Synapses: Continuity of Care Through the ARN Role
Lunder 6 – Neuroscience ICU
Lunder 7 – Neurosciences
Lunder 8 - Neurosciences
MGH Neuroscience ARNs

- Lunder 8 – Kristin Cina, Mikaela Arruda
- Lunder 7 – Susan Sullivan, Traci O’Leary
- Lunder 6 – Danielle Salgueiro, Mary Hansen, Colleen Shea
It Takes a Village...

- Nursing Directors
- Clinical Nurse Specialists
- Attending Nurses
- Nurse Practitioners
- Staff Nurses
- Case Managers
- Social Workers

- Rehab – including Physical Medicine and Rehab MD, PT, OT, Speech-Language Pathologists
- Respiratory Therapists
- Chaplains
- Physicians
- Dieticians
Inpatient Neurosciences at MGH

- Lunder 6: Neuroscience ICU
  - Neurology: strokes, brain hemorrhages, post-tPA, seizures, Guillain-Barre
  - Neurosurgery: tumors, aneurysms, traumas/TBI, subarachnoid hemorrhages

- Lunder 7 & Lunder 8 (Neuromedicine and Neurosurgery)
  - Both units care for: ALS, stroke, Guillain-Barre, aneurysm, encephalitis, seizure, spinal surgeries, trauma, craniotomy
  - Lunder 7: tPA protocol
  - Lunder 8: Neuro-oncology (chemo), epilepsy
In addition, all 3 Neuroscience units receive transfers directly from outside hospitals, and “front door” admissions.
The Attending Nurse (ARN) Role

The Attending Nurse is:
- An experienced staff nurse who, with the attending physician, is responsible for ensuring each patient’s consistent and timely progression from admission to discharge.
- A constant presence on the unit and a resource for both patients/families and other staff members.

The Attending Nurse will:
- Be accountable for ensuring that patient care meets clinical standards (evidence-based practice).
- Coordinate meetings with clinicians for timely decision-making and communication to make sure the patient is safe during shift or care setting changes.
The Vision: A More Unified Program

“Wouldn’t it be great if...”

Nurse Directors and ARNs on the 3 floors met in early 2013 to define roles, discuss log-jams, open communication/coordination, and create opportunities to manage LOS.

- *How do you do X on your unit? What’s a day like on your unit?*

- *Do we have Neuro patients on other floors and why?*

- *What are the problems on your unit and can we help?*
The Problems:
Issues Identified from Tri-Unit Meetings

1. Transfers:
   start on 1 floor –> surgery –> ICU –> back to (same?) floor
   - Previous unit knows the patient.
   - Families have trust/confidence with previous unit.
   - Previous admissions – want to go back to same floor.

2. Silos: the Neuro floors operated as separate programs
The Problems: Issues Identified from Tri-Unit Meetings

3. Guardianship:

- Neuro patients lose cognitive ability – can’t make decisions for themselves. Guardianship must be determined and in place before discharge.

- Families comfortable with care here – no incentive to move guardianship process along.

- Other Neuro patients cannot get on to Neuro floor because beds are occupied with guardianship cases.

- LOS greatly impacted: one day in July 2013, 13 out of 86 neuro-specific beds were taken up by guardianship patients otherwise ready to go to rehab. Situation can last for several weeks.
The Response:
ARNs began meeting M-F at 10:15am

- L7/L8: Which patients heading to ICU (going to OR or not doing well)?
- ICU review: Patients coming out that day, patients sent out and status.
- Family dynamics/social situations: What’s their plan? What’s been started?
The Outcome: Continuity of Care Through the ARN Role

1. Better Coordination of Care across the 3 Neuro Units

2. Increased Awareness of ARN Role

3. Established Productive Relationships with Nurse Practitioners
The Outcome: Continuity of Care Through the ARN Role

1. Coordination of Care across the 3 Neuro Units

- ARN rounds with Neurosurgery before OR = know what orders have to be put in (e.g. Brace Shop, PICC line)

- Try to get patient back to floor they were on (Families: “We know you. Can we go back to you?”)
The Outcome: Continuity of Care Through the ARN Role

2. *Increased Awareness of ARN Role*

- ARNs identify issues with discharge, orders (PT, OT, SLP, SW, CM), things that fall through the cracks.

- Increased bedside teaching leads to increased awareness of ARN by direct care staff.

- Interdisciplinary Team Rounds every day help to coordinate and identify issues.
3. ARNs Established Productive Relationships with NPs

- Working with Outpatient NPs - guardianship/health care proxy (HCP) ahead of time when possible. HCP info in pre-admit patient packets. RNs are more aware of facilitating HCP discussion.

- Outpatient NPs and Resource RN getting less patient calls - ARN has handled issues before they escalate.

- Working closely with Inpatient NPs – getting discharges out sooner; guardianship being addressed in ICU.
The Outcome: Relationship-Based Care through the Continuum

Relationship with:
- Self
- Patient/Family
- Team
Relationship-Based Care through the Continuum

Relationship with: Self

- Support and Growth:
  - Educational opportunities, retreats, resiliency training, ARN lunches/meetings on Fridays
  - Leadership opportunity

- Work to be done: “Most difficult relationship to embrace is with self.”
  - Not good about taking lunch (but cover so others can take theirs).
  - Want role to succeed – fall into being everything to everyone.
Relationship-Based Care through the Continuum

Relationship with: Patient/Family

- Discharge phone calls
- Interdisciplinary Rounds
- Continuity of meeting with patient and family

- Have time to establish relationship with patient and family
- Our patients can’t always speak for themselves so the family is a crucial relationship to make
- Help with end of life care and decision making process
- Help with families in crisis
- Orient new family members to unit while patient’s nurse settles admission
Relationship-Based Care through the Continuum

Relationship with: Team

- Initial pushback to role/innovations – worked through
- Rounds – establish connections with team members
- Helping to care for the team - covering for Resource RN for lunch
- Valued member of team - RNs will email ARN over the weekend to reach out for their help with certain patients
- Taking on issues that don’t always arise on the unit
  - i.e. find lactation consultant, difficult discharges, find belongings
- Supporting other ARNs – difficult role to step into, hold each other up.
Tools Used
Lunder 8: Welcome Booklet

- Addresses commonly asked questions from patients, families
- Given with Welcome Packet and ARN business card
- Very helpful, especially when transitioning from the ICU.
Tools Used
Lunder 7: “Take 5”

- A way to get to know your patients.
- Sit and have a heart-to-heart conversation with the patient/family.
- Advances compassionate care.

Therapeutic Presence + Compassionate Care = Positive Patient Experiences

Strategies for improved patient experiences:

- Take 5 with your patient – sit down next to them on the bed or in a chair and discuss the plan for the day, or have a general conversation that shows interest in who they are as a person. Engaging with the patient is an important part of our daily nursing interventions.
- Be sure to explain what the voalties are – excuse yourself from the room if you have to.
- Round hourly on your patients. Educate them on what you are doing when you round.
- Try to communicate everything you are doing for your patient – which includes medications, wound care, consult visits, etc.
- Take care of yourself! Try to get enough sleep – eat healthy meals, and be sure to provide yourself with a good work-life balance!

See Sue or Vanessa should you have any questions with our Take 5 initiative!
Tools Used
Lunder 6: “No Place Like Home” Reference Sheet

- Discharging patients directly from ICU to home or Rehab = becoming more frequent!
- Frees up Neuro floor bed for other Neuro patients.
- Developed reference sheet to assist ICU nurses with this new process.
Provided suggestions to representative from Epic for a more patient-friendly tool.

<table>
<thead>
<tr>
<th>MEDICATION LIST</th>
<th>MEDICATION</th>
<th>DOSE</th>
<th>HOW OFTEN TO TAKE</th>
<th>HOW TO TAKE</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>METOPROLOL SUCINATE</td>
<td>12.5 mg</td>
<td>once daily</td>
<td>by mouth</td>
<td>Start taking medication: On Discharge. MDN/RNF Instructions: PAML.</td>
<td></td>
</tr>
<tr>
<td>DUCOMATE SODIUM</td>
<td>100 mg</td>
<td>last dose given 11/06/2013 at 07:36 AM (100 mg)</td>
<td>by mouth</td>
<td>Start taking medication: On Discharge.</td>
<td></td>
</tr>
<tr>
<td>SENOSIDES</td>
<td>2 tablets/</td>
<td>two times a day</td>
<td>by mouth</td>
<td>Start taking medication: On Discharge.</td>
<td></td>
</tr>
<tr>
<td>NORLENOWÒNACETATE</td>
<td>15 mg</td>
<td>once daily</td>
<td>by mouth</td>
<td>Start taking medication: On Discharge. MDN/RNF Instructions: Take three pills daily for treatment of endometriosis. (15 mg/day)</td>
<td></td>
</tr>
<tr>
<td>GABAPENTIN</td>
<td>300 mg</td>
<td>three times a day</td>
<td>by mouth</td>
<td>Start taking medication: On Discharge.</td>
<td></td>
</tr>
</tbody>
</table>

Current medication template sent home to parents @ DIC - not patient-friendly.
Care Redesign Influences on the Implementation of the ARN Role

Endovascular Redesign Communication Team 2011-2013

- **Estimated date of discharge and transfer** - aids movement of patient through continuum as all team members are aware and mobilize to attain a discharge goal.

- **Interdisciplinary rounding in ICU** introduced
  - Aided in determining successful timing and team structure needed in ICU
  - Nursing staff introduced to concepts, design.

- **Transition of patients to unit, rehab or home** -
  - Data gathered revealing gaps in care that influenced patient movement through the continuum.
  - Importance of role of person “following” patient /family to other care areas to ensure continuity of goals.
The ARN Role in MGH Neurosciences: Is It Working?

“The ARN Role has helped with prioritizing patients on a daily basis based on information gained by the ARN from various teams. This helps to ensure that patients who need OT prior to discharge for home safety, family training and rehab are at the top of the priority list to smooth and expedite discharge.”  
—Occupational Therapist

“The ARN role is very helpful to case management in various ways. Morning rounds helps with identifying and prioritizing discharges. It facilitates communication with all the disciplines and expedites discharges.”
—Case Manager

“The stress associated with discharging a patient has significantly been reduced since the implementation of the ARN. The time consuming tasks that often take away from patient care are now minimal. The patients now feel that the plan of care is thorough and being fully managed by someone who is consistently present at the bedside.”  
—Staff RN

“... The ARN role seems to provide patients with a consistent caregiver which helps increase comfort level, communication, and continuity of care as well as gives a more personal touch.”  
—Neurology Clinical Coordinator

“I personally feel that [the ARN role] has greatly improved the transition from hospital to home for our patients. [They] are fantastic with following up with me immediately with any patient issues/concerns.”  
—Neurosurgery Nurse Practitioner

“I hold you in my loving embrace. How differently our sojourn at the hospital could have been if yours were not the first and constant face who held us dear throughout the week. We are humbled by your love.”  
—Family Letter to an ARN

“The ARN role helps facilitate better communication between the Neurology teams... To have another resource and essentially a ‘voice’ for the nursing staff increases communication and also provides better patient care.”  
—Staff RN
Thank you!

Questions?