



Acute Care Model Redesign: Clinical Nurse Leaders Partnering within the Care Team


2015 ANCC National Magnet Conference: Session C931
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Texas Health Resources
Arlington, TX

- Total of 25 acute-care and short-stay hospitals that are owned, operated, joint-ventured or affiliated with the System.
- 14 Hospitals are wholly owned
- 18 Outpatient Facilities
- 250 Community access points
- 3,800 Licensed hospital beds
- 22,500 Employees
- 6700 Registered Nurses
- 5500 Physicians



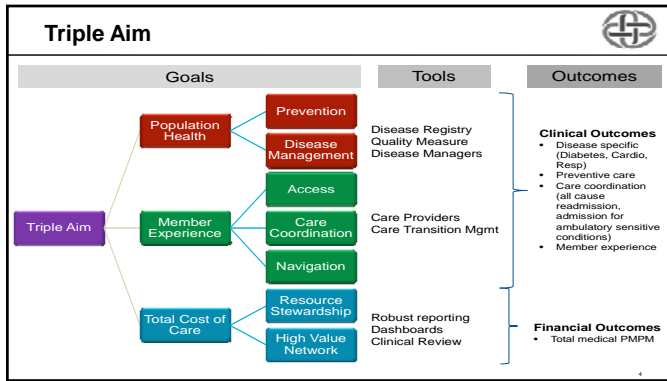
Healing Hands. Caring Hearts.

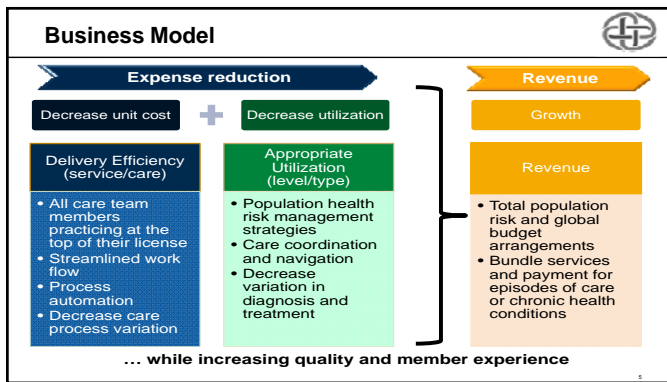


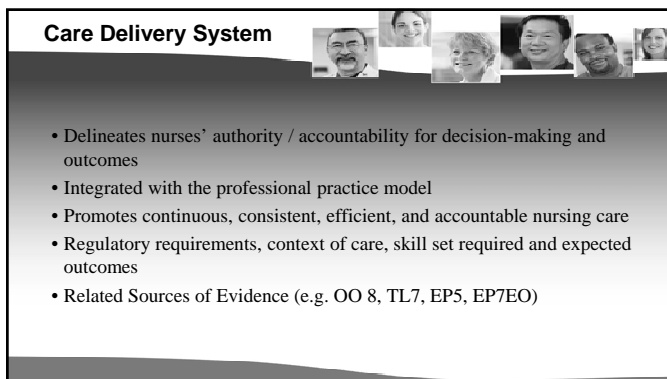


Why was it so important for THR to redesign it's care delivery system?


The SAME reasons it is so important for you to redesign your care delivery system.








Point of Care Accountability



- Need a standard role to assume accountability for patient-care outcomes
- Someone to OWN the patient's experience
- Need a provider and coordinator of care at the point of care
- A provider who is consistent, reliable, and available across the patient's stay
- Needed POC application of EBP and PI to design, implement, evaluate, and improve patient-care processes
- Additional issues:
 - Not meeting the desired mark
 - Lack of innovation for new roles / CDMs
 - Move to 12 hour shift
 - Hospitalists

Care Management Redesign Initiative: *The Case for Change*



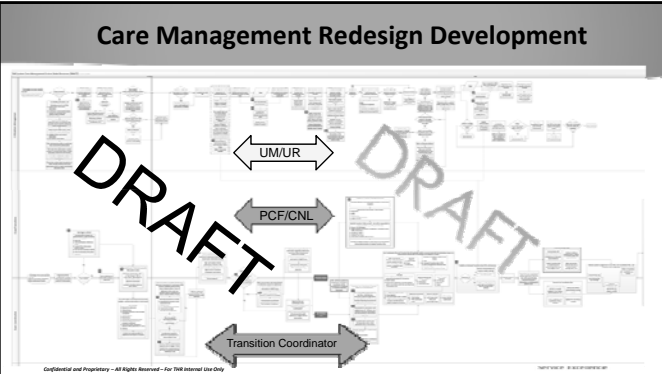
☐ **The need for change:**

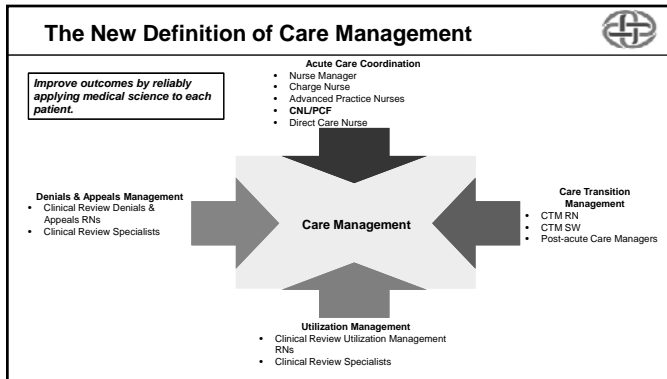
- Over the next few years, we expect health care costs to rise, reimbursements to decrease and a large growth in the number of patients we will serve. To succeed in this new environment, THR has to deliver care differently. One of the ways THR will do this is in care management.
- There is a great variety in how THR cares for patients from hospital to hospital, making it difficult to consistently deliver evidence-based care system wide and across the continuum.

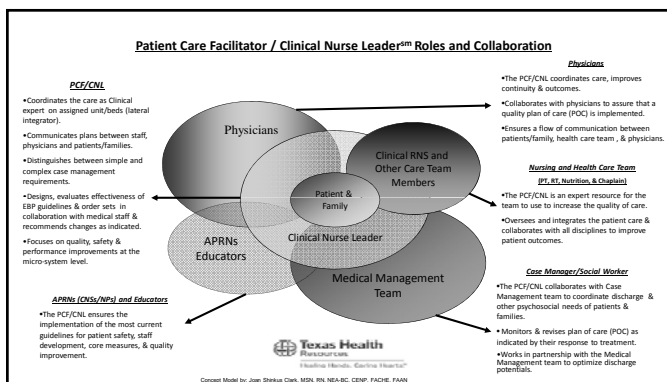
☐ **The vision:**

- Over the next few years, we will create a new care management model, adopt new technologies, workflows and processes.

Care Management Redesign Development

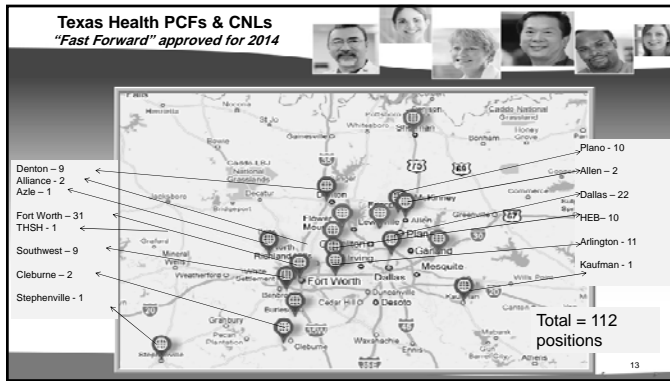






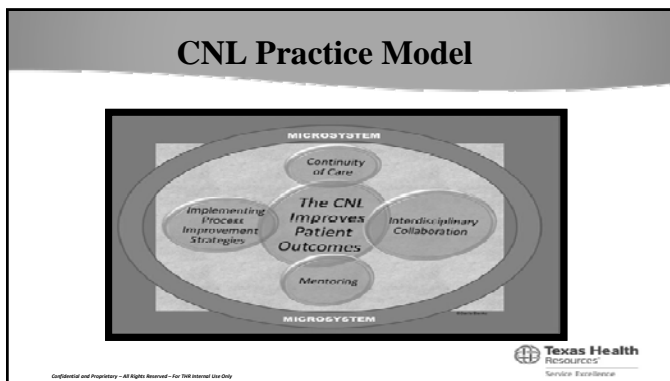
Clinical Nurse Leader

- Master's prepared advance clinician who functions as a clinical leader for RNs and other staff, not as manager.
- Advances professional practice, accountability and reduces costs.
- Major partner to nursing supervisors/managers.
- Knows about each patient in their microsystem.
- Acts as consistent figure for patient in the hospital to offset fragmentation.
- Acts in the role of 'traffic control' or "quarterback" or "attending nurse" in coordinating rollout of the plan for care.
- Acts as the primary liaison for physicians, other disciplines, and families.
- Monitors competency and mentors team members.
- "Advanced Generalist" is role needed.
- Responsible 24/7.




The CNL Role


Our Purpose: Closing Gaps in Patient Care



Twelve Bed Hospital®






**One
Clinical Nurse Leader
per 12-16 patients**




Texas Health Resources®

TEAM
Starts with 33!
Grows to 119!

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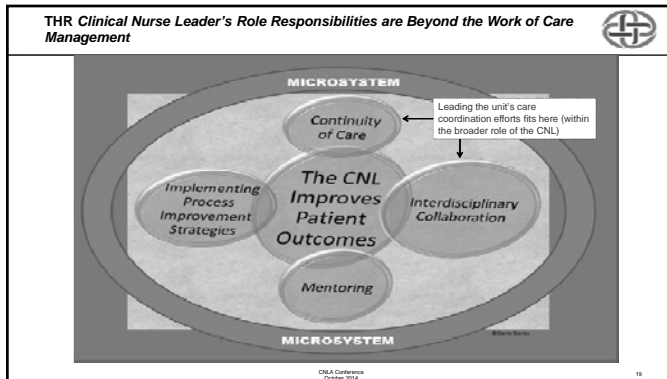
Methods

Operational standards were created

- Purpose Statement
- Practice Model
- Orientation standardization
- Rounding Process
- Care Coordination Objectives
- Computer Charting
- Recruitment Recruitment Recruitment

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Service Excellence

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PATIENT ROUNDING

The CNL PAVES the way to great patient outcomes.

Patient	ASSESS	PLAN	ADVISE	EVALUATE	Supportive Services	Address Pain, Potty, Position, Personal Management	Assess risk to provide for you?	Explain outcomes of CarePlan Card
	<p>P</p> <p>What is the plan of care?</p> <p>Discuss Diagnosis, procedures, health care team, needs and jobs.</p> <p>Begin discharge planning?</p> <p>Use leading questions?</p> <p>Pt. journal</p>	<p>A</p> <p>Health Decision Planning:</p> <p>What happened during this admission?</p> <p>How long has it been since your last admission?</p> <p>Do you have primary education - when was the last time you've seen them?</p>	<p>V</p> <p>Health Literacy Screening</p> <p>Management plan</p> <p>COP</p> <p>Comorbidities</p> <p>Diabetes</p> <p>Inhalers</p> <p>Drugs</p> <p>Insulin</p> <p>Clin. Measures</p> <p>Pain</p>	<p>E</p> <p>What type of care will you need when you go home? Healthcare?</p> <p>When are you going home?</p> <p>When are you going when discharged?</p> <p>Who is their support person?</p> <p>How will you get your needs?</p>	<p>S</p> <p>Fall Risk</p> <p>Central Line</p> <p>Pain</p> <p>Chest Tube</p> <p>Chemotherapy</p> <p>VTE</p> <p>Med Reconciliation</p> <p>Restraints</p> <p>Isolation</p> <p>Seizure Precautions</p> <p>Suckle Precautions</p> <p>Depression Screening</p>			

Patient Education about the Role

- **Clinical Nurse Leader (CNL)**
- **About Me:** I am a registered nurse (RN) with special training in nursing (Master's degree). I work with you, your family/friends, and your care team to coordinate your care. I will be checking in on your progress, and will be helping your care team create the right plan for your care.
- **My Goal For You:** My goal for you is for you to have the best outcome and be satisfied with your care.
- **What I Will Be Doing:** I will be communicating with you, your family/friends, and your health care team during your hospital stay. I will lead a daily meeting with your health care team to make sure that everyone is in contact with each other. I will also be checking your patient record to make sure that you receive very good care.

EHR Documentation

DCB Documentation - Daily Care Briefing

Time: 08:00 AM 10/1/2015

10/1/2015

10/1/2015

Add Row Add Source Add LDA Values By Create Note

Daily Care Briefing

Unconscious in attendance

CILACI CTN Change Score Nurse Providers APRN/PA/ NP PT/CT/ST Pharmacist Dietitian Chaperone Other (see comments)

Care Measures Rx

Acute/OT Inert/Fall Prevention SDR Stroke VTE SIA

Barriers to sending ETD

placement transportation psychosocial culture structure assessment risk surgery waiting in critical page other none

Placement Issues

Clinical Orders

Procedures Barriers

Abnormal Lab Orders

Nurse Sensitive Indicators

Nil. Fall Control Line Pressure Ulcers Restraints

OT

Nil. Confine as ordered Weaning Needs home SS

Level of care appropriate

Yes Needs to be assessed

Anticipated Date of Discharge

Healthcare's RRI

RRI Validation (include TRR/TS)

Low High

OK Review Close Fx Cancel

Footer

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Service of Excellence

Care Management Redesign Initiative

Key Features

- Centralized Utilization Management and Clinical Denial activities
- Risk stratification criteria for assigning care coordination intervention
- 7 day a week care coordination and care transition management functions
- Daily interdisciplinary patient progression discussion (Daily Care Briefings)
- Active communication with pre / post-acute care providers
- Assignment of a Primary Care Physician
- Follow up appointments arranged prior to transition
- Use of Physician Advisors
- Health Decision Planning (i.e. Advance Directive) conversations with patients
- Literacy screening for all patients

Care Management Responsibilities

Function	CTMs	CNAs	CR	Facility
Nursing Admission Assessment		o		X
"Low Risk" & No Transition Need Patients		X		
"Low Risk" & Transition Need Patients	X			
"High Risk" & Transition or No Transition Need Patients	X			
Readmission Assessment	o	X		o
Application of Readmission Risk Indicator ("RRI") tool				X
Initial Estimated Transition Date ("ETD")			X	
Updated ETD, if necessary	o	X		
Discharge Instructions and Summary of Care				X
Concurrent Reviews	o		X	
Registration				X
Identification of PCP	X	o		o
Post-Transition Planning	X	o		o
Health Decision Planning	o	X		o
Daily Patient Care Briefings Facilitation	o	X		o

8

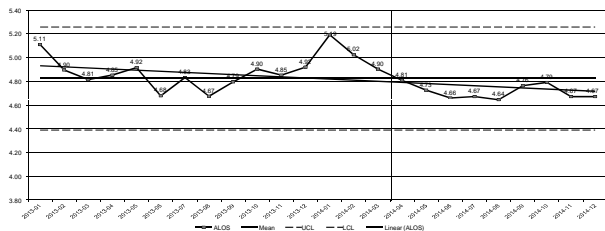
Outcomes



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Average Length of Stay: System-wide Care Management Redesign Average LOS

All In-Scope Units - 24 month Trend



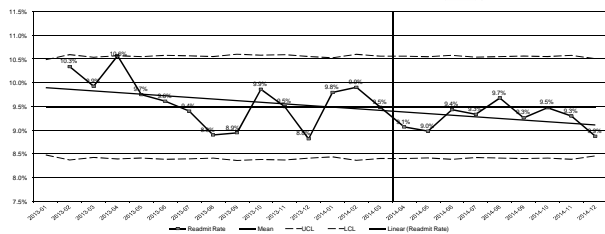
Systemwide ALOS was calculated using all patients, all in-scope units, and all wholly owned entities (excluding THSH and THVH). ALOS analysis excludes inpatient rehab, psych, mother/baby, and expired patients.



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Readmission Rate: System-wide Care Management Redesign Readmission Rate

All In-Scope Units - 24 month Trend

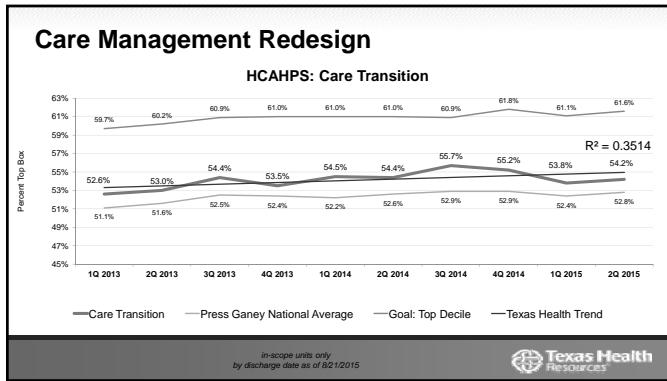


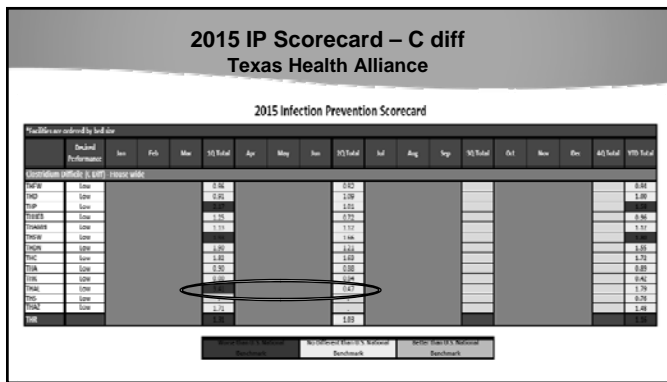
All-cause readmission rates were calculated using total 1-30 day readmits as the numerator, and total all-cause, all-readmission cases as the denominator. Includes all wholly-owned entities, excluding THSH and THVH.



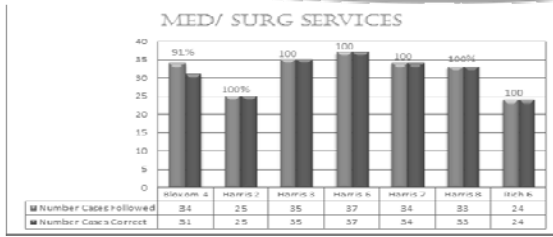
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VTE Prophylaxis – Texas Health Fort Worth

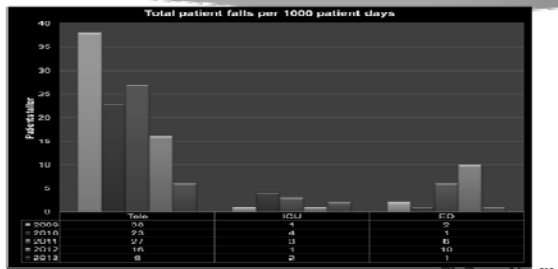


No CNL team member hired in Bloxom 4. Other units have a CNL team member.



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Falls Reduction: Texas Health Kaufman



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System Initiative:
Partner with Population Health to Address Readmission Rates

Let's Get Moving

July 15th Implementation



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Value Based Purchasing and Pay for Performance

- Retention of masters prepared generalists at the point of care and actively engaged in patient management
- Focus of the CNL role is on patient advocacy and continuity
- CNLs lead and improve interprofessional team coordination and communication
- CNLs directly intervene to prevent complications and assure appropriate documentation of care
- CNLs can impact quality and performance outcomes
- CNLs promote evidence based care at the point of care and directly with staff



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QUESTIONS



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