

## UNC GI & Hepatology Standards for Registered Nurses

DRAFT 11/1/2016

These standards are to clarify roles and expectations for Registered Nurses working within the UNC Division of Gastroenterology & Hepatology. The goal of these standards is to better incorporate RNs into our practice, which in turn will improve access to care, enhance quality and patient experiences, and reduce operating costs.

We hope this document clarifies expectations for our RNs, informs physicians about appropriate working arrangements for our RNs, and better standardizes how RNs are employed across the division.

### **1. What are the RN practice regulations?**

According to the NC Nursing Practice Act, *“RN practice includes assessing, planning and implementing nursing interventions and prescribed treatments for an individual, group, or community; as well as to evaluate responses to nursing care and treatment, and to collaborate with others as needed....Also included in RN practice in NC is the clinical counseling and teaching of clients and professionals or those preparing to perform nursing functions. The management and administration of nursing services as regards the maintenance of health, prevention and management of illness, injury...”* (see: <http://www.ncbon.com/dcp/i/nursing-practice-registered-nurse> ).

We aim to ensure that Registered Nurses are working at the top of their license. The Division is drafting a set of standing orders that nurses can use to for medical refills, therapies, and for testing for certain disease states as determined by their supervising clinician.

- 2. What hours are nurses expected to work?** Nurses should be in clinic at the start of the clinic, as agreed upon by nurse/provider. Nurses enjoy flexibility in hours such that they are expected to be present during regular working hours. This may change daily, but generally encompasses eight or more hours of work between the hours of 7am and 7 pm. Overtime shall be kept to a minimum.
- 3. What are the expectations of the RN in clinic?** For some specialty clinics where patients have complex needs and/or many clinicians in the same area are working together (e.g., IBD) the RN will be expected to accompany their supervising clinicians to clinic. Regular RN attendance will not be expected in clinics that treat patients with less complicated needs and/or in which only one or a few clinicians from that specialty area are in clinic at the same time.
- 4. What are the expectations for the RN with regards to phone/voicemail coverage?** Because it is important that patient and referring physician are able to connect with a nurse promptly, we expect voicemail to be checked regularly and all messages to be reviewed the same day. When a nurse is out of the office for vacation s/he should leave a message with clear instructions for who to contact until s/he returns. Patients who leave messages regarding potentially urgent/semi-urgent issues should be called back on the same day. Patients with non-urgent issues should be called back within 24 hours.

We are redesigning our phone trees, but expect many/most patients to call a general GI division phone number for questions and issues. For any clinical issues, the call center will transfer the phone call to the nurse assigned to the clinician who cares for the patient.

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GI and liver nurses must be knowledgeable about the area the work in and able to answer questions related to preparing for procedures, test results, and “sick calls” where the patient is triaged to determine the proper response to the call (clinic visit, admission, etc).

For chronic issues that can be better addressed in clinic the nurse will encourage the patient to schedule a clinic appointment.

For new issues the nurse will be expected to take a basic history and do basic triage/instruction. For instance, if a patient calls to report abdominal pain the nurse take a history (etc., when the pain started, if there are associated symptoms such as fever, if there has been a change in medication, etc.) and provide basic instructions (e.g., worrisome symptoms that should prompt the patient to seek care at a local emergency department). The nurse document the patient’s name, DOB/MRN, the specific issues, and suggested next steps in EPIC. S/he may also send an email reminding the provider to check their EPIC InBasket.

If the patient wants to speak with the clinician, the nurse will notify the patient that for non-urgent issues it may take up to 2 business days for the clinician to return the phone call. If the patient agrees, the nurse will send the message to the doctor, along with contact information.

5. **What is the nurses role communicating test results?** Most clinicians use an EPIC-based process for communicating results to patients and referring physicians. In some instances the clinician may ask the nurse to contact the patient and explain the results. In addition, when patients call for results that have not already been communicated to them the nurse is empowered to report out normal pathology reports, laboratory test results, motility/imaging results, etc. For abnormal test results the nurse should inform the responsible clinician that their patient called for results and ask for how they should proceed.
6. **Post-procedure phone calls** will be determined by each sub-specialty. For example, all patients who undergo RFA for Barrett’s will receive a follow up phone call one week following the procedure.
7. **Medication refills process:** It is the responsibility of the RN to handle medication refills that present to the office/division. The RN shall follow the Refill policy/standing orders which are currently being developed. The purpose of the standing order is that the nurse “tees up” the order, making it quick and simple for the provider to sign off. The primary mode of refill should be EPIC, with refills being completed within 24 hours of receipt, during business days.
8. **Prior Authorizations:** Nurses shall be the primary responsible party for Prior Authorizations. Administrative assistants within the division may assist with the gathering of information, but it should be the RN who executes the order.

The primary mode of documentation shall be in EPIC. The documentation policy for the PA is currently under construction. Nursing and administrative staff are encouraged to give input. Prior authorizations will be completed within 48 hours of receipt, during business days

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9. **InBasket requirements:** Provider InBaskets may be shared, but not completely abdicated by the provider. Best practices is for each RN to check messages at least 3 times per day, and to contact the provider via EPIC if clinical intervention is needed. In addition to EPIC, the nurse may email the provider to inform them that there is an InBasket message waiting for them.
  
10. **What is the onboarding process for new RNs?** Length of time the employee is in orientation will vary greatly from one person to another. The nurses can expect 1-2 months of time in procedures, with providers, and shadowing peers. The number of days in the clinic during orientation will likely be greater than those expected of the nurse on an ongoing basis.

During this time the nurse is educated like a resident is, by fellows and other providers. The nurse will go into clinic rooms with providers and observe the visit. The nurse will be evaluated to see that s/he is gaining knowledge of both the disease state, as well as the responsibilities of the nursing role while in clinic. For overall best practices the nurse should plan to shadow with the IBD nurses, in the appropriate procedures, with the providers s/he will be supporting, and with the appropriate scheduling team.