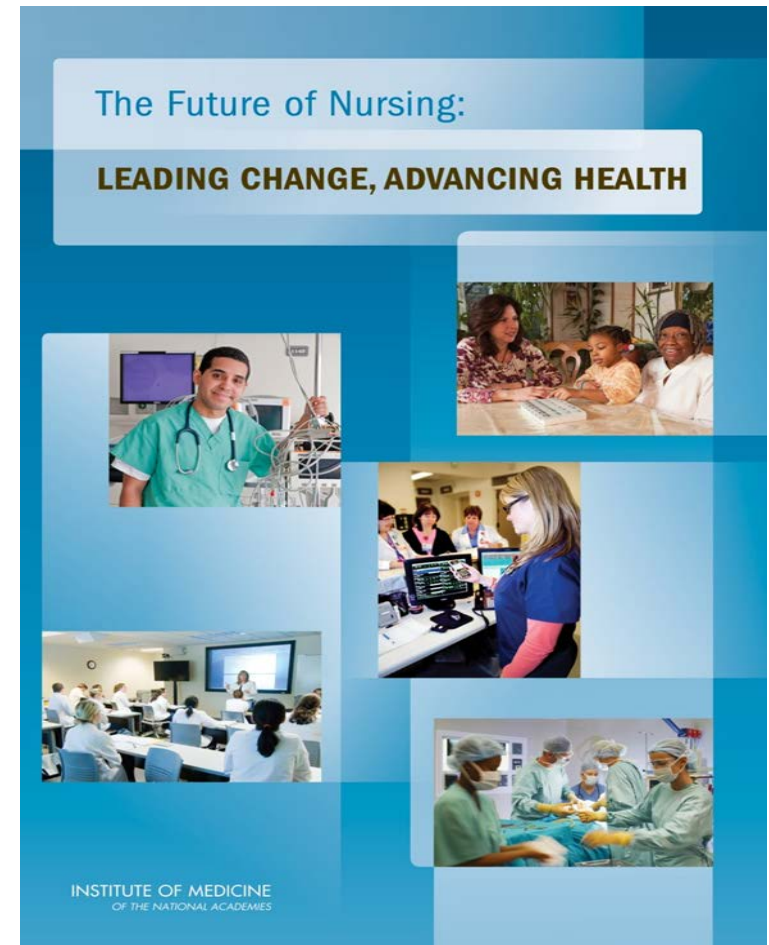


# Actualizing the IOM Report: The Future of Nursing, 2014: *A Professional Nursing Practice providing consistent care from Delivery to Discharge*

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# IOM Report: The Future of Nursing

**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



# Background

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*

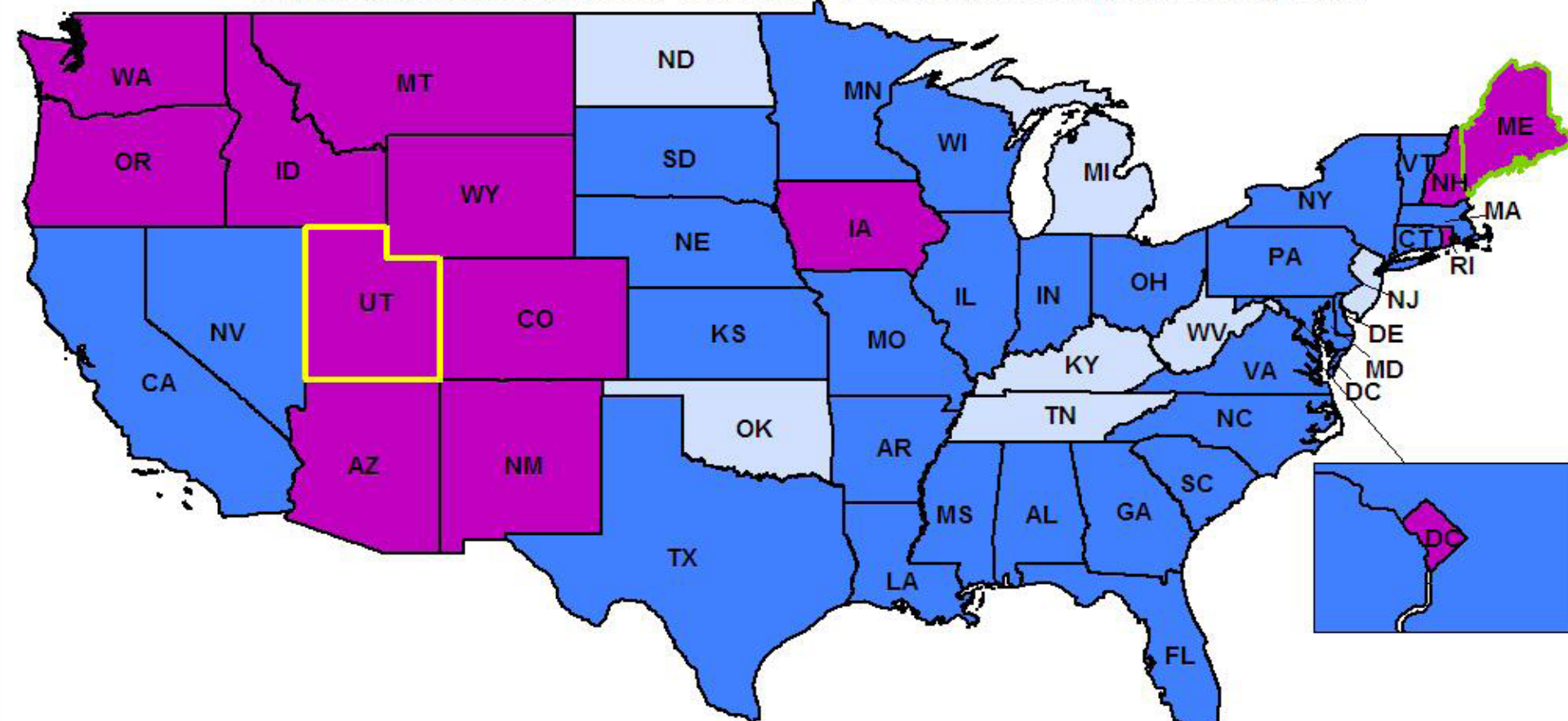
- *Nurses should practice to the **full** extent of their education and training*
- *Nurses should achieve higher levels of education and training through an **improved education system** that promotes seamless academic progression*
- *Nurses should be **full partners**, with physicians and other health 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



- Collaboration required only for Controlled Substances II-III
- Collaboration required only for NP's first two years

#### 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 ASPECT OF NP PRACTICE developed by Linda Pearson, The Pearson Report, 2010. Prepared by AARP Research & Strategic Analysis for the Center to Champion Nursing in America. (c) AARP. 2010. All rights reserved.

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.

SOURCE: AARP, 2010b. Courtesy of AARP. All rights reserved.

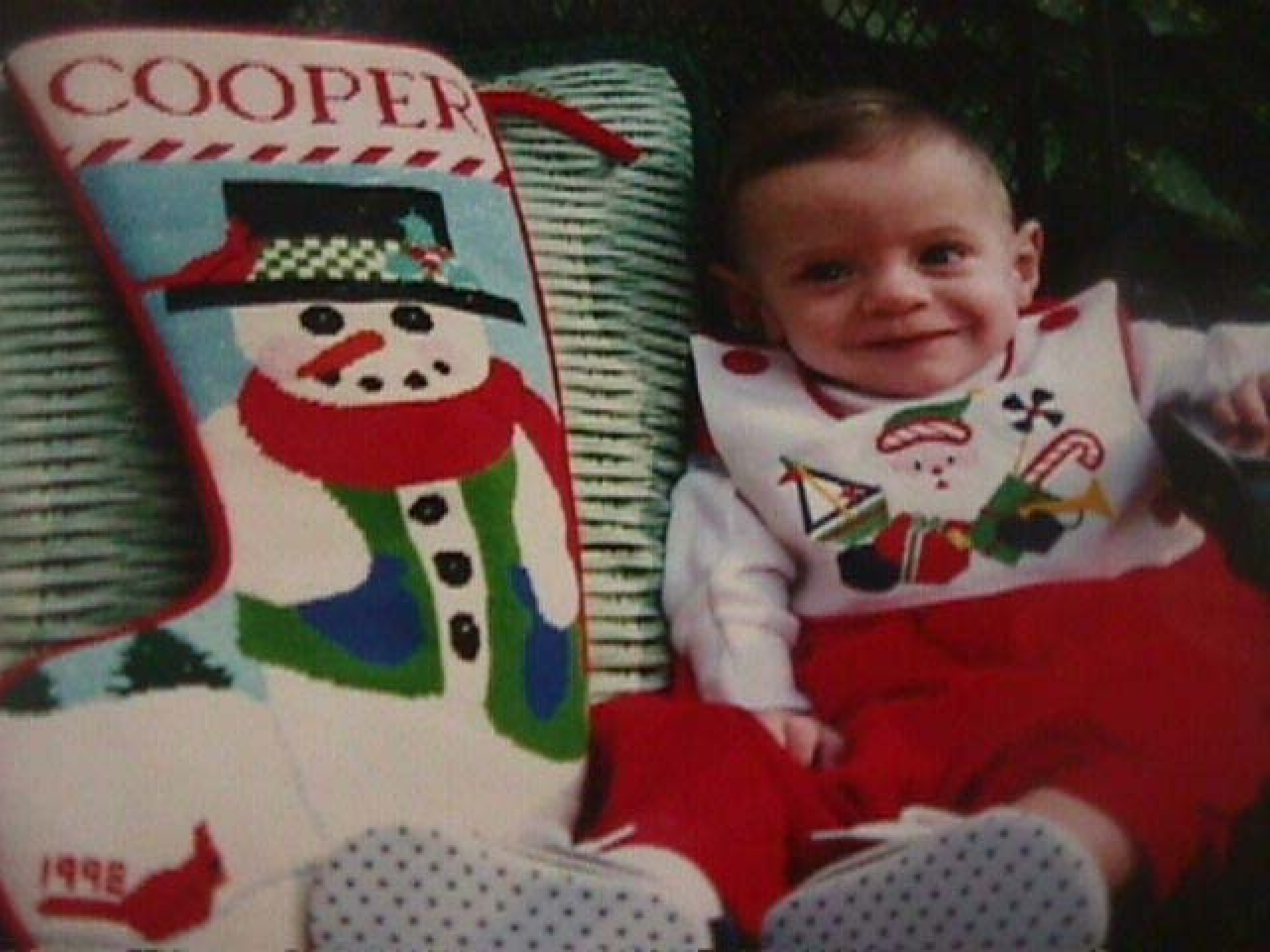
# The Impact of Nursing

- 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





COOPER



1998



# 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.

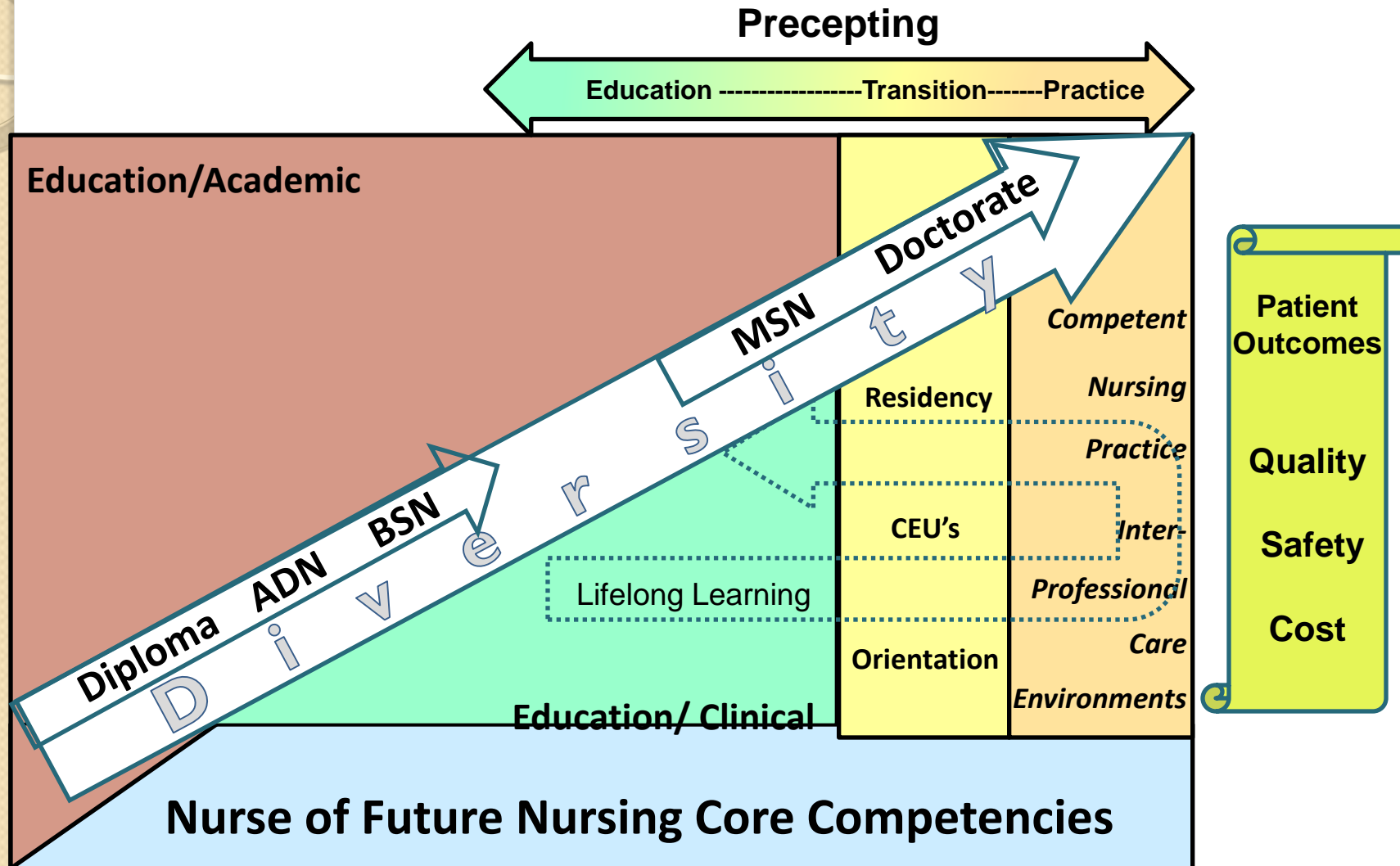


# What has UC Davis Accomplished...

## **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



# What has UC Davis implemented?

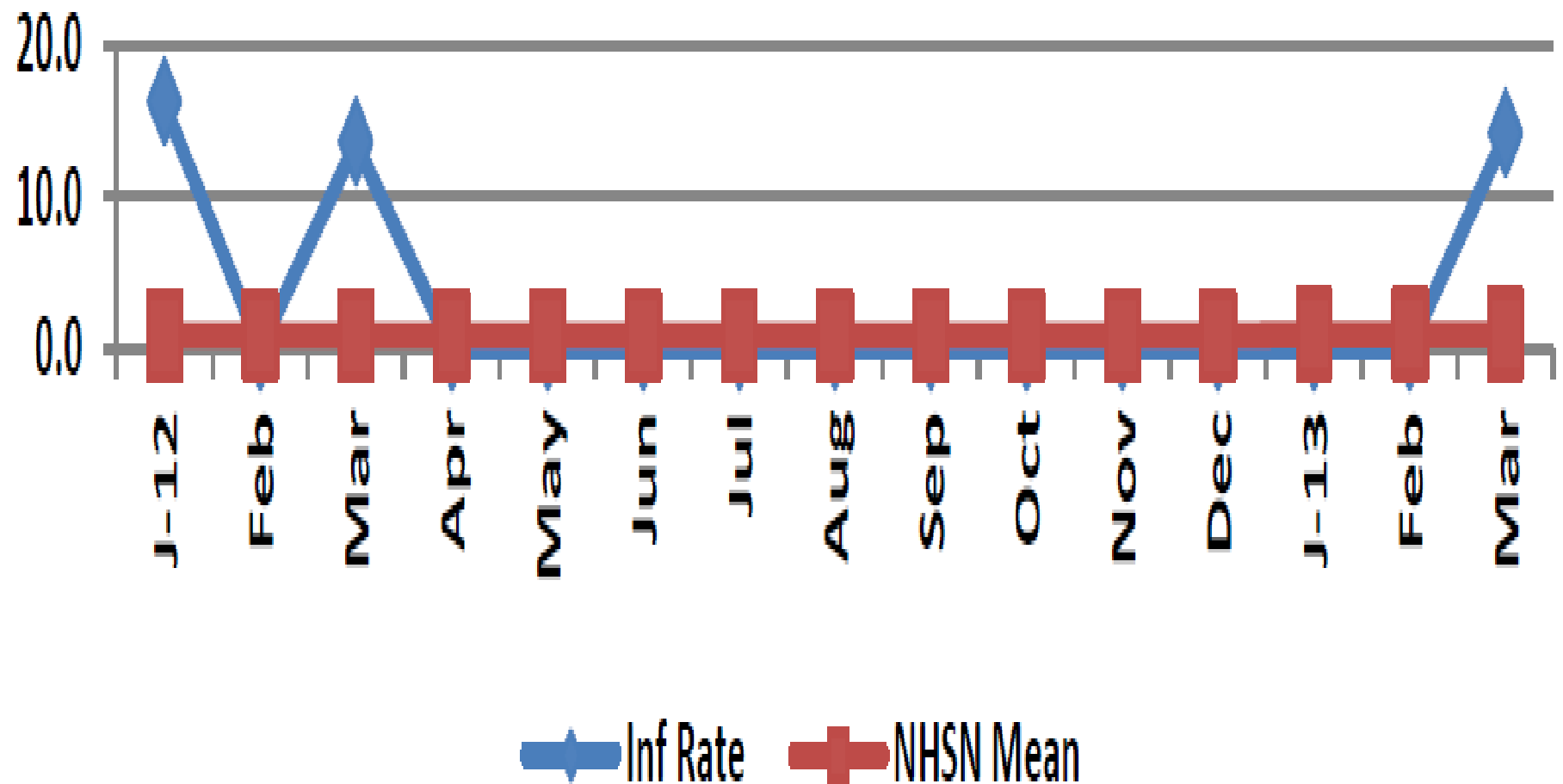
## • *Academic Progression grants through UC Davis Betty Irene Moore School of Nursing*

- 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 with in 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)
  - Out reach education (community education)

+



# 2012-2013 NICU CLABSI Rate BW $\geq$ 2500gm



# 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)

# Systematic Reviews

- Newhouse, R., et al. (2011, September/October). Advanced practice nurse outcomes 1990-2008: A systematic review. *Nursing Economics*, 29(5), 230-251.
- 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!

Miller, K.P. ( 2011). Malpractice: Nurse practitioners and claims reported to the National Practitioner Data Bank. *Journal for Nurse Practitioners*, 7(9), 761-763.

# 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 hierarchal 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

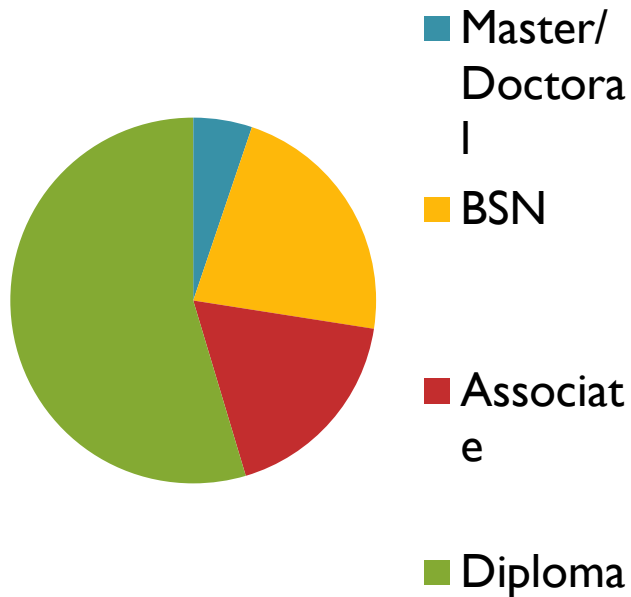
- Advance Practice Nurses have demonstrated they can provide quality, efficient care autonomously.
- No need for restrictive statutory & regulatory clauses
- Allow Tort & disciplinary functions of the Boards of Nursing to police and rule over violations
- Advance practice nurses must carry adequate malpractice 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

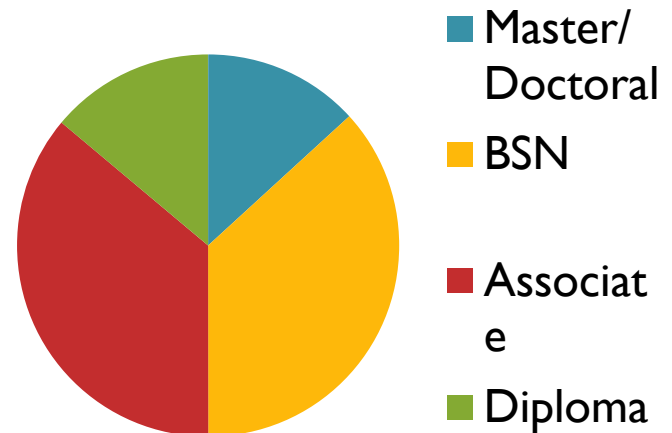
- Multiple entry models (Diploma, ADN, BSN)
- 20.4% Diploma prepared
- 45.4 % of nurses are ADN prepared
- 34.2% BSN ( HRSA, 2010)
- Rural nursing workforce largely ADN prepared  
Complexity of care calls for more educated nurses
- Aiken's work- more educated nurses associated with decrease adverse events, 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**

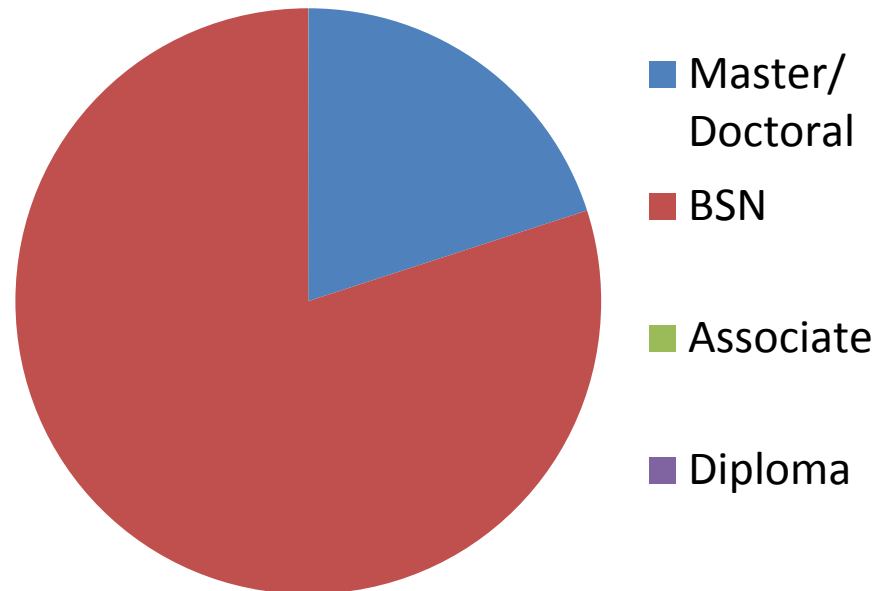


**2008**



# We are we going

**Recommended by 2020**





# 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

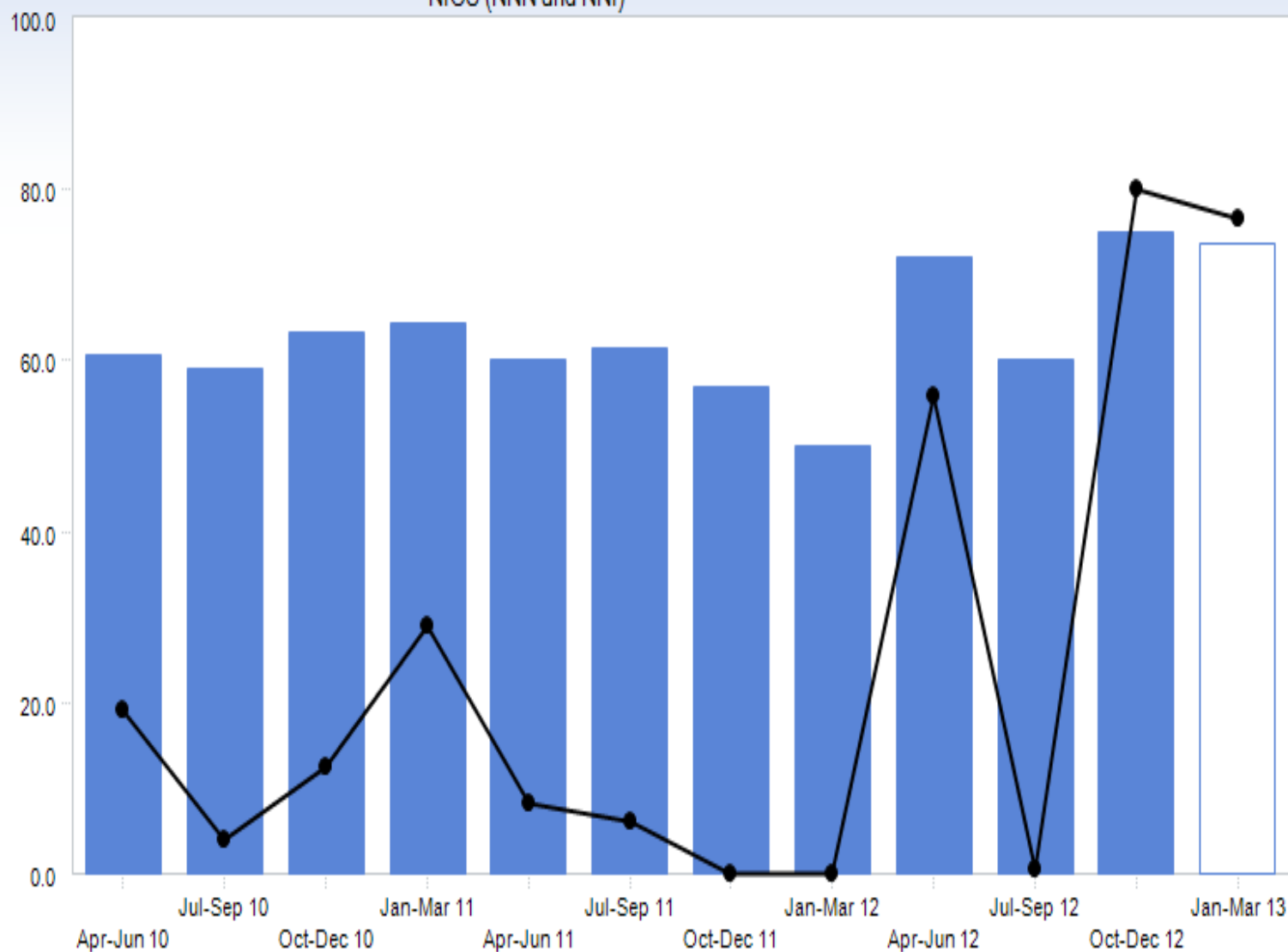


# Full Partners

- 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\*\*

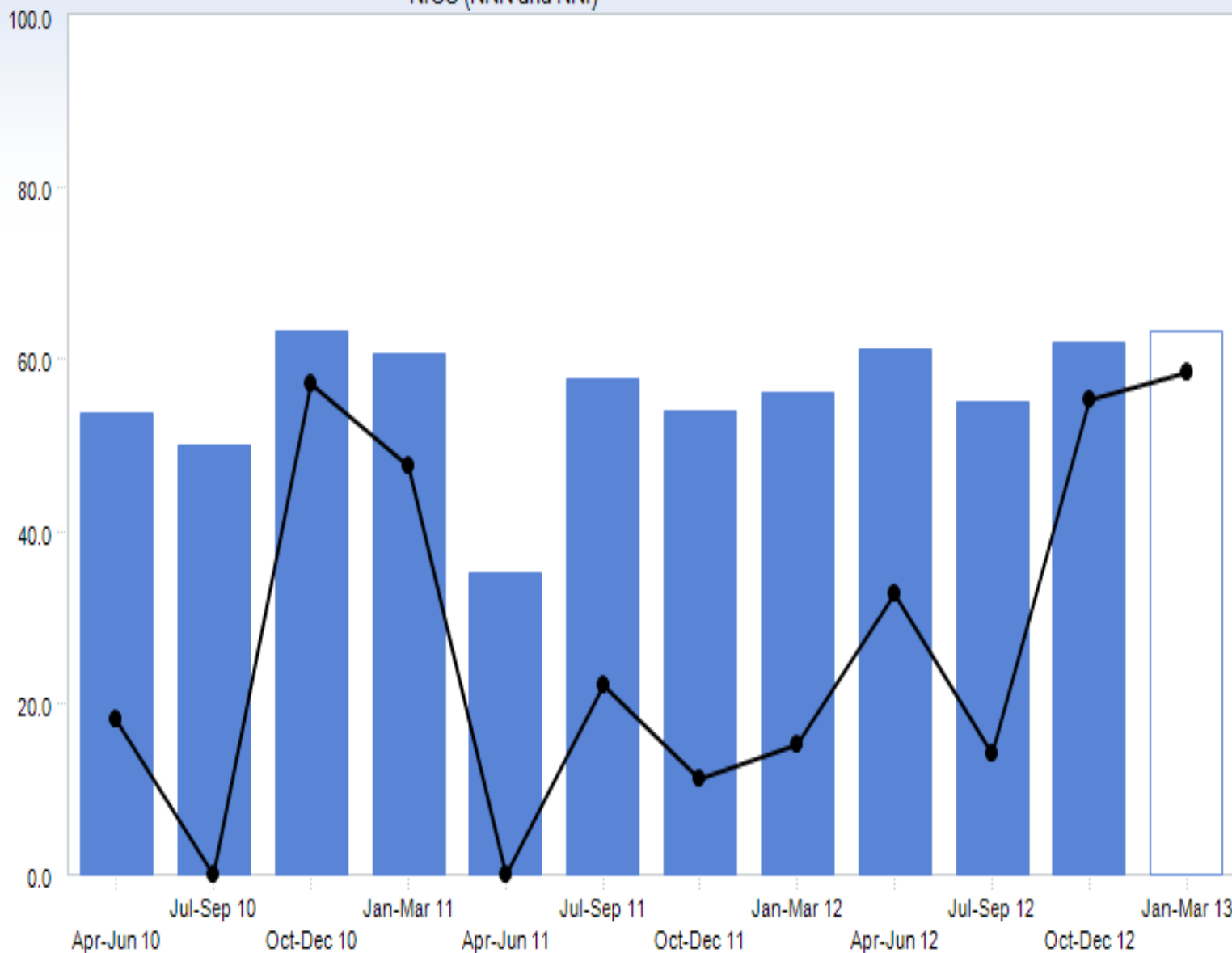
NICU (NNN and NNI)



● Inpt NICU/PICU % Excellent Rank *	19.2	4.1	12.5	29.1	8.3	6.2	0.0	0.0	55.9	0.5	80.0	76.7
■ % Excellent	60.7	59.1	63.2	64.3	60.0	61.5	56.8	50.0	72.2	60.0	75.0	73.7
N of Cases	28	22	19	28	20	26	37	26	18	20	20	19
Norm Year	2009	2010	2010	2010	2010	2011	2011	2011	2011	2012	2012	2012

# Doctor's Communication with Patient/Family\*\*

NICU (NNN and NNI)



● Inpt NICU/PICU % Excellent Rank*	18.1	0.0	57.1	47.6	0.0	22.0	11.1	15.1	32.7	14.2	55.3	58.4
■ % Excellent	53.6	50.0	63.2	60.7	35.0	57.7	54.1	56.0	61.1	55.0	61.9	63.2
N of Cases	28	22	19	28	20	26	37	25	18	20	21	19

# 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



# Research

- Aiken et al. 2003
  - Surgical patients have a “substantial survival advantage” if treated in hospitals with higher proportions of nurses
- Currie et al. 2005
  - “Literature Review of Nursing Research on Relationship Between Quality Care, Skills Mix and Staffing Levels,” Journal of Advanced Nursing 51 no. 1 (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.”
- National Advisory Council on Nurse Education and Practice 2008
  - 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

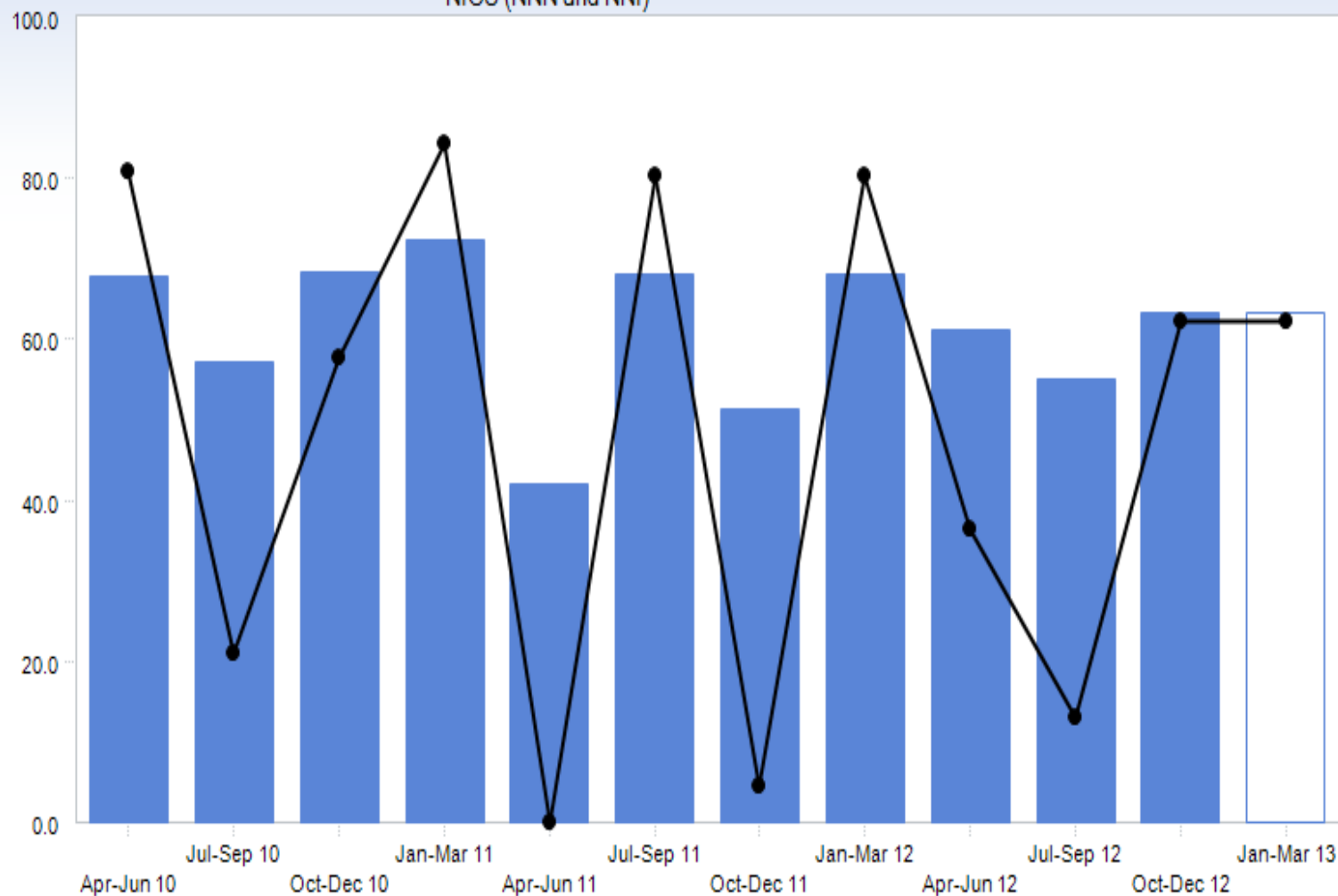
- **Magnet designation** creates an environment that supports professional nursing practice.
  - Professional autonomy
  - Decision making at the bedside
  - Nursing work environment
  - Professional education
  - Career development
  - Nursing leadership

# 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***

# Doctor's Involving Patient in Decisions About Care \*\*

NICU (NNN and NNI)



● Inpt NICU/PICU % Excellent Rank *	80.9	21.0	57.8	84.2	0.0	80.4	4.4	80.4	36.5	12.9	62.3	62.3
■ % Excellent	67.9	57.1	68.4	72.4	42.1	68.0	51.4	68.0	61.1	55.0	63.2	63.2
N of Cases	28	21	19	29	19	25	37	25	18	20	19	19
Norm Year	2009	2010	2010	2010	2010	2011	2011	2011	2011	2012	2012	2012

\* Rankings are based on PRC Norm data.

\*\* The data in this chart has been filtered.

+ Marked bars are Statistically Significant



# 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

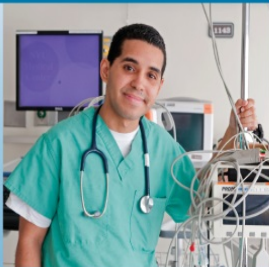
# Practice Models Development

- 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**



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

# 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





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