

Leadership Reflections on Patients, Partnerships and People

Robin Newhouse, PhD, RN, NEA-BC, FAAN
Distinguished Professor and Dean

Mentorship:
The Foundation for Leadership Development
Friday, 27 October 2017
1:45-2:45



Participants will be able to:

1. Reflect on the intersection of patients, partnerships and people in their leadership journey.
2. Consider two strategies to enhance leadership growth.



*When you come to a fork in the road,
take it.*

Yogi Berra



Novice Leader

- Clinical practice (AA - BSN)
 - Search for effectiveness and efficiency
- Leadership progression (MGA, MS, PhD, post Masters Certificate)
 - -Supervisor to Director of Patient Care Services
 - -Application of data driven decisions



Novice Leader: Introduction to Science

- Mentored training and coursework for PhD
- 1996-2000

The Relationship of System Integration and Nursing Development,
American Nurses Foundation, September 1999- August 2000

Doctoral Dissertation, The Relationship of Organizational
Service Integration and Differentiation on Readmission,
Mortality, Length of Stay and Cost for the Patient With
Congestive Heart Failure in Maryland-2000



Developing Leader: Scientist Clinician

Development of an Unlicensed Assistive Personnel Job Screening Test, The Johns Hopkins Hospital, Baltimore, MD.

Study Coordinator and PI for The Johns Hopkins Hospital). Outcomes Research in Nursing Administration project funded through National Institute Nursing Research to Dr. Barbara Mark and University of North Carolina.

Evaluation of the American Society of PeriAnesthesia Nurses (ASPAN) Pain and Comfort Guidelines, American Society of Perianesthesia Nursing.

Social and Professional Reality Integration for Nurse Graduates (SPRING): A New Nurse Development and Transition Program, The Johns Hopkins Hospital, Baltimore, MD.

The Relationship Between OR Staffing Characteristics and Patient Outcomes in Abdominal Aortic Surgery, Association of periOperative Registered Nurses (AORN), August 2002- February 2004.

Safety Priorities in the Operating Room, AORN Baltimore Chapter.



Developing Leader

Developing a Survey of the Effect of Environment and Organizational Changes on Nursing in Rural Hospitals, Sigma Theta Tau International. June 2004- July 2005.

Exploring Nursing Issues in Rural Hospitals.

Rural Hospital Nursing: Environment, Effects & Evidence, Agency for Healthcare Research and Quality, (1 K08 HS015548-01A1), January 2006- June 2008.

Smoking Cessation Intense Nursing Interventions (SCINI) and the Quality of Smoking Cessation Efforts in Maryland, Maryland Cigarette Restitution Fund Grant at The Johns Hopkins Medical Institutions, January 2007-July 2007.



Mature Leader

Completed Studies:

Improving Heart Failure Outcomes in Rural Hospitals (1R24 HS22135-01). AHRQ, October 1, 2013- June 30, 2015.

Improving Heart Failure Outcomes. American Nurses Credentialing Center. March 1, 2010- June 30, 2013. Commissioned by ANCC

Nurse-Led Intervention to improve screening and treatment for substance abuse: An RCT of hospitals. Robert Wood Johnson Foundation. November 1, 2010-April 30, 2012.

An Assessment of The Safety, Quality, and Effectiveness of Care Provided By Advanced Practice Nurses, Tri-Council for Nursing, June 2008- January 2010.

Rural Hospital Quality Collaborative on Evidence-Based Nursing, Robert Wood Johnson Foundation, September 2007-August 2009.



Mature Leader

Current Studies:

PATient-centered Involvement in Evaluating the effectiveNess of TreatmentS (PATIENTS) Program. AHRQ (1R24 HS22135-01), October 1, 2013- September 30, 2018. (PI, Mullins, Newhouse co-investigator)

Inclusive Inquiry with Impact. Methodist Health Foundation. September 1, 2016-April 30, 2018.

Phased Multisite Cluster Randomized Trial Testing Screening, Brief Intervention, Referral to treatment (SBIRT) for People that use Tobacco, Alcohol and Non-Prescription Drugs. Indiana University Health Values Fund Grand Challenge August 1, 2017- July 31, 2019



Examples of Alternative Grants

- Conference (AHRQ Sponsorship)
- Practice (EBP implementation)
- Program (DNP transition, Comparative Effectiveness Research)
- Mentorship of new investigators (RO3)



Mature Scientist Leader

- Examples:
 - Institute of Medicine Committee
 - Co-led Care Coordination Task force (ANA/AAN)
 - Chair Patient Centered Outcomes Research Institute Methodology Committee



The towels were so thick there I could hardly close my suitcase.

- Yogi Berra

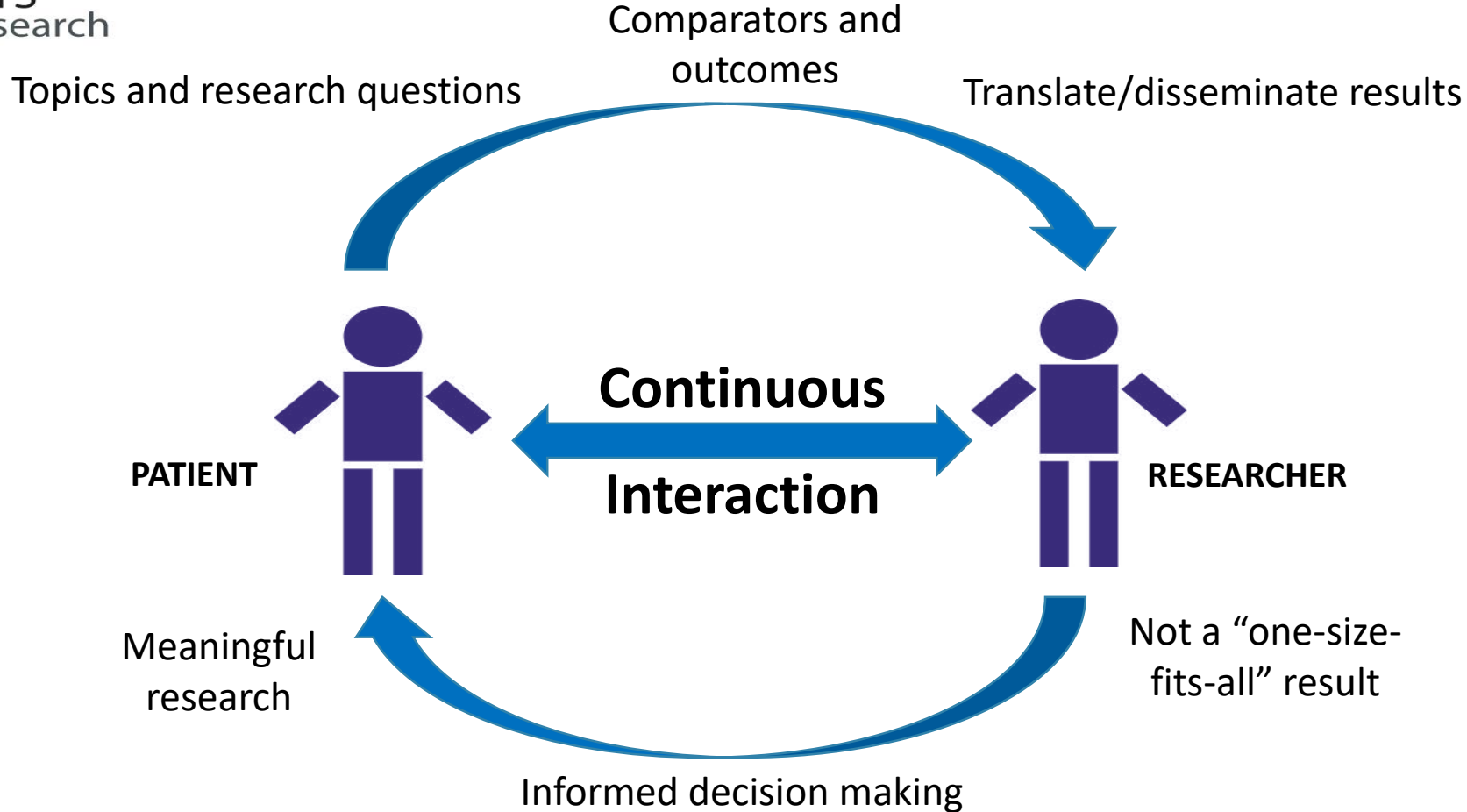


Patients, Partners and People

- Patients
- Clinicians
- Health systems
- Organizations
- Leaders, educators, mentors and friends



Patient Engagement is a Win for Everyone



Mullins, Abdulhalim, & Lavallee. (2012). Continuous patient engagement in comparative effectiveness research. *JAMA : The Journal of the American Medical Association*, 307(15), 1587-1588.

Sofolahan-Oladeinde, Newhouse, Lavallee, Huang, Mullins. (2017). Early Assessment of the 10-Step Patient Engagement Framework for Patient-Centered Outcomes Research (PCOR) Studies: The First 3 Steps. *The Journal of Family Medicine*, in press.

Patient Engagement Needed in Clinical Practice and Research

- PC-1: Engage people representing the population of interest and other relevant stakeholders in ways that are appropriate and necessary in a given research context
- PC-2: Identify, select, recruit, and retain study participants representative of the spectrum of the population of interest and ensure that data are collected thoroughly and systematically from all study participants
- PC-3: Use patient-reported outcomes when patients or people at risk of a condition are the best source of information
- PC-4: Support dissemination and implementation of study results

• <http://www.pcori.org/research-results/research-methodology/pcori-methodology-standards#Associated with Patient-Centeredness>



Care Coordination

 American Academy of Nursing on Policy

American Academy of Nursing on Policy

Policy agenda for nurse-led care coordination

Gerri Lamb, PhD, RN, FAAN, Co-Chair^a,
Robin Newhouse, PhD, RN, NEA-BC, FAAN, Co-Chair^b,
Claudia Beverly, PhD, RN, FAAN^c, Debra A. Toney, PhD, RN, FAAN^d,
Stacey Copley, DNP, RN^e, Charlotte A. Weaver, PhD, RN, FAAN^f,
Ellen Kurtzman, MPH, RN, FAAN^g, Donna Zazworsky, MS, CCM, RN, FAAN^h,
Marilyn Rantz, PhD, RN, FAANⁱ, Brenda Zierler, PhD, RN, FAAN^j,
Mary Naylor, PhD, RN, FAAN, Expert Reviewer^k,
Sue Reinhard, PhD, RN, FAAN, Expert Reviewer^l, Cheryl Sullivan, MSES, Staff^{m,n},
Kim Czubaruk, Esq, Staff^m, Marla Weston, PhD, RN, FAAN, Staff^m,
Maureen Dailey, PhD, RN, CWOCN, Staff^o, Cheryl Peterson, MSN, RN, Staff^o, and
Task Force Members

^aArizona State University

^bUniversity of Maryland

^cJohn A. Hartford Center of Geriatric Nursing Excellence

^dNeosoma Health Centers, Inc.

^eTexas Nurses Organization

^fGeorgia Health Services, Inc.

^gGeorge Washington University

^hCanadian Health Network

ⁱUniversity of Missouri-Columbia

^jUniversity of Washington

^kUniversity of Pennsylvania

^lAmerican Association of Retired Persons

^mAmerican Academy of Nursing

ⁿAmerican Nursing Association

I. Introduction and Statement of Policy Priorities

The Care Coordination Task Force (CCTF) was convened in mid-2014 by the leadership of the American Nurses Association (ANA) and the American Academy of Nursing (AAN) to review major position papers and policy briefs on care coordination published between 2012 and 2013 by expert panels of both organizations, and to recommend specific and actionable federal policy priorities to advance nursing's contributions to effective care coordination. Nurses have been and continue to be pivotal in the development and delivery of innovative care coordination practice models. The 2011 Institute of Medicine Report on the Future of Nursing (*Institute of Medicine, 2011*) emphasized the nursing profession's long-term strength in improving the quality, access and value of

health care through care coordination. The rapid changes transforming health care today and increased demand for care coordination require immediate action to enable nurses and other qualified health professionals to deliver outstanding care coordination to achieve the nation's quality agenda as outlined in its National Quality Strategy (NQS; Agency for Healthcare Research and Quality [AHRQ], 2013). Recognizing this urgent need, ANA and AAN charged the CCTF with translating seminal documents crafted by their members into a blueprint for policy action.

Members of the CCTF prioritized policy recommendations to support and reduce barriers for nurses to practice the full scope of their care coordination expertise.

They acknowledged that members of other professional and nonprofessional groups also are instrumental in the implementation of care coordination interventions. Their approach was to generate general

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0029-6554/\$ - see front matter
<http://dx.doi.org/10.1016/j.outlook.2015.06.003>

Policy Agenda for Nurse-Led Care Coordination



MAY, 2015



<http://www.nursingworld.org/DocumentVault/Health-Policy/ANAs-Policy-Agenda-for-Nurse-Led-Care-Coordination.pdf>

[http://www.nursingoutlook.org/article/S0029-6554\(15\)00183-9/abstract](http://www.nursingoutlook.org/article/S0029-6554(15)00183-9/abstract)



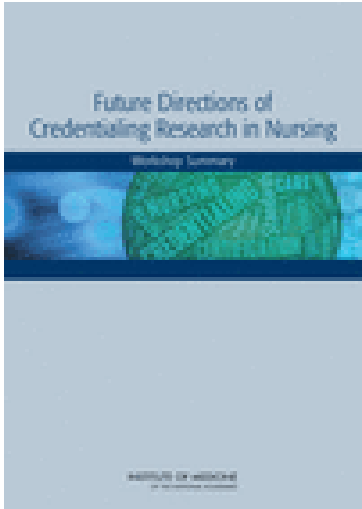
A Review of the Work from the IOM Standing Committee on Credentialing Research in Nursing

Robin Newhouse, PhD, RN, NEA-BC, FAAN
Committee Member



Future Directions of Credentialing Research in Nursing: A Workshop

- September 3-4, 2014 in Washington, DC
- Report Released Jan 2015 Available at:
- <http://iom.nationalacademies.org/Activities/Workforce/FutureDirectionsCredentialingNursing.aspx>
- Goals:
 - Emergent priorities for research in nursing credentialing;
 - Critical knowledge gaps and methodological limitations in the field;
 - Promising developments in research methodologies, health metrics, and data infrastructures to better evaluate the impact of nursing credentialing; and
 - Short- and long-term strategies to encourage continued activity in nursing credentialing research.



PCORI Methodology Committee and Methodology Standards

Cross-Cutting Standards:

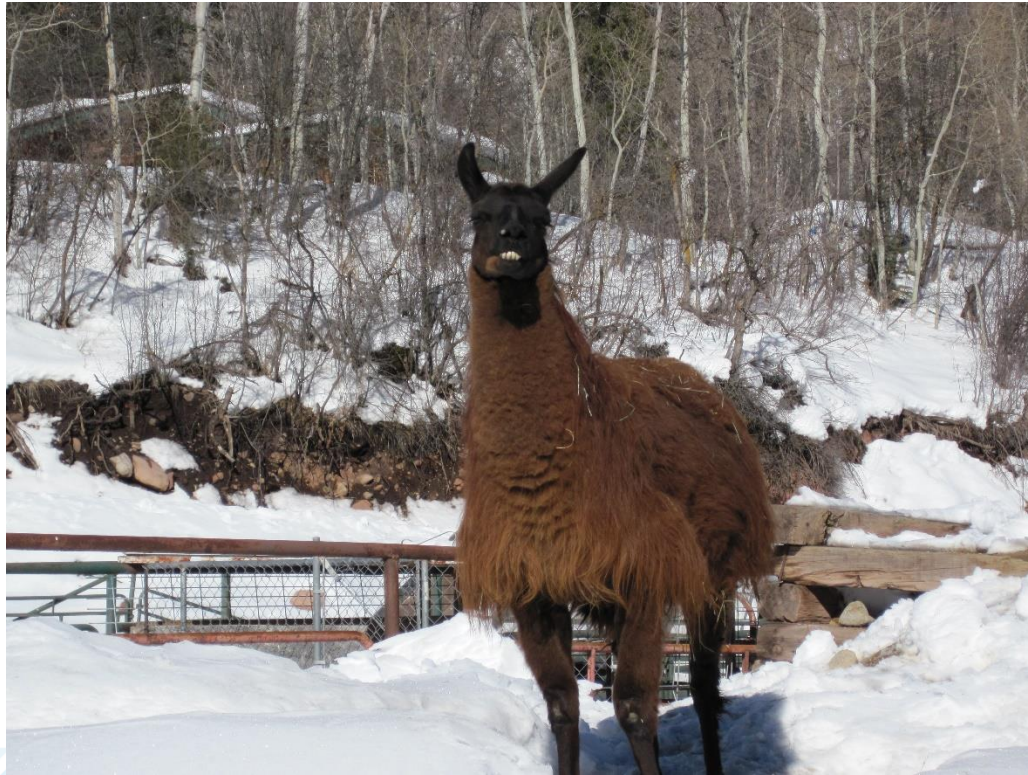
- Formulating Research Questions
- Patient-Centeredness
- Data Integrity and Rigorous Analyses
- Preventing/Handling Missing Data
- Heterogeneity of Treatment Effects

Standards for Specific Designs:

- Data Networks
- Data Registries
- Adaptive and Bayesian Trial Designs
- Causal Inference
- Studies of Diagnostic Tests
- Systematic Reviews
- Designs with Clusters



*I'm not going to buy my kids an encyclopedia.
Let them walk to school like I did.*



- Yogi Berra

Contact Information

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