**Innovation Fellowship Briefing Note**

*Raising the Bar: Equipping and Supporting Community Paediatric Nurses for the Provision of Quality, Effective, Contemporaneous Palliative and End of Life Care*.

**Report Date:** March 29, 2019

**Fellowship Recipient:** Tandiwe Betani

**Mentor(s) & Managers:** Kerry-Ann Smith; Arlinda Ruco, Sandra McKay, Kathryn Nichol, Sandra Tedesco, Susan Evelyn

**Background and Context: What led you to develop your Project Proposal?**

Children with complex medical needs are among the most vulnerable in our society. In order for them to live safely with dignity and quality of life at home, a wide network of home & community support is required; including shift nurses.

There is a lot of pressure upon community palliative pediatric shift nurses (who work in clients’ homes, often alone, in often stressful atmospheres) to provide quality palliative and end of life care to clients and their families.

**What opportunity or gap exists on your unit and with a specific patient population?**

At VHA, we have identified a gap regarding lack of equipping shift Child & Family Nurses (CFN) with the best available palliative and end of life information that enables them to engage clients & family more effectively & appropriately. We have noted an opportunity for VHA to raise the quality of care bar higher by enhancing nurses’ engagement in specialized care and growing expertise regarding children with complex medical needs in the community. (This might also aid job satisfaction and enhance employee health and wellness.)

**What is your QI project AIM which includes one or more outcome measures?**

The aim of this QI project was for VHA Child and Family Nurses (CFNs) to report an improvement in knowledge of, and confidence in using best available palliative & end of life information by 15 percent by the first week of March, 2019.

**Current State Assessment/Needs Assessment Data:**

* Literature search and a digital survey to understand what would help to equip CFN to carry out their role effectively and that provision of informational resources, debriefing and support is fundamental to nurses being able to provide higher quality care
* Feedback from management and colleagues about where the gap is, and available resources
* Understanding about what would be helpful for nurses to know and the barriers that may exist so as to remove them from initial survey

**My intervention was as follows:**

1. Creation of a Virtual library resource:Pediatric Palliative Care Library (i.e. PPCL) - on VHA’s Intranet, “The Loop”.
2. Video production of a client and family’s perspectives about what constitutes high quality palliative paediatric care in the home.
3. Introduction of “Sharing & Caring” at Child and Family team meetings -which are 10-minute focused moments that involve discussions on how nurses would be incorporating the new improved information in their practice as well as get support or tips from peers and supervisors regarding clinical problem-solving & difficult situations**.**

**Measurement of Intervention**

**Outcome Measures:**

* Pre and post surveys to assess nurses’ knowledge of evidence-based current contemporary End of Life information covered in the resource.
* Pre and post surveys to assess confidence in using and disseminating contemporary End of Life information related to Pediatric Nursing

**Qualitative descriptive feedback:**

* Keep track of what nurses share during “Care & Share” sessions at CFN team meetings to measure their use of resource into practice and confidence in applying the information to their practice

**Process Measures:**

* Measure use of centralized on-line Pediatric Palliative information resource by how many nurses click on the site

**What change ideas did you test in a PDSA cycle? Which change ideas were successful? Unsuccessful?**

I had initially intended to highlight peer awareness of resources and available VHA (& other) funding for a Foundational Palliative Care course and a then piloted Sick Kids’/Emily’s House Community Palliative Care workshop through in-person informational sessions during CFN Team meetings. This change idea was dropped as it was super ceded by another Sick Kid’s program –“Connected Care”. Also, the Sick Kids’ Education Manager and Finance Officer for Canadian Pediatric Nurses Association did not review and critique final resources as I had initially intended – therefore, I requested for feedback from peers and nursing management.

However, through the initial PDSA cycle, it was clear that nurses were interested in knowing what constitutes high quality palliative paediatric care in the home. It was thus more pertinent to produce a video of client/family’s perspective. According to verbal reviews, the video was successful in enhancing nurses’ engagement regarding improving the quality of care for children with complex medical needs in the community.

**Results:**

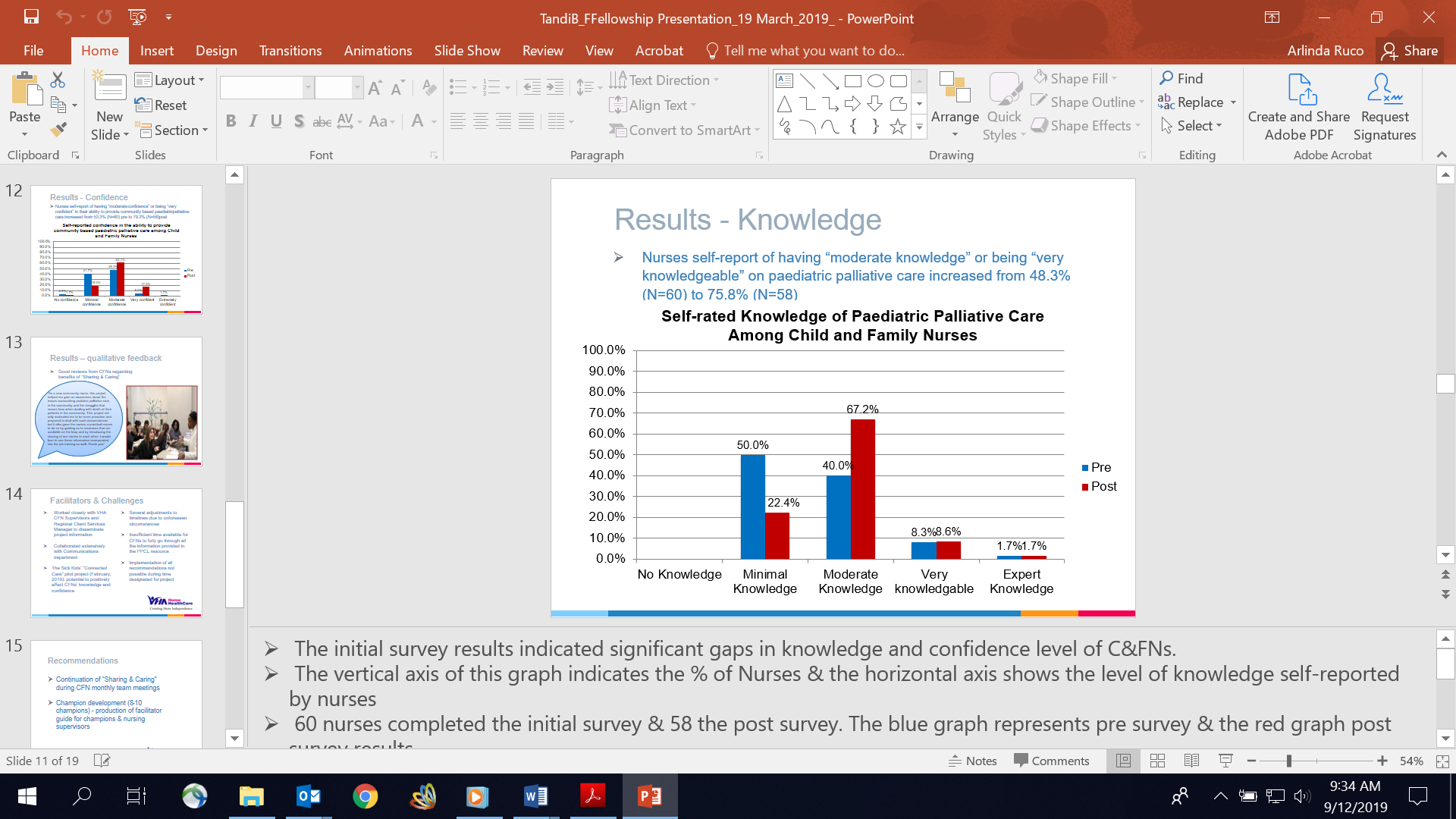
**Was your proposed project “fully” implemented?**

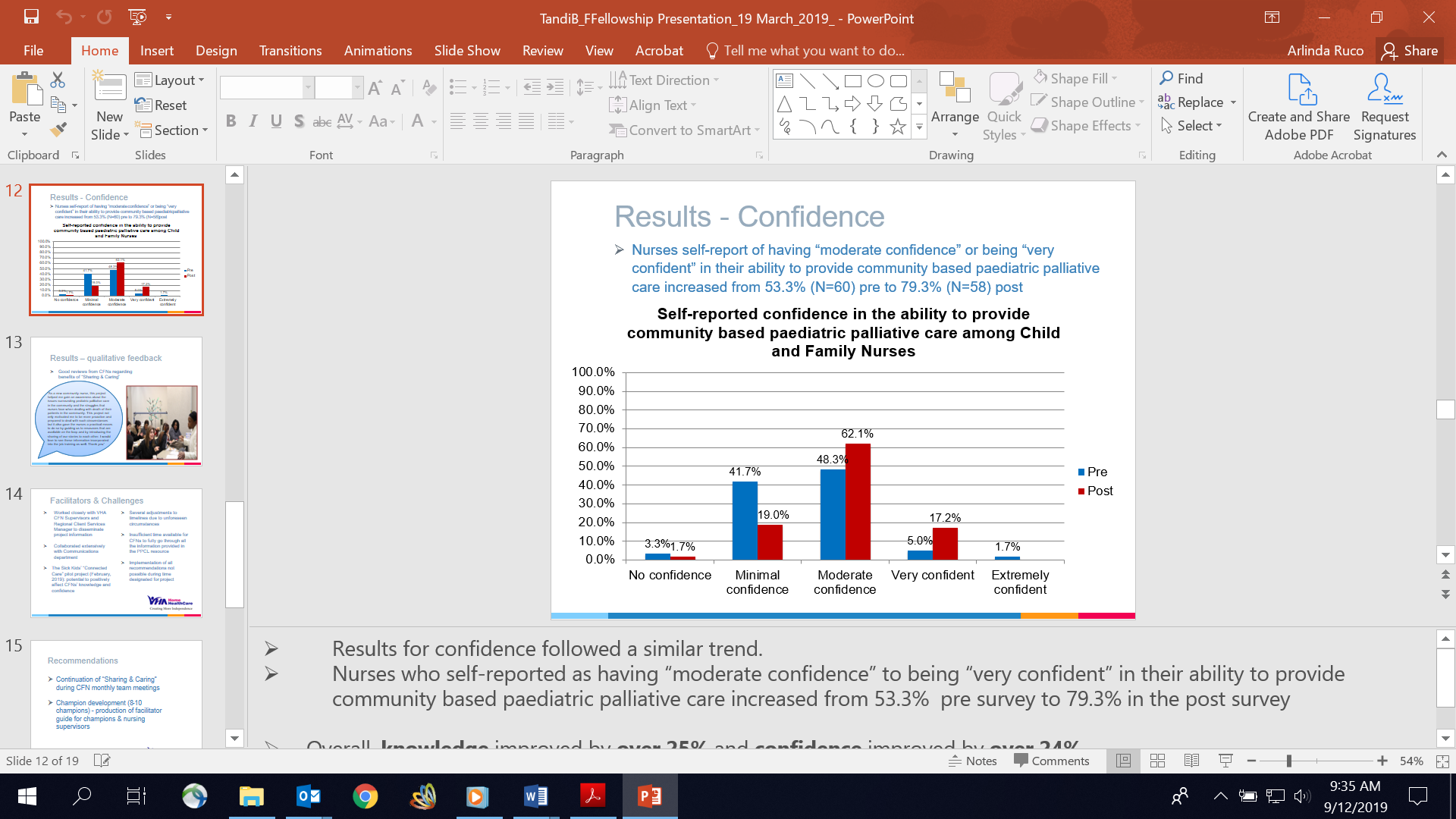
The project was somehow implemented (despite time constraints) as informational resources, debriefing and support were provided to CFN nurses.

**To what degree did you achieve your AIM statement?**

* 60 nurses completed the initial survey & 58 the post survey
* The percentage of nurses who reported having “moderate knowledge” to being “very knowledgeable” of paediatric palliative care increased from 48.3% in the pre survey to 75.8% in the post survey
* Nurses who self-reported as having “moderate confidence” to being “very confident” in their ability to provide community based paediatric palliative care increased from 53.3% pre survey to 79.3% in the post survey

Overall, **knowledge** improved by **over 25%** and **confidence** improved by **over 24%** (i.e. 10% and 9% above the expected degree.





**What challenges did you encounter during your project implementation and how were they overcome?**

Challenges experienced included several adjustments to timeline and insufficient time available for CFNs to fully go through all the information provided in the Library resource. In fact, implementation of all recommendations was not possible during the time designated for the project. The project just went ahead despite the time factor and reasonable results were reaped despite the time constraints.

**Conclusion:**

**What was the overall impact of your project?**

Following “Raising the Bar” interventions, CFNs reported an increase in knowledge and confidence in paediatric palliative and end of life care. It therefore appears that multiple support formats (including on-line and face-to-face) appear to be helpful in supporting and equipping CFNs for increased knowledge uptake and confidence. Further studies are needed to link these with nurses’ ability to provide higher quality, more effective care. This results in improving the quality of life for the most vulnerable in our society.

**What strategies will be employed to enable local sustainability of changes?**

The Sustainability plan includes:-

* For Senior Management to consider facilitating for the development of a digital learning tool using PPCL info via VHA E-Learning Program (iLearn) as a future mandatory module for C&FNs. Such a Digital e-learning Strategy fits with organizational commitment & I do have the support of key nursing leadership regarding this becoming an e-learning program.
* New CFNs would then be required to complete the e-learning module within first 6 months of hire.
* A Research/Nursing student to be allocated to maintain the online Library resource till the e-learning tool is launched
* Continuation of “Sharing & Caring” during C&FN monthly team meetings
* “Sharing & Caring” Champion development –which includes production of facilitator guide for champions & nursing supervisors

**Describe what needs to occur to help your changes spread to other areas?**

* Once established and functional, the digital learning tool to be extended to other disciplines within VHA e.g. Occupational Therapists and Personal Support Workers
* The ‘Sharing and Caring’ concept could be pitched to PSW and Occupational Therapist supervisors/managers as a mode they could consider deploying for team-building purposes facilitated by peer Champions and supervisors

**What are your suggestions for next steps? Ideas for future projects?**

* To harness key nursing leadership’s support for integration of highlights from the video of client and family’s perspectives to be considered for inclusion in VHA’s annual education forums
* More detailed studies and videos regarding clients & families’ perspectives re: how to improve quality of care.
* More long range studies to see the extent of interventions implemented
* Detailed studies re: nurses’ perspectives re: what would increase job satisfaction and retention