

Advanced Registered Nurse Practitioner Care

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Chronic Pain Management in the Emergency Department

Alison Houchin

Aims: The purpose of this study was to assess provider compliance to individualized care plans aimed at reducing the administration of controlled substances to patients frequently presenting to an Emergency Department (ED) for complaints of chronic and/or subjective pain. The aim is to curb frequent and inappropriate ED use, improve patient care, and reduce overall amount of controlled prescriptions ED providers prescribe to patients with care guidelines.

Background: Prescription drug-related ED visits are on the rise, as are morbidity and mortality injuries associated with prescription drugs. The ED is reportedly the largest source of outpatient prescription opioid analgesics. The Consistent Care Program (CCP) utilizes a patient tracking computer application program combined with a case coordinated model to manage patients who frequently use EDs for visits related to chronic and/or subjective pain.

Methods: A retrospective chart review of 1611 ED provider notes was performed for 215 patients enrolled in a city-wide ED care coordination program (Spokane Consistent Care) for 6 months after program enrollment. Records were coded into groups according to provider acknowledgment of the guidelines and provider compliance. Records were coded for provider type (NP, MD, PA) to assess differences in prescribing practices between provider types.

Results: Guidelines were documented as being followed by the ED provider in 1175/1611 (73%) of the reviewed ED visits. In only 65/1611 (4%) of cases the guidelines were acknowledged but then not followed. There was no statistical difference between provider acknowledgement compliance to guidelines between NPs, MDs, and PAs.

Significance/Implications: In the majority of ED visits (73%) providers followed an individualized ED care plan indicating this management ap-

proach may be effective for reducing unnecessary ED prescribing of controlled substances. Care guidelines delivered electronically to providers can enhance efforts to curtail the trend of chronic controlled substance abuse, misuse, and diversion by providing a case management approach.

Colorectal Cancer Screening Tools to Increase Colorectal Cancer Screening

by Emily Butler, WA Dept of Health Cancer Screening Coach

Why focus on colorectal cancer screening? Because screening saves lives, yet a third of Washington residents have never been screened or are not up to date with screening.¹ With this three-part series, I provide you with evidence-based strategies you can use to boost colorectal cancer screening rates in your practice.

Average risk clients between the ages of 50-75 should be screened. Recommended screening methods include²:

- ☐ High-Sensitivity Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) every year.
- ☐ Colonoscopy once every 10 years.
- ☐ Flexible sigmoidoscopy once every five years. When done in combination with FOBT or FIT, the stool test should happen every three years.

One tool I want to share with you is a Colonoscopy Fact Sheet. It assists you in educating your patients about colorectal cancer screening and colonoscopy. It addresses common questions and concerns, and prepares patients for the exam. Use this fact sheet as a handout for patients referred for colonoscopy. You can also mail it to your patients with a referral as a reminder to follow through with the colonoscopy appointment. One study found a 12 percentage point increase in the number of patients that followed through with colonoscopy when a fact sheet like this one was mailed 10 days after the referral. Learn more about this study and steps to implement this strategy.

To order copies, ask questions about how to use this publication, or find out more about increasing colorectal cancer screening in your practice, contact me at

Emily.Butler@doh.wa.gov or 253.395.6729.

RWJF Executive Nurse Fellows Program Issues Call for Applications

The Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellows program has released the Call for Applications for its 2013 cohort. The highly competitive, three-year, world-class leadership development program will award up to 20 fellowships to nurses who aspire to lead teams and organizations working to improve health and health care locally and nationally. They will join more than 200 nurse leaders who have participated in the RWJF Executive Nurse Fellows program since it began in 1998.

During their fellowships, Executive Nurse Fellows receive coaching, education and other support to position them to lead change in the United States health care system. Major components of the program include an advanced leadership curriculum, intensive executive coaching, team-based action learning projects, individual projects, and individual leadership development activities. Fellows continue in their current positions during the time they participate in the program, and in their last year, develop, plan and implement a new initiative to improve health care delivery in their communities.

The program is open to registered nurses who hold senior leadership positions in health services, scientific and academic organizations, public health and community-based organizations or systems, corporations, or national professional, governmental and policy organizations. Candidates with racial, ethnic or gender diversity or with diverse leadership backgrounds are encouraged to apply.

The deadline for receipt of applications is January 15, 2013 at 3 p.m. ET.

“The RWJF Executive Nurse Fellows program has a proud history of enhancing the leadership skills of extraordinary nurses all across the United States,” Cronenwett said. “Our alumni are a ‘who’s who’ of accomplished nurses, and we’re always excited to add new nurses to the program. Our goal is

to support nurse leaders with potential to develop innovative ways to improve health and health care in this country.”

For more information about the RWJF Executive Nurse Fellows program visit: www.ExecutiveNurseFellows.org.

New Tool for Patient-Centered Miscarriage Management

By Tara Cardinal, CNM; Mary Wallace, RN, MSW; & Ann Darlington, CNM

Just imagine: it is the end of your clinic day and you are completing your charts when you receive a call from radiology. Your patient has had her nuchal translucency ultrasound and there was no heartbeat. You offer to see her and her partner to lend support and counsel them about their options for miscarriage management.

Miscarriage is the most common complication of early pregnancy loss (EPL), occurring in nearly 20% of clinically recognized pregnancies. All clinicians who provide care for women in their reproductive years manage early pregnancy loss to some degree. While these encounters are common, the options available for management have historically been limited. Recent standards of practice typically dictated expectant management (“wait and see”) or referral for surgical dilation and curettage (D&C) or electric vacuum aspiration (EVA) in an operating room-type setting, under either general anesthesia or conscious sedation. Miscarriage is stressful for women; when they are referred to another provider, the experience can become especially distressing.

Two additional options that are evidenced-based, patient-centered, safe, and more cost-effective can now be considered: medication management using misoprostol (Cytotec), and uterine evacuation using a manual vacuum aspirator (MVA). Both options can be offered in an outpatient, office-based setting.

Advanced practice clinicians have the academic preparation and are learning the requisite skills to provide these options for their patients. The Miscarriage Management Training Initiative (MMTI), a multidisciplinary team supported by public and private funding, provides the resources and skills in half-day training sessions. Course content covers the three options for their patients experienc-

ing EPL: expectant management, medication management or uterine evacuation using the MVA. The practicum addresses skill development for the MVA by using a papaya as a uterine simulation model.

Back to that ultrasound visit; since you have attended one of the introductory trainings with the MMTI Team, invited them into your practice to train the rest of your team, acquired the requisite clinical experiences in your community, and demonstrated competency in MVA, you are able to offer your patient the full spectrum of management options.

Due to her demanding lifestyle and her hesitancy about the operating room (especially “being put under”), she chooses to have her miscarriage managed by you, either with medication or using the MVA. After an informed discussion, she opts for the MVA because it is fast, effective, safe and her partner can be with her during the procedure.

The effort to move miscarriage management from the operating room to the office-based setting is a care model that is patient-centered, cost-saving, and evidence-based. It works to the patient’s advantage on several levels. For more information on how the MMTI Team can help you implement these options, contact: Tara Cardinal, CNM, ARNP at taracardinal@gmail.com

Heart Truth Grant Opportunity

The Foundation for the National Institutes of Health partners with The Heart Truth to offer an annual grant opportunity for community groups to raise awareness about heart disease. A key goal of the grant program is to provide women of color, low income, and in rural areas key health information and community education.

The website with complete information is at www.fnih.org/work/hearttruth-grants. The application deadline is January 7, 2013.

For questions about the application process or a proposed program, please contact Monique Ndencho, NHLBI Project Director, at monique.ndencho@nih.gov or 301.496.4236. If you need technical assistance with the FNIH online application, please contact Magda Galindo at grants@fnih.org

Classified Ads

2 ARNPs Wanted– Western WA

ARNP wanted for 30 hours per week Tuesday to Friday in a North Seattle Wound Care Center. Another ARNP wanted Monday morning and all day Thursday in a Wound Care Center in Arlington, 50 miles north of Seattle. Both Wound Care Centers are well established outpatient programs with excellent reputations of healing chronic wounds. Be a wound care specialist and part of a team with many disciplines. Experience as an ARNP required, but will train for wound care. Also option to buy this successful practice of 13 years that provides ARNP's to wound care clinics. Email olympicarnp@gmail.com or call [425-275-7629](tel:425-275-7629).

NP Opportunities in Spokane & Kitsap Counties! \$3k Signing Bonus

Improve Your Quality of Life While Helping Seniors! Join our elite Evercare team in the Kitsap or Spokane county area! As an Evercare Nurse Practitioner, you will provide primary and preventative care to a caseload of patients in long-term care settings. This exciting full-time opportunity provides flexibility and autonomy, while bringing enormous satisfaction in the care and comfort of our aging population. Qualified candidates must have an active and unrestricted NP license in the state of Washington, DEA license, certification as ANP, FNP, or GNP, and past experience working in a nursing home or with seniors in other settings. Contact Kaitlin Osborn today at Kaitlin_Osborn@uhg.com / 952.936.3888 if you, or someone you know, have an interest in learning more!

CE Opportunities

UW Health Care and Social Work Certificates

Advance your skills, expand your network or earn contact hours and CEUs. UW Professional & Continuing Education offers the following certificate programs: Gerontology (online), Geriatric Mental Health (classroom), Medical Management (classroom), Psychological Trauma: Effective Treatment and Practice (online & classroom), Integrated Behavioral Health (online), and Infant Mental Health (classroom). Visit our website for full descriptions and start dates: www.keeplearning.uw.edu.

Pediatric Obesity Prevention in Primary Care FREE 1 hr AANP CE Opportunity:

Please allow me to invite you to complete an online CE program about: Pediatric Obesity Prevention in Primary Care

The program will take an hour or less, and has a research component/survey, so your participation is highly valued!

To access the program, please access the following link:

www.unco.edu/nhs/nines/HesslerCEforWeb2011/HesslerCEforWeb2011.html

Service Ads

Seattle University NP Students Need Preceptors

Winter Qtr 1/7-3/20/13, 2 days/week

Spring Qtr 4/1-6/10/13, 2 days/week

Fabulous preceptors are ARNPs, MDs, PAs in: Family, Geriatrics, Psychiatrics, Pediatrics, Midwifery, Women's health, Urgent Care, Specialty (eg; cardio, neuro, etc) Please contact Elly Detweiler at: 206-398-2098 or detwelle@seattleu.edu

Guiding the Future... Love to teach...

Precept an FNP, ANP or PNP student!

Precepting involves 1 to 2 days a week for the 10-week quarter, Fall, Winter and/or Spring.

Preceptors needed for beginning to advanced students.

Contact Fiona Shannon, fiona@uw.edu for more information on precepting University of Washington students.

Interested in Mentoring the Next Generation of ARNPs?

Pacific Lutheran University in Tacoma, WA is looking for preceptors in the south Puget Sound area for the Family Nurse Practitioner program. Your commitment requires a minimum of 1 day a week for a semester. We need preceptors Fall (Sep to Dec), Spring (Feb to May) and Summer (May to August) semesters. If interested, please contact Dr. Lorena Guerrero at guerrelc@plu.edu or call (253) 535-7374.

Meetings

Puget Sound Nurse Practitioners Association

Join us! Puget Sound Nurse Practitioners Association is a non-profit organization supporting ARNPs in Puget Sound since 1998. We meet every other month and offer a social hour/networking and a speaker presentation.

Annual dues are \$40/\$20 for students. \$20 per meeting for guests.

Apply for membership and find meeting information at <http://PSNPA.org>

Private Practice NP Discussion Group

All are welcome. Meetings will be Sep/Nov/Jan/Mar/May on the third Thursday of the month from 6:30-8:00 at FamilyCare of Kent in Kent, WA. RSVP at least 48hr in advance to mwiley@familycareofkent.com so we can order food and drinks. Address and directions on www.familycareofkent.com. Sponsored by NP Central.

West Sound Advanced Practice Association

Meets the second Thursday of the month. Meetings include networking/dinner/educational session. E-mail Fionafnp@centurytel.net for more information.

Ad Information

Copy deadline is the second Tuesday of the month prior to publication.

Ads may be accepted later than this on a space-available basis. Position Available and Continuing Education Ads of less than 66 words are \$45, of 66 to 130 words are \$75, 131-180 words are \$105, and greater than 181 words are \$175. Position Available Ads are priced per insertion. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75, more than 130 words are \$175. Ad Inserts are \$750 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #230, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

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Ad rate sheet available on request.

Photograph of the Month



Photo by Bob Smithing

Great Blue Heron preparing for takeoff.