Passing the Baton: a Team Approach to Effective Palliative Care

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Objectives

- Describe the components of an interprofessional team related to palliative care
- Identify 2 challenges to effective team function
- Describe hand-offs between disciplines that ensure patient-centered care
- Name 2 outcomes associated with effectively functioning palliative care team as patients transition to end-of-life care
Association Between Nurse-Physician Collaboration & Negative Outcomes in the ICU

The Advisory Board Company, 2012

The higher the level of nurse-physician collaboration, the lower the risk of a negative patient outcome.

- Collaboration Score, 1 [poor] - 7 [high]
- Negative outcomes to predicted morality unit
Patients with Mood Symptoms [%]

Early Palliative Care for Patients with Metastatic NSCLC, NEJM, 2010

- HADS-D: Standard Care 38%, Early PC 15%
- HADS-A: Standard Care 30%, Early PC 25%
- PHQ-9: Standard Care 16%, Early PC 4%
Transitional Programs

- BOOST
  - Better Outcomes by Optimizing Safe Transitions
- Bridge
  - Hospital to home
- Aging Resource Center
  - Community based
Transitional Programs

- MiPCT
  - Patient-centered medical homes

- Capital Area Collaborative for Care Transitions

- Gundersen Model of Advance Care Planning
Remember...

- Many potential duplicative programs on the state and national level
- Need to understand your own institution first
- Engaging patients in self-care is extremely challenging at times
Palliative Care Outcomes

- Improved communication
  - Goals of care
  - Outcomes

- Improved quality of life
  - Symptom management
  - Psychosocial and emotional support
    - For patient AND family
  - Increased patient and family satisfaction
Palliative Care Team Formation

- Saw a need
- Researched potential solutions
- Developed a plan
- Proposed a model
- Piloted and revised
- Grew based on needs
Keys to Success

- Strong infrastructure
  - Physician and administrative support
  - Women’s Board support
  - Foundation support
  - Community support
Along the Way...

- Unit RN liaisons trained as end-of-life trainers
- BCBS partnership for heart failure and COPD patients
- City-Wide End of Life Coalition
- Capital Area Collaborative for Care Transitions
- Diversified our staffing mix
- Participated in presentations on local, state, & national levels
Collaborations

- Pharmacy [Ferris State University]
- Surgeons
- Oncologists
- Critical Care team
- Hospitalists
- Parish nursing
- Pain resource nurses
Finding Balance

- Team Recognition
  - Recognize & provide opportunities for self care
  - Annual dinner
  - Christmas family
Team Core

What do YOU think are the key core values of a team?
Team Core ‘Must Haves’

- Shared vision
- Right mix of people
- Engagement
- Flexibility
- Trust
- Support
- Presence
Shared Vision

- Easy when you come together voluntarily
- Challenging when new team members are introduced
  - Found that high performers are a must
Collegial Mix

- Variety of disciplines
- Variety of backgrounds
- Variety of personalities
Engagement

- Members come with a certain level
  - If you have a shared vision...
- Need to foster
  - Inclusion of others’ ideas
  - Integration of others’ experience
  - Connecting to purpose
Flexibility

- At least on MY team, you have to be flexible!!
- Able to look at an issue from multiple sides
  - With multiple, potentially differing opinions
- Change focus quickly when needed
  - Respond to changing needs
Support & Trust

- How do you build trust?
  - Support has a lot to do with trust
  - Respect
  - Accountability

- How often do we dismiss others’ ideas?
Support & Trust

- Trust can be lost in a minute especially when there is an unsupportive environment
  - And not regained easily

- Support each other to maintain balance
Benefits of Team Approach

- Let’s review....
Hand-offs

- Most important component?
  - COMMUNICATION!
- Barriers?
  - Unclear roles
  - Idealistic patients and families
Plan of Care

- How do you ensure it is upheld?
  - Consistent
  - Clear
  - Concise
  - Communicated
  - Changeable
Role of Case Manager

- Develop a relationship with patient and family
- Connect to resources
- Identify discharge options
- Encourage other team members to set realistic expectations
- EDUCATION
Role of Social Worker

- Develop a relationship with patient and family
- Assist with community resources
- Counsel patients and families
- Encourage other team members to set realistic expectations
Case Studies

- 50 year old female
- Metastatic breast cancer
- 2nd hospital admission for weakness, infection, and pain
- Chemotherapy on hold until she ‘gets stronger’
- Just completed 3 weeks of subacute rehab and was home only 4 days
Key Considerations

- Elements
  - Pain control
  - Effective communication
Key Team Members

- Patient
- Family
- Oncologist
- Social worker
- Case manager
Family Meeting

- Who should be there?
- What are the goals of the meeting?
  - Do you have a pre-planned agenda?
SO...

- Meet with husband and daughters initially
  - What are the goals of this meeting?
- Identify their expectations
- Next steps?
Challenges

- How do you handle mixed messages?
- How do you help patients and families see the ‘big’ picture?
- Who is responsible?
Conclusions

- Do not underestimate the power of a good hand-off
- Consistent messages by all disciplines is key
- Effective teams that function together will have better outcomes
Questions??

Thank you for your time and attention.....
References
