Palliative Nursing Rounds: Educating Staff Nurses In Acute Care

Objectives

- Describe the process of implementing palliative nursing rounds
- Discuss the effectiveness of palliative nursing rounds in educating staff nurses

Background

- Evolving hospital patient population
- Lack of formal training in palliative care
- Acute vs. palliative care
Background (cont'd)

- Focus on nurses because they are the largest group of providers and first to:
  - Attend to bedside
  - Assess evolving changes
  - Communicate needs

Case Study: Mrs. C

- Mrs. C, 70 y/o
  - Admitted with nausea, vomiting and diarrhea and was found to have distal bowel obstruction.
  - 2003: Recurrence with adhesions to abdominal and pelvic wall.
  - 2007: Diverting transverse colostomy for distal bowel obstruction

Case Study: Mrs. C (cont'd)

- Social history
  - Born and raised in China.
  - Arrived in Hawaii at 20 years old to attend BYU
  - Married, 2 children
  - Husband attended medical school but did not graduate
  - Had 3 brothers and 2 sisters; all passed away
### Development of Palliative Nursing Rounds: Purpose

- Recognize appropriate patients
- Acquire skill with case presentations
- Raise awareness of newly formed IPC team
- Enhance communication skills
- Support accreditation standards (The Joint Commission, 2007)

### Support from the IPC Team

- Promotes education about palliative care
- Provides perspectives from different disciplines
- Addresses complex patient/family need
- Collaborates roles with a team
- Joins nurses to support Palliative Nursing Rounds

### Members of the Inpatient Palliative Care (IPC) Team

- Physician
- Nurse
- Social Worker
- Chaplain
Development of Palliative Nursing Rounds

- Use a familiar format to staff:
  - Discharge planning rounds
  - Geriatric rounds: based on the Geriatric Resource Nurse Model of Care from the NICHE (Nurses Improving Care of Healthsystem Elders) program (Lee & Fletcher, 2002)

Literature Review

- Nurse led interdisciplinary rounds led to an "increased alignment with evidence-based recommendations [and] enhanced nursing skill in case presentation and analysis…" (Falise, 2007)

- A study in a Japanese regional cancer center found that "daily palliative team activity could contribute to improving nurses adhesion to recommended practice and knowledge about palliative care." (Morita et al., 2006)

Literature Review (cont’d)

- Nurses were instrumental in initiating consultation to a palliative care service and believed it should be available to all patients (Rodriguez et al., 2007)
Pre-Implementation: Palliative Nursing Rounds

- Obtain support
  - Administration
  - Unit manager

- Identify champions
  - Coordinator
  - Unit based

- Select a unit

Implementation: Structure Palliative Nursing Rounds

- Current units:
  - 1/07: General Med/Surg
  - 8/07: Oncology/Med/Surg

- Length: 15 minutes

- Occurs: Every Friday, 1030-1045

- Attendees
  - Primary nurse (case presenter) and/or charge nurse
  - IPC team members

Palliative Nursing Rounds: Tools

- “Active Listening” exercise for skill building
- Template for case presentation at rounds
Active Listening: Listener/Loser

Instructions for Active Listening Exercise
- Find a partner and discuss a recent loss you have experienced
- The experience of a loss could be a person, pet, object
- Talk to your partner for 3 minutes, keeping to the “Rules of Active Listening” listed below

Rules for Active Listening:
- No advice nor suggestions
- No pointing out the positive side of things
- No sharing of your own relevant personal experiences
- No analysis nor insight-giving, no asking questions that lead to an insight you have in mind
- No fixing up
- Just learn what it was like for the person

Implementation: Staff Preparation

Sample template (outline) for discussion:
- Pt. Name, Age, Diagnosis
- Brief history of present illness
- Past Medical History
- Social/Family
- Reason for selecting pt for palliative case presentation
- Functional status
- Hobbies/interests
- Spiritual consideration/religious affiliation
- Advance directives
- Code status
- Discharge plans

Implementation: Staff Preparation (cont’d)

Selection of patient:
- Occurred the day before or morning of rounds
- Prompted by question: “Would you be surprised if this patient died within the next year?”
Staff Preparation (cont’d)
- Preparing on day of rounds
- Being flexible
- Organizing information
- Gathering information
  - Interaction during patient care
  - Shift report
  - Medical record
  - Feedback from other nurses

Case Study: Mrs. C
- Staff nurses presented Mrs. C at palliative nursing rounds with the following concerns:
  - Understanding about diagnosis
  - Help with her care
  - 45 stairs leading to their house
  - Full code

Case Study: Mrs. C
- Based on case presentation at palliative nursing rounds:
  - Many complex issues and concerns
  - Further understanding needed
  - Need help of IPC team
Follow-up from Rounds: Staff Nurse

- Shared outcomes with other staff
- Initiated discussion with attending physician for formal inpatient palliative care team consult
- Initiated referrals

Case Study: Mrs. C

- IPC team consult

Early Challenges with Implementation

- Concerns about workload
- New experience of presenting a case
- Same staff involved
Success of Palliative Nursing Rounds

- During the period of 8/07-4/08, total of 29 case presentations were held on 2E (Oncology/Medical Surgical Unit).
- In 21/29 (72%) case presentations, a formal inpatient palliative consult was generated.

Future Directions

- Expand palliative case presentations to other units.
- Conduct formal study on effectiveness of palliative nursing rounds on nurses’ knowledge and attitudes of palliative care.

Conclusion

- Palliative nursing rounds using a case presentation approach is an effective method to:
  - Raise awareness of staff nurses to palliative needs
  - Build knowledge and tools needed in palliative care
- Staff nurses can feel more comfortable about beginning to explore physical, emotional, social, and spiritual needs.


