

Evolving Roles of Nurses

Cambridge Health Alliance Union Square Family Health

Aimee Chevalier, RN, Nurse Manager

Kirsten Meisinger, MD, Medical Director

Angela Washington, Operations Supervisor

Session 2A

March 7, 3:45 PM -5:00 PM



MacColl Institute at
Group Health Cooperative

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, Mammograms 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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