CLINICAL VOLUNTEER DUTIES IN AN ACUTE CARE SETTING

California Hospital Volunteer Leadership Conference

FEBRUARY 27, 2013

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Objectives

- Explain the impact of health care reform on workforce roles
- Learn about the scope and role of nurses and how it has evolved over time
- Understand nursing’s contribution to health care reform.
- Understand the role of caring and how it applies to nursing and volunteer roles
- Identify roles volunteers play in the acute care setting today and discover role possibilities for the future
- Understand the legal implications of new roles
- Learn about ways to incorporate newly or non-licensed RNs and others into the volunteer workforce – Cope Health Solutions
Volume to Value Revolution

- Three care shifts from hospital to community and home.¹
  - Wave 1 – Patient Centered Care (2010-2016)
  - Wave 2 – Consumer Engagement (2014-2020)
- Reduce the use of hospitals, eliminate unneeded ED visits, prevent aspects of specialty care, reduce overuse of advanced diagnostics

¹ Oliver Wyman, Health and Life Sciences
Shift from Hospital to Community
New Settings, New Roles, New Technologies

- Community Paramedic Initiative
- APRNs and Primary Care
- RNs as navigators, care coordinators
- Care coaches, social workers, nutritionists, fitness trainers, population health managers
- E-heath, e-mobile devices
Future Patient Care Delivery
Managing People, Technology and the Environment
Consumers Take Charge
“E-Patient” Electronically Engaged & Empowered

- 59% of consumers use social media for health care purposes; 56% doctors; <5% of RNs. Harris (2008).

- 65% look for specific illness; 32% look for preventative health resources. (Microsoft).
Social Networking

- The Wisdom of Patients: Health Care Meets Online Social Media.
  Sarashon-Kahn. CHF (2008)

- 41% have read or have engaged in another person’s health experience.
  Pew Family Study (2009)

- Participatory Healthcare – prosumers use relationships and expertise to create rapid real time solutions.
Nationally, 24% of the active physicians in the workforce are age 60 and older.

California has the highest percentage of those over 60 years of age at 29.2% or nearly one-third of all active physicians.

RN numbers are deceiving …50% of CA RNs with active licenses are greater than 50 years of age.
Need for More Extended Roles

- Guiding Principle – all workers should work at the top of their education and training
- Senator Hernandez’s Workforce Modernization Initiative
- Volunteers have many skills, knowledge and abilities that can safely be deployed
Our challenge is to understand nursing as well as the practice of medicine.
Registered Nurse
Most trusted service professionals in the public eye, yet the public is unable to articulate what an RN’s scope of practice is and how it differs from others.
SHCNC Nursing in Pursuit of Excellence

**Physician**

*Diagnosis and treatment of disease*

**Registered Nurse**

*Diagnosis and treatment of the human response to illness and health*
Professional Nursing

Nursing Myth

- A technical vocation requiring some post secondary training

Nursing Facts

- Well defined organized body of specialized knowledge operating from conceptual and intellectual processes based on research and scientific methods.
- Practitioners educated in institutions of higher learning (post secondary, graduate, post graduate levels). Has social and legal sanctions
- Function autonomously, formulates professional policy and controls professional practice
Nursing saves lives.

Nurses are the surveillance system for prevention and early detection of adverse occurrences, and leading edge of rescue efforts.

Surveillance is compromised by inadequate nurse staffing, inadequate education, poor communication, and operational failures that erode vigilance.
Odds on dying are reduced by 19% in hospitals with better vs. poorer care environments (accounting for differences in patients, nurse staffing, education, MD qualifications and types of hospitals). (Aikin, 2002).

- Medication errors, 73% more likely.
- Patient falls with injuries, 90% more likely.
- Nosocomial infections, 55% more likely.
Diagnose and treat the human response to illness and health... or... actual or potential health problems

TODAY

- Illness care
- Provider driven
- Hospitals / health systems
- Ambulatory care

21st CENTURY

- Illness care
- Disease prevention
- Health promotion
- Person driven
- Multiple settings

YESTERDAY

- Illness care
- Provider driven
- Hospitals
Nursing’s Contribution to Health Care Reform

- Its ability to maximize on its treatment and diagnosis to a person’s response to health

- Deployment of nurses in multiple new functions and places, health clinics, retail, home health. Registered nurses started as home health agencies and nurses were “registered” to a specific agency and district.
Nursing has scientific and caring accountabilities in its scope of practice...

- The “doing capacity” – ability to assist the person in the doing of a task
- The ‘insider role’ – the ability to be with the person and to see their health and illness experience through their own eyes
- RN’s integrate the physical, psychological, socio-cultural, and spiritual dimensions of man
- No One Dies Alone (NODA at Providence)
SHCNC Nursing in Pursuit Excellence

**Invisible**

**PROFESSIONAL**
- The whole picture
- The most invisible

**TECHNICAL**
- Skills/Tasks
- Very visible

**AMENITIES**
- Caring touch
- Very visible

**Most independent practice**
- Domain
- Assessment
- Planning
- Diagnosis
- Discharge planning
- Care coordinating

**Independent and delegated**
- Domain
- Passing medications
- Wound care
- IV therapy

**Delegated**
- Domain
- Supportive presence
- Healing therapies
- TLC
12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received Within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose
10. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
11. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours

8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating
Roles Volunteers Play Today

Feed patients, visit with patients, transport pharmaceuticals, transport patients, access patient information, send emails on behalf of patients, “patient sit”, offer care cart services, donate hand-sewn comfort items, answer calls at nursing station, filing, procedure clean up, language interpretation, prayer, teach patients room mechanics, stock supplies, answer call lights, rock babies, survey patient and families, make patient discharge calls, witness signatures, serve on family council committees, engaging volunteer retired clinicians...
Disruptive Innovations

Technology
- Power of the Internet
- Body sensor network technology/electronic monitoring devices
- Convergence of molecular biology, computer and medical science, electrical, mechanical, genetic and biomedical engineering
- New clinical technologies
- Robotics
- Interpretation of complex risk algorithms
- Information
  - Smart systems to guide patients and clinicians through available health information
  - Ability to express complex information face-to-face and through digital modes

Human Needs

Business Models
- Hospital at home
- Hospital solution shops
- Value-adding process (VAP) hospital business
- Nurse navigators
- Guided care
- Health coach
- Retail clinics
- Heart failure advocates
- Summa and St. Mary's “one call” nurse
- Evercare
- Walmart
Legal Implications

- CAHHS hand-out “Volunteer Work and the Law”
- Do you know your Volunteer Resource Policies and Procedures?
- Have you been appropriately trained to perform the procedure?
- Before you perform a task, make sure there is a policy and procedure approved by your organization. Every organization is different.
Volunteer Role Possibilities for Tomorrow

- New technologies, different environments, delivery teams, consumer engagement, helping people help themselves
- Population Health: healthy, urgent, chronic disease, multiple chronic disease
- Palliative Care: End of life care where human needs are not forgotten
- Interdisciplinary/delivery teams of care
The Health Care Talent Pipeline

An Innovative Solution

California Hospital Association Annual Conference

February 27, 2013

Presented by: Elina Vartanyan, Alice Berci, & Poornima Bajwa
Agenda

- Organizational Overview
- Current State of Healthcare Workforce
- Health Care Talent Innovations Overview
- Best Practices
- Pipeline Value
Organizational Overview

Health Care Talent Innovations (HCTI)
- Linking health care providers with tomorrow’s pipeline of health professionals

Consulting
- Clinical Integration and strategic management solutions
- Delivery redesign and translational research solutions
Lay of the Land
Current State of Healthcare Workforce

- Projected health care talent shortage across the board due to:
  - Aging population
  - Coverage expansion through health reform and changing reimbursement
  - Changing roles as health care delivery is redesigned

- New grad RNs forced to seek jobs in non-healthcare settings today, leaving the industry
  - Gap between nursing school to hire
  - Shortage of jobs for new graduate RNs

- Shortage in certain jobs, such as laboratory technologist

- Linguistic and cultural diversity of health care workers not adequately reflective of patient population
Health Care Talent Pipeline
Overview

Cultivating and adapting the health care workforce amid unprecedented changes in health care delivery
Health Care Talent Pipeline

College-Level Students and Individuals in Career Transition

Qualified hospital staff and Clinical Care Extenders

New Grad health professionals looking for experience and jobs

Newly-Hired RNs and Allied-Health Professionals

Clinical Care Extender Pipeline

Health Professions Training

PrepStep

Mentoring & Professional Development (MAP) Program

Well-Trained, Committed and Culturally Diverse Health Professionals
Developing Competencies

- Clinical Competency
  - Patient comfort care techniques
  - Evidence-based practices
  - Critical thinking skills
  - Standard precautions
  - National patient safety goals

- Customer Service & Patient Experience
  - HCAHPS
  - Age appropriate care
  - Diversity/cultural competency
  - Hourly rounding
  - Key hospital initiatives

- Rules and Regulations
  - HIPAA
  - Accrediting agencies (TJC, DNV, CMS, DHS, CDC)
  - Mandatory Reporting
  - Health reform
  - Hospital policies

- Leadership & Management
  - Leadership team
  - Project management
  - Professional development
  - Public speaking
  - Program operations
Best Practices
Best Practices

- Recruit interns with diverse backgrounds

### Language
- English Only 41%
- Bilingual 44%
- Trilingual 12%
- Quadrilingual 3%

### Ethnicity
- White/Caucasian 30%
- Hispanic 12%
- Filipino 8%
- Chinese 8%
- Vietnamese 7%
- Chicano/Mexican 7%
- Multiracial 6%
- Black/African American 5%
- Asian Indian 5%
- Middle Eastern 4%
- Iranian/Persian 4%
Best Practices (cont’d)

- Recruit interns with diverse career goals

### Career Choice

- **Physician**: 49%
- **Nursing**: 31%
- **Allied Health**: 9%
- **Other**: 10%
- **Administration**: 1%
Best Practices (cont’d)

- Prepare well-rounded future healthcare professionals
  - Expose interns to key areas of the healthcare setting
    - Clinical Nursing Units
    - Administrative and Ancillary Departments
    - Policy/Compliance
  - Management-level leadership team experience for pre-health professionals
Best Practices (cont’d)

- Continued learning and professional advancement
  - Internship pipeline tailored to sequential stages of career development
  - Continued engagement in COPE Health Solutions’ Alumni Network

Diagram:
- College-Level Students and Individuals in Career Transition
- Qualified hospital staff and Clinical Care Extenders
- New Grad health professionals looking for experience and jobs
- Newly-Hired RNs and Allied-Health Professionals

- Clinical Care Extender Pipeline
- Health Professions Training
- PrepStep
- Mentoring & Professional Development (MAP) Program
Pipeline Value
Pipeline Value

- Employer/Health Care Organization
  - Address critical current and projected workforce needs
  - Create an applicant pool of best-fit candidates
  - Build a highly skilled, culturally & linguistically-competent workforce
  - Provide value-add projects to improve the patient experience
  - Enhance client’s relationships with local colleges and universities

- Academic Institutions
  - Bridge the gap between academic training and the real world healthcare setting
  - Prepare future health care professionals to be more competitive for job placement opportunities
Pipeline Value (cont’d)

- Future Health Care Professionals
  - Provide hands-on clinical internship
  - Expose interns to all interdisciplinary healthcare career opportunities and corresponding career paths
  - Train interns to embrace the patient satisfaction-centered and data driven culture of healthcare
  - Connection to COPE Health Solutions’ 19,000 alumni
    - Lifelong Learning Network (L³) Connect
    - Annual Health Care Talent and Policy Transformation Conference
    - Workshops and Continuing Education
    - Mentoring and Job Shadowing
    - Special Consideration for Job Opportunities
    - Networking
Please feel free to contact us if you would like additional information about Health Care Talent Innovations:

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