

# **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

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## 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

## QUALITY IMPROVEMENT

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

## 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)
- 6 community health centres
- 104 Community Health Nurse (CHN) positions
- Generalist model
- Shift from Home visits to Ambulatory care
- More complex clients at home

# 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
- Supports shared-care models e.g.: Chronic Disease, Mental Health and Addictions, Frail Elders etc.
- Integration: Acute, Community, Residential Care, Hospice
- Case conferencing
- Research

# History of PCRN Role

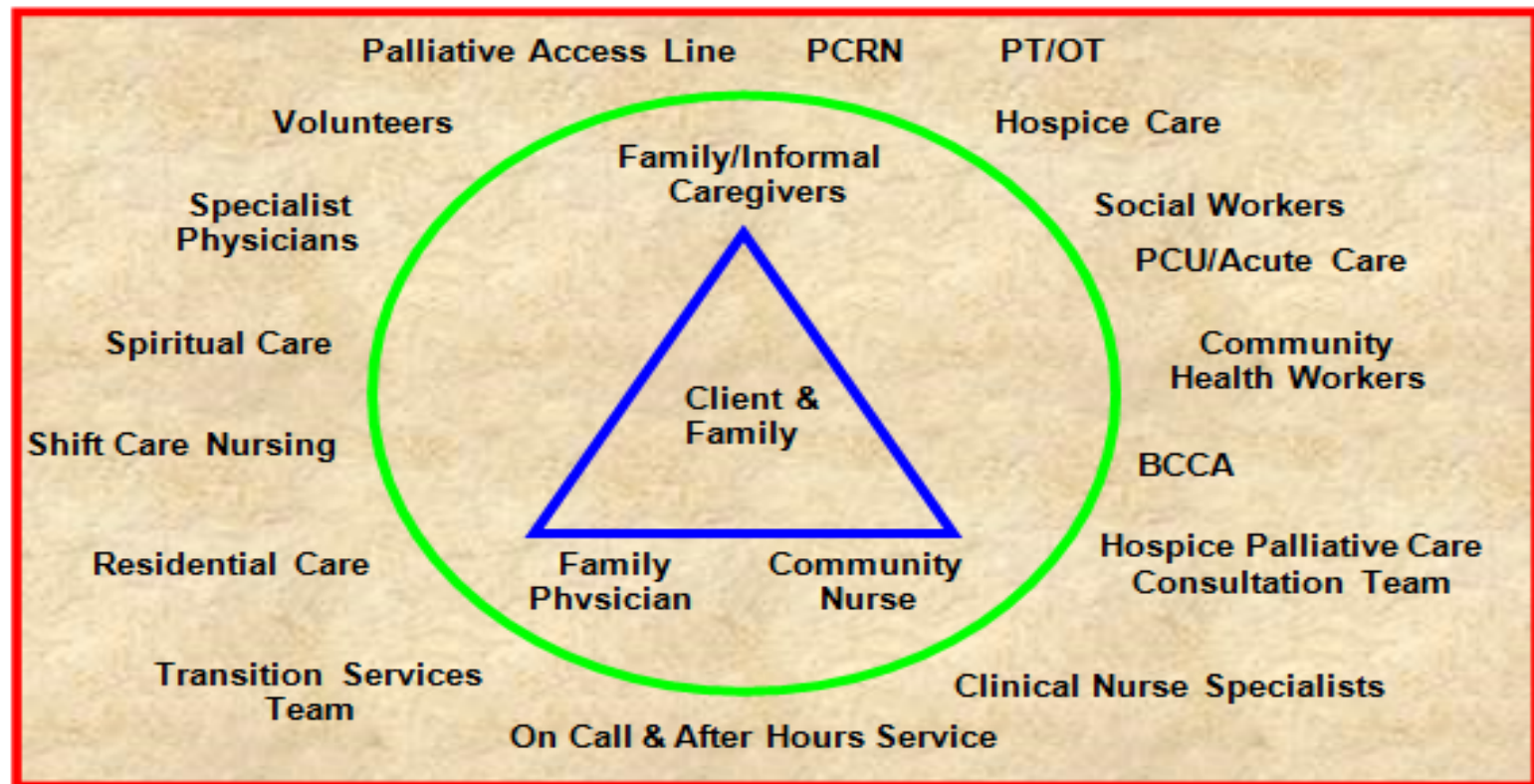
- 2013 – 2.5 FTE
- 2016 – 6 FTE
- Working within Home Hospice Consult Model
- Dual reporting management structure



# 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...”