

Expanding the Care of Hospice Patients Across a Mobile Integrated Health System

Background

- The COVID-19 pandemic presented challenges to the efficient utilization of critical healthcare resources in addition to obstacles which hindered optimal end-of-life (EOL) experiences for all involved, especially within acute care settings
- The Mobile Integrated Health (MIH) system has been evolving to meet the demands of its region's growing and diversifying population by responding to increased requests for specialized transports of hospice patients to more appropriate settings, such as hospice care centers
- The MIH team of emergency medical technicians (EMTs), paramedics, and registered nurses (RNs) provides the highest level of acute and critical transport care available, but several providers expressed discomfort with EOL care due to knowledge gaps and lack of available clinical guidance

Purpose

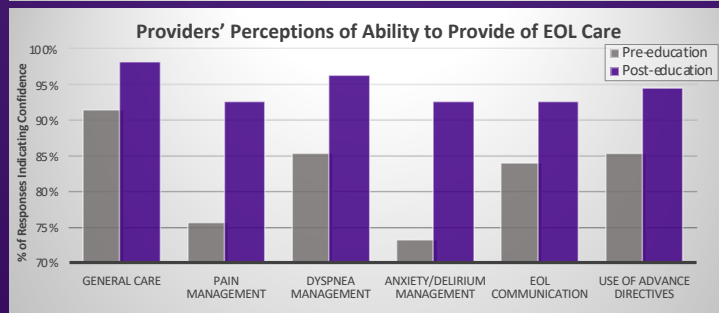
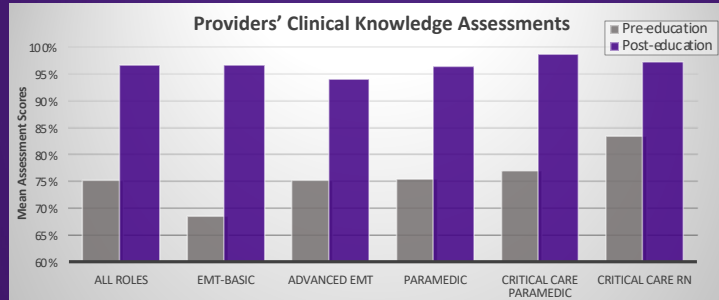
- To optimize the comfort of hospice patients' during transport between acute care settings and hospice care centers and to improve MIH providers' clinical competence in and comfort with providing EOL care

Methodology

- Quality improvement (QI) project implemented an evidence-based, hospice focused education program and novel treatment protocol over 12 weeks utilizing the Institute for Healthcare Improvement's (IHI) Plan-Do-Study-Act (PDSA) model
- Providers' knowledge assessments and surveys prior to and following completion of education were compared to measure effects on clinical competence and comfort with EOL care
- Electronic health records (EHRs) were reviewed to determine compliance with EOL comfort and safety after education and protocol were disseminated

Results/Findings

- Hospice patients experienced improved comfort:
 - 98% of patients with comfort-related complaints on initial exam were reported with improvement in complaints or received interventions in attempt to improve complaints
- MIH providers' clinical competence improved:
 - Average increase of 28.61% in knowledge assessment scores after completion of education module
- MIH providers' perceptions of comfort with providing EOL improved:
 - Average increase of 20.6% in reported comfort levels with managing EOL symptoms
 - 98.5% reported feeling generally comfortable with providing EOL care after implementation



Implications and Impact

- When prepared with specialized education and supported by clinical guidance, MIH providers can confidently and competently provide high-quality EOL care to its patients
- Expanding the scope of practice for MIH providers has proven to have a positive role in facilitating more appropriate utilization of acute care and hospice resources to better serve those in its local community and across an expanding service region which overlaps with other neighboring healthcare organizations
- Utilizing this DNP project to improve care provided by MIH teams required collaboration with multiple levels and types of healthcare providers across several healthcare settings which promoted the strengthening of established interdisciplinary relationships as well as the creation of new relationships

Future Considerations

- Opportunities for the MIH system to positively impact its patients and its community through further prioritization of inclusion and diversity efforts were recognized
- Areas for other scope of practice expansions, such as the potential for MIH involvement in providing terminal withdrawals of care in residential settings, and needs for other areas of focused education, such as pediatric palliative care were identified
- Additional high-quality research is needed in the fields of hospice care and MIH to support improved standards of care and best practices

Acknowledgements

DNP project faculty mentor: Margaret Dillon-Spruill, DNP, RN, ANP-BC
 Project site champion: Kevin Collopy, MHL, FP-C, NR-P, CMTE

References available upon request
 Information Contact:

Bianca Coleman, BSN, DNP student, FNP-C, RN, CFRN
 biancacoleman@hotmail.com