Exploring the impact of an educational intervention on palliative care for home care nurses.

Does it make a difference in their pain assessment and management practices?



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Researchers

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- Co-investigators: ParaMed Home Health Care
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Statement of the Problem

• ParaMed, a home health service provider, delivers nursing and supportive care to clients and families in the community. In 2005, ParaMed developed a palliative care education program for both its nursing and unregulated care provider staff. Feedback was obtained from participants. However, the actual effect of this educational program on the practice of nurses who completed the program was unknown.





Development of the Research

- U of O and ParaMed partnership
- Funding-NET -ELCS
- Unique palliative care educational intervention for home care nurses
 - Focus on the elderly-
 - context of ParaMed is predominantly elderly





Education Content

- Two separate and distinct components
 - Interdisciplinary- For all levels of fieldstaff
 - 10 Modules: History/Models/Philosophy; Client Centered Care/Therapeutic Relationships; Communication; Cultural and Spiritual Care ; Psychosocial Care/Stress Management; Pain and Comfort Measures; End of Life Care; Caring For Children; Seniors; Complementary Therapies; Legal and Ethical Issues; Grief and Bereavement
 - Prerequisite for the Professional Advanced Program





Education Content

– Professional Advanced

Module 1: Hospice Palliative Care Nursing Standards(C.N.A.)/ Canadian Model to Guide Hospice Palliative Care(2002) /Holistic Palliative Care Assessment and End of Life Care

Module 2: Pain Assessment and Management (Integration of Pain Management RNAO-BPG)

Module 3:Symptom Assessment and Management

Module 4: Palliative Care Emergencies; Legal and Ethical Issues;

Pediatrics





Structure, Process & Outcome

- Project Processes: Senior management, teamwork, dialogue, discussion, design
- Participant processes: Self-select, home study, learning activities and program supports
- Project Implementation: Tools, timelines and resources (including 24/7 live support)
- Project Evaluation: re- Structure, process, outcomes





Research Project-Purpose

• To understand the effect of an educational intervention on the practices of home healthcare nurses, based on an integrated approach to pain assessment and management.





Methods

- Qualitative approach using semi structured interviews to gather information
 - Specific information that was helpful from the modules and particularly on pain;
 - What factors helped the nurse to use this information, what factors hindered use of the information;
 - If the modules influenced their practice in areas such as assessment or documentation.





Sample

- Statistics of numbers who started program
- 621 registrants (Nursing and UCP)
 - 427 successfully completed the interdisciplinary level
 - 124 nurses took the advanced program with 70 completing the advanced requirements.





Sample- continued

- Of these 70 nurses who completed the advanced program
 - Sought those still working for ParaMed two years later in a region not introduced to the Cancer Care Ontario Palliative Care Intervention Project
- Purposive sample of nurses from Pembroke, Kingston, Belleville and Ottawa (total of 4 RN and 1 RPN)
- Nurses time was paid to participate





Data Collection

- Ethical approval was obtained from the University of Ottawa and ParaMed
- The interviews took place in the locale of the participants.
- Research assistant conducted the interviews
- The interviews were taped recorded and then transcribed verbatim.





Data Analysis

- Thematic analysis was carried out with the transcribed interviews.
- The transcripts were reviewed by two experts in qualitative data analysis and consensus on the themes and underlying categories was obtained





Findings

Three themes emerged that reflected the effect of the educational package on the practice of the nurses:

- Increased confidence
- Expanded repertoire
- Changing perceptions





Theme –Increased confidence

There were three categories within this theme:

- Advocating for the patient
- Teaching
- Being on your own





Theme-Increased confidence

Category-Advocating for the Patient

• "It (the course) probably made me more assertive like getting on board quickly if I did not get a response from a doctor by telephone. I would fax them. So it helped me be more assertive in advocating for them"





Theme-Increased confidence

Category: Being on Your Own

- "You are on your own in the community so need that confidence".
- " I think I am making decisions more easily-I am drawing on all those things-it doesn't bother me when I am alone in the community. When you are working in the community you do not have a person down the hall you can ask to come and look at something."





Theme-Increased confidence

Category: Teaching

- " It gave me more confidence, the most important thing. When you have more knowledge, you have more confidence in teaching clients and families".
- "During the program you are always given examples and you can draw on those to relate to people".





Theme-Expanded Repertoire

There were four categories with this theme

- Assessing pain holistically
- Assessing the elderly
- Using alternate strategies to provide comfort
- Expanded use of tools





Theme-Expanded Repertoire

Category- Assessing the Elderly

- "You have to take into consideration their age and all of their other co-morbidities because when we're looking at pain management with them, and the effects, the side effects of meds on them may be very different".
- "The elderly and their special need-assessing their painlook at mobility, alternative strategies to deal with pain if patient does not want morphine such as massage, comfort measures".





Theme-Expanded Repertoire

Category-Expanded Use of tools

- "There were many graphs and scales to use. I mostly use the pain scale 0-10. I also use the facial grimaces scale because I have the elderly clients who can not speak a lot."
- "They also started using the PPS, the ESAS scalesthese were all new when the course started .. That's an active part of our charting now".





Theme-Changing Perceptions

There were two categories with this theme:

- 1. of patient and family
- 2. of role





Theme-Changing Perceptions

Category-of patient and family

- "The course.. on patient's autonomy and their independence and the dynamic of the family, culture, ethnicity-being cognizant of that-that to me was important".
- "Being more client centered.. The goals that we establish are not my goals and not what I think should be met but more what the client wants and also to a certain extent what the family want to see".



Facilitators

Two factors emerged:

- Supportive Environment
- Helpful content





Implications

- The integrated approach had a positive outcome as it related to "client centered care"-"appreciating who the patient is".
- Being present "listen to their depression, validate that, then just let them talk".
 - Funding system focused on task orientation-need to shift to system that is focused on holistic care.





Implications

- Value of education two years after the fact
- Importance of education that is created and delivered in a manner that makes application possible
- Investing in education





Implications

- Just in time application of knowledge 'you applied the knowledge right away with the scenarios, with clinical scenarios'.
- Being present 'allow yourself to have the time during visits to explore with the patient because as community nurses we tend to be overwhelmed and very busy'.





Lessons Learned

- Client outcomes and relationship to education
- Integration to practice
- Documentation





Final Thoughts

• I think it was a really good course. It was a real eye opener.I would highly recommend it to anybody' "community nurses should really take it because we deal with every situation going and it can be helpful even to reflect on how you feel about things and knowing how you feel makes you a better person'.





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uOttawa



Questions?????

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