

## Palliative Care Task Force Initial Planning Sheet

Sub-Committee/Topic: Provider Education

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### Initial Brainstorming:

- Standardize education
- Palliative care training for nursing and other health care professionals
- Identify palliative care preceptors
- Goals of care discussion
- ECHO project
  - Mentoring
  - Precepting
  - Case study by phone
- Identify experts
- Discuss ELNEC course
  - Survey current course
  - Bring program out
  - Look at skilled nursing facilities
- Provider education
  - Identify resources
  - Define a message
  - Partner with Center for Rural Health for delivery
    - Communication – basic principles
  - Barrier in larger facilities – ED, hospitalist
- Look at options for certification
- LTCA Conference education
- EMS conference
- Regional and/or statewide CAH education
- Community education – AARP, Senior services, churches
- NDSU Gerontology Conference
- Sim labs
  - To approach conversation
  - Provide care for end-of-life care

- Educate work with hospitalists on transitioning care
- Standardizing ELNEC for ND
  - Rural
  - Providers
  - Others
  - Community
- One message with different depths/modules
- “Clinical Practice Guidelines for Palliative Care”

Draft Strategy 1: Standardizing nursing education for state

Strategy to address the ideas –

- Use ELNEC models
- Use ELNEC to develop standardized education for nursing in practice
- Use ELNEC in curriculum development for undergraduate courses

Goal for strategy –

- To provide consistent education for nursing programs across the state

Needed partners for strategy –

- Faculty of nursing programs
- Center for Nursing
- QHA
- Center for Rural Health
- ELNEC instructors
- NDLTCA
- CAH Quality Network
- CUNEA
- American Lung Association
- American Diabetes Association
- American Heart Association
- American Cancer Association

Identify some initial steps –

- Identify content and develop to specifically meet needs of audience (hospital, H/H, CAHs, clinic, EMS)
- Approach Center for Rural Health
- Identify pilot sites/groups – e.g. do in four regions
- Identify funding sources
- CEUs for education

Identified barriers –

- Cost associated
- Time

Funding –

- USDA
- Bremer Banks
- ND Rural Electric
- Local foundations

Draft Strategy 2: Provider (MD, PA, NP) education on palliative care

Strategy to address the ideas –

- Identify core elements needed for provider education

Goal for strategy –

- Increased referrals to palliative care
- Decrease readmissions
- Appropriate coding/billing
- Providers confident and comfortable in difficult conversations

Needed partners for strategy –

- School of Medicine – Dr. Jurivich
- NDMA
- Certified palliative care providers
- UND, NDSU, Mary – advance practice programs
- Center for Rural Health
- QHA
- NDHA
- NDLTCA
- NDNPA

Identify some initial steps –

- Assess current curriculum at School of Medicine
- Explore what other states are doing
- National Academy of Palliative Care
- Be sure there are CMEs
- Lunch
- Engage local experts
- Explore options such as telehealth

Identified barriers –

- Time
- Engagement

Draft Strategy 3: Provide education for other disciplines - Social work, chaplains, pharmacists, RT therapies

Strategy to address the ideas –

Goal for strategy –

- Develop and disseminate standardized education for other allied healthcare professionals

Needed partners for strategy –

- Professional groups associated with various disciplines

Identify some initial steps –

- Incorporate standardized education from nursing content to meet needs of professions

Identified barriers –

- Time
- Funding