THE NURSE COORDINATOR ROLE AND INCREASING CONTINUITY OF CARE IN A PEDIATRIC HEART FAILURE/CARDIOMYOPATHY PROGRAM.

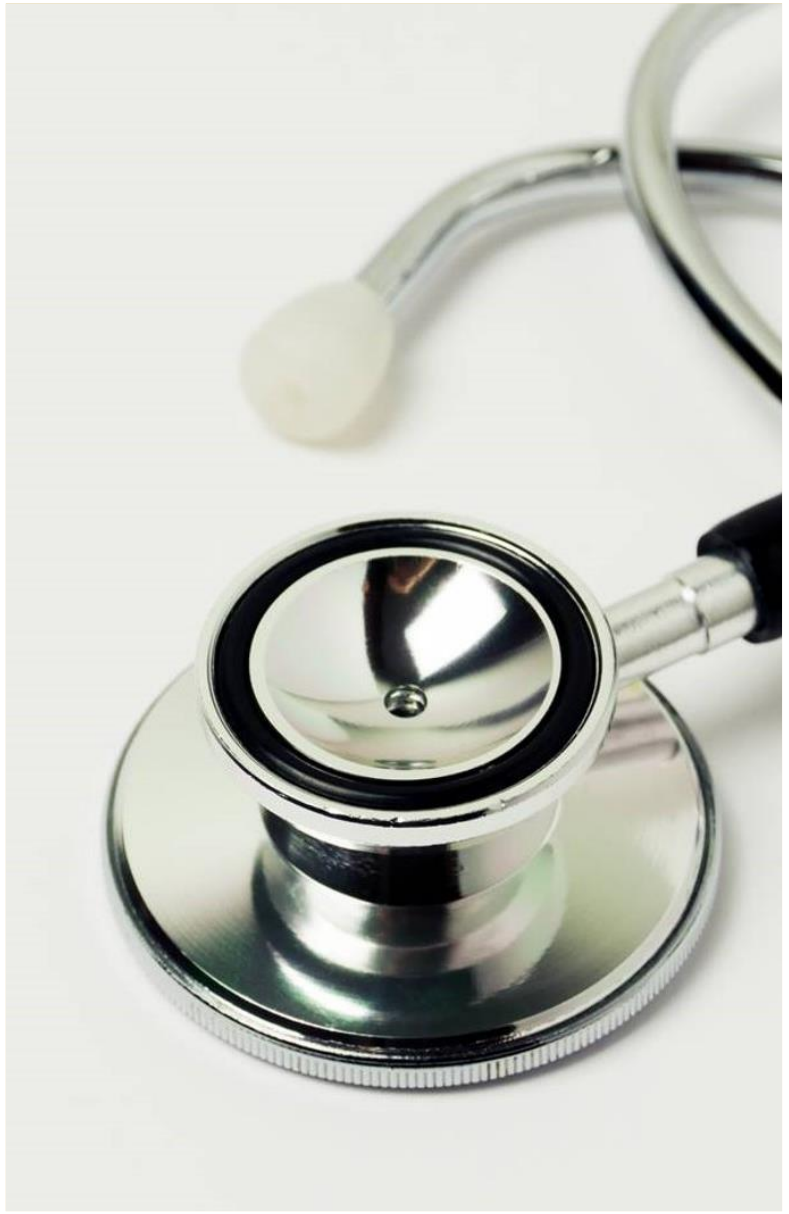
DEBORA BURGER, PHD, RN, NE-BC, PATRICK D. EVERS, MD, MBA, MSC.

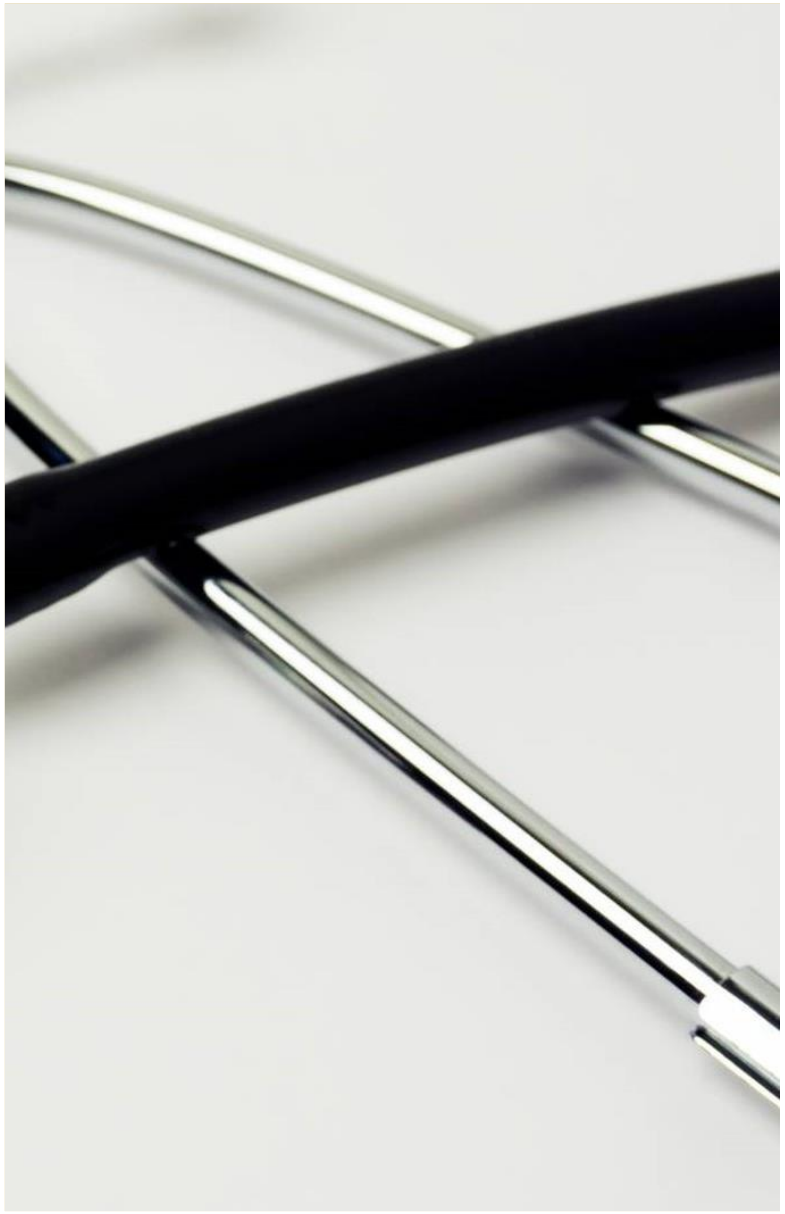
OBJECTIVES

Why does continuity of care (COC) matter?

Study overview and outcomes

What next?





NURSING OUTCOMES IN AMBULATORY CARE

American Academy of Ambulatory Care Nursing

Shaping Care Where Life Happens

Ambulatory Care Nurse-Sensitive Indicator Industry Report

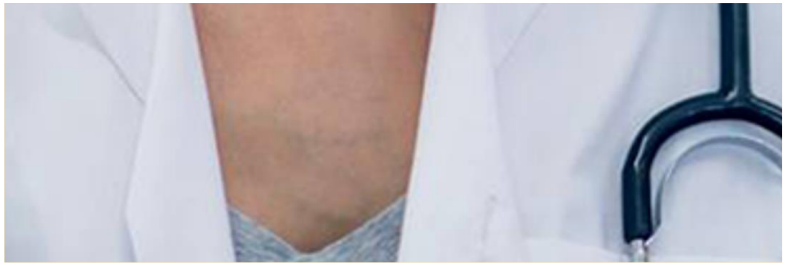
Meaningful Measurement of Nursing in the Ambulatory Patient Care Environment

2nd Edition

CONTINUITY OF CARE

Definition – Health care that remains consistent and uninterrupted throughout the care process (AAACN, 2010, p. 41).

An often-overlooked but arguably the most important component of coordination of care.



COC STUDIES AND MEASURES

- Well studied in primary care.
- Measures of COC are mostly primary care specific.
- Studies of COC in pediatric specialties are lacking.
- Outcomes of COC interventions: improved patient satisfaction, lower healthcare costs, better utility of the healthcare system, fewer hospitalizations and emergency room visits, better medication adherence, and lower mortality rates.

Bazemore et al. *Ann. Fam. Med.* 2023;*21*(3):274-279
Cabana MD & Jee SH. *J Fam Pract.* 2004;53(12):974-80.
Gray et al. BMJ open. 2018. 8(6):e021161.
Walraven et al. *JECP.* 2009;*16*(5):947-956

American Academy of Ambulatory Care Nursing

Shaping Care Where Life Happens

Scope and Standards of Practice for Professional Ambulatory Care Nursing

10th Edition

STANDARD 5a

Coordination of Care

Standard

The RN practicing care coordination and transition management (CCTM®) coordinates the delivery of care within the practice setting and across health care settings.

Competencies

Ambulatory care RNs:

1. Demonstrate accountability across the care settings to maintain continuity of care.
2. ~~Facilitate patient and population progress toward person-centered outcomes.~~
3. Utilize an interprofessional approach to engage patients, caregivers, and providers in implementing the plan of care across health settings.
4. Facilitate the transition of patients and populations to the appropriate level of care.
5. Educate patients, caregivers, and populations for optimal disease management by promoting healthy lifestyle changes in the prevention of illness and reducing risk factors to prevent disease progression.
6. Recognize and maximize opportunities to improve the quality of care for patients and populations.
7. Manage high-risk individuals and populations to prevent or delay adverse outcomes.
8. Communicate relevant information to the patient, caregivers, and interprofessional team across the care continuum.
9. Apply effective teamwork and collaboration skills to overcome identified barriers to produce quality and effective patient outcomes.

Cardiology in the Young (2016), **26**, 327–333
doi:10.1017/S1047951115000220

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Original Article

Challenges of intra-institutional transfer of care from paediatric to adult congenital cardiology: the need for retention as well as transition

Claudine M. Bohun,[1] Patricia Woods,[2] Christiane Winter,[3] Julie Mitchell,[3] Joel McLarry,[2] Joseph Weiss,[2] Craig S. Broberg[2]

[1]Division of Pediatric Cardiology; [2]Adult Congenital Heart Program, Knight Cardiovascular Institute; [3]Oregon Clinical and Translational Research Institute, Oregon Health & Science University, Portland, Oregon, United states of America

cardiomyopathy or Marfan syndrome. From the remaining patients, it was observed that many had not had any follow-up with any provider between 2004 and 2007, and were, therefore, essentially lost to paediatric follow-up before the opportunity for transfer. These patients were, therefore, excluded. The remain-

Results

Of the 916 patients identified (Fig 1), 495 were eligible for inclusion based on age of at least 18 years as on 1 January, 2008, a confirmed diagnosis of CHD, and attendance at a paediatric cardiology clinic. Of these, 266 (54%) patients were lost to follow-up between 2004 and 2007. The remaining

Pediatric Cardiomyopathy and Heart Failure

Our large team of heart specialists draws on a variety of techniques and advanced tools to treat cardiomyopathy and heart failure in children.

OHSU Doernbecher Children's Hospital provides complete, team-based care for children with thickened, weak or enlarged hearts. We also offer a smooth transition to adult care when needed.

Our cardiomyopathy and heart failure program includes:

- The largest, most experienced team of children's heart specialists in Oregon and southwest Washington.
- Critical-care doctors on duty 24/7 to care for children with failing hearts.

Children's Cardiomyopathy Foundation Recognized Center of Care

High Reliability Team

Goals:

To continuously improve and eliminate harm with a focus on the five key principles of a high reliability team:

1. Preoccupation with failure
2. Reluctance to simplify
3. Sensitivity to operations
4. Deference to expertise
5. Commitment to resilience

Torzone, Andrea, & Alexandra Birely. *Curr. Opin. in Cardiol. 2024.* 39(4):356-363.


OHSU
All-Hill Student Council
Faculty Award
Certificate of Recognition
Patrick Evers, M.D., M.Sc.

HF/CM TEAM

PURPOSE

- To examine the COC of pediatric HF/CM patients prior to and after the formation of a HF/CM team with a nurse coordinator in the ambulatory care setting.
- We also examined HF/CM related emergency room visits and hospitalizations.

METHODS

Nurse Coordinator role:

- Tracked intended follow-up appointments
- If not scheduled two-weeks prior: the nurse coordinator reached out to the scheduling team to iteratively contact the patient/family to attempt to schedule.
- Reviewed difficult scheduling cases with the physician to see if cardiac testing could be performed locally and the patient be seen by virtual visits

STUDY DESIGN

Retrospective:
Patients enrolled between fall of 2021 and October 2023.
Observed COC from program start to April 2024 (33 months).

COC measure:
An office visit within three months of the date the patient was due for follow-up care

- 1) Those who were seen by a pediatric cardiologist from our institution prior to joining the pediatric HF/CM program
- 2) Those who received no prior pediatric cardiology care or were seen by pediatric cardiologists outside of our institution prior to entering the program.

DATA COLLECTION

- Demographics
- Dates:
  - First visit with preceding pediatric cardiologist
  - Last planned follow-up with preceding pediatric cardiologist OR date of failure of COC with previous pediatric cardiologist
  - Start date with the tertiary care centers pediatric HF/CM program
  - Date of last planned follow-up with the tertiary care centers pediatric HF/CM program OR date of failure of COC criteria
- HF/CM related emergency room visits/hospitalizations.

DATA ANALYSIS

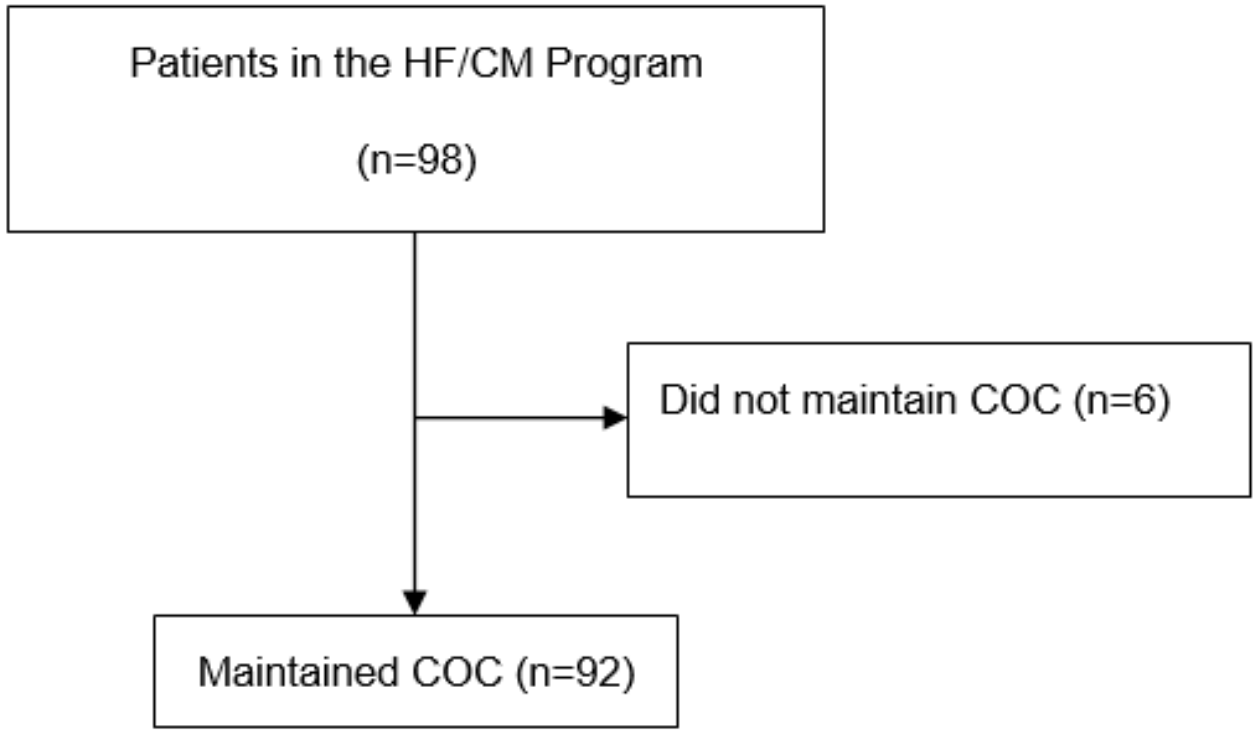
- Standard descriptive statistics
- Sub-analysis: Kaplan-Meier graph and the log-rank Mantel-cox test
- McNemer test
- Mann-Whitney U test
- Rank-biserial correlation coefficient

DESCRIPTION

Table 1: HF/CM Program Demographics (n= 98)

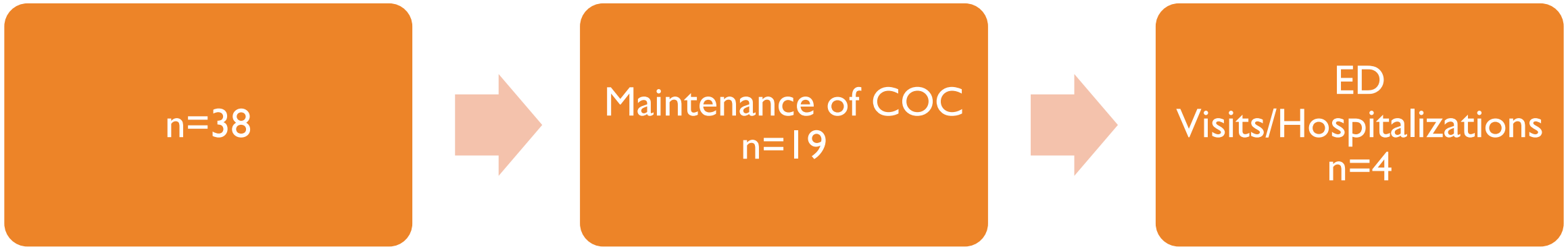
	Mean ±SD or N (%)
Male	76 (78%)
Age	10.4 ± 5.4 years
Public Health Insurance	45 (46%)
Lives in Metro Area	46 (47%)
HF/CM Etiology	
Neuromuscular Disorders	71 (72%)
Without Neuromuscular Disorders	21 (21.4%)
Congenital Heart Disease	4 (4%)
Left Ventricular Non-Compaction	1 (1%)
Chemotherapy-Induced Cardiomyopathy	1 (1%)
Clinical HF or Objective Ventricular Systolic Dysfunction	16 (16.3%)

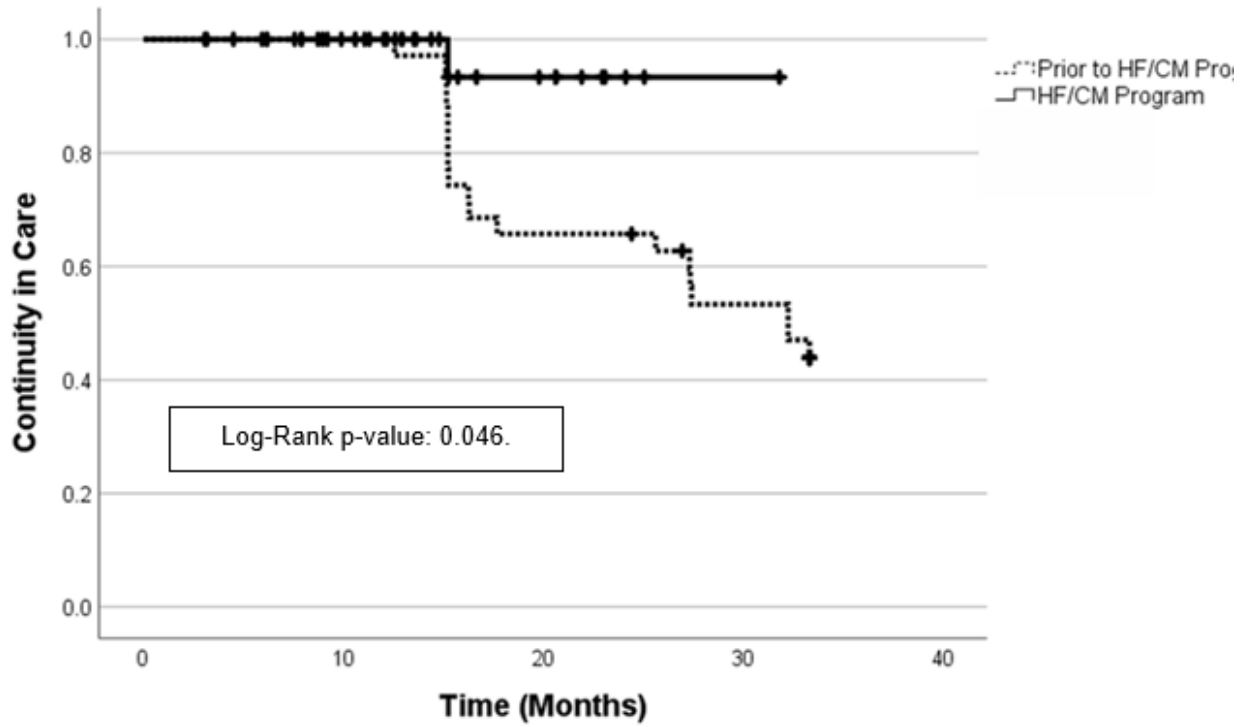
TOTAL PROGRAM COC



ED visits/Hospitalizations: None

SUBGROUP ANALYSIS: PRECEDING PEDIATRIC CARDIOLOGY CARE





Number at risk					
Before HF/CM Program	38	35	23	17	0
After HF/CM Program	38	28	9	1	0

Figure 1

Abbreviations HF/CM, heart failure/cardiomyopathy

DISCUSSION

- Almost all patients cared for by the HF/CM team maintained COC during the study period
- These patients also had significantly fewer HF/CM related emergency room visits/hospitalizations than when under prior pediatric cardiology care.
- Those managed by the HF/CM nurse coordinator had significantly higher levels of COC than during the preceding period they received prior pediatric cardiology care.

STRENGTHS AND LIMITATIONS

Strengths

To our knowledge, this is the first study to examine COC in pediatric HF/CM patients in an ambulatory care setting and the extent to which this can be modified by the institution of a nurse coordinator role.

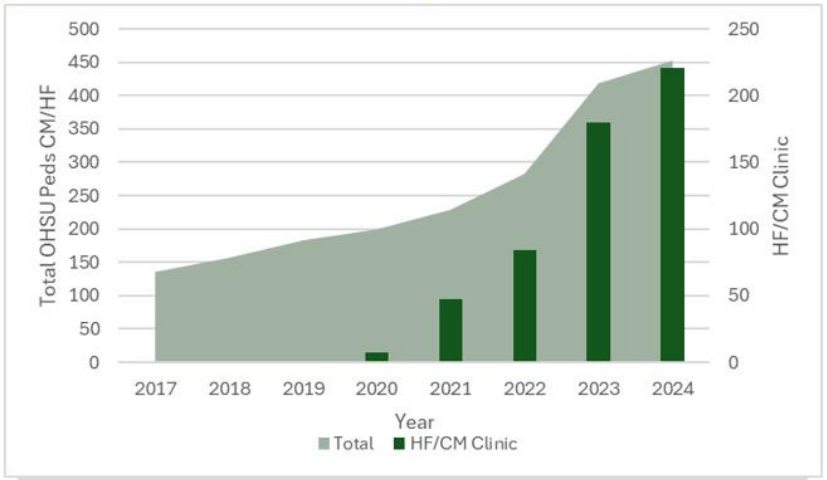
Limitations

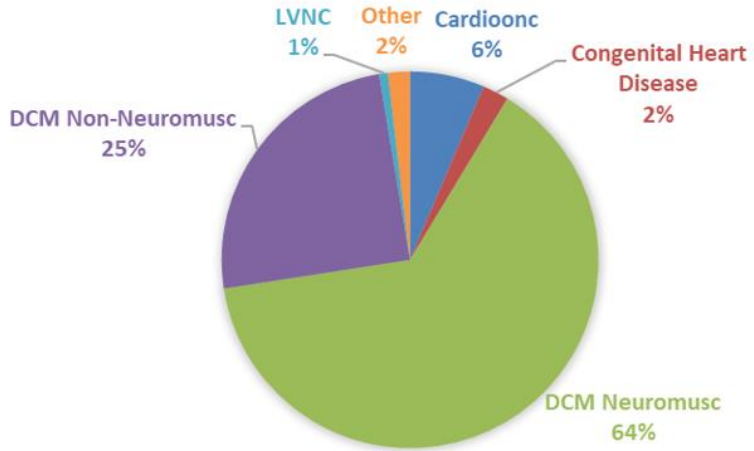
These findings should be interpreted with caution as they are limited by a short study period and some patients were enrolled in the program for a short period of time.

CONCLUSION

The high functioning HF/CM team had high rates of COC in pediatric patients in the ambulatory care setting.

Program Makeup

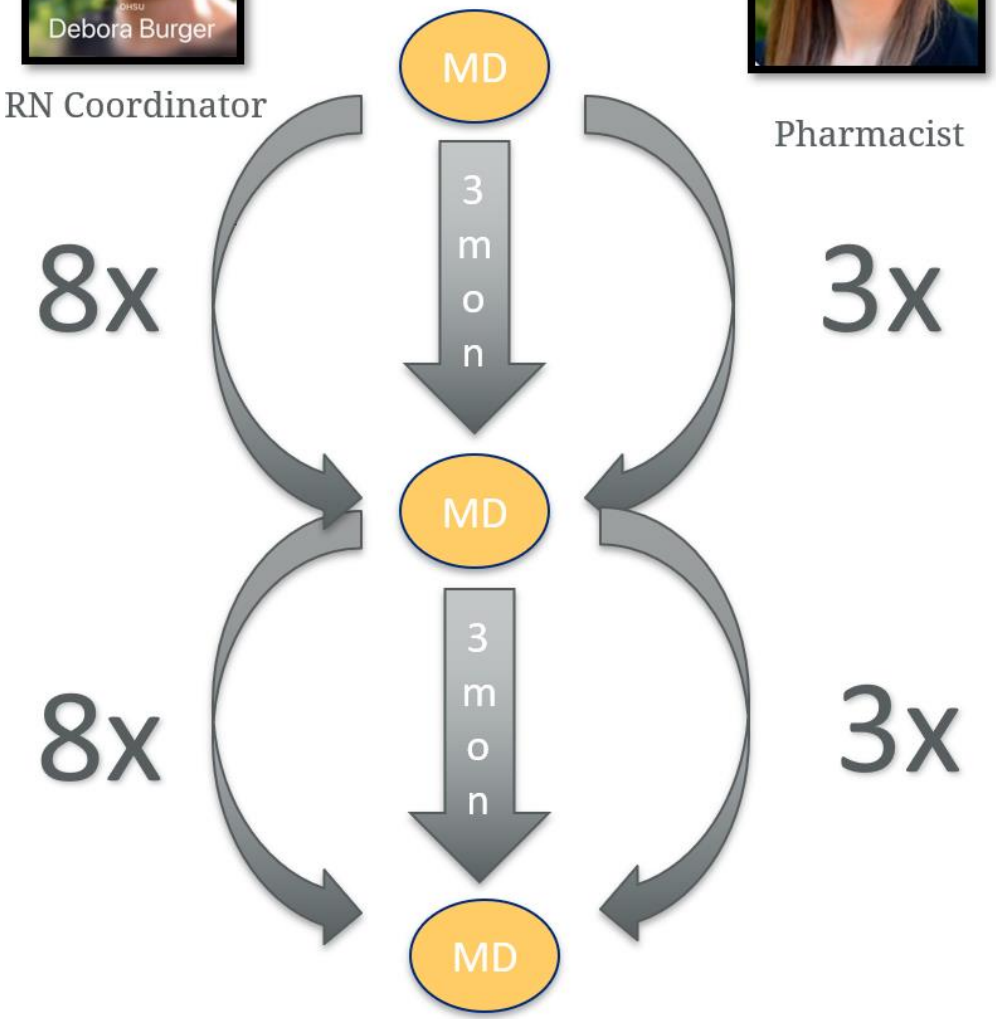




RN Coordinator

HFrEF

Pharmacist



CALL TO ACTION

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Research

Evidence-based Practice

- Toolkit
- JHNEBP Model & Worksheets

Research

- Current Studies – *More Information Coming Soon*
- Research Consultation Service
- New to Research – *More Information Coming Soon*
- AAACN Conference – Dissemination Session – *More Information Coming Soon*
- Rapid-Fire Dissemination Tips for Success
- Examples of Abstracts

Standardizing Antepartum Screening for Intimate Partner Violence

A QUALITY IMPROVEMENT PROJECT

Project Lead: Leah Holmes, BSN, RN, SNM
Chair: Holly Houston, PhD, MSN, CNM
Content Expert: Kristin Giroux, DNP, CNM

April 14, 2025

CLINICAL PROBLEM

- Up to 20% of pregnant people have experienced IPV
- Perinatal experience of IPV is harmful to pregnant people and neonates
- Racial and ethnic disparities are significant

(Alhusen et al., 2014; CDC, 2022; Chaves et al., 2019; Chen et al., 2017; Chisholm et al., 2017a; Drexler et al., 2022; Kozhimannil et al., 2023)

PROFESSIONAL RECOMMENDATIONS

- **USPSTF**: Routine, universal screening
- **ACNM**: Regular screening for current or past experience of IPV using best practices and validated instruments
- **ACOG**: Screen during first prenatal visit, at least once per trimester, and postpartum

(ACNM, 2021; ACOG, 2022; USPSTF et al., 2018)

REVIEW OF THE LITERATURE

- Prenatal care is an opportunity for screening patients for IPV
  - Most patients interact with the healthcare system more during pregnancy than at any other time in their lives
  - Pregnant people are more likely than nonpregnant people to disclose IPV
- Any form of screening is preferable to no screening
  - No established standard screening tool
  - Screening without intervention does not reduce the incidence of IPV or improve survivors' quality of life

(ACOG, 2022; Chang et al., 2005; Decker et al., 2017; Dichter et al., 2021; Dienemann et al., 2005; Drexler et al., 2022; Greely et al., 2022; Kapaya et al., 2019; Kozhimannil et al., 2023; Lee et al., 2019; LoGiudice, 2015; Lu et al., 2023; Miller et al., 2017; O'Doherty et al., 2015; Tarzia et al., 2020)

REVIEW OF THE LITERATURE

- Studies have investigated barriers and facilitators to IPV screening in pregnancy
  - Healthcare providers need additional training, tools and systemic support
- Patients want their providers to ask about IPV
  - Screening can be therapeutic
  - "Planting the seed"
- Universal education about the connection between relationship safety and health is essential
  - IPV education interventions benefit both patients and providers

(ACOG, 2022; Chang et al., 2005; Decker et al., 2017; Dichter et al., 2021; Dienemann et al., 2005; Drexler et al., 2022; Greely et al., 2022; Kapaya et al., 2019; Kozhimannil et al., 2023; Lee et al., 2019; LoGiudice, 2015; Lu et al., 2023; Miller et al., 2017; O'Doherty et al., 2015; Tarzia et al., 2020)

SPECIFIC AIMS

Establish a **standardized**, **evidence-based**, **trauma-informed** process for **universal IPV screening and education** within prenatal care to reduce preventable morbidity and mortality associated with IPV

- **Baseline data collection:** July 1 – Aug. 25, 2024
- **PDSA Cycle 1:** Sept. 30 – Oct. 27, 2024
- **PDSA Cycle 2:** Nov. 4 – Dec. 1, 2024

By Sept. 16, 2024, **100%** of staff, students and providers will receive access to an educational PowerPoint presentation describing the project

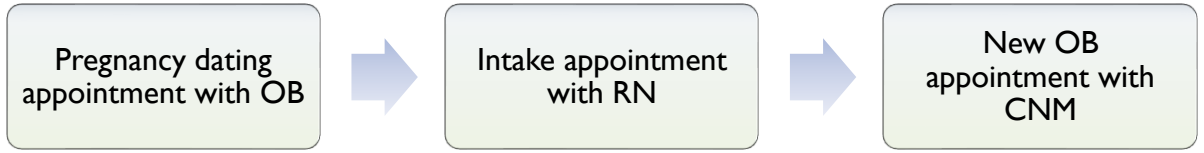
By Sept. 30, 2024, **80%** of staff, students and providers who received access to the PowerPoint will have viewed the presentation

By Oct. 28, 2024, **50%** of patients attending New OB visits will have documentation of confidential IPV screening and education in their chart

By Dec. 2, 2024, **80%** of patients attending New OB visits will have documentation of confidential IPV screening and education in their chart

PRACTICE SETTING

- **Clinic setting:** Collaborative practice with midwives and obstetricians at a community hospital in the Pacific Northwest

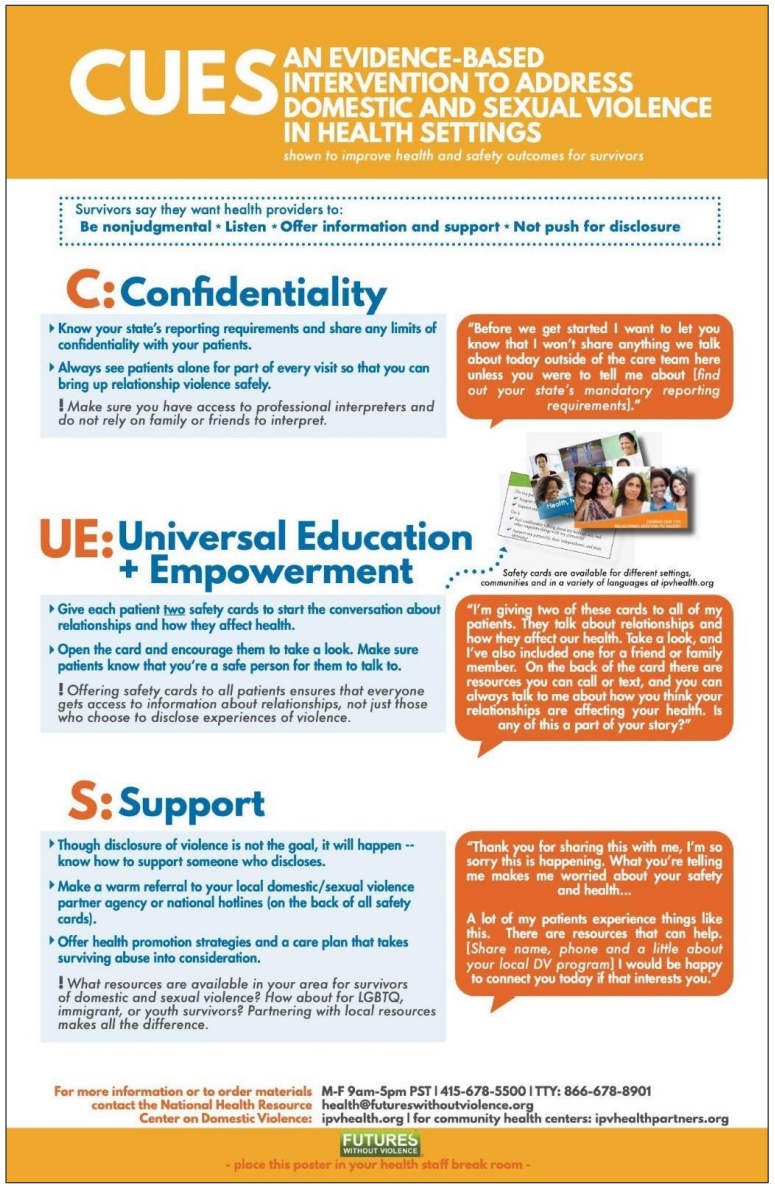


- **Patient demographics (2021-2023):**
  - 51% Hispanic, Mexican, Mexican American, Latinx, Puerto Rican, or Spanish origin; 39% non-Hispanic white; remaining 10% identified as non-Hispanic Black, African American, Asian or Pacific Islander
  - 25% reported Spanish as their preferred language; 2% reported a language other than Spanish or English as their preferred language.
  - Majority received Medicaid health insurance coverage
- **Birth statistics (2023):**
  - 469 deliveries
  - 326 (69.5%) vaginal births
  - 143 (30.5%) cesarean births

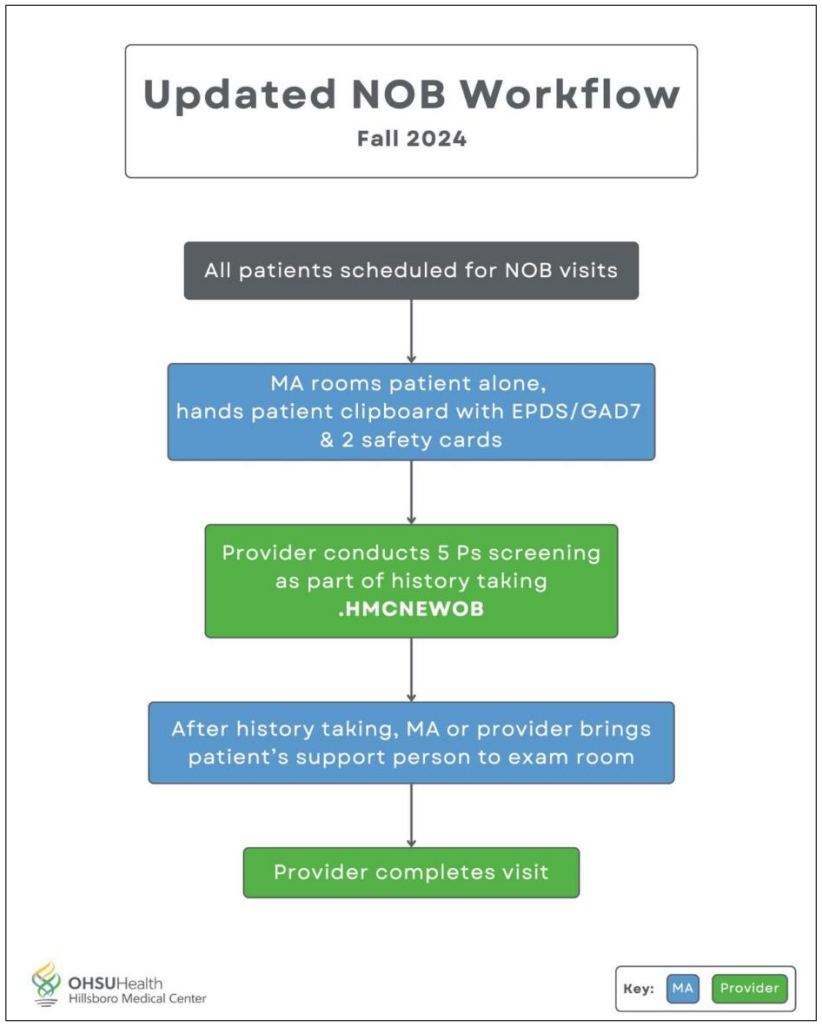
PROJECT CONTEXT

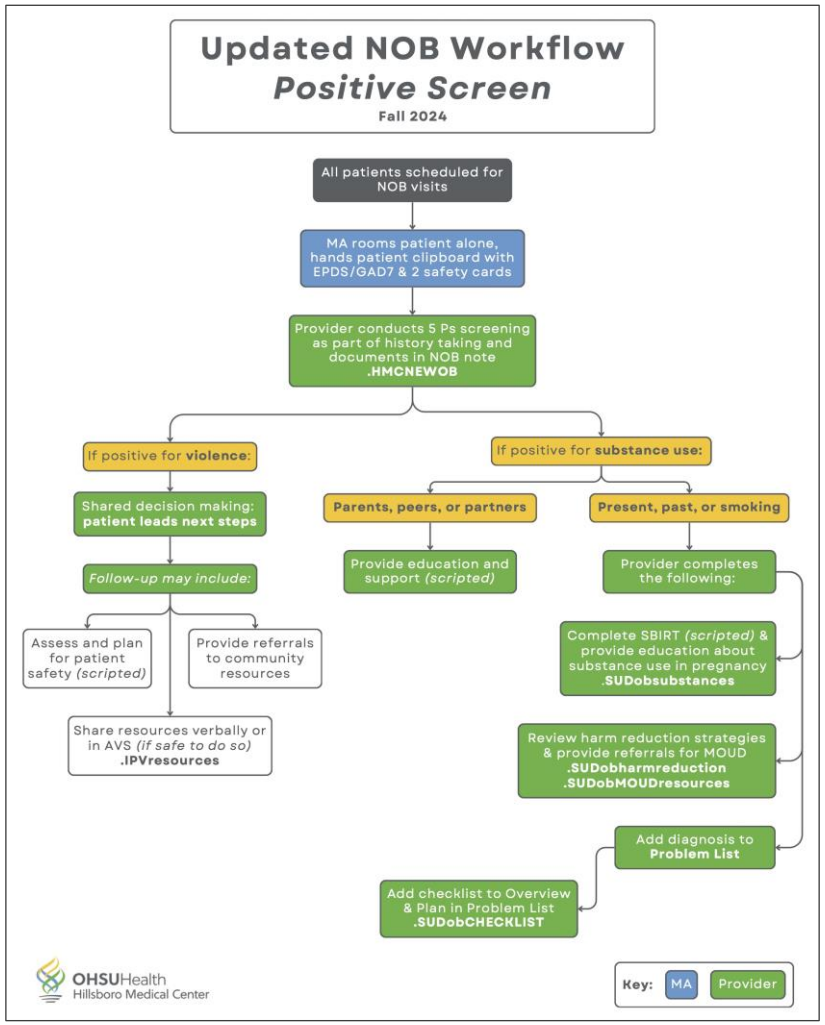
- Lack of clear workflow for IPV screening in pregnancy
  - Inconsistent screening
  - Frequent deferral
  - Missed or delayed identification of IPV
- Baseline chart review
  - 13.8% of charts documented IPV screening at the New OB visit
    - 25% screened positive for IPV

Intervention Framework



Project Workflow





Handout: Safety Cards

IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

How's It Going?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✔ Is my partner or the person I am seeing kind to me and respectful of my choices?
- ✔ Is my partner willing to talk openly when there are problems?
- ✔ Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.

Are There Times...

My partner or the person I'm seeing:

- ✘ Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
- ✘ Ever hurts or scares me with their words or actions?
- ✘ Makes me have sex when I don't want to?
- ✘ Keeps me from seeing my doctor or taking my medicine?

These experiences are common. 1 in 4 women is hurt by a partner in her lifetime. If something like this is happening to you or a friend, call or text the hotlines on this card.

Helping a Friend

Everyone feels helpless at times and like nothing they do is right.

Sound familiar? This can be a bigger problem if you have a partner who is unhealthy or unsafe. Connecting with friends or family who are having hard times like this is so important.

You can help by telling them they aren't alone. "Hey, I've been there too and someone gave this card to me. It has ideas on places you can go for support and things you can do to be safer and healthier."

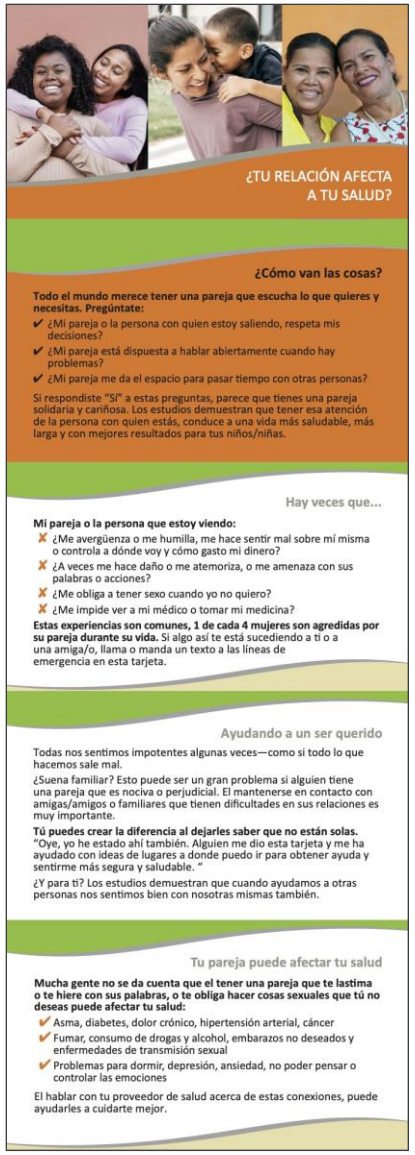
And for you? Studies show when we help others we see the good in ourselves, too.

Partners Can Affect Health

A lot of people don't realize that having a partner hurt you with their words, injure/hurt you or make you do sexual things you don't want to can affect your health:

- ✔ Asthma, diabetes, chronic pain, high blood pressure, cancer
- ✔ Smoking, drug and alcohol abuse, unplanned pregnancies and STDs
- ✔ Trouble sleeping, depression, anxiety, inability to think or control emotions

Talking to your health provider about these connections can help them take better care of you.



¿TU RELACIÓN AFECTA A TU SALUD?

¿Cómo van las cosas?

Todo el mundo merece tener una pareja que escucha lo que quieres y necesitas. Pregúntate:

- ✔ ¿Mi pareja o la persona con quien estoy saliendo, respeta mis decisiones?
- ✔ ¿Mi pareja está dispuesta a hablar abiertamente cuando hay problemas?
- ✔ ¿Mi pareja me da el espacio para pasar tiempo con otras personas?

Si respondiste "Sí" a estas preguntas, parece que tienes una pareja solidaria y cariñosa. Los estudios demuestran que tener esa atención de la persona con quien estás, conduce a una vida más saludable, más larga y con mejores resultados para tus niños/niñas.

Hay veces que...

Mi pareja o la persona que estoy viendo:

- ✘ ¿Me avergüenza o me humilla, me hace sentir mal sobre mí misma o controla a dónde voy y cómo gasto mi dinero?
- ✘ ¿A veces me hace daño o me atemoriza, o me amenaza con sus palabras o acciones?
- ✘ ¿Me obliga a tener sexo cuando yo no quiero?
- ✘ ¿Me impide ver a mi médico o tomar mi medicina?

Estas experiencias son comunes, 1 de cada 4 mujeres son agredidas por su pareja durante su vida. Si algo así te está sucediendo a ti o a una amiga/o, llama o manda un texto a las líneas de emergencia en esta tarjeta.

Ayudando a un ser querido

Todas nos sentimos impotentes algunas veces—como si todo lo que hacemos sale mal.

¿Suena familiar? Esto puede ser un gran problema si alguien tiene una pareja que es nociva o perjudicial. El mantenerse en contacto con amigas/amigos o familiares que tienen dificultades en sus relaciones es muy importante.

Tú puedes crear la diferencia al dejarles saber que no están solas. "Oye, yo he estado ahí también. Alguien me dio esta tarjeta y me ha ayudado con ideas de lugares a donde puedo ir para obtener ayuda y sentirme más segura y saludable. "

¿Y para ti? Los estudios demuestran que cuando ayudamos a otras personas nos sentimos bien con nosotras mismas también.

Tu pareja puede afectar tu salud

Mucha gente no se da cuenta que el tener una pareja que te lastima o te hiere con sus palabras, o te obliga hacer cosas sexuales que tú no deseas puede afectar tu salud:

- ✔ Asma, diabetes, dolor crónico, hipertensión arterial, cáncer
- ✔ Fumar, consumo de drogas y alcohol, embarazos no deseados y enfermedades de transmisión sexual
- ✔ Problemas para dormir, depresión, ansiedad, no poder pensar o controlar las emociones

El hablar con tu proveedor de salud acerca de estas conexiones, puede ayudarles a cuidarte mejor.

EHR: New OB Note Template

5 P's Screening for Substance Use & Intimate Partner Violence

We know pregnancy is an important time for you. We want to address anything that can be harmful to you or your baby and help make your pregnancy as healthy as possible. We've started asking all of our patients about some things that can have a big impact on our health.

Before we get started, I want you to know that everything here is confidential, meaning that I won't talk to anyone else about what is said unless you tell me about abuse or neglect involving children, elderly or people with disabilities.

Parents: Did any of your parents have a problem with alcohol or other drug use? YES***/NO

Peers: Do any of your friends have a problem with alcohol or other drug use? YES***/NO

Partner: Does your partner have a problem with alcohol or other drug use? YES***/NO

Past: In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? YES***/NO

Present: In the past month, have you drunk any alcohol or used other drugs including cannabis? YES***/NO

How many days per month do you drink? ***

How many drinks on any given day? ***

How often did you have 4 or more drinks per day in the last month? ***

Smoking: Have you smoked any cigarettes or vaped any nicotine in the past three months? YES***/NO

Violence: Are you currently or have you ever been in a relationship where you were physically hurt, threatened, controlled, emotionally abused or made to feel unsafe? YES***/NO

Was patient seen confidentially? YES/NO***

Universal IPV education provided (safety cards given to patient)? YES/NO***

Positive for Violence?

Yes/No

Positive for Parents, Peers or Partners?

Yes/No

Positive for Past, Present or Smoking?

Yes/No

Positive for Violence?

Yes - Follow-up:

Resources provided ***

Referrals provided ***

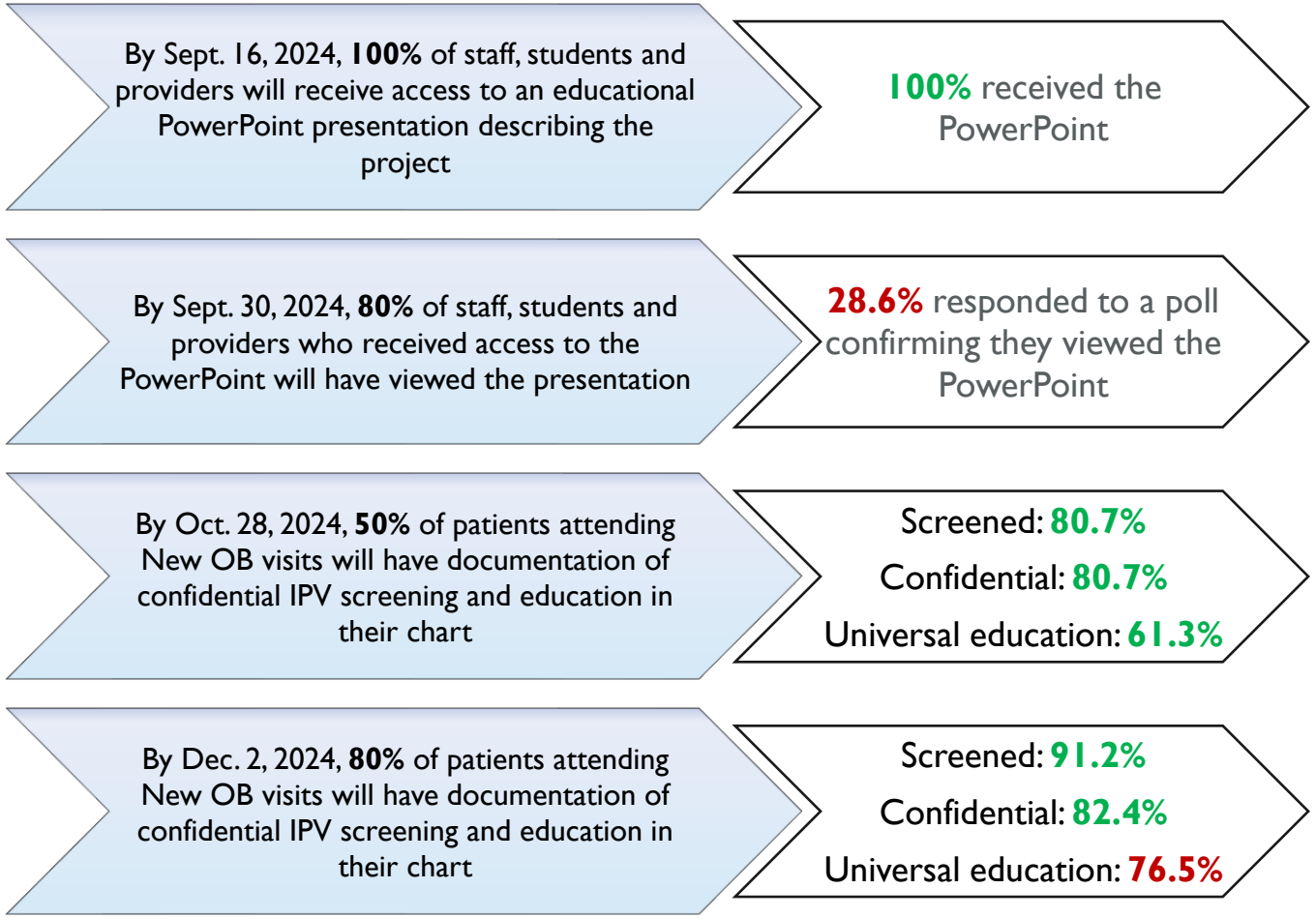
Safety planning discussed ***

Discuss at next visit ***

Delete below before signing visit

Responding to IPV Disclosure	
Validate patient's experience:	*Thank you for answering my questions and sharing your experience. I'm so sorry this is happening. / This is not your fault. / I'm worried about your safety.* *I'm here to listen without judgment and support you however I can.*
Patient leads next steps:	*Relationships can have a big impact on your health and your baby's. Is it okay if we talk more about your experience?* • **Current IPV:** *What are your goals for your relationship in this pregnancy? How can we help you achieve these goals?* • **History of IPV:** *Is there anything from your past relationship experiences that you want us to know, or that would inform how we care for you in this pregnancy?*
Provide referral to resources:	*I have additional resources that patients often find helpful. Would you like to talk more about them?* **Share resources** verbally or in AVS, if patient agrees this is safe to do so (**.IPVRESOURCES**). **Provide referrals** to support as needed.
Assess and plan for safety:	**Assess for safety in clinic** – Is the perpetrator with the patient? **Assess for safety at home** – Threats of homicide, weapons involved, history of strangulation or stalking, safety of children? *Do you have immediate safety concerns today? We can connect you to support you need today, or help you create a safety plan.* *A safety plan is a set of actions that can help lower your risk of being hurt by your partner.* **Create a safety plan:** https://www.thehotline.org/plan-for-safety/create-your-personal-safety-plan
Hide note from patient:	*The note I write from our visit is automatically shared with you through the patient portal, MyChart. If others have access to your MyChart and someone else seeing this note would cause you harm, I can hide the note from your MyChart so it won't be visible. Would you like me to hide this note or any future notes in which we discuss your relationship safety?* If yes, deselect the "Share with Patient" button to block the note from the patient's MyChart.
Making a report:	*Remember at the start of this visit when we talked about situations where we would have to get others involved? This is one of those times. I know it took a great deal of courage to share this with me, and we need to make sure that you are safe. I will need to report what happened to you. I really would like your help making sure that I understand all of the things you need to make this as safe and supportive as possible for you.*
Follow-up:	*Thank you for talking with me today. Can we plan to follow up at your next visit?* *You can also reach me in these ways: [discuss contact methods]*

RESULTS


By Sept. 16, 2024, 100% of staff, students and providers will receive access to an educational PowerPoint presentation describing the project
100% received the PowerPoint
By Sept. 30, 2024, 80% of staff, students and providers who received access to the PowerPoint will have viewed the presentation
28.6% responded to a poll confirming they viewed the PowerPoint
By Oct. 28, 2024, 50% of patients attending New OB visits will have documentation of confidential IPV screening and education in their chart
Screened: 80.7%
Confidential: 80.7%
Universal education: 61.3%
By Dec. 2, 2024, 80% of patients attending New OB visits will have documentation of confidential IPV screening and education in their chart
Screened: 91.2%
Confidential: 82.4%
Universal education: 76.5%

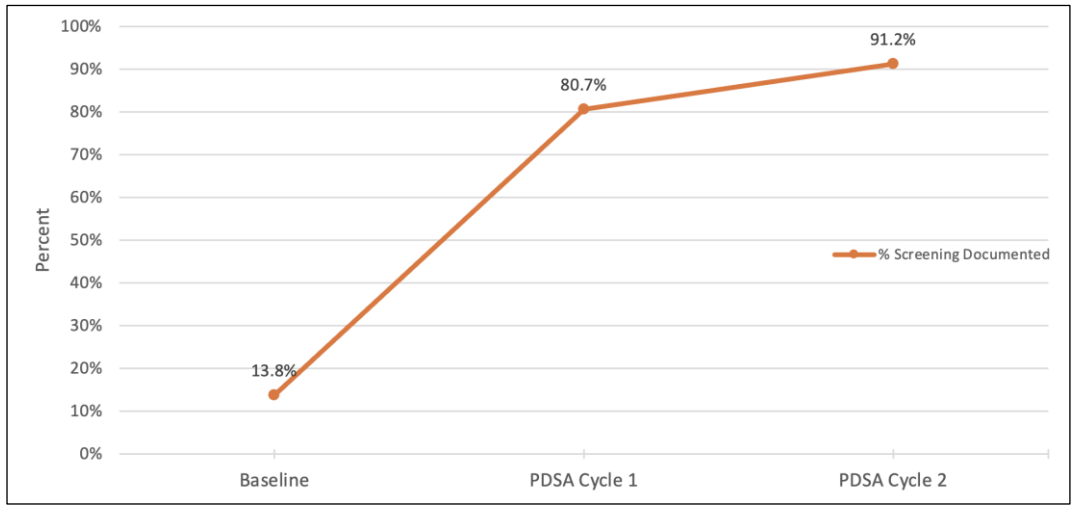
Results: Screening

IPV Screening: 86.2% of New OB charts included documentation of IPV screening

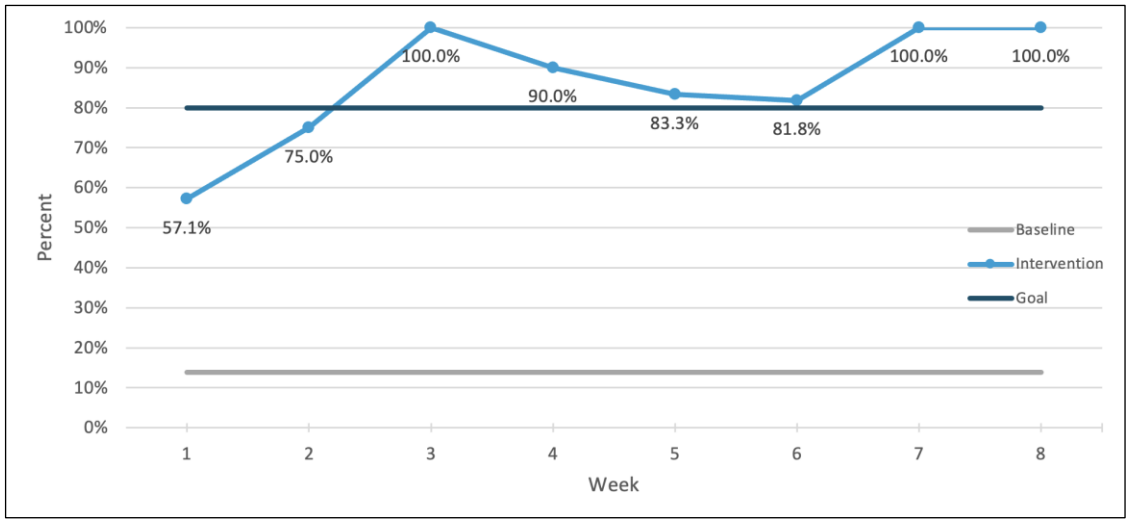
- **PDSA Cycle 1:** 80.7% of charts
- **PDSA Cycle 2:** 91.2% of charts

Positive for IPV: 14.6% screened positive for past or current IPV

% of New OB Charts Documenting IPV Screening by PDSA Cycle



% of New OB Charts Documenting IPV Screening by Week

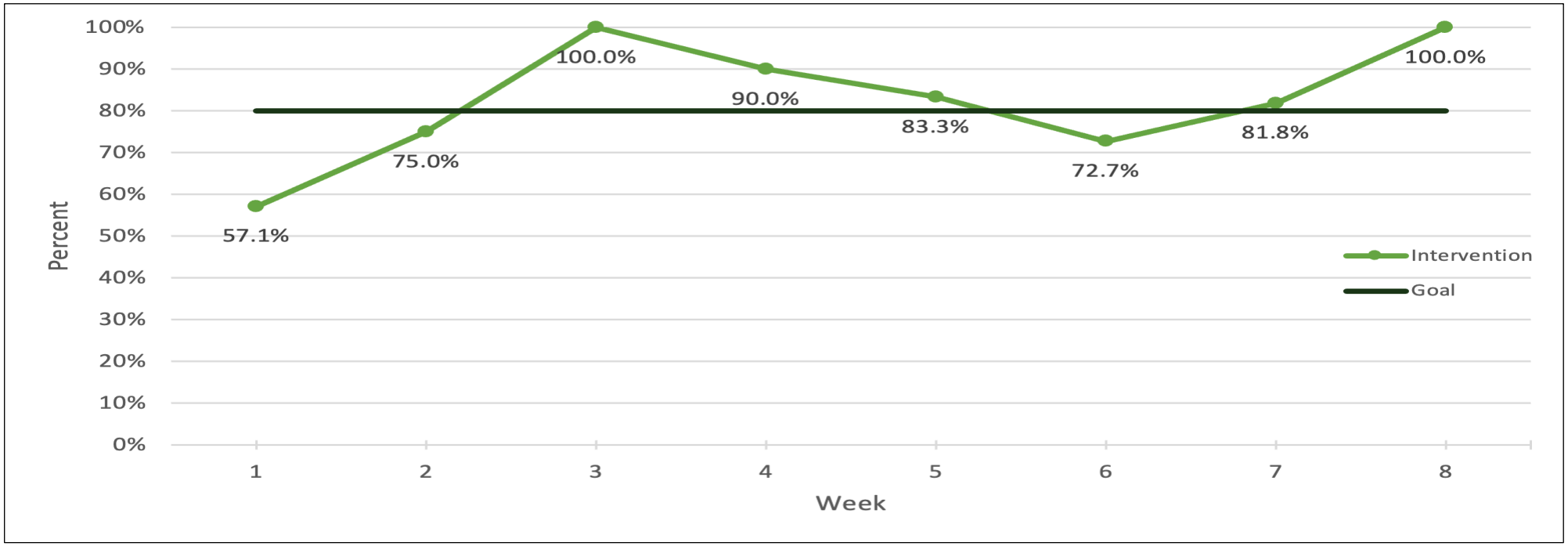


Results: Seen Confidentially

Seen Confidentially: 81.5% of New OB charts included documentation that the patient was seen confidentially

- **PDSA Cycle 1:** 80.7% of charts
- **PDSA Cycle 2:** 82.4% of charts

% of New OB Charts Documenting Patient Was Seen Confidentially

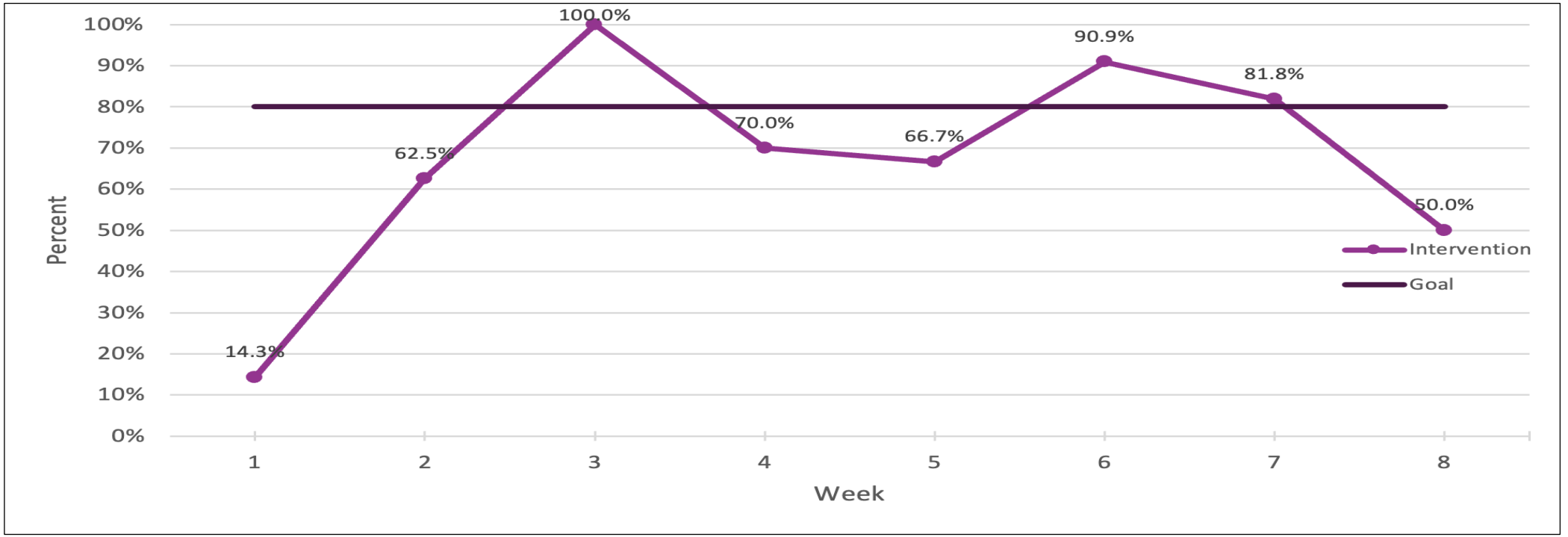


Results: Universal Education

Universal Education: 69.2% of charts included documentation of universal education

- **PDSA Cycle 1:** 61.3% of charts
- **PDSA Cycle 2:** 76.5% of charts

% of New OB Charts Documenting Universal Education



INTERPRETATION

Statistically significant increase in IPV screening

Falls short of recommendations for universal screening in pregnancy

High rate of perinatal IPV experience among this patient population

Challenges with universal education

Identification of provider- and systems-level barriers

LIMITATIONS

- Lack of robust data related to clinic workflow burden
- Limitations of EHR templates
- Generalizability is limited to specific project environment

NEXT STEPS

- **Providers at the clinic have voted to continue the intervention!**
- Incorporate screening at additional time points in pregnancy

Thank You