Nurse Care Coordination: An Evidence-based Approach

Tricia Strombom, DNPs, MSN-RN
Puget Sound VA Medical Center
Disclosures

- Tricia Strombom, DNPc, MSN RN
  - Has no financial interest to disclose
Support Disclosures

- This continuing education activity is managed and accredited by Professional Education Service Group (PESG) in cooperation with Paralyzed Veterans of America (PVA). Neither PESG, PVA, nor any accrediting organization supports or endorses any product or service mentioned in this activity.

- PESG and PVA staff has no financial interest to disclose.

- Commercial Support was not received for this activity.
Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe the role of Nurse Care Coordinator
2. Explain the process of implementing Evidence-based Practice in the care of the ALS Veteran population
3. Describe the role of health promotion and palliative care for the ALS Veteran population
Role of Nurse Care Coordinator

The Nurse Care Coordinator is the keeper of the Veterans story. Bringing continuity to the Veterans care and mentoring the nurses/caregivers who are at the Veterans bedside. The Nurse Care Coordinator is responsible for quality outcomes and patient satisfaction, assisting the Veteran in developing a comprehensive plan of care to prevent re-admissions and assure that Veterans wishes are honored. Nurse Care Coordinators intentionally search for processes that can be improved and utilize process improvement strategies to achieve what is best for the Veteran and staff.
Pros and Cons of Care Coordination

**PROS**
- Care is Veteran-centered
- Care is Safe & Effective
- Care is Timely & Accessible
- Care Delivery is Efficient
- Care is Coordinated Among Providers and Across Facilities
- Improves Provider-Veteran Relationship
- Increased Veteran-Family Involvement in Care Decisions

**CONS**
- Questions Surrounding Scope of Care-Coordination Services
- Expectations of Veterans and Providers Regarding Level of Services Offered
- Possible Impact on Time Available for Veteran Visits
Outline

- What is Evidence-based Practice (EBP)?
- How do I develop a spirit of inquiry?
- Inquiry – formulating the question
- Examining the evidence
- The “so what” factor
- Health Promotion – a new concept in palliative care
Evidence-based Practice

It starts with a spirit of inquiry
The Institute of Medicine (IOM) defines evidence-based practice as a combination of three factors:

1. best research evidence
2. best clinical experience
3. consistent with patient values
Seven Steps of Evidence-based Practice

- Step Zero: Cultivate a Spirit of Injury
- Step One: Ask Clinical Questions in PICOT Format
- Step Two: Search for the Best Evidence
- Step Three: Critically Appraise the Evidence
- Step Four: Integrate the Evidence with Clinical Expertise and Patient Preferences/Values
- Step Five: Evaluate the Outcomes of the Practice Decisions or Changes Based on Evidence
- Step Six: Disseminate EBP Results

Melnyk, BM.; Fineout-Overholt, E.; Stillwell, S.; Williamson, K., 2010
Developing a Spirit of Inquiry

- Nurses must have a never ending spirit of inquiring and strong beliefs in the value of EBP
- Asking the “why” questions
- Seeking collaborative partners who share the mission and vision for EBP
- Seeking out the best evidence to support a clinical practice framework
Formulating the Question

- PICOT question
  - Intervention or therapy
  - Etiology
  - Diagnosis or diagnostic test
  - Prognosis or prediction
  - Meaning

Melnyk, BM.; Fineout-Overholt, E.; Stillwell, S.; Williamson, K., 2010
PICOT Question
Population, Intervention, Comparison, Outcome, Time
In the ALS Veteran patient population (P), how does a Nurse Care Coordination Program (I) compared to veterans self-navigating care (C) affect patient engagement in evidence-based practice parameters (e.g. slowing disease progression, nutrition, and respiratory management) (O), throughout the disease process (T)?

(Melnyk, Fineout-Overhold, Stillwell, & Williamson, 2010)
Searching for Evidence

- Levels of Evidence
- Literature review
  - Cochrane Reviews
  - PubMed
  - CINAHL (Cumulative Index to Nursing & Allied Health)
  - DARE (Database of Abstracts of Reviews of Effects)
- Search strategies
  - MeSH terms (medical subject heading)
  - Boolean connect “and”
Examining the Evidence
<table>
<thead>
<tr>
<th>Type of Evidence</th>
<th>Level of Evidence</th>
<th>Description</th>
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<tbody>
<tr>
<td>Systematic review or Meta-analysis</td>
<td>I</td>
<td>Synthesis of evidence from RCT</td>
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<tr>
<td>Randomized control Trials</td>
<td>II</td>
<td>Experiment – randomized treatment/control groups</td>
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<tr>
<td>Controlled Trial without randomization</td>
<td>III</td>
<td>Experiment – nonrandomized treatment/control groups</td>
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<td>Case-control or Cohort study</td>
<td>IV</td>
<td>Comparison of subjects with a condition, against control</td>
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<td>Observation of group to develop outcome</td>
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<tr>
<td>Systematic review – qualitative/descriptive studies</td>
<td>V</td>
<td>Synthesis of evidence from qualitative or descriptive studies</td>
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<tr>
<td>Qualitative or descriptive studies</td>
<td>VI</td>
<td>Gathers data on human behavior to understand why – provides background info on the what, where and when</td>
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<tr>
<td>Expert Opinion</td>
<td>VII</td>
<td>Authoritative opinion of expert committee</td>
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</table>

Melnyk & Fineout-Overholt, 2010
<table>
<thead>
<tr>
<th>First Author (year)</th>
<th>Title/Focus</th>
<th>Level of Evidence</th>
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<tbody>
<tr>
<td>Weissman, DE 2011</td>
<td>Identifying patients in need of a palliative care assessment in the hospital setting: a consensus report from the Center to Advance Palliative Care</td>
<td>I: SR</td>
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<td>Brooks, BR 2009</td>
<td>Managing amyotrophic lateral sclerosis: slowing disease progression and improving patient quality of life</td>
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<td>Arendts, G. 2014</td>
<td>Nurse led care coordination: Trial protocol and development of a best practice resource guide for a cluster controlled clinical trial</td>
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<td>Hempstead, K. 2014</td>
<td>The fragmentation of hospital use among a cohort of high utilizers: implications for emerging care coordination strategies for patients with multiple chronic conditions.</td>
<td>III: CT</td>
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<tr>
<td>Cropical, S. 2013</td>
<td>Care coordination and the essential role of the nurse.</td>
<td>III: CT</td>
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<tr>
<td>Wendel, VI 2006</td>
<td>Making nursing work: Breaking through the role confusion of advanced practice nursing.</td>
<td>IV: CC Cohort</td>
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<tr>
<td>Dy, SM 2013</td>
<td>Continuity, coordination, and transitions of care for patients with serious and advanced illness: A systematic review of interventions.</td>
<td>V: QS</td>
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<tr>
<td>DuGoff, EH 2013</td>
<td>Setting standards at the forefront of delivery system reform: Aligning care coordination quality measures for multiple chronic conditions</td>
<td>VII: EO</td>
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Critical Appraisal

Fineout-Overholt, Melnyk, Stillwell, & Williamson, 2010
## The 20 Studies: Levels & Types of Evidence

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<tr>
<th>Level-M</th>
<th>Article</th>
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<td>Hospital Days</td>
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<td>238 vs. 23</td>
<td>P= 0.008</td>
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<td>Survival</td>
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<td>1080 days vs. 775 days</td>
<td>P=&lt;=0.001</td>
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<td>Durable Medical Equipment (DME) Use</td>
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<td>81.3% vs. 93.1% increased use of DME</td>
<td>P=0.008</td>
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<td>Quality of Life (QOL)</td>
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<td>Domain: Social Function &amp; Mental Health</td>
<td>P=0.01</td>
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<td>Palliative Care Plan</td>
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<td>Advanced Directives/Living Wills 65% vs. 71% N=189</td>
<td>P=&lt;=0.05</td>
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Statistical and Clinical Significance

- Quality of Life Domains
  - Social Function
  - Mental Health
- Survival
  - 775 days vs. 1080 days
- Utilization of Durable Medical Equipment
  - 81.3% vs. 93.1%
- Palliative Care/Advance Directives
  - 65% vs. 71%
- Decreased Hospitalization Rates
  - 238 days vs. 23 days
VA Healthcare - Priority Issues

Decrease Cost for Care

Improve Outcomes
Environmental Trends
Utilization Characteristics
Fiscal Year (FY) 2000-2012
Priority Group One Utilization/Trends

- Hospital Utilization
  - Increased from 441,491 to 1,307,750 Veterans from FY 2000-2012

- Managed Care Trends
  - Increased expenditure per unique Veteran
    - Group 1 from $8,441 to $11,839 from FY 2000-2012
Hospital Utilization Trends

Admission-Thousands

- Admission-Thousands
Aligned with Guiding Principles

Mission, Vision, Philosophy and Leadership
Mission – Vision – Guiding Principles

- **Mission** – Honor America’s Veterans by providing exceptional healthcare that improves their health and wellbeing
- **Vision** – Benchmark of excellence, exemplary services that are Veteran-centered and evidence-based
- **Philosophy** – ICARE (Integrity, Commitment, Advocacy, Respect, Excellence)
- **Leadership** – ICARE about those who served, about fellow employees, about doing the right thing & doing it well
Nurse Care Coordination – VA Strategic Plan & Federal Healthcare Initiatives

Healthy People 2020, Crossing the Chasm, Triple Aims
Strategic Goals

- Empower Veterans to improve their well-being
- Enhance & develop trusting partnerships
- Manage & improve VA operations to deliver seamless & integrated support

Guiding Principles

- Veteran-Centric
- Results Driven
- Forward Looking
Federal Healthcare Initiatives

Healthy People 2020 – Crossing the Chasm – Triple Aims

- Health-Related Quality of Life & Well-Being
- Access to Appropriate Care
- Safe
- Avoids Injury
- Patient-centered
- Timely
- Efficient & Equitable
- Improving Patient Experience
- Improving Health Populations
- Reducing Costs

Agency for Healthcare Research and Quality (AHRQ), 2013; American Nurses Association, 2012; Bailey, 1998; Cella, et al., 2007; Clarke & Levine, 2011; Berwick, Nolan, & Whittington, 2008; Nugent, Hendricks, Nugent, & Render, 2004; Hendricks, Remler, & Prashker, 1999; Sales, Cunningham, Glassman, Valentino, & Good, 2005
Health Promotion & ALS
Veteran Engagement - Palliative Care/Quality of Life Health Promotion
Nine Key Elements of Health Promotion

- Identifying the Problem
- Presenting Options
- Discussing Risk vs. Benefits
- Clarification & Validation
- Empowering Veterans Self-efficacy
- Presenting Evidence-based recommendations
- Confirming Understanding of Information
- Making or Explicitly Deferring a Decision
- Arranging for Follow-up Care

(Nowotny, 1998; National Institutes of Health, 2012)
Measuring Success

Quality Improvement and Nurse Care Coordination
Veteran Engagement

- Promoting autonomy to self-actualize their healthcare outcomes
- Process of gaining skills, knowledge and behaviors to manage health and palliative care decisions
- Empowerment to make necessary and difficult healthcare decisions
Chronic Care Model

Adams, SG., Smith, PK, Allan, PF., Anzueto, A., Pugh, JA., Cornell, JE., 2007
Numbers so far

Since the implementation of the ALS Nurse Care Coordinator role in January 2014 the following improvements have been noted:

- MyHeathVet (VA secure messaging)
- Decreased co-managed care
- Increased clinic attendance
- Improved monitoring of lab values for Riluzole
- Increased Interventional Radiology/PEG placement
Future Steps

- Step Five: Evaluate the Outcomes of the Practice Decisions or Changes Based on Evidence
- Step Six: Disseminate EBP Results
To care for him who shall have borne the battle...

Tricia Strombom, DNpc, MSN RN
Puget Sound VA Medical Center – ALS Nurse Care Coordinator
Obtaining CME/CE Credit
If you would like to receive continuing education credit for this activity, please visit

http://pva.cds.pesgce.com