



The End-of-Life Nursing Education Consortium

April 2020 Webinar

**ELNEC ONCOLOGY APRN
COHORT 3**

Tuesday, April 21



Choolwe Virginia Mupunga FNP

Bay Area Cancer Center



- I have been working on...
 - Encouraging patients with discussing goals for end of life.
 - Identifying individual patients and families that would benefit.
- We have almost achieved...
 - My journey has been tough with many obstacles.
 - I now can see some light at the end of the tunnel. I recently joined US oncology network which has an established palliative clinic at a nearby location, and the hospital
- A few challenges have been...
 - No palliative team quite exists.
 - The Radiation oncologist thinks it is a waste of time.
 - Lack of hospital support.
 - Lack of funds.

Deborah Ballard, MSN, ANP-C

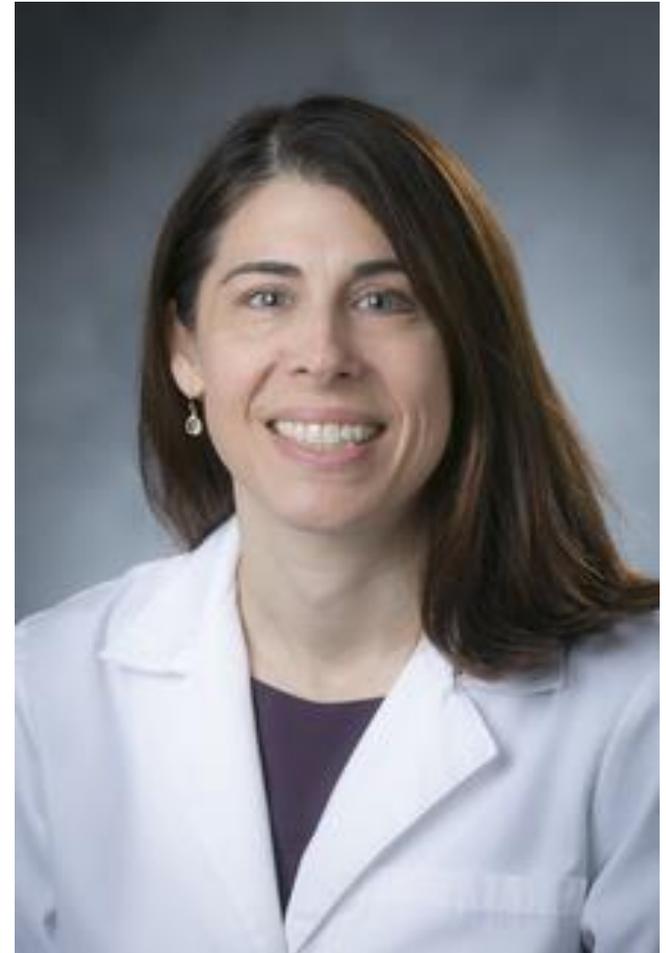
Duke Cancer Institute, Durham, NC

● I have been working on

- Earlier goals of care discussions with stage 4 patients
- Encouraging palliative care involvement

● Our biggest challenge is:

- Patients are often resistant to palliative care. They feel comfortable with the providers they have and do not want to have additional providers on their team or want additional visits.



Jacqueline Boreland, MSN, RN-BC, OCN, CCDS

Oncology Nurse Navigator; Atlanta VA Hematology/Oncology Clinic

● I have been working on...

- Shadowing various members of the Palliative Care Team (MD & NP)
- Increase proficiency with symptom management
- Increase skills of communicating bad news
- Increasing the relationship between Oncology Service and Palliative care Team



● We have achieved...

- Ability to use connections (as a result of the palliative care hours spent shadowing) to receive immediate Palliative Care Consults & to obtain specific recommendations for individual veterans until they can be connected with Palliative Care Services
- Improved ability to discuss treatment failures and treatment delays (especially due to COVID-19)

Jacqueline Boreland, MSN, RN-BC, OCN, CCDS (continued)

● CHALLENGES:

- Unable to complete palliative care hours due to:
- Staffing shortages (2 out of 5 Oncology Nurse Navigator positions open)
- COVID-19 staffing responsibilities and cancellation of clinic visits
- The Palliative Care NP plans to present an End-of-Life class to the inpatient Oncology and Palliative Care units and we plan to work together on this project.

Heather Buffington, DNP, NP-C, AOCNP

UAB Hematology Department, Birmingham, AL

● I have been working on...

- Increasing referrals to supportive/palliative care
- Beginning GOC discussion during initial visit and heightening comfort level w/ GOC and EOL discussions
- Increasing proficiency in pain and symptom management

● I have achieved...

- Better relationship w/ palliative care faculty and staff
- 40 hrs of VitalTalk Training and the Faculty Development Program
- Increased comfort level with difficult discussions

● A few challenges have been...

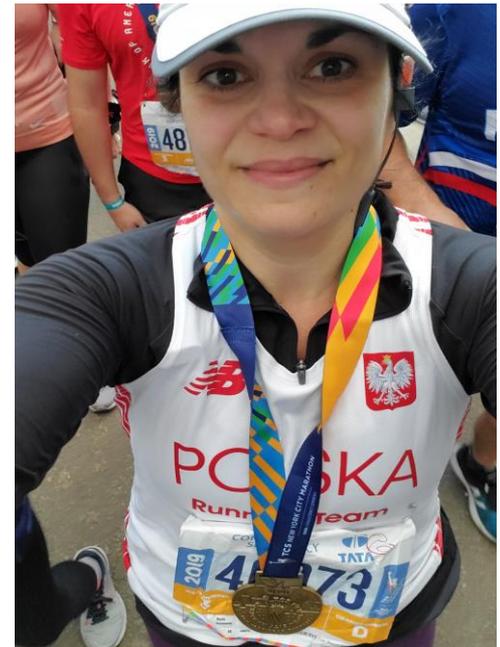
- I am changing institutions, so my UAB institutional bases goals had to be changed to personal goals recently
- Unable to get palliative care hours during the CoVID-19 crisis and prior to leaving UAB



Kayla Castañeda, MSN, APRN, WHNP-BC, AOCNP

Spero Women's Oncology, El Paso, Texas

- **I have been working on...**
 - IDG meetings
 - Palliative care outpatient visits and inpatient consults
 - Implementing palliative care within my practice
 - Creating partnership with existing palliative care services
- **We have achieved...**
 - Improving symptom management within the practice
 - Goals of care discussion and billing
- **A few challenges have been...**
 - Moving to a new institution
 - Time to spend with palliative care physician



Eneil de la Peña, MSN, ANP-BC, AOCNP

Columbia University Medical Center/ Herbert Irving Comprehensive Cancer Center, New York, NY

● I have been working on

- Incorporating goals of care discussions with patients during study-related clinical trial visits
- Submitting a feasibility study for early palliative care referrals for Phase I oncology clinical trial patients
- Inviting the chaplain service to help research nurses honor patients we cared for who have died

● We have achieved

- Increased collaboration and communication with palliative care team for Phase I clinical trial patients
- Improved spiritual care by sending condolence cards to families whose patients we cared for

● A few challenges have been

- Time and timing of goals of care discussions
- Balancing goals of clinical trial recruitment and goals of care discussions



Gina Duggar, ANP-BC, AOCNP & Melissa Walker, FNP, OCN

Northwest Georgia Oncology Center

● We have been working on...

- We facilitated an Advanced Care Planning seminar along with professional representatives from our local hospital health system, palliative care team, hospital chaplain, patient navigator's, and social worker for patients and their caregivers.

● We have achieved...

- A much better understanding of advanced care planning along with benefits of having an Advance Care Plan in place in order to honor our patient's wishes as well as relieve family anxiety.

● A few challenges have been...

- Physician resistance to "give up"
- Patient participation with attendance



Rosalie El-Rady, MSN, APRN, AOCNP

Moffitt Cancer Center, Senior Adult Onc, Tpa, FL

● I have been working on...

- “Who I Am, What I Need, What Matters Most” assessment tool
- Finding/developing ethics for APPs presentation
- Shadowing different members of Supportive Care
 - Inpt Chaplain 3/9, Program Leader – 12/13, 2/07 Vital Talk
 - Program Director – Critical Conversations for ICU RNs 2/10
- Palliative Sedation protocol for head and neck cancer pts
- Deploying activities to promote connection among pts and their family and friends – Inspired Stories



Rosalie El-Rady, MSN, APRN, AOCNP

(continued)

● We have achieved...

- ... incorporated “Who I Am...” tool into ACP education for RNs & APPs
- ... attendance ethics meetings – 2/20; will apply for membership in July
- ... co-presented 2 HELLO ACP events in December for APPs
- ... introduced INSPIRED activities to employees at 2 Wellness Fairs
- ... invitation to assist in development of APP Patient Experience Forum
- ... approval to distribute Vital Talk COVID Playbook to APPs and co-host virtual forum to discuss

● A few challenges have been...

- Supportive Care Team – is not using palliative sedation; referred to hospice inpatient units for intractable symptoms
- Delayed due to coronavirus ...March Lobby Launch of INSPIRED & activities on COMFORT carts that are manned by volunteers in Infusion Center and in lobbies
- Delayed due to coronavirus...other shadowing opportunities

Monica Feiler MSN, CNP, AOCNP

Rocky Mountain Regional VA Medical Center, Denver, Colorado

● I have been working on...

- Incorporating Palliative Care into my Oncology office visits
- Getting Life Sustaining Treatment (LST) notes and orders up and
- running
- Shadowing in Palliative Care clinic

● We have achieved...

- Roll out and initial use of LST program

● A few challenges have been...

- Availability of Palliative Care clinics often in conflict with my own
- patient care hours
- Not enough time available to make real progress.
- Staff turnover in outpatient Palliative Care



Stefanie Fogarty, MSN, ACNP-BC, AOCNP

Banner MD Anderson Cancer Center, Gilbert, AZ

I have been working on completing my hours rounding with the palliative care team at the cancer center.

I have completed a presentation that was delivered to the radiation oncology nurses at Banner MD Anderson Cancer Center. The presentation focused on an overview of the ELNEC program and discussed ways to implement primary palliative care into our department.

A few challenges have been finding the time to complete the required hours with the palliative care team due to conflicting schedules and team members being out on sick leave.



Diana Gomez Barden, MS, CRNP

Anne Arundel Medical Center/ Heme-Oncology, Annapolis, MD

● I have been working on...

- Being an advocate of palliative care for patients
- Trying to arrange for time with Palliative care team
- In-service our outpatient oncology nurses on symptom management

● We have achieved...

- Oncology nurses involved in symptom management/triage with NP support and encouragement have taken a more active role in promoting palliative care
- As a result of attending the ELNEC-APRN course, when I have an opportunity during a patient visit, I am now more confident to introduce palliative care services and include “soul health” in my assessment/ plan.



Diana Gomez Barden, MS, CRNP

(continued)

- **A few challenges have been...**
 - Palliative program in my institution underwent major restructuring shortly after I returned from ELNEC-APRN course, therefore I have not spent any time with team.
 - Lack of buy in and support on the part of the oncologists to involve palliative care. Good percent of referrals initiated when patient is more hospice appropriate. Palliative care continues to be seen as an end of life stepping stone to get to hospice.

Alison Haffner MSN, APRN, FNP-C

Beacon Cancer Care, South Bend, Indiana

● Wins:

- I had advance care coding/billing added to our EMR 😊
- Gaining confidence in prescribing and dosing opioids independently. Asking physicians less for “approval” when I know what to do- oftentimes I am more aggressive but with better symptom control.
- Using resources I received during the ELNEC conference 😊

● Challenges:

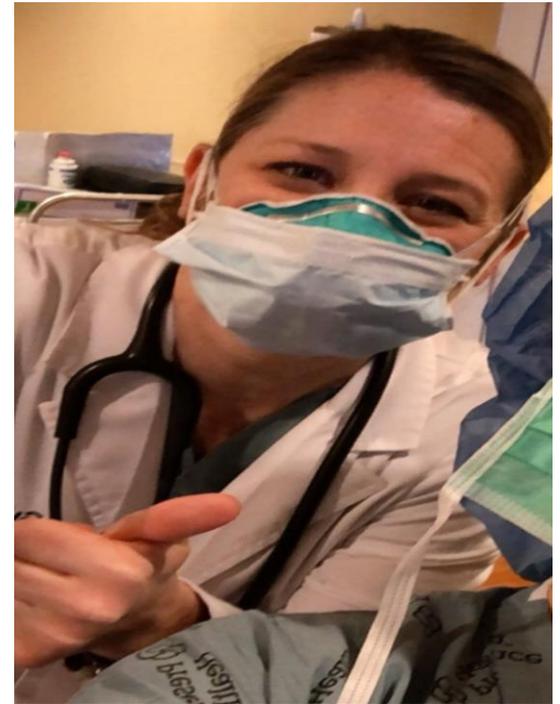
- Time constraints with 30 minute appointments (and pressure from management to cut to 20 minutes)
- COVID-19 quarantines and restrictions (new/temporary challenge- physicians out, no visitors, less physical contact, considering telehealth?)



Sue Hatfield BC-APN

Hematology Oncology, St Joseph Medical Center Joliet, IL

- I now work much closer with my palliative care team, I hope they feel the same about me. We communicate so well with one another now, I think this is due to me learning what palliative care is really about. I believe this has led to my patient's getting more comprehensive care and not just for immediate end of life issues.
- Impact from COVID 19. My hospital has admitted a large number of positive patients from the local prison. This is overwhelming our ICU. The palliative care team has been inundated with the request to help with end of life care. This has been challenging; trying to find next of kin, warden approving life saving measures but will not advise on DNR, and having to seek the help of the Ethics Committee.



Michael Lang, MSN, APRN, AGNP-C, OCN

Holy Name Medical Center Infusion Center, Teaneck, NJ

● I have been working on...

- Fast Fact Wednesdays.
- Meet with Patients at The Infusion Center to address Goals of Care

● We have achieved...

- Staff receives continuous education on Palliative Care...

● A few challenges have been...

- Oncologist buy in
- Oncologists do not discuss Palliative Care with patients



Judy Lima APRN-CNP

The Ohio State University Comprehensive Cancer Center Columbus, OH

● EBP project in collaboration with Michelle Easley APRN

- Developing a framework to implement palliative care as a generalist at the time of diagnosis for patients with a high grade glioma and their caregivers in our Neuro-Oncology/Neurosurgery practices
- We have completed EBP course and literature review. Working on abstract.

● A few challenges have been...

- "Buy in" from the director of Neuro Oncology
- Multiple staffing changes within our department and Palliative Care
- COVID



Mary Merdan, APRN, AOCNP

Medical Oncology/Hematology Aspirus Cancer Center, Wisconsin Rapids, WI

● I have been working on:

- Integrating Palliative Care concepts into our Oncology Clinic/Infusion Center on a day to day basis. This includes educating other providers, staff and patients. This includes pain and symptom management, helping patients and family members begin to understand the importance of palliative care in their lives. I am also surveying the nursing staff as to other educational needs that they may have regarding palliative care concepts and needs.
- I have also begun work with our Social Worker to strive to improve other care components such as legacy work and resources for children of our adult patients which are younger and younger these days.
- Bridging Palliative care services with the Oncology clinic.



Mary Merdan, APRN, AOCNP

(continued)

● We have achieved:

- An improved understanding of palliative care and how it can be integrated into our clinic routines to improve the overall quality of life for our patients with malignancies (including psycho social and ethical aspects of care).

● Challenges faced:

- Shortly after returning from the conference in September, the existing local system palliative care NP and chaplain left our system. The palliative care team then dissolved. A new chaplain has been hired and a NP will start in April. I have been asked to help the new NP integrate into the system as a whole and (because she has NO palliative care experience) be her mentor. I have reached out to the chaplain and the inpatient physicians to try to assist as I can however, this is difficult with limited time constraints of a very busy Oncology clinic. While I have been able to participate in the webinars, it has been VERY difficult to get any clinical hours with the palliative care team as it does not exist at our facility at this time. I've made some contact with the outpatient home palliative care and hospice service to see if I can spend some time with them if this would be acceptable. Will keep trying!

Brittany Oberhelman, MSN., BSN.APRN, CNP

Essentia Health

- **I have been working on...**

- With another NP who was part of Cohort #2, we have been working on ways to develop an outpatient Palliative Care program. This is still very much a work in progress.

- **We have achieved...**

- Having completed her assigned hours, she has started compiling information. I have started reading various research articles and continue to work on completing my palliative care hours. In April, I will be spending a week with our inpatient team to complete my hours.

- **A few challenges have been...**

- Getting the medical oncologists onboard with referring patients.

Siri Oliver, DNP, ACNP- BC

University of Pennsylvania, Gyn/Onc, Philadelphia, PA

- **I have been working on...**
 - Continuing education for myself through acceptance in the first UPENN Palliative Champions Cohort
- **We have achieved...**
 - Formalized training for all GYN/ONCs, fellows and APPs in the Serious Illness Conversation Program (SICP)
 - 18 conversations documented within 2 weeks after training
- **A few challenges have been...**
 - Finding time to perform the serious illness conversations
 - Keeping the momentum after training
 - Prioritizing palliative care projects over other gyn onc quality projects



Amy Ottman, MSN, ACNP-BC, AOCNP

Tennessee Oncology, Chattanooga, TN

● I have been working on...

- Moving to evidence based palliative therapies
- Collaborating with my Palliative Care physician-partner
- Developing mentoring relationship with Palliative Care physician-partner with one on one education opportunities

● We have achieved...

- Improving palliative care/symptom management
- Improving awareness of PC needs

● A few challenges have been...

- Lack of triggers
- Lack of buy in by all MDs
- Unsuitable referrals



Patti Renaud BSN., MSN. AOCNP

Henry Ford Health System, Michigan

● I have been working on...

- Being more conscious of incorporating palliative care concerns into my practice when seeing liver cancer patients
- Trying to address advanced directives, goals of care conversations more in our office visits
- Being more conscious of the benefit of early hospice referrals

● We have achieved...

- An update/ Inservice on Palliative care in the setting of Liver cancer patients for my small group of colleagues as well as a small team from palliative medicine
- Completed 24 hours of job shadowing with an inpatient palliative care NP

● A few challenges have been...

- Our small team (4 of us, I am the only NP)
- Sharing my practice with liver/ bile duct surgery (part time liver cancer)



Breanne Roche, DNP, RN, CPNP, CPHON

Pediatric Oncology, Rainbow Babies & Children's Hospital,
Cleveland, OH

● I have been working on:

- Participate in weekly palliative care patient updates
- Encouraging Self-Care among nursing & staff (Calm meditation App, barre3 classes)

● Achievements

- In the process of updating antiemetic clinical practice guideline for our institution in collaboration with Palliative Care NP
- Participating in Pediatric ELNEC Course in October, teaching Symptom Management Lecture

● Challenges

- Encouraging oncologists to be more proactive with early palliative care consultation



Brooke Smith MSN, APRN, FNP-C

Medical University of South Carolina / Palliative Care Team,
Charleston, SC

● I have been working on...

- online CEs and other education to improve my personal communication skills
- a Welcome to Palliative Care Clinic information packet for patients/families and also as a resource for other providers and staff
- updating a bulletin board in provider/staff breakroom with additional information on Palliative Care

● We have achieved...

- Almost completed Welcome to Palliative Care Clinic resource
- studying and setting a date for ACHPN

● A few challenges have been...

- balancing tasks and self care!



Kerrin Sorrie, DNP, AGACNP-BC

MultiCare Rockwood Clinic/Oncology Spokane, WA

● I have been working on...

- Improving my communication skills with patients regarding goals of care, advanced directives
- Encouraging and assisting patients at end of life to fill out a POLST form

● We have achieved...

- Increase in the number of Advanced Directive discussions with oncology patients
- Increased communication amongst our oncology group's Nurse Practitioners about integrating palliative care into our oncology care

● A few challenges have been...

- Time challenges related to oncology patient volume and loss of providers in our group
- Priorities being readjusted by the COVID19 Pandemic

Suzanne Tay-Kelley, BA., MS., MPH., MBA., NP

Stanford Health Care/Neurosurgery, Palo Alto, CA

● I have been working on...

- Educating attendings, staff, patients on palliative care services and benefits e.g. brochures

● We have achieved...

- Scheduling our outpatient palliative care director to provide an April in-service to our advanced practitioner group

● A few challenges have been...

- Misconception that palliative care is only relevant for patients near death
- Surgeons think medical oncologists to assess for need, refer to palliative care



Laurel Tor, DNP FNP AOCNP

Newberg, Oregon



I have been working on...

- Establishing a primary palliative care program in a rural cancer center.

We have achieved...

- We have established an interdisciplinary palliative care program with nurse practitioner, palliative care social worker and pastoral services.
- engaging non-curative patients in comprehensive palliative care assessment

A few challenges have been...

- The work of establishing a primary palliative care program and developing guidelines and standards while carrying a full patient load.

Kelly Ward, MSN., BSN.

Same Day Clinic, IU Simon Cancer Center

- **I have been working on...**
 - Spending time with palliative care team
 - Taking referrals from Palliative care in the Same Day Clinic that I work in
- **We have achieved...**
 - Better communication
 - Better awareness of how to work with each other
- **A few challenges have been...**
 - Getting time away from my clinic to work with them



Wednesday, April 22



MICHELLY ABREU, RN., MSN., ANP/GNP – BC, MONTEFIORE MEDICAL CENTER

I have been working on...

- Participating in weekly meetings with Palliative Care team to educate myself on how to properly and humanly address end of life with my oncology patients
- Working on a QI project with Palliative care team to identify unmet palliative needs of patients who have received and allogeneic stem cell transplant
- I have been having family meeting with patients to identify goals of care and working on early hospice referrals for those with poor prognosis and quality of life.



A few challenges have been...

- Time to focus on palliative care in an outpatient clinic that is super populated and with so many social, financial, and psychological issues
- Convincing physicians that an early referral to palliative care to those with poor prognosis is appropriate and fair to patients and families
- Getting other team members (NP's, RN's, SW's) to be involved

Elizabeth Arvizu, MSN.,FNP-C., AOCNP., ACHPN

AIS Medical Oncology, Bakersfield CA

● I have been working on:

- Start up of formal Palliative care clinic
- Incorporating palliative care discussions with routine visits.

● We have achieved:

- Palliative care RN present in clinic about 1 day per week for advanced care and POLST discussions
- I have started to incorporate palliative care discussions, focusing on pain management, social supports etc during routine follow up and chemotherapy education appts
- Referring patients into home health based palliative care consults. Fortunately we have 2 available in our county that accept most insurances.
- Passed my ACHPN certification, Helps to move forward with formalized palliative care clinic 😊.

● Challenges:

- Staffing, I am 1 NP with 3 full time oncologist.
- 1 of our oncologist is apprehensive about palliative care (especially hospice) discussions that I may identify. Trying to re-educate him on our approach with palliative care.



Evelyn Beckman, MSN. APRN, OCN

Norton Cancer Institute/GYN-ONC, Louisville, KY

● I have been working on...

- Personal improvement of communication with patients and families about palliative care and end of life. I round with palliative care once a month
- Increase of advanced directives filled with patient. Use hospitalizations as a time to screen if needed and obtain.

● We have achieved...

- Support from VP
- Still in gathering information from multi-disciplinary (nursing, chaplains)

● A few challenges have been...

- Nursing staff's follow through
- Finding the right leadership within multi-disciplinary
- COVID-19- My rounding with palliative care has stopped and leaderships has change of priorities



Corazon Cajulis, DNP, RN, ANP-BC

Mount Sinai Hospital, New York, NY

● I have been working on...

- Staff education on palliative care. We are working on presenting the same topic and/or other topics on Palliative care to clinical nurses in the hematology/oncology ambulatory clinics, radiology, and infusion unit.
- Participating in family meetings with the social worker and my collaborating physician.
- Spending some hours with Palliative care team (out patient and inpatient)
- Structured/Stepwise communication re: specific communication tools such as delivering bad news.

● We have achieved...

- I and my colleague who attended the last Cohort with me presented the cultural aspect of palliative care to the advanced practice group in the ambulatory Hematology/Oncology Department.
- Attended family meetings with social worker and collaborating physician
- The palliative care physician and I reviewed structured communication and tools

Corazon Cajulis, DNP, RN, ANP-BC

(continued)

- **A few challenges have been...**

- Schedule/scheduling conflict and personal reason that I have to go back to my country for several weeks-missing opportunities to spend time for palliative care
- When I finally got the time to spend some hours with the Palliative care physician in the clinic, I have a URI. With a corona virus pandemic, the physician and I decided that it is best not to see patients.

Suliat Adelekan, NP

Mount Sinai Hospital, New York, NY

I have been working on:

- Corazon and I both work here at Sinai and attended the program together. Presented on palliative care cultural aspect of care and working on given similar presentation to the RNs in oncology.
- I participated in a family meeting with social worker and collaborating physician.
- Working on rounding with the inpatient team.

Achievement:

- I and my colleague who attended the last cohort with me presented the cultural aspect of palliative care to the advance practice group in the ambulatory Hematology/Oncology Department.
- Attended family meetings with social worker and collaborating physician
- Attended the Oncotalk class for 2 days.

Suliat Adelekan, NP

(continued)

- The course helped me a lot in communicating goals of care to patients. The two-day course is divided into sessions. Each session starts with didactic teaching of a new communication skill, such as how to identify when a patient's emotions are primarily driving their responses, and how to deal with that emotion before continuing to impart more information. The facilitators present a clinical scenario that the group will act out with a patient (actor).

Challenges:

- Due to COVID I was not able to attend inpatient rounding and family meetings.

Nicole Chambers, MS. ANP/FNP-BC

Montefiore Medical Center/ Hematology Oncology Bronx, NY

● I have been working on...

- Currently attending weekly didactic lectures with the palliative care team on how to incorporate QOL/EOL discussions with patients and family members who has poor prognosis or disease progression while on treatment.
- How to integrate palliative care assessment tools as part of our follow up visits.
- Re-educating patients and family members on what palliative care entitles vs hospice care.
- Ongoing data collection for quality improvement project on patients who received an allogenic stem cell transplant with poor symptom management and control. Data collection includes ESAS and pain evaluation assessment tools.



Nicole Chambers, MS. ANP/FNP-BC

(continued)

● A few challenges have been...

- Undocumented/uninsured patients obtaining required medications.
- Patients feel as though providers are abandoning them when we introduce goals of care discussion when multiple treatments have failed.
- Encouraging fellow peers to have QOL/EOL discussion as part of daily practice.
- Finding the time to sit down and appropriately discuss palliative care needs with patients in a busy outpatient clinic with multiple needs.

Melinda Clark, MSN, ACNP/FNP-BC, AOCNP

North Mississippi Cancer Care-Starkville, MS

Work in progress

Increasing my knowledge of
palliative care and
communication

Working towards ACHPN

Establishing palliative care
visits at our satellite clinic



Abigail Cohen, BSN., MSN., ANP-BC, AOCNP, BMTCN

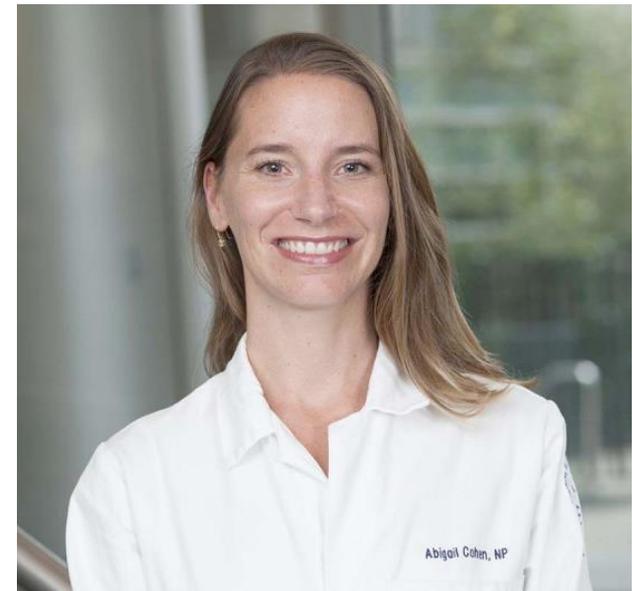
Memorial Sloan-Kettering Cancer Center, New York, NY

● I have been working on...

- Creating a palliative care clinic embedded within outpatient BMT clinics
- Connected with an expert palliative care researcher in BMT and designed a feasibility pilot study.
- Partnered with palliative care specialists at our institution to collaborate with. Specifically PC experts will mentor BMT NPs during regular case review calls.
- We presented our proposal to the BMT faculty and obtained approval.
- We will start with 30 high risk patients, with hopes to expand to all patients.

● Challenges have been...

- Carving out time to implement this, as we have to work it in to our current workload.
- COVID-19 pandemic causing delays in rollout



Laura Curran, NP

Beth Israel Deaconess Medical Center Cancer Clinical Trials - GI Malignancies, Boston, MA

● I have been working on...

- Creating templated language making it easier to streamline patient visits and documentation
- Reviewing different pain medication agreement templates
- Having more resources and references readily available in clinic, including those from ELNEC

● I have achieved...

- A better understanding of the palliative care team and structure at my institution

● A few challenges have been...

- Coordinating schedules with the palliative care team



Jessica Davis MSN FNP, AOCNP, ACHPN

Rocky Mountain Cancer Center

● I have been working on...

- A weekly palliative email with tips on self care for providers and palliative care tools that providers can use to improve their palliative services for their patients.

● I have achieved...

- A nice following and the US oncology organization as a whole is now using my tips in their quarterly 'APP update' online journal.

● A few challenges have been...

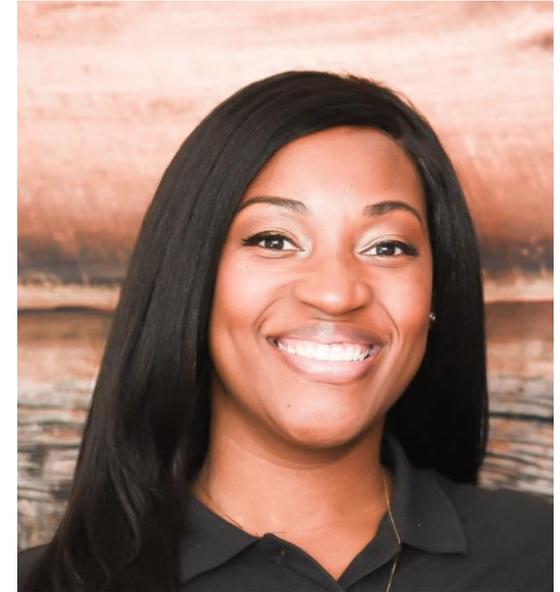
- To keep weekly fresh ideas but I have begun asking nurses and providers to share a case story and this has been wonderful overall and well received.

Tracy D. Garrett, DNP, APRN, AOCNP, FNP-C

East Jefferson Hematology/Oncology Clinic General Medical Oncology, Metairie, LA

● I have been working on...

- Recognizing patients that would benefit from palliative care services.
- Initiating the conversation about patient goals of care.
- Starting a pilot program for all newly diagnosed patients with stage IV cancer to be referred to the Advanced Practice Nurse (APN) to discuss the importance of symptom management. All symptoms will be managed by the APN in collaboration with the medical oncologist.



● We have achieved...

- I have improved earlier patient access to palliative care. Our physicians have been very supportive with helping our clinic achieve this goal.
- I have completed 15 hours of team rounds/meetings with Lakeside Hospice.

● A few challenges have been...

- I have not encountered any challenges in regards to palliative care.
- COVID-19 has been very challenging for everyone worldwide. We are continuing to care for our patients and we are vigilant about maintaining their safety as well as our own. Stay safe!

Maria Hanik, DNP, ANP-BC, OCN, BMTCN

Northside Hospital, Bone Marrow Transplant/Leukemia Unit, Atlanta, GA

● I have been working on...

- Attempting to help the APPs and nurses appreciate the role of our Palliative Care Team. Our Palliative Care Team has been active for several years, but seldom consulted due to perceived association of palliative care with end of life. The patients on our unit typically have life threatening illnesses, and their treatments may result in complications related to their disease and/or treatment, which are often reversible. A poor understanding of the scope of the Palliative Care Team has resulted in poor utilization of their services for our patients. I have been able to remind the staff of their role in symptom management, particularly poor pain control and unrelenting gastrointestinal toxicities can change patient care.



Maria Hanik, DNP, ANP-BC, OCN, BMTCN

(continued)

● We have achieved...

- Increased number of consults to the Palliative Care Team to aid with symptom management that fails what we provide using our algorithms. This has given the Palliative Care Team a presence on our unit. I believe the establishment of a relationship with the Team will translate into a more seamless transition of End of Life discussions if and when the time comes.

● A few challenges have been...

- The perception that the Palliative Care Team discusses only End of Life and negatively affects HOPE. I believe good symptom management actually improves hope as there is less suffering!

Tanya Lutfeali Lalani, DNP, NP, AOCNP

Ochsner Medical Center, BMT/Hematology Oncology, New Orleans, LA

● I have been working on...

- Bringing awareness of our palliative care department across my facility
- Creating a protocol for automatic palliative care consults and referrals for my allogeneic BMT and acute leukemic patients
- Starting up a legacy program for my hospital system

● We have achieved...

- Increasing awareness of the palliative care care as a resource
- Almost completing a protocol for automatic palliative care referrals within our electronic medical record system for particular patients (allogeneic BMT and acute leukemic patients)

● A few challenges have been...

- Receiving hesitation from particular oncologists within my facility



Cathy Lantz MS. RN. AOCNS

APN Oncology Nurse Navigator, Bon Secours St. Mary's Hospital, Richmond, VA

● I have been working on...

- Language barriers in outpatient oncology patients
- Attended “Managing Cancer and Living Meaningfully (CALM)” Therapy Introductory Workshop with Neuro-oncology team at Virginia Commonwealth University
- IDT Supportive Care Rounds

● We have achieved...

- All staff educated and have access to Cross Cultural and interpreter services. Chemo consent and ROS intake forms translated into Spanish.
- Increased glioblastoma referrals to VCU neuropsychiatrist for evaluation and CALM therapy
- Had first of once monthly IDT Supportive Care Rounds

● A few challenges have been...

- Organizational changes and start up of INCP
- COVID-19
- Meeting time for IDT Supportive Care Rounds



Tina Martin, BSN., MSN. FNP-BC, AOCNP

Levine Cancer Institute- Albemarle NC

● I have been working on

- Collaboration on QI project with CAT (Care Alignment Tool) to use across in patient/outpatient settings
- Staff Education on various palliative care topics

● We have achieved

- Increased awareness of need for palliative care services/referrals

● A few challenges have been

- Education about palliative care versus hospice
- Physician buy in
- Work schedule



Tiffany McConathy, MSN, APRN, FNP-C, AONCP

Genesis Cancer Center

I have been working on

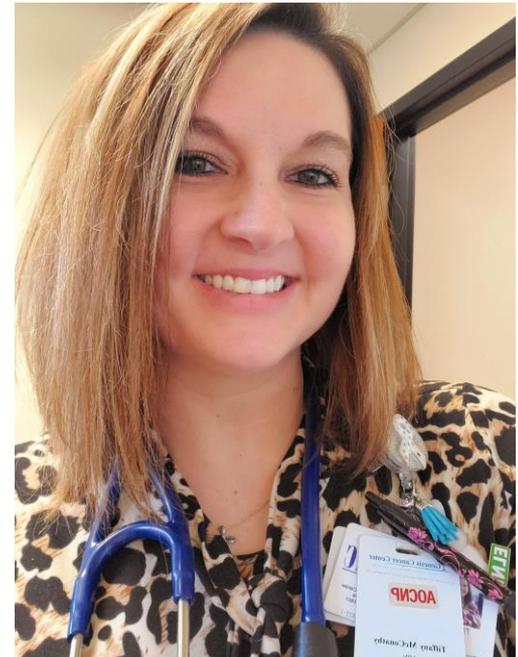
- Evaluating goals of care during each office visit
- Assessing and following up on uncontrolled or new symptoms
- increased education to office staff regarding palliative care
- Working with local nursing school to guest lecture RN students on palliative care

I have achieved

- Obtaining advanced oncology nurse practitioner certification
- Providing better holistic and palliative care to patients

A few challenges have been

- Working with local palliative care team (as they do not manage symptoms and the program is less than a year old)



Maryanne Meadows Sherburne, FNP-BC

Mount Auburn Hospital- Hematology/Oncology, Cambridge,
Massachusetts

● I have been working on...

- Creating a specific standardized timeline of when to introduce the services of palliative care for patients with metastatic disease
- Improving conversational skills when reviewing how palliative care will best serve the patient and family
- Improving culturally competent palliative care

● We have achieved...

- Introducing the concept of palliative care at the time of consultation pertaining to patients with metastatic disease.
- Access to brochures that discuss various cultures commonly seen at the clinic (i.e. Armenian, Haitian etc.)
- Having social work (who typically meet the patient during the consult) ask if they would like to meet with palliative care and explain potential benefits.

Maryanne Meadows Sherburne, FNP-BC

(continued)

- **A few challenges have been...**

- Standardization of conversation when bringing up palliative care from a provider perspective.
- Having administrative staff understand the importance of encouraging family members to attend when confirming patient visit times.
- Incorporating education to help staff understand varying cultural backgrounds.

Vanessa Okolie, DNP, CRNP, AG-ACNP- BC

Johns Hopkins / Inpatient Medical Oncology Unit , Baltimore Maryland

● I have been working on...

- *Participating in Family Meeting with family and patients and leading these meeting as well*
- *Working with the new residents and fellows on how and when to consult palliative care*
- *Creating a bereavement system for patient who family's members are actively dying*
- *Being more aggressive on my own management of Palliative Care Symptoms*

● We have achieved...

- *I have greatly increased the number of family meeting that I am leading*
- *I have work with many members of my team of education of the benefits of early palliative care*

● A few challenges have been...

- *Being able to have time to meet with the committee and getting cards approval by the powers at be*
- *Family members being resistant that the patient is dying and resistant to meeting with palliative care team*
- *COVID-19 impact my ability to have in person meeting*



Lauren Sapp, BSN., MSN., DNP, CPNP-AC/PC

Banner University Medical Center-Tucson Pediatric BMT Tucson, AZ

● I have been working on...

- Collaborating with our part time palliative care physician and my colleagues to help determine how to get the ball rolling for a more cohesive program

● I have achieved...

- We have met with the Director of Hospice and Palliative Services for Banner to determine next steps

● The challenges we face are:

- Seeking payment and full time program
- Gaining buy in from all respective parties

Debbie Solom, MSN., APRN-BC

SSM Health Cancer Care – St. Louis, Mo

- **I have been working on...**

- Establishing network with our physicians for appropriate referrals
- Developing new patient brochures
- Developing matrix for evaluation effectiveness and patient response of palliative care

- **We have achieved...**

- A new palliative care brochure, which we have renamed “Supportive Care”
- Scheduling patients appropriately

- **A few challenges have been...**

- Oncologists within the office hesitant to make or approve referrals appropriately
- Patient resistance to palliative care labeling.

Janice Terlizzi, MS, APN ACNS-BC, AOCN

Memorial Sloan Kettering Cancer Center, Dept Radiation, Oncology Basking Ridge, New Jersey

- **What I have been working on:**
 - Collaborating with nurses from different disciplines to manage symptoms proactively in the combined modality Head and Neck cancer patient population.
- **We have achieved:**
 - Coordinated twice monthly meetings to review all of the patients on treatment.
 - Standardized email communications between disciplines to keep everyone updated.
 - Identified opportunities for nursing research.
- **Barriers:**
 - Time constraints

Sara M. Tinsley PhD, APRN, AOCN

Moffitt Cancer Center-Malignant Hematology Tampa Florida

● I have been working on...

- Creating a decision-making model for older patients diagnosed with acute myeloid leukemia to better align treatments with individual patient and family goals
- Improving my communication skills and knowledge and ability to effectively manage symptoms

● We have achieved...

- A fundable score for a K-23 application submitted to the National Institute of Health
- Improved collaborations with Supportive Medicine Service at Moffitt Cancer Center

● A few challenges have been...

- Demands on time from work and home with 2 handicapped grandchildren
- Combining a clinical role with researcher role- I LOVE the relationship with patients and their families. There has to be an easier way to combine the roles of researcher and nurse practitioner.



Kimberly Wyman, AGNP-C

Duke University Hospital / Hematology Oncology, Durham, NC

● I have been working on...

- Good verbiage and ways to present ideas, or ask questions when speaking with patients
- Trying to get more palliative presence on the unit
- Legacy work in the unit (not successful at all yet)

● We have achieved...

- More palliative consults
- Interest regarding palliative care and how nursing and APP's can incorporate this more into their practice

● A few challenges have been...

- Certain groups of physicians who are not on board with palliative care
- Patients who are reluctant to have additional providers involved in their care



Patricia Zendejas, MSN., MSW. ANP-BC

UCSF GI Medical Oncology, San Francisco, CA

● I have been working on

- Training NP students in palliative care
- Increasing the number of patients that complete Advanced Care Planning
- Further developing my palliative care skills

● Achievements

- Collaboration with palliative care team at UCSF to encourage providers to help patients complete Advance Care Planning
- Palliative care lectures at UCSF School of Nursing
- Developed a rotation with palliative care team for the NP students I precept
- Attend weekly palliative care team meetings



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/>