Recognition of Nursing SE13

a. Provide one example, with supporting evidence, of the organization’s recognition of an interprofessional group (inclusive of nursing) for their contribution(s) in influencing the clinical care of patients.

Recognition of an Interprofessional Group, Including Nurses
In April 2018, the WakeMed Raleigh Campus became the first hospital in the U.S. to achieve the designation of Heart Failure V3 Advanced Accreditation through the American College of Cardiology (ACC) Accreditation Services. This designation represents the highest level of accreditation an organization can achieve in the specialty area of heart failure (HF). The award recognizes excellence in care for the HF population, including advanced HF services, across the continuum of care using an interprofessional team approach. Meeting this goal is directly aligned with WakeMed’s Mission, Vision and Values.

Interprofessional Group
Marian Uy, BSN, RN, CHFN, CCRN, Manager and Coordinator, HF Program, led the HF Improvement Task Force. A diverse interprofessional group of nursing leaders, physicians, clinical nurses, pharmacists, dietitians, physical therapists, respiratory therapists and representatives from administration, spiritual care, transitional care, cardiac rehab, home health, Quality Reporting, emergency services and community partners is required to meet accreditation standards demonstrating collaboration across the continuum of care. This team continuously engages in process improvement and expanding the care continuum in accordance with evidence-based guidelines to ensure the delivery of optimal care for the HF population. (Evidence SE13-1, WakeMed HF Improvement Task Force Meeting Minutes, March 13, 2018)

Contribution in Influencing the Care of Patients
To provide high-quality care to this patient population, the interprofessional team engaged professionals across the community and WakeMed campuses to provide optimal patient care. For example, Wake County Emergency Medical Services (EMS) and WakeMed Adult Emergency Department (AED) needed a formal communication process for sharing outcomes related to the care delivered, the desired treatment protocol and measures of improvement for HF patients. This communication loop begins with the AED liaison analyzing patient data, which is then sent to Uy and the EMS liaison, who then returns with follow-up and feedback. (Evidence SE13-2 Email, ED/EMS Communication Loop)

The clinical care of HF patients is influenced at each point of contact, including emergency department (ED), inpatient setting, transitional and outpatient care, and in the community. When a patient presents to the ED with symptoms or a history of HF, the clinical nurse initiates the HF Standing Orders. The HF Improvement Task Force updated the WakeMed Acute Decompensated HF Treatment Protocol, which is a tool for risk-stratifying patient symptoms to guide the frequency of nursing reassessments,
physician notification of assessment findings, and patient flow. (Evidence SE13-3, WakeMed Acute Decompensated Heart Failure Treatment Protocol)

Nurse case managers and home health nurse liaisons help facilitate a smooth transition of care for the HF patient. WakeMed Home Health Telehealth nurses bridge patient care from the hospital to home in collaboration with the HF Improvement Task Force. Maintaining open communication with the patient’s provider for the timely flow of assessment information and updates in the patient’s plan of care helps facilitate smooth transitions.

Stuart Russell, MD, Heart Care + Advanced Heart Failure, provided an educational presentation on the topic of Mechanical Cardiac Support/Left Ventricular Assist Device (MCS/LVAD) during WakeMed’s ST-elevation Myocardial Infarction (STEMI) meeting on March 12, 2018. The purpose of Russell’s presentation was to educate members of the EMS team and ED team, as well as other members of the care team, on MCS and optimal care delivery for patients with MCS devices. Attendees included Wake County EMS, Johnston County EMS, WakeMed ED physicians, the WakeMed ED liaison, WakeMed ED nurses and staff members from the WakeMed Heart Failure Program, WakeMed AMI Program and WakeMed Quality Reporting. The WakeMed EDs have established an active list of patients in the community who are known to be living with MCS, and the list is maintained through communication with regional Transplant Centers: Duke and UNC. (Evidence SE13-1, HF Improvement Task Force Meeting Minutes, March 13, 2018)

Organizational Recognition
In April 2018, the WakeMed Raleigh Campus became the first hospital in the nation to receive ACC V3 HF Accreditation out of 30 hospitals nationwide currently working to meet Version 3 accreditation. WakeMed Health & Hospitals used several methods to recognize this phenomenal achievement of the interprofessional group’s contributions influencing the clinical care of patients with HF:

- On April 11, 2018, all employees received an employee update by email recognizing the collaborative care provided by many disciplines, emergency services, life care, physicians, and Duke Health partners as a part of Heart Care+, involved in the care of heart failure patients. (Evidence SE13-4 WakeMed Health & Hospitals Employee Update: WakeMed Raleigh Campus Completes Heart Failure Accreditation Survey)
- In May 2018, WakeMed published an article in the Microscope, the organization’s new publication for employees and friends of WakeMed, highlighting the achievement.
- On June 24, 2018, WakeMed Health & Hospitals published an article in the News and Observer announcing that the WakeMed Raleigh Campus was the first in the nation to achieve HF Accreditation with Advanced Designation V3 from the ACC. (Evidence SE13-5 News and Observer: WakeMed Health & Hospitals HF Accreditation with Advanced Designation Announcement)