

The Advanced Practice Nursing (APN) Role in Palliative Care

In Home Care Nursing

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Purpose

The purpose of this presentation is to share my clinical experience at the Queens Home Care office with the registered nurses (RNs) in the Integrated Palliative Care Program (IPCP). We will recognize the APN competencies they use in their role and address those used to reach my learning objectives in this placement with the IPCP. Information from this experience will show how the role of the APN in this area improves support for health care providers (HCPs), families, patient quality of life, decision making at end-of-life, and a peaceful death.

Welcome

I would like to begin by acknowledging that the land, on which we gather, is the traditional and unceded territory of the Epekwitk Mi'kmaq First Nation.

Objectives

- Aging population and end-of-life care
- Describe how palliative care nurses use APN competencies for end-of-life care planning with the IPCP
- List clinical objectives set to develop APN competencies during my preceptorship in IPCP practice area and outline the proposed activities for meeting these objectives
- Provide examples from time with preceptor where APN competencies were developed in reaching the proposed clinical objectives
- Discuss client home care visits from this practice experience

Aging Population



- Increase of 20% in the age group of 65-85 since 2011
- Another increase of 20% for this age group in Canada by the year 2024
- Growing need for nursing care as 6.8% of people over 65 in Canada live in nursing care facilities
- 2.2 million Canadians relying on home care help to cope with a long-term health condition, disability or age-related needs. Care receivers were still most commonly in their later years. One-quarter (27%) were in their mid-70s or older, with just less than half of this group aged 85 years or above.

(Statistics Canada, 2015)

- On PEI in 2018 the senior population was 19.4% and is expected to grow to 25% by the year 2025

(Government of PEI, 2018)

Support for End-of-Life care

- Most Canadians want to die at home
- Only about 15% receive palliative home care in their last month of life
- Early access to palliative care are more likely to have at home death
- Palliative care that is effective in symptom management reduces hospital visits

information, 2018)

(Canadian Institute for Health

APN role in Palliative Care

There is uneven distribution of palliative care in Canada and that while programs strive for improvement to ease patient suffering there remains a lack of early access and adequate knowledge of the palliative approach.

Ho et al. (2021)

“Palliative care community CNSs provide specialist palliative care and support to patients and caregivers in community settings, including symptom control and emotional, psychological, practical and spiritual care. They also provide support, advice and education to GPs and district nurses.”

Harris et al. (2020)

APN Role for the Aging Population

“A collaborative approach between APNs with physicians and other providers leads to higher quality of care and better health care systems”



Morilla-Herrera et al. (2015)

The Advanced Practice Nurse in Palliative Care

- Optimizing Health System Competencies
- Educational Competencies
- Research Competencies
- Leadership Competencies
- Direct Comprehensive Care Competencies
- Consultation and Collaboration Competencies



Competencies to Guide Clinical Objectives

Direct Comprehensive Care Competencies

- Develop multiple advanced assessment and intervention strategies within a client-centered framework for individual clients, communities and populations.
- Dissemination of knowledge, using appropriate delivery methods such as pamphlets and publications
- Manage a wide range of client responses to actual and potential health problems for example symptom management and health promotion

Competencies to Guide Clinical Objectives

Consultation and Collaboration

- Initiate timely and appropriate consultation, referrals and collaboration with other health-care professionals
- Engage clients and other team members in resolving issues at the individual and organizational level
- Provide recommendations and or relevant treatment in response to consultation requests or incoming referrals
- Practise collaboratively and build effective partnerships

Clinical Objectives

- By the end of this clinical placement, I will work to develop two advanced assessments and interventions for Advanced Care Planning (ACP).
- By the end of this placement, I will identify three areas in which clients often require further knowledge on ACP.
- By the end of this rotation, I will demonstrate competency in recommending appropriate treatment in response to consultation requests or incoming referrals.
- By the end of my clinical experience, I will identify how the CNS in this area supports patients who require end-of-life care planning.

Activities Planned to Reach Clinical Objectives

- Attending client appointments and learning the procedures for assessment and admission to the IPCP
- Listen to and address the client's questions and concerns with preceptor by using resources to disseminate knowledge and share information using appropriate aids
- Learning and implementing appropriate patient referral process to aid them in appropriate interventions
- Being engaged in the process and the sharing of knowledge with the nurses in the IPCP.

Clients Referred to IPCP



- Clients were referred by physician as part of treatment plan
- Initial visits were set up to introduce clients to the palliative care program
- Assessments made of current level of health and living situation
- Discuss family and community supports (Clients personal support)
- Referrals for health and medication needs (Supports offered by IPCP)
- Collaborate with the IPCP team members for clients care plan
- Meet with clients to review resource material and complete the ACP
- Clients referred to district nurse for weekly visits to complete focused assessments and ESAS

We cannot
change the
outcome,
but we can
affect the
journey.

Ann Richardson



Thank you



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