Samaritan

LIFE-ENHANCING CARE FOR 45 YEARS

Donna M. Fahey — MSN, MFA, RN, CHPN, AHN-BC, CNL
Director, Boccolini Institute

Interprofessional Education in Serious Illness Care:
ENHANCING COLLABORATION AND PATIENT OUTCOMES

Seriously ill individuals require seamless, team-based care aligned with their goals. Poorly managed care leads to costly "crisis-care" without improving quality of life. Growing aging population increases demand for coordinated interdisciplinary care.

Aims

Address the gap in effective interdisciplinary education for serious illness care

Enhance collaboration and patient outcomes through structured interprofessional learning

Increase the number of healthcare professionals certified in hospice and palliative care

Methods

Program: 8-week interdisciplinary education combining didactic and interactive learning

Content: Based on 8 domains of quality care* (e.g., physical, psychosocial, spiritual, ethical)

Participants: Four regional cohorts + one national cohort

Feedback

"This course was a great introduction to supplement my learning and honing of my clinical skillset."

"This course wove the thread of each discipline together in a package that was meaningful."

"I have the skill to enhance onboarding and ongoing interprofessional education for my staff."

Conclusion
Interdisciplinary learning fosters innovative practices in serious illness while reinforcing the value of interprofessional education.

Clinical Implications
Training in serious illness promotes better patient outcomes and team collaboration. This prepares healthcare professionals to provide high quality compassion to persons with serious illness.

Future Directions
Long-term impact on patient outcomes and healthcare utilization is needed. Future studies can explore diverse populations and care settings.

DISCIPLINES

COHORT	APP	RN/LPN	SW	SCC/CHAPLAIN	DOVLA	HHA/CNA
1	1	2	3	0	0	0
2	2	5	2	0	0	0
3	5	5	0	1	0	1
4	1	12	0	0	1	3
5	1	12	2	0	0	0

References
Ahluwalia SC, et al. *J Pain Symptom Manage*. 2018;56(6):831-870. https://doi.org/10.1016/j.jpainsymman.2018.09.008
Kelley AS, Bollens-Lund E. *J Palliat Med*. 2018;21(S2). https://doi.org/10.1089/jpm.2017.0548
*National Consensus Project. *Clinical Practice Guidelines for Quality Palliative Care*, 4th ed. 2018.

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1ST FRIDAY!

STRENGTHENING TEAM CULTURE AND PROFESSIONAL WELL-BEING

Enhancing Organizational Engagement through First Friday Education

Aims

- Foster a strong team culture and promote professional well-being
- Explore the impact of regular First Friday education and professional development
- Provide consistent opportunities for learning and growth

Methods

Program: Every first Friday, a vibrant mix of sessions tailored to spark professional passion and personal growth.

Content: Clinical Coffee Hour, Lunch & Learn, Leadership Forum, Dive Into Diversity, Afternoon Matinee

Participants: Samaritan staff from various departments

Results

1
An advanced practice nurse reported feeling totally prepared to treat a patient with intractable nausea after attending a Clinical Coffee Hour on pharmacological and non-pharmacological treatments.

2
Participants expressed excitement about First Friday events, noting increased energy and enthusiasm.

3
Lunch & Learn sessions facilitated meaningful conversations among a diverse group of volunteers, clinical staff, and office staff, integrating tools such as legacy letters into patient care.

Conclusion
Regular First Friday education and professional development sessions have proven to be an effective strategy for enhancing organizational engagement.

Clinical Implications
By fostering a culture of continuous learning and professional growth, healthcare organizations can improve team cohesion and job satisfaction, ultimately leading to better patient care.

Future Directions
Further research is underway to explore the long-term impact of regular professional development sessions.

5 OPTIONS

Clinical Coffee Hour
7:30am

Lunch & Learn
12:00pm - 1:00pm

Afternoon Matinee
3:00pm - 4:00pm

Dive Into Diversity
2:00pm - 3:00pm

Leadership Forum
10:00am

References
Rosewood Recovery Team. (2025, January 23). The role of educational workshops in enhancing treatment outcomes. Rosewood Recovery. Retrieved from https://www.rosewoodrecovery.com/blog/the-role-of-educational-workshops-in-enhancing-treatment-outcomes

American Society for Metabolic and Bariatric Surgery. (n.d.). ASMBS webinars. Retrieved from https://asmbs.org/webinars/
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LIFE-ENHANCING CARE FOR *45* YEARS

Erika Thomas — MPA
Director of Social Connections

Utilizing Community Partnerships to Address Social Determinants of Health
HOW THE SOCIAL ISOLATION, LONELINESS, AND CONNECTION COLLABORATIVE IS IMPACTING THE LONELINESS EPIDEMIC

SILCC
SOCIAL ISOLATION, LONELINESS & CONNECTION COLLABORATIVE

METHODS

Program-Examines the effectiveness of community partnerships and collaboration in fostering social connections. Content-Key factors include strong leadership, use of the Action Guide, shared goals, resource sharing, and community involvement. Participants-Over 40 community leaders/organizations

AIMS

To leverage the Action Guide developed by Healthy Places by Design as a strategic framework for cultivating community partnerships that address social isolation, loneliness, and other social determinants of health (SDOH), with the ultimate goal of improving population health outcomes and reducing health disparities.

RESULTS

Community Partnerships and Collaborations address SDOH such as social isolation and loneliness by leveraging collective resources and expertise. SILCC has resulted in the successful development of multiple collaborative programs to include an intergenerational program supporting aging adults and elementary students, as well as a program that supports veterans.

CONCLUSION

The findings suggest that community partnerships, exemplified by SILCC, can effectively address SDOH by leveraging collective resources and expertise in health and social systems.

References
Healthy Places by Design. (n.d.). Action guide: Building healthy communities through equitable change. https://healthyplacesbydesign.org

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Erika Thomas — MPA
**Director of Social Connections**

Supporting Our Caregivers:

EVALUATING THE IMPACT OF SAMARITAN'S SOCIAL CONNECTIONS PROGRAMS

The demands of managing appointments, caregiving tasks, and health-related logistics frequently consume caregivers' schedules, leaving minimal time for self-care or meaningful personal connections. As a result, caregivers are at heightened risk for chronic stress, feelings of loneliness and social isolation.

THE DEPARTMENT OFFERS TWO PRIMARY PROGRAMS:
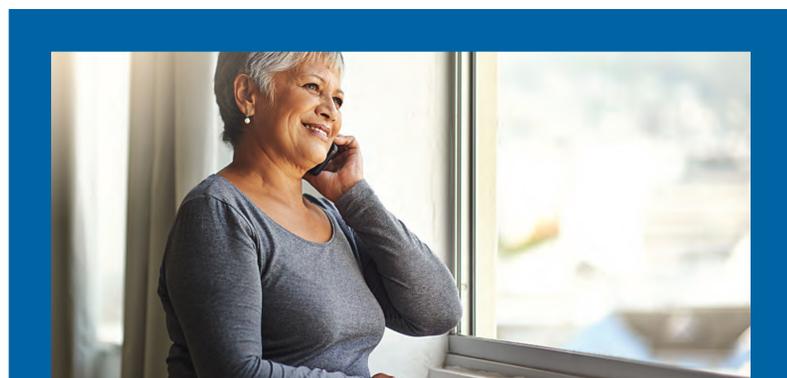
Friendly Caller Program
A trained Samaritan volunteer offers a listening ear and compassionate voice. This program utilizes a call hub system that ensures privacy, and calls are made on a weekly basis at a time that is convenient for both parties.

Robotic Pet Companion Program
These battery-operated Joy for All Pets by Ageless Innovation LLC intend to offer comfort, companionship, and joy. In addition, they serve as a short term respite alleviating caregiver burden.

Methods

Using the UCLA 3-Item Loneliness Scale, data is collected at intake and at the 1 or 3 month mark post-intervention to assess the impact of these services.

Discussion

The findings suggest that the Social Connections department's interventions are effective in reducing loneliness and improving the overall well-being of caregivers.

Results

Changes in UCLA Loneliness Scores for Each Individual:

	INITIAL ASSESSMENT	POST ASSESSMENT
A	6	5
B	8	5
C	4	4
D	5	4
E	7	6

Conclusion

Program results indicate consistent reduction in loneliness scores after 3 months.

Average Initial Score: 6
Average Post Score: 4.8

Average Reduction: 1.2

Palliative Education Impact on Provider Confidence Levels

As the general population ages and develops increasingly complex medical needs, the demand for competent and confident palliative care providers will continue to grow. These providers play a critical role in delivering compassionate, patient-centered care. However, the nuances of this medical specialty—which include symptom management, communication skills, emotional support and advance care planning—can be a source of uncertainty and stress for medical professionals. Improving provider confidence may be a critical element in improving patient care.

Aims

Explore the relationship between knowledge base and confidence levels in palliative medicine skills among members of an interdisciplinary team.

- Identify education topics that may improve confidence levels in hospice and palliative medicine providers.
- Assess where palliative providers feel the strongest, and where they feel they need the most development.

Conclusion
Management of symptoms at end of life was a source of confidence for this team. However, specific symptoms including nausea and complex pain were areas that providers felt the least confident.

Methods

Participants received a 15-question true/false test reviewing concepts in palliative medicine. The test concluded with four questions reflecting provider confidence levels on a scale of 1 to 5 in the areas of:

- complex pain
- nausea
- psychosocial distress
- symptoms at end of life

Surveys also asked participants for their role in the interdisciplinary care team.

Clinical Implications
Palliative medicine teams may continue to grow by improving confidence in the management of specific symptoms outside of the end of life, most notably nausea and complex pain. Potential educational opportunities can include didactic sessions, access to evidence-based guidelines for symptom management, and mentoring programs.

Results

A total of 23 respondents participated in the survey. This included two physicians, 14 nurse practitioners and seven registered nurses. Participants reported varying confidence levels in each of the four areas of practice.

Providers appeared most confident in their care of patients suffering from psychosocial distress, with an average rating of 3.74 out of 5.

Participants reported a confidence scale of:
- 3.65 out of 5 in the area of symptom management at the end of life
- 3.52 out of 5 in nausea management
- 3.26 out of 5 in management of complex pain