

What keeps me up at night?

Conversations nurses should have to influence the culture of care so patients benefit



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Keeping patients on course

Care coordination is a strategy fueling health care reform, and is at the center of nurse navigation



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Portrait gallery

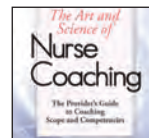
An extraordinary coffee table book takes readers on a journey through the expansiveness of nursing



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Emerging role of nurse coach

A new ANA title and certification empowers nurses to support clients in achieving their wellness goals



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NPs help meet the primary care services challenge

Urgent need as the nation prepares to accommodate 32 million uninsured as called for in the ACA



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THE AMERICAN NURSE

NURSING PRACTICE

The future is now

Rehabilitation nurses well-prepared for care coordination, team focus

By Susan Trossman, RN

Staff nurse Joanne Pugh and case manager Susan Wirt are both longtime RNs who can easily step into the role of “nurse of the future” as called for in the Institute of Medicine report on nursing and other health reform initiatives. They are experts in working on interdisciplinary teams, are strong problem solvers and communicators, and they don’t shy away from taking the lead on efforts to ensure that their patients get the right — and best — care.

They work in a specialty that allows them to assist patients in their journey from serious injury or ill-

ness to a life that may not be the same but still full. They are among the 10,000 nurses who are certified in rehabilitation nursing.

As president of the Association of Rehabilitation Nurses (ARN), Michelle Camicia, MSN, CRRN, is on a mission to build greater awareness among nurses and the public about her specialty.

“Rehabilitation nursing is more of a philosophy than a scope of practice,” said Camicia, director of Rehabilitation Operations at Kaiser Foundation Center in California and an ANA\California (ANA\C) member. “We work in many different roles and settings, including acute

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Rehabilitation RNs work together to help a young patient in a halo brace regain abilities and prevent complications.

GALLUP POLL

Nurses retain top spot in ethics and honesty

By Adam Sachs

The public continues to rate RNs as the most trusted profession, according to this year’s Gallup survey that ranks professions based on their honesty and ethical standards.

“This poll consistently shows that people connect with nurses and trust them to do the right thing,” said ANA President Karen A. Daley, PhD, RN, FAAN. “Policymakers should do the same as they debate crucial budget decisions that will affect health care quality and access for millions of Americans.”

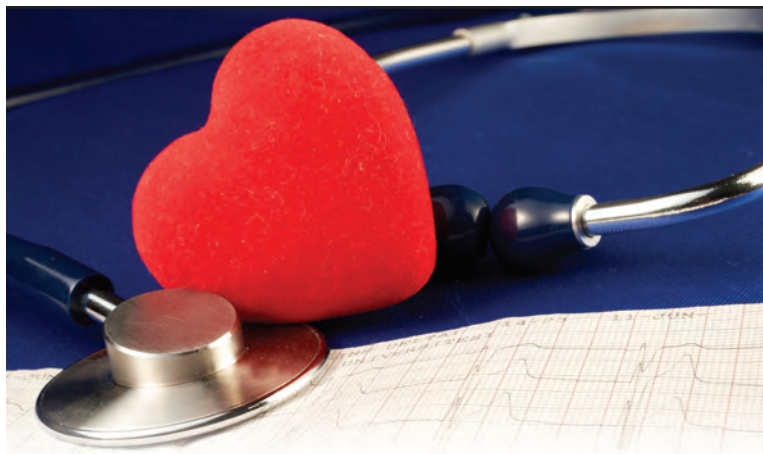
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RNs are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness and primary care services, with a focus on improving quality and managing costs. In addition to their clinical expertise, they are being sought out to serve in a variety of leadership posts on bodies developing policy recommendations related to a wide range of health care policy issues.

Additionally, as states develop health insurance exchanges, ANA and its state nurses associations are advocating for nurses to serve as members of governing boards for state exchanges and for the recognition of qualified nurses to fully participate in Qualified Health Plans.

For the 13th out of 14 years,

See **Poll** on page 5 >



ANA HEALTHY NURSE

An issue of weight

Calling all nurses to get healthy and reverse a trend

By Susan Trossman, RN

A troubling trend is continuing: More Americans are on a path toward becoming overweight and obese. And that translates to more patients and *nurses* weighing in at higher, less healthy numbers.

Like many Americans with high-stress jobs and lots of responsibilities, it sometimes seems like the odds are against nurses to eat right, exercise and get enough sleep.

Through its Healthy Nurse program, the American Nurses Association (ANA) is working to turn the tide by helping nurses attain

healthier lifestyles and workplace practices, and in turn be strong role models for their patients. In yet another series of educational sessions, ANA’s Department for Health, Safety and Wellness is hosting Healthy Nurse workshops Feb. 6, in conjunction with its Nursing Quality Conference, on making the case for safe patient handling and self-care for nurses. (Go to www.nursingworld.org/healthynurse.org for resources and more ANA activities.)

“The weight of our nation’s population is increasing, causing a rise in the incidence of noncommunicable diseases, such as cardiovascular

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The future is now

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rehabilitation hospitals, long-term care and home health care.”

Depending on the role, rehabilitation nurses can specialize in working with pediatric patients needing complex care, older adults or people who have pain management needs, for example. Their patient population also can run the gamut from patients or clients who have spinal cord injuries to traumatic brain injuries to developmental congenital disorders, such as spina bifida.

They all base their practice, however, on key rehabilitative and restorative principles.

According to ARN, rehabilitation nurses put those principles into practice by effectively managing complex health care issues; collaborating with other professionals and disciplines, such as occupational or speech therapy; providing patients and their caregivers with needed education; setting patients’ goals that are aimed at maximizing independence; and establishing plans of care that maintain patients’ optimal wellness.

Because of their strong skill set, rehabilitation nurses are well-prepared to take on the many opportunities opening up through the Affordable Care Act, such as those that focus on care coordination and preventing complications in people living with chronic and complex conditions, according to Camicia.

A closer look at acute rehab

In her 27 years working on acute rehabilitation units, Joanne Pugh, BSN, CRRN, an ANA/C member and now a staff nurse at Kaiser, has seen it all and has learned to never prejudge. She has taken care of many patients with spinal cord injuries, including a young woman who had a car accident and a young man who had been shot. She also has worked with many patients with traumatic brain injuries, strokes and complications from diabetes.

“Patients often come in and they are devastated, and so are their families,” Pugh said. “These patients have just gone through a major life change. They are at their lowest point. Spinal cord injury patients, for example, think their lives are over and that they can’t do anything anymore.”

“As staff nurses, we begin working with individuals and their families soon after the onset of their injury, and we focus on what they can do, their abilities. We support and teach our patients about their condition and strategies to help them adapt, which empowers them so they can function as independently as possible. And we do caregiver training.”

Some patients initially fear doing any tasks by themselves.



A rehabilitation nurse works with assistive equipment to help her patient transfer.

Photo courtesy of Association of Rehabilitation Nurses

“I always say to a patient, ‘I know this is scary, especially if it is the first time,’” said Pugh, who finds her specialty incredibly rewarding. “But if you want to live an independent life, you need to start doing things for yourself. I’ll be your assistant and be with you all along the way.”

“After they do an activity once, like giving themselves a heparin injection or perform a self-cath, they realize they can do it and it’s not so bad.”

A typical day shift for Pugh is fast-paced. She performs many of the same tasks that are done in an acute care hospital setting, along with rehabilitative-specific assessments and care, such as cathing patients, trach care, and getting patients up and dressed for therapy.

“Every week I have a team conference with the physician and others involved in a patient’s care, such as a physical therapist, an occupational therapist and a psychologist, to evaluate goals and maybe set new ones. It’s really a team approach. I back them up, and they back me up.” (The same team also meets with the patient and family at different times.)

Camicia added that rehabilitation nurses often serve as the hub of a wheel, providing information and coordinating care among the other disciplines — the spokes in that wheel.

“Advocacy is also a huge role for us,” she said. “We serve as the patient’s advocate when addressing issues with other members of the health care team and sometimes with a patient’s own family. We always want to make sure that all patients are getting the right care in the right place at the right time.”

Managing their cases

Susan Wirt, BSN, RN, CRRN, CCM, started her 35-year career in adult critical care but then transitioned into rehabilitation nursing to help patients deal with the post-acute effects of their injury or illness. She

currently works independently as a case manager, working with individual patients as well as insurance companies and health care facilities.

“My clients have been through acute rehab and are back in their communities,” said Wirt, the immediate past president of ARN, an organizational affiliate of ANA and an ANA member. “I figure out how they can be well and healthy despite their chronic conditions. People who are getting the ongoing care they need will experience fewer re-hospitalizations.”

Sometimes, however, Wirt visits patients and their families while they are still in acute rehabilitation facilities.

“When patients are in the midst of a catastrophic situation, they are thinking life or death,” Wirt said. “I let them know that I’m there for their support, someone whom they can lean on.”

“I often initially focus on improving the flow of communication, educating families, individuals and even health care teams about services that are available or needs that still must be addressed. I also will identify community resources and facilities, so patients can be in the best place — whether it’s a transitional facility or at home — after they are discharged and make informed decisions about their ongoing care.”

Frequently she goes to the homes of patients who soon will be discharged to determine if there are any barriers or durable medical equipment required and then ensure that those issues are addressed. For example, she will consider whether ramps are needed to get inside the home, any scatter rugs to be removed or a cordless phone to be ordered. She also will consider whether the clients are independent with their activities of daily living but must have assistance with meal preparation.

Many of her clients are in rural areas of Virginia and surrounding states. That can add to the chal-

lenges of finding resources, including specialists whom clients must see, and her own travel time. Wirt has followed some clients for many years, accompanying them to health care appointments and making sure that they are staying at the maximal level of their health.

She even has researched and subsequently found a lightweight portable shower chair for one of her longtime clients, a lay minister and paraplegic who had been forced to stay at certain hotels instead of with members of his congregation, as he had pre-injury. That kind of flexibility is something that Wirt wants for all her clients, so they enjoy many of the same things they used to do before any constraints occurred.

As the baby boomer generation ages and health care continues to reform, Wirt sees more opportunities in case management.

“Nurses are best at case management, and rehabilitation nurses are particularly well-suited for this role,” Wirt said.

THE FUTURE OF NURSING



THE FUTURE OF HEALTH CARE

That said, Camicia believes that rehabilitation nursing practice can extend to all nurses.

“Every nurse can practice the philosophy and concepts of rehabilitation nursing wherever they work,” Camicia said. “Falls prevention, behavior management, improving mobility — these are basic to our specialty practice but they apply to all settings.”

For more information on rehabilitation nursing, go to www.rehab-nurse.org.

— Susan Trossman is the senior reporter for *The American Nurse*.

REIMBURSEMENT

ANA offers guidance on new Medicare billing codes

The American Nurses Association (ANA) is providing educational resources to help RNs and advanced practice registered nurses (APRNs) learn how to incorporate new Medicare payment policies for core nursing services into their practices.

The new Medicare payment policies for “transitional care management” and “complex care coordination” services went into effect Jan. 1. Under the Medicare Physician Fee Schedule Final Rule, Medicare will reimburse for transitional care management services in the first month after high-need patients are discharged from the hospital. Nurse practitioners, clinical nurse specialists and certified nurse-midwives (as well as physicians and physician assistants) are eligible to bill for transitional care management services.

Additionally, the Medicare rule recognizes new billing codes for complex chronic care coordination, which includes care coordination activities typically provided by RNs or APRNs. However, the Centers for Medicare and Medicaid Services currently will not separately pay for

complex care coordination services.

To assist its members, ANA has compiled Frequently Asked Questions that explain the new codes, which are posted on ANA’s web page on care coordination at www.nursingworld.org/care-coordination. An educational webinar is being presented on Feb. 20.

Mental health code resources

With the changes, Medicare adopted major new coding and reimbursement policies for psychiatric and mental health services. The new psychiatric codes apply to psychiatric/mental APRNs and other mental health providers.

ANA collaborated with its organizational affiliate, the American Psychiatric Nurses Association (APNA), to develop educational webinars about the new psychiatric codes and reimbursement. The webinars are available on APNA’s website at <http://elearning.apna.org/cpt.php>, free to members and nonmembers.

ANA resources

To learn more about Medicare billing codes and care coordination, visit ANA’s Web page on care coordination at www.nursingworld.org/care-coordination. (See ad on page 13 for information about Feb. 20 webinar.)

Sign up for the 2013 Psychiatric Service Codes webinars at <http://elearning.apna.org/cpt.php>.