

PCN RN Program Evaluation Report | 2024

About the Evaluation

In January 2024, 14 PCN RNs (70% of PCN RNs) and 35 providers (26% of providers with access to PCN RNs) completed an online survey. The survey assessed program functioning and impact. This was a follow-up evaluation to the first PCN RN evaluation conducted in the fall of 2022.

Main Findings



PCN RNs are generally satisfied with the onboarding supports offered (meet and greets, PCN RN scope and task list, role orientation, and shadow shifts in clinics). The majority of PCN RNs report these supports are “very helpful.”



The majority of PCN RNs report some supports for PCN RN practices. The most frequent supports include:

- Safety protocols, reported by 64% of PCN RNs
- Processes for documentation, communication, and patient hand-offs reported by 64% of PCN RNs, and
- Recurring team meetings, reported by 57% of PCN RNs.



Provider understanding of the PCN RN program is limited although it has increased since 2022:

- Currently, 54% of providers said they fully understood the program before the RN began working in the clinic.

Very few providers access information from Share-Point – 11% of providers.

Very few providers (30%) have reviewed the PCN RN Scope of Practice document that was created in 2022.

The majority of providers (60%) don't know who to contact with HR questions for the PCN RN.*

Most providers are not satisfied with communications about the program like updates to RN's scope of practice or communications about HR-related issues (only 37% of providers are fully

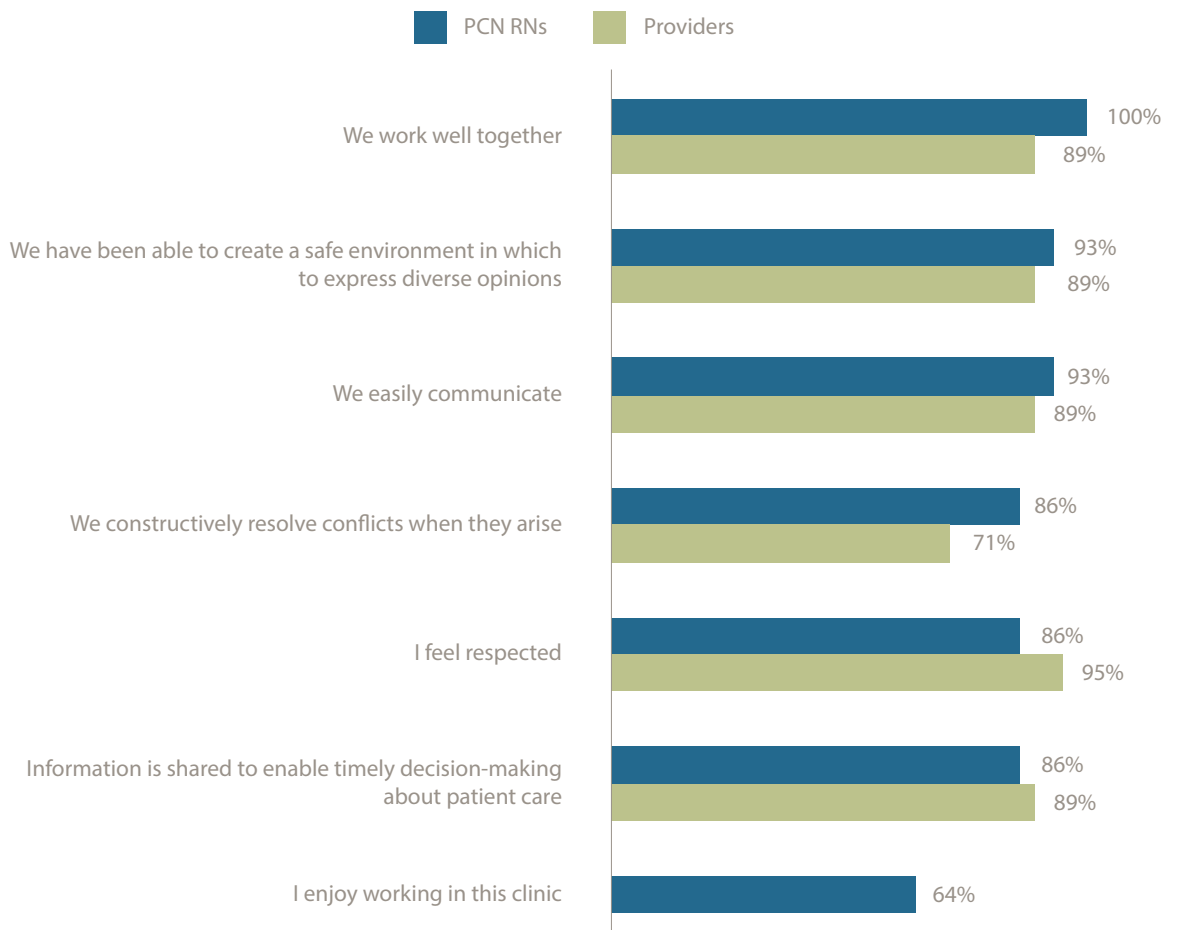
satisfied with communications about updates to RN scope of practice and 43% are fully satisfied with communications about HR issues).

**Communications about the PCN RN program are supposed to flow between VCH and the identified clinic lead. For example, information about the program and RN's schedule should flow from VCH to the identified clinic lead and concerns or questions from clinics are supposed to flow from the identified clinic lead back to VCH.*



PCN RNs and providers report very high levels of collegiality. This has increased from 2022.

Percent of PCN RNs and Providers Reporting each Aspect of Collegiality Happens "All" or "Most of the Time" 2024





The most frequently reported challenge with the program is not understanding the PCN RN scope of practice and not being satisfied with it.

Other challenges mentioned include:

- Not being able to bill when patient sees provider and PCN RN in same visit (providers)
- Not knowing how to report issues arising and how to handle conflicts (providers)
- PCN RNs being hired by VCH and not by clinics which can lead to lack of accountability for RN practice (providers)
- Communications with VCH (providers)
- Isolation of PCN RNs (PCN RNs)
- Lack of referrals from providers (PCN RNs), and
- Variability in RN competencies (providers).

The most frequently suggested improvement for the program is to provide a scope of practice document and hold a meeting between PCN RNs and providers to review the document. Such a document was created in 2022, however, as mentioned, it is not widely known about.

Other suggestions for improvement include:

- Train PCN RNs about primary care practices
- Provide EMR training for PCN RNs
- Conduct annual safety audits
- Find a way for PCN RNs and providers enter information on the same note when patient sees both at same visit (e.g., templates for joint PCN RN/provider visits)
- Find a way to support autonomous PCN RN visits or make it easier to providers to provide orders for PCN RNs, and
- Provide instructions on how to bill appropriately when patient sees both PCN RN and the provider in the same visit.

Recommendations

1. Increase efforts to communicate RN scope of practice to providers and provide a point of contact for RN HR issues.
2. Support primary care clinics to implement additional supports for RN practice including EMR training and collaboration tools.
3. Review the list of suggested improvements and determine which are desirable and feasible.