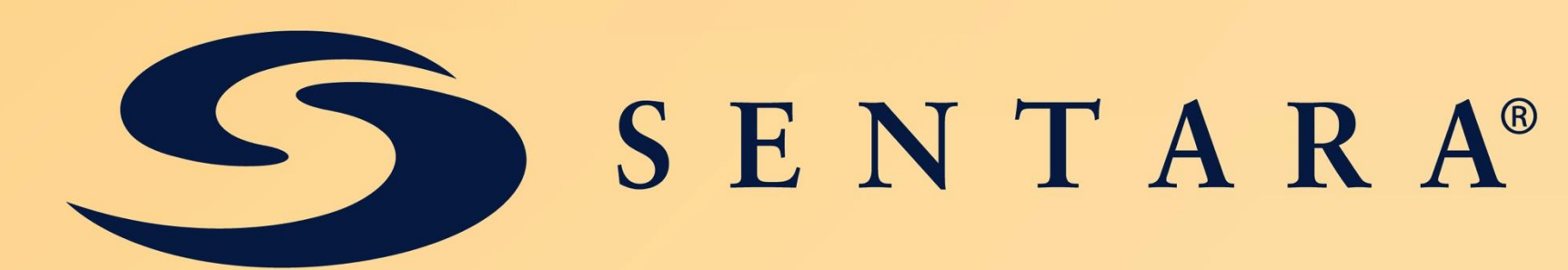




Benefits of the RN in the Patient Centered Medical Home

Tina Zachery, BSN, RN, ACSM EP-C & Britt Gnilka, MSN, RN-BC



Background

There is a continued need to demonstrate the impact registered nurses (RNs) have on quality and chronic care measures in the patient centered medical home (PCMH).

RNs play a critical role in implementing, tracking, and conducting population health initiative to improve indicators of quality care for preventative and chronic care measures.

In ambulatory care these measures include:

- Breast cancer screenings
- Colon cancer screenings
- Annual HgA1Cs for patients with diabetes
- Spirometry screenings for patients with asthma and chronic obstructive pulmonary disease.

Objective

The purpose of this quality improvement project was to demonstrate the impact the RN has the on the quality metrics in a patient centered medical home through RN lead population health strategies. Areas of focus were diabetes management, colon cancer screening, spirometry testing, and breast cancer screening.

Method

This study was a quality improvement study with pre and post intervention data collection.

Sample:

Included all patients empaneled to a primary care provider (PCP) in a patient centered medical home.

Setting:

A patient centered medical home primary care site that is a member of a larger medical group with multiple primary care and ambulatory specialty sites.

Data Collection:

Quality data was collected for colon cancer screening, breast cancer screening, diabetic A1C, and spirometry screening from the SMG Quality Scorecard prior to the RN lead interventions, during, and after the completion of the RN lead interventions.

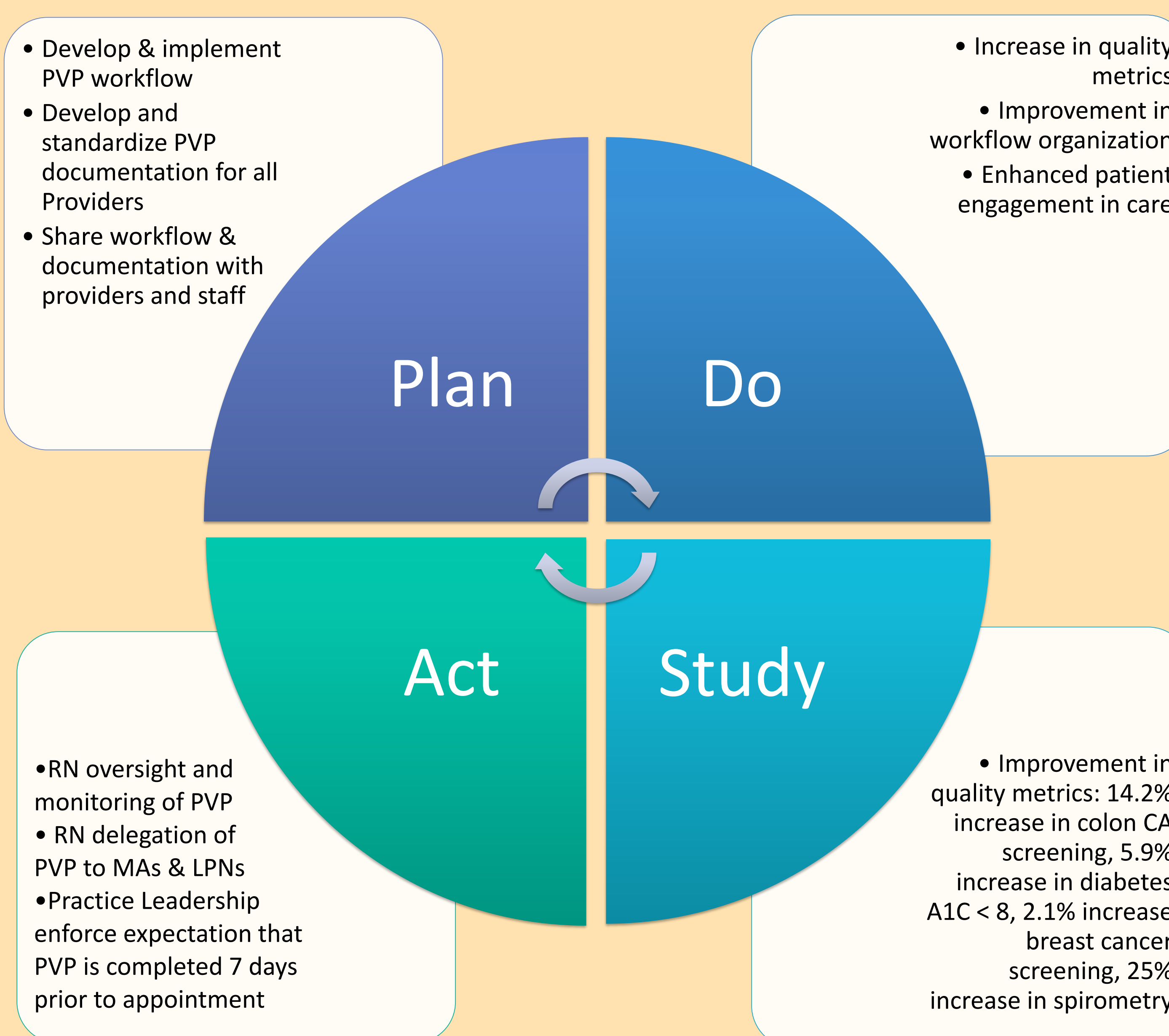
Intervention:

2 Plan Do Study Act (PDSA) cycles were conducted to improve pre-visit planning (PVP) and registry management processes and workflows in the practice.

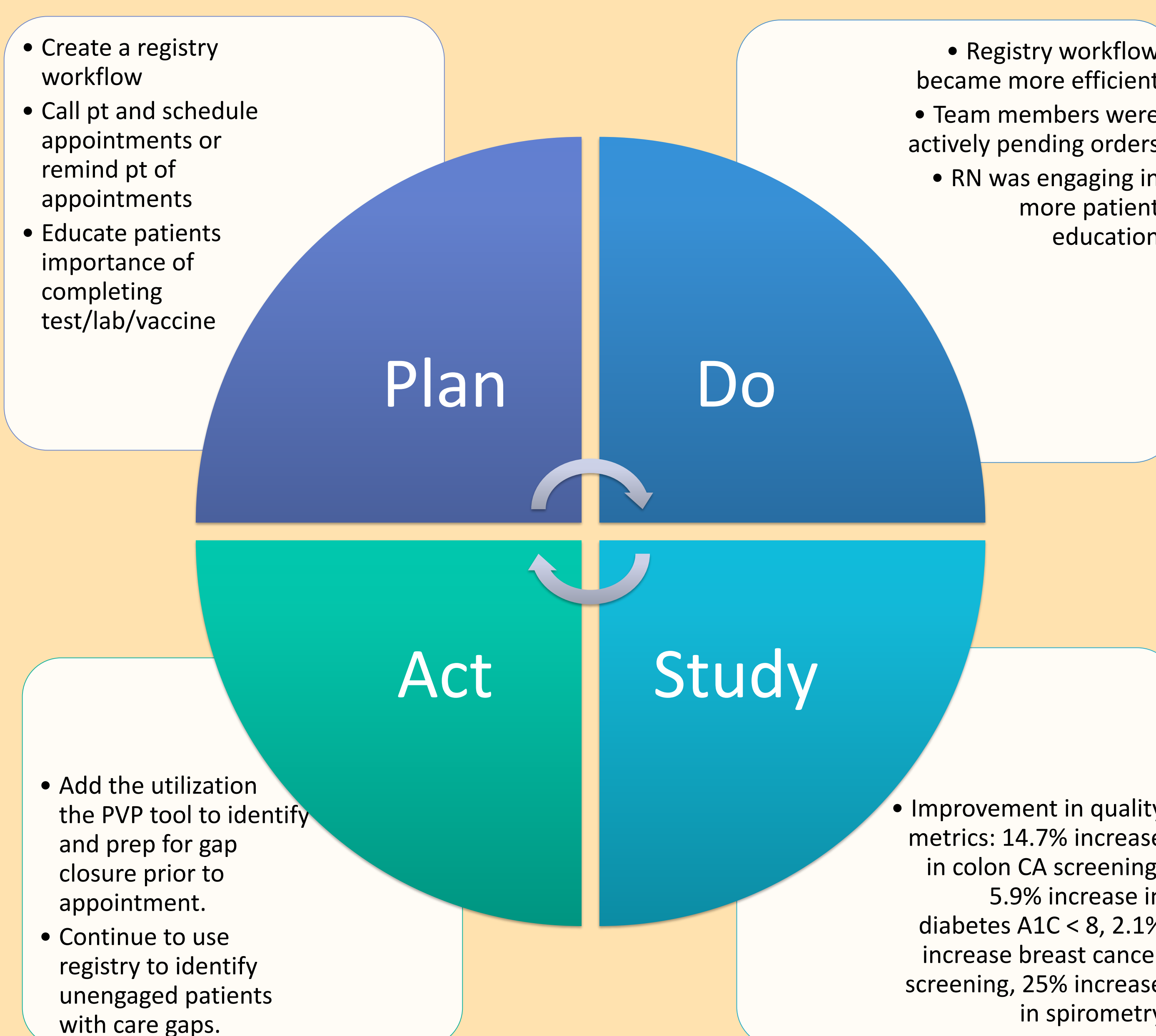
Plan, Do, Study, Act

The practice RN lead a team of providers and clinical staff in the development and execution of two PDSA cycles as a part of NCQA PCMH quality improvement requirements for PCMH Level III re-recognition.

Pre-Visit Planning PDSA Cycle



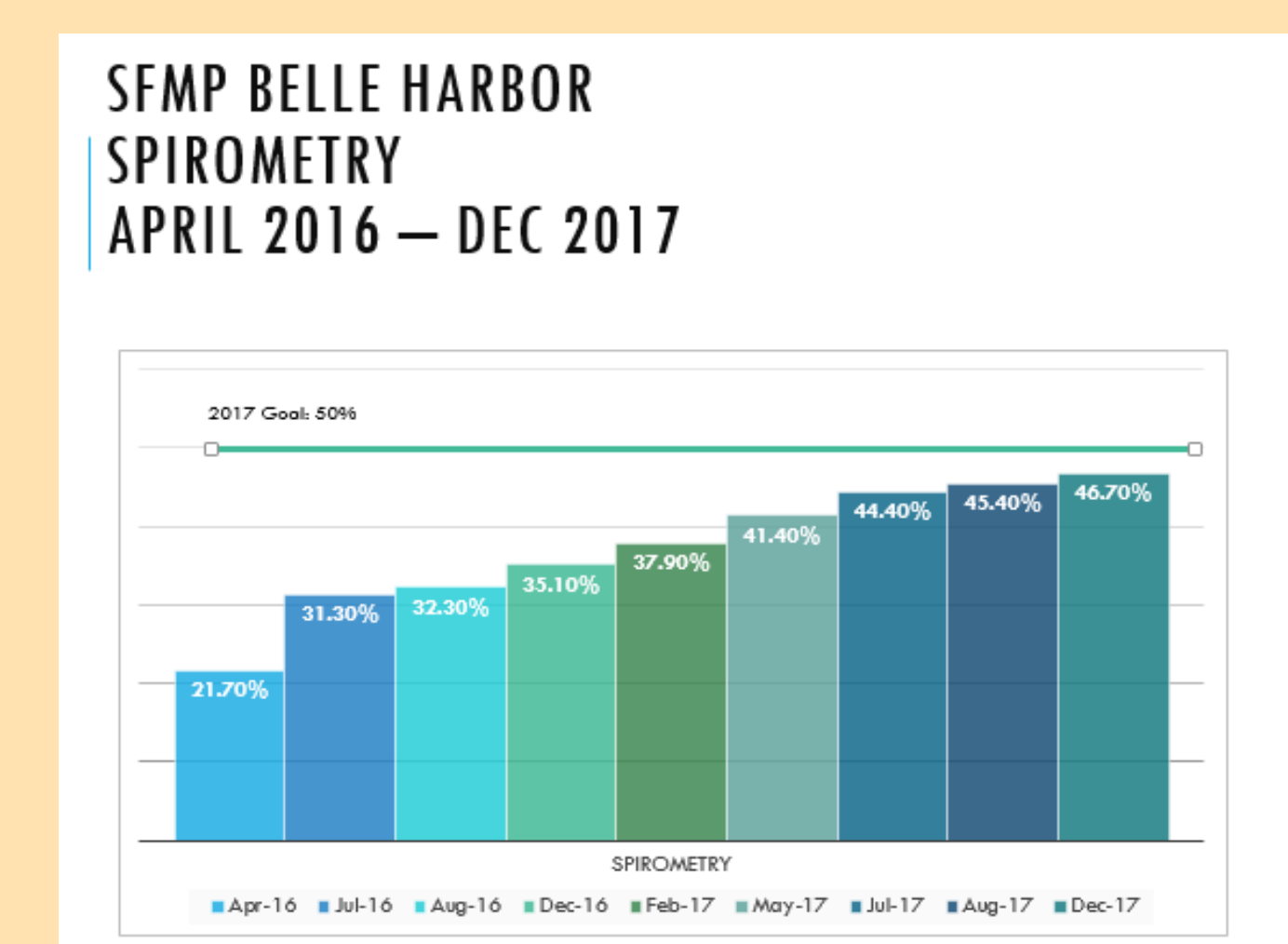
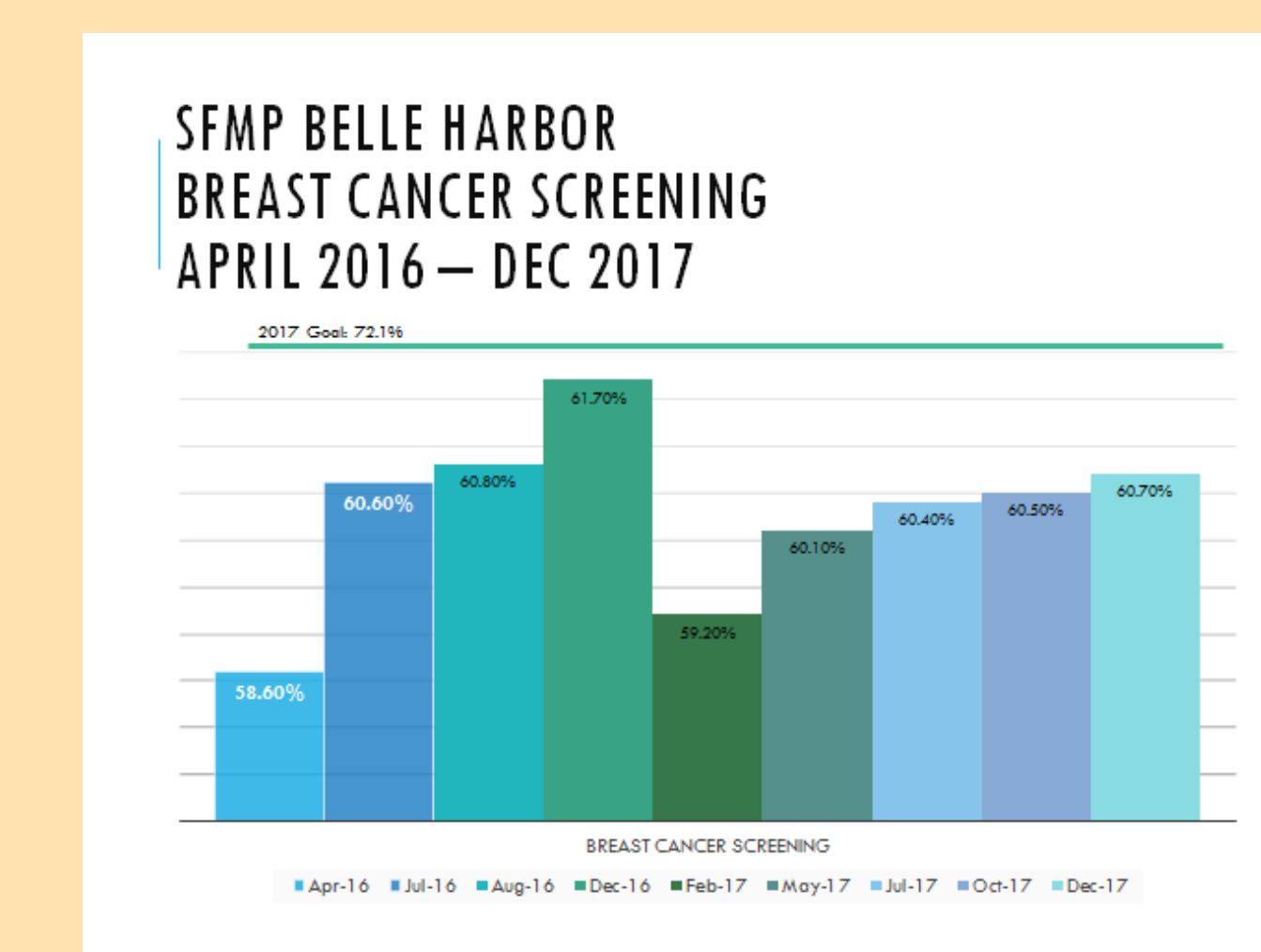
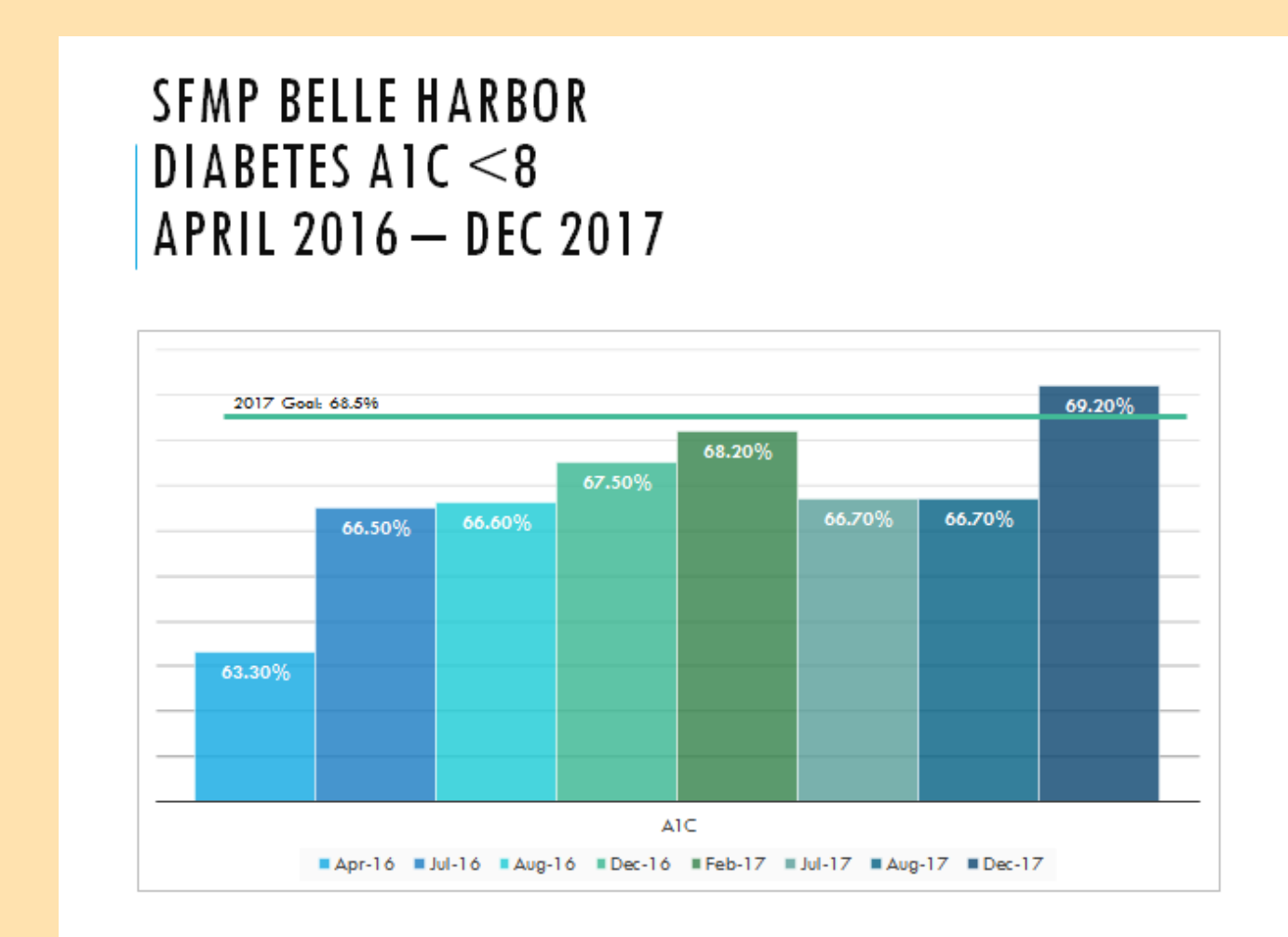
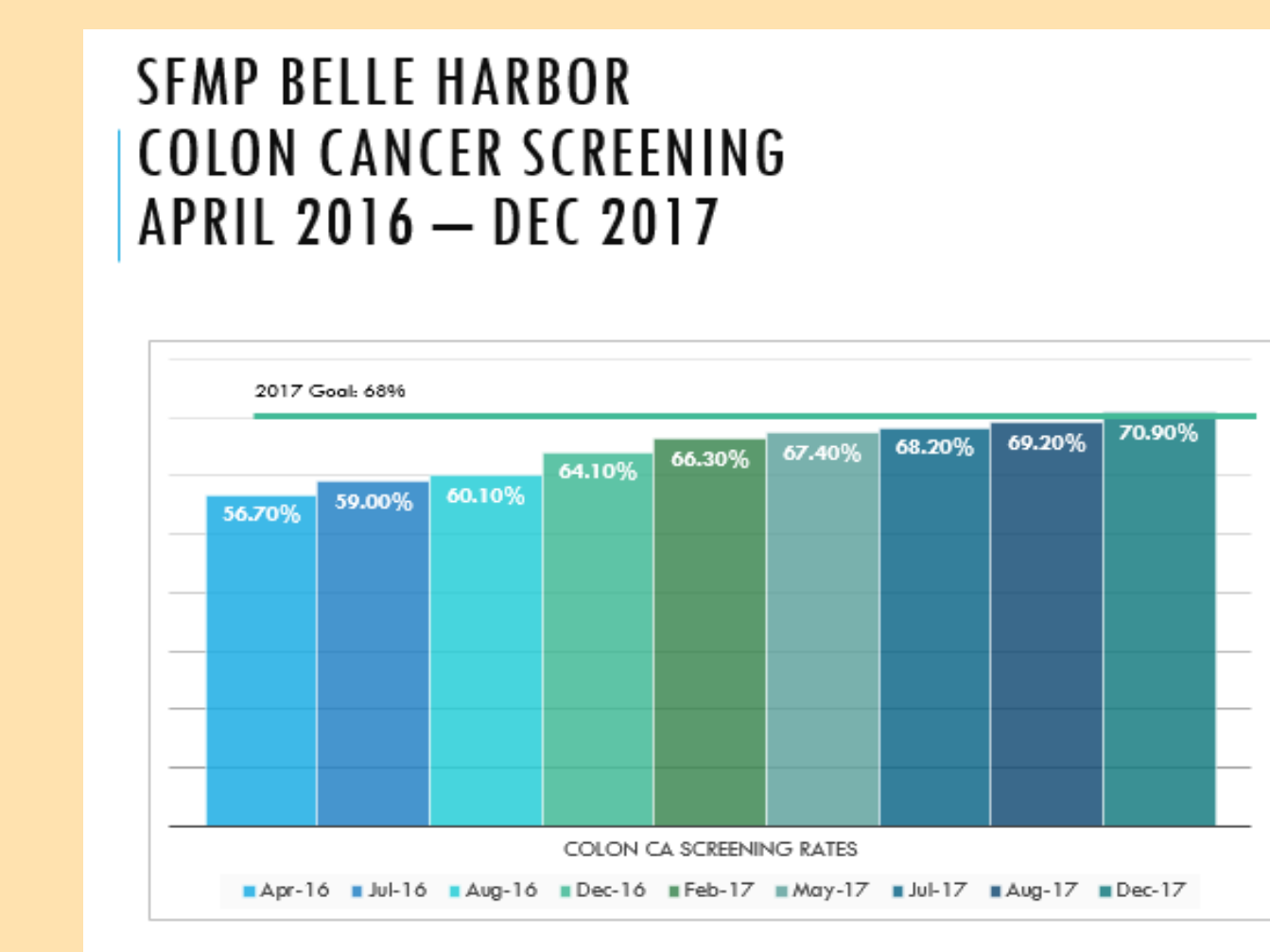
Chronic Disease Registry Management PDSA Cycle



Results

Over the 21 month data collection period during RN lead intervention implementation, Sentara Family Medicine Physicians Belle Harbour demonstrated improvements in all four measured quality metrics.

- Colon Cancer Screening - 14.2% increase
- HgA1C < 8 - 5.9% increase
- Breast Cancer Screening - 2.1% increase
- Spirometry Screening - 25% increase



Conclusion

In conclusion, we have learned the clinical knowledge and expertise of the RN directly impacts the quality of care delivered in the PCMH.

- The RN provides significant clinical guidance for non-licensed clinical team members, coordinates population health management initiatives, and provides comprehensive patient education.
- Ultimately, the RN is positioned to drive clinical and quality improvement to deliver quality care in a safe, timely, cost effective, patient centered, and efficient manner.

Acknowledgements & References

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References:

Institute of Medicine. (2001). *Crossing the quality chasm: a new health system for the 21st century*. Washington, D.C.: National Academy Press, c2001.

Battaglia, R., Morin, M., Nelson, D., Start, R., & Sullivan, B. (2017). Registered nurses make a difference with ambulatory care nurse-sensitive indicators. *Nursing Economics*, 35(4), 205-212.

IOM Report on the Future of Nursing: Leading Change, Advancing Health. (2011). *Med-Surg Matters*, 20(1), 3.

Mastal, M., Matlock, A., Start, R. (2016). Ambulatory care nurse-sensitive indicators series: capturing the role of nursing in ambulatory care - the case for meaningful nurse-sensitive measurement. *Nursing Economics*, 34(2), 92-76.

Paschke, S. M. (2017). American academy of ambulatory care nursing position paper: The role of the registered nurse in ambulatory care. *Nursing Economics*, 35(1), 39-47.