Independent RN Patient Advocacy: A Professional Nursing Model That Addresses Critical Problems in the Medical System
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Summary

The independent patient advocate is an emerging role for nurses who wish to improve quality and patient outcomes. This role is not restricted by payors and providers as the patient or client seeks to employ the nurse advocate of their own accord.

Key Points

• Medical errors and misdiagnoses are more commonplace than most realize.
• Conflicts of interest with payors and providers can lead to results that are not optimal for the patient.
• Independent patient advocates eliminate conflicts of interest and utilize the most efficient treatment options.

HARM AND DEATH CAUSED BY PREVENTABLE medical errors are a huge problem. As we are getting older and sicker with chronic illnesses, we are not sufficiently health literate to understand our illnesses and manage our own health. Patients often report feeling lost within the medical system. They often become angry or confused because they feel no one is listening to them. They often find that, despite their best compliance with the treatment plans created by their physicians, they are still not getting better.

Let’s take a look at some of the underlying causes:
• “At the national level, our country is distinguished for its patchwork of medical care subsystems that can require patients to bounce around in a complex maze of providers as they seek effective and affordable care.” In 2013, John James Ph.D. published his study which revealed that, in the hospitalized population, between 210,000 and 440,000 deaths occur each year due to preventable medical errors.1
• Based on research concluded in 2013, Dr. Hardeep Singh reported that 12 million Americans are misdiagnosed as a result of doctors failing to follow up on “red flags” for cancer and other serious illnesses every year.2
• According to a new Census Bureau report, there were 40.3 million people age 65 and older on April 1, 2010, up 5.3 percent from 35 million in 2000. This is the major setting for the epidemic of chronic illness in the US as described by the Centers for Disease Control. As of 2012, about half of all adults—117 million people—had one or more chronic health conditions. One of four adults had two or more chronic health conditions.3
• Only 12 percent of adults have Proficient health literacy, according to the National Assessment of Adult Literacy. Fourteen percent of adults (30 million people) have below basic health literacy.4

Patients who are facing serious diagnoses often do not understand what is happening and wonder if they have been told of all potential therapeutic options that address these diagnoses. People need to make sense of things and want to have control over their lives. They want to feel empowered, but, within our current complex healthcare system, this is nearly impossible. Clearly there is a need for patient support.

Professional nursing historically has risen to the challenges in the medical system by creating new practice models. One creative professional nursing response to these systemic problems is the new nursing model of the independent nurse patient advocate. The patient advocate, a nurse, is “independent” because they are contracted directly by the patient/client or the family so there is no competing interest or outside influences.

The Independent Nurse Patient Advocate Role: Connecting the Dots in the Healthcare Continuum

Connecting the dots is a dynamic matrix with many interrelated elements that support and inform each other. It is patient-centered and based on active participation of both the patient and involved family members. The independent nurse patient advocate represents the needs and wishes of the patient and the goal is to empower them in their healthcare. They ask those questions the patient cannot and ensures close attention to every health detail. This information is shared with all providers to facilitate communication that is so critical in today’s medical system.

An independent nurse patient advocate works with patients at all levels of need: from wellness teaching and coaching all the way to the ICU setting. They may specialize in one area, such as oncology or neurology, or opt to work as generalists. There are many emerging career options in addition to the traditional specializations, including corporate wellness programs which act as the nationwide provision of one of the central tools developed within the process.
These advocates are the clients’ healthcare safety net: Advocating, Educating and Guiding. In compliance with the states’ Nurse Practice Acts, they do not diagnose, prescribe or do hands-on patient care. By incorporating all of the major medical paradigms in use in the US, they can most effectively ensure the integrity of the diagnostic process as well as teach their clients the full range of potential therapeutic options.

They teach their clients about their conditions both individually and in the larger community setting through the Community Health Literacy Programs created to address the low level of health literacy. Certainly clients who are better prepared and who understand the pathophysiology of what is happening to them will be more proactively involved in their care and more compliant with their treatment regimen.

Due to their extensive clinical knowledge base and facility with data mining, independent patient advocates can spot potential problems and deal with them effectively by communicating closely with all physicians involved. This ability is particularly valuable in the matter of polypharmacy. They do extensive checking into the pharmaceutical treatments of their clients – analyzing drug/drug interactions, drug/food interactions, and supplement interactions as well as the nutrient blocking effects of the medications in question. They also include pharmacogenetic information, which has proven to be useful in helping physicians to best select the drugs for their patients.

Physicians and institutions alike have demonstrated their appreciation of the independent nurse patient advocate role. They are especially open to the health analytics tools developed within the process. Many preventable medical errors that occur are due to a dearth of information sharing. Medical records do not seem to belong to the patient and are widely scattered. The right information has to be presented to the right person in the right format at the right time. The patient advocate health analytics model does precisely that. Emergency Room personnel have repeatedly expressed the desire for all their patients to have their own independent advocate.

A case in point:

Ron is a 65 year old Certified Public Accountant with diabetes, severe pain in both lower extremities along with undiagnosed black, suppurating ulcers destroying tissue on both thighs, clinical depression, hypertension, status post kidney transplant, and hypercholesterolemia. He has an implanted defibrillator as well. There were six physicians involved in his care and he had had many hospitalizations in various facilities. His nutrition consisted of diet soda and processed frozen dinners. His pain medications were not working and his ability to ambulate was seriously impaired. Two institutions were arguing about the diagnosis for the leg ulcers and as a result his treatment consisted only of weekly debriding at a burn center and silver sulfadiazine dressings. His medical records were widely scattered – a phenomenon common throughout the medical system - and communication amongst his physicians was scant. This was the situation when Ron’s partner called an independent patient advocate for help.

What did his independent nurse patient advocate do? She listened to the patient’s story. She asked what Ron wanted to achieve in his healthcare and asked him to identify his top goals, setting out a plan to achieve those goals as closely as possible. She then communicated with his primary physician and collected all available medical records to create a focused timeline which was then shared with all his providers. Since the two specialists treating Ron’s legs were in disagreement as to his diagnosis and treatment, it was agreed that a third opinion was necessary. His independent nurse patient advocate arranged for his entry into the Mayo Clinic system for a diagnosis on the leg ulcers. She accompanied him there armed with all possible medical history documents and a long list of questions. Other steps taken included:

- Health coaching focusing on nutrition education and meal planning in addition to a nutritional consultation.
- Working closely with his physicians to arrange for home care and assistive devices.
- Arranging for more appropriate pain control measures (his physician was unaware that the pain control measures were not optimal).
- Establishing a treatment team to incorporate the therapeutic strategy as designed by the Mayo Clinic (the ultimate diagnosis was calciphylaxis).
- Family health coaching to support his home care.
- Accompanying Ron to his physician appointments to ask all the relevant questions at each stage of his care. Within 3 months working closely with his advocate, he was on the mend and back to work with a dramatically improved therapy regimen and nutritional planning.

What background and qualifications make an independent patient advocate?

No particular clinical specialty is necessarily more cogent than another for clinical nurses considering this new role. What matters most is depth of clinical knowledge as well as facility with functioning within the entire healthcare continuum. Other qualifications include a passion for patient advocacy, a commitment to being a lifelong learner, well developed teaching and communication skills, the ability to work autonomously in a self-directed manner, excellent critical thinking skills, a penchant for conducting online data mining and, of course, a current and active nursing license.

Karen Mercereau, RN, iRNPA, a visionary leader in healthcare (Dr. Joan Shaver, University of Arizona College of Nursing) has functioned as a clinical RN for 47 years. Working in many ICU settings, Karen has also been a clinical instructor for paramedics, created RN credentialing/career ladders, and is the founder of RN Patient Advocate. RN Patient Advocates works independently with patients to assist them in finding the best healthcare and treatment outcomes possible.

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References: