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## **New Jersey Palliative Care Advanced Practice Nurse Consortium**

**Vision Statement:** To support and empower Palliative Advanced Practice Nurses to foster professional development.

**Mission Statement:** The New Jersey Palliative Care Advanced Practice Nurse Consortium (NJPC APNC) provides a formal organizational structure for the advancement of the professional and quality practice of palliative care services across the State of New Jersey.

### **Purpose**

1. Promote palliative care to health care professionals in the State of New Jersey by:
  - Providing peer support
  - Mentoring new palliative clinicians
  - Providing access to palliative resources
  - Offering interdisciplinary palliative education
  - Collaborating with clinicians of all disciplines
2. Participate in data collection and research to promote clinical knowledge.
3. Establish a presence and awareness of palliative care in New Jersey and on a national level advocating for palliative care, educating leaders, the public, and policy makers on such.

### **History of the New Jersey Palliative Care Advanced Practice Nurse Consortium (NJPC-APNC)**

In October 2009, the Founder Colleen Bell, APN created the group, New Jersey Palliative Care Advanced Practice Nurses. The group was founded upon the supportive palliative philosophy and it catalyzed collaboration amongst NJ Palliative APNs. The group of professionals clinically supported and informally mentored each other.

In February 2011, the group began the process of a formal collaboration and launch of the New Jersey Palliative Care Advanced Practice Nurse Consortium (NJPC APNC). In 2012, in the interest of advancing the benefits and objectives of palliative care the NJPC APNC nonprofit was formed. Today the group continues to be focused on mentoring and supporting Palliative Health Care Professionals while optimizing palliative care in health care institutions and in New Jersey.



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### **Membership:**

#### **Tier 1: New Jersey Palliative APN Membership**

All NJ Palliative APNs are encouraged to join NJPC APNC. A Palliative APN Membership is a \$25 annual fee. Tier 1 membership includes voting rights, open access to attend membership meetings, and participate in other organizational activities with a discounted rate.

#### **Tier 2: New Jersey Clinician Membership**

Any clinician can join NJPC APNC. A Clinician Membership is \$20 annual fee and does not include voting rights. Tier 2 membership promotes generalist palliative care by including clinicians to attend membership meetings and participate in other organizational activities with a discounted rate.

#### **Tier 3: Palliative Student Membership**

Any health care professional that is a student actively enrolled in a palliative care academic program may join NJPC APNC. Tier 3 membership is complimentary while the professional is actively enrolled; documentation of school, program name, start and anticipated completion dates are required. Tier 3 members are able to attend membership meetings and participate with organizational activities with a discounted rate.

All membership registration and dues are collected via the NJPC APNC website:

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- Upon board review and approval dues are subject to change.

A quorum vote (electronic or hand vote) must approve expenditures from the treasury over \$200.

### **Considerations for Membership:**

- Be a health care professional that practices generalist or specialty palliative care.
- HPNA, AAHPM, SWHPN, or other palliative organizational membership recommended.
- ACHPN or palliative certification is strongly recommended.
- Members which are part of palliative care programs are encouraged to enter data annually into the CAPC Palliative Care National Registry.

**Meetings:** Meetings are held in various locations in the state of New Jersey. An attempt to have 3 or more annual membership meetings is prioritized. Location, dates, and times are subject to change based on the needs of the membership.



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- Members are encouraged to attend all of the meetings; physically or telephonically.
- Fifty-one percent of the voting membership must participate at the meeting or electronically to institute decisions and changes.
  - E.g. Bylaw updates, Project collaborations etc.

**Board Members:** The NJPC APNC Board is responsible for administrative and daily organizational decisions. The Board will have meetings as needed to promote organizational growth and foster leadership.

Each Board member will be voted in by Palliative APN membership. Candidates for offices will be discussed at the Fall meeting and elections will be held prior to the Winter meeting. With the exception of President Elect, each Board Member term is two consecutive years.

1. **President** - Sets Consortium goals and objectives, establishes agendas, facilitates meetings, and represents the Consortium to all constituents. The President focuses on member relations, mentoring the Board and organizational members, and maintains Bylaw and nonprofit requirements. The President also appoints ad-hoc committees, as needed.
2. **President Elect** – Supports and facilitates the above Presidential tasks as delegated and needed to foster learning and provide efficient Consortium processes.  
\* President-Elect will be elected on alternative years to President (even years e.g. 2020).
3. **Recording Secretary** - Transcribes meeting minutes, and distributes to the Board for approval and uploads to the NJPC APNC website for membership review.
4. **Treasurer** - Maintains a bank account for NJPC APNC, maintains account records, dispenses funds as necessary. Monitors dues and active membership via the NJPC APNC website. Provides annual financial report at year's end.
5. **Vice President of Education** - Updates members about national and local educational palliative opportunities and evidence based palliative updates. Organizes and manages palliative care education for consortium members, nursing, and NJ constituents.



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6. **Vice President of Community, Legislation & Health Policy** - Focuses on external constituents; public and private organization and individuals. Liaison for Consortium to external organizations; advocate for quality palliative practices and advocate to optimize Palliative APN roles. Reports legislative and policy updates, issues, and advocacy to members.
7. **Vice President of Technology** – Monitors and maintains NJPC APNC website. Assists the President and other Board members to upload documents, optimize membership engagement with website, and assist with updates such as active membership/dues.

### **Specialty Palliative APRN Definition**

As stated in *Palliative Nursing: Scope and Standards of Practice: An Essential Resource for Hospice and Palliative Nurses*, “Because palliative care is embedded in nursing practice, all nurses practice primary palliative care” .....“This is inherent in the definition of nursing: alleviation of suffering the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. By the nature of their role, all nurses provide psychosocial support. They have skills to assess and assist advance care planning, promote illness understanding and identify spiritual issues and cultural concerns.” (American Nurses Association & Hospice Palliative Nurses Association, 2014, p. 19).

**Specialty Palliative APRN Practice** is grounded by the 8 domains of palliative care and includes autonomous assessment, multi-domain care plan development, and treatment of patients with serious illness and their loved ones (National Consensus Project, 2013).



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**Specialty Palliative APRN clinicians** have an increased expertise in treating refractory symptoms, co-morbid illness trajectories, navigating complex family needs, difficult care decisions, and goals of care discussions (Quill & Abernethy, 2013; Weissman & Meier, 2011).

#### References

American Nurses Association & Hospice Palliative Nurses Association. (2014).

Palliative Nursing: Scope and standards of practice: An essential resource for hospice and palliative nurses.

National Consensus Project. 3<sup>rd</sup> Ed. (2013). Clinical practice guidelines for quality palliative care. Retrieved from [www.nationalconsensusproject.org](http://www.nationalconsensusproject.org)

Quill, E. T. & Abernethy, P. A. (2013). Generalist plus specialist palliative care – creating a more sustainable model. *The New England Journal of Medicine*, 368, 1173-1175.

Weissman, D. & Meier, D. (2011). Identifying patients in need of a palliative care assessment in the hospital setting. A consensus report from the Center to Advance Palliative Care. *Journal of Palliative Medicine*, 14(1), 1 - 8.

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