The Future of Nursing:

Implications for Transforming the Nursing Workforce

Jennifer L. Embree DNP, RN, NE-BC, CCNS,
Visiting Assistant Professor
Indiana University School of Nursing-Indianapolis
President-Indiana State Nurses Association

Objectives

- Discuss the need and the Institute of Medicine recommendations for transforming nursing practice

- Identify changes in nursing practice necessary to prepare and enable nurses to lead change to advance healthcare

Responsibility for Nursing Transformation

- Position?

- Personal Mission

- Embrace?

"We must become the change we want to see."

Mahatma Gandhi

Leaders and Change

- Generative leaders
  - Produce/originate
  - Innovative
  - With and through others for improvement
    - Literature support
      - patient outcomes
      - reduced length of stay, medical errors, expenses
      - decreased turnover
      - improved work environment (Disch, 2012)

Leaders and Change

- Momentum (dePree)
- Where people have never been (Kissinger)
- Journey on which people do not want to go (Disch)
  - Improve
  - Collaborate
  - Inform the public

Innovation

- Better execution of our innovation

(Kotter, 2008)

- Reconnect internal reality with external opportunities and hazards
- Emotionally compelling data and people
- Behave with urgency, never content, anxious or angry
- Opportunity in crises and proceed cautiously
- Neutralize urgency killers- determined to keep us complacent…..

(Kotter, 2008)

Institute of Medicine (IOM)

- Move nurses to "thoughtful strategists" from "functional doers" (IOM, Future of Nursing, 2010)

- Different collaborators

- Exemplify inclusivity… (Disch, (2012) Robbins, (2011)

Nursing is important and central….their time is here.
They understand real needs of real people.
They are systems thinkers, live traditions of caring, and are enormously respected.

(Don Berwick)

International Flavor

- International and Regional Trade Agreements
- Nursing Reform in the United States
  - Migration
  - Globalization for education
  - Service delivery
  - Health policy

  (The Commission on Graduates of Foreign Nursing Schools (CGFNS) - neutral, non-profit)

                                        (IOM, 2011)

International Flavor

- Nursing demand exceeds supply
- Chronic shortages - global nurse workforce
                                                          (WHO, 2006)
- Link-nurse staffing, service delivery/ health outcomes- nursing workforce management

                                                          (IOM, 2011)

International Flavor

- United States created CGFNS International

(IOM, 2011)

International Flavor

- Nursing shortages-U.S. mirror interdependency of world labor markets and need for nursing workforce policies.

- Challenge-workforce planning-nursing global migration-focus number of nurses entering/exiting, new nurse graduates, effect of internal migration

- Understand education and licensure systems-appropriate skill mix for the nursing workforce of a country (Kingma, 2006)

(IOM, 2011)

International Flavor

- **Recommendations for the Future of the U.S. Nursing Workforce**
  - Invest in foreign-educated nurses in the U.S. nursing workforce
  - Baccalaureate education-entry into practice in the U.S.
  - Harmonize nursing curricula
  - Global health- undergraduate and graduate curricula
  - National system -monitor/track foreign educated nurse inflow, country of origin, previous work settings, education level and licensure

(IOM, 2011)

International Flavor

- Create an international body to coordinate and recommend national and international workforce policies.

(IOM, 2011)

International Flavor

Key issues

- Regulatory structure
- Accreditation
- Licensure/ registration/titles
- Models of nursing/levels
- Programs/pathways
- Physician to registered nurse programs
- Scope of practice

(IOM, 2011)

International Flavor

- Other factors:
  - Healthcare system variations
  - Impact of migration on out-migrating country
  - Proficiency in:
    - Language
    - Medications and pharmacology
    - Technology
    - Acculturation
    - Implications:
      - Global Nursing Shortage
      - Health Policy Workforce Planning Issues
      - Ethical and Moral Challenges

(IOM, 2011)

International Flavor

- Global nurse workforce view within context of:
  - Health status of nations
  - Government investment in health budgets
  - Nurse/health care migration
  - Economic realities and working conditions
  - The diverse preparation and practice of its practitioners

(IOM, 2011)

Heightened Public Awareness: 1999 IOM Report
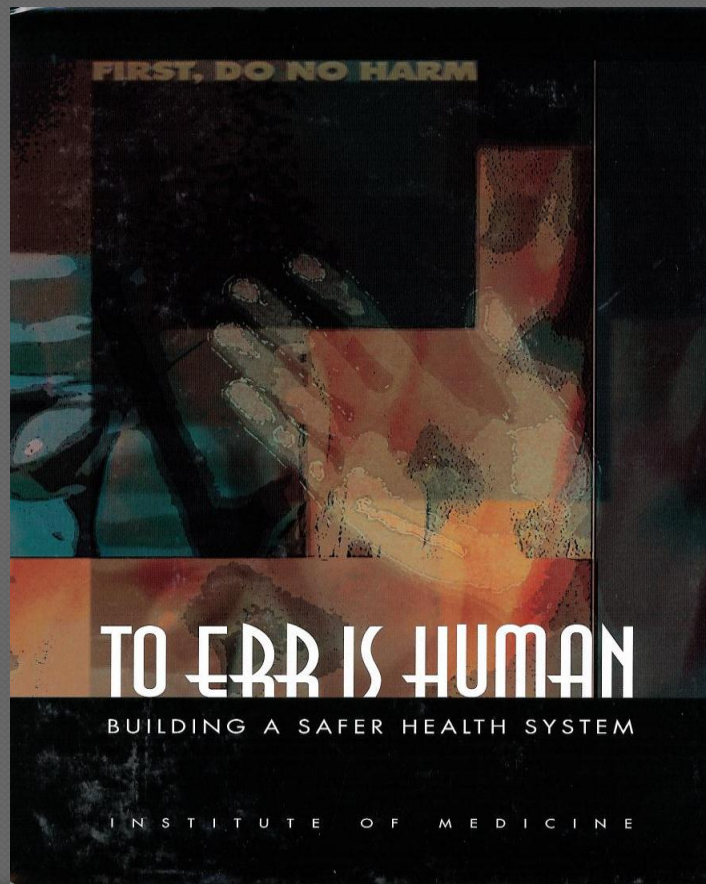
◆**Faulty systems, processes, and conditions**

◆ **Shattered trust in the health care system**

◆**Culture impeded transparent discussions regarding error prevention**

Risk of Death – How Safe is "Safe"?

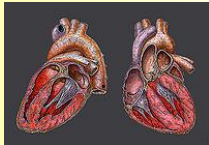1 in 100

Medical Errors

Microlight Aircraft Flight

Road Safety

Himalaya Mountaineering

Cardiac Surgery
In ASA 3-5 Pt

Unsafe

Living next to a Nuclear Power plant

1 in 100,000,000
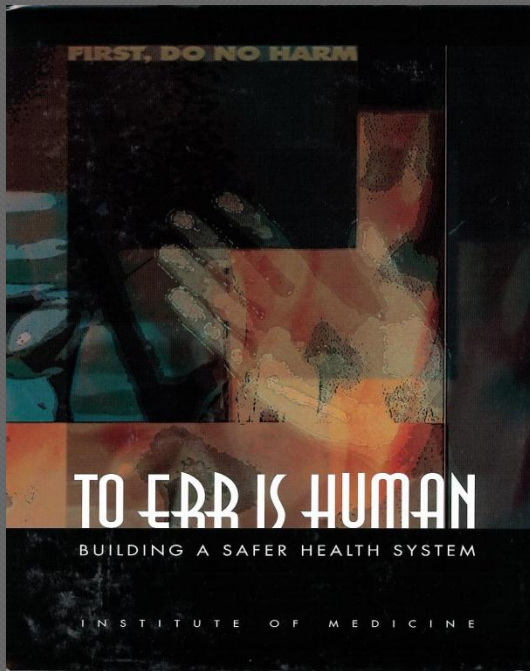
Commercial Large Aircraft Flight

1 in 10,000,000

Ultra Safe

Anesthesia in
ASA 1-2 Pt
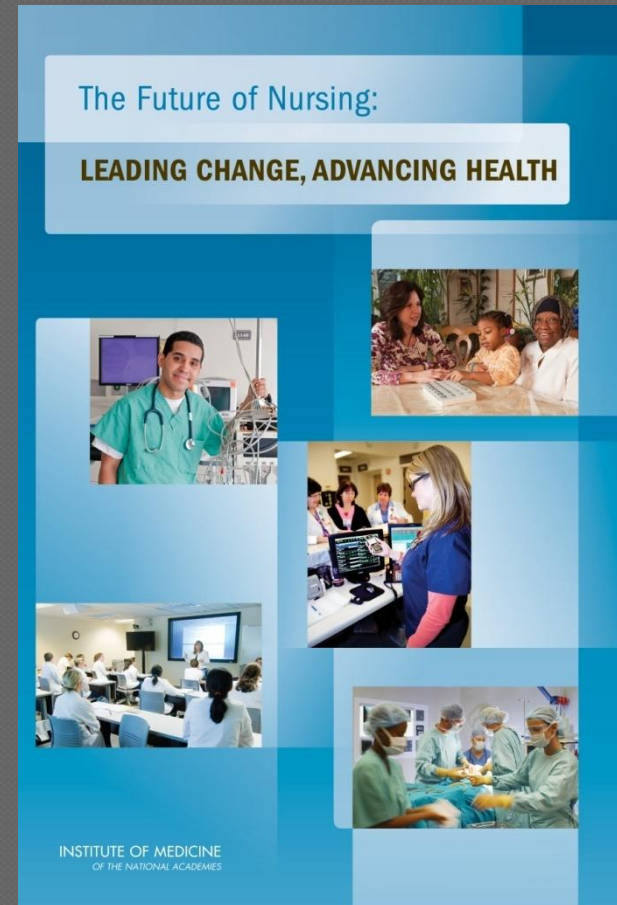
What Have We Learned?

- ◆ **System Focus**

- ◆ **Motivation to adopt innovative, safe practice & evidence-based care**

- ◆ **"Small but consequential changes"**

- ◆ **? evidence that overall systematic improvements in safety**

Projected Nursing Workforce

- Majority of the delivery of nursing care will NOT be in acute care
- Roles
- RNs will assume more leadership roles
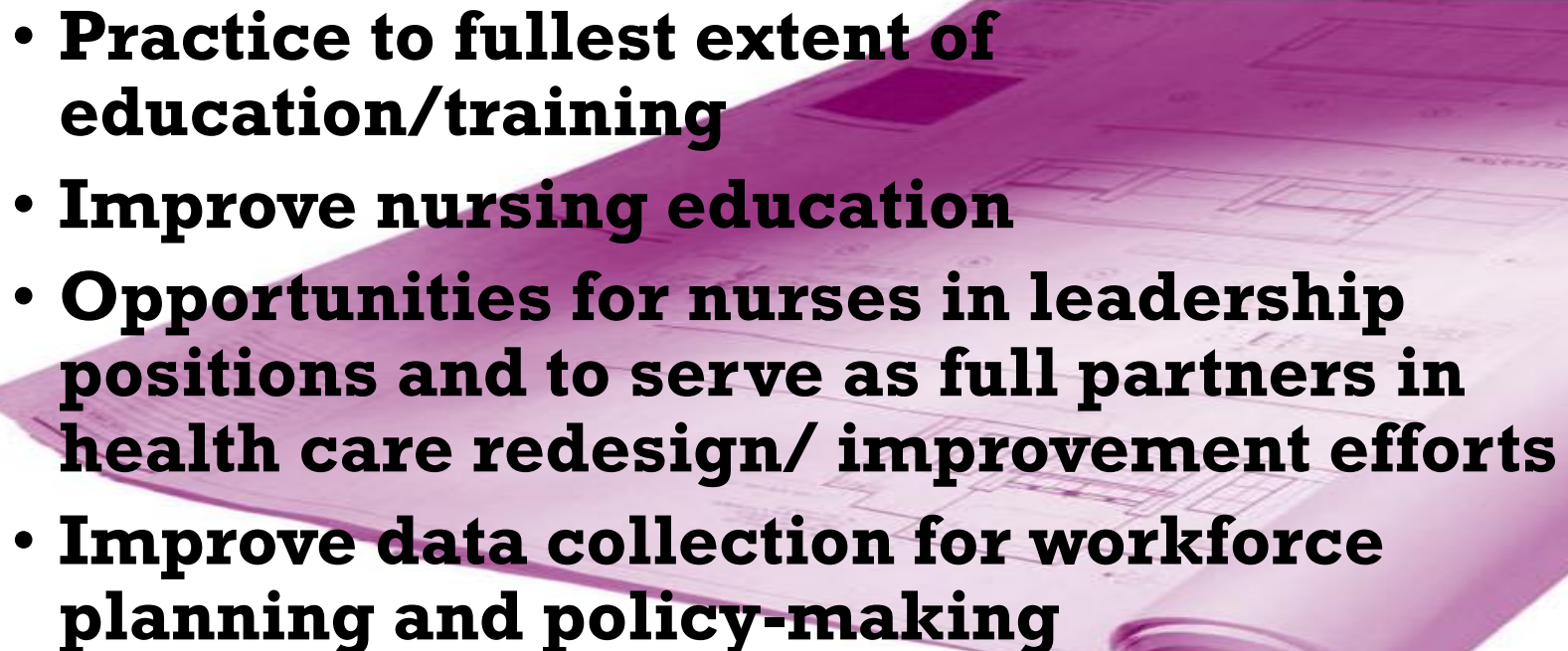- APRNs will provide more and different care

High-quality, patient-centered health care for all will require remodeling many aspects of health care system, especially nursing

The Future of Nursing:

LEADING CHANGE, ADVANCING HEALTH

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

IOM Report

A blueprint to:

- **Practice to fullest extent of education/training**
- **Improve nursing education**
- **Opportunities for nurses in leadership positions and to serve as full partners in health care redesign/ improvement efforts**
- **Improve data collection for workforce planning and policy-making**

IOM Report

- Seek significant improvement in public and institutional policies at all levels

- About the future of safe, quality care/ coverage in health care system in the U.S. (Shalala, 2010)

IOM Recommendations

- Remove scope of practice barriers

- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

- Implement nurse residency programs

- Increase proportion of nurses with BSN degree to 80 percent by 2020

IOM Recommendations (cont.)

- Double the number of nurses with a doctorate by 2020

- Ensure that nurses engage in lifelong learning

- Prepare and enable nurses to lead change to advance health

- Build an infrastructure to collect and analyze interprofessional workforce data

Recommendation 1

Remove scope-of-practice barriers

- Nurses must be able to practice to full extent of their education and training
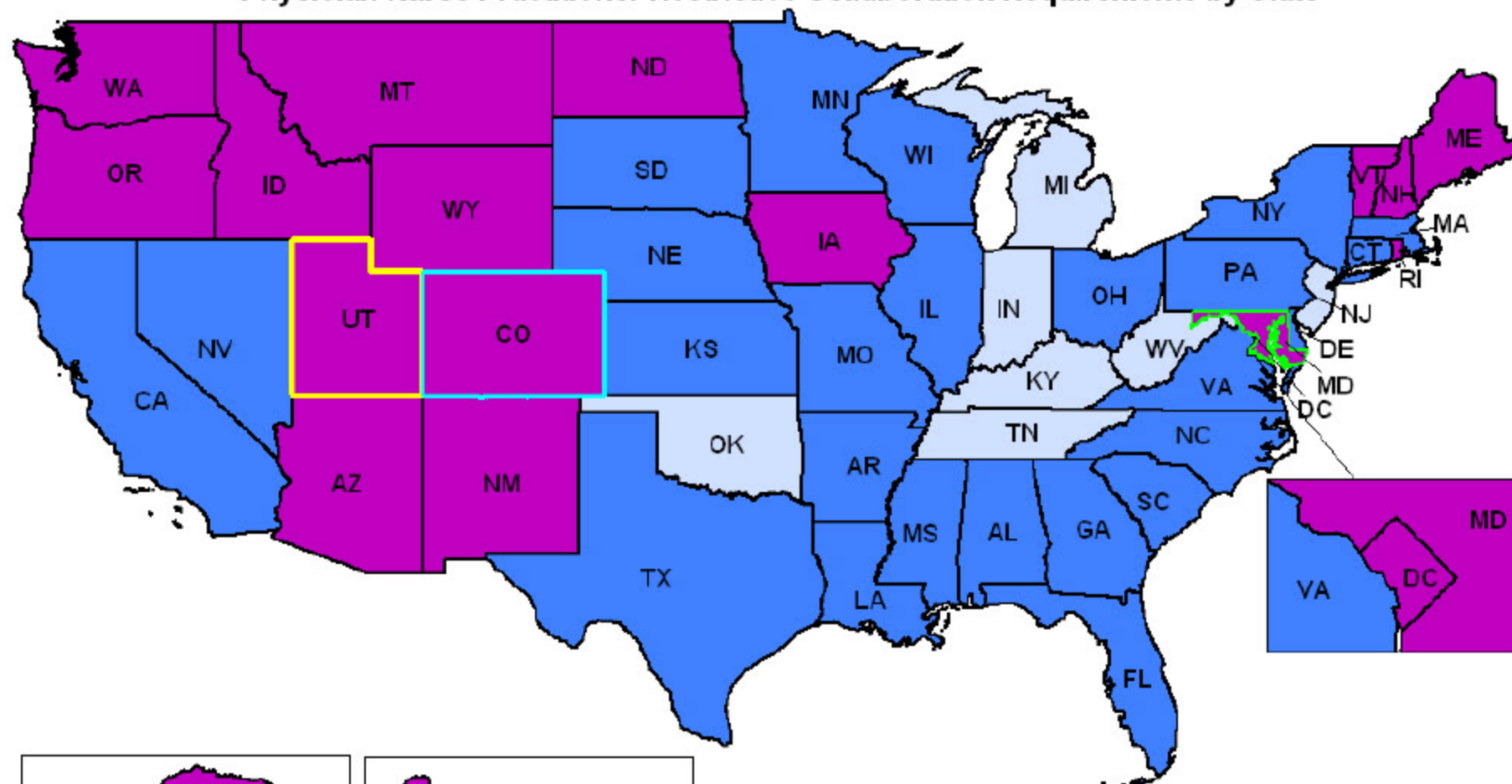
Recommendation 1

Transformation

- Expand Medicare/insurers to include APRN coverage, and care for the continuum.
- Standardized national scope of practice regulations

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

After 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

Recommendation 2

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

- CMS -expanded care delivery/leadership capacity with performance measure development and expectations
- Support innovation
- Engage in design, development, purchase, implementation/evaluation of health, medical and health technology products

Recommendation 2

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

- Provide entrepreneurial professional development for program/business development-improve health and health care

Recommendation 2

Expand Nursing Opportunities

- Support- developing and adopting innovative, patient-centered care models

Affordable Care Act-Quality

- Improving Quality/Health System Performance
  - Comparative effectiveness research
  - Linking Payment to Quality Outcomes
  - Encourage New Patient Care Models
  - Establish AHRQ Center for Quality Improvement and Patient Safety
  - National quality strategy

Recommendation 3

Implement Nurse Residency

- Fund development/implementation of nurse residency programs across all practice settings (RN, APRN etc)

- Evaluate residency programs' effectiveness in improving nurse retention, expanding competencies and improving patient outcomes

Recommendation 3

Implement Nurse Residency

- Redirect funding from diploma nurse programs to rural and critical access areas

Recommendation 4

Increase proportion of nurses with BSN degree to 80% by 2020

- Encourage AD- and diploma-degree nurses to enter BSN programs within 5 years -tuition reimbursement, culture fostering continuing education/salary differential/promotion

Recommendation 4

Increase proportion of nurses with BSN degree to 80% by 2020

- Collaborate -fund, monitor, increase diversity /nursing workforce across lifespan
- Defined academic pathways and articulation agreements

Recommendation 4

Increase proportion of nurses with BSN degree to 80% by 2020

- Capacity of baccalaureate programs (scholarships, loan forgiveness, technology)
- Loans/grants for second-degree nursing students
- Increase faculty
- Collaboration/recruitment and advancement of diverse workforce

Affordable Care Act-Workforce

- Increase workforce development grants
- Increase supply of health care workforce
- More student loan forgiveness
- More geriatric fellowships for faculty and students
- Strengthen primary care
- Improve access to health care services

Affordable Care Act-Nursing Workforce

- Advanced Nursing Education-grants

- Nurse Education, Practice and Retention

- Nursing Student Loan Program

- Nursing Faculty Loan Program

- Public Health Workforce

Recommendation 5

Double number of nurses with doctorates by 2020

Recommendation 5

- Ensure accredited nursing schools have 10 percent/baccalaureate graduates enrolled in graduate program within 5 years post graduation
- Funding increase-diverse doctoral programs, faculty, and research
- Increase funding-master's/doctoral nurses to increase diversity-faculty and researchers

Recommendation 5

- Salary and benefit packages-market competitive for recruitment and retention of highly qualified tenured/clinical nurse faculty
- Create a work environment that supports retention of diverse highly qualified tenured and clinical nurse faculty

Recommendation 6

Ensure that nurses engage in lifelong learning

- Collaboration-students/ nurses/faculty exemplify lifelong learning-for diverse populations across the continuum of care

Recommendation 6

Ensure that nurses engage in lifelong learning

- Culture-lifelong learning-resources for interprofessional continuing competency programs
- Regularly evaluate and update programs for evidence-base, adaptable, flexible, accessible, positive clinical outcomes

Recommendation 6

Ensure that nurses engage in lifelong learning

- Cutting-edge, diverse, competent faculty in practice, teaching, research

Recommendation 7

Prepare and enable nurses to lead change to advance health

- **Expand opportunities for nurse leadership roles cross public, private, and governmental health care sectors**

Recommendation 7

Prepare and enable nurses to lead change to advance health

- **Develop leadership programs integrating theory and business practice into curriculums**

Recommendation 7

Prepare and enable nurses to lead change to advance health

- Nursing representation-boards/executive management teams/key leadership positions for public, private, and governmental health care

Recommendation 8

Build an Infrastructure for the collection and analysis of interprofessional health care workforce data.

- Collaborative work to improve research, data collection, analysis of health care workforce data
- Stakeholders responsible for reporting must be timely and afford public accessibility of data.

Recommendation 8

Build an Infrastructure for the collection and analysis of interprofessional health care workforce data.

- Standardized minimum data set across states and professions
- Stakeholders identify workforce needs, establish regional targets and plans for increasing supply
- Nursing at the table in all venues where nursing and health care decisions are made
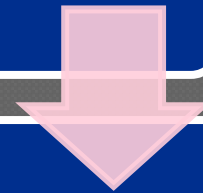
Current Work

RWJF's Commitment to Nursing

Long-term investment in nursing
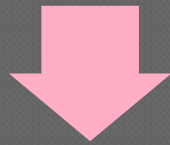
Must address nursing challenges to address health system challenges
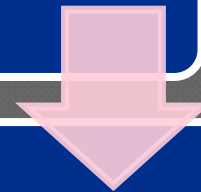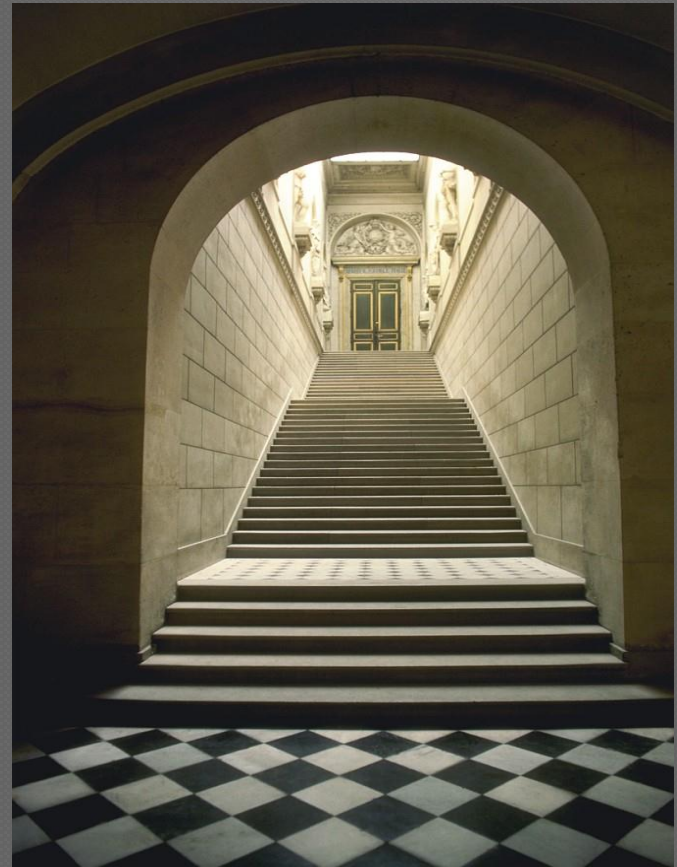
IOM partnership: assess and respond to need to transform nursing

Implementation

RWJF committed to advancing recommendations

Developing concrete implementation steps

Implementation

Regional Action Coalitions

- Long-term
- Move key nursing issues forward at local, state, and national levels
- Pilot in 5 states, then move to all states
- Capture best practices, track lessons learned and identify replicable models
- No funding (recent opportunity)

Regional Action Coalitions

Criteria for Pilot States

- Strong nursing leaders with proven results
- Integration of existing RWJF program resources
- Need/opportunity to work on nursing-related issues
- Ability to partner or co-lead with potential funders and/or business partners
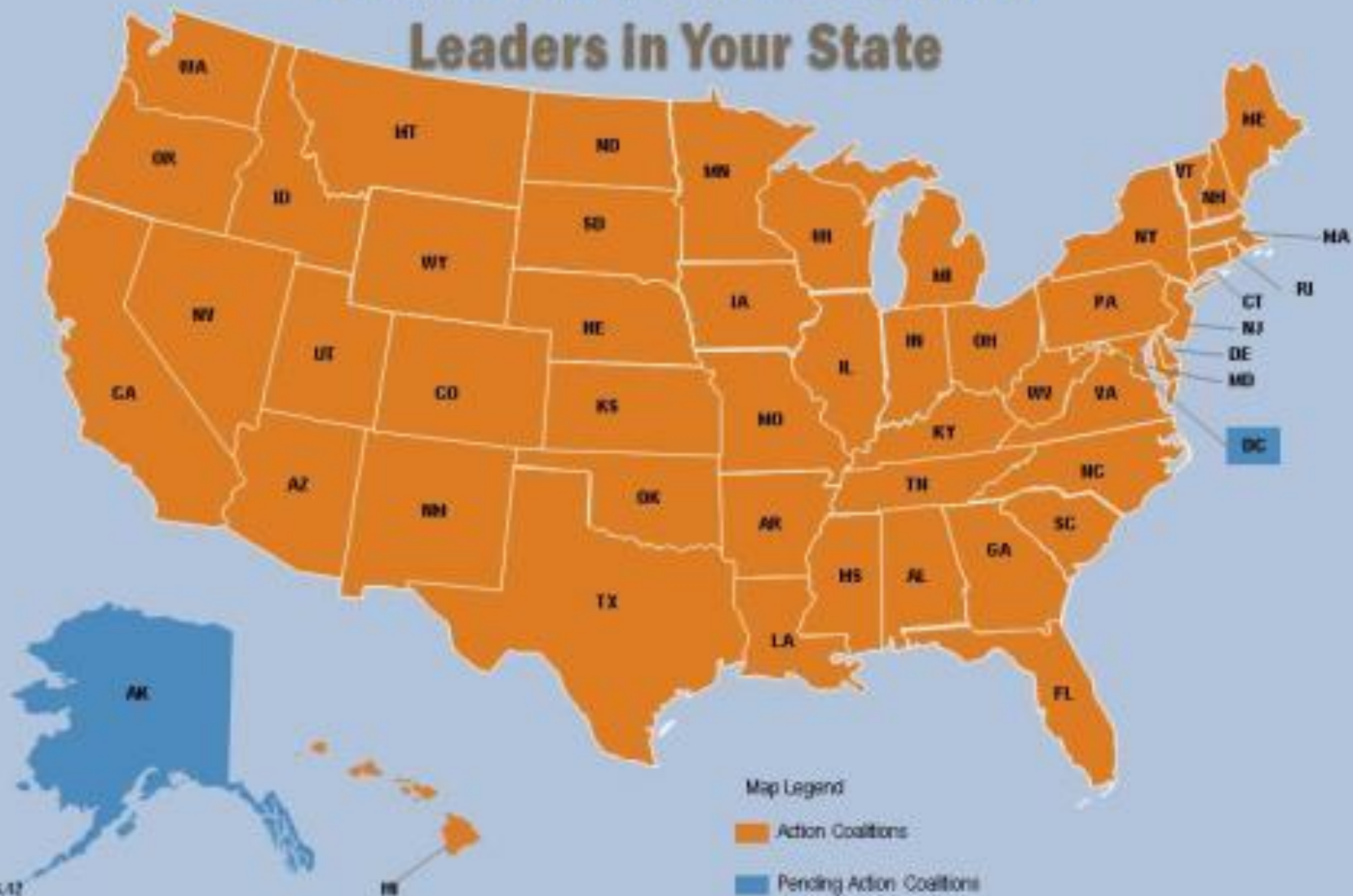
Funding

- Opportunity for 30 grants of up to $150,000 over two years deadlined in August 2012 to assist in boosting statewide commitment toward implementation of sustainable infrastructure

Indiana Action Coalition: Transforming Healthcare (INAC:TH)

- Partnership
  - Indiana Center for Nursing (ICN)
  - Indiana Area Health Education Centers (IN AHEC)

  State-wide-goals related to the recommendations of the Institute of Medicine Report on the Future of Nursing

  (Support-Indiana Organization of Nurse Executives, Indiana Nursing Workforce Development Coalition, Indiana State Nurses Association)

- Committees
  - Interprofessional Education
  - Patient Safety
  - Nursing Practice Models
  - Nursing Education

1: Remove scope-of-practice barriers

- IAC goal- Identify activities to reflect the full scope of nursing practice

    - Convene task force to update current practice competencies for AD, BS, APN
    - Develop white paper on Reimbursement issues with APN practice groups

1: Remove scope-of-practice barriers

- IAC Goal: Collaborate with partners to review and propose relevant changes to the existing statute/rules related to nursing practice

  - Collaborate to propose language for legislative/regulatory consideration as appropriate for the state
  - Identify organizations that can provide advocacy support and sponsorship

4: Increase proportion of nurses with BSN degree to 80% by 2020

- IAC Goal: Maximize utilization of clinical experiences for health related programs statewide

  - Implement electronic clinical placement
  - Develop an electronic professional health care student portfolio
  - Expand clinical preceptors to fill APN roles especially in rural designated settings

8: Build an infrastructure to collect and analyze health care workforce data

- IAC Goal: Implement to the fullest extent the minimum nursing data set especially as it relates to nursing supply and demand

  - Collaboration with AHEC- ensure valid supply of nurses, other health care professionals
  - Explore funding resources for workforce studies
  - Convene a task force –collaborative method of collecting/interpreting data on nursing/healthcare workforce
  - Explore funding to develop a model that projects the demand for nurses in the state
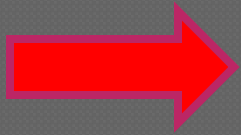
Affordable Care Act

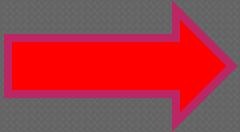- Other benefits

Affordable Care Act-Implementation in 2012

- Linking Payment to Quality Outcomes
  - Value-Based Purchasing program
- Encouraging Integrated Health Systems
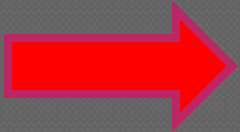 - Accountable Care Organizations

Health Care Reform: A Time of Tremendous Possibilities for Nursing

→ Major investment in health care workforce and practice

→ Models of health care delivery- promote health and prevent illness across continuum

→ Emphasis on **quality and outcomes**

What the Law Does…for Nursing

RNs

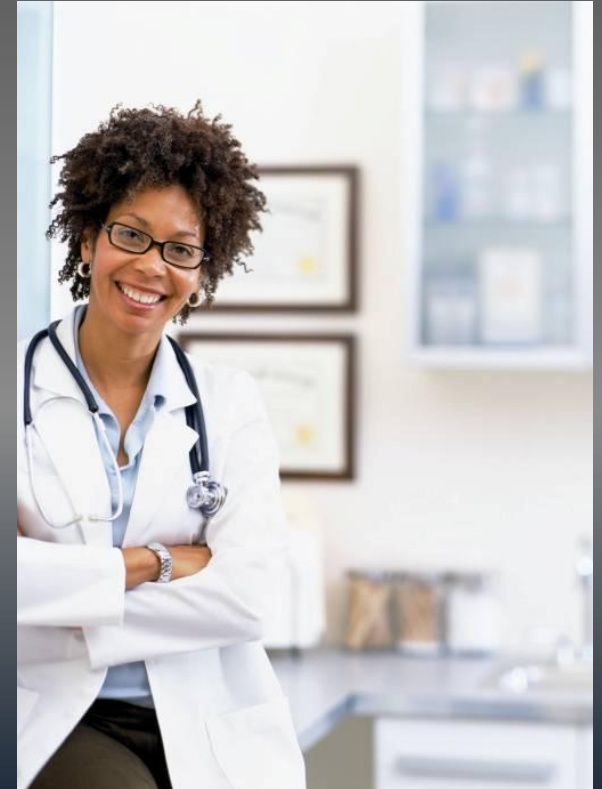- **Integrated** care delivery/coordination of care

- Leadership in **quality improvement**

- **Expanding opportunities** in prevention, wellness and community based care
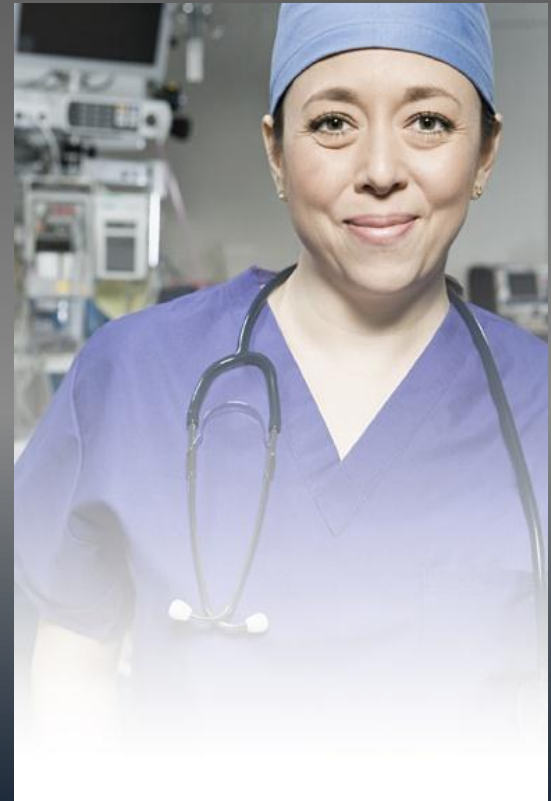
What the Law Does…for Nursing

APRNs

- Increase in Medicare reimbursement
- Recognition of Nurse Practitioners and Clinical Nurse Specialists as Accountable Care Organization Professionals

Law Provisions

- **Strengthens Community-Based Care**
  - Nurse-managed health centers , school-based clinics, nurse home visitation services, nursing home transparency

- **Encourages Prevention and Wellness**
  - New focus on keeping people healthy in the first place

- **Emphasizes Quality Improvement**
  - Creates Center for Quality Improvement and Patient Safety (within AHRQ)

What Health Care Reform Means

We must….

- Actively engage- infusion of nurses at the table, serving on state commissions, boards…..

Indiana/System Exemplars to Transform Nursing Practice

Community Health Network (CHNw)

- Collaboratives through leadership triads at acute care hospitals (CNO, CNS, MD)

- Partnerships with Nurse Practitioner Programs to design consistent clinical experiences

- Educational Partnership with Indiana University School of Nursing-on site MSN program (Leadership, CNS, Education)

- Designing professional development program to hardwire ongoing nursing leadership development

Indiana/System Exemplars to Transform Nursing Practice

Franciscan St. Francis Health

- IOM recommendations in 5 year strategy

- Support BSN, MSN, and Doctoral level education

- Leadership competencies – every nurse/every level

- Revising roles-assure practicing at the top of licensure

- User friendly pipe line for advance practice nurses

- Educating nurses about health reform and the impact on the role of the nurse, especially in ACOs

- Interdisciplinary orientation and education

- Integrating nursing leaders into health related initiatives in community.

Indiana/System Exemplars to Transform Nursing Practice

Indiana University Health

- Integrated IOM into strategic plan

- Lifelong learning

- Educational preparation

- Interprofessional education

- Nurse residency programs

- Joint faculty programs

Indiana Center for Nursing (ICN)

- Merger of:
  - Nursing 2000, Nursing 2000 North, Indiana Nursing Workforce Development Coalition
  - Co-Lead-Indiana Action Coalition
  - Strategic Priorities
    - One Voice, One Center,
    - Designing Indiana Nursing's Future
    - Nursing Career Repository for Nursing Education
    - Nursing Scholarships/Tuition Assistance
    - Education-Service Alliances

Indiana Exemplars

Indiana Organization of Nurse Executives

- Action Coalition
- License Plate Project-Funding for Nursing Leader education, grant programs, center for nursing

Schneck Medical Center

- Direct Care Levels-BSN-80% by 2015
- Cohort Hybrid Program 2 hrs/week x 8 weeks with Indiana University Purdue University Columbus

Exemplars to Transform Nursing Practice

Indiana University School of Nursing

- Practice-Education-Partnerships
- Institute for Action Research in Community Health
- Center for Research and Scholarship
- Center for Research in Nursing Education

- Fairbanks Simulation Scholars Program
- RISE-Experiences/International and Research Components
- Resource Center for Innovation in Clinical Nursing Education

Exemplars to Transform Nursing Practice

Johns Hopkins

- 80% BSN by 2020
- State grant funded Nurse Residency Programs
- Increased responsibility of APRN's

Hospitals-Rush , University of Pennsylvania, Duke, Scottsdale

- Up to $200 million over four years to work with nursing schools to train APRN's (ACA)

Exemplars to Transform Nursing Practice

Brigham and Women's Hospital Boston

- Minimum BSN for hiring (4-5yrs ago)
- Urge existing staff to pursue higher degrees
- $2600/yr tuition

Main Line Health System Philadelphia

- BSN-80/2020
- All new hires
- Current leaders 3 years
- $6k/yr tuition

Exemplars to Transform Nursing Practice

University of North Carolina-Chapel Hill

- Doctorate in 5 years for selected undergraduates

Linda Aiken and Ahrin Mishan Penn Nursing and Hillman Foundation

- Hillman Scholars Program in Nursing Innovation
- Junior yr undergrads to PhD in 5 years

Exemplars to Transform Nursing Practice

Florida-Sarasota Memorial

- 100% tuition at state schools
- Higher wage BSN, MSN, doctorate

Association Exemplars

- National League for Nursing
  - Building Faculty Capacity
  - Ensuring Diversity
  - Promoting Academic Progression
  - Developing New Models of Clinical Education
  - Designing Academic/Practice Models of Collaboration

Association Exemplars

- American Association of Colleges of Nursing
  - AACN-Wharton Executive Leadership Development Program
  - Partnering with Jonas Center to increase doctorally prepared nurses
  - Partnering with 5 national health professions for Interprofessional Education Collaboration (IPEC)

Exemplars to Transform Nursing Practice

ANA

- Teaching IOM: Implications of the IOM Reports for Nursing Education
- Student Guide
- Supported BSN since 1965
- 2008 BSN in 10 yrs

AONE

- 2005 BSN entry
- Emerging Nurse Leader Institute
- Transdisciplinary Consortium for Innovation Leadership in Health Care
- Care Innovation and Transformation initiative

Exemplars to Transform Nursing Practice

American Nurses Credentialing Center

- Magnet-require nurse managers and leaders BSN or graduate level
- 2013-BSN direct care RN's by 2020 (Magnet)

American Nurses Association, AONE, NLN, AACN, RWJF

- Academic Progression in Nursing
- National initiative to support nurses in educational progression while working

Exemplars to Transform Nursing Practice

RWJF

- New Careers in Nursing Scholarship Program NCIN
- Accelerated baccalaureate and master's nursing programs

AARP

- World's Largest Non-Profit
- Graduate Nurse Education
- Leadership Development
- Interprofessional Education

Exemplars

- ## Michigan Center for Nursing
  - Building Nursing Leadership: A Story of Collaboration
  - Implementation of Curriculum based on national leadership standards in diverse settings

- ## California Collaborative Model for Nursing Education (CCMNE)
  - 80/20 BSN
  - BSN within 1 year after Associate Degree Completion

Exemplars

- National Forum State Nursing Workforce Centers Minimum Datasets for Education, Supply/Demand

- University of California-San Francisco
  - Measuring Success of Campaign for Action using Dashboard Indicators

The Future

- Requires us to reconnect internal reality with external opportunities and hazards
- Bring in emotionally compelling data and people
- Behave with urgency daily, never content, anxious or angry
- Find opportunity in crises and proceed cautiously
  and
- Neutralize urgency killers, those determined to keep us complacent…..

You can do something……

- "Be faithful in small things, because it is in them that your strength lies."

-Mother Teresa

Questions?

Contact Information:

Jennifer L. Embree DNP, RN, NE-BC, CCNS
Visiting Assistant Professor
Indiana University School of Nursing-Indiana University Purdue University-Indianapolis
President-Indiana State Nurses Association

jembree8@iupui.edu

(812) 583-1490

Online Resources

- http://thefutureofnursing.org/

- http://championnursing.org/

Other Resources

- Web at: www.thefutureofnursing.org
- Twitter at:
www.twitter.com/futureofnursing
- IFN Implementation Hashtag: #FutureRN
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