City of Hope Cancer & Aging Research Program Duarte, CA

- I have been working on...
  - Pain/symptom management
  - Goals of care discussion
  - Advance care planning
- We have achieved...
  - Pain/symptom management- assessing pain, better understanding of patient concerns re: barriers to achieving pain control, titrating meds, referring to supportive care
  - Goals of care discussion- introducing hospice as model of care sooner vs later especially for those patients with advance stage cancer
  - Advance care planning- advance directives/POLST
- A few challenges have been...
  - Patient / family readiness



# Liffy Cherian , MSN, APRN, AGCNS-BC OCN

UT Southwestern University Hospital, Clinical Education and Professional Practice,  
Dallas, Texas

- I have been working on...
  - Improving System wide Comfort care education among staff nurses and among inter-disciplines
  - Putting together resources for families and caregivers during the final journey
  - Doing literature search and following a practitioner to have a more hands on experience on symptom management
- We have achieved...
  - Providing education to about 60% of nurses in units that were identified as comfort care units
  - Able to provide a binder to all the units with resources readily available for the staff to provide to patients, families as well as for care givers to use as needed.
- A few challenges have been...
  - To obtain enough hours to round with a provider to obtain a more hands on experience with symptom management
  - I am also working on getting my prescriptive authority through the Texas BON so I am able to practice as a provider as well.



# Maggie Moore APRN

## Mt Ascutney Hospital, Windsor VT

- I have been working on...
  - Increasing Pal Care consults and visibility
- We have achieved...
  - Meeting with ER staff 4/25 to talk about Pal Care in ER
  - Consults from hospitalist have increased by large margin
  - Good feedback from staff on consults
- A few challenges have been...
  - After initial consult, don't seem to make time to follow (?how often, what triggers)



# Luke Neuburg BSN, RN- MSN Graduate Student City of Hope/Pediatrics, Duarte California

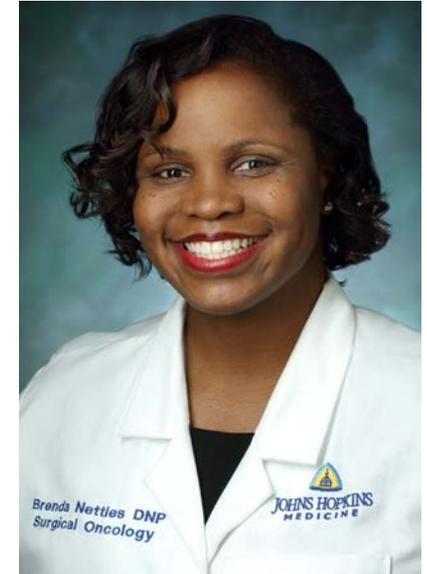
- I have been working on...
  - *direct observation with our Supportive Care team in the Outpatient and Inpatient setting.*
- A few challenges have been...
  - *Lack of a dedicated pediatric Supportive Care team (pediatric unit within adult institution)*
  - *team is viewed primarily as pain management by providers and patients.*
  - *team has limited involvement at end-of-life*



# Brenda Smith Nettles, DNP, ACNP-BC

Johns Hopkins Hospital, Surgical Oncology, Baltimore, MD

- I have been working on...
  - *Submitted business plan with support from attending surgeon for reserving clinic time for palliative care consultations and follow visits in surgery clinic*
- I have achieved...
  - *Abstract selected for poster presentation for Sigma Theta Tau, 45<sup>th</sup> Biennial Convention in November 2019, “Improving Symptom Management for Advanced Disease By Incorporating Primary Palliative Care Into Surgical Oncology”*
- A few challenges have been...
  - *Finding the time to complete my hours with the hospital palliative care team while covering my daily clinical responsibilities*



# Mikee Spaulding, FNP-C

Mid Coast Medical Group, Cancer & Blood Disorders, Brunswick, Maine

- I have been working on:
  - Preparing for certification in Palliative Care.
  - Integration of Palliative Care office hours in the Oncology office.
- We have achieved:
  - IDT meetings every 2 weeks for the Oncology Practice.
  - Earlier referrals to Palliative Care.
- A few challenges have been:
  - Presentation of Palliative Care to patients-working on better scripting for the nurse navigators and other providers.
  - Patient reluctance-changing how the patients view the definition of Palliative Care.



# Julie Reback, CRNP

## Johns Hopkins Hospital Ambulatory Oncology Baltimore, MD

- I have been working on...
  - *Consulting palliative and psychiatric teams outpatient during patients' chemotherapy infusions to minimize multiple appointments and inconvenience*
- We have achieved...
  - *Better symptom control and increased compliance with follow up visits*
  - *Faster recognition of patients who are at high risk or in need of psychiatric assistance (including substance abuse, suicidal ideation) and implementation of counseling at the bedside*
- A few challenges have been...
  - *Coordinating between palliative care and psychiatry to have a provider available to see the patient during their chemotherapy infusion "chair time"*
  - *Communicating and making sure primary oncology providers are following up on the recommendations after the initial assessment*



# Susan D. Bruce, MSN, RN, OCN, AOCNS

## Duke Raleigh Cancer Center, Raleigh, NC

- I have been working on...
  - *2-day ELNEC Course Sept 12-13*
  - *Developing a quick facts resource on symptom management for the inpatient oncology unit*
- We have achieved...
  - *40 of my 80 hours of rounding with Palliative Care*
  - *20% of inpatient oncology staff have attended an ELNEC or palliative care class*
- A few challenges have been...
  - *Time*



# Eileen Smith, MSN, ACNS-BC, RN-BC

## Banner Gateway Medical Center, Gilbert AZ

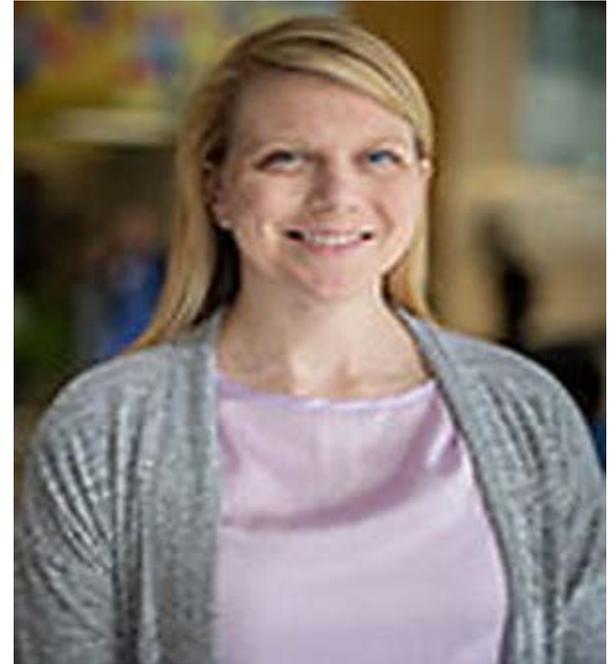
- I have been working on...
  - *Rounding with in-patient Supportive & Palliative Cancer Care Team*
  - *Advocating for early utilization of the team*
  - *Planning ELNEC course for hospital RNs (in collaboration with NP attendee of 1<sup>st</sup> ELNEC-Oncology APRN course)*
- We have achieved...
  - *Initial planning stage; Approval from CNO for education hours*
- Challenge...
  - *Facility in continuous “Code Purple” – over capacity.*



# Hannah Beauchamp, CPNP-AC

## UNC Pediatric Oncology, Chapel Hill, NC

- I have been working on...
  - *Smart phrases for EPIC*
- We have achieved...
  - *Setting a schedule for clinical hours*
- A few challenges have been...
  - *Setting a schedule between the two specialties*



# Kelly Scheu, NP Michigan Medicine-Rogel Cancer Center, Ann Arbor, MI

- I have been working on...*Getting staff engaged in participating in a monthly Staff Reflection Time to remember the patients we have lost each month. We have had 3 so far.*
- We have achieved...  
*I have achieved working with Music Therapy and Art Therapy to assist in creating beautiful peaceful space for Staff Reflection with candles and guitar music.*
- A few challenges have been...  
*Getting staff to come and take a moment to reflect. Struggling with how to come up with ways to get staff engaged.*



# TAKING A TRIP TO THE C-SUITE

## (see handout)

- Never go alone
- Bring data
- Do your homework
- Come with a plan
- Leave with a plan

# National Cancer Institute

- *Palliative care is given throughout a patient's experience with cancer. It should begin at diagnosis and continue through treatment, follow-up care, and the end of life."*

NCI, 2010



# ONS Position Statement on Palliative Care



- All patients with cancer benefit from palliative care
- Palliative care should begin at the time of diagnosis and continue through bereavement

ONS, 2014

<https://www.ons.org/advocacy-policy/positions/practice/palliativecare>

# American Society of Clinical Oncology (ASCO)

- “Patients with advanced cancer, whether inpatient or outpatient, should receive **dedicated palliative care services, early in the disease course, concurrent** with active treatment.
- Referring patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs.”

ASCO, 2017

<http://www.ascopost.com/issues/april-10-2017/asco-clinical-practice-guideline-update-integration-of-palliative-care-into-standard-oncology-care/>