Care Coordination: An Advance Practice Perspective

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Objectives

• Provide an overview of the value of an advanced practice nurse in the care coordination of the neuromuscular patient
• Identify how the advanced practice role can improve patient care and communication
• Integrating the advanced practice nurse in the neuromuscular clinic
Dream Job Description
Clinic Job Description

Title: Neuromuscular Clinic Coordinator/APN
September 2012

Uh oh..
Dream Into Reality
Team Based Approach
Care Coordination Model

- Cardiology
- Nursing/Social Work/Administrative Support
- Pulmonary/Respiratory Therapy
- Neurology/Genetics
- Rehab/Physical Therapy/Ortho
- Dietitian
CHC Population in Various Disease Stages

- <7 yr
- Ambulatory
- Amb NIV
- Nonamb NIVV
- Nonamb Cont
Neuromuscular Intake

• Provides initial point of contact to families
• Prepares patient and family for clinic appointment
• Develop a plan/recommendations for their appointment
Neuromuscular Intake

- Referral to NMC:
- PCP:
- HPI:
- ROS
- Prior Work Up:
- Birth History:
- PMH:
- PSH:
- Developmental History:
- Social History:
- Immunization History
- Family History:
- Recommendations/Plan:
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## The Board

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<th>Monica</th>
<th>Pamela</th>
<th>Ramon</th>
<th>Chapman</th>
<th>Joshua</th>
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Clinic

- Clinic schedule
- See follow up patients
- Check in with patients and families. Identify any needs
- Process improvement initiatives
- Provide clinic wrap up including after visit summary, emergency/illness plan, contact information. Follow up appointment and review plan of care. Information needed for Duchenne connect included on AVS.
DMD Health Passport

- Emergency Contact Information
- Anesthesia Precautions
- Leg Fracture
- Corticosteroids
- Cardiovascular Considerations
- Liver Function Studies
- Resources
Outside of Clinic

• Point of contact for all Neuromuscular patients and families
• New equipment appointments with respiratory therapist
• Sick visits/hospital follow up
• Power wheel chair evaluation with Physical Therapist
• Follow up steroid appointments with Physical Therapist
• Carrier Clinic with Genetic Counselor and Genetic Counseling Student
• Follow up with labs, testing recommendations, prescriptions and treatment recommendations
Inpatient Consult Service
Neuromuscular Care Coordination Note:
Based on symptoms and exam findings, we have a high suspicion he has Fat Embolism Syndrome (FES). Although rare, it develops quickly and the consequences are serious and life threatening.

Patient meets several of the diagnostic criteria for FES after he sustained a recent fall from his power wheel chair resulting in a distal femur fracture, non-displaced.

Major Symptoms:
1. Neurologic changes including confusion.
2. Shortness of breath/difficulty breathing requiring supplemental oxygen and BiPAP support.
3. Petechial rash over left shoulder injury

Minor Symptoms:
1. Tachycardia in the 140's

Communicated above concerns with patient and parents.
Notified patients primary cardiologist.
Communicated concerns and recommendations with PICU team
Coordinate Inpatient Admissions

Nutrition recommendations:
Day of surgery
- Stop overnight feeds (at home) 6 hours before surgery
- may drink clears PO or be given via G-tube until 2 hours before surgery (acceptable clears are water, clear apple juice, Gatorade, Pedialyte)
- If surgery is delayed, an IV will be placed and blood sugar will be monitored
- Otherwise, start IV dextrose in OR
- Recommend starting with D10
- Check blood glucose at IV placement and hourly thereafter or per PICU protocol
- If blood sugars are elevated recommend switch to D5

Pulmonary recommendations: extubated to NIV and does not need ventilator settings at traditional "extubatable" settings. Cough assist frequently when intubated and after extubation.

1. Extubate to Secondary Sick Settings: PC AVAPS, Vt 240 ml, l max 28, l min 24, EPAP 8, Rate 10, l time 1.2 seconds with O2 added as needed. Settings common to both: AVAPS rate 4, AutoTrak, Rise 2 and 20 second disconnect. New mask: Wisp Youth S/M petite mask.
   a. If does not tolerate secondary setttings, switch to Primary: Well: PC AVAPS, Vt 210 ml, l max 24, l min 20, EPAP 6, Rate 10, l time 1.2 seconds.
   b. After 24 hours, switch to Primary settings.
2. Albuterol MDI, 3% HTS, and cough assist with suction three times a day x24 hours, than twice daily. Cough assist reset for Preset 2 (sick) I&E pressures +35/-35 with 1.2 second

Of note, does VEST therapy
Leadership

- Annual Neuromuscular Retreat
- Monthly Muscle Action Committee (M.A.C.)
- Parent Advisory Board
- CDCC Liaison Grant Recipient
- Serve on the board for Certification Duchenne Care Centers
- Rocky Mountain Leadership Board for Cure SMA
- Cure SMA Advisory Council Member
- Safe Patient Handling Committee
- Advanced Practice Shared Governance Council
Quality Improvement

• Awarded small grant for hospitalized patients with mobility impairments
• Collaborated with the Neuromuscular Team to develop our Neuromuscular Clinical Care Guidelines
• Ensure standards of care of being met throughout our clinics and provide continuity between clinics
• Created a Health Passport for patients with DMD providing emergency medical recommendations and instructions
• SIM Lab
• Care Coordination and Planned Procedures
Why Advanced Practice Provider/Nurse?

- Provide a relationship based approach
- Higher clinical skill and knowledge level
- Autonomous roles with expanded boundaries and scope
- Reduce fragmentation of care roles
- Provide leadership in coordination of multidisciplinary care
- Facilitate transitions
- Provide advanced assessment, management and evaluation
- Improve patient access
- Increase productivity for all providers
- Enhance quality of care
Increase Provider Productivity

• Phone triage with ability to implement a plan
• Coordinate ED visits
• Sick/urgent visits
• Provide support to NMC providers – dietitian, genetics counselor, social work, PT, RT
• Prescriptive authority
  - Nutrition orders
  - Letters of Medical Necessity
  - Long Term Care
  - Respiratory Equipment