Actualizing the IOM Report: The Future of Nursing, 2014: A Professional Nursing Practice providing consistent care from Delivery to Discharge

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The future of nursing was evaluated by the Institute of Medicine (IOM) in collaboration with Robert Wood Johnson Foundation (RWJF)

- Development of a road map for transforming healthcare
- Goals: Cultivate a vision to improve access, quality of care and cost control
  - Nursing profession must transform to achieve vision
  - Demonstrated by development of advanced nursing practice
  - University of California, Davis
  - Neonatal Intensive Care Unit

IOM Report: The Future of Nursing
With more than 3 million members, the nursing profession is the largest segment of the nation’s health care workforce.

Working on the front lines of patient care, nurses can play a vital role in helping actualizing the healthcare.

Health care for over 32 million more Americans will be needed as we move forward with new health care acts.
Significant Health Care Challenges

- Increase in *Chronicity of Diseases* and longevity
- Lack of emphasis on health promotion, disease prevention, symptom management
- Too few primary care providers
- Rising costs despite cost containment measures
- Restrictive statutory and regulatory laws
Medical Errors

- 44,000- 98,000 people die each year due to medical errors
- Medical errors cost approximately 17 to 29 billion dollars annually in the US
- Causes of medical errors identified
  - Decentralized and fragmented care
  - Limited focus on prevention
  - Medical liability system
  - Few incentive for providing quality care
Additional Challenges

- Continuity of care across multiple settings
- Demographics- 20% of population >65 yrs of age by 2030
- Nursing Shortage
- Faculty shortage
- Aging workforce
- Professional rivalries limiting access to care
Critical 4 Messages

- *Nurses should practice* to the **full** extent of their education and training

- *Nurses should achieve higher levels of education* and training through an **improved education system** that *promotes seamless academic progression*

- *Nurses should be full partners*, with physicians and other health care professionals, in redesigning health care in the United States

- *Effective workforce planning and policy* making require improved data collection and a developed information infrastructure
Nurses’ Role in This Vision

Nurses should practice to the full extent of their education and experience

- The variability of scope-of-practice regulations across states may hinder advanced practice nurses from giving care they were educated to provide and contributing to innovative health care delivery solutions.

- Although some states have regulations that allow nurse practitioners to see patients and prescribe medications without a physician’s supervision, the majority of states do not.

- The federal government is well suited to promote reform of states’ scope-of-practice laws by sharing and providing incentives for the adoption of best practices.

- Due to nursing's’ close proximity to patients and their scientific understanding of care processes, nurses have a considerable opportunity to function as full partners with other health professionals and to lead in the improvement and redesign of the health care system and its practice environment.
Requirements for physician–nurse collaboration, by state, as a barrier to access to primary care.

NOTE: Collaboration refers to a mutually agreed upon relationship between nurse and physician.

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The Impact of Nursing

- Nursing is the **largest** component of health care workforce > 3million
- **Nurses spend the most** time with patients
- **Nurses understand the care process** across continuum of care
- *Educated to provide health promotion/disease prevention, education and counseling*
- **250,000 Advanced Practice Nurses in US**
- *Evidence links nursing to the highest-quality of patient care!!*
- **Provide care to poor, indigent, rural and disadvantaged populations**
What we Know about nurses…

• Able to provide high-quality care to diverse populations
• Promotes wellness and disease prevention
• Reliably improves health outcomes
• Provides compassionate care across the lifespan
• Promotes primary care and illness prevention, which are critical drivers of the health care system
• Stimulates inter-professional collaboration and team coordination
Remove Scope of Practice Barriers

All Nurses including Advanced practice registered nurses should be able to practice to the full extent of their education and experience. To achieve this goal, actions must be implemented by the following entities:

- Congress
- State Legislatures
- Centers for Medicare and Medicaid Services
- Office of Personnel Management
- Federal Trade Commission and Antitrust Division of the Department of Justice
Expand opportunities for nurses to lead and disseminate collaborative improvement efforts

- Expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems.
- Provide opportunities for nurses to diffuse successful practices.
- Implement Nurse residency programs as a transition-to-practice program.
- Ensure that nurses engage in lifelong learning.
- Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020.
- Create a workforce prepared to meet the demands of diverse populations across the lifespan.
Critical recommendations

- Remove scope of practice barriers
- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
- Implement nurse residency programs
- Increase the proportion of nurses with baccalaureate degree
- Support and facilitate nurses with a doctoral degrees
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance healthcare
- Build an infrastructure for the collection and analysis of data
- Our data shows the quality of care
Nursing Workforce Development

Patient Outcomes
Quality
Safety
Cost

Nurse of Future Nursing Core Competencies

Education/Academic

Education/Clinical

Education ------------------ Transition------- Practice

Precepting

Diploma ADN BSN

Lifelong Learning

Competent Nursing Practice Professional Care Environments

Doctorate MSN

Residency CEU's Orientation

Inter-Professional Care Environments

Education/ Academic

Nurse of Future Nursing Core Competencies
What has UC Davis implemented?

- **Academic Progression grants through UC Davis Betty Irene Moore School of Nursing**
- Nursing grants to implement Master’s Degree
- Nursing grants to implement Ph D
- All nurses transition to BSN all new hires with 4 year degree

- Expanded Scope of Practice: Nurses providing care from Admission to Discharge through interdisciplinary nursing team management
  - NNP Team
  - ERN team (free standing transport team, outreach, education)
  - Delivery room team (nurse responds to labor and delivery out of count)
  - Action Nurse (facilitates additional assistance within the intensive care unit)
  - Clinical Nurse III (leadership, committees, education, resource, mentorship)
  - Clinical Nurse II (preceptor, education, clinical care)
  - Neonatal PICC team
  - Management team (Leadership)
  - Outreach education (community education)
Where is the Evidence?

- NP role began 1965
- Over 40 years of research on process & outcomes of care
- Advance Practice Nurses can effectively and safely provide 90% of pediatric primary care
- 75% of all other primary care (OTA, 1986)

• Study Aim: The aim of this systematic review was to answer the following question: Compared to other providers (MDs, teams without Advance Practice Nurses) are Advance Practice Nurses patient outcomes of care similar?

• Methods:
  • 28,000 articles from Pub Med, Cinahl, & Proquest
  • 107 studies met inclusion criteria
  • 37 specifically addressed NP outcomes
Results

- High level of evidence to support equivalence on 8 measures of health (mortality, patient satisfaction, self reported patient perception of health, functional status, glucose control, BP control, utilization rates for the ED, and hospitalization)
- High level of evidence to support better management of lipid disorders by NPs
- Moderate level of evidence to support length of stay
- Low level of evidence to support equivalent duration of mechanical ventilation
National Practitioner Data Bank

- Numbers of cases involving Advance Practice Nurses are on the rise
- 18% increase over the past 4 years (270/327)
- Along with the increase number of cases, AACN reports a 28% increase in the number of grads over these 4 years
- 5 states with highest # of cases: FLA, WA, CA, NY, MA
- 2009-2010-N= 550 cases
- Diagnoses related (115), treatment related (84), medication related (36), OB (12), Monitoring (10)
- Thorough documentation is key!

Constraints on Advance Practice Nurses

- Restrictive statutory & regulatory laws
- “Advance Practice Nurses are able to do more upon graduation and this varies widely from state to state for reasons NOT related to ability, education, training or safety, but rather to political decisions in the state of residence”
  - (IOM, 2011, p. 98).
Barriers: Supervisory & Collaborative Requirements

- Creates a hierarchical relationship between MDs and Advance Practice Nurses
- Exercise control over Advance Practice Nurses practice
- Leads to ineffective use of Advance Practice Nurses
- Forces MDs to expand their legal liability for malpractice
- States with restrictive practice clauses have higher med malpractice rates than states without
  - (Sils, 2009)
Examples of Statutory Restrictions

- 25 states require NPs to collaborate with MDs to prescribe & dispense meds
- 21 states do not require supervisory clauses
- Some require on-site supervision & regular chart review
- In reality, most MDs who work with Advance Practice Nurses do not provide on-site supervision
Recommendations

• Advance Practice Nurses have demonstrated they can provide quality, efficient care autonomously.
• No need for restrictive statutory & regulatory clauses
• Allow Tort & disciplinary functions of the Boards of Nursing to police and rule over violations
• Advance practice nurses must carry adequate malpractice insurance
• All malpractice and liability cases are tracked by the National Practitioner Data Bank
• Employers are required to check every 2 years.
• Must practice according to the Standards of Practice and Utilize EBP guidelines
• Engage in life-long learning
Higher Levels of Education

- Multiple entry models (Diploma, ADN, BSN)
- 20.4% Diploma prepared
- 45.4% of nurses are ADN prepared
- 34.2% BSN (HRSA, 2010)
- Rural nursing workforce largely ADN prepared
  Complexity of care calls for more educated nurses
- Aiken’s work—more educated nurses associated with
decrease adverse events, mortality, less failure to rescue,
etc.
- IOM, Future of Nursing—calls for 80% of nurses to have
  BSN by 2020
- Double the number of doctoral prepared nurses by 2020
Where are we now

1980

- Master/Doctoral
- BSN
- Associate
- Diploma

2008

- Master/Doctoral
- BSN
- Associate
- Diploma
We are going to recommend by 2020:

- Master/Doctoral
- BSN
- Associate
- Diploma
Educational Constraints

- Shortage of Nurse faculty
- Number of qualified applicants not admitted
- Number /age of faculty
  - (> 20% of faculty are age 60 +)
- Compensation for faculty versus the service sector
- Number of clinical placements
- Outdated curricula- no redundancy
- Little geriatric content
- Education to practice transition- nurse residency programs
Nurse Residencies

- National leadership in our midst- UHC/AACN model by Goode, et al.
- Cost of residency program $93,000
- Cost per resident= $2023.91
- Cost of replacing 1 RN $45,000
- Advance Practice Nurses residencies- (Flinter, 2005)
- Advocate for diversion of some MC funding to go for Advance Practice Nurses and RN residency programs to aid in transitions and implement new models of care
- ACA established 200 million dollars 2012-2015 for Advance Practice Nurses residencies in FQHC
Full Partners

- Curricula – more emphasis on interprofessional education and practice
- Leadership
- Systems & Models of Care
- Geriatrics
- Communication, constructive conflict resolution, civility
- Collaboration within the workplace
Overall Quality of Doctor's Care

NICU (NNN and NNI)

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What do we need to do...

- Demonstration of leadership skills
  - “Think out of the box”
- Join/actively participate in professional organization
- Communicate with your elected representatives
- Vote
- Participate in policy making decisions
Focus

- Patient-centered care
- Teamwork
- Evidence-based care
- Quality improvement
- Safety
- Informatics
- Reconceptualizing the optimal role of the nurse
- Assess healthcare delivery strategies with a focus on the delivery of nursing
- Attracting and retaining nurses in the profession
Aiken et al. 2003
- Surgical patients have a “substantial survival advantage” if treated in hospitals with higher proportions of nurses.

Currie et al. 2005

Estabrooks 2005
- Reported that nurses who hold a Bachelor of Science in Nursing have a positive impact on mortality rates in Canadian hospitals.
  - with a Bachelor of Science in Nursing.
Research

- Tourangeau et al. 2007
  - Identified that hospitals with higher proportion of nurses with a Bachelor of Science in Nursing tend to have lower 30-day mortality rates.
  - 10 percent increase in the proportion of nurses with a Bachelor of Science in Nursing associated with 9 fewer deaths for every 1,000 discharged patients.

- Friese 2008
  - “Moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate-level education would result in substantially fewer adverse outcomes for patients.”
Research

- Council on Physician and Nurse Supply 2007
  - “…a growing body of research supports the relationship between the level of nursing education and both the quality and safety of patient care.”

  - issued a statement that policy advisors for health and human services has urged that 75 percent of the nursing workforce should hold baccalaureate degrees by 2010. Currently, this statistic is at 47.2 percent.

- Aiken et al 2008
  - 10 percent increase in proportion of nurses with a Bachelor of Science in Nursing results in a decreased risk of patient death and failure-to-rescue by 5 percent.
Research

- **Magnet designation** creates an environment that supports professional nursing practice.
  - Professional autonomy
  - Decision making at the bedside
  - Nursing work environment
  - Professional education
  - Career development
  - Nursing leadership
Emphasis and Convergence

- Build a stronger, *more educated* workforce
- Develop and strengthen competencies
- Move from novice to expert
- Education advancement with work experience equals greater relevance for learner
- Integrate *evidence-based* research into clinical practice settings
- Engage in *effective communication*
- Improve *leadership* skills
- *Coordinate* patient care along a continuum
- Develop better *systems and use of technology*
- *Academic progression from point of entry*
Enhance the Global Perspective

- Opportunity to obtain **deeper understanding** of cultural, political, economic, and social issues
- Offers exposure to health care economics, health informatics, health policy, leadership, and research
- Become a partner on the **multidisciplinary team** by increasing critical thinking and decision-making skills
Practice Models Development

- Models of clinical nursing practice based on indicators of professional excellence
  - Advance degrees
  - Certifications
  - Clinical ladder programs
  - Supportive health care systems
  - Collaboration between academics and practice
  - Presentations
  - Publications
  - Support and value placed on nursing research
The Future of Nursing:
LEADING CHANGE, ADVANCING HEALTH

Leading Change

The Future of Nursing is at UC Davis NICU!!
Where do you want to be?

- Reconceptualizing the role of nurses within the context of the entire workforce,
- Redesigning nursing education to assure that it can produce an adequate number of well-prepared nurses able to meet current and future health care demands
- Examining innovative solutions related to care delivery and health professional
- Education by focusing on nursing and the delivery of nursing services
- Attracting and retaining well-prepared nurses in multiple care settings
- Seamless transition from entry point to next educational level
- Institutions differentiate between educational levels of RNs (pay differentials, etc.)
- Develop mentorship programs for nurses advancing their education
- Link formal education and clinical practice
- Offer recognition and application of past education
- Provide comprehensive support to nurses continuing their educational journey
- Cultivate culture of forward-thinking and educational mobility as norm
- Provide positive experiences during initial nursing program
References


References


