Facilitating the Nursing Role Transformation in PACTs
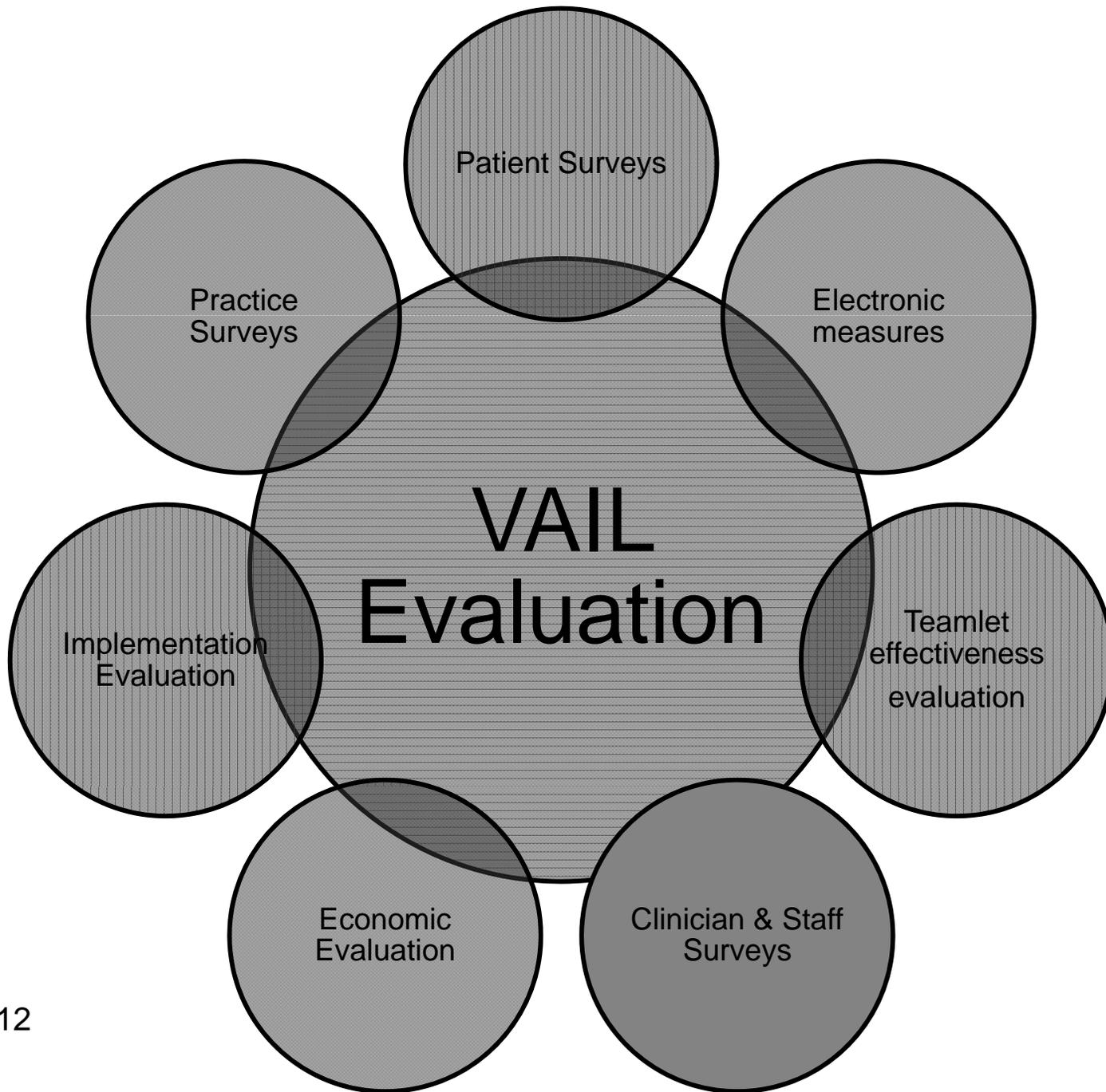
Lisa Meredith, PhD

RAND Corporation

VA HSR&D Center for the Study of Healthcare Provider Behavior

PACT Demo Lab Cyberseminar

August 15, 2012

Sensitive Information – Please do not cite or circulate –

PACT Clinician and Staff Surveys

- Track changes in clinician and staff knowledge, attitudes, and reported behaviors related to PACT and VAIL implementation
  - Important for efficient redesign of care processes, identification of "best practices"
- Early and later 18-month follow-up surveys
  - First wave replaced last VOVA
  - Formative feedback, pre-post changes, VAIL vs. no VAIL, factors associated with changes

PACT Clinician and Staff Surveys

- VISN22 health professionals
  - primary care clinicians (MDs, NPs, PAs, excluding residents)
  - other clinical staff based in primary care (RNs, LVNs, MH professionals, pharmacists, health educators, and dietitians)
- First wave 11/29/11-3/9/12
- Median completion time 20-22 minutes

Response Rates

- Overall: 63%
  - Primary care clinicians (PCCs): 54%
  - Other primary care staff: 70%

- Other staff by job category:
  - ***RN: 79%***
  - NBHD: 76%
  - LPN/LVN: 68%
  - Clerk/HT/MA/NA: 64%
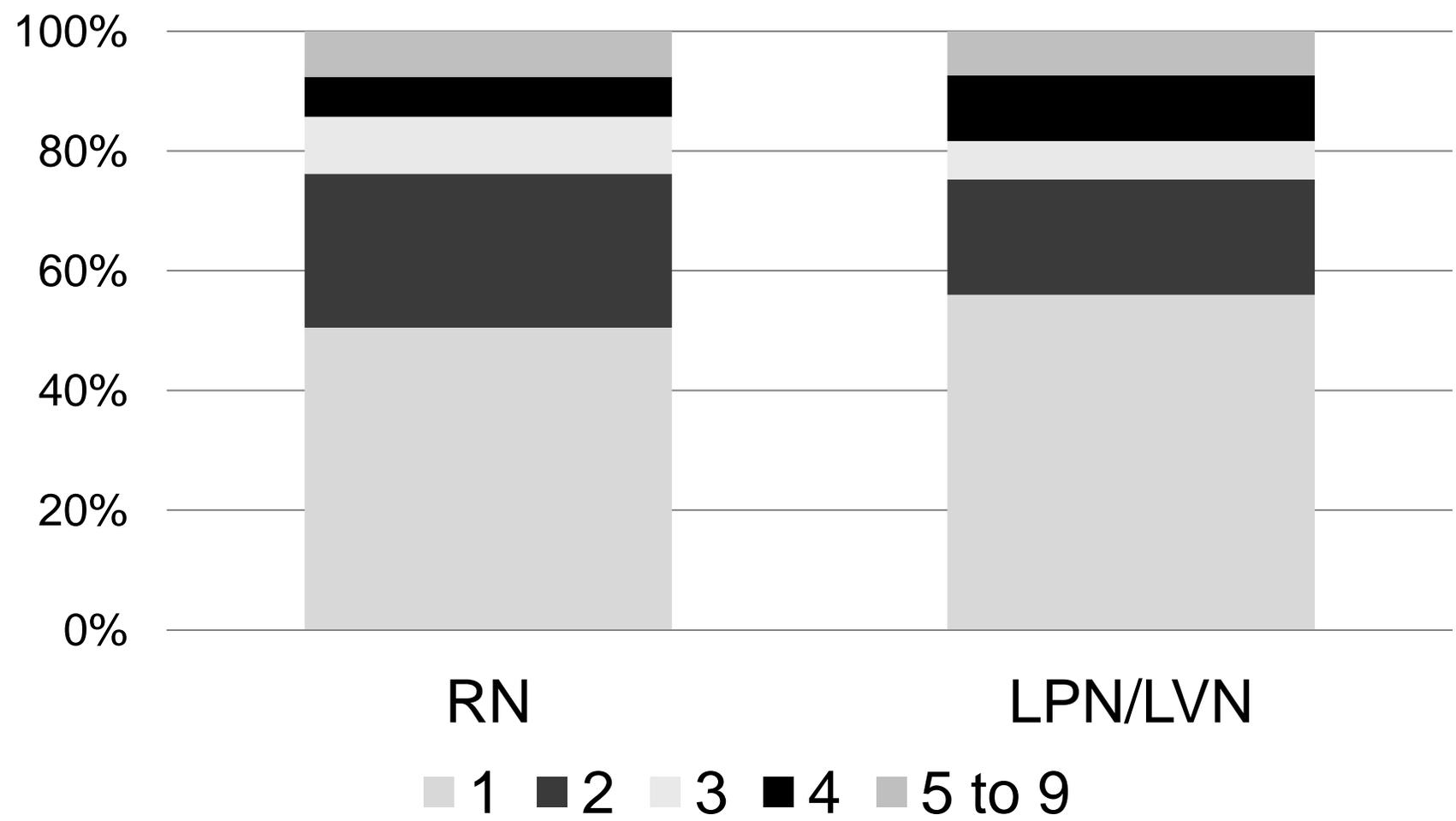
Demographics and Years in Clinic

Provider Characteristic	MD (N=132)	NP (N=55)	RN (N=108)	LPN/LVN (N=113)
% Female	37	86	83	80
% Latino	5	6	10	25
% Non-White	50	48	56	69
Mean Age	49	52	49	44
Mean Years in Clinic	12	10	6	6

Members of a Teamlet

Chart legend: Yes, No, Don't know

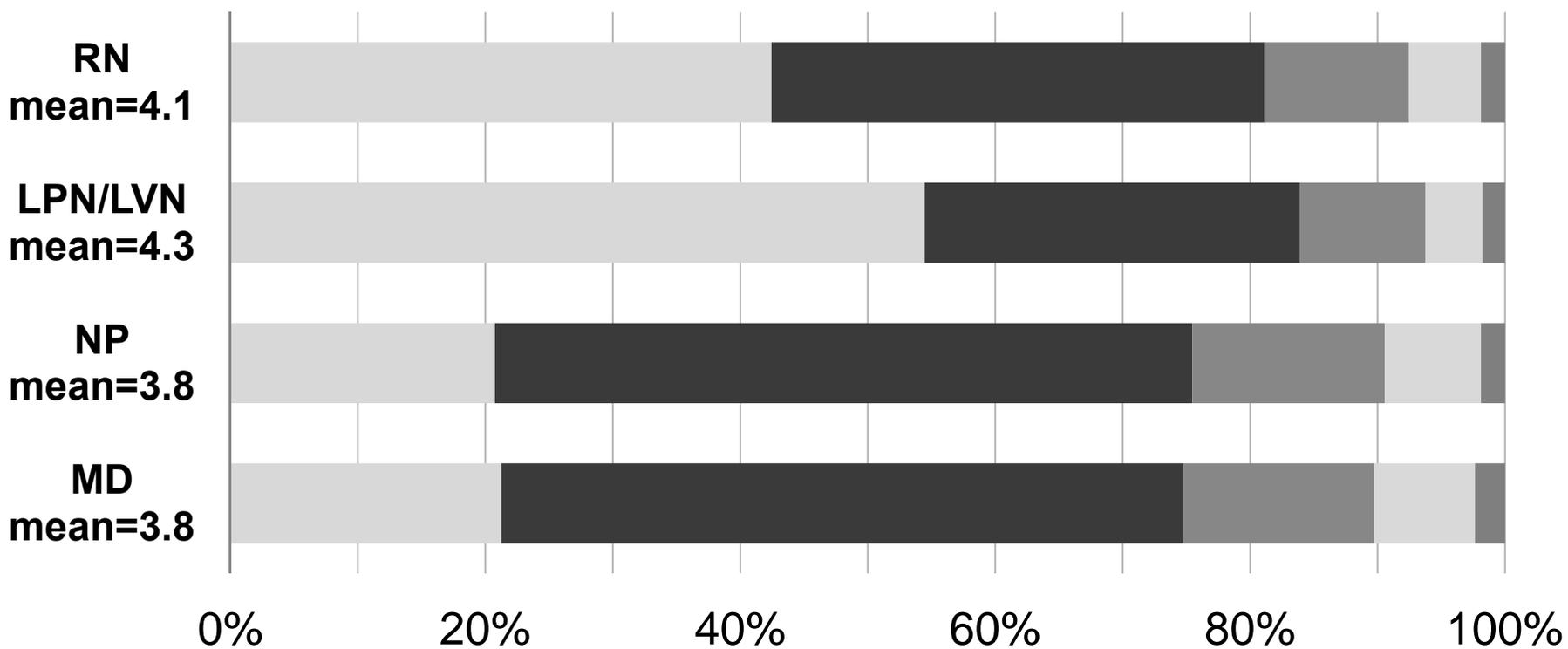|	MD	NP	RN	LPN/LVN
Yes	~86%	~82%	~97%	~97%
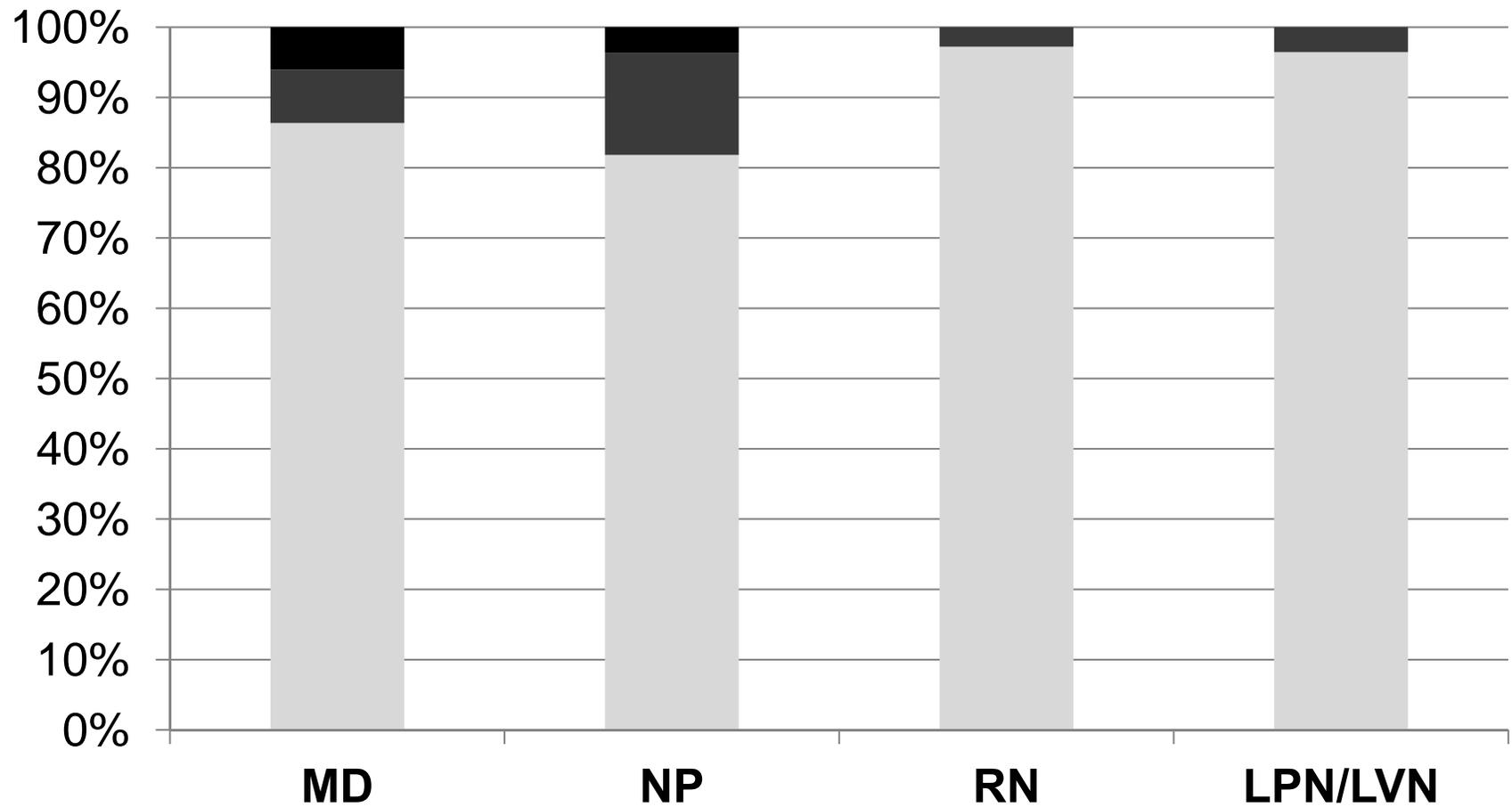
Number of Teamlets You Support

Team Perceptions Differ by Job

Everyone in this team has the special skills that are needed for team work

■ Strongly Agree   ■ Agree   ■ Neither   ■ Disagree   ■ Strongly Disagree
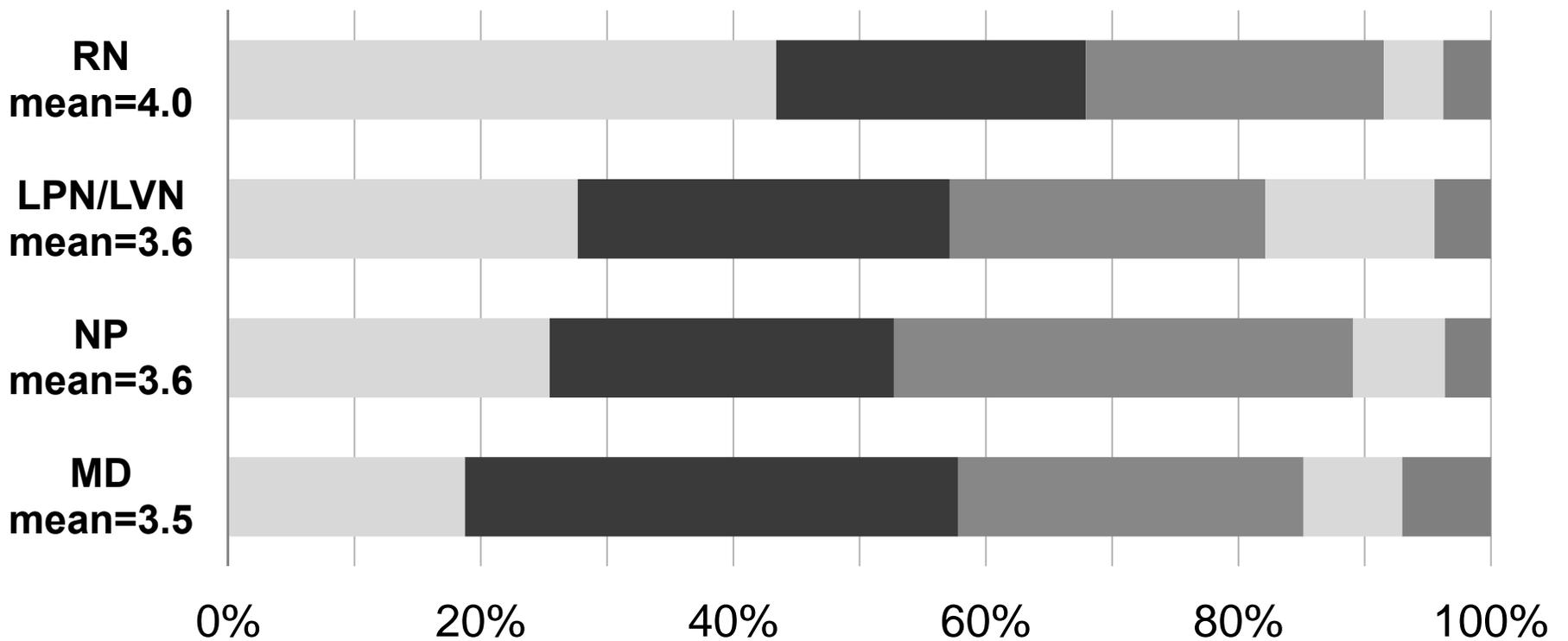

Sig across jobs above, p<.05; no sig diff between RNs and LPN/LVNs

Readiness for PACT Differs by Job

There are some tasks expected of my role in PACT that I don't have time for

Strongly Agree ■ Agree ■ Neither ■ Disagree ■ Strongly Disagree

RN
mean=4.0

LPN/LVN
mean=3.6

NP
mean=3.6

MD
mean=3.5

0%   20%   40%   60%   80%   100%

RNs sig. higher than other jobs above, p<.05

Components of Burnout

α=.90 (total scale)

Emotional Exhaustion	Cynicism	Professional Efficacy

Emotional Exhaustion	Cynicism	Professional Efficacy
Emotionally drained from work	*Doubt significance of work*	*Exhilarated when accomplish something at work*
Feel used up at end of workday	*Less enthusiastic about work*	Have accomplished many worthwhile things on the job
Working w/people all day is a strain	*Just want to do job and not be bothered*	*Good at job*
Burned out from work		
Fatigued when get up in morning to face another day at job		
Frustrated by job		
Working too hard on job		
Working with people directly is too stressful		
α=.92	**α=.68**	**α=.59**

Burnout Differs By Job Type

(Total burnout scores can range from 0 to 90)
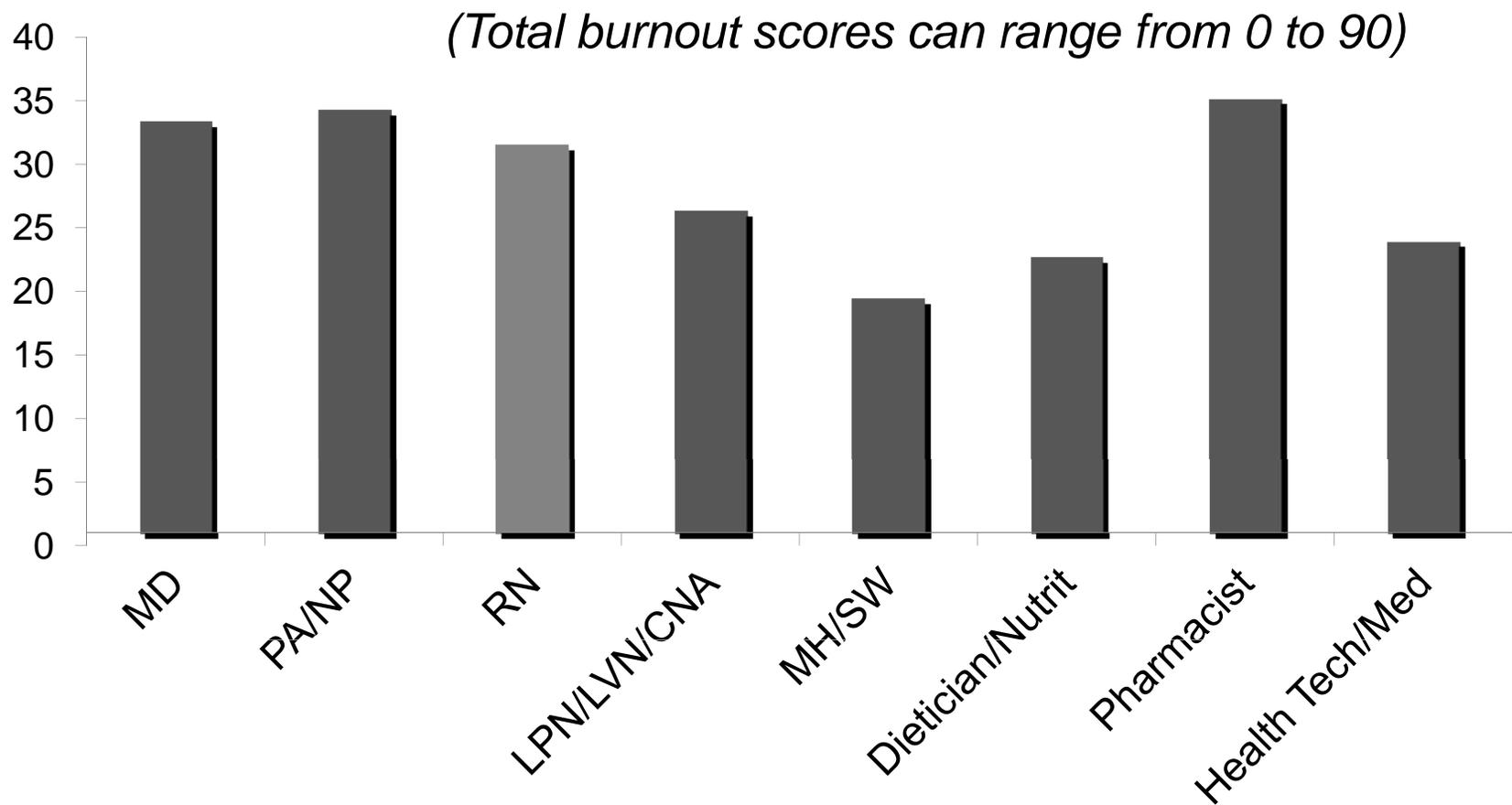
p<.001

VAIL-PACT VISN22

Emotional Exhaustion Differs By Job Type
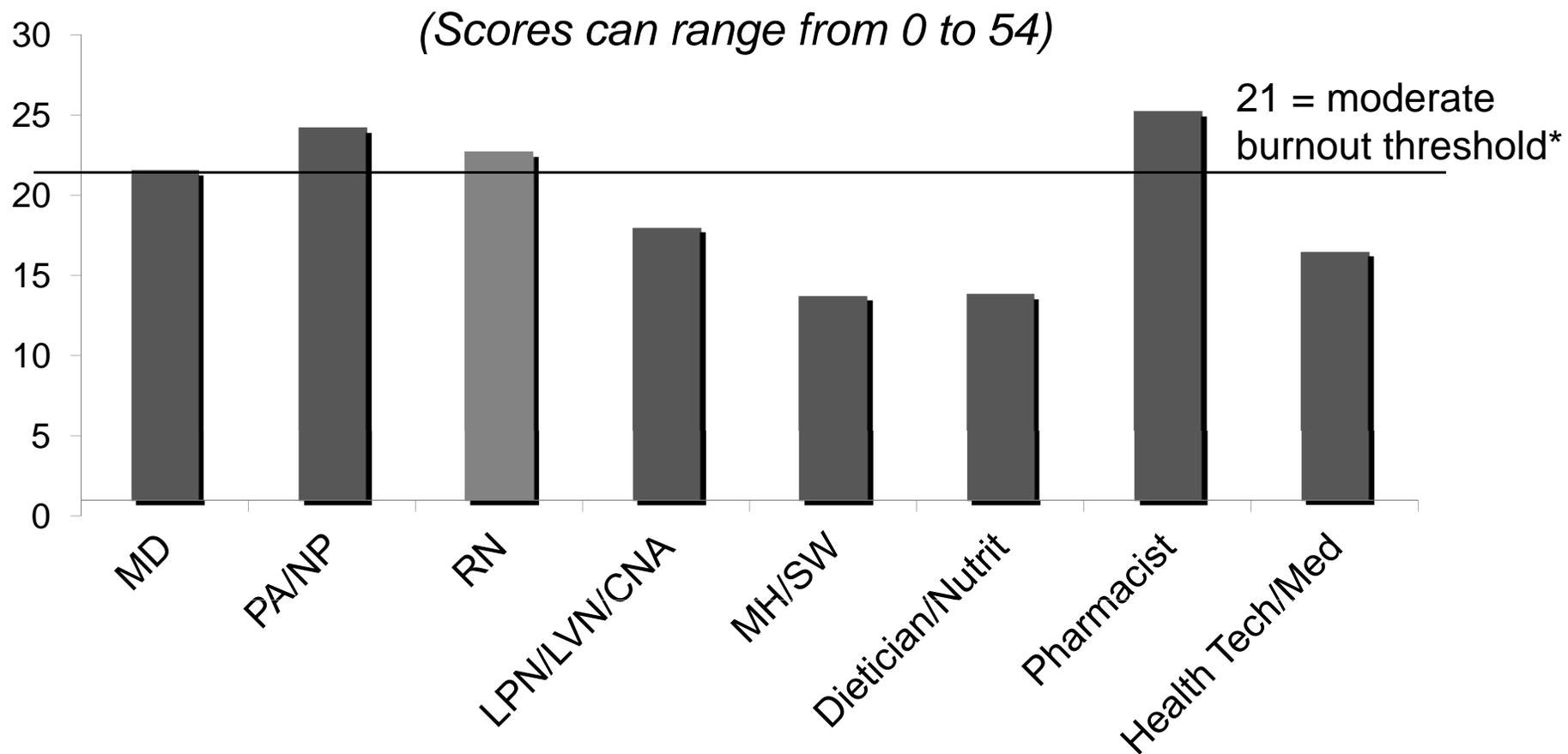
(Scores can range from 0 to 54)

21 = moderate burnout threshold*

Job types (x-axis): MD, PA/NP, RN, LPN/LVN/CNA, MH/SW, Dietician/Nutrit, Pharmacist, Health Tech/Med

VAIL-PACT VISN22

p<.001

*adjusted, based on normative sample of healthcare workers, Maslach et al., 1996

Cynicism Differs By Job Type

(Scores can range from 0 to 18)

4 = moderate
burnout threshold*

Chart: Cynicism scores by job type, y-axis 0–7

- MD: ~6.2
- PA/NP: ~5.5
- RN: ~5.6
- LPN/LVN/CNA: ~4.6
- MH/SW: ~2.9
- Dietician/Nutrit: ~3.7
- Pharmacist: ~4.7
- Health Tech/Med: ~3.4

p<.01

*adjusted, based on normative sample of healthcare workers, Maslach et al., 1996

Professional Efficacy Differs By Job Type

(Scores can range from 0 to 18; High scores indicate higher burnout)

5 = moderate burnout threshold*

Chart categories: MD, PA/NP, RN, LPN/LVN/CNA, MH/SW, Dietician/Nutrit, Pharmacist, Health Tech/Med
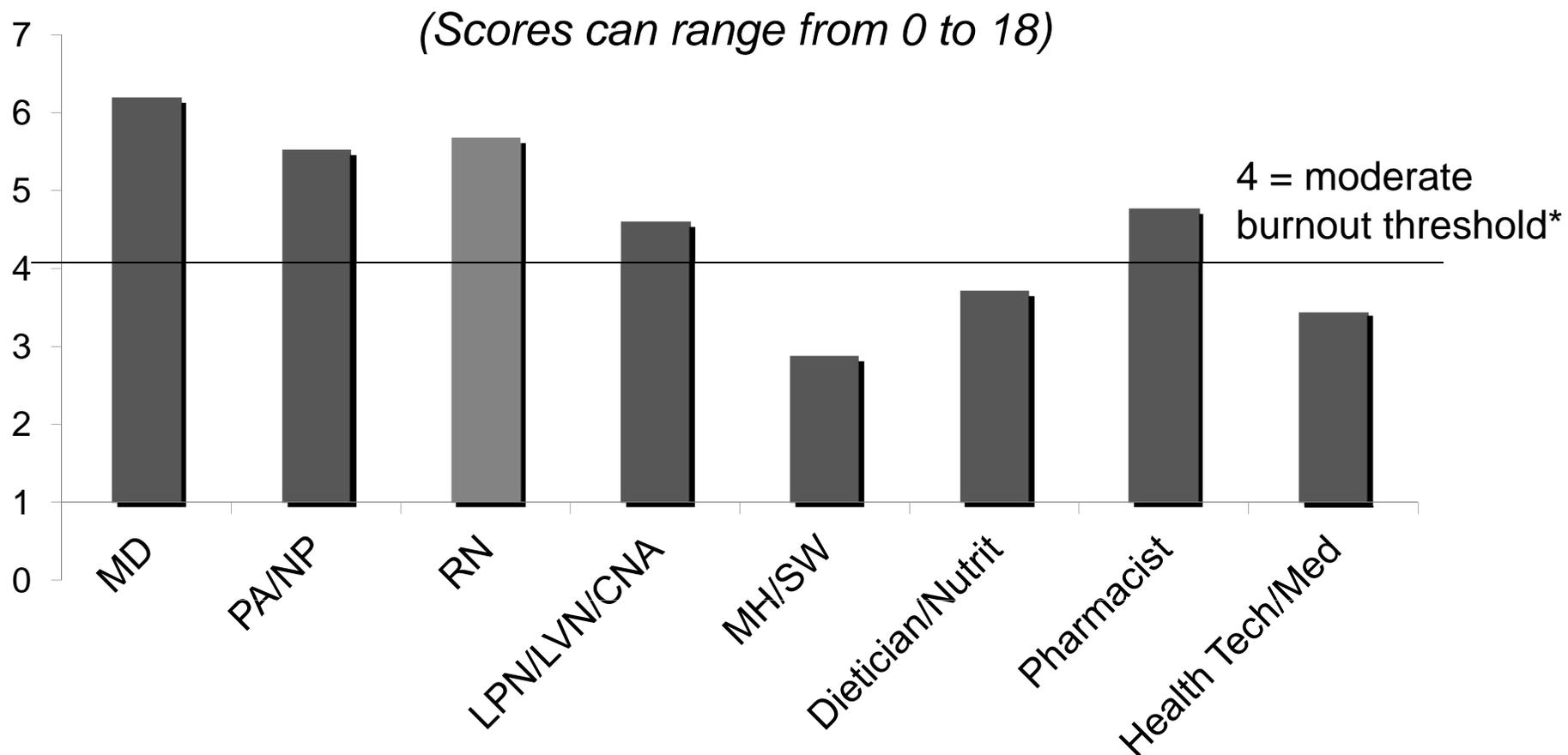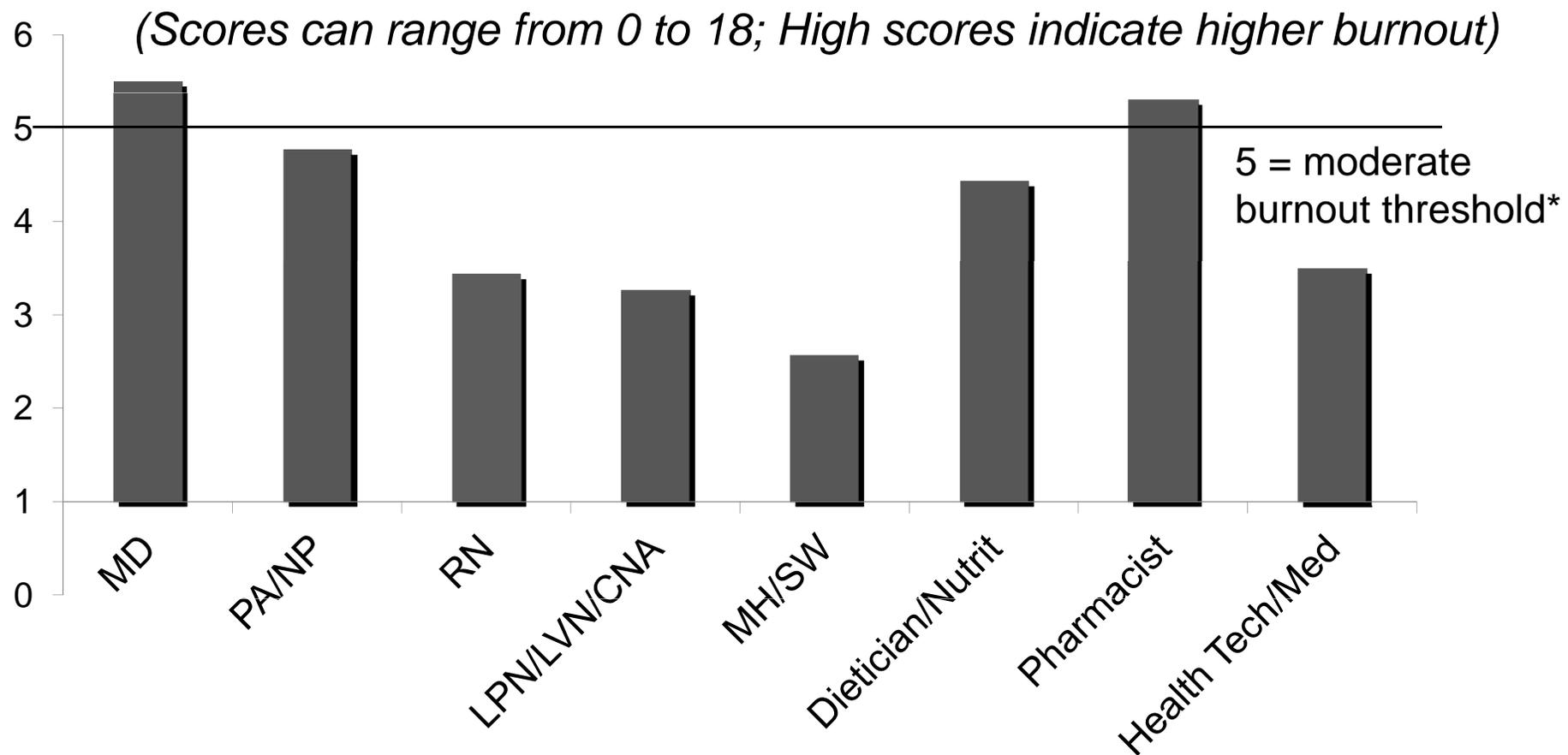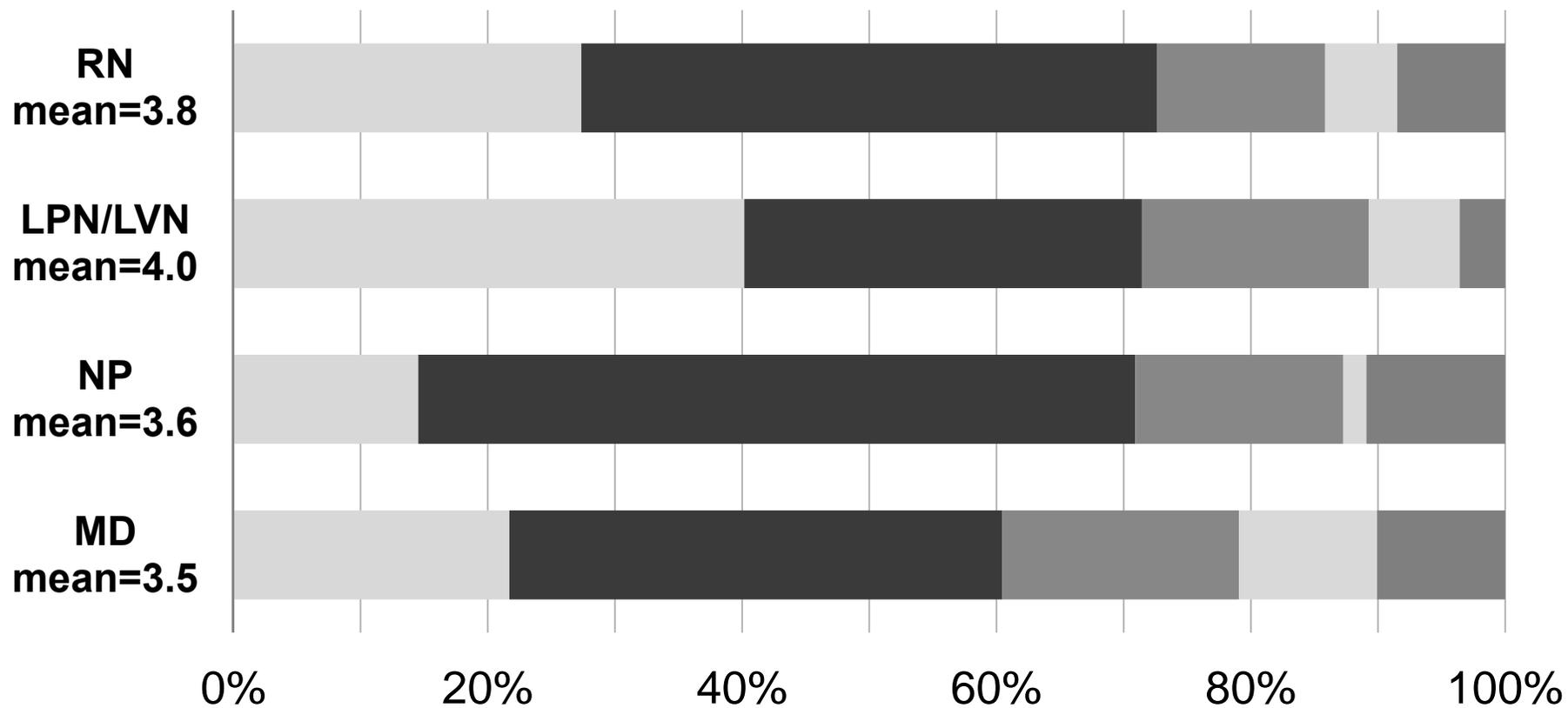
P<.001

VAIL-PACT VISN22

15

*adjusted, based on normative sample of healthcare workers, Maslach et al., 1996

Job Satisfaction Differs Across Job Types

Overall, I am satisfied with my job

■ Strongly Agree ■ Agree ■ Neither ■ Disagree ■ Strongly Disagree

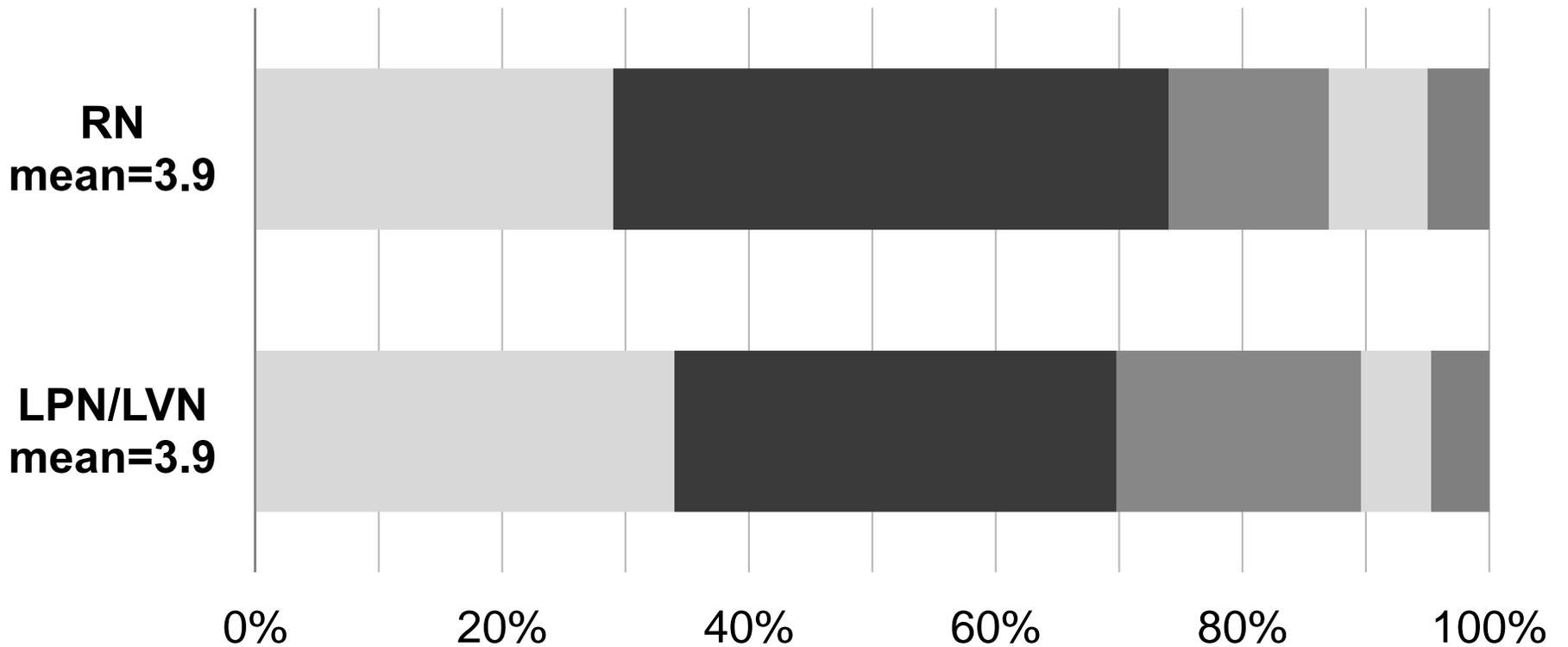Sig across jobs above, p<.05; no sig diff between RNs and LPN/LVNs

16

No Differences in Teamlet Satisfaction

Overall, I am satisfied with how my teamlet members work together.

■ Strongly Agree   ■ Agree   ■ Neither   ■ Disagree   ■ Strongly Disagree

RN mean=3.9

LPN/LVN mean=3.9

0%   20%   40%   60%   80%   100%

No sig diffs; no comparisons with MD and NP since question wording differs

PACT Activities: RNs and LPN/LVNs

- **Exposure**
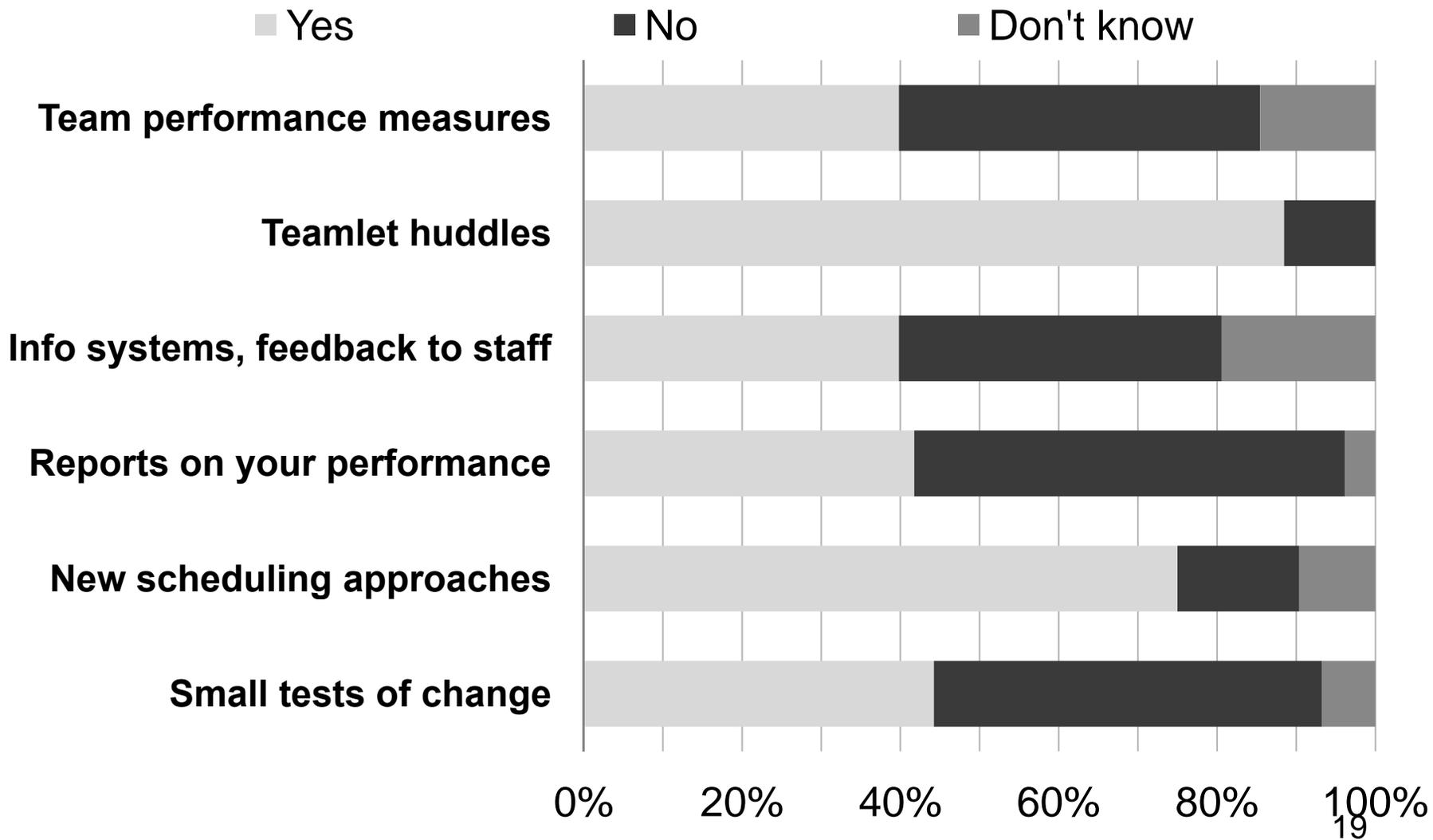 - RNs *less likely* to be using new measurement tools to assess teamlet performance (p<.05)
  - RNs *more likely* to be in clinic using information systems to provide PACT feedback to staff (p<.01)

- **Perceived helpfulness**
  - No differences between RNs and LPN/LVNs
  - LPN/LVNs and RNs report new scheduling approaches as more helpful than reported by PCCs (p=.058)

RN: Exposure to PACT activities

LPN/LVN: Exposure to PACT activities

Legend: ■ Yes ■ No ■ Don't know

Categories (top to bottom):
- Team performance measures
- Teamlet huddles
- Info systems, feedback to staff
- Reports on your performance
- New scheduling approaches
- Small tests of change

X-axis: 0%, 20%, 40%, 60%, 80%, 100%
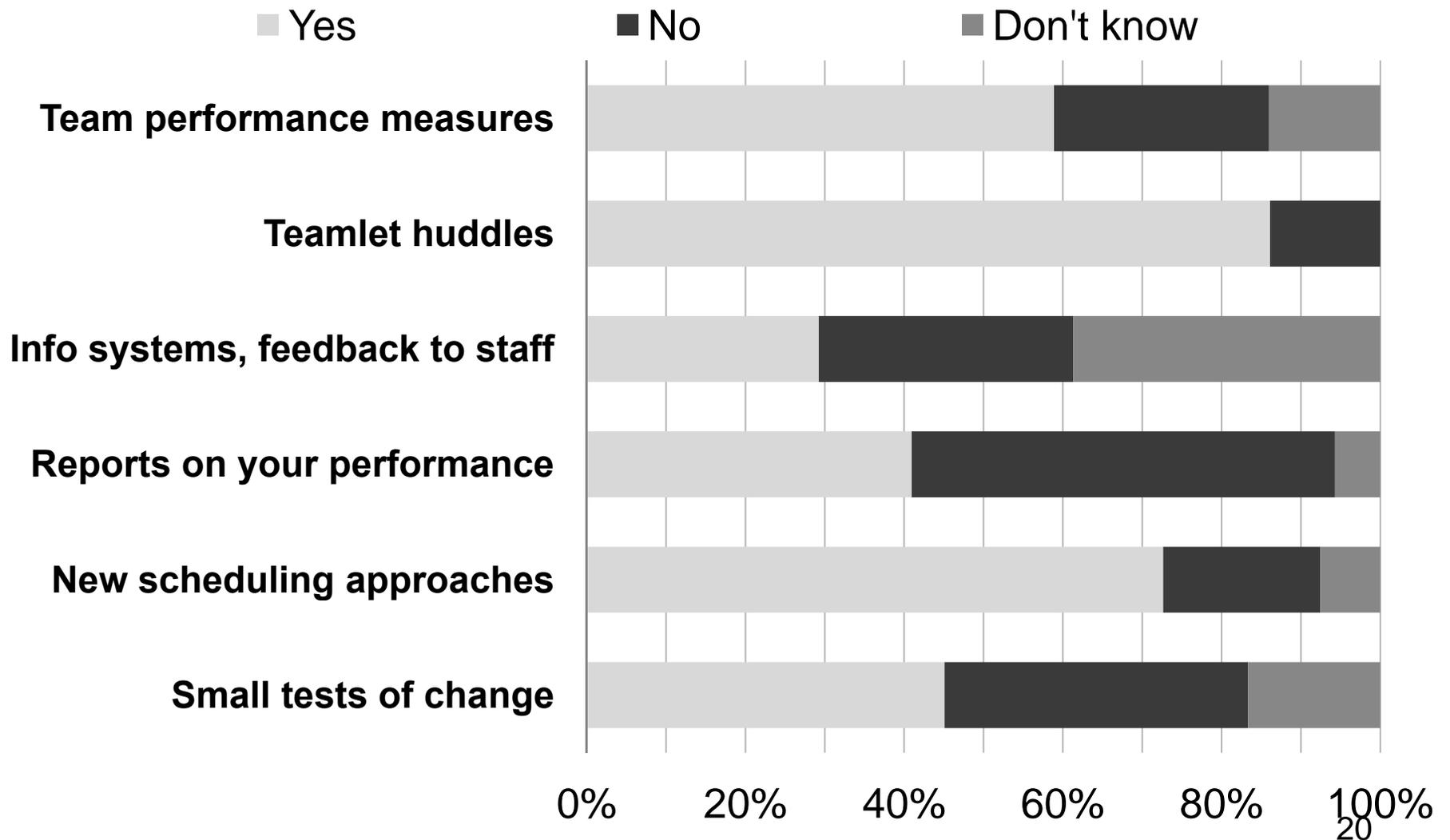
RN: Perceived Helpfulness of PACT activities

■ Very helpful   ■ Somewhat helpful   ■ Not helpful at all

Team performance measures

Teamlet huddles

Info systems, feedback to staff

Reports on your performance

New scheduling approaches

Small tests of change

0%   20%   40%   60%   80%   100%

LPN/LVN: Perceived Helpfulness of PACT

■ Very helpful   ■ Somewhat helpful   ■ Not helpful at all

Team performance measures

Teamlet huddles

Info systems, feedback to staff

Reports on your performance

New scheduling approaches

Small tests of change

0%   20%   40%   60%   80%   100%

Comments

- Generally, "vision of PACT is understood" and supported: e.g., "PACT training has been a huge help for our clinic," huddles

- "System is overloaded": insufficient staffing for PACT teams, lack of clerical support, schedules more inflexible, resentment over increased responsibilities

- "Performance measures have become more important than patient care"

- Leadership is disconnected/inconsistent (e.g., MD, nursing, and administrative); line staff concerns are not addressed

RN Comments

- "[I] am impressed with how nursing leadership has supported the drastic culture and operational change [PACT]brought to the VA. …The largest obstacle to being able to completely implement PACT and have nurses function at their highest level is the **lack of clerical support**. …I believe the clerks in the call center have little or no medical training and this is the root cause for clinical staff having to do their work over and over on a day to day basis."

- "The biggest issue I see with PACT is the **lack of clerical support.** We have worked very hard to get our teams functional, but without this piece it takes away from nursing and medical care as issues often are interrupted by needs such as copying records, faxing things, making routine appointments and non-clinical calls. Once this problem is rectified, PACT should work smoothly."

LPN/LVN Comments

- "No time or consideration has been placed in staffing, and number of providers assigned to have a successful PACT teamlet. Teamlets are set up but do not work together due to **staffing issues**. **Performance measures** have become more important than PACT."

- "As long as there is walk-in in the clinic, PACT team cannot be fully successful since it **takes a lot of time seeing more of walk-in patients**."

- "Need help in this clinic implementing PACT due to high number of attendings & residents… Nursing management is not able to tackle this **scheduling challenge**!"

Facilitating the Nurse Role Transformation in PACT

VISN 23 VHA Facilities
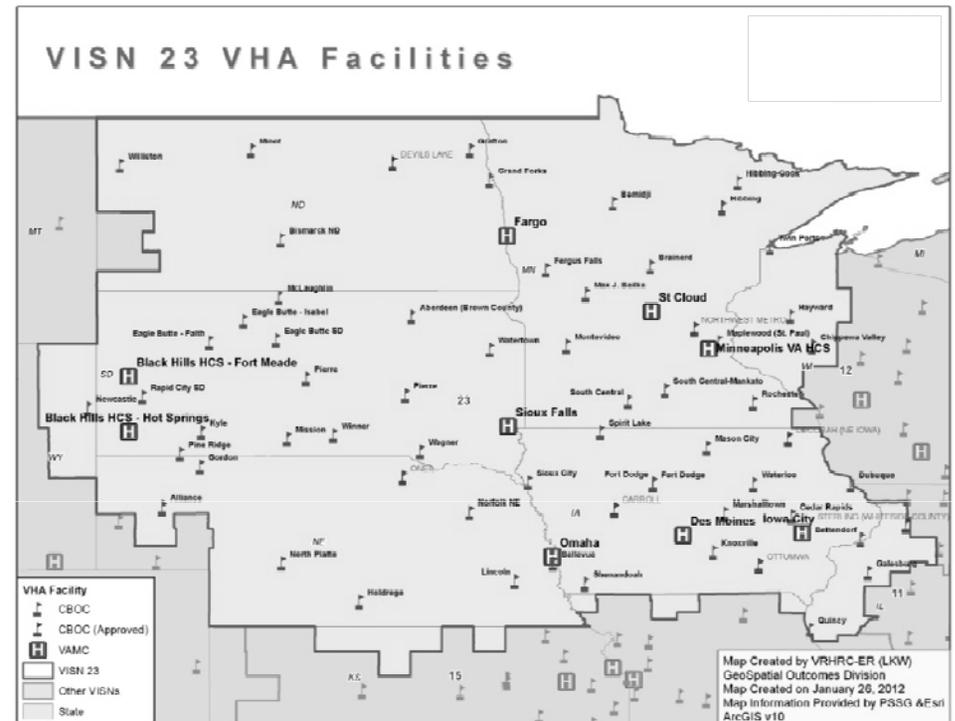
Greg L. Stewart, PhD

Bonnie J. Wakefield, PhD, RN, FAAN

VISN 23 PACT Demonstration Lab,
Iowa City VA Health Care System

PACT
PATIENT ALIGNED CARE TEAM

VISN 23 Demonstration Lab

- Lab Leadership:
  - Gary Rosenthal, MD, PhD, Director
  - David Katz, MD, MSc, Co-Director
  - Bonnie Wakefield, PhD, RN, Co-Director

- Evaluation includes 5 states in VISN 23
  - 30 PACT Teams in VAMCs and CBOCs
    - o 22 Teams in VISN 23 Learning Collaborative
    - o 8 Teams in Central Region Collaborative

VISN 23 Demo Lab Main Areas of Focus

- Ongoing formative evaluation of barriers to PACT implementation, interdisciplinary team functioning, and work role transitions

- Evaluation of the impact of PACT implementation on quality of care, patient outcomes, patient perceptions of care, and provider satisfaction

- Support nurse care managers' roles in PACT through the development of a 'Community of Practice'

- Development and testing of interventions to improve chronic disease management and care of dually managed veterans in rural CBOCs

Evaluation of the Nurse Role Transformation During PACT Implementation

Greg L. Stewart, PhD, Core Leader, Formative and Team Evaluation

Team and Formative Evaluation
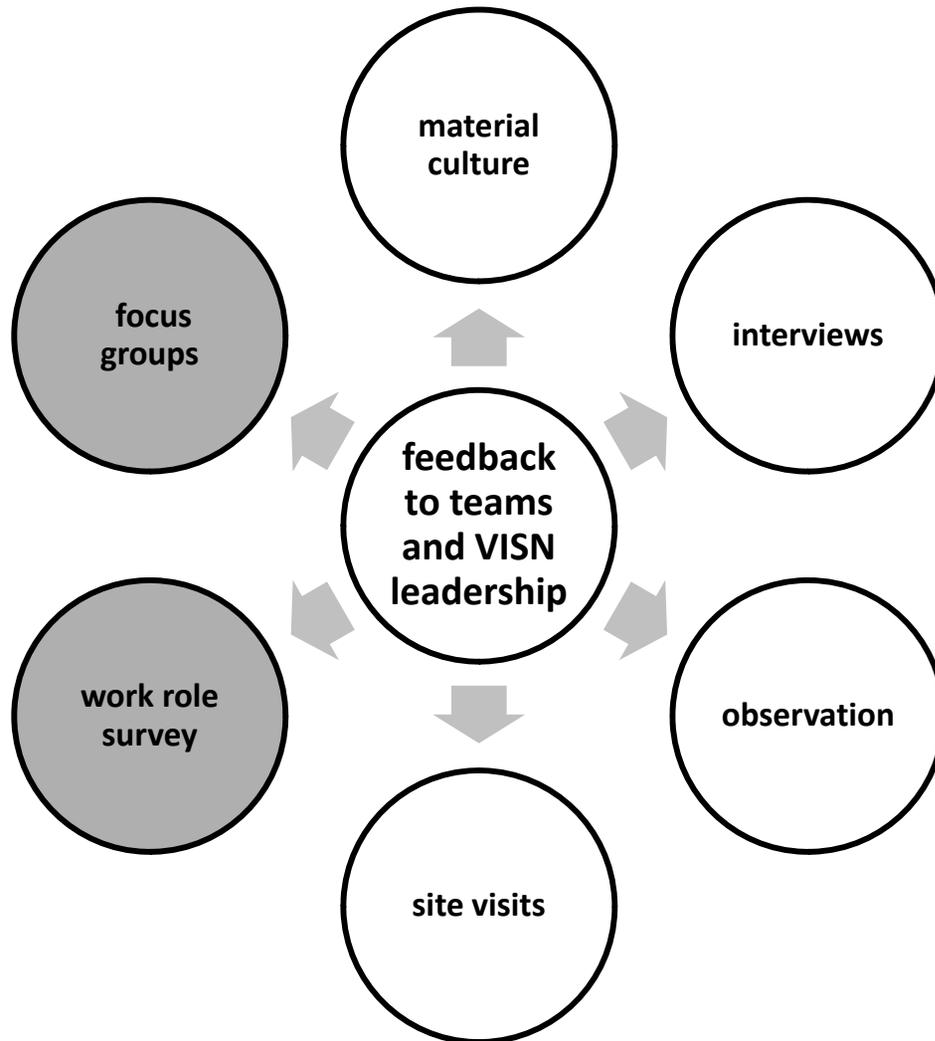
1. **Quantitative Work Role Survey with Two Data Waves (Baseline, Year 1)**

2. **Focus Group Facilitated Discussions Separated by Roles (Year 1)**
   - **Writing Exercise**
   - **What can this role do to help you do your work?**

3. **Open-ended questionnaire (Year 2)**
   - **What issues currently creating barriers for PACT?**
   - **What factors have helped facilitate PACT?**
   - **What feedback do you have to guide future PACT efforts?**

General Work Perceptions
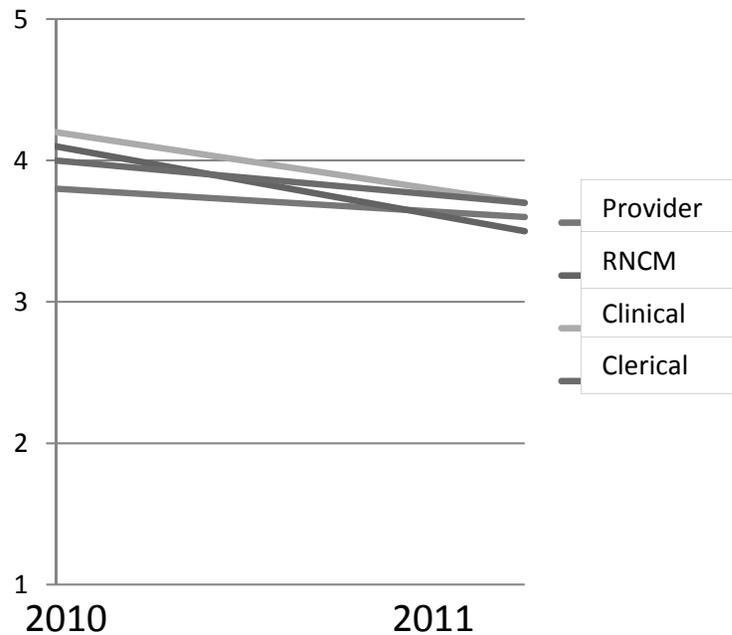
Job Satisfaction

General level of satisfaction with
getting what is wanted out of job

Overall negative trend, p < .05
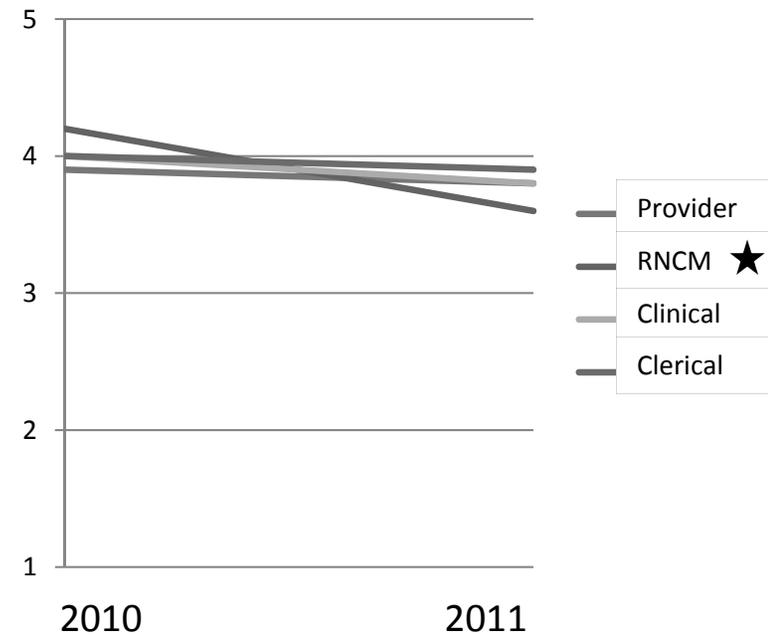
Empowerment

Psychological feeling that work is
meaningful and significant & autonomy.

Overall negative trend, p < .05

Challenging Role Characteristics

Role Overload

Feeling of being asked to do too much

Role Conflict

Feeling of having incompatible requirements and poor guidelines

Overall upward trend, p < .05

Nurse Care Managers Say

Clerical Associates

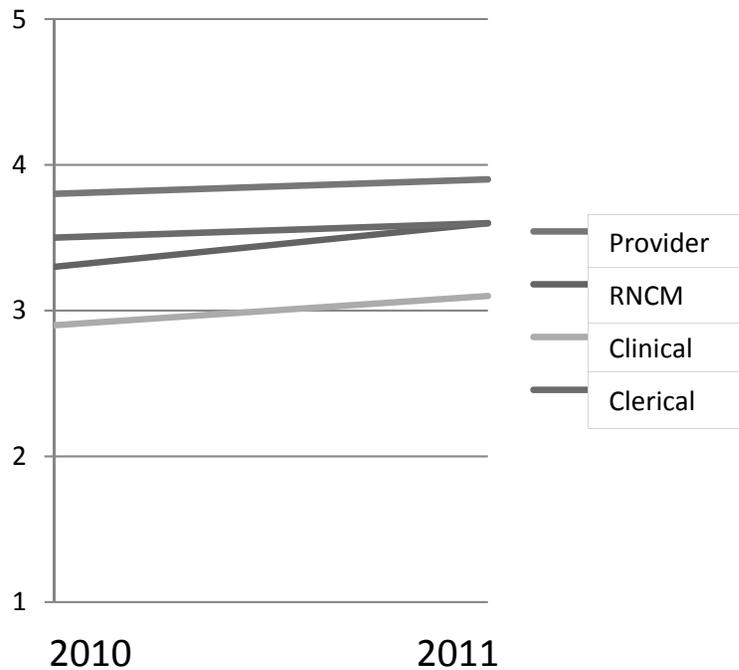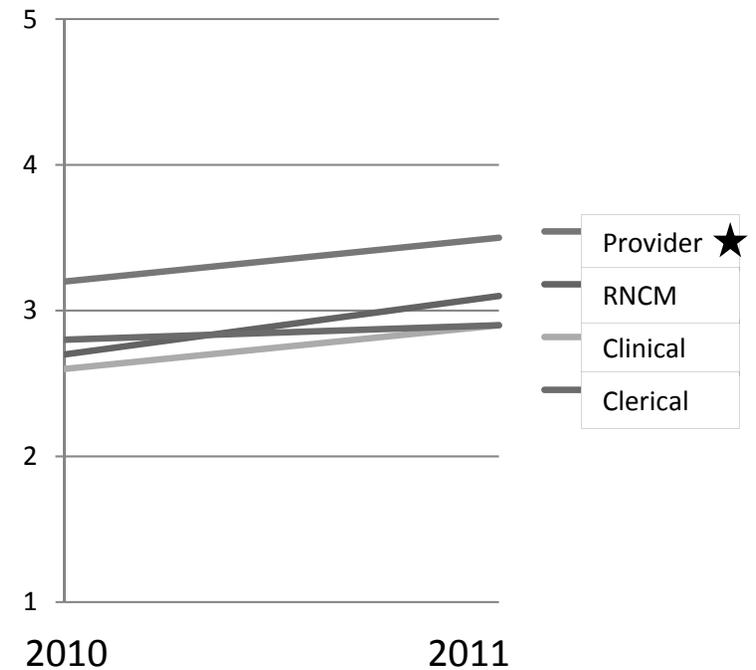You help when you take care of reminders before the patient arrives, schedule appointments and handle related calls, route alerts, route Veteran questions appropriately, and pull data for PACT reports or schedule scrubbing.

Clinical Associates

You help when you do pre-calls that go beyond reminders, **take initiative** to identify needs and act on them, and prioritize patient care over teamlet autonomy.

As an RN **I can do more** than scrub schedules and answer phones.

Providers

You help when you use secure messaging or call patients, **delegate work across the entire team**, use group visits, and take an active leadership role.

Neighbors

You help when you offer medication reconciliation, chronic disease management, mange specialized clinics (e.g. lipids or anti-coag), maintain same day access, and ask us if we have time before you assume we can take on more work.

Note. This information is what NCMs want to communicate to other roles.

Clinical Associates Say

Clerical Associates

You help when you participate in team projects, route incoming calls correctly, try **asking me before** the RN, and fax for outside notes.

Nurse Care Managers

You help when you **lend a hand** during busy times, **delegate** to me, let others work on teamlet projects with you, and coordinate with neighbors.

I am licensed to do more.

If I am an integral team member, why am I "floating" to other teams?

Provider

You help when you **delegate work throughout the team**, ask me about what I am licensed to do and delegate that work to me, and take a strong leadership role in our PACT team.

Neighbors

You help when you stay connected to the team and understand the teamlet's aims.

Note. This information is what Clinical Associates want to communicate to other roles.

Empowerment Paradox

Clerical Associates Say

You help when you keep an open mind, participate in the teamlet's activities, **delegate** to NCMs so you aren't overbooked, and treat me as an individual rather than a "clerk."

Clinical Associates Say

You help me when you **delegate** work throughout the team, ask me about what I am licensed to do and delegate that work to me, and take a strong leadership role in our PACT.

Providers Say

I could **delegate** more if you could take more initiative. I want to work with neighbors but wonder how they can do more when they aren't covering what I feel are the "basics."

Nurse Care Managers Say

You help when you use secure messaging or call patients, **delegate** work across the entire team, use group visits, and take an active leadership role.

Neighbors Say

You help by **sharing the responsibility** for patient care with us and allowing us to support you by providing the service we specialize in.

Note. This information is what Team Members have to say about Providers.

Questionnaire Data

- Participants completing a Learning Collaborative completed a questionnaire (14 RN Care Managers, 14 LPN Clinical Associates)

- Questions included
  - What factors have you observed that have helped facilitate PACT?
  - What feedback can you provide to help leadership successfully guide PACT in the future?

- Responses were coded for themes

Barriers to PACT Identified by Nurses

Top 5 Rank Order By Frequency

	RN Care Manager	LPN - Clinical Associate
Roles	1	1
Delegation	3 (tie)	3
Implementation	2	5
Staffing	3 (tie)	4
Team	5	2

Identified Barriers to Role Development

- RN Perspective
  - Staffing – PACT RNs and LPNs pulled to work in other areas
  - Unclear role expectations

- LPN Perspective
  - The VA does not [allow] LPNs to function as nurses.
  - Clerical associates are not able to function to their capacity due to different role alignment – sharing lab and phone responsibilities.

What Has Facilitated Role Development?

- RN Perspective
  - Finally getting some policies so you can write orders when needed rather than ask MD to do all.
  - Two providers in our CBOC that haven't participated in learning sessions have embraced PACT & are developing their own style with regard to role functions of teamlet members, nurse f/u visits, telephone appts, etc.

- LPN Perspective
  - Open mindedness, trying new ideas, willing to work as a team treating each member as they should be. Everyone is valuable no matter what letters are behind your name.

Suggestions for Improving
Role Development

- **RN Perspective**
  - Allow ideas to be brought forth and listen to rationale before denying teams opportunity to try things
  - Listen to what the front line staff is saying – we are the people with the information. Don't design PACT around what leadership thinks.

- **LPN Perspective**
  - Continue training seminars and realize for this to succeed, and acknowledgement of needed staff and the willingness of staff to adapt is necessary
  - Allow staff to function at full potential, support staff by weeding out the bad eggs in the bunch, listen and <u>actually</u> implement change.

Identified Barriers to Delegation

- RN Perspective
  - Provider's boss is not RN's boss, and clerks also may have a different boss.
  - Employees not wanting to step up and do different tasks that are within their role.

- LPN Perspective
  - A few people in clinic doing all jobs/depts. And some doing maybe 2 jobs/tasks.
  - Other departments make the teamlets the "dumping grounds"

What Has Facilitated Delegation?

- RN Perspective
  - More outpatient nurse visits creating open access to the provider
  - Providers like having the same RN to go to

- LPN Perspective
  - We have been able to do a "few more" things that we were not allowed to do before
  - Needed staff are in place. We are at full staff for most PACT teams. It helps to have people who are open to change and are willing to put in the extra work.

Suggestions for Improving Delegation

- RN Perspective
  - Oftentimes we feel left in dark or uncertain – yes we all have opinions but we want to be included in decisions and changes
  - Review Administration Processes and eliminate expired requirement

- LPN Perspective
  - Support us not <u>hinder</u> us

VISN 23 Nurse Care Manager Community of Practice

Bonnie J. Wakefield, PhD, RN, FAAN

Lab Co-Director

Background

- ~250 RNs in VISN 23 PACT teams transitioning to new role of Nurse Care Managers (NCM)

- VA has care managers in some settings, PACT role is new

- Role definition of care & case management lacks clarity

- FE Core findings: negative perceptions of role changes most pronounced in NCM

- NCM expressed an interest in connecting with other nurses to gain role clarity and definition

- In response, the VISN 23 Demo Lab initiated a PACT NCM Community of Practice (CoP)

Community of Practice

"Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis."

Wenger E, McDermott R, Snyder WM: Cultivating communities of practice. Boston, Harvard Business School Press 2002.

CoP Characteristics

- Members have overlapping expertise
- Concern about a common topic
- Collaborate to solve problems relating to the topic
- Members learn from peers and through practice
- Value both tacit and explicit knowledge
- Safe to speak the truth and ask hard questions
- Consult each other for help
- Strong sense of identity and belonging
- Developing and sharing knowledge

Bentley, C, Browman, GP, & Poole, B. (2010). Conceptual and practical challenges for implementing the communities of practice model on a national scale – a Canadian cancer control initiative. BMC Health Services Research, 10:3

Goals of VISN 23 CoP

1. Support NCM during transition to PACT model

2. Standardize NCM work processes across VISN 23

3. Better align NCM practice with PACT model of care

4. Promote use of evidence-based practices to improve patient outcomes in primary care

CoP Formation

- Primary care service line nursing directors identified two nurses from each VISN 23 healthcare systems to serve the advisory group (1 main facility, 1 CBOC)

- 17 NCMs representing all healthcare systems

- First meeting (7/11) – developed objectives

- COP purpose is to support and empower nurse care managers to:
  - Increase their voice in the PACT implementation process
  - Define nurse care management practice
  - Develop and share expertise
  - Facilitate alignment of practice with the PACT model of care

Goals

- Share information, insight, and advice
  - Engage with other practitioners who face similar situations
- Develop expertise from each other
  - Multiple perspectives for complex problems/issues
  - Challenge our thinking
- Serve as a living repository of knowledge
  - Stay abreast of current knowledge
  - Establish and standardize baseline knowledge; focus on advanced issues
- Empower the members to be heard
- Engage in specific sub-projects of interest
  - Action learning/practice development/EBP projects/Research

CoP Formation

- Second meeting (11/11) focused on lack of clarity around the NCM role and task delineation and delegation
- Needed to identify WHAT tasks the NCMs were actually doing, and what the frequency of their time devoted to these tasks
- Survey process
  - Small group work to compile a list of all NCM tasks
  - CBOCs worked separately as their tasks are somewhat different
  - As a group categorized tasks in the CBOC list as CBOC only or both main and CBOC
  - NCMs reviewed list to clarify or add to the list
  - Categorized interventions into NIC Domains
- Surveyed Winter 2012

Task Frequency Survey Responses: Comparison of CBOC (n=9) and Main Facility (n=8)
Winter 2012
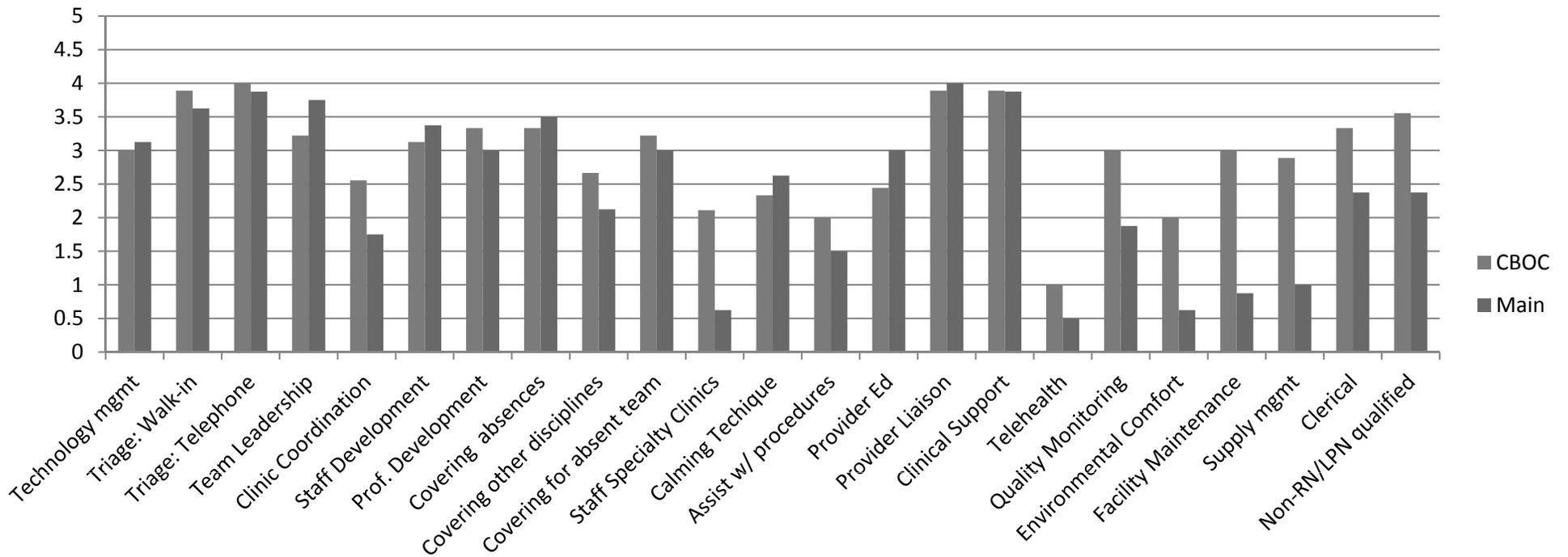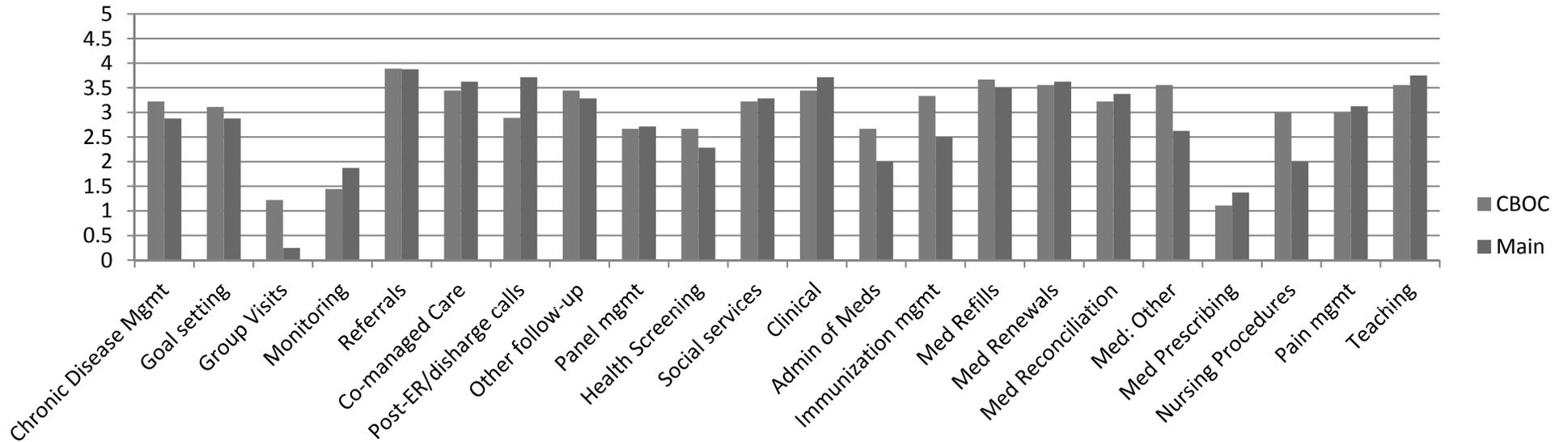
CoP Formation

- Third meeting (3/12)
  - Results from task survey
  - Update on FE findings
  - Computer lab work for PACT tools

- Next meeting – Sept 2012
  - Expanding beyond the initial 17 nurses
  - PC Almanac and Disease Registry training
  - Shared Medical Appointments
  - Care Coordination for complex patients
  - Obstacles to role implementation

Summary of Work to Date

- Three face-to-face meetings of the core group
- Communication methods established within groups (Sharepoint, Yammer site)
- Monthly phone call for core group of 17
- Transitioning to VISN-wide participation

https://www.visn23.portal.va.gov/SiteDirectory/NPC/default.aspx

File   Edit   View   Favorites   Tools   Help

Home - Nurse Practice Community   Page ▾ Tools ▾

VISN 23   Welcome Wakefield, Donnie J. ▾ | My Site | My Links ▾ | ?

Nurse Practice Community   All Sites   Advanced Search

VISN 23   Black Hills   Central Iowa   Fargo   Iowa City   Minneapolis   Nebraska-Western Iowa   Sioux Falls   St. Cloud   VHRC   VISN 23 DSS   VISN 23 Sites

View All Site Content   VISN 23 > Sites > Nurse Practice Community

Documents
- Shared Templates   **Site POC**
- Protocols   **Rakel Gibson, RN**   VA   Defining
- Policies and Guidance   *Sioux Falls VAHCS*   HEALTH   EXCELLENCE
- Articles of Interest   *605.336.3230 x/837*   CARE   in the 21st Century
- Patient Materials   *Rakel.Gibson@va.gov*

Lists   **Announcements**   **SharePoint Training**
- Calendar
- Tasks   Actions ▾   Actions ▾
- File Shares
                            There are currently no active announcements.   ▪ The OI&T Region 2 SharePoint Training Site

Discussions   **TEST Action Plans**   **Web Links/Resources**
- Team Discussion
                            Actions ▾   Actions ▾

Sites   Type   Name   ○ Modified By   ▪ Office of Nursing Service (ONS)

People and Groups   There are no items to show in this view of the "TEST Action Plans" document library.   ▪ Join our discussion group on Yammer !
- NPC Contact List

Done   Trusted sites   100%

Start   Inbox...   MXI A...   Cyber...   E:\PC...   Stop ...   Hom...   Search Desktop   1:59 PM

Acknowledgements

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