# National Priority Partners
# Goals and Opportunities for Nurses
# Care Coordination Spotlight

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**Arizona State University**
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New Orleans

# Three Key Areas

**1**. National context for quality and safety

**2.** National Priorities Partnership &
   Nursing

**3.** Care Coordination
   Our strengths
   Our opportunities

The Time is Now!

Opportunity

Urgency

Leadership



TO ERR IS HUMAN
Ten Years Later

**PROGRESS AND CHALLENGES**

**Interdisciplinary Quality Nursing Research Initiative (INQRI)**
**Blogging Community**

**www.inqri.blogspot.com**

# We're making progress - slowly

- AHRQ National Healthcare Quality Report 2007
  - Measures of patient safety and quality
    - Average improvement < 2% per year

- We're still spending billions
  - 2008 – Health care 25% of federal spending
  - Almost 1/3 may be unnecessary (IOM)

# The Joint Commission

**Annual Report 2009**

**Between 2002 and 2008**
  **Hospitals improved on the majority**
  **of quality measures – percent**
  **improvement ranged from 5% to 59%**

## So many things happening

- **National Performance Measurement**
- **Comparative Effectiveness Research**
- **Health Information Technology**
- **Interprofessional Education**
- **Payment Reform**

## Key opportunities

- **Health Promotion**
- **Prevention**
- **Chronic illness care**
    - Majority of Medicare spending linked chronic illness
    - Small number of chronic conditions account for most of this spending
- **Care Management**
    - No payment for care coordination in FFS Medicare

# On the Nursing Front

- ➢ **Nursing Alliance for Quality Care**
- ➢ **Tremendous strides in nurses appointed to national quality and safety workgroups**
- ➢ **Research linking nursing to patient outcomes**
- ➢ **Quality and Safety Competencies**
- ➢ **Front-line engagement**

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# National Priorities Partnership

## "Aligning our efforts to transform America's healthcare"

- ➢ **Convened by the National Quality Forum**

- ➢ **Collaboration of 32 national organizations that represent multiple stakeholders in healthcare**

### "We must fundamentally change the ways in which we deliver care"

www.nationalprioritiespartnership.org

## National Priorities Partnership

**Areas of Greatest Impact**

➢ Patient and Family Engagement
➢ Population Health
➢ Safety
➢ **Care Coordination**
➢ Palliative End-of-life care
➢ Elimination of Overuse

## Transformational Drivers
### Building Blocks for Change

➢ Performance Measurement

➢ Public Reporting

➢ Payment Reform

➢ Research and Knowledge Dissemination

➢ Professional Development & Education

➢ Building System Capacity

**Nursing and the National Priorities Partnership Workshop**

**October 26-27, 2009**

**Vision**

   **Visibility**

      **Voice**

**\*\***Nursing was the first professional group invited by NQF to analyze its contributions to the NPP

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# Nursing and the NPP Workshop Objectives

➢ Nursing's current and future contributions to the NPP agenda

➢ Opportunities for nursing to advance and accelerate the achievement of NPP goals

➢ Recommendations for nursing strategy and action plan to advance the NPP agenda

# Cross-Cutting Recommendations

- Increase our visibility and value to key stakeholders, esp. consumers and purchasers
- Expand nurse-sensitive measures and their inclusion in public reporting
- Achieve payment for nurse-led models with demonstrated impact
- Increase research funding linking nursing interventions to patient outcomes
- Engage front line staff
- Educate for quality and safety

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# Visibility, Voice, and Vision

"Purchasers are not aware of nursing's role in healthcare transformation"

Payer Voice
Nursing and NPP Workshop
October 2009

"I never thought about all the things we do to coordinate care for patients. I just take for granted that we do them."

Expert Staff Nurse Voice
Care Coordination Workshop
November, 2009

# Care Coordination

**Care Coordination is**
**essential to an effective healthcare system**
IOM Crossing the Quality Chasm
NPP Priority

**central to quality patient care and quality and safety outcomes**
Hospital admission and readmission
Patient satisfaction
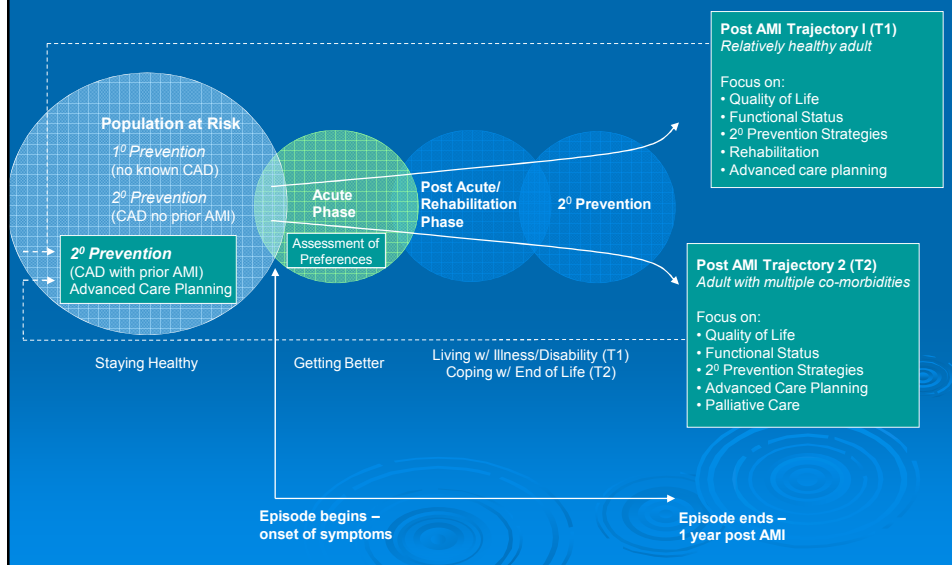Medical errors

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# Care Coordination

*Care Coordination* – "function that helps ensure that the patient's needs and preferences are incorporated into a comprehensive plan of care from prevention to acute, chronic, and end-of-life care across providers, settings and time."

**NQF, 2006**

# NQF Framework for Care Coordination

➢ **Healthcare Home**

➢ **Proactive Plan of Care**

➢ **Communication**

➢ **Transitions**

➢ **Information Systems**

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# NQF's Episode of Care Model



**Post AMI Trajectory I (T1)**
*Relatively healthy adult*

Focus on:
• Quality of Life
• Functional Status
• $2^0$ Prevention Strategies
• Rehabilitation
• Advanced care planning

**Population at Risk**
*$1^0$ Prevention*
(no known CAD)

*$2^0$ Prevention*
(CAD no prior AMI)

*$2^0$ Prevention*
(CAD with prior AMI)
Advanced Care Planning

**Acute Phase**
Assessment of Preferences

**Post Acute/ Rehabilitation Phase**

**$2^0$ Prevention**

**Post AMI Trajectory 2 (T2)**
*Adult with multiple co-morbidities*

Focus on:
• Quality of Life
• Functional Status
• $2^0$ Prevention Strategies
• Advanced Care Planning
• Palliative Care

Staying Healthy

Getting Better

Living w/ Illness/Disability (T1)
Coping w/ End of Life (T2)

**Episode begins –**
**onset of symptoms**

**Episode ends –**
**1 year post AMI**

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# Care Coordination Transformational Drivers in Play

- Performance Measurement
- Public Reporting
- Payment Reform
- Research and Knowledge Dissemination
- Professional Development and Education
- Building System Capacity

# Practices and Measures

**NQF Report on Care Coordination**

**_25_ preferred practices**

**_10_ performance measures**

## Payment Reform

Tremendous push to:

**Pilots** → **Payment**

Major nursing roles in proposed models
- Transitional care
- Coaches
- Care Coordinators
- New models of healthcare homes

## Payment Reform

➤ **Part of healthcare reform legislation**
➤ **Chronic illness management between hospital and home**
➤ **Reimbursement for transitional care**
➤ **Value-based purchasing initiatives tied to outcomes that require care coordination, e.g. reducing hospital admissions**

# NPP and Nursing Workshop Recommendations

*Care Coordination is a key area for nursing to advance and accelerate the achievement of National Priorities Partnership goals*

# Our Strengths in Advancing care Coordination

1. **Care Transition Models** – strong evidence linking nursing interventions to outcomes
2. **Case management** – care coordination for high risk populations
3. **Outcomes – **many of the nurse-sensitive outcomes also are care coordination sensitive outcomes

## Advanced Practice Nurse (APN) Transitional Care Model

Strong body of evidence linking nursing to transitional care outcomes

Multiple randomized control trials

- *Decreased hospitalization*
- *Increased patient satisfaction*
- *Improved physical function*
- *Improved quality of life*
- *Decreased total healthcare costs*

*Naylor  et al 1994, 1999, 2004*

## Our Opportunities for advancing NPP's Care Coordination Goals

1. **Healthcare home**

   patient engagement, empowerment, coordination of community resources

2. **Comprehensive plan of care**

3. **Communication**

4. **Information technology**

## Nurse Care Coordination In the Hospital

**Important but Invisible**

**No one has looked at nurse care coordination activities for hospitalized patients**

**"It's the most important thing we do"**

**"We do it all the time"**

**"No one knows we're doing it"**

## Not only Invisible – Care Coordination is time consuming!

Care Coordination consumes *20.6%* of nursing practice time in the hospital

(Care coordination time defined as time communicating with team members and other departments)

Hendrich et al, 2008

## Uncovering Nurse Care Coordination

Three years ago

We applied to be part of the Robert Wood Johnson INQRI Program

RWJF is investing $200 Million in Nursing Programs

INQRI

Transforming Care at the Bedside

The Future of Nursing

Nursing Quality and Safety Alliance

## INQRI is about

- ➤ Being able to:
- ➤ Define what nurses do
- ➤ Measure what we do
- ➤ Show how what we do influences
- ➤ quality and safety of patient care

Pain Management

Care Coordination

Monitoring and Surveillance

**Nurse Care Coordination Project**
**Phase 1 2006-2008**

**Our Goal:**

To capture what nurses do when they coordinate care for patients in the hospital.

Objectives:

> **Identify staff nurse care coordination activities**
> **Develop and test a measure of nurse care coordination**

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Nurse Care Coordination Project

Phase 2: Underway

Our Goal

To take what we learned in Phase 1 and make it useful for nurses and other professionals who design health care processes and environments

Objectives

> Develop teaching and QI tools
> Design intervention to improve nurse care coordination

## My Research and Project Teams

**INQRI**
**Madeline Schmitt**
**Paula Edwards**
**Francois Sainfort**
**Ingrid Duva**
**Melinda Higgins**
   **Emory University**
   **Georgia Institute of**
     **Technology**

**Dissemination Grant**
**Madeline Schmitt**
**MaryJane Lewitt**
**Beth Botheroyd**

   **Emory University**
   **Emory Healthcare**

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## Nurse Care Coordination

**Defined**:

  Actions *initiated* by nurses with patients, families, and/or members of their health care team *to manage and correct the sequence, timing, and/or effectiveness* of patient care from hospital admission to discharge.

# Our short hand

**Discharge**

**Admission**

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# Nurse Care Coordination

Nurse Care Coordination Processes

- **Interdependent Nursing Work**

e.g. when a patient's status changes, when you're not getting the expected responses to treatments and medications – and you need to get others involved

- **Transitions and Handoffs**

e.g. when a patient is admitted, discharged, transfers to another dept or unit change of shift reports

# Nurse Care Coordination

Major Areas of Nurse Care Coordination

Nurses carry out these activities to keep the process on track, safe, timely, and to prevent gaps in care

- Mobilizing       - Exchanging
- Organizing       - Assisting
- Checking         - Backfilling

# Nurse Care Coordination Instrument (NCCI)

In the initial testing

➢ Different parts of the Nurse Care Coordination Instrument significantly related to
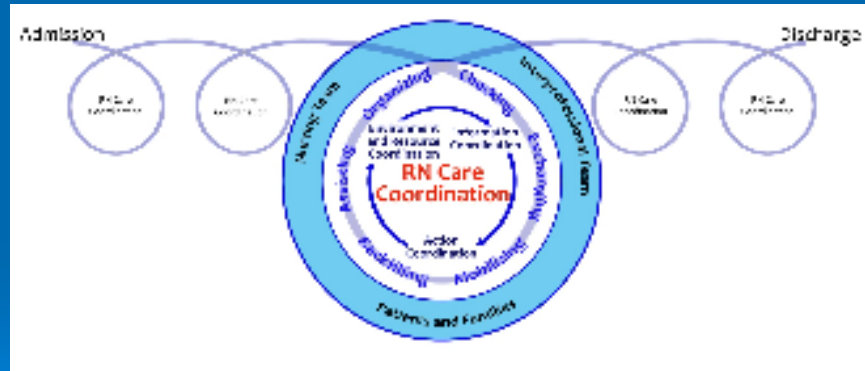
*Patient Satisfaction*
*Nurse Satisfaction*
*Medication Errors*
*Falls*
*Pressure Ulcers*

**Staff RN Care Coordination: Accountability for the Right Care at the Right Time**

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# Care Coordination

**Key goal of National Priorities Partnership**
**Major opportunity for Nursing**
**We must capitalize on Transformational Drivers**

*Define  ----  Measure ---- Link to Outcomes ---*
*Improve Practice and Education ----*
*Payment Reform*

## Specific Recommendations

➢ Link NQF Nurse Sensitive measures with NQF care coordination measures

➢ Payment for transitional care

➢ More Research on nurse managed models of healthcare home

➢ Develop and test new measures of nurse care coordination activities and their outcomes

## Performance Measurement is Central to Success

**We're opening up the "black box"**

### Nursing Processes:

**How nurses contribute to quality and safety outcomes**

➢ **Cognitive work of nurses**
➢ **Care Coordination and Transitional care**
➢ **Chronic illness management**

**Important Questions**

➤ What is important to measure?

> 70+ new measures of care coordination submitted for review

➤ What criteria do we use to differentiate between good ideas and practices with solid body of supporting evidence?

➤ How do we involve the whole nursing community?

➤ What can we do to **reduce the documentation and reporting burden**?