



Nurse Practitioner-led Education for Hospice and Palliative care in a Mobile Integrated Health Community Paramedicine program



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OBJECTIVE

Mobile Integrated Healthcare (MIH): division of healthcare patient-centered, mobile resources in the out-of-hospital environment.

- Community Paramedics (CPs): expanded practice paramedics, but currently have no mandated training on palliative care or hospice
- A knowledge gap regarding end-of-life and palliative care was observed during home visits and acknowledged during informal feedback by community paramedics. The gap was validated by administering a survey on hospice and palliative care to the CPs.
- Purpose: QI project to provide structured, evidence-based education to improve community paramedics' comfort, knowledge, and competency addressing palliative and hospice patient needs

METHODS

A QI project was designed to assess and address palliative and hospice care knowledge gaps.

- A knowledge deficit was identified
- A validated survey was given to assess baseline end of life knowledge.
- An educational PowerPoint was created utilizing palliative care experts, based on knowledge gaps identified in the initial survey.
- The same survey was given post to assess end of life knowledge following intervention

SURVEY QUESTIONS

WOLLONGONG TOOL TOPICS:

- Patient & family interactions and clinical management
- Views about death and dying
- Attitudes towards Palliative Care
- Importance of:
 - Pain & Depression
 - Legal concerns
 - The patient's spiritual and emotional needs

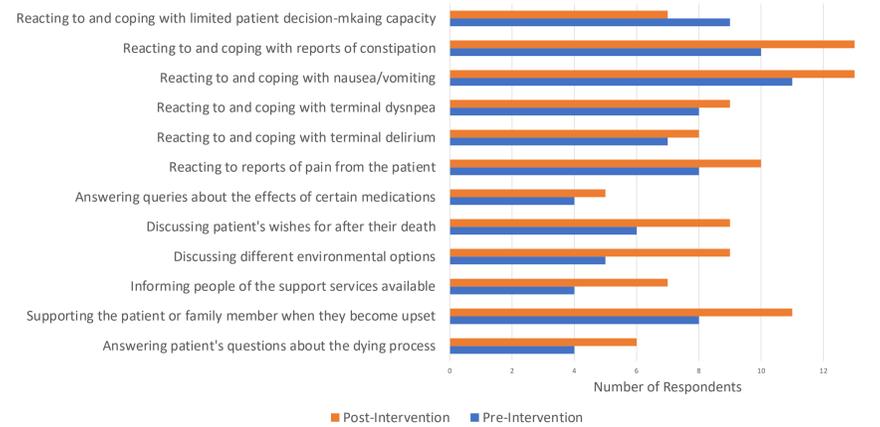
LITERATURE REVIEW

The National Registry does not currently offer palliative and end-of-life training in paramedics' initial curriculum. Overall, hospice and palliative care education geared to paramedics is limited, and not formally structured. Studies did report:

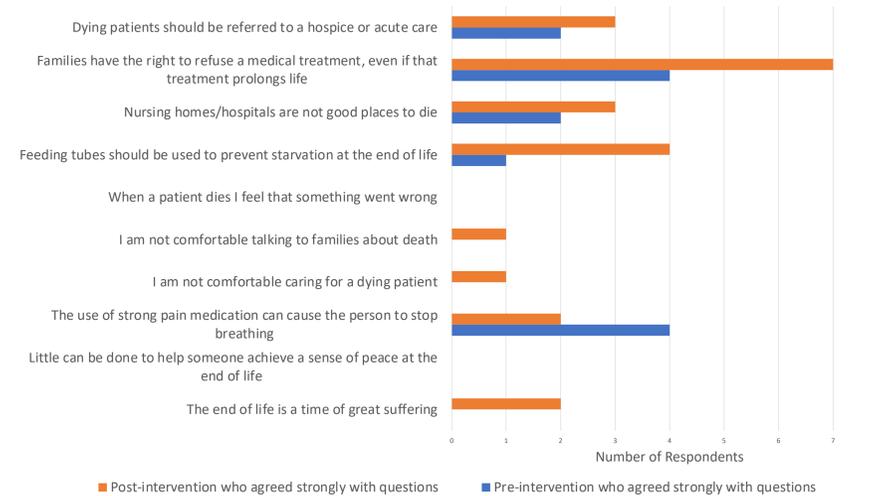
- In 2002, a survey was mailed to 200 EMS programs of the most populous U.S cities and showed only 7 out of 121 cities (5.8%) had a palliative care protocol
- A formal paramedic palliative care program was created in Nova Scotia with individualized care plans.
 - Paramedics described palliative care as rewarding and important.
 - "Respondents strongly agreed that all paramedics should be able to provide palliative care"

RESULTS

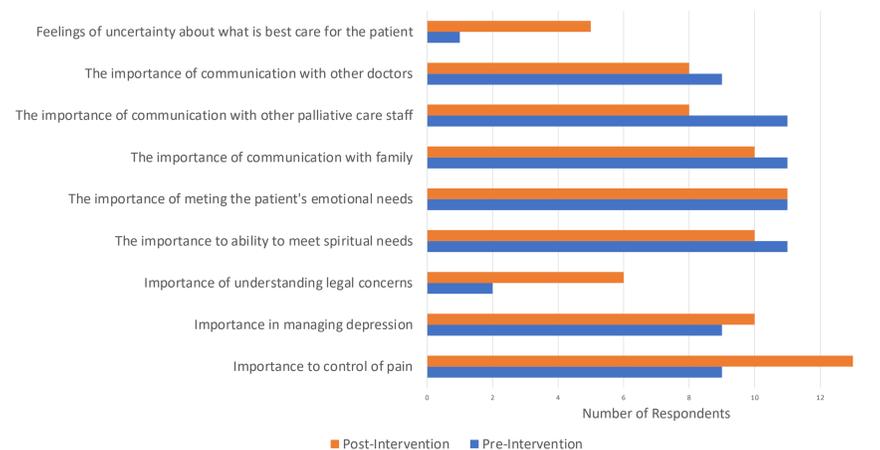
Paramedic Confidence on Patient Family Interactions & Clinical management



Paramedic Views on Dying



Paramedics Feelings on Communication



IMPLICATIONS FOR PRACTICE

Paramedics have a role in caring for terminally ill patients, especially when involved in a MIH program, and formal training within MIH programs should be implemented and encouraged.

- Nurse practitioners can assist with additional CP training, specifically in palliative and hospice care.
- Our pilot hospice and palliative education program increased community paramedics' knowledge of how to communicate with patients and families for end-of-life care

LIMITATIONS

- Small sample size
- Paramedics reported some confusion in regards to the questions which may reflect some inaccuracies in their responses
- Self reported "comfort" may not reflect competencies
- Limited generalizability as it was created for a specific audience

NEXT STEPS

This project aims to start the conversation about including formal training for palliative care to not only community paramedics but also all EMS personnel.

- Our training is now online and available to all EMS personnel in the state of Maryland
- Educators of paramedics may find value in including end-of-life education to their paramedic guidelines to improve knowledge and confidence to the paramedics for end-of-life care and provide a higher level of care to patients

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