The Future of Nursing:

Implications for Transforming the Nursing Workforce

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

Different collaborators

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

(IOM, 2011)
Key issues

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

(IOM, 2011)
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)
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  
Himalaya Mountaineering  
Unsafe  

1 in 10,000,000  
Commercial Large Aircraft Flight  

1 in 100,000,000  
Living next to a Nuclear Power plant  

1 in 10,000,000  
Cardiac Surgery  
In ASA 3-5 Pt  

1 in 10,000,000  
Ultra Safe  

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.
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

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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/doctroral 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
Prepare and enable nurses to lead change to advance health

- Expand opportunities for nurse leadership roles across 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.
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
Collaboration created by the Robert Wood Johnson and AARP Foundations to ensure that all Americans have access to high quality, patient-centered care
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
RWJF committed to advancing recommendations

Developing concrete implementation steps
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
Contact the Action Coalition Leaders in Your State
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
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)
Indiana Action Coalition (IAC): Transforming Healthcare- Future of Nursing: Campaign for Action

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

RN

- 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.....
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
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)
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<tr>
<th>Brigham and Women’s Hospital Boston</th>
<th>Main Line Health System Philadelphia</th>
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<tr>
<td>Minimum BSN for hiring (4-5yrs ago)</td>
<td>BSN-80/2020</td>
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<tr>
<td>Urge existing staff to pursue higher degrees</td>
<td>All new hires</td>
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<tr>
<td>$2600/yr tuition</td>
<td>Current leaders 3 years</td>
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<td>$6k/yr tuition</td>
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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
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

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<tr>
<th>RWJF</th>
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<td><strong>New Careers in Nursing Scholarship Program NCIN</strong></td>
<td><strong>World’s Largest Non-Profit</strong></td>
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<td><strong>Accelerated baccalaureate and master’s nursing programs</strong></td>
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<td><strong>Leadership Development</strong></td>
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<td><strong>Interprofessional Education</strong></td>
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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.....
“Be faithful in small things, because it is in them that your strength lies.”

-Mother Teresa
Contact Information:

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Online Resources

- http://thefutureofnursing.org/
- http://championnursing.org/
Other Resources

- Web at: [www.thefutureofnursing.org](http://www.thefutureofnursing.org)
- Twitter at: [www.twitter.com/futureofnursing](http://www.twitter.com/futureofnursing)
- IFN Implementation Hashtag: #FutureRN
- Facebook at: [http://facebook.com/futureofnursing](http://facebook.com/futureofnursing)
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