

**FUTURE OF NURSING™**

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Progress on the Institute of Medicine  
Recommendations: Perspectives on the  
Evidence

*Nurses as Partners in  
Redesigning Health Care*

**Diana J. Mason, PhD, RN,  
FAAN**

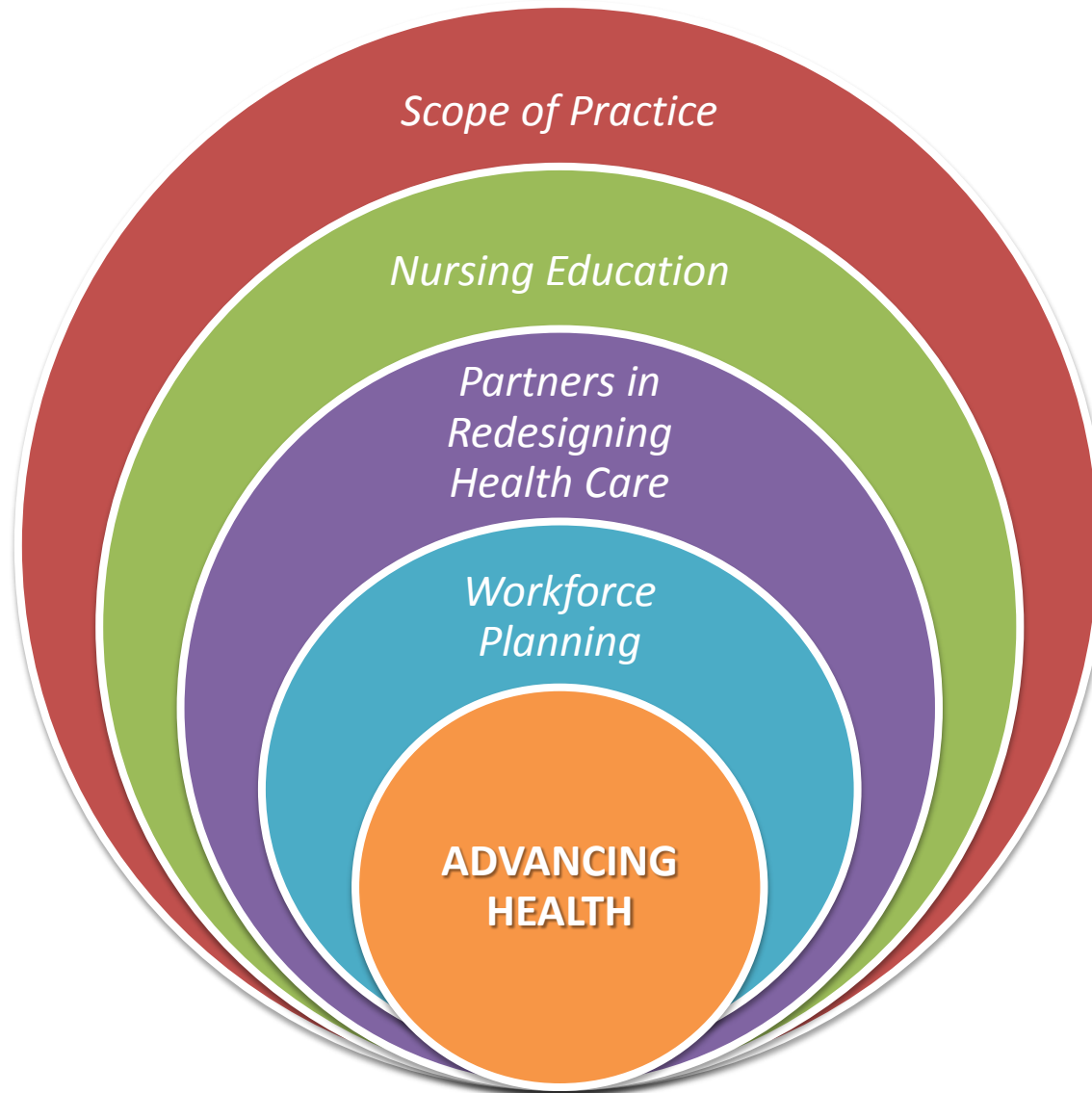
Co-Director, Center for Health,  
Media & Policy at Hunter College,  
City University of New York



Research on progress in achieving  
Institute of Medicine  
recommendations was made  
possible by the Robert Wood  
Johnson Foundation.

# Four Key Research Areas

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## **Olga Yakusheva, PhD**

Associate Professor, School of Nursing, School of Public Health, Institute for Health Policy and Innovation, University of Michigan



# Featured Speaker

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## **Sue Fitzsimons, PhD, RN, CENP**

Senior Vice President, Patient  
Services and Chief Nursing Officer,  
Yale-New Haven Hospital



## Featured Speaker

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**Peter Buerhaus, PhD, RN, FAAN,**  
Professor of Nursing and Director of the  
Center for Interdisciplinary Health  
Workforce Studies, College of Nursing,  
Montana State University



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**Zach Griffin, MBA, MHA**  
General Manager, The  
Governance Institute

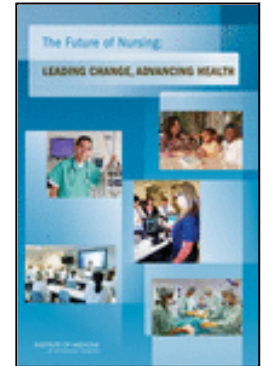




Olga Yakusheva, PhD

# **NURSES AS PARTNERS IN REDESIGNING HEALTH CARE**

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



- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Prepare and enable nurses to lead change to advance health.

# Benefits of interprofessional collaboration and nurse leadership

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## On interdisciplinary teams, nurses provide:

- Unique knowledge and skills to share with other disciplines
- Safer, more effective care in hospitals when collaborating with physicians, speech pathologists, physical therapists, and pharmacists

## Nurse leadership is associated with:

- Greater team interdependence
- Greater respect among team members
- A culture of interprofessional learning

## When nurses lead collaborative efforts, outcomes are improved:

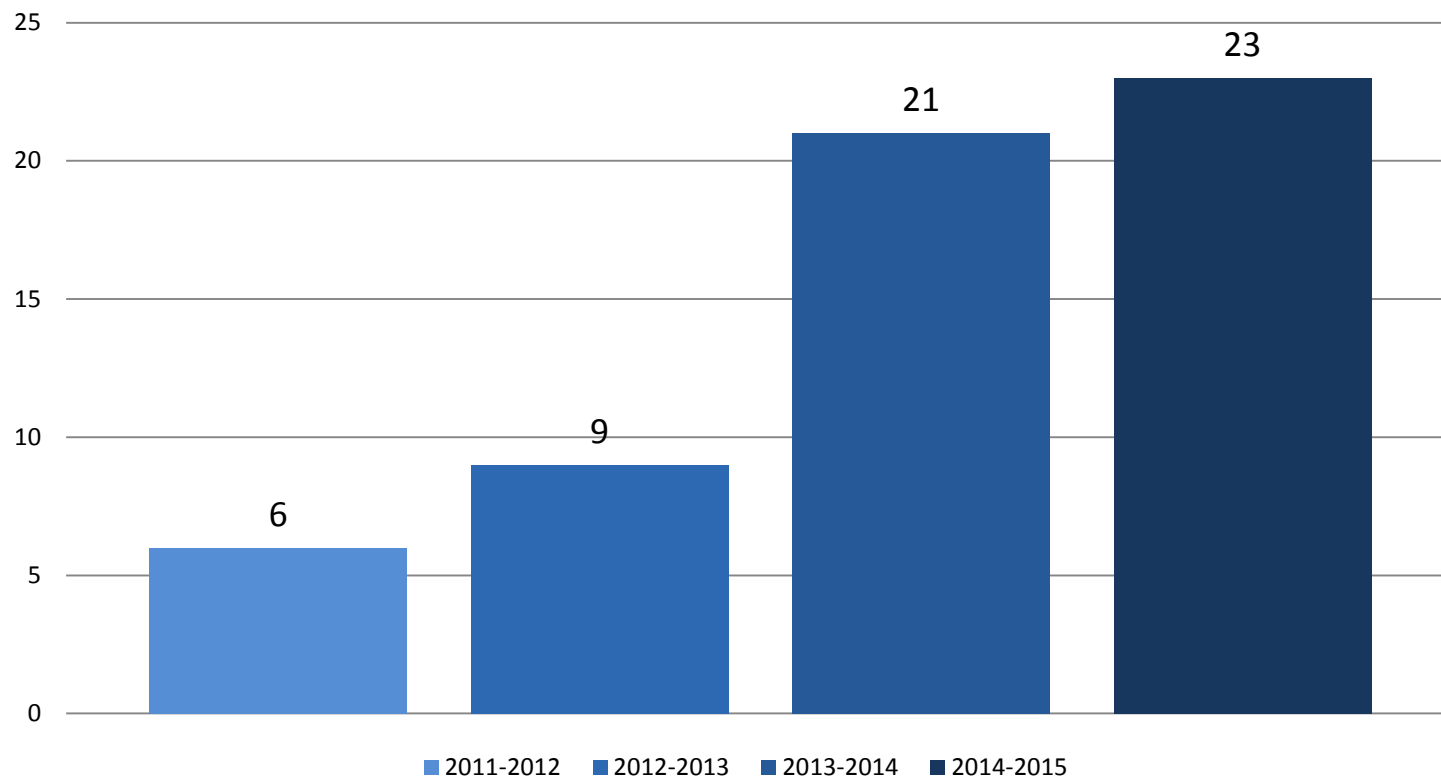
- Nurse-pharmacist led medication reconciliation process ([Feldman et al 2012](#))
- ABCDE bundle for ICU and post-ICU patients ([Balas et al 2012](#); [Balas et al 2013](#))

## **The Center for Medicare & Medicaid Innovation and other organizations should support:**

- Models of care that use nurses in a leadership capacity
- Nurses in “taking the lead in developing and adopting innovative, patient-centered care models” (IOM *Future of Nursing report*, 2010)

# Progress: Interprofessional Education

Figure 1. Number of required clinical course and/or activities at top 10 nursing schools that include RN and other health profession students



Data are from the top 10 nursing schools (as determined by *U.S. News & World Report* rankings) that also have graduate-level health professions schools at their academic institutions. Course offerings and requirements include clinical and/or simulation experiences.

Source: [Assessing Progress on the Institute of Medicine Report \*The Future of Nursing Report, 2015\*](#)

## More schools offer lessons in leadership, entrepreneurship:

- Vanderbilt Program in Interprofessional Learning
- University of Pennsylvania: dual MSN/MBA, MSN/MPH, MSN/BME, and MMS/ ML
- University of Michigan: BSN with population health minor, MSN in Leadership, Informatics, and Population Health

## Transitional Care Model

- APRN coordinated, team-based
- Targets and addresses breakdowns in hospital-to-home transition
- Reduces readmissions, saves costs

## Nurse-Family Partnership

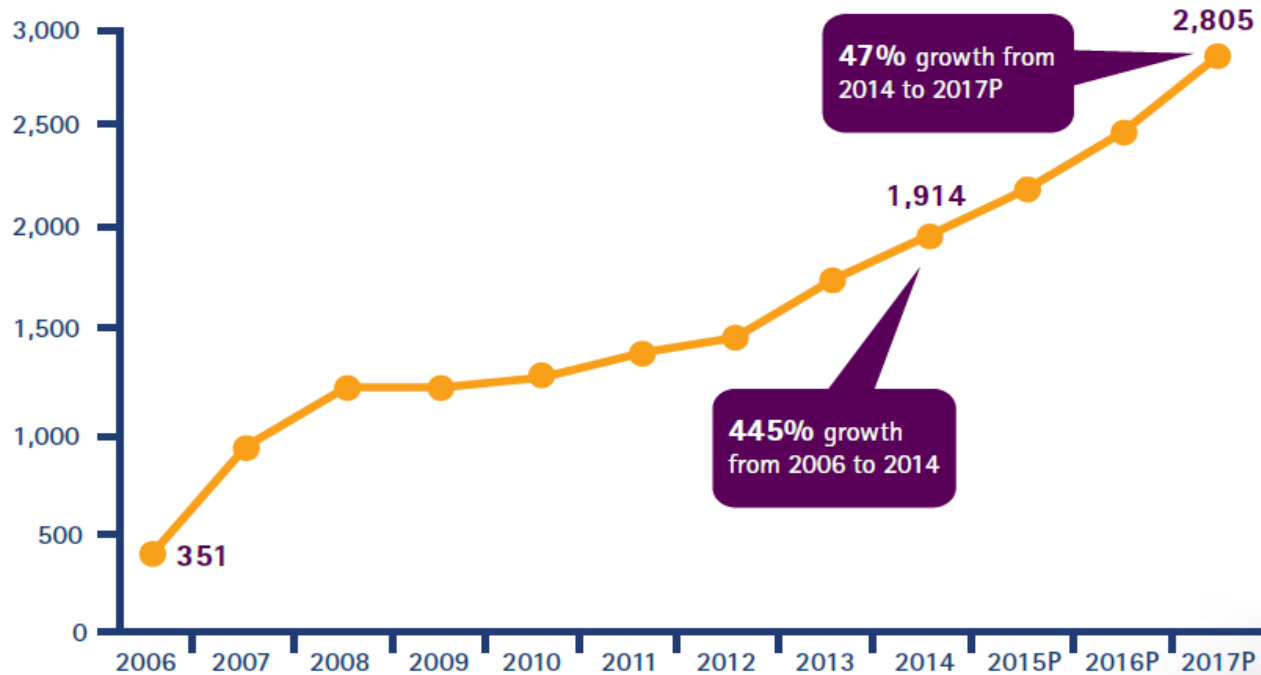
- Prenatal and infancy/toddler home visits by public health nurses to economically disadvantaged mothers and young children.
- Flagship community program under ACA
- Improves long term outcomes for mothers and babies, saves costs



## Retail Clinics

- Nurse practitioners as front-line clinician
- Better quality of care, reduced costs

**Figure 1:** US retail healthcare clinics to nearly double by 2017



source: [Accenture Industry Report 2015](#)

## Progress: Nurses in Leadership Positions

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- Thirty-seven percent of hospital boards had nurses as members in 2014, only 5 percent of all members are nurses
- Forty-five nurses serve on boards of Champion Nursing Coalition members (up from 10 in 2013)
- Three-hundred ten members of Action Coalitions are on state and local boards (up from 268 in 2014)
- Eleven nurses appointed to positions at the Office of the National Coordinator for Health Information Technology in 2015

## Education

- More programs offer interprofessional courses
- More programs increase focus on leadership, entrepreneurial, managerial skills

## Leadership

- Novel nurse-led models of care
- Success in getting more nurses appointed to private boards

## Interprofessional Education:

- Suboptimal levels of interdisciplinary education
- Not enough focus on educating nurses who are ready to be leaders in clinical and health services research

## Leadership:

- “Invisible role,” workload, time constraints
- Three-quarters of the *Campaign’s* Action Coalitions do not have non-nursing stakeholders
- Limited success in increasing numbers of nurse in top leadership in public, government health care organizations
- Data are scarce, fragmented, incomplete

## Expand Efforts and Opportunities:

- Grow programs and courses in leadership, entrepreneurship, and management
- Promote interprofessional approach to education with focus on leadership
- Support continuing competence in leadership skills

## Expand Efforts and Opportunities:

- Focus on nurses serving in leadership positions
- Support interprofessional collaboration and opportunities for nurses to design, implement, and diffuse collaborative programs in care and delivery
- Promote the involvement of nurses in the redesign of care delivery and payment systems
- Gather more data on nurses serving as leaders
- Increase number of non-nursing stakeholders in Action Coalitions

*When nurses lead interprofessional efforts to redesign health care, outcomes improve.*

*More should be done to track and promote nurse leadership and interprofessional collaboration.*

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**Use the “chat” feature to send “everyone” a question**

You can find the recording, webinar summary, and additional resources by going to: [CampaignforAction.org/webinars](https://CampaignforAction.org/webinars).

<http://campaignforaction.org/directory-resources/research-briefs>

directory of resources

## Research Briefs

In 2005, the Robert Wood Johnson Foundation launched a program to generate, disseminate, and translate research that is designed to help the public understand how nurses contribute to and can improve patient care quality. The Interdisciplinary Nursing Quality Research Initiative program (INQRI) supported 48 interdisciplinary teams of researchers who conducted rigorous studies linking nursing to patient care processes and outcomes. Key findings of those studies are synthesized in the research and evidence briefs, which fall into one or more of the following categories:

- Practice**  
[Read the Practice research briefs.](#)
- Education**  
[Read the Education research briefs.](#)
- Leadership**  
[Read the Leadership research briefs.](#)
- Workforce Data**  
[Read the Workforce Data research briefs.](#)

**resources & tools**


- 40 Under 40 Program Resources  
September 3, 2014
- Communications Tools  
August 25, 2014
- Campaign for Action - Overview  
May 30, 2014
- Advanced Practice Registered Nurses: Key Resources  
May 13, 2014
- Campaign Marketing Materials  
February 26, 2014

[see all resources](#)

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# Register Now for the Next Webinar!

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2016	Topic	Research Manager
May 23 3 to 4 p.m. ET	Workforce Planning	Erin Fraher

**Save the dates!**