



FUTURE OF NURSING™
Campaign for Action

The Future of Nursing: Are We There Yet?

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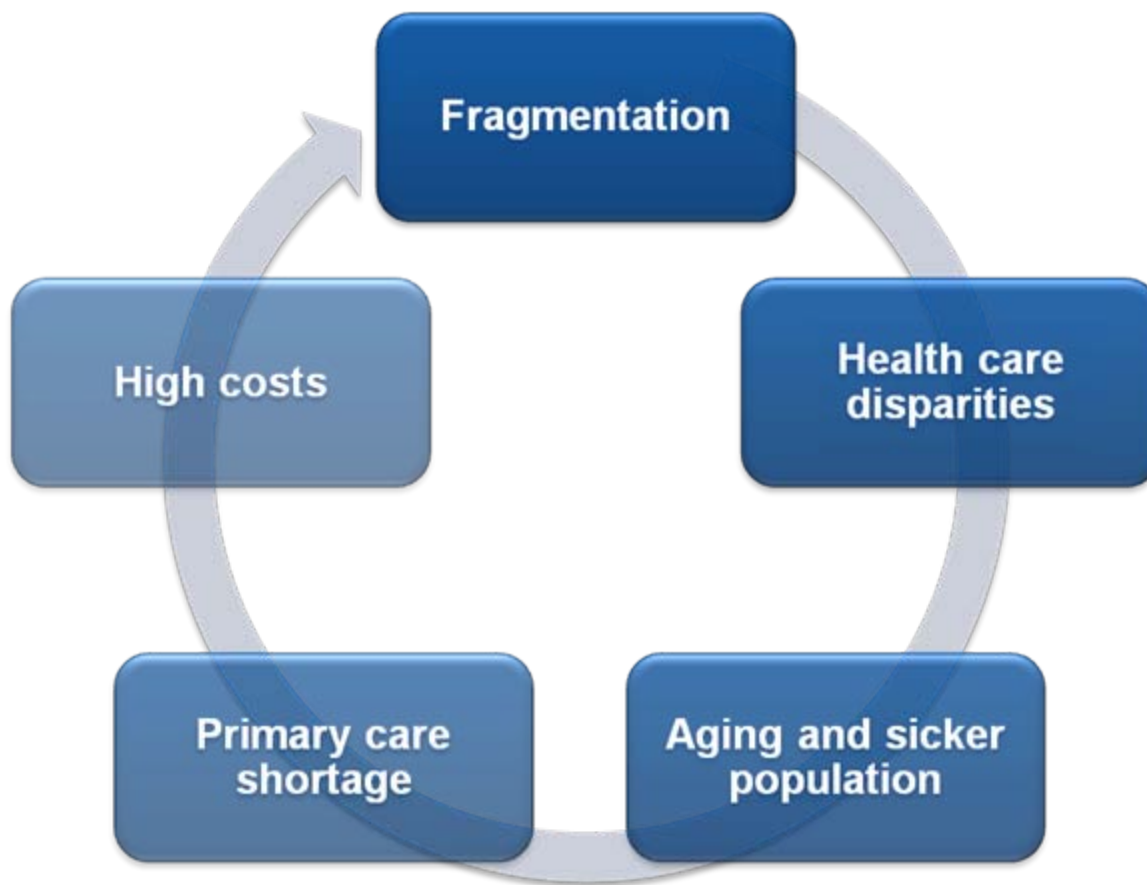
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Objectives

- **Discuss the Institute of Medicine (IOM) report on The Future of Nursing and its key recommendations.**
- **Identify three different strategies for implementation of the recommendations.**
- **Examine the work of regional action committees in developing best practices to address key recommendations.**

Health Care System Challenges



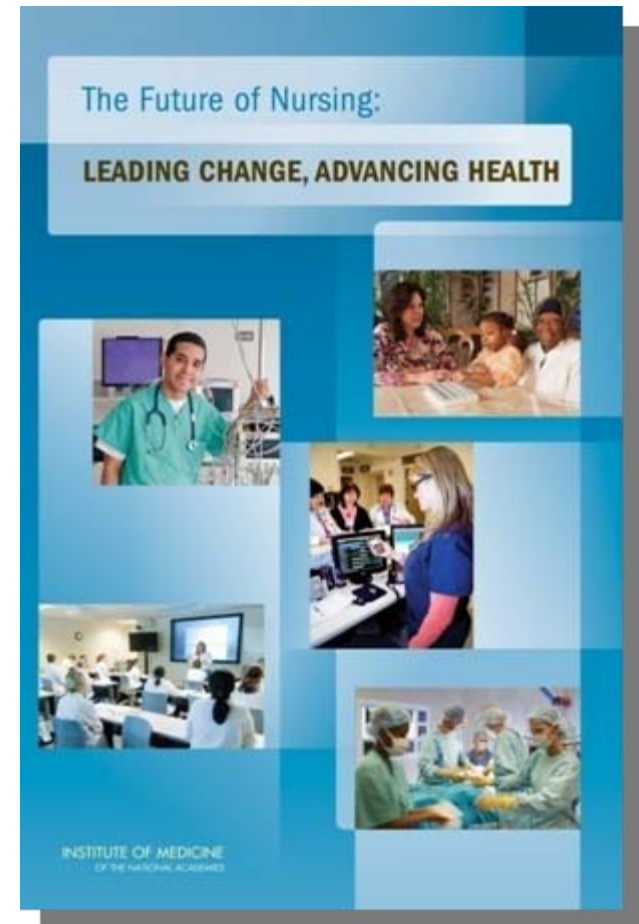
RWJF's Commitment to Improving Care

- **RWJF mission: to improve health and health care for all Americans**
- **Need to address challenges facing nursing to address challenges facing our health system**



IOM Report

- **High-quality, patient-centered health care for all will require a transformation of the health care delivery system**
- **The most viewed online report in IOM history**
- **One year since the release of the IOM report, how far has the Campaign come?**



Year One Progress

- **The IOM report continues to be the most visited report on the IOM website**
 - As of June 2011, free downloads of the report numbered 23,651
- **The *Campaign for Action* website has had 154,580 pages views and 48,644 unique visitors since February.**
- **The report has generated nearly 62 million media impressions**
- **Groups have coalesced in nearly every state to take action on the IOM recommendations**
- **Department of Health and Human Services Secretary Kathleen Sebelius praised the IOM report recommendations in a January 2011 New England Journal of Medicine interview**



Campaign Vision

All Americans have access to high-quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success.

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Education

Increase the proportion of nurses with BSNs to 80 percent by 2020

Double the number of nurses with doctorates by 2020

Implement nurse residency programs

Promote lifelong learning



Education

- **Evidence**

- Significant association between educational level and patient outcomes
- Six percent of Associated Degree graduates get advanced degrees, enabling them to teach and serve as Primary Care Providers, compared to 20 percent of BSN graduates

State	Task
IN	Interprofessional education program shared by SoN and School of Medicine at Indiana University. Create case studies for nursing and medical students to use simulation.
FL	Developing AD-to-BSN education models and community college and state university regional partnerships.
GA	PhD-granting schools offer online PhD programs and DNP programs at remote sites via distance ed.
NM	Attempting to develop uniform curriculum. Developing faculty pool to share across schools. Seeking to turn community colleges into 4-year degree granting schools.
CA	Developing Transition-to-Care program for new RNs who are registered in school.

Practice

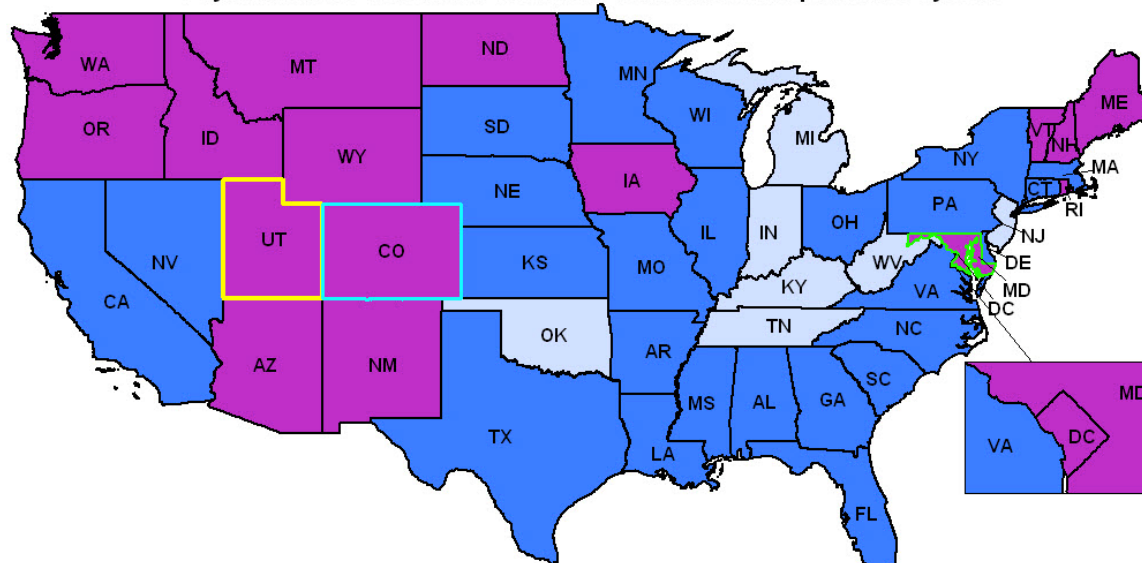
- **All practitioners should practice to the full extent of their education and training**
- **Optimal care:**
 - Physicians, nurses and other health professionals working in team-based model of care delivery
 - Models of care maximize time that providers can spend on their respective roles and responsibilities to patients



Practice

- **Evidence: More than 10 studies have shown equivalent patient outcomes when care is provided by APRN or MD for certain services**
 - Includes two Cochrane reviews
 - Randomized clinical trial published in JAMA
 - Office of Technology Assessment
- **No studies show care is better in states that do not allow APRNs to practice to full extent of education and training**

**Consumer Access and Barriers to Primary Care
Physician-Nurse Practitioner Restrictive Collaboration Requirements by State**



- Alter one-time signed articulated plan
- Required consultation for Controlled Substances II-III only
- NP signs one-page collaboration form; no physician signature required

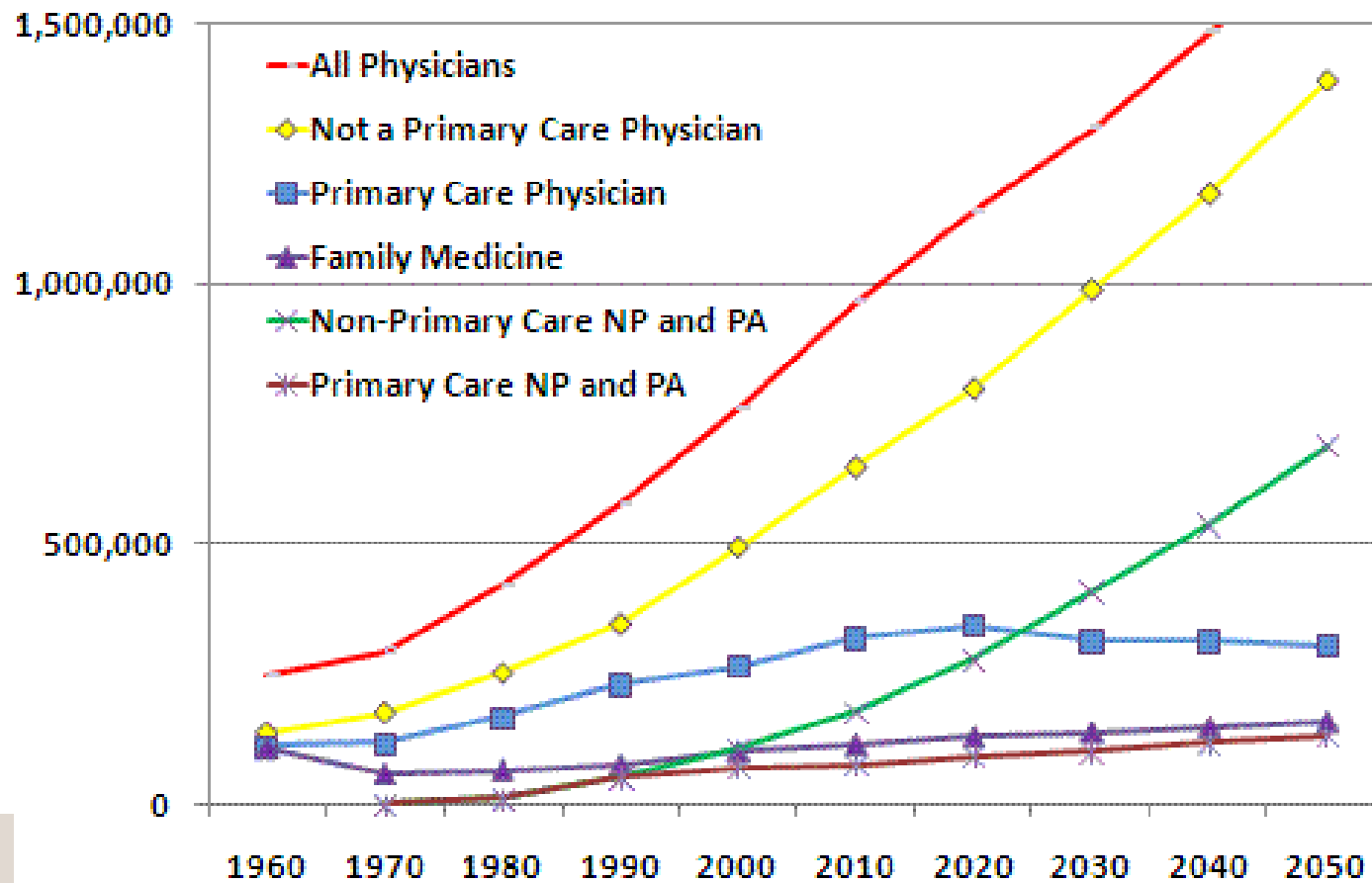
Restrictive Collaboration Requirement	
	No requirements (independent practice)
	Required to prescribe
	Required to diagnose, treat and prescribe

Source: This map combines Map 1 OVERVIEW OF DIAGNOSING AND TREATING ASPECTS OF NP PRACTICE and Map 2. OVERVIEW OF PRESCRIBING ASPECTS OF NP PRACTICE developed by Linda Pearson, 2010: www.pearsonreport.com. Prepared by AARP Research & Strategic Analysis for the Center to Champion Nursing in America. Updated 6.6.11 (c) AARP. 2010. All rights reserved.

Sustainability and Scalability of Models Affected by SOP Barriers

- 1. Improved access to care**
- 2. Health reform**
- 3. Full implementation of models: retail clinics, transitional care, nurse managed health centers, birth centers**
- 4. Tele-health**

Physician and Non-Physician Changes 1960 - 2050



Practice

- Key congressional leaders urged FTC to review existing and proposed state regulations concerning APRNs to identify those that have anticompetitive effects
- FTC has made scope-of-practice issues a priority and is reaching out to states on this issue and evaluating state laws and regulations

Residencies:

- **Are they cost effective?**

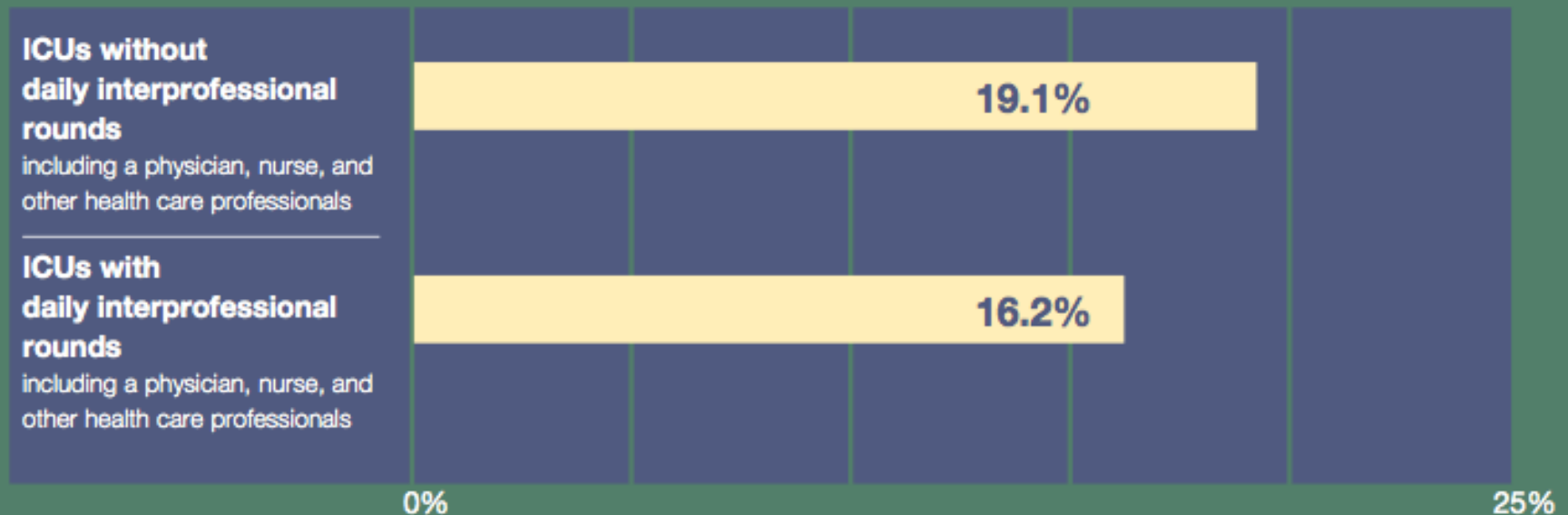
Collaboration

- **Integrated, collaborative, patient-centered health care teams**
- **Foster interprofessional education, training and practice**



Figure 1 The Effect of Interprofessional Care Teams on Intensive Care Unit (ICU) Mortality

Likelihood of Death within 30 Days of ICU Admission



A study of critically ill patients admitted to 169 Pennsylvania hospitals over the course of two years found that daily rounds by an interprofessional ICU team were associated with a significantly reduced risk of death.

Source: Adapted from data and conclusions presented in Kim MM, Barnato AE, Angus DC, Fleisher LF, Kahn JM. The Effect of Multidisciplinary Care Teams on Intensive Care Unit Mortality. *Arch Intern Med.* 2010;170(4):369-376. Figures above courtesy of Dr. Jeremy M. Kahn, University of Pittsburgh.

The Value of Interprofessional Education



During an exercise at the University of Washington (UW), medical students (center) prepare to perform a rapid sequence induction of anesthesia using a high-fidelity mannequin. One nursing student (at right) stands ready with medication and another (at left) tracks the patient's vital signs for sudden changes. The students must coordinate their activities and function as a team to successfully complete the assignment.

UW's Institute for Simulation and Interprofessional Studies (ISIS) began as a traditional medical simulation laboratory. A 2008 grant from the Josiah Macy Jr. Foundation allowed

ISIS to refocus its efforts on interprofessional training in leadership skills, situational awareness, communication, mutual support, and conflict resolution for students, faculty, and clinicians.

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Photo: Jim Burk, courtesy of Phoenix Baptist Hospital

Leadership

- **Nurses bring important viewpoint to management and policy discussions**
- **Prepare more nurses to help lead improvements in health care quality, safety, access and value**



Leadership

- **Gallup survey of 1,500 opinion leaders* said nurses should have more:**
 - Influence in reducing medical errors, increasing quality of care, promoting wellness
 - Input and impact in planning, policy development and management

* RWJF, 2010

Nurse Leaders in the Boardroom

- **Survey of 1,000 U.S. hospitals* found:**
 - Nurses account for only six percent of board members
 - Physicians account for 20 percent of board members
 - Other clinicians are 5 percent of board members



* American Hospital Association, 2011

Leadership at Every Level

- **Evidence: TCAB**

- Nurses create, test and implement changes to improve patient care

- **Results**

- Falls with harm, “code blue” calls, 30-day re-admissions declined
- 71 percent of floor nurses felt their ideas counted after TCAB, up 13 percent

Data

- **Improve health care workforce data collection to better assess and project workforce requirements**
 - Research on health care workforce is fragmented
 - Need data on all health professions

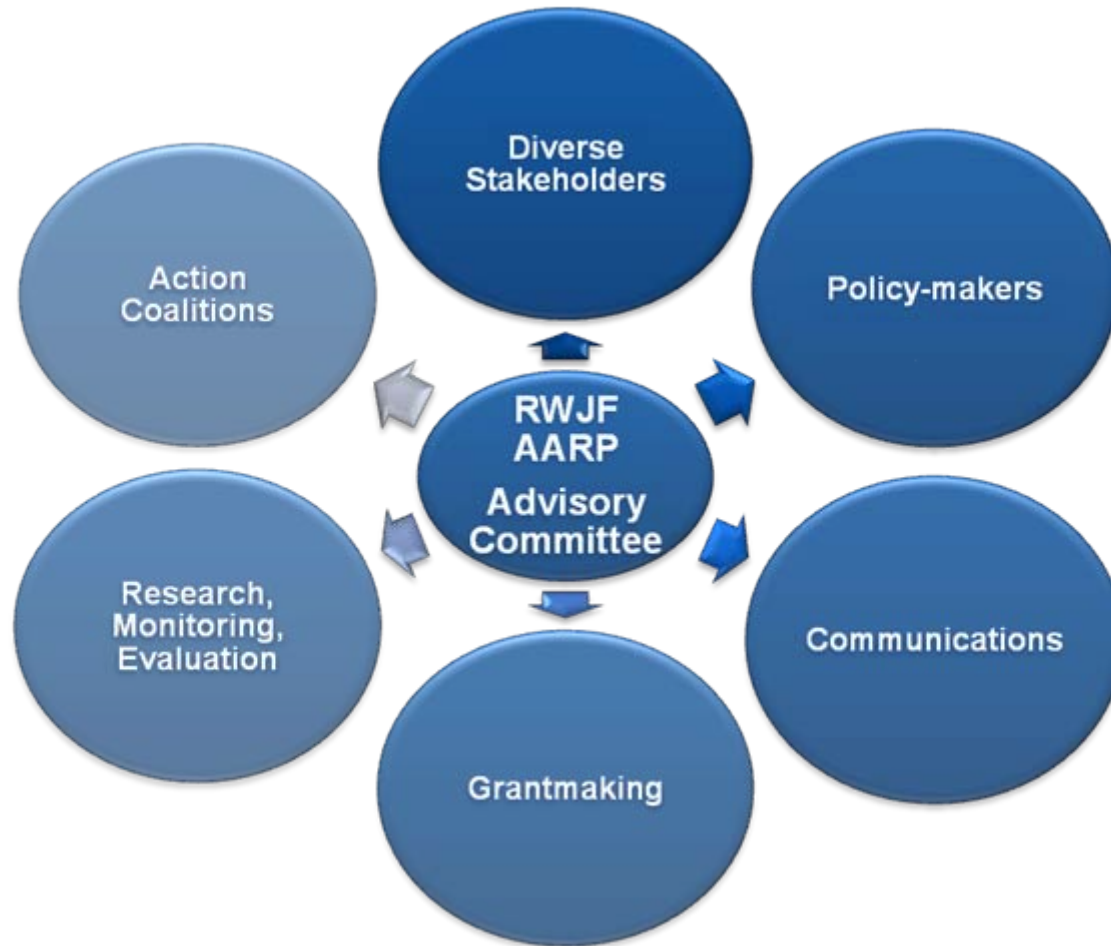
Diversity

Increase workforce diversity

- Nurses should reflect patient population in terms of gender, race and ethnicity
- All nurses should provide culturally competent care



Campaign Strategies



Look at each IOM recommendation to determine fit with organization mission mission

How they are already advancing recommendations

How they can take additional steps to achieve broader impact

Incorporating IOM recs into strategic plan

- accelerate adoption of recs
- enable nursing community and other stakeholders to speak with one voice

RWJF/AARP seeking support from:

- health professions
- payers
- consumers
- business
- policy-makers
- philanthropies
- educators
- hospitals and health systems
- public health agencies



Nursing must be considered societal issue!

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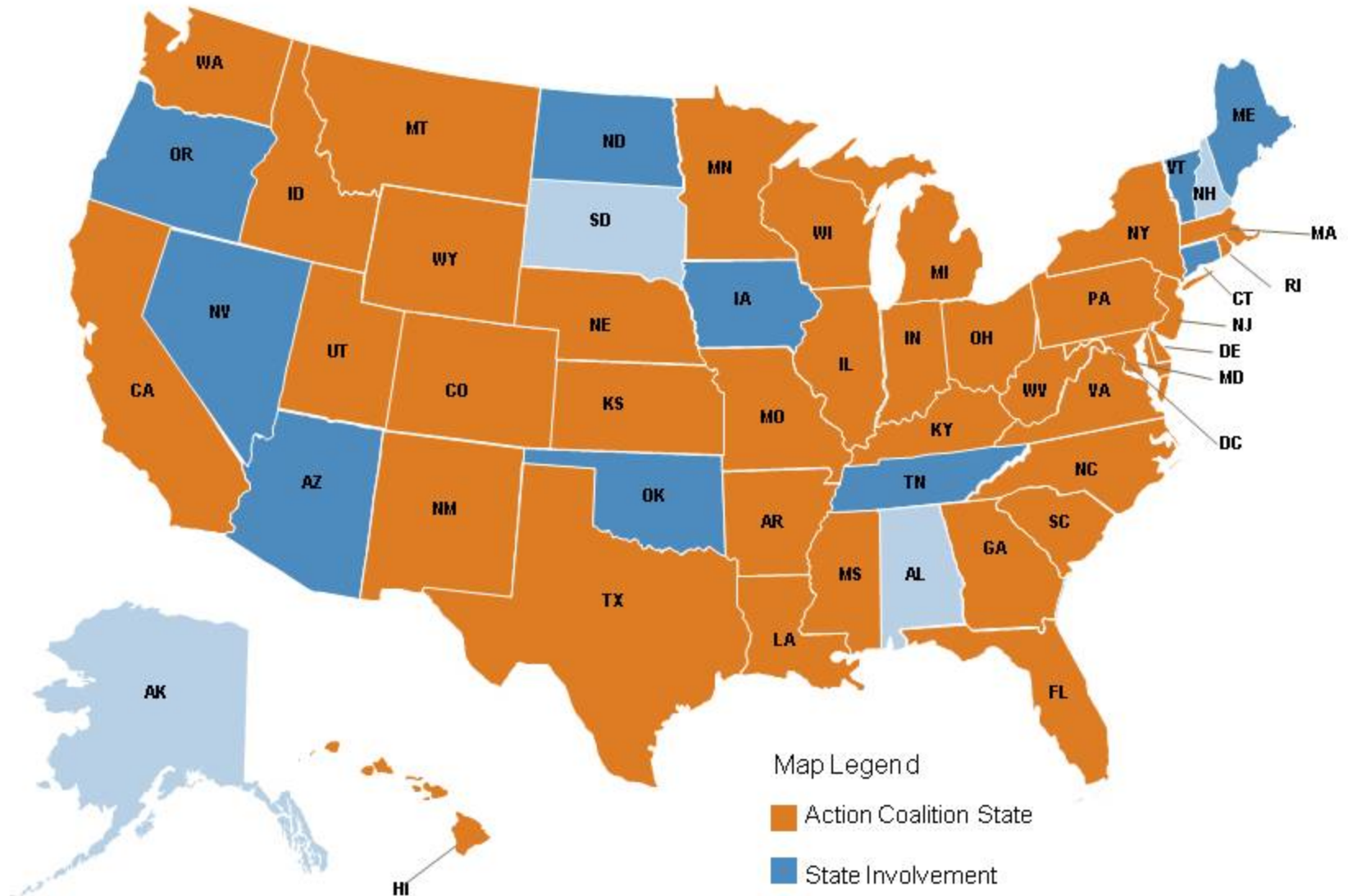
Action Coalitions (Field Strategy)

- Long-term alliances to move key nursing issues forward at local, state and national levels
- Thirty-six Action Coalitions designated by Campaign; expect to be in most states by end of 2012
- Capture best practices, networking

To become part of a coalition, go to:
www.thefutureofnursing.org



Campaign for Action State Involvement



Progress

National Organizations

- CCNA launched Learning Collaborative on Advancing Education Transformation
- AACN/Jonas Center for Nursing Excellence collaboration to enhance efforts to increase doctorally prepared faculty
- Leapfrog Group encouraging Magnet status for hospitals
- National Hispanic Medical Association working to improve interdisciplinary education
- Target has promised to engage clinical nurses in leadership



Progress

States

- Vermont's Governor forming State Blue Ribbon Commission
- Georgia offering online doctoral programs
- Florida promoting educational transition partnerships
- Montana implementing a rural nurse residency program



- **Implementation will take many partners and many years**
- **Year One: laid groundwork for success**
- **Ultimate goal: full implementation of IOM recs – patient care depends on it!**



Campaign Resources

- Visit us on the Web at:
www.thefutureofnursing.org
- Follow us on twitter at:
www.twitter.com/futureofnursing
- Join us on Facebook at:
<http://facebook.com/futureofnursing>

Contact Hour Credits



In order to receive contact hours for today's session:

- If you are eligible and would like to receive credit, please follow the instructions for completing the evaluation. The instructions will appear on your screen momentarily. Or you can click on the evaluation link located on the bottom of your viewing console.
- Once you have completed the evaluation, you will have the ability to print out your certificate for Continuing Nursing Education Credits of 1.0 contact hour offered by Corexcel.

For those of you in a group setting:

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 - If you are not already registered, please be sure to register to view the playback of this event.
 - You can access the playback through the www.usa.siemens.com/clinicalgateway or through the follow-up email that will be sent to all registrants. The playback will be available within a few days after the conclusion of the live event.
 - To view the playback, log onto the webcast and run the event until the timer reaches the 2 minute mark. After that, you can access the evaluation through the link on the bottom of your viewing console and complete the evaluation.
 - Once you complete the evaluation and are eligible for credits, you may print your certificate.
- These instructions will also be included in the follow-up email to all attendees.

Upcoming Siemens Webcast Topics

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Upcoming Siemens Nursing Educational Webcast Series

Preparing Your Organization for the 2012 Joint Commission Standards

Tuesday, February 7, 2012 at 2:00 p.m. - 3:00 p.m. EST

Speaker: Roberta Fruth, PhD, RN, FAAN, JCR/JCI, Senior Consultant, Joint Commission Resources

Tips and Tricks for Improving Usability in Electronic Medical Records

Wednesday, February 29, 2012 at 2:00 p.m. - 3:00 p.m. EST

Speaker: Nancy Stagers, PhD, RN, FAAN, Professor, University of Maryland School of Nursing

Register at www.usa.siemens.com/clinicalgateway

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