



The End-of-Life Nursing Education Consortium

August 2018 Webinar

**ELNEC-ONCOLOGY APRN
COHORT 1**

Sonja Alexander, MS-FNP, AANP, AOCNP

Mercy Medical Center, Baltimore, MD

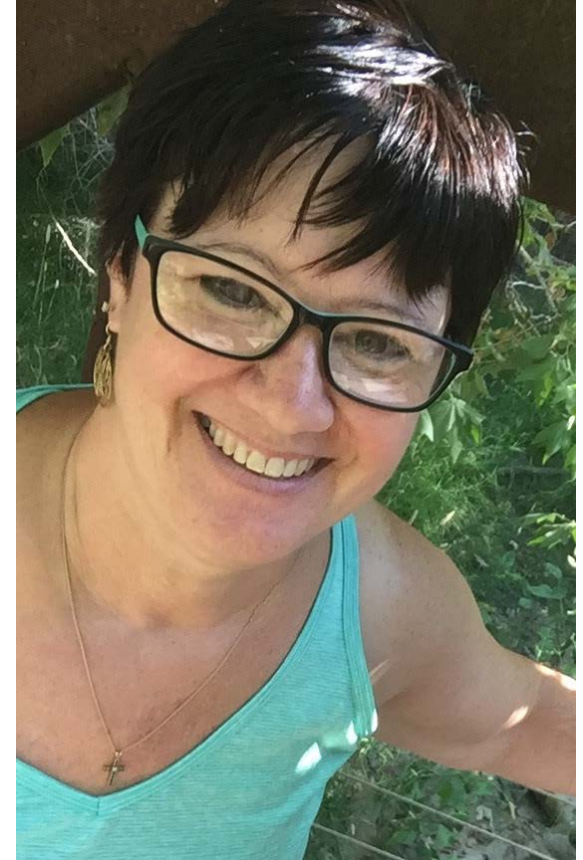
“...sharing what I learned with regards to **symptom management** and promoting the benefits of **collaborating with palliative care**. I have shared some of the education **materials and books with colleagues** from the conference. I hope to organize a **lunch and learn** with some of the oncology nurses to further discuss symptom management and investigate utilizing some **aromatherapy options for inpatients**. My institution is getting ready to go live with Epic EMR so that has been a constraint on furthering education for the time being.”



Diane De Vos-Schmidt, MSN, FNP-C, OCN

San Luis Obispo Oncology/Hematology, SLO, CA

- Finalized a template to use during clinic visits and consults for palliative care.
- Have formalized our internal program with Chaplaincy and social services support.
- I am still trying to educate, that palliative care is not another name for hospice.
- *“The MD is here to treat your cancer; I am here to treat your symptoms & give you the best quality of life we can.”*



Diane De Vos-Schmidt (cont)

- Submitted an abstract to the ASCO palliative care conference
- I have partnered with 2 local home care agencies to assist them in providing home Palliative care services.
- Panel for a community forum discussing the application of Palliative care and share some case studies.

Diane De Vos-Schmidt (cont)

● Challenges:

- Lack of buy in from administration, who want to see metrics
- Met with the senior director of palliative care to discuss many options, but time is so limited with clinic
- Wants me to refer to only one home agency, but I have good relationship with another one....fewer visits and less contact with my patients
- How to track evidence of cost reduction or impact to care? I do not report to the senior director of palliative care and am not paid out of his department so this is getting complicated.

Meg Trewhitt, APN-BC, AOCNP, Oncology Nurse Practitioner, Nebraska Medicine

- My job took a big switch. Instead of working GI oncology, I am now working inpatient general oncology
 - Mostly with new consults and only for half day
 - The rest of the time is in procedures
 - Hopefully this is temporary until Feb 2019
- I followed our outpatient palliative care physician once a week
 - I love being able to listen and watch different situations unfold
 - I have been able to take some of the verbiage and use it in establish relationships on the inpatient side
 - It is also great to make connections so you know who to call and bounce ideas off of
- Rumor has it that there may be an opening for additional APP in palliative care in the outpatient realm...Hmmmm



Anecita Fadol, PhD, RN, FNP-BC

MD Anderson Cancer Center, Houston, TX

- Completed 40 hours of clinical observership in the Supportive Care outpatient clinic
- Followed and observed 6 attending physicians as they see patients in the clinic
 - A majority seen for symptom/pain management
 - Some were seen for anxiety and depression
 - Some patients have much improved symptoms and were discharged out of supportive care
 - Postponed the rest of my clinical observership until September



Anecita Fadol (cont)

- Accomplished so far:
 - Started an integrative review of literature for supportive/palliative care in patients with cancer and heart failure.
 - Lack of published studies in patients with both cancer and heart failure. Currently, cardiologists are not referring heart failure patients to Supportive Care because they thought it should be initiated by the oncologists. However, some patients with heart failure are cancer survivors and are not regularly seen by oncologists.

Anecita Fadol (cont)

● My goals:

1. Submit manuscript on integrative review of literature
2. Present results of my integrative literature review to a weekly meeting in the Depart of Cardiology to get their input on developing a screening tool for referral of heart failure patients to Supportive Care. This proposal has been discussed and approved by Dr. Bruera (Department Chair of Supportive Care).
3. Conduct a pilot study on the clinical outcomes (e.g. symptoms, hospital readmissions) of HF patients co-managed with Supportive Care versus patients who are not co-managed with Supportive Care.

Kathryn Knill, MSN, RN, CNP, The James Comprehensive Cancer Center, Columbus, OH

● Projects

- “Conversations and Communication About Life”
 - Inpatient hematology / Palliative Medicine collaboration
- Working with Patient Experience team to discuss “Legacy Building”
- Working with Mental Health CNS in identifying novice nurses who are having a difficult time coping with patient suffering/ loss of patients
- Starting my DNP this Fall and using some of the information that I have collected from above projects as a catalyst to determine moral distress/ resiliency in bedside staff (still working on intervention 😊)



Kathryn Knill (cont)

● Issues

- When you work at a designated cancer hospital, not everyone feels the same about hospice and palliative care
- Many staff have told me that “People come here for hope and we are not going to take it away from them” (in regards to presenting patients with PM)
- I have run into issues on my own team regarding their own personal feelings of PM and how they “know” patients will not want to hear about it
- Conflict between advanced practice providers/ physicians and bedside nursing
 - Not everyone on the same page- much distress among RNs as they are not always involved in overall discussion of patient’s POC

● Lessons Learned

- Meeting people where they are
- Big changes take time
- Know your resources/ Identify champions

Gabriela (Gabi) Kaplan, MSN, AOCN VNA, Holmdel, NJ

- Activities include:

- Rounding with the Palliative Care MD
- Participating in consults
- Occasionally recommending a discharge option



“The MD I am with is an attending in a community hospital that is part of a mega conglomerate in the state. However, it is clear that palliative care is an absolute after thought when it comes to patient care. My conviction that an oncology home care program is needed, as a separate entity, is being bolstered every day.”

Gabi Kaplan (cont)

- Created a tracking form to keep track of hours, as well as activities and issues as they come up.

Palliative Care Activity Form

Date: _____ Mentor: _____

Location: _____

Activity	# Patients Seen	# Hours	Comments

Overall Impressions:

Jennifer Byrne, MS, RN, CNS, AGCNP

University of California San Diego Jacobs Hospital BMT

- Spent 6 weeks with:

- Inpatient Palliative care teams
- Inpatient Hospice unit attendings
- HemOnc Nurse practitioner
- Cardiac Interventions Nurse practitioner

- Allowed me to watch:

- Breaking difficult news
- Discuss goals of care with my own patient population
- Using appropriate verbiage and learning to wait and read the patients and families responses.



Jennifer Byrne (cont)

- Waiting to work with the outpatient Palliative care Nurse practitioner, as she encourages and address advanced directives with all their patients
- Working with my fellow Nurse practitioner in BMT about communication, Hopes, Fears and discussing advanced directives for all patient at hospital admission. Trying to engage staff to ask patients to discuss their wishes, hopes and fears.
- Barriers: acceptance and buy-in from MD's, they feel they are taking away hope. They have 1 more treatment to try....

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/>