Lessons from the Field

Session 3

Presenters

- **Stephen Mitchell RN, MPA, MHP**
  - Director of Clinical Administration, NAVOS
- **Dan Otter, RN, MPH, BSN**
  - Nurse Care Manager, Valley Cities Behavioral Health Care
- **Dorene Hersh, RN, MN**
  - Chief Nursing Officer, Public Health Seattle-King County

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Learning Objectives

- Learn about real world strategies and dilemmas in hiring and training nurses in expanded and innovative roles

- Learn about educational strategies for addressing workforce challenges

Lessons from the Field

Stephen Mitchell RN, MPA, MHP
Director of Clinical Administration

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Role of Nurses in Whole-Person Care

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- Nurse Care Manager- King County Public Health
  - Leads our Team WIN (Wellness Integration at Navos)
  - Case load of 50 patients
- Nurse Care Manager- Navos
  - To support the patients inside our adult outpatient programs (not in Team WIN)
  - Coordinating referrals & making connection with patient's outside primary care providers
- Director of Outpatient Nursing leading the Metabolic Syndrome Clinical Pathway

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Team Structure and Target Populations

- Team WIN
  - Bimonthly meeting lead by the KCPH NCM
  - PCP, Psych Provider, MH Case Manager, SUD, Pharmacy, Navos NCM
  - Schedule structured for MH Case Manager to attend
- Target Population
  - High ED utilization
  - High A1Cs and BPs

Successes and Outcomes

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ED Utilization

- Patients having at least one ED visit in a six month period (baseline 46 patients)
  - June 2016-36
  - December 2016-17
  - June 2017-18

- Patients having three or more ED visits in a six month period
  - June 2016-16
  - December 2016-8
  - June 2017-5

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Lessons Learned

- Dueling EHRs
  - Incorporation of a registry sooner
  - Currently working on a project to mine quantitative data between both organizations using i2i tracks

- Incorporation of Nurse Care Managers into Integrated Care Committees

Lessons From the Field

Dan Otter, RN, MPH, BSN
Nurse Care Manager

Valley|Cities
Behavioral Health Care

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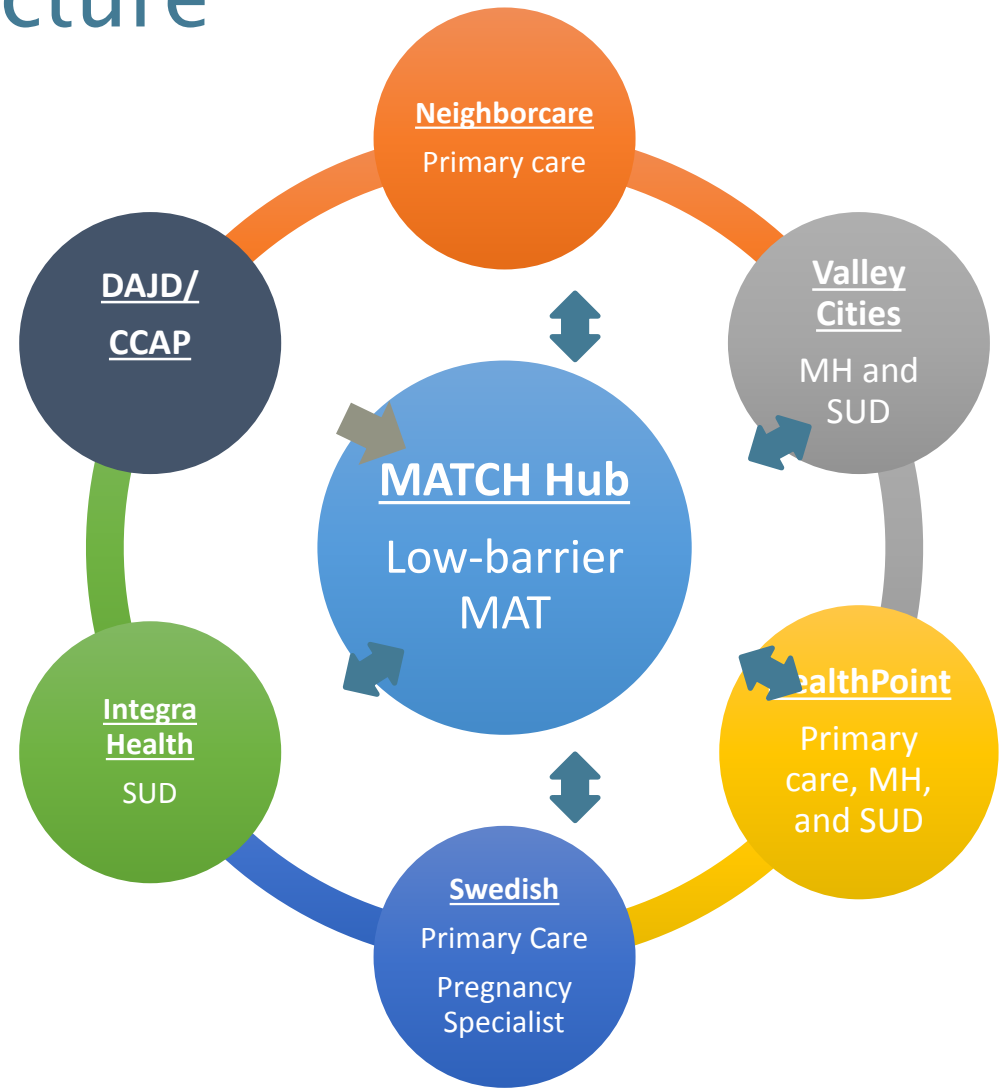
Valley Cities H&S Structure

Valley|Cities Behavioral Health Care



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Valley|Cities
Behavioral Health Care

Team Structure

Nurse Care Manager

- Initial Assessment
  Follow ups
- Urine Drug Screens
- Medication management
- Outreach

Care Navigators

- Transfer stabilized clients to spokes
- Keep clients at spokes
- All the difficult, social-worky stuff
- Outreach

Program Manager

- Programmatic oversight
- Manages care navigators

Medical Doctor

- Brief in-person client assessment within 1 week of induction
- Prescribes medication
- Available to RN for consultation

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Target Population and Low-barrier Model

Valley|Cities Behavioral Health Care

- The Hub aims to serve people who struggle in traditional MAT models
- Harm Reduction, Bup-First Principles
  - Minimal exclusion criteria
  - Same day prescription for home induction
  - Ongoing polysubstance use OK
  - No requirement for psycho-social treatment
- Non-stigmatizing environment
- Intensive case management to help stabilize clients

http://www.aatod.org/guidelines-for-addressing-benzodiazepine-use-in-opioid-treatment-programs-otps/

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Valley|Cities
Behavioral Health Care

Successes and Outcomes

- Since August 31st:
  - 58 Bup inductions, 2 Vivitrol
  - Four transfers
  - 48% retention rate
- Most clients express desire for SUD and/or MH services, though not always right away
- Decrease in concurrent substance
- Clients express appreciation for non-stigmatizing approach and feel they can be honest
- Two instances of diversion concern

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Valley|Cities
Behavioral Health Care

Lessons Learned

- This model would not be possible without grant funding
- Establishing transfer process to Spokes is complex
  - Prescriber hesitancy?
- 30 prescription waiver is a significant limitation
- One RN estimated capacity:
  - Six intakes/week
  - 40-60 clients?
- Scheduled intakes: <50% show rate.
  - Walk-in only approach better?

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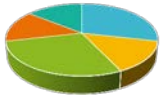
Ambulatory System Support for Education and Training (ASSET)

Dorene Hersh, RN, MN, Chief Nursing Officer, Public Health Seattle-King County

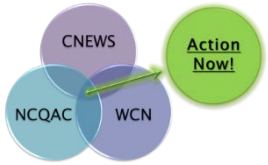
Antwinett O. Lee, EdD, MSN-CNS, RN, Associate Dean, Undergraduate Nursing, Seattle Pacific University

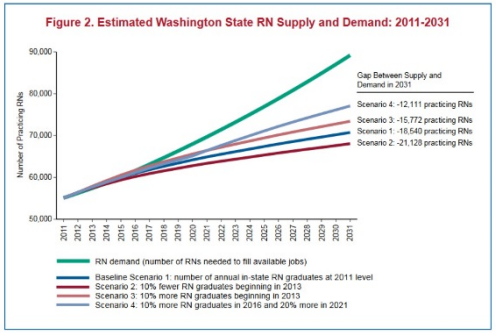
Perfect Storm

n = 14 nurses



60+ years 56 - 59 years 45 - 55 years 40 - 44 years 26 - 37 years

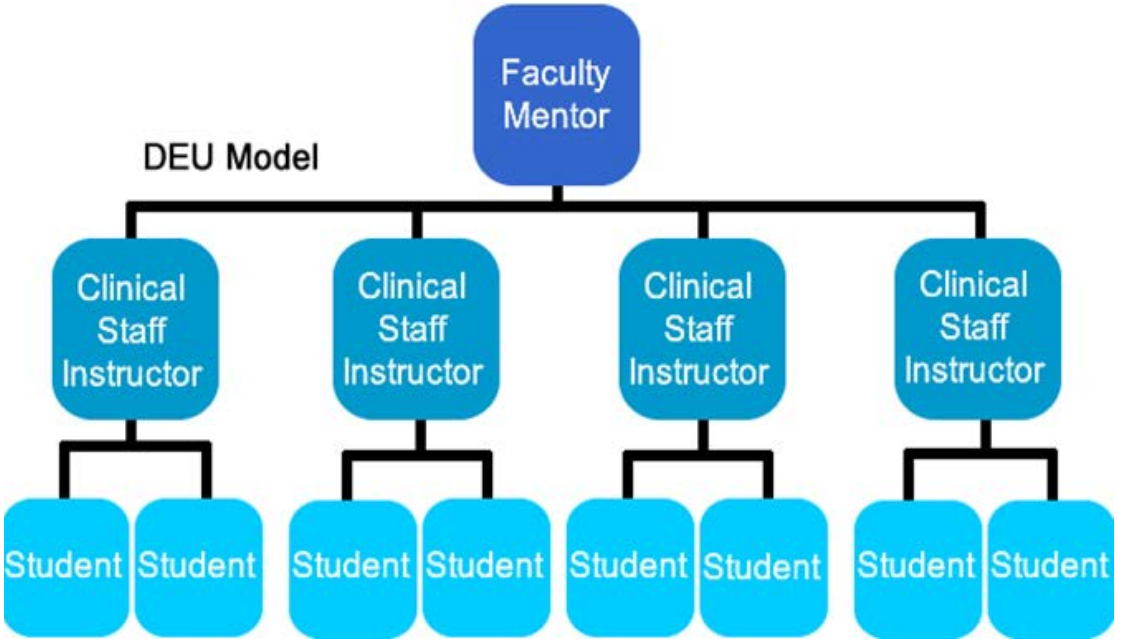




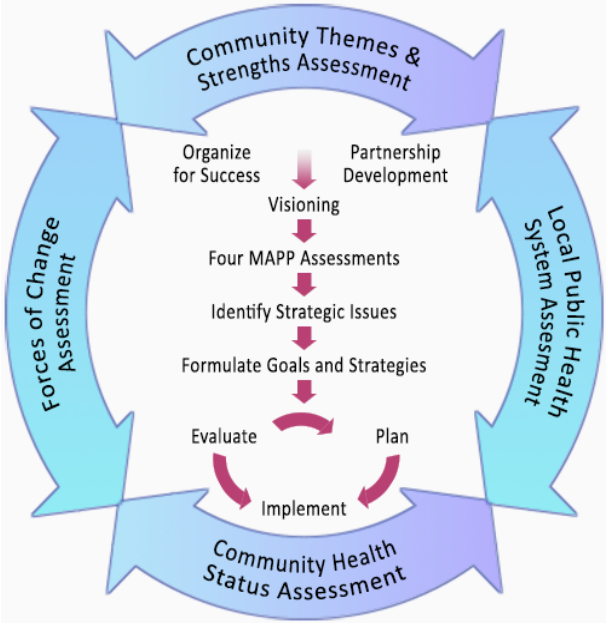
Nurse Residency Program

- Key component of succession-planning
- Evidenced-based approach
- Use to standardize roles for nursing
- Barriers to hosting students in primary care clinics
- Strengths of community health clinics
- Trauma-informed care

Dedicated Education Unit (DEU) Model



DEU Fit with Nurse Education, Practice, Quality and Retention (NEPQR) HRSA Grant



- Recruitment and training of nursing students and current nurses in community-based primary care teams
- Sustainable primary care nursing workforce
- Improved partnership between Seattle Pacific University (SPU) nursing students and Public Health-Seattle & King County Nursing workforce

Benefits for Students and Public Health

- Develops clinical reasoning and a spirit of inquiry
- Promotes a learning culture
- Improves partnerships between nursing students and public health clinicians
- Increased retention rates for current Public Health Nurses (PHNs) and recruitment for future Ambulatory PHNs.
- Increased pass rates on the National Council Licensure Examination for Registered Nurses (NCLEX-RN)

Goals

- Improve the health outcomes of our clients
- Create a Nurse Residency Program to standardize nursing practice, with nurses practicing the top of their licensure
- Secure succession-planning for our aging workforce
- Become a trauma-informed training ground for CHCs through expanded partnerships with other schools of nursing

Establish PHSKC as training center of excellence for community-based ambulatory care nurses working with medically underserved populations

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