

EP6a

Provide one example, with supporting evidence, of nurse's(s') participation in interprofessional collaborative practice to ensure coordination of care from an inpatient setting to an ambulatory care setting.

Example a: Ventricular Assist Device Program Coordination

Nurse Participation in Interprofessional Collaborative Practice

Libby Guerrero, BSN, RN, ACSM-CPT, is the Ventricular Assist Device (VAD) Program Coordinator at WakeMed Health & Hospitals. In this role, Guerrero demonstrates clinical expertise in the nursing care of patients with VADs and is responsible for collaborating with interprofessional colleagues at WakeMed and Duke Health to ensure coordination of care for these complex patients to bridge them from hospital to home by way of acute inpatient rehabilitation. ([Evidence EP6a-1, Guerrero Job Description](#))

While WakeMed does not implant VADs, it participates in shared care with Duke Health, a VAD implant center, to provide acute inpatient rehabilitation (rehab) services to this patient population. Guerrero coordinates the work of the WakeMed Rehab team, WakeMed Advanced Heart Failure team, and Duke Health VAD team to safely and effectively transition patients from inpatient status at Duke University Hospital to acute inpatient rehab at WakeMed's Rehabilitation Hospital, to the ambulatory setting under the care of the Duke VAD team. Guerrero's work with the patient exemplifies her interprofessional collaborative practice to coordinate care from the inpatient to ambulatory setting across two health systems.

Coordination of Care from Inpatient to Ambulatory Setting

In April 2024, WakeMed Rehab Admissions representative Shannon Watkins, PT notified Guerrero that a patient with a VAD would be admitted to acute inpatient rehab to continue recovery to a state of readiness for discharge home after a cerebrovascular accident. The patient was admitted to WakeMed Rehab in May 2024, ready to engage in the intensive, multidisciplinary therapy necessary to recover. Guerrero participated in direct nursing care for the patient, including providing dressing changes and patient and caregiver education to support the patient and prepare them for self-management upon discharge.

Guerrero also consulted in therapy sessions with the patient, including those involving showering with occupational therapy and use of the Ekso Bionics exoskeleton with physical therapy to ensure the highest possible level of patient independence once at home. Guerrero routinely rounded with the WakeMed Advanced Heart Failure physicians and advanced practice providers to address cardiac-related clinical and discharge needs such as prior authorization for the medications the patient would need at home.

Guerrero also participated in the weekly WakeMed Rehab interdisciplinary team conference to address the patient's plan of care and answer team members' questions to facilitate a safe and timely discharge home. This team included Wing Ng, MD,

Carolina Rehab and Surgical Associates; Shannon Schweitzer, PA-C, Physician Assistant, Carolina Rehab and Surgical Associates; Melissa Mizelle, LCSW, LCAS, CRC, CBIS, Rehab Case Manager, Patient Case Management; Haley Root, SLP, Speech/Language Pathologist, Speech Therapy; Adele Oeugnin, Occupational Therapist, Occupational Therapy; and Becky Marciszewski, Physical Therapist, Physical Therapy. ([Evidence EP6a-2, Rehab Team Conference Email](#))

Guerrero advocated for assistive equipment to prevent injuries to patients and caregivers in the home. She confirmed the plan for how the patient's international normalized ratio (INR) blood test would be monitored once home with Duke, the WakeMed Rehab team, and the patient and caregiver. Patient's with LVADs are on anticoagulation to prevent blood clots from forming within the LVAD pump, and thus, require weekly INRs to avoid complications related to too much or too little anticoagulation. ([Evidence EP6a-3, INR Email to Duke](#)) Guerrero also routinely addressed patients' medication lists to ensure they were taking their medications at the correct doses with enough time for proper evaluation before discharge.

Prior to discharge from WakeMed Rehab, Guerrero collaborated with the WakeMed Rehab and Advanced Heart Failure teams, particularly Rehab Clinical Case Manager Mizelle and Physician Assistant Schweitzer, to ensure medications, lab orders, and follow-up care were confirmed. On the day of discharge in June 2024, Guerrero provided discharge instructions to the patient and family members. ([Evidence EP6a-4, Discharge Epic Note](#)) Guerrero also finalized the patient's transition to the ambulatory setting by communicating information to the Duke VAD and Anticoagulation teams via email. ([Evidence EP6a-5, Discharge Email to Duke](#)) The patient was discharged home after great improvement in functional status and returned to the Duke VAD Clinic in June 2024 without any adverse events.