The Impact of the Med-Surg Nurse in the Era of Healthcare Reform

By Karen Armenion, MSN CMSRN

Healthcare Care Reform is also known as the Affordable Health Care Act of 2010. It is intended to increase the number of Americans covered by health insurance and decrease healthcare costs. The medical-surgical nurse in the acute care setting has the crucial role of being the central collaborator in facilitating the patient's transition to the different levels of care and impact healthcare reform in the process. The med-surg nurse needs to be an effective communicator in every aspect of care related to management of the disease process, changes in clinical status, loss of function, disposition, psychosocial and spiritual needs.

Providing and coordinating complex care with the patient, family, and health care team is a competency developed through experiential learning. Organizational structures and processes geared towards assisting the med-surg nurse in facilitating transitions of care are developed to contribute to outcomes in patient flow, patient satisfaction, regulatory compliance, and finally, finance. At UC San Diego Health System – Hillcrest, structures and processes involving the medical-surgical nurses include the Discharge Advocate Nurse Project on the 6th floor and Sulpizio Cardiovascular Center (SCVC), the Joint Clinical Pathway Guideline on the 8th floor, and the use of EMMI in patient teaching for patients with diabetes on 11West & 6West.

Karen Armenion, RN, MSN, CMSRN, received her BSN from Cebu Normal University, Philippines in 1999 and her MSN from University of Phoenix in 2009. Karen has worked in several medical-surgical/telemetry areas. She started her journey with UCSD as a Clinical Nurse II on 6East in 2003. She then transitioned as Assistant Nurse Manager for the 6th floor in 2006 and is currently the Nurse Manager for 6West. Karen is also certified in medical-surgical nursing through the AMSN.

DISCHARGE ADVOCATE NURSE PROJECT

The Affordable Care Act of 2010 will be increasing regulations for healthcare organizations to improve efficiency while improving quality of care and the patient experience. In California, the journey started early through the Delivery System Reform Incentive Program (DSRIP). Under the program, California was granted a waiver to revise distribution of funds previously given by a predetermined ratio to hospitals that care for a large proportion of low income patients. In the new system, hospitals must qualify for funds by improving care delivery. At UC San Diego Health System, part of our focus has been improving the transition of patients from hospital to home and avoiding preventable readmissions.

The discharge process is a critical component of patient care. UC San Diego Health System initiated efforts to focus on the discharge process in 2003 with the formation of the Transitions of Care Committee . This committee has become instrumental in the creating interventions to improve the process of discharge such as a standardizing the discharge template in the electronic medical record, implementing project BOOST, electronic medication reconciliation, and a discharge teach back project.

The discharge teach back project was an internal grant project in 2010 that allowed a 6East staff nurse to coach, model and evaluate the quality of discharge instructions given by RNs on 6th floor. The discharge nurse coach, Laura Vento, was able to identify gaps in the teaching process and in other aspects of the transition from hospital to home the help start

Discharge Nurse Advocate Dante Segundo, RN MSN (in blue) with the Multidisciplinary Rounds Team on 6East, case manager Parry Sharifi, social worker Felicia Gaines and clinical nurse II Vanessa Taneo (from left to right).

the journey toward improvements. Process outcomes included that on day of discharge teaching nurses improved in using teachback from 1% to 78% of the time. Patient's perception of readiness for discharge also improved . The overall readmission rate was not significantly reduced, indicating that gaps in the discharge process were complex and not solely influenced by RN teaching technique.

The discharge advocate nurse stemmed from the process outcomes of the discharge teach back project. Interventions this time involved identification of high risk for readmission patients through the use of the risk for readmission assessment tool, referrals to a community-based program that provided in-home visitation for patients with chronic conditions, improvements in discharge summary communication to outside providers, and the establishment of a baseline metric for medical surgical patients assigned to a primary care provider at discharge. The 6th floor Discharge Advocate was Dante Segundo, RN MSN and at SCVC was Lyn Puhek, DNP, APRN, CNS. The 6th floor Discharge Advocate focused on patients at highest risk for readmission, while the SCVC nurse used a disease specific approach focused on heart failure and acute myocardial infarction.

Dante Segundo transitioned from a clinical nurse leader and staff RN on Thornton 3E to become the discharge nurse advocate on the 6th floor. The position allowed him to channel his passion to teach nurses and improve patient health. He stepped up to the challenge from a more structured way of doing the work at the bedside to a broader spectrum of assessments, interventions, teaching and evaluating the process of discharge.

Dante learned through the discharge advocate role that the process of discharging patients is where improvements can be made to assist the patient as they transition from the hospital to home. Dante identified that the medical-surgical nurse is the last stop and best advocate to help patients navigate the complex process of healthcare. Dante goes on to say that discharge is a "critical moment for the patient and the nurse".

CLINICAL PRACTICE GUIDELINES

The Orthopedic Unit on the 8th floor in Hillcrest has developed a Clinical Practice Guideline (CPG) for early mobilization of surgical joint patients. The goal of the Joint CPG is to standardize the recovery process for patients who receive joint surgeries. CPG ensures that the patients transition through the different phases of care in a timely manner. The CPG is an interdisciplinary collaboration among the medical-surgical nurses, the physical therapists, the clinical educator, the orthopedic physicians and the patient and family.

The CPG prepares the patient and family prior to surgery. A thorough 90-minute pre-operative class is done by the interdisciplinary team. The class is focused on a standardized curriculum that addresses the treatment course, pain management, postoperative dangling on day of surgery, exercises both in the hospital and at home, use of a variety of medical equipment including urinary catheters, incentive spirometer, venodynes, walker, and a grabber. Nursing staff also provides education and demonstration for the patients to self-inject thrombolytics

8th Floor Team composed of Clinical Nurse Educator Beverly Morris, Clinical Nursing Staff, HUSC, Assistant Nurse Manager Eleanor Yoshisaki-Yusi (4th from left) and Nurse Manager Chad Hutchison (extreme right).

to prevent deep vein thrombosis postoperatively. The classes also provide an opportunity to network with other patients and families who are going through the same experiences.

Postoperatively, the CPG initiates dangling on the side of the bed on the same day of the surgery. Dangling is a nursing intervention to start activity by sitting the patient up on the edge of the bed. The process of dangling the patient on the same day of surgery allows the nurse to assess for the patient's tolerance to activity and increase appropriately.

Pain management in CPG is also addressed through the use of continuous infusion local anesthetic nerve block (CINB) with the exception of a loss of motor and/or sensory function in the affected extremity. Motor and sensory assessments are performed by the nurse every 4 hours in the guideline. This is to prevent any complications.

The CPG implementation produced outcomes primarily in patient satisfaction, patient flow, pain management and interdisciplinary collaboration. Patients who participated in the CPG process decreased their hospital length of stay from 4.3 to 2.8 days. The 35% reduction in length of stay is attributed to the early initiation of ambulation through dangling on the same day as surgery. The CPG audits revealed that nursing staff started dangling within 6 hours postoperatively and physical therapy within 16 hours. Pain management became standardized and improved patient satisfaction scores on pain management from an average score of 3.2 to 4.5.

EMMI PATIENT EDUCATION ON DIABETES

Patient education is a vital process in facilitating patient transition from acute care to home care. Chronic conditions such as diabetes present a challenge in health management as the disease process itself is dramatically complex.

EMMI is a web-based tool that provides a standardized method of patient education. The process was piloted in 11West with the Liver Transplant patients in 2011 using the education care map (figure 1).

The EMMI Diabetes education program on 11West was a collaborative effort among the staff nurses, the certified diabetes educators, the endocrinologist, nursing management and the transplant team. Process for implementation was through identification of the clinical nurse champion in Chau Nguyen, RN. Super users helped educate the other staff nurses through the care map and learning center modules.

Outcomes from the EMMI Implementation on diabetes education in 11West resulted in the following patient feedback and compliance (figure 2).

There were a total of 131 EMMI modules assigned to Transplant patients who had diabetes in a 12-month period. 85% of the modules were completed (figure 3).

The success of the program in the Transplant population on 11West expanded to the implementation of EMMI for the diabetes population on 6West starting in July 2012 with Maria Ruiz, RN as the project lead. The implementation process followed the basic methodology of identifying super users who assigned the diabetes patients the EMMI modules. The primary RN verified the patient understands of the 3 EMMI modules through teach back. Then, the patient's performance was documented in the patient education navigator in EPIC.

Clinical diabetes educators and Dr. Kristen Kulasa, work closely with the staff nurses and management team to identify opportunities for improving the process. The ultimate goal of EMMI is to ensure that the diabetic patient is able to manage the disease process as he transitions back to home.

The medical-surgical nurse has a crucial role in ensuring the best possible transition of the patient from hospital to home or other level of care. Organizational support for the medical-surgical nurse is valued to impact outcomes in patient satisfaction, patient flow, safety, finance and ultimately healthcare reform.

6West EMMI Project Leader Maria Ruiz, RN (in black) with Amanda Nasser, RN (standing) and Anjelica Pascual, RN assigning EMMI to DM patients.

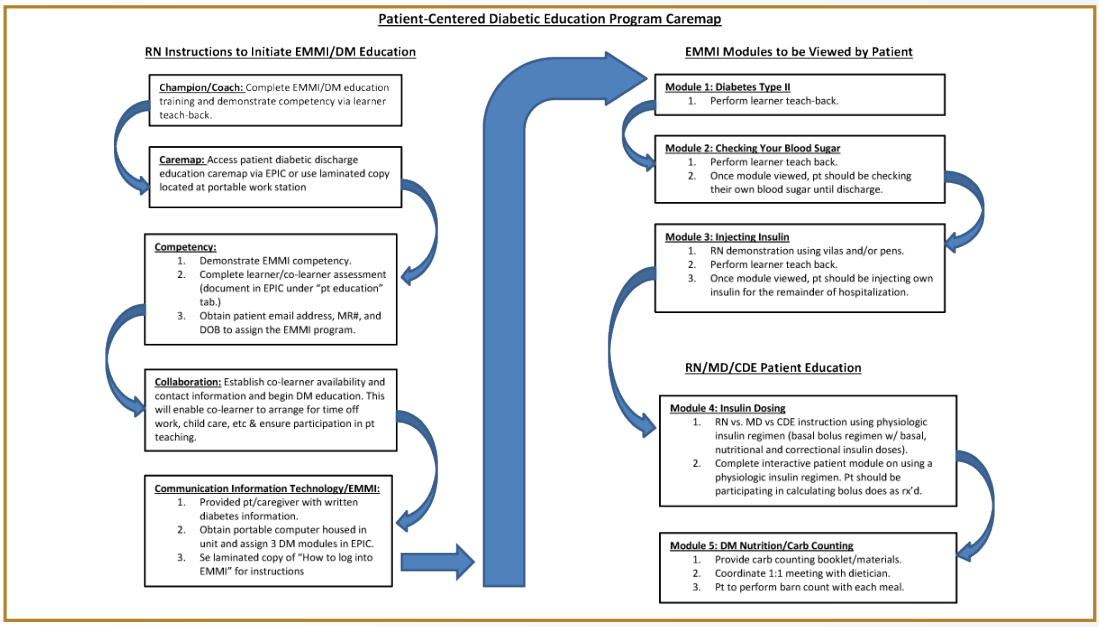

Figure1. EMMI Care Map

emmi SOLUTIONS *Survey Results*

Survey Data Between 7/1/2011 and 12/1/2011

English Responses Only

Submit Date	Partition	Team	Emmi	Overall Response	Change the way you manage?
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11/7/2011 3:54:21 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - CHECKING YOUR BLOOD SUGAR	to learn how to control my blood sugar and manage how to read my levels of sugar and use my touch	
11/15/2011 3:53:54 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - TYPE 2	good very good	muy buena
11/23/2011 6:45:39 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - TYPE 2	ck 10 minutes	
11/23/2011 8:18:09 PM	UCSD 11 WEST MED SURG TRANSPLANT	UCSD 11 WEST 6 EAST MED SURG TRANSPLANT	DIABETES - INJECTING INSULIN		to explain what I learned

Figure2. EMMI Survey Results

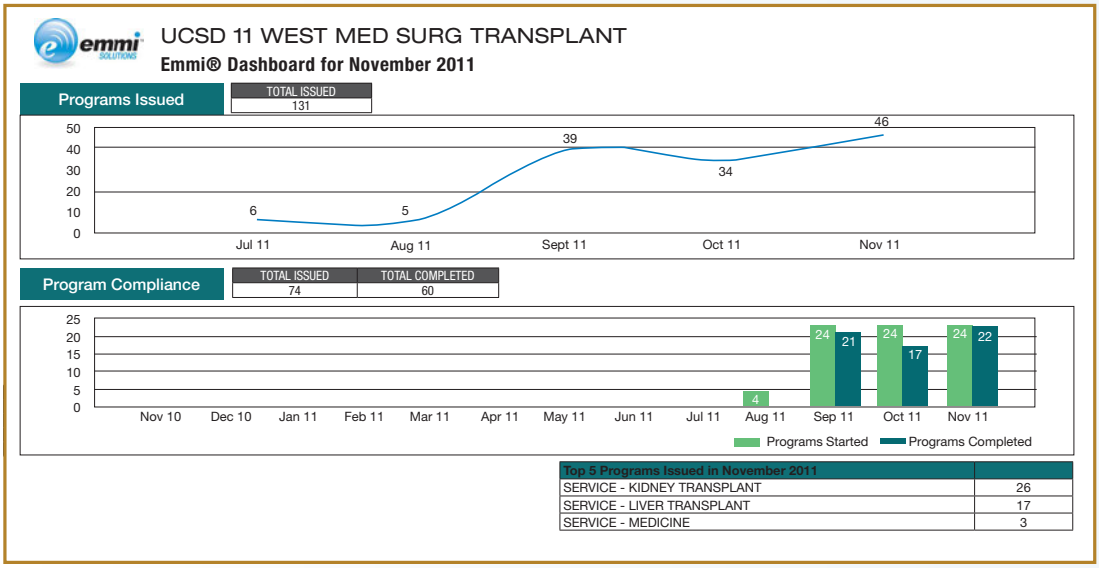

Figure3. 11West EMMI Dashboard November 2011