Evolving Roles of Nurses

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Session 2A
March 7, 3:45 PM -5:00 PM
Union Square Family Health Center

- Somerville MA
- All FM MDs, no mid-levels
- 26,000 patient visits per year
- 40% Portuguese speaking
- 20% Spanish Speaking
- 8% Haitian Creole Speaking
- smaller populations of Hindi, Nepali and English
Level 3 certified Medical Home

- Team care structure since 2005
- Excellent process measures for chronic diseases (Hgba1c 2/yr etc.)
- Outcomes (Hgba1c avg and LDL) not improving after 6 years of team approach to care
- Churn in population a factor (it’s a community health center, folks!)
- Most successful outcomes from care pathways with champion (DPH grant colonoscopy list)
RNs in our PCMH

• On 2-3 PCP teams and primarily responsible for Abnl PAPs, Mammos and Depression outreach
• Depression outcomes radically improved once RNs became champions
• Overall, RNs pulled away from this kind of work into triage, shots, walk-in visits, clerical tasks not appropriate to RNs, calling patients with results
Goal: RNs Refocus

• Increase the time for RNs to do care management, specifically with high risk patient groups such as diabetics
• Increase RN direct patient care time with enhanced protocols and communication between PCP and RN around health and treatment goals
• Improve continuity of care: pts able to get appt with their team more quickly since RNs are now an additional provider
• Larger PCP panels possible?
Enhanced RN Role

• Enhanced team-based chronic and preventive care by integrating the redefined RN role
  • Social work
  • Nutrition
  • Health risk coordinator
  • Planned care coordinator

Goal:
Clearly define resources for RNs to coordinate patient education and empowerment
Next Steps: coming soon!

- RNs “take over” patient care for titration of meds and education on new diagnoses
  - Currently do not have the clinical protocols in place to allow RNs this level of independence
  - Using EMR to have clear goals for disease states (LDL less than 100) and dialogue between MD and RN for medication changes
- RN metrics: baseline already collected
- Provide numeric guidelines to RN for how many patients to manage at once
Ongoing site-level RN Changes

• LPN hired to take over all shots and help with coordination of care across teams
  • Gives RNs about 20% more time to directly care for patients
• Increased social work hours to allow the RNs to focus on the medical diagnoses and issues
  • Leadership worked with administration
Site-level RN Changes, cont.

Phone workflow

- Biggest challenge: taking RNs off the telephone
  - No additional resources
- Use of the electronic portal and direct call transfers has decreased number of RN callbacks
- Front desk staff and RNs now have daily schedules with their available phone numbers listed
- MDs have committed to writing letters or emails to patients with test results
Workflow Improvements

• Vastly improved Tel abandonment rate
• Improved relations between FD and RNs – an ongoing discussion
• Easier to access pts with electronic portal but increases overall work for RNs and PCPs
• RN satisfaction data: RNs engaged and excited about changes (and a little scared!)
Team-wide Impact

• Improved teamwork within the teams and clinic
• Front desk staff took over the clerical duties quickly and efficiently
• EMR helps team direct the work to the correct team member
  • Refills are now done by pharmacy techs using the EMR
  • Only emergent prescriptions come to the staff RNs
Improved Experience

• Improved patient experience
  • Patients will get enhanced education and attention to their needs from RNs and a wider team, including social work

• Improved provider and staff satisfaction
  • Better work environment: less staff burnout
  • RNs have been challenged to let go of old competencies like “it is just faster if I do it myself”
  • MD/RN interactions have become more like a “meeting of equals”
Measured Outcomes: are RNs the key?

- Increased job satisfaction with this “new” role
- Patients report improved patient experiences
  - Care coordination
  - Patient activation
- Decreased hospital admissions and ED visits
- Achieve target levels on quality measures at 12 months
Lessons Learned

• Importance of teamwork and effective communication
• Provide a clear definition of the work expectations and measurable outcomes
• Assess roles and workflows before implementing a change
• Leadership engagement and support
Hypotheses

• Patient need for activation and education is best met by redefining the role of the RN
• Economically feasible with increased RN visits and MD panel size
• Improved patient team continuity with addition of RNs in direct patient care
Recommendations to Other Sites

• Start with training of all staff on roles, workflows, schedules
• Keep the focus on the pt to facilitate change
• Use available resources
  • MA League trainings
Questions?

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