



SNMHI Summit 2011

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The Evolving Role of Nurses in the Medical Home: Optimizing the Role of the RN in the Medical Office

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Session 2A

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



MacColl Institute at
Group Health Cooperative

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Objectives

- Share the principles and journey that guided the optimization of the RN role at Neighborcare Health.
- Learn from other groups who have done this.
- Leave inspired to tackle this challenging and rewarding work.

A universal struggle...

- Nursing is a profession where we try to be all things to all people.
- Setting limits is not always our strong suit.
- Compensating for broken systems is something we expect of ourselves...for awhile...and then we get cranky.

Wide Spread Realities...

- Nurses are expensive
- Nurses are underutilized, focusing excessively on clerical duties.
- Bulky processes weigh nurses down
- Little time to do the work RN's are uniquely qualified to do.
- We have “issues” with other members of the Care Team.
- All staff / providers burdened with “wrong work”, bulky, redundant processes. (refills, authorizations, referrals...)
- “The buck stops here.”

The Golden Rules of Staff Optimization



Golden Rule No. 1

Understand your demand and supply for support staff.

Do a department profile.

Golden Rule Number No. 2

Elevate all members of the team to the highest level their education, training, and experience will allow.

Golden Rule No. 3

“Move work away from the constraint in the system.”

One Group's Story

- Neighborcare Health, CHC, Seattle
- Problems with RN retention and recruitment
- Frighteningly poor morale among nurses
- Little time for pt. education and Chronic Disease management.
- Excessive triage
- Huge variation in key processes from site to site (access, messages, rx refills, labs, role of MA, role of front desk, phone systems etc.)

The good news...

- New grad RN program
- Leadership's strong commitment to optimize the role of the RN
- Patients love nurses! (MA's and RN's and NP's)...validated in every survey.

A 12 step process...

- Assessment
- Design Team established
- Look Outward
- Look Inward
- Test good ideas on small scale
- Identify RN focus, precisely
- Test ideas more aggressively
- Parallel process; other roles
- Test all sites
- Model recommended to leadership
- Implementation
- Embedding

Initial Assessment

Findings:

- RN's valued as clinical team members
- Providers and RN's would like to expand RN role.
- Reducing clerical functions creates RN capacity for clinical care.
- Providers felt RN's in an expanded clinical role would allow them to see more patients.
- Staffing models varied from site to site.
- Key processes varied from site to site

Recommendations:

- Conduct a Work Analysis to distinguish Clinical from Clerical tasks.
- Analyze Demand and Supply for all work...not just appts.
- Elevate all staff to highest level their education and training will allow.

As the RN Optimization Team was forming...

- Provider's were anxious
- MA's were fearful
- Front desk folks were concerned
- RN's were nervous

“No one can really do this stuff except the RN's.”

“We can't trust other people to do this stuff.”

“I'm already too busy. Changing the RN's role will make my life tougher.”

“Don't dump your work on us.”

“It's easier if I do it myself.”

“It's not that much.”

Aims and Measures

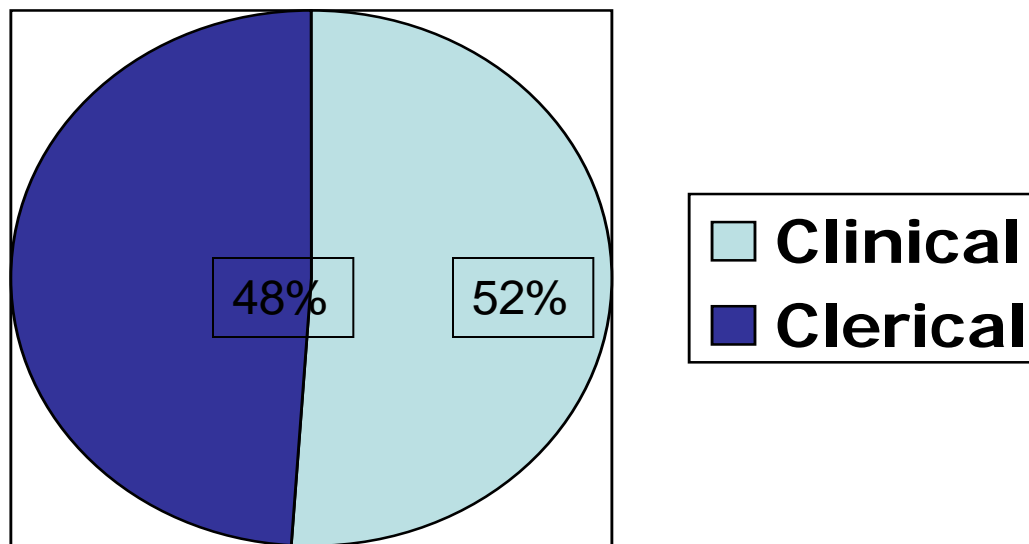
Aims

1. Improved outcomes for patients
2. Enhanced RN recruitment and retention
3. Financial sustainability

Measures

1. - Pt satisfaction
- Clinical outcomes
2. - RN turnover
- RN satisfaction
- % time spent in optimal role
3. - RN ratio to panel size
- RN ratio to provider FTE

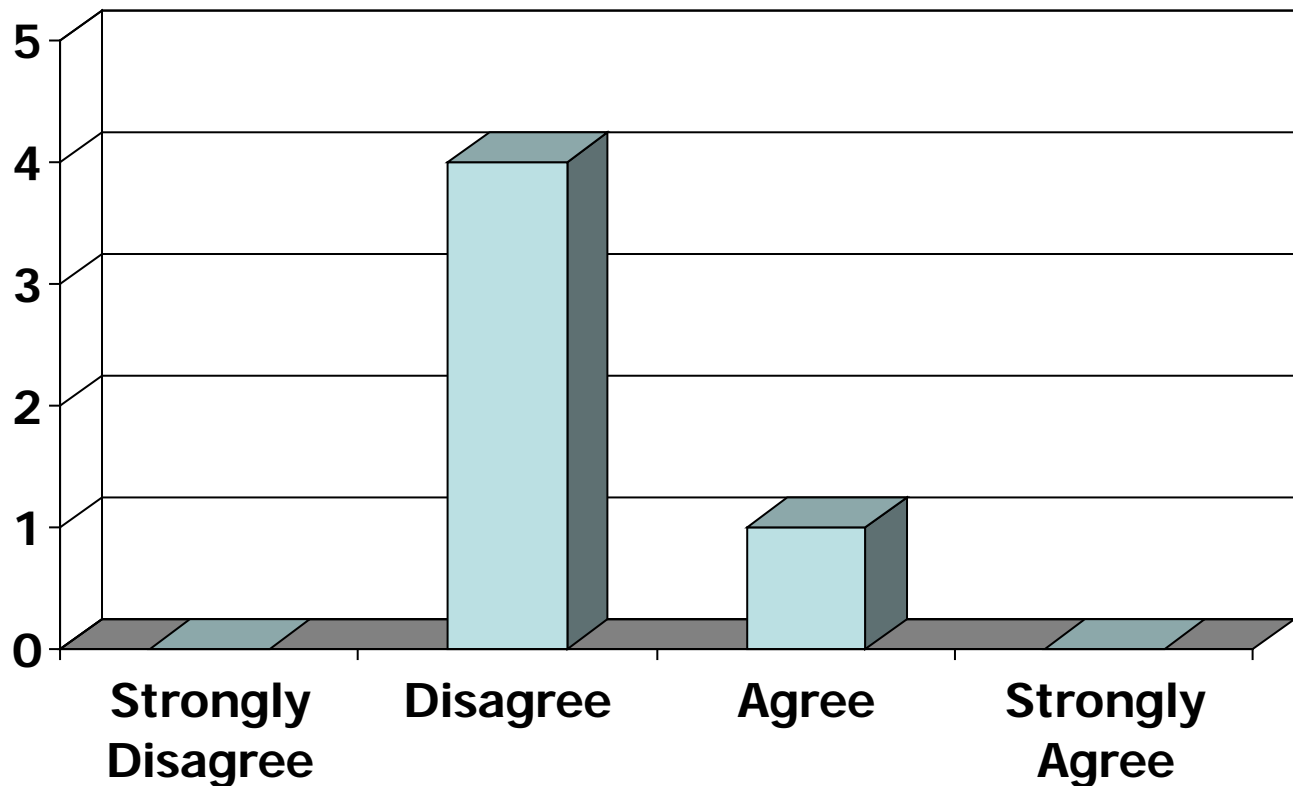
RN Work Analysis...baseline



Source: Neighborcare Health, Nov. 2008

RN Survey

“In this office I have the opportunity to do what I do best everyday.”



Source: Neighborcare Health, Nov. 2008

RN Work Analysis Tool

- Percent RN time:
 - Clinical Tasks
 - Clerical Tasks
 - Prescription refills
- In a perfect world what other RN duties would you have time for?
- Comments

Track monthly while testing changes and implementing.

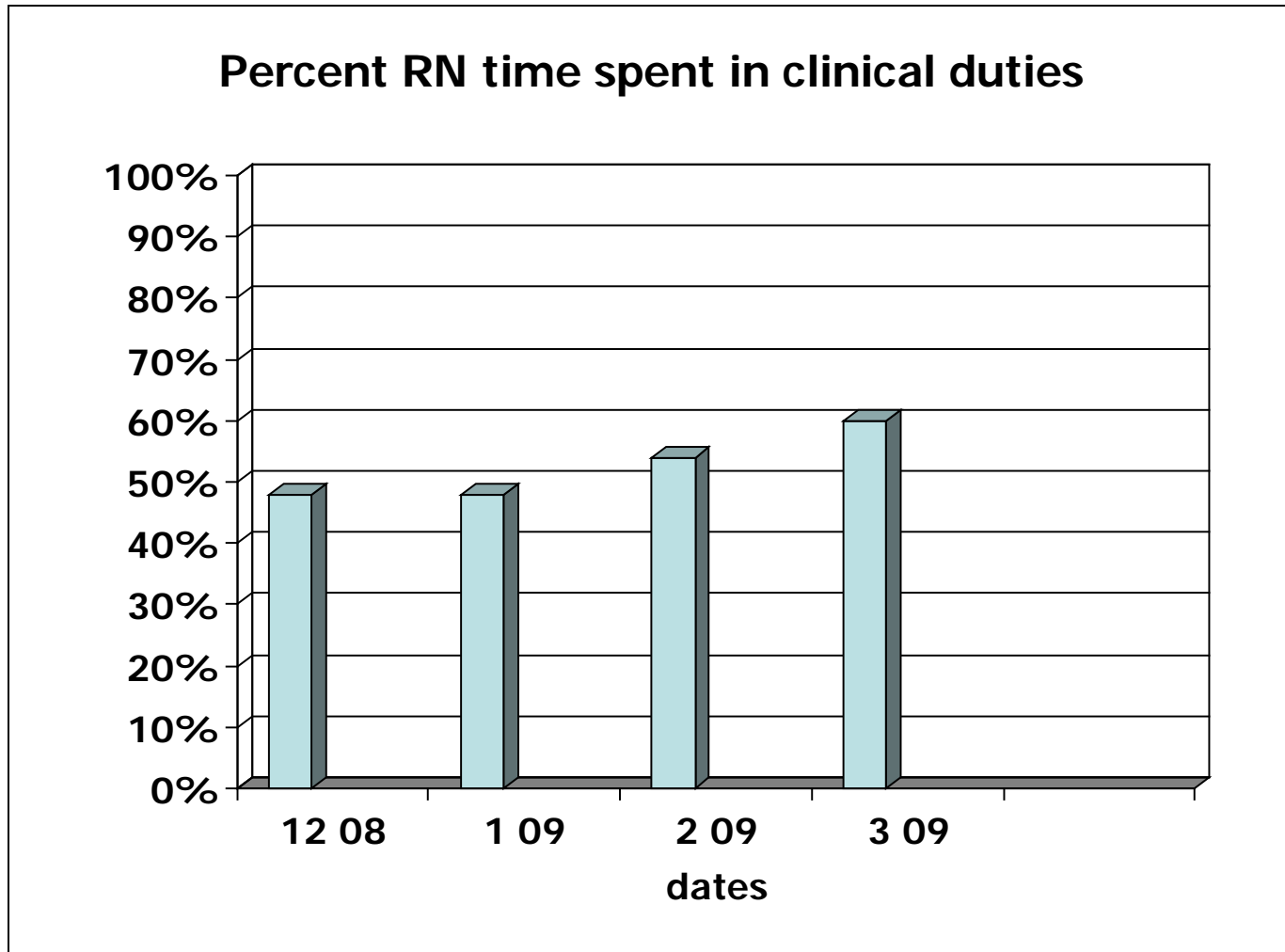
RN Work Analysis Worksheet

Name _____

Date _____

Clinical Tasks... common examples below	Clerical Tasks... common examples below	% Time on Rx refills
Emergent Triage	Faxing	
Team huddles	Mailing	
Procedures	Prior authorizations	
Pt. Education	Schedule appts	
Chronic disease management	Etc...	
Etc...		
% of week spent on clinical tasks = _____%	% of week spent on clerical tasks = _____%	% of week spent on Rx refills = _____%
In a perfect world what other RN duties would you have time for?		

Early Results...



“RN Perfect World...”

RN's consistently described missing pieces:

- Patient education
- Chronic disease management

“Fax Jockey” phenomenon....

Looking Outward; Literature Search

- Building Teams in Primary Care; 15 Case Studies (Bodenheimer)
- La Clinica (no RN's)
- Palo Alto Medical Group (3 or 4:1)
- South Central Foundation (1:1)
- Care South (no RN's)
- Others...

Looking Inward...

- Design Team members shared their key office processes.
 - Phones, messages, triage, work-ins, refills, call backs, lab results...
- Identified “best practices” and tested at all sites.
- Goal: Standardize to “best practices” across all sites.

The Big Buckets...

1. Emergent Triage.....5%
2. Chronic Disease management...40%
3. Patient education.....40%
4. Selected procedures.....5%
5. Team Communication.....10%

Deal Breakers...

- RN's to be aligned with specific panels of pts and specific providers.
- Coverage for illness and leave to be built into model.
- Must be financially sustainable model.
- Clerical support must be identified.

Then came the Recession and Economic Fallout...

- Drivers shifted
- Ratios would be slimmer than anticipated
- Now everyone anxious

- Design Team courage
- Leadership's courage

Revisiting the Buckets

- First thought: Where to cut????
- Aha moment: Richness of the model to determine depth of chronic disease bucket
 - Level 1 Focus: DM and HTN (36% pts)
 - Level 2 Focus: Asthma and COPD (+19%)

Parallel Work

- Optimize and standardize MA role, skills, rooming process,
- Standardize front desk role and protocols

- Assess demand for clerical work
- Clerical work to clerical people
- Add clerical support to Care Teams.

Moving the Cups forward....

- RN's...define and test the role
- Front Desk...expand role, empower and support
- Tasking Guidelines...draft again and again, and again, and again....
- Providers willing to test and change
- MA's...role standardized
- Clerical support...define role and processes

Challenges...

Training

- RN Self Assessment identified gaps
- Training responsibility
 - Personal
 - Organizational
- Takes time
- Showcase best partnerships

Challenges...

Full adoption by providers

- Some providers embraced new role
- Some providers did not
 - Didn't understand the role
 - Didn't want to give up certain tasks
 - A few didn't trust the RN
- Organization expectation set...for providers to be free to do the work they are uniquely qualified for, they have to embrace the RN role.
- Big role for Medical Director and AMD's

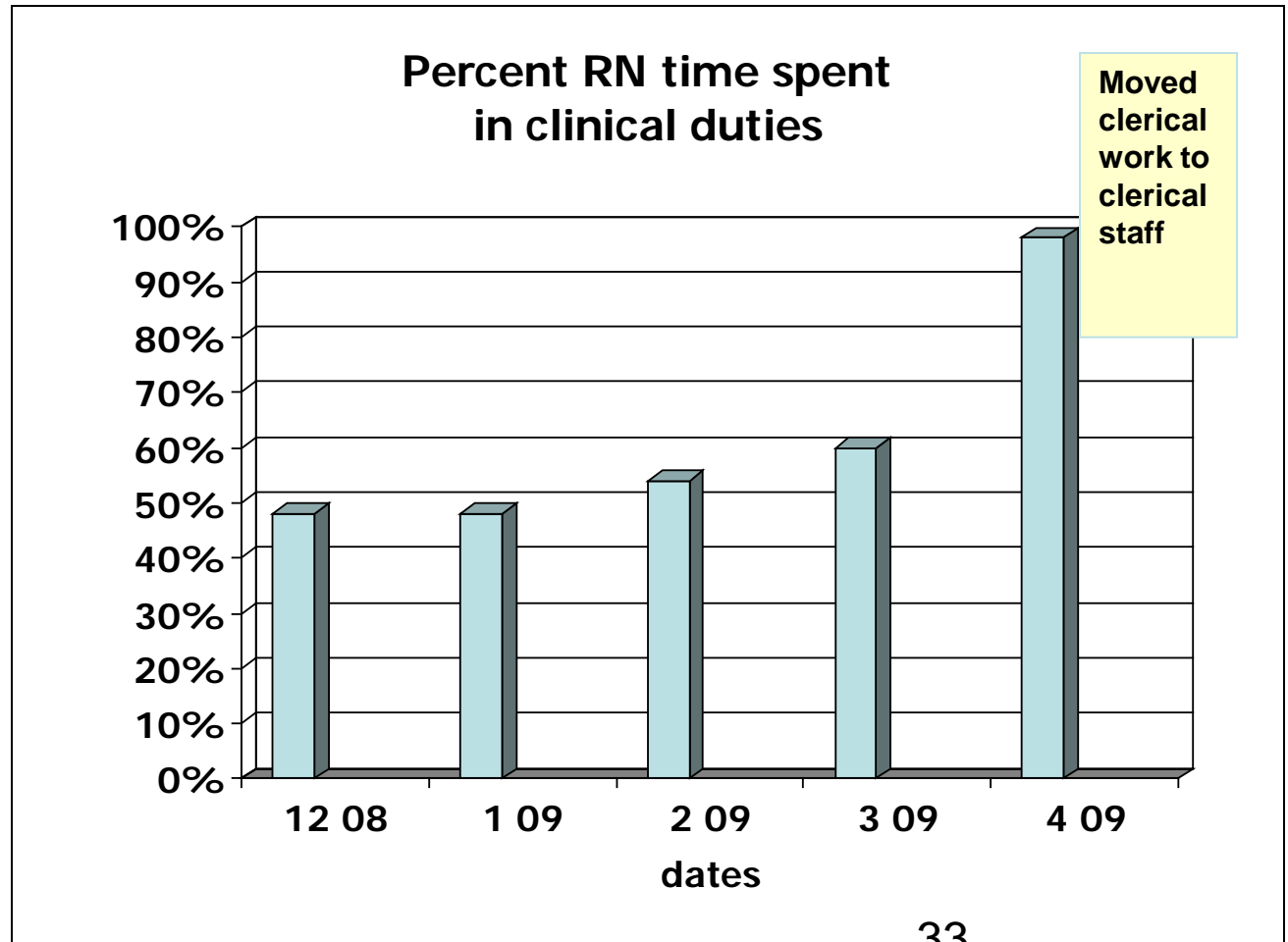
Challenges...

Access

- Poor appt access puts RN's role at tremendous risk.
- Med Director re-invigorated Access measures:
 - Delay (always)
 - Demand / Supply / site
 - Right sizing panels / PCP
 - Continuity / PCP / site
- Data drives decisions for resources

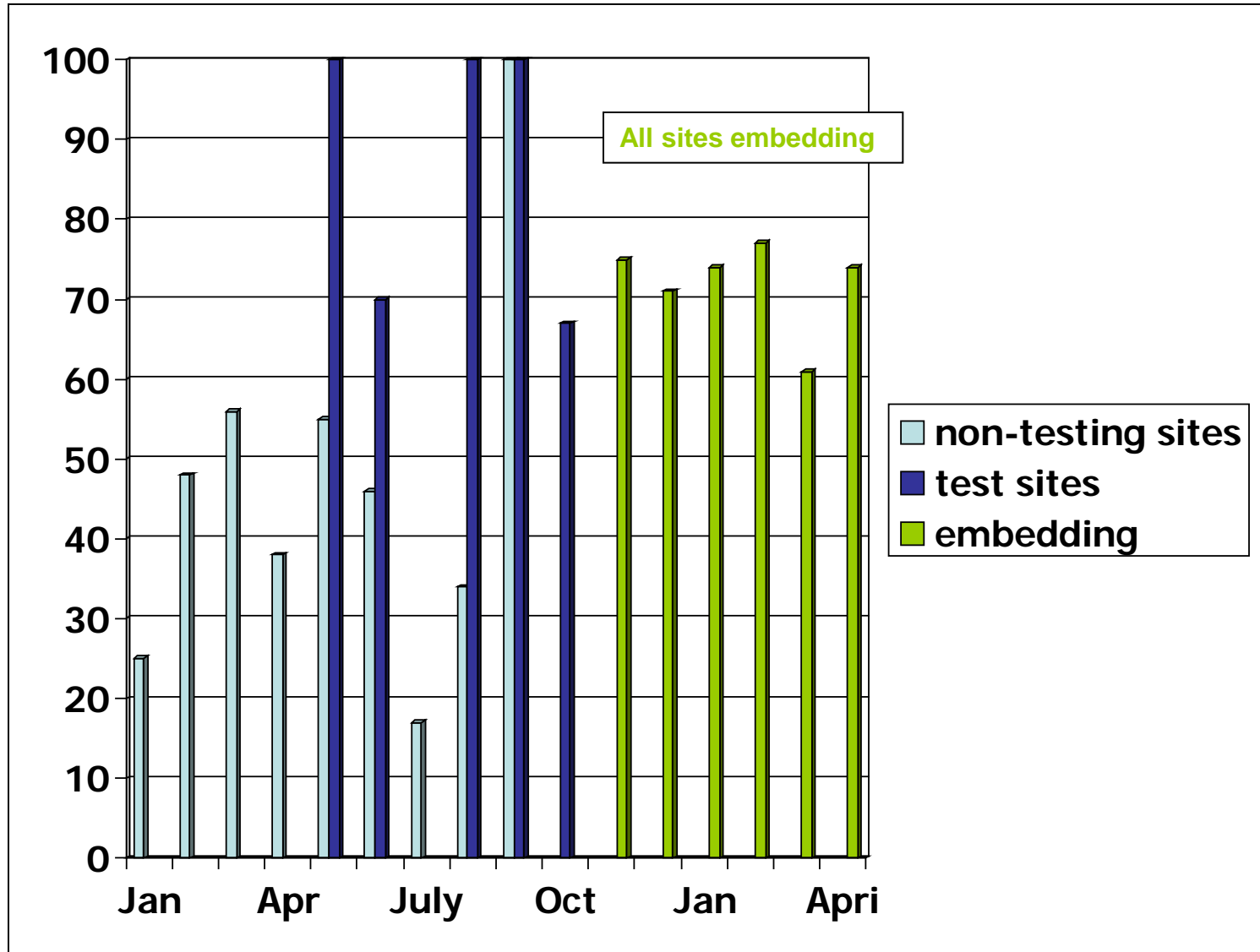
Preliminary results...

- Aggressive model testing at 2 sites
- Preparing to spread testing of model



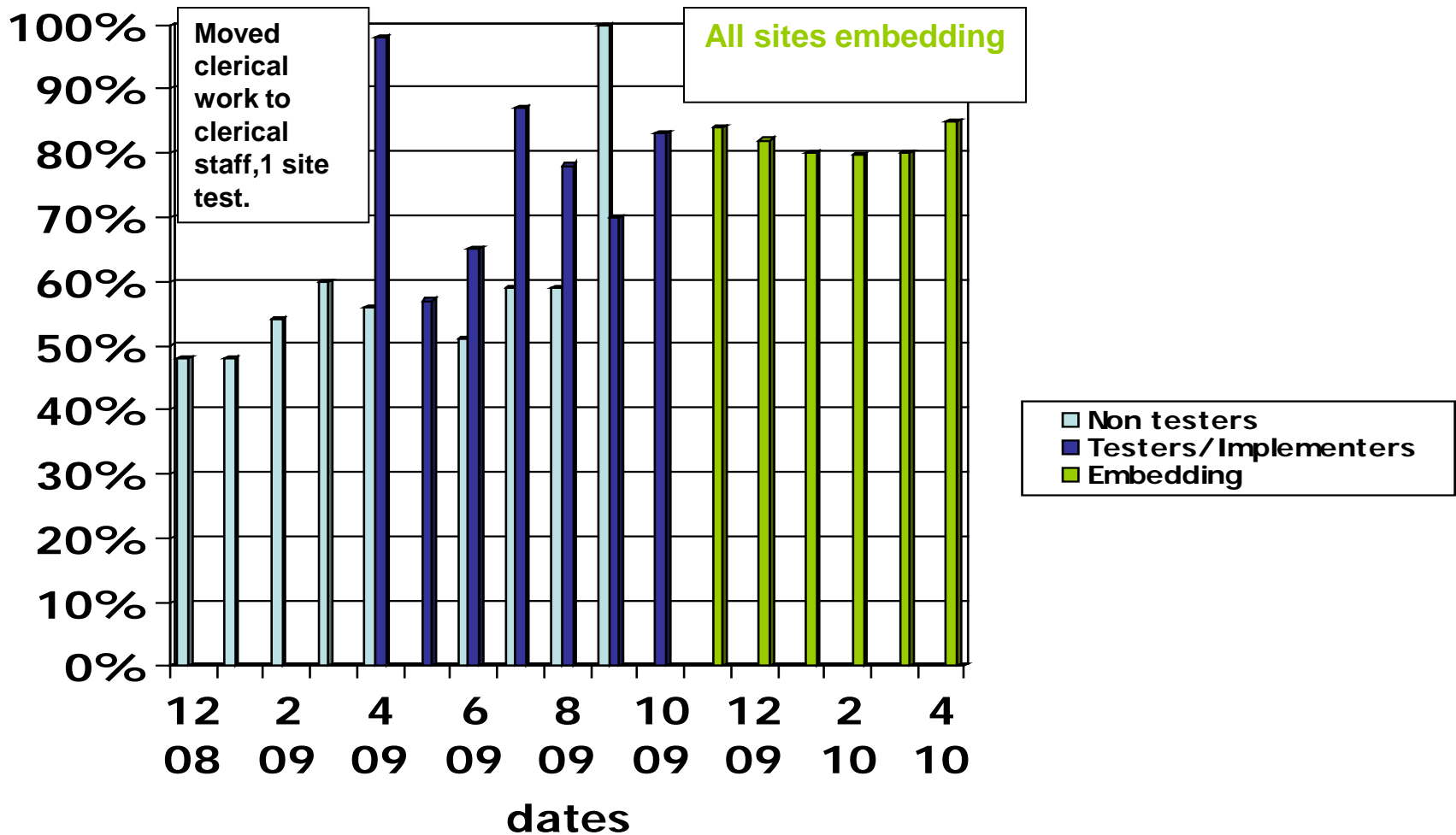
RN Satisfaction...Zoomerang

“In this office, I have the opportunity to do what I do best every day.”

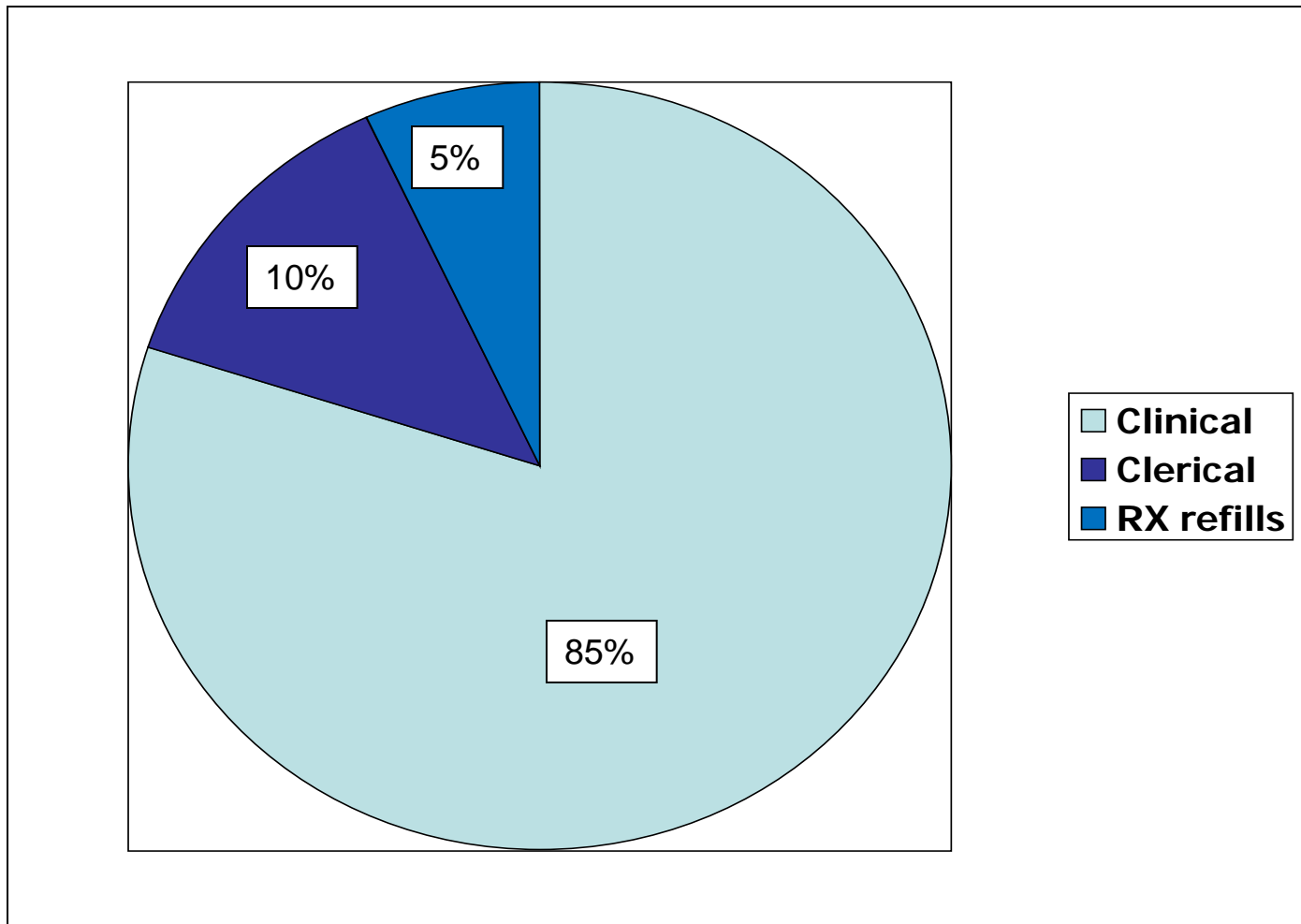


RN Work Analysis

Percent RN time spent in clinical duties



RN Work Analysis, April '10



Summary

- RN satisfaction remains significantly above baseline.
- RN time spent in clinical work now 85%.
Baseline was 52%.
- RN Detail Team continues defining details of chronic disease management and patient education.

What we learned...

- Leadership is key
- Money is great, but more money did not improve the RN role.
- Sometimes it takes a crisis to create radical change.
- Nurses have an amazing ability to grieve and create at the same time.
- Stay flexible.
- Don't relinquish core nursing values, build on them.
- Work with others. Who do you need help from? This is a team sport.
- No one will go untouched by this work.
- It's a messy process!
- This takes Courage.
- In this tumult lies extraordinary opportunity for positive change.

Quotes...

“I finally feel like a nurse again.” (RN)

“I get to see my nurse; I like my nurse.” (Patient)

“I don't like that the RN's aren't available to help room pts on a busy day....but I LOVE that I never have to stay awake at night worrying that a newly diagnosed hypertensive or diabetic pt will fall through the cracks. I know the RN will be following up with them.” (PCP)

The next right thing...

...and the next...and the next...

Optimizing the role of the Provider!



Greetings from The NCH Design Team !!!



Questions?

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