

The New Normal: The Palliative Clinical Resource Nurse (PCRN) Role in Community Home Health in Vancouver, British Columbia

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Clinical Resource Nurse – Palliative Care

The New Normal: The Palliative Clinical Resource Nurse (PCRN) Role in Community Home Health in Vancouver, British Columbia

Harmse, L., Andrews, C., Cavey, A., Earl, L., Jones, S., Legacy, R., Tanner, M., Way, A., Levy, K. (All Authors: Vancouver Coastal Health, Vancouver B.C. Canada)

CONTEXT

<http://www.vch.ca>

- Population 650,000
- # Palliative Referrals
- 2017/18 – 1759
- 2018/2019 – 1826 (projected)
- 6 community health centres
- @ 104 Community Health Nurse (CHN) positions
- Generalist model
- Shift from Home visits to Ambulatory care
- More complex clients at home

HISTORY OF PCRN ROLE

- Vancouver Home Hospice model (*see hand outs)

2013: 2.5 FTE

2016: 6 FTE

-1 FTE embedded in each unit as on-site resource

-Capacity building
-Standardized care

WORK FORCE FACTORS

- @ 50% nursing turnover:
- Aging workforce and retirements
- Expensive cost of living
- Maternity and paternity leaves
- Work environments
- Minimal or no experience in community home health or palliative nursing
- LPN limited scope of practice in palliative care

PCRN ROLE

- Clinical practice
- Mentorship
- Education
- Collaboration with interdisciplinary teams including Vancouver Home Hospice Palliative Consult Team
- Supports shared-care models e.g.: Chronic Disease, Mental Health and Addictions, Frail Elders etc.
- Integration: Acute, Community, Residential care, Hospice
- Case conferencing
- Research

PALLIATIVE EDUCATION

Basic Education:

- Intro to Home hospice
- Foundations at EOL
- Practical Foundations
- Advanced Symptom Management
- Exploring and Developing Strategies for Whole Person Care
- Palliative on-call (POC)

Regional Home Health Education Program (RHHEP):

- Developed for new CHN with no community experience
- 8 weeks Home Health nursing education for CHN including one week of intensive palliative education

RHHEP Enrollment: Sept 2017-May 2018 : 60 NEW NURSES

OUTCOMES

-CHN able to safely deliver care for palliative clients through EOL

-Increased confidence with serious illness conversation to determine GOC

-Increased use of shift care nurses (RN's 24/7 care at home for EOL)

-Increased # deaths at home/hospice vs acute care

-Increased CHN job satisfaction and confidence

QUALITY IMPROVEMENT

- Evidence based practice
- Case reviews
- Chart audits
- SLS reporting and handling
- Guideline development and review

NURSES EXPERIENCE

"with the ongoing support of my PCRN, I feel more confident and comfortable with my practice and feel that I am able to care for my palliative clients..."

"I cannot say enough about how much the PCRN role has increased my confidence in working as a fairly autonomous palliative care nurse..."

"...the PCRN assesses the nurses' competence and ensures they are not sent into a situation they are not prepared for..."

Context

- Population 650,000
- # Palliative Referrals: 2017/18 – 1759; 2018/2019 – 1826 (projected)
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PCRN Vision

We will work towards creating excellence in palliative care across Vancouver Community by building confidence, competence, and capacity amongst Home Health staff. Our goal is to create a standardized and supportive evidence informed level of care in the region

PCRN Role

- Clinical practice
- Mentorship
- Education
- Collaboration with Interdisciplinary teams including Vancouver Home Hospice Palliative Consult Team
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- Integration: Acute, Community, Residential Care, Hospice
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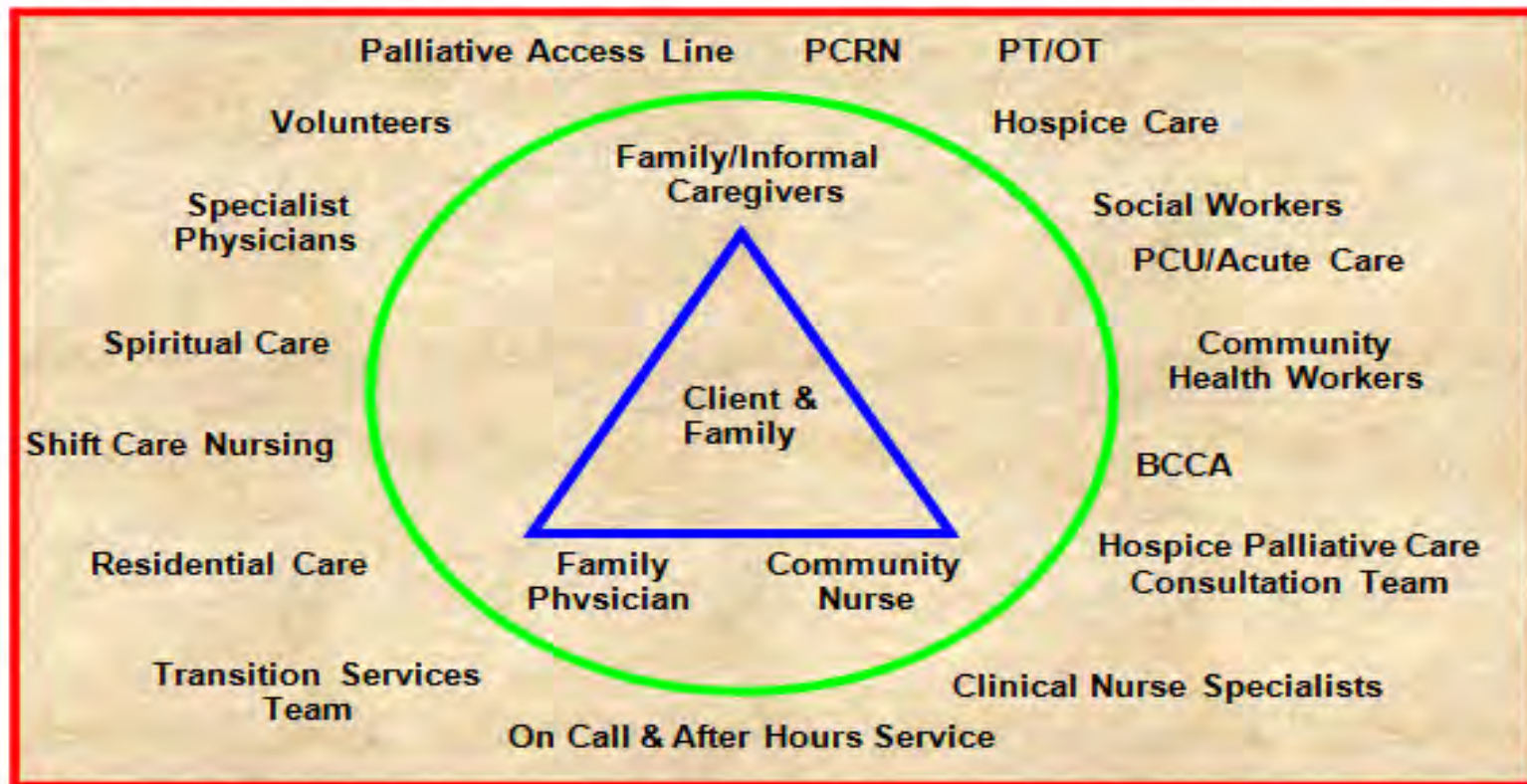
History of PCRN Role

- 2013 – 2.5 FTE
- 2016 – 6 FTE
- Working within Home Hospice Consult Model
- Dual reporting management structure

Model of VC Home Hospice

**LEADING PRACTICES &
PROGRAM DEVELOPMENT**

**COMMUNICATION &
QUALITY IMPROVEMENT**



**EDUCATION &
RESEARCH**

**ADMIN/OPERATION
FUNCTIONS & FUNDING**

Workforce Factors

- Approximately 50% nursing turnover
- Aging workforce and retirements
- Expensive cost of living
- Maternity and paternity leaves
- Minimal or no experience in community home health or palliative nursing
- LPN limited scope of practice in palliative care

Education

- Basic Education
 - Introduction to Home hospice
 - Foundations at End Of Life
 - Practical Foundations
 - Advanced Symptom Management
 - Exploring and Developing Strategies for Whole Person Care
 - Palliative on-call (POC)
- Regional Home Health Education Program
 - September 2017-May 2018: 60 new nurses

Quality Improvement

- Evidence based practice
- Case reviews
- Chart audits
- Safety Learning System reporting and handling
- Guideline development and review
- Curriculum review

Outcomes

- CHN able to safely deliver care for palliative clients through EOL
- Increased confidence with serious illness conversation to determine GOC
- Increased use of shift care nurses (RN's 24/7 care at home for EOL)
- Increased # deaths at home/ hospice vs acute care
- Increased CHN job satisfaction and confidence

Operational Innovations in Home Based Palliative Care

- Assessment and care planning
- Inclusion of advanced care plans into care delivery
- Management of equipment, supplies and medication
- Effective communication with broad health care team

Nurses Experience

- “with the ongoing support of my PCRN, I feel more confident and comfortable with my practice and feel that I am able to care for my palliative clients...”
- “I cannot say enough about how much the PCRN role has increased my confidence in working as a fairly autonomous palliative care nurse...”
- “..the PCRN assesses the nurses’ competence and ensures they are not sent into a situation they are not prepared for...”