



Creating a Fabric for Palliative Care in Safety Net Hospitals

End-of-Life Nursing Education Consortium for Public Hospitals

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As the numbers of medically uninsured rise, more and more Americans are depending on public/safety net (P/SN) hospitals—hospitals responsible for the care of the uninsured and underinsured. The Center to Advance Palliative Care has found that far fewer P/SN hospitals report palliative care services, compared with similarly sized not-for-profit hospitals. While the development of dedicated palliative care services is an important way to enhance palliative care in P/SN hospitals, P/SN providers may need to develop alternative strategies in these underresourced settings. The purpose of this article was to describe the implementation and evaluation of the End-of-Life Nursing Education Consortium for Public Hospitals (ELNEC-PH), a comprehensive, statewide initiative to enhance palliative care education and leadership in 16 (out of 17) California P/SN hospitals. Funded by a grant from the California HealthCare Foundation, the 2-year (2011-2013) ELNEC-PH nursing project was designed to provide education and mentoring to public hospital nurses and to promote collaboration between participants and their hospital-based palliative care programs. The ELNEC-PH project consisted of 5 main activities: ELNEC education, mentoring, online palliative care education, an annual grantee meeting, and a workshop. At 18 months after course, participants reported that the

program significantly increased their effectiveness and ability to teach palliative care content to their colleagues ($P = .028$). There was a significant increase in the number of educational programs for all modules offered across all 16 hospitals ($P < .05$). Lessons learned included developing a team, aligning the palliative care program with the goals and mission of the organization, and identifying key stakeholders and their needs. The ELNEC-PH project has been an invaluable educational effort that has attempted to address the growing need for palliative care education in California P/SN hospitals, which can be a model for other P/SN hospitals nationally.

KEY WORDS

education, palliative care, safety net/public hospitals

California public/safety net (P/SN) hospitals serve 2.85 million people each year.¹ Because of lack of resources, many P/SN hospital patients present for treatment with advanced illness. For these patients, palliative care, with its specialized focus on relief from the pain, symptoms, and stress of serious illness and with the goal of improving quality of life, is often the most appropriate care.²

According to a State Report Card published by the Center to Advance Palliative Care,³ 54% of P/SN hospitals and 37% of sole community provider hospitals are less likely to report a palliative care team at their institution. In 2008, 43% of all hospitals in California had palliative care programs, according to a California HealthCare Foundation (CHCF) report on California hospital-based palliative care.² Of these, only 22% of P/SN hospitals (4 of 17) had palliative care programs.² Many lacked the funds to establish or expand palliative care services because of the state's financial problems.

To address this dearth, CHCF partnered with the California Safety Net Institute, a nonprofit quality-improvement affiliate of the California Association of Public Hospitals and Health Systems, and the University of California, San Francisco, Palliative Care Leadership Center to develop a state initiative, *Spreading Palliative Care in Public Hospitals* (SPCPH). Additional project team members included LifeCourse Strategies as project manager and Learning Partnerships

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as initiative evaluator.² The goal of the SPCPH state initiative was to establish sustainable palliative care programs in all of California's P/SN hospitals.

In 2010, ELNEC joined the SPCPH team resulting in the creation of the End-of-Life Nursing Education Consortium for Public Hospitals (ELNEC-PH) project. End-of-Life Nursing Education Consortium for Public Hospitals was a 2-year (2011-2013) CHCF-funded project designed to provide ELNEC education and mentoring to P/SN nurses. It also promoted connections between these nurses and their hospital-based palliative care programs. The goal of the grant was "to improve hospital care for patients with serious illness by integrating palliative care into nursing practice at all levels in P/SN hospitals and disseminating a "better practice" model to other California hospitals. This concept of a "better palliative care practice" model would be carried out by building the palliative care knowledge, skills, and attitude of the general nursing staff in the P/SN hospitals to amplify the efforts of the consult teams.⁴ The project developed and disseminated a model of nursing education and leadership development in the P/SN hospital setting to improve the palliative care skills of the nursing workforce and included a mentoring program to support nursing managers, leaders, and educators as they establish palliative care competency expectations within the hospital.

A preliminary visit by the ELNEC project team was conducted in May 2011 to 16 California P/SN hospitals to assess palliative nursing within their institution by meeting with the nurse leaders from palliative care services and nursing education and administration. All the 16 California P/SN hospitals unanimously agreed that they would like to see more palliative care integrated into their health care systems. It was also believed that nursing should be the primary portal for instituting and delivering palliative care within these institutions. When asked about the knowledge of palliative care within their facility, interviewees stated overall (on a scale of 1 = not to 3 = very) that their staff was somewhat knowledgeable (mean = 1.8). With only a small amount of education hours (approximately 10) offered for each nurse per year (as a union benefit) and little to no funds/tuition reimbursements for nurses within most of these hospitals, there were barriers for nurses to pursue palliative care education.

Recommendations, requests, and desires of nursing in these 16 hospitals included the provision of the following:

1. ELNEC course nearby so that more staff can be educated;
2. 2 staff registered nurses (RNs) on each unit prepared as ELNEC trainers;
3. funds available for sending staff RNs to attend ELNEC courses that are not held locally;
4. ELNEC education to be available hospital-wide through Web-based education;
5. a networking conference for nurse leaders in palliative care services to broaden the scope of leadership skills;

6. mentorship to the 16 P/SN hospitals through follow-up site visits; and
7. ongoing networking for nurses across facilities to share ideas and resources.

A project advisory team was created, consisting of 4 master's level-prepared RNs who are members of the national ELNEC project. The ELNEC-PH curriculum was developed by national palliative care nurse experts to address specific content on issues encountered in P/SN hospitals. The ELNEC-PH curriculum was based on the main 4 ELNEC curricula: ELNEC-Core,⁵⁻⁷ ELNEC-Critical Care,⁸⁻¹⁰ ELNEC-Pediatric Palliative Care,¹¹⁻¹³ and ELNEC-Geriatric.^{14,15} The ELNEC-PH modules mirrored the other curricula, which included Overview of Palliative Care Nursing in P/SN Hospitals; Pain and Symptom Management; Communication; Ethical and Legal Issues; Loss, Grief, and Bereavement; and Final Hours, with an additional unique module on Leadership Within P/SN Facilities. This adaptation of the curriculum addressed unique needs of people served in P/SN hospitals in the context of cultural differences, limited English proficiency, extremely limited resources, being underinsured, homelessness, and substance abuse.

METHODS

The ELNEC-PH project consisted of 5 main activities: ELNEC education, mentoring, online palliative care education, annual grantee meetings, and a workshop (preconference to a grantee meeting).

ELNEC Train-the-Trainer Education Course

On November 28 to 30, 2011, a statewide ELNEC-PH train-the-trainer course was held in Pasadena, California, in which the CHCF grant funded attendance for 3 RNs from each of the 16 P/SN hospitals' palliative care team. Each applicant was required to obtain written support from both nursing administration and education in order to apply. In addition, each applicant/institution submitted a work plan detailing a hospital-wide program for nursing education, leadership development, and commitment to ongoing palliative care competency. Work plans were unique to each hospital, and linkages to the specialty palliative care team members were included in the development plan. The 2½-day train-the-trainer program included sessions on pain and symptom management, communication, culture, ethics, loss grief and bereavement, care in the final hours of life, leadership, integration of best evidence into policy and practice, and models of excellence.

The participants who attended the November 2011 educational program were asked to create measurable goals and objectives, as well as how they would implement ELNEC and palliative care in their institutions. Follow-up was conducted at 6, 12, and 18 months post-ELNEC course to determine whether the trainers/participants achieved



these goals, as well as whether they were able to increase palliative education and knowledge within their respective institutions.

Mentoring

When considering implementation of an educational program such as ELNEC, the most important consideration is mentoring. Mentoring begins by being acquainted with the facility, promoting teamwork, and encouraging culture change within the institution.¹⁶ This includes visiting clinical sites to meet with the nursing leaders, educators and staff, palliative care medical directors, business managers, and other members of the palliative care services/unit.

Monthly group conference calls were also conducted between the ELNEC-PH trainees and the ELNEC project team. These 1-hour calls usually consisted of a minipresentation by one of the trainers on their program/progress to encourage peer learning and sharing. In the last half hour, each P/SN hospital gave an update on the status of their institution's palliative care services. These calls provided networking opportunities for palliative nurses as well as camaraderie for those working in similar positions. Discussions regarding challenges, advances, and lessons learned were also encouraged. Table 1 presents a list of the conference call schedule and educational topics offered.

The monthly conference calls and the follow-up site visits instituted a "personal touch" so that the trainers felt at ease in contacting the ELNEC project team any time that they had a question. The 2 annual grantee meetings and

the ELNEC preconference workshop offered additional opportunities to intermittently meet the nurses in person and provide additional networking and support for each other.

Online Palliative Care Education

Continuous online palliative care education, using the ELNEC-PH curriculum modules, was made available to each of the 16 P/SN hospitals through the Hospice Education Network (HEN). Funding, made possible by the Archstone Foundation (Long Beach, California), provided a 2-year subscription (2012-2014) to HEN for the 16 California P/SN hospitals that attended the course. This online training of the 8 ELNEC-PH modules and an offering of 8 continuing education (CE) credits (1 CE credit for each module upon completion) made it possible to educate the nursing staff regarding palliative care throughout each P/SN institution on a 24/7 basis.

Annual Grantee Meeting/ELNEC Workshop

For 2 consecutive years, funding was provided by CHCF for 2 nurses from each of the California P/SN hospitals to attend the annual palliative care grantee meetings. Travel reimbursements were funded to grant recipients to attend the May 23, 2012, San Francisco, California, and the May 23, 2013, Hollywood, California, meetings. These 1-day workshops gave the nurses the opportunity to network, attend educational programs, participate in panel discussions on palliative care, and provided "next steps." In addition, these nurses were offered an ELNEC workshop, *Sustaining Excellence*

TABLE 1 End-of-Life Nursing Education Consortium for Public Hospitals Community Conference Calls

| Month, Year | Topic |
|----------------|---|
| April 2012 | <i>Reflection Meetings</i> |
| May 2012 | <i>Palliative Care in the Emergency Room</i> |
| June 2012 | <i>Marketing: The Palliative Care Team Experience</i> |
| July 2012 | <i>HEN (Hospice Education Network)</i> |
| August 2012 | <i>Integrating One's Own Spiritual and Existential Identity Into Practice</i> |
| September 2012 | <i>Death Denial</i> |
| October 2012 | <i>Palliative Care: Moving Forward</i> |
| November 2012 | <i>Palliative Care Service</i> |
| January 2013 | <i>New Palliative Care Tool Usage</i> |
| February 2013 | <i>Compassion Fatigue and Self-care Opportunities for Professional Caregivers</i> |
| March 2013 | <i>Communication Pearls: Oncology</i> |
| April 2013 | <i>What We Have Learned—What We Have Used—What We Have for the Future</i> |



in *Palliative Nursing*, as a preconference workshop to the May 2013 Hollywood meeting. This 4-hour workshop was an interactive session that included pertinent palliative care topics that would assist the attendees in providing quality palliative care to patients/families within their institution. The topics included self-care, family caregivers, and communication.

Other Activities

The nursing palliative care peer network established during the educational seminars was sustained through annual meetings (CHCF grantee meetings, Annual Assembly of the American Academy of Hospice and Palliative Medicine/Hospice and Palliative Nurses Association annual assemblies, local nursing organization chapters, etc) and was then integrated into the work of the Safety Net Institute interest groups. A podium presentation, *Cultivating Grass Roots in Drought Conditions: Enhancing Palliative Care in Safety Net Hospitals*, was presented at the 2013 Annual Assembly of the American Academy of Hospice and Palliative Medicine/Hospice and Palliative Nurses Association Annual Assembly in New Orleans as a result of the ELNEC-PH project. This presentation provided an overview of the California efforts by CHCF to fund P/SN hospitals to implement and start up palliative care services in their facilities.

RESULTS

ELNEC Train-the-Trainer Educational Course

A total of 58 nurses from 16 California P/SN hospitals attended the 2½-day ELNEC-PH train-the-trainer course in November 2011. Although the grant was created to accommodate 3 nurses from 16 P/SN hospitals, some institutions supported the attendance of more than 3 nurses. The participants rated the course as stimulating and thought-provoking regarding palliative care issues seen in P/SN hospitals, using a scale of 0 = low to 5 = high (mean, 4.85); the overall rating of the conference was 4.76.

Six-, 12-, and 18-Month Follow-up

At 6 and 18 months postcourse, the participants were asked to rate the effectiveness and helpfulness of the program in the months following the course, using a scale of 1 = not effective or helpful to 10 = most effective or helpful. Overall, participants felt effective in their ability to teach end-of-life/palliative care content, and this was statistically significant (8.71 at 18 months vs 7.93 at 6 months, $P = .028$).

At the end of the 18 months post November 2011 ELNEC-PH program, the participants reported on the dissemination of ELNEC-PH curriculum/content. One hundred percent of the participants reported that they had presented ELNEC information to staff/colleagues, 73% had presented ELNEC modules within their facility, 47% had presented ELNEC

modules to the community, and 13.3% had written an article (newsletter).

Many of the participants reported that they had sought other palliative care professional development opportunities since attending the course. Seventy-three percent reported they began subscribing to or reading palliative care publications, 60% attended other palliative care CE/staff development programs, 40% became involved in palliative care committees or task forces, and 33.3% joined a palliative care professional organization.

End-of-Life Nursing Education Consortium trainers offered many ELNEC educational programs to staff within their facilities. At 18 months, there was a significant increase in the number of programs for all modules offered ($P < .05$), with a total of 457 offerings of ELNEC modules across the 16 P/SN hospitals with a significant increase in the number of nurses educated across all modules. There were a total of 10 892 nurses across the various 8 module offerings, or an average of 1361.5 nurses educated per module.

In addition to nurses, 536 members of the interdisciplinary team received ELNEC education. Other interprofessional members included nursing assistants/aides, physical therapists, chaplains, clerks, physicians, respiratory therapists, social workers, translators, and volunteers.

Many of the participants reported additional activities post-ELNEC education. Examples of implementation and dissemination of ELNEC-PH education/activities by facility are described in Table 2.

Online Palliative Care Education

In the first 9 months of 2012, the 8 ELNEC-PH modules, provided by HEN, were viewed more than 2000 times.² At 18 months postcourse (May 2013), 12 facilities reported that 251 nurses completed all 8 ELNEC modules, with many more in process of near completion. At the expiration of the funded 2-year subscription in March 2014, there were 5157 views of the 8 ELNEC modules, with 920 users across the 16 public hospitals.

CHALLENGES

End-of-Life Nursing Education Consortium for Public Hospitals trainers returned to their institutions and were asked to report any challenges during implementation of palliative services. There were no unanticipated issues encountered either internally or externally. There was amazing creativity on the part of each institution in trying to address challenges that they may have encountered, and this was accomplished through networking with other facilities. The largest challenge was instituting HEN online of the ELNEC-PH modules to 4 institutions. Hospice Education Network was able to assist the institutions' information technology departments to place palliative care information and ELNEC education links on the organization's



TABLE 2 Examples of Implementation and Dissemination of End-of-Life Nursing Education Consortium for Public Hospitals (ELNEC-PH) Training by Facility

| Hospital/Institution | Examples of Dissemination and Implementation of ELNEC Training |
|--|--|
| Alameda County Medical Center | <ul style="list-style-type: none"> • 125 palliative/end-of-life care–trained nurses • 347 nurses enrolled in HEN • Butterfly markers for end-of-life patient room • Palliative care referrals doubled • Comfort care carts for families on all medical-surgical units |
| Contra Costa, Martinez | <ul style="list-style-type: none"> • Collaborated with interdisciplinary team to include culture module in skills validation • Worked with inpatient palliative care team to expand awareness of palliative care/end-of-life nursing education throughout the medical center |
| Harbor UCLA Medical Center | <ul style="list-style-type: none"> • Inpatient consult service, launched September 2012—available to all patients on internal medicine services, Monday to Friday 8 am to 5 pm (except holidays) • Consult requests come directly from the inpatient primary physician; however, nurses are encouraged to speak to the primary physician about involving palliative care. If any assistance is needed in obtaining a referral, palliative care can be contacted directly • Educating all nurses in all units on palliative care (ongoing) |
| Kern Medical Center | <ul style="list-style-type: none"> • Developed policy on hospital-wide palliative care education • Palliative care referrals are identified through physicians, nurses, social services, case management, or any ancillary services |
| Los Angeles County–USC Medical Center | <ul style="list-style-type: none"> • Developed a link to HEN, palliative care referral criteria, and other resources such as the <i>5 Wishes</i> site from the organization’s intranet • Collaborated with school of nursing to incorporate palliative care into critical care rotation • Web-based palliative care education accessible from UCI’s Medical Center’s learning management system |
| Natividad Medical Center, Salinas | <ul style="list-style-type: none"> • POLST policy written and approved • Comfort care orders developed and implemented as pilot until approved • Comfort care carts available for pediatric unit • Collaborates with local hospices to coordinate transfer of inpatients. Also coordinate care of veterans to hospices with “We Honor Veterans” program |
| Olive View, UCLA Medical Center, Sylmar | <ul style="list-style-type: none"> • Palliative/end-of-life care content has been added to the nurse assistant education modules • Presented palliative/end-of-life care and philosophy to physician noon conference |
| Riverside County Regional Medical Center | <ul style="list-style-type: none"> • Initiated palliative care education in emergency department and in intensive care unit • Established philosophy of palliative care within nursing service • Pediatric palliative care services through nurse pediatric practitioner |
| San Francisco General Hospital | <ul style="list-style-type: none"> • Guidelines for palliative care referrals sent to all floors with information on “providing an extra layer of support” • Developed guidelines for palliative care referrals • Developed system for transferring ICU, step-down, and medical-surgical patients to comfort care rooms • Increased palliative care referrals after presenting palliative care to 38 nurses at grand rounds |
| San Joaquin General Hospital | <ul style="list-style-type: none"> • Spiritual services expanded to include more diverse representation • Palliative care education mandatory as nursing competency with yearly skills validation • Demonstrated business case of full-time palliative care nurse practitioner • Developed comfort care orders and designated 2 rooms on unit |
| San Mateo Medical Center | <ul style="list-style-type: none"> • Inpatient LTC nursing staff have received palliative care training • Palliative care competencies to be integrated into annual unit competency skills validation • ICU, medical-surgical, and LTC nurses enrolled and have access to HEN’s ELNEC-PH course • Palliative care introduction incorporated into new hire hospital orientation |

(continues)



TABLE 2 Examples of Implementation and Dissemination of End-of-Life Nursing Education Consortium for Public Hospitals (ELNEC-PH) Training by Facility, Continued

| Hospital/Institution | Examples of Dissemination and Implementation of ELNEC Training |
|---|--|
| Santa Clara Valley Medical Center | <ul style="list-style-type: none"> • ELNEC <i>Introduction to Palliative Care</i> and <i>Culture</i> modules mandatory for all nurses • Palliative committee that supports patient families and staff • More than 600 nurses educated in palliative care through HEN program and more than 200 nurses attended a 2-d ELNEC class • Expanded palliative care education to the clinics, custody, and support staff • ELNEC curriculum integrated into nursing orientation • Palliative care (comfort care) orders in place |
| University of California, Davis | <ul style="list-style-type: none"> • Palliative care in monthly nursing orientation • All nurse residents receive <i>Introduction to Palliative Care</i> as part of their training • HEN linked to the <i>Centers for Professional Learning</i> site • <i>No One Dies Alone</i> program started • Regular palliative care education presented at physician resident lunches • Palliative care education now includes interpretive services • ELNEC trainings ongoing |
| UCI | <ul style="list-style-type: none"> • Web-based palliative care education accessible from UCI’s learning management system • Palliative care/end-of-life education taught at IP orientation and is mandatory for skills validation • 1000 nurses have received palliative/end-of-life training • Palliative care training instituted in neonatal unit |
| University of California, San Diego, Hillcrest | <ul style="list-style-type: none"> • Palliative care referral triggers developed for 3 ICUs • Palliative care education embedded into nurse residency program • Compassionate extubation orders—respiratory therapist included in palliative care education |
| Ventura County Health Care Agency: Ventura County Medical Center and Santa Paula Hospital | <ul style="list-style-type: none"> • Palliative care education now an integral part of nursing orientation • Monthly palliative care education and updates for all staff in all units |

Abbreviations: HEN, Hospice Education Network; ICU, intensive care unit; LTC, long-term care; IP, intermim permittee; POLST, Physicians Orders for Life Sustaining Treatment; UCI, University of California, Irvine.

intranet/learning management sites. The main obstacles in this process were the institution’s firewall and/or lack of speakers on computers. These were addressed by having the staff retrieve HEN through personal computers or setting up computer laboratories within libraries.

Challenges included breaking down organizational silos, struggling for resources, demanding for services greater than resources, attending to payor issues (eg, term “comfort care”), lacking pain and symptom management knowledge related to palliative care, misunderstanding of culture of patient populations, and preventing staff burnout.

Resolutions

Resolution outcomes, as stated by participants at 18-month follow-up and during the monthly conference calls, included relationship building, the use of metrics to build a business case and to demonstrate beneficial program impact, prioritization of care when resources were scarce, continual education regarding palliative care, and team-building activities.

Lessons Learned

At 18 months, participants were asked to report on lessons learned from goals and objectives they had selected before attending the course. The following were reported:

- Education is essential; start educating with individual units and then expand out to orientation and annual competency programs.
- There is a need for interprofessional team development. Collegial, collaborative, and communicative teamwork is essential, and working toward shared, common goals is necessary.
- A palliative care program should start small and focus on quality before any expansion.
- Ensure alignment between the palliative care program and the goals and mission of the organization.
- Discern key stakeholders and identify their needs.
- Use any and every opportunity to promote the palliative care program.

SUMMARY

With full implementation of the Affordable Care Act (ACA) on October 1, 2013, there has never been a better time for P/SN hospitals to be educated in palliative care. In 2011, when the ELNEC-PH project began, there were more than 6 million California residents without medical insurance.¹⁷ According to CHCF, 3 of 10 Californians are in the safety net population—either uninsured or enrolled in a public health



program (ie, Medi-Cal).¹⁷ Medi-Cal, California's Medicaid program, is the largest in the nation with 7.6 million enrollees.¹⁸ More than 1 in 5 Californians younger than 65 years is a Medi-Cal recipient. In 2014, Medi-Cal might see an estimated total increase of 1 million or more enrollees because of the ACA.¹⁸

California has eagerly embraced the ACA and is implementing the optional extension of Medi-Cal to more low-income residents.¹⁷ As the effects of the ACA begin to gain more momentum, P/SN hospitals and their patients are anticipating both opportunities and challenges in the delivery of health care services.¹⁹ Providers must focus on ensuring current revenue as they deliberate the changing environment, while remaining flexible as possible. Public/safety net providers state that consumers will continue to need the same services. However, if future benefit packages are less robust than the current packages, providers will be at greater financial risk for the services they deliver.¹⁹

Through providing palliative care education to nurses, nurses will be better equipped to initiate palliative care consultation referrals. Palliative care consultation is associated with significant hospital cost savings.²⁰ Palliative care consultation shifts the course of care off the usual hospital pathway of high-cost tests and treatments and prolonged intensive care unit stays and, in doing so, significantly reduces costs.^{20,21} The savings provide a strong fiscal incentive for P/SN hospitals to develop or expand their palliative care programs. Medically complex and chronically ill patients are accounting more and more for the growing number of admissions, hospital stays, and readmissions; therefore, the savings associated with palliative care could have a significant impact on the hospitals.^{20,21}

Studies show that most people living with a serious illness experience inadequately treated symptoms, fragmented care, poor communication with their health care providers, and enormous strains on their caregivers. As the number of patients with serious chronic diseases in the United States and in other countries grows, the demand for experts in palliative care will escalate.²²

Coupled with the efforts of the SPCPH, the ELNEC-PH project has placed California's P/SN hospitals in the forefront of accessible and quality palliative care services.² The percentage of hospitals in California with palliative care programs increased from 43% in 2007 to 53% in 2011.²³ During the same period, the percentage of P/SN hospitals with these programs jumped from 22% to 71%.²³ In 2012, 100% of California's P/SN hospitals had palliative care programs in place.²³

End-of-Life Nursing Education Consortium for Public Hospitals project has been an invaluable educational effort that has attempted to address the growing need for palliative care education in California P/SN hospitals. It is hoped that a concentrated effort can greatly impact the integration of palliative care into all P/SN hospitals nationally. Al-

though quality of care is always promoted in health care settings, nurses can only provide this care if they are educated and have a vision of excellent palliative care.⁹ The enthusiasm of the project's participants indicates the growing support for these services.

The ELNEC program will continue to assist in the sustainability of palliative care education by supporting nurses and other health care providers to meet patient and family needs and patient quality of life by keeping them informed through *ELNEC Connections*, a quarterly newsletter (www.aacn.nche.edu/ELNEC/publications/elnecc-connections), the ELNEC Web site (www.aacn.nche.edu/ELNEC), and the ELNEC Facebook page (www.facebook.com/ELNECpalliativecareeducation).

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