“Middle Earth” - Visibility and Effectiveness of Autonomous Nursing Roles

Julie Cairns
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Melbourne

Austin Health | Olivia Newton-John Cancer & Wellness Centre

Formula……

Visibility = being present

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+

Effectiveness = making a difference

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Making a Difference = Adding Value

Formula……

Visibility = being present

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Effectiveness = making a difference

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Making a Difference = Adding Value

=

Value = Outcomes and Experience

How can nursing presence add value and make a difference?

“If your presence doesn’t add value, your absence won’t make a difference”

Value in Health Care =

Patient Outcomes

Per DOLLARS

Kaplan R, Porter M, *How to solve the cost crisis in Health Care*, Harvard Business Review, 2011

More than Rhetoric……?

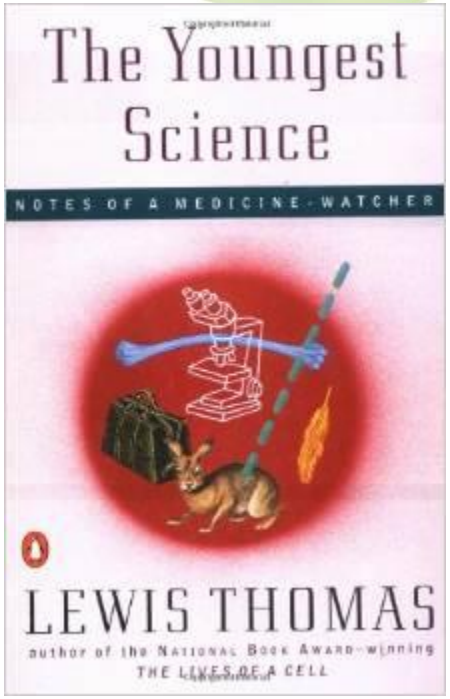
The goal MUST be VALUE for Patients, NOT lowering costs

- **Visibility – Presence**
- **Effectiveness of Nursing Roles**
- **How we can/are making a difference – and how we can measure what difference we make?**

Nurses hold the system together…

"*One thing the nurses do is to hold the place together. It is an astonishment, which every patient feels from time to time, observing the affairs of a large, complex hospital from the vantage point of his bed, that the whole institution doesn't fly to pieces. A hospital operates by the constant interplay of powerful forces pulling away at each other in different directions, each force essential for getting necessary things done, but always at odds with each other…. My discovery, as a patient … is that the institution is held together, glued together, enabled to function as an organism, by the nurses and nobody else.*"

(Thomas, 1983:66–67)



Peter Mac Complexity Project

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Current Draft Index: 39 items representing complexity within 4 domains:

1. ***Demographic***
2. ***Diagnostic***
3. ***Co Morbidity***
4. ***Symptomatology***

Domain	Criteria	Score
1. Demographic	Social support: lack of cohesion/difficulties within relationships/guardianship	
	Social : social dependants (aged, young or ill)	
	Social: Housing concerns, restrictions to community and health services, rural or remote community, etc	
	Social resource: Financial concerns	
	Age of patient: ≥70years; AYA (15-25 years); paediatric	
	CALD Background (inclusive of different value systems) and attitudes to cancer	
	Aboriginal and Torres Straight Islander (inclusive of different value systems) and attitudes to cancer	
	Family/carer (s) highly anxious or distressed by cancer diagnosis	
	Family/carer(s) has history of depression or morbid anxiety	
	Patient's capacity to cope with demands of their cancer experience e.g. caring for partner with dementia; low health literacy; genetic predisposition to cancer	
	Limited, delayed or difficult access to treatment centre	
	Long distance from treatment centre	
	Will have/are having treatment across multiple sites e.g. public and private	
	Decision between equivocal treatment options will have to be made	

1. Diagnosis (more than one category may be relevant, e.g. new and advanced disease)	New	
	Second primary	
	End stage disease	
	Advancing/metastatic disease	
	Recurrent disease	
	Unknown malignancy	
	Rare cancer diagnosis i.e. <2% of all cancers	
2. Co-morbidity (unrelated to cancer or late effects from previous cancer diagnosis or treatment)	Will require/are receiving care from multiple cancer and non-cancer specialists simultaneously	
	Physical disability (Caused by cancer or other cause)	
	Cognitive/Learning disability (not anxiety or depression)	
	Co-occurring cardiovascular disease (e.g. IHD; CVA)	
	Co-occurring endocrine disorder (e.g. type 2 diabetes)	
	Co-occurring respiratory disorder (e.g. COPD, asthma)	
	Co-occurring mental disorder (not related to cancer diagnosis) e.g. depression	
	Co-occurring renal disorder (e.g. chronic kidney disorder)	
	Co-occurring gastrointestinal disorder (e.g. Crohn's disease)	
	Other co-occurring morbidity not related to cancer diagnosis but likely to impact on ability to cope with cancer	

1. Symptomatology	Emergent problems (potential serious complications; e.g. paralysis due to SCC or septic shock due to febrile neutropenia)	
	Side effects of current treatment e.g. protracted vomiting, dehydration requiring admission	
	Emergency (e.g. actual SCC or febrile neutropenia)	
	Symptom(s) (current – cancer or other) - controlled	
	Symptom(s) (current- cancer or other) - uncontrolled	
	Multiple medications (current – cancer or other)	
	Medically defined (DSM criteria) anxiety or depression (related to cancer diagnosis)	
	Emotional distress (high level), including anxiety and depression related to cancer diagnosis	

Please indicate whether you think this patient is low, moderate or high complexity

Please tick as appropriate

Low	
Medium	
High	

Preliminary Results

- Data based on 64 patients from Peter Mac

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- Small sample size – small – medium effects between complexity and:
  - Advanced Disease
  - Uncontrolled Symptoms
  - Emotional Distress
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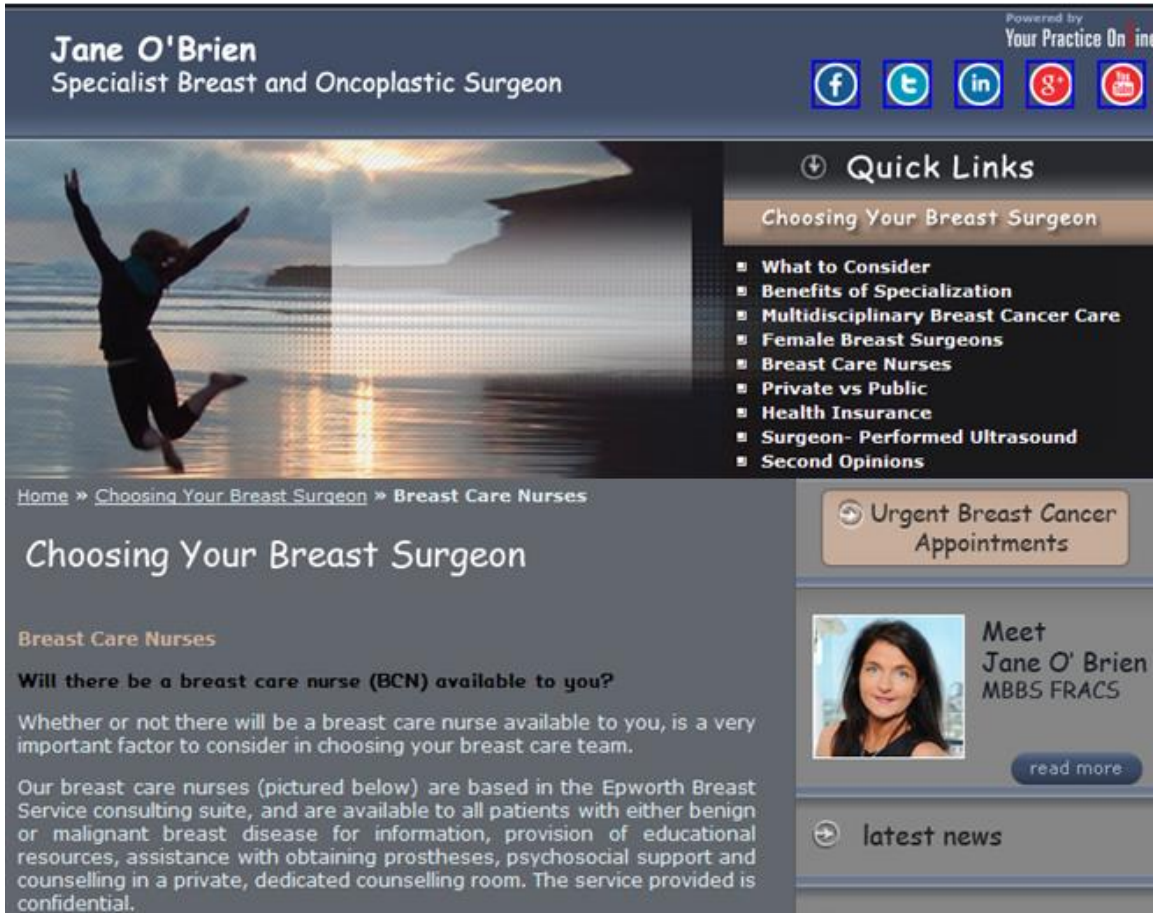
- Data based on 64 patients from Peter Mac
- Small sample size – small – medium effects between complexity and:
  - Advanced Disease
  - Uncontrolled Symptoms
  - Emotional Distress
  - Capacity to Cope
- Nurses supportive and see benefit in developing index and how it can influence resource utilisation to better patient outcomes

Breast Care Nurses



The value of the specialist breast care nurse role as part of the multidisciplinary team in providing quality care for women has been increasingly recognised nationally and internationally as part of evidence-based best practice for breast care.

http://www.melbournebreastcancersurgery.com.au/breast-care-nurses.html

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Breast Cancer Blog…..

Melbourne Breast Cancer Surgeon Blog

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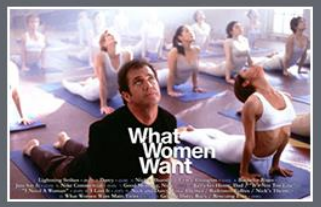
What Patients Want



In the romantic comedy, "What Women Want", Mel Gibson played a somewhat chauvinistic advertising executive, who after a fluke accident, gained the ability to hear what women were thinking, and what women really wanted. The result surprised and shocked him. I feel the same way about American research examining what patients say they want most [...]

Like 4 | +1 1 | Share

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Types of Breast Cancer Blog

Blogs (and other social-interactive media) are changing the dissemination and reception of health information for both the public and health professionals and are now a major part of how online visitors consume information, interact online and make decisions

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- Types of Breast Cancer Blog
- Why Should a Breast Cancer Surgeon Blog?
- Social Media and the Breast Cancer Surgeon

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- February 2015
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Why Should a Breast Cancer Surgeon Blog?

As an experienced breast cancer surgeon, I have a wealth of knowledge and expertise and keep up to date with all the current research developments in my field. Why not share that knowledge with a wider audience? A doctor's job after all is to share their expertise and to help patients execute their advice. As [...]

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Social Media and the Breast Cancer Surgeon

The term social media encompasses social networking sites, blogs, collaborative services, content hosting sites and virtual communities. Social media includes all forms of electronic communication through which users create and engage in online communities to share ideas and other information and comprise a number of online and mobile resources that provide a forum for the [...]

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Systematic Review – NP/CNS

- NP – No difference in health outcomes between NP care and Physician care. But quality and patient satisfaction higher

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- NP – No difference in health outcomes between NP care and Physician care. But quality and patient satisfaction higher
- CNS roles associated with
  - Reduced LOS, readmission and ED Presentations
  - Reduced costs
  - Increased staff knowledge
  - Increased functional performance
  - Increased Quality of Life and Patient Satisfaction

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- CNS roles associated with
  - Reduced LOS, readmission and ED Presentations
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  - Increased staff knowledge
  - Increased functional performance
  - Increased Quality of Life and Patient Satisfaction
- Overall results from past 30 years consistently demonstrate that NP/CNS (APN roles) deliver high quality patient care that results in high patient satisfaction

Effectiveness of CNS in Outpatient roles

- Systematic review of RCT's evaluating the effectiveness and cost effectiveness of CNS's delivering outpatient care

Kilpatrick K, Kaasalainen S, Donald F, Reid K, et al *The Effectiveness and Cost Effectiveness of Clinical Nurse Specialists in outpatient roles: a systematic review* Journal of Evaluation in Clinical Practice 2014.

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- Found Low to moderate support for the *effectiveness* of the role in outpatient setting

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- Low to moderate support for the *effectiveness* of the role in outpatient setting
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- Low to moderate support for the *effectiveness* of the role in outpatient setting
- Two fair to high quality RCT economic analysis that support the *cost effectiveness* of outpatient CNS
- Robust, economic evaluations are needed to address cost effectiveness of CNS roles

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EBP and Patient Outcomes

Purpose: To investigate the relationship between evidence based practice and **pain, dyspnoea, falls, and pressure ulcer** outcomes in the home care setting.

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Measures: 2 Structural Variables – Nurse and Patient; Process variable - Adherence to Best Practice Guidelines; continuity of care; coordination and communication

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Results and conclusions

- Documentation of nursing interventions based on best practice guidelines was positively associated with improvement in dyspnoea, pain, falls and pressure ulcer outcomes

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CONCLUSION: It is possible that if an EB plan of care is in place, it is less important who provides the care as long as there is consistency with its implementation

Nursing Sensitive Outcomes

"…Nursing sensitive outcomes are those that are relevant, based on nurses' scope and domain of practice and for which there is empirical evidence linking nursing inputs and interventions to the outcomes"

(Doran 2003, p.viii)

STRUCTURE	PROCESS	Summary of OUTCOMES	
Proportion of RN's	Assessment/ Observation	Falls/PIPP/Medication	Self Care
Nurse to patient ratios	Medication Management	CVAD Infections	Patient Complaints Patient Satisfaction
Nursing Hrs/PPD	Nursing Interventions	Pneumonia	Fluid Overload
Education Level/Experience	Care Delivery System	UTI Wound Infections	ADL's
	Handover	Failure to Rescue	Pain
		Sepsis	Symptom Resolution
		DVT	
		CNS complications	
		LOS	
		Metabolic Derangement	

Systematic Review and Meta Analysis

Objective: To examine the association between RN's staffing and patient outcomes in acute care hospitals.

(Kane, Shamliyan, Mueller, Duval, Wilt, 2007)

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Study Selection: 28 studies

Conclusions: Studies did show ***associations*** between increased RN staffing and lower odds of hospital related mortality and adverse patient events.

BUT *patient and hospital characteristics, including hospital's commitment to quality care, were likely to contribute to the actual causal pathway*

(Kane, Shamliyan, Mueller, Duval, Wilt, 2007)

NSO Ambulatory Cancer

- Wide variations between sites (NCPES)

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- Wide variations between sites (NCPES)
- Aim to focus on outcomes over process and improve quality and scrutiny
  1. Effectiveness (Symptom Control) – Nausea and vomiting; oral complications; fatigue/weakness; depression; signs of infection; pain and irritation at injection site.
  2. Safety: Chemotherapy Administration – extravasation and pain
  3. Experience of Care – support to manage symptoms and waiting.

Self Report Tool

B. How are you feeling and how are we doing?

Please look at the list of symptoms below, which are commonly experienced by people undergoing cancer chemotherapy. Tell us which symptoms you experienced since your last chemotherapy treatment. If you experienced a symptom, please tell us how severe the symptom was by ticking the boxes.

B1 Since you last chemotherapy have you experienced...

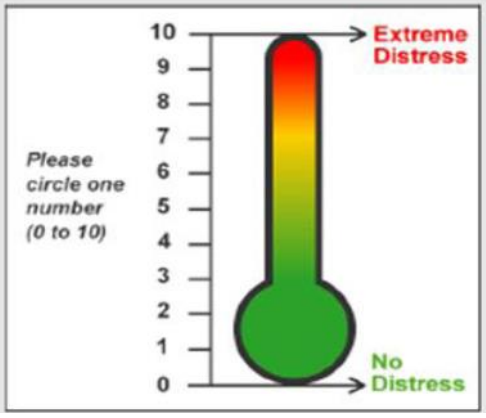
	None	*Mild*	*Moderate*	*Severe*
Nausea	☐ 1	☐ 2	☐ 3	☐ 4
Vomiting	☐ 1	☐ 2	☐ 3	☐ 4
Pain and irritation at the injection / infusion (needle) site	☐ 1	☐ 2	☐ 3	☐ 4
Problems with mouth or throat (e.g. sore or dry mouth/throat, mouth ulcers)	☐ 1	☐ 2	☐ 3	☐ 4
Feeling weak	☐ 1	☐ 2	☐ 3	☐ 4
Signs of infection (e.g. feeling unusually hot or cold, flu like feelings, high temperature, pain when urinating)	☐ 1	☐ 2	☐ 3	☐ 4
Feeling unusually tired	☐ 1	☐ 2	☐ 3	☐ 4
Feeling low or depressed	☐ 1	☐ 2	☐ 3	☐ 4

B3 Please tell us about the support you receive to manage your symptoms

	Yes	*Somewhat*	*No*
Do the nurses who give you chemotherapy ask you about your symptoms?	☐ 1	☐ 2	☐ 3
Are the nurses who give your chemotherapy aware of the severity of the symptoms?	☐ 1	☐ 2	☐ 3
Are the nurses who give your chemotherapy providing useful information to manage your symptoms?	☐ 1	☐ 2	☐ 3
Are the nurses who give your chemotherapy providing practical advice to manage your symptoms?	☐ 1	☐ 2	☐ 3
Are you confident in your ability to manage the symptoms you are experiencing?	☐ 1	☐ 2	☐ 3

B4 How are you doing overall?

Please circle the number (0-10) on the 'thermometer' to the right, that best describes how much distress you have been experiencing in the past week including today.



Results

Analysed 2466 Self Reported Questionnaires from 5 Health Trusts and 5 smaller units

90% identified as being of white ethnicity

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Results

- Analysed 2466 Self Reported Questionnaires from 5 Health Trusts and 5 smaller units
- 90% identified as being of white ethnicity; 43% - Diagnosis - Breast, Colo-Rectal, Lung, Gynae and Haem – majority Breast
- **Overall** –
  - substantial levels of adverse symptoms 43% Mod-Severe Nausea
  - large numbers of patients perceived that support to manage symptoms could be improved (wide variation)
  - 23% reported moderate to severe pain or irritation at infusion site
  - Large numbers of patients in most centres (40%) said they sometimes or always waited an unnecessary amount of time for TMT

Discussion.....Recommendations

- Clinical staff and managers found the feedback and data helpful

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- Need to get patient and medication data - ? From other sources
- Encourage the development of a benchmarking database

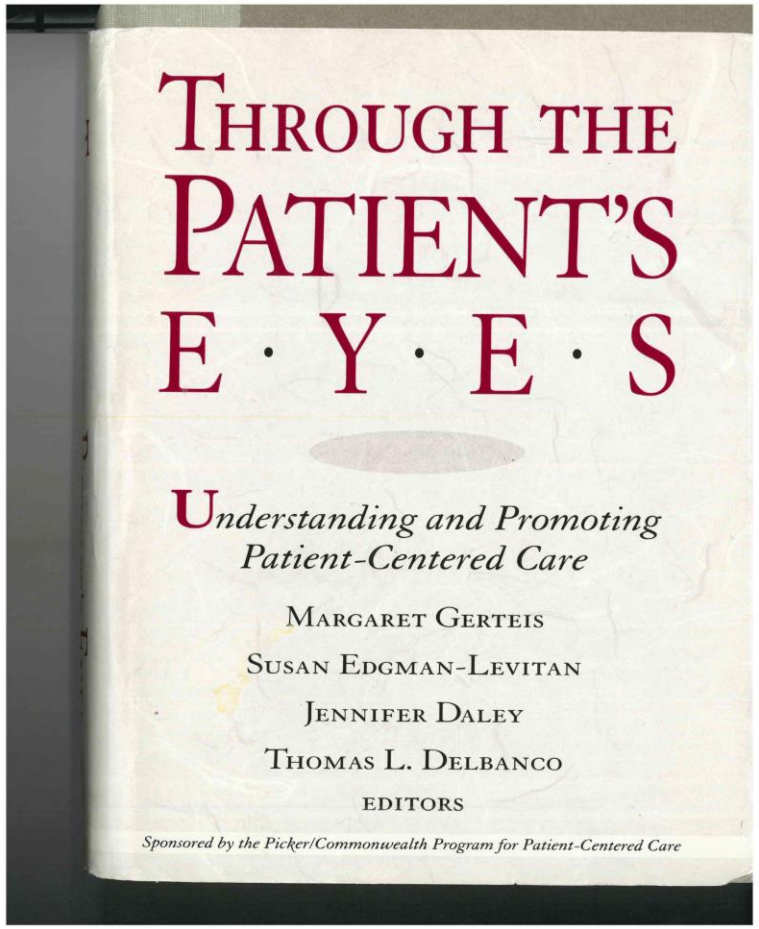
Person Centred Outcomes

- Literature review on NSI outcomes as part of larger study – to develop a set of indicators that provides a balanced view of nursing and its contribution to patient outcomes
- Most large research use AE as outcomes
- Nursing sensitive outcomes **can** have the potential to measure outcomes of nursing – **but** to do this they must focus upon more than adverse event data.
- Needs to be more of a focus on patient centred care and look at process measures

Sim, Crookes, Walsh K (2010) Nursing sensitive outcomes: identifying a definition, exploration of conceptual challenges and an overview of the literature. Aust&NZ Council of Chief Nurses (ANZCCN) Nursing Research Symposium, Melbourne,

Nurses as Champions of Patient Centred Care….

- Respect for **patient values**, preferences, and expressed **needs**
- **Coordination** and integration of care
- **Information,** communication, and **education**
- **Physical comfort**
- **Emotional Support** and alleviation of fear and anxiety
- **Involvement of family and friends**
- **Transition and continuity**



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Health Outcomes Measures……Hospital KPI's

1. Survival
2. Ability to function
3. Duration of care
4. Discomfort and complications
5. Sustainability of recovery

1. Emergency Department Access and Wait Times
2. Elective Surgery Wait times
3. Length of Stay
4. Budgets
5. Staffing costs

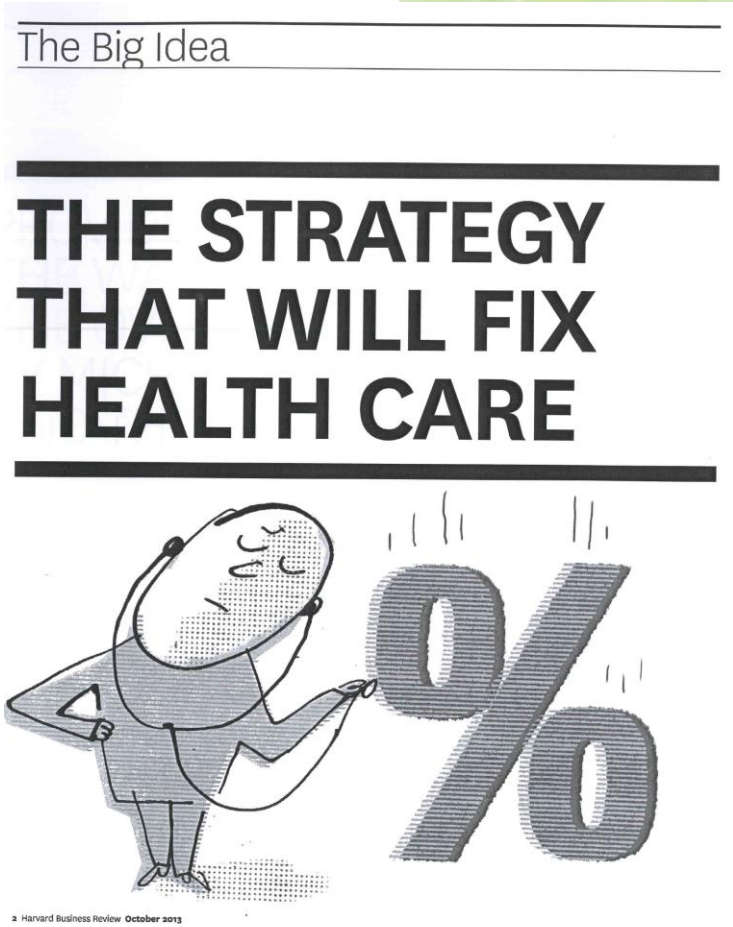
Kaplan & Porter, How to solve the Cost Crisis in Health Care, HBR, 2011

Fundamental changes.....

"Much of what has been tried in health care has not created value"

"..simply squeezing dollars and looking at efficiency has not contained cost nor added value…"

Porter M, Lee T, The Strategy that will fix Health Care, HBR, October 2013



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- EBP- Best Practice Guidelines

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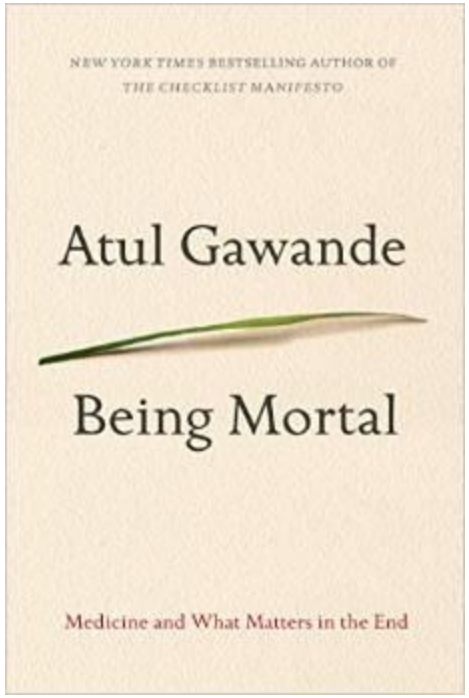
- Identify and validate reliable outcome indicators and measurement tools – complexity and patient outcome measurea

The 3rd Healthcare Revolution

"Getting high value health requires public debate about where budgets are spent, according to what people value"

Establishing a new NORM.....



Final Word.....

"Nursing would be best positioned to influence the shape of health care if it combines the quest for holistic and patient centred care with science based advocacy and evidence based skepticism about any kind of reform that does not fundamentally **change the organisation and culture of health care.**"

Aiken, Economics of Nursing, 2008

Thank You