IOM Report on the Future of Nursing: What it Means to the Nursing Profession

- Define the purpose of the IOM Report on the Future of Nursing.
- Discuss the eight elements of the IOM Report.
- Discuss how the IOM Report impacts the nursing profession.
- Implement elements of IOM Report in California.
- Discuss IOM Report in terms of opportunity for academic partnerships.
Institute of Medicine
Health Care System Challenges

- High costs
- Primary care shortage
- Aging and sicker population
- Fragmentation
- Health care disparities
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
High-quality, patient-centered health care for all will require a transformation of the health care delivery system.
Groups have coalesced in nearly every state to take action on the IOM recommendations

An opportunity for the nursing profession
All Americans have access to high-quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success.
Committee’s Vision

- Wellness
- Primary care
- Home care
- Long-term care
- Acute care
A Transformed Health System

- Acute care
- Long-term care
- Home care
- Management of chronic illness
- Wellness & Primary Care
Campaign for Action Pillars

Advancing Education Transformation

Removing Barriers to Practice and Care

Nursing Leadership

Interprofessional Collaboration

Diversity

DATA
Education

- Increase the proportion of nurses with BSN and higher degrees
- Increase the number of nurses with doctorates
- Implement nurse residency programs
- Promote lifelong learning
Evidence

Some association between educational level and patient outcomes

Twenty percent of BSN graduates get advanced degrees

Six percent of associate-degree graduates get advanced degrees
All practitioners should practice to the full extent of their education and training.

Physicians, nurses and other health professionals work in a team-based model of care delivery.

Models of care maximize time that providers can spend on their respective roles and responsibilities to patients.
Evidence

Studies show that APRNs permitted to practice to full extent of education and training provide equal or better care.

Systematic review of published literature between 1990 and 2008 indicate patient outcomes of care provided by APRNs and equivalent or better than MD.

Patient satisfaction • Length of stay • NPs: BP, glucose, lipid control • CNMs: Fewer C-sections, fewer episiotomies
Collaboration

Prepare more nurses to help lead improvements in health care quality, safety, access and value

Interprofessional education, training and practice

Integrated, collaborative, patient-centered health care teams
Nurses bring important viewpoint to management and policy discussions.
Evidence

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

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 five percent of board members

TCAB:
- 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

*RWJF, 2010
**American Hospital Association, 2011
Research on health care workforce is fragmented

Need data on all health professions

Improved health care workforce data collection to better assess and project workforce requirements
Diversity

Nurses should reflect patient population in terms of gender, race and ethnicity.

All nurses should provide culturally competent care.
Nursing Must be Considered a Societal Issue!

RWJF/AARP seeking support from:

- Health professionals
- Philanthropies
- Payers
- Educators
- Consumer advocates
- Hospitals and health systems
- Business
- Public health agencies
- Policy-makers
Campaign Strategies

Diverse Stakeholders

Action Coalitions

Research, Monitoring, Evaluation

Grantmaking

Policy-makers

Communications

RWJF
AARP
Advisory Committee
Organizational Structure

Executive Committee

Leadership Council

Working Group #1
Working Group #2
Working Group #3
Working Group #4
Working Group #5
Working Group #6
Working Group #7
Working Group #8

Regional Groups

Stakeholders
Recommendation #1: Remove scope-of-practice barriers

Conduct gap analyses to:

• compare California regulatory language with NCSBN Consensus Model for advanced-practice registered nurse regulation

• compare for the four advanced-practice registered nurse and RN roles to the IOM Future of Nursing Report with the laws and statues of California

Co-Leads: Garrett Chan and Susanne Phillips
Recommendation #2: Lead and diffuse new practice model efforts

- Convene a statewide symposium in September 2012 to explore opportunities to transform health care delivery, share innovative models, and assess gaps in current models of care delivery

Lead: BJ Bartleson
Recommendation #3: Transition-to-practice through nurse residencies

- Promote transition to practice programs and residencies as expectation of nursing education
- Expand programs for new graduates to include more community-based opportunities
- Create a statewide evaluation of current programs to inform next steps

Co-Leads: Dorel Harms and Nikki West
Recommendation #4: Increase number of nurses with BSN

- Establish baseline percentage of RN’s with minimum educational level of BSN
- Inventory and analyze data from existing ADN-BSN projects to establish best practices
- Continue to facilitate progress AB1295 with consultation and support to CCC and CSU Chancellor’s Offices

Co-Leads: Liz Close and Stephanie Robinson
Recommendation #5: Double number of nurses with a doctorate by 2020

- Work with Recommendation #8 to establish baseline number of nurses with a doctorate
- Establish outcome measures and methods of collecting data for reaching goal of a 10% increase of BSN grads matriculating into Master’s programs within 5 years

Co-Leads: Holli DeVon and Robyn Nelson
Recommendation #6: Ensure that nurses engage in life-long learning

- Establish priorities and communications plans for messaging the need for culture change to expectations of life long learning in the profession of nursing
- Create repository on the Action Coalition website showcasing service and academic partnerships that demonstrate and support lifelong learning

Co-Leads: Jan Boller and Martha Dispoto
Recommendation #7: Prepare and enable nurses in leadership positions

- Conduct gap analysis of 2011 survey to identify needs for developing new leadership programs for nurses
- Expand nursing leadership opportunities for participation by nurses in board rooms, policy discussions and on management teams
- Develop a systematic plan for involving students in the Action Coalition work

Co-Leads: Pat McFarland and Peggy Hodge
Recommendation #8: Build data infrastructure for workforce planning

- Upload all public-access web links and resources for data to Action Coalition website
- Disseminate a seamless inventory of CA data for analysis and workforce planning
- Work closely with other recommendation groups to assess data needs to implement strategies

Co-Leads: Joanne Spetz and Louise Bailey
Exercise for your Organizations

1) With your colleagues, discuss examples of how your organization is already engaged in work around the IOM Future of Nursing Recommendations.

2) Brainstorm to develop ideas that your organization should be or could be engaged in around the recommendations and connect with workgroup co-leads.
Progress to Date

- **Planning Year** completed
- **Workgroups established** for all 8 Recommendations
- **Regional Champions identified** in all 8 regions
- **Statewide Director** appointed
- **Communication Plan** and website
- **Secured initial funding** for creating sustainable structure
It Will Take All of Us!
Join in:

http://www.caactioncoalition.org/