

Changing the Face of Nursing: Education & Practice Partnership Model

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WHY? The Impetus for Change



Current Reports Cite Need for Better Educated Workforce

- ◆ *AHA In Our Hands, 2002*
- ◆ *JCAHO Health Care at the Crossroads, 2002 – Sentinel events – 25% nurse related*
- ◆ Studies in 7 states show statistically significant relationship between education and rate of practice errors/disciplinary action

Current Reports Cite Need for Better Educated Workforce (cont.)

- ◆ *PEW Competencies for the 21st Century, 1998*
- ◆ *IOM Crossing the Quality Chasm, 2001*
- ◆ *RWJ Health Care's Human Crisis, 2002*

Dramatic Changes in Health Care

- ◆ Aging population
- ◆ Growing diversity
- ◆ Global health care system
- ◆ Bio-medical advances
- ◆ New areas of knowledge, i.e. genetics, environmental health

All require nurses with more knowledge

HOW TO ADDRESS THESE ISSUES?

“For every problem, there is a solution that is simple, neat and **wrong.**”

H.L. Menken



Two AACN Task Forces (TFER1 1999-2001 & TFER2 2002-2003) Charged with Addressing These Concerns

Activities:

- ◆ Study of issue, ROL
- ◆ Consultation with practice and regulation leaders
- ◆ Dialogue with other health professions
- ◆ Surveys of AACN members
- ◆ Faculty forums

WHAT?



*What competencies
are needed in the
current and future
health care system?*

*In times of rapid change,
experience is your worst
enemy!*

J. Paul Getty

A NEW ROLE: CLINICAL NURSE LEADER

WHAT IS IT?

- ◆ **New** nursing role
- ◆ Educated at the **master's degree** level
- ◆ Practices in **all types of care settings**; implementation of the role may vary across settings (But the components of the role & curriculum will be standardized)
- ◆ Provider and manager of care **at the point of care** for individuals and cohorts of patients
- ◆ Not a nurse administrator

WHAT IS THE CNL?

- ◆ A new combination of knowledge and skills, including:
 - ✦ Risk anticipation
 - ✦ Mass customization of care (use of guidelines)
 - ✦ Information management
 - ✦ Delegation and supervision
 - ✦ Inter-professional collaboration
 - ✦ Leveraging human, environmental and material resources (knowledge of systems, organizations, policies)

CLINICAL NURSE LEADER: WHAT IS IT?

- ◆ Designs, implements, and evaluates patient care
- ◆ Implements outcomes-based practice and quality improvement strategies
- ◆ Assumes accountability for patient care outcomes through the assimilation and application of research-based information

Why implement the CNL now during a critical nursing shortage?

**“The issue during times of scarcity
is simply to have the audacity to
plan.”**

Rev. Dr. Alan Rice, Jr. (2003)

*Of Stone Soup, Partnerships and
Abundance*

WHY?

- ◆ Get **better patient outcomes** with the scarce resources available.
 - ✗ Get better outcomes with fewer people
- ◆ Better utilize nurses to the full scope of their knowledge and skills
- ◆ Retain nurses in the profession
- ◆ Recruit highly qualified candidates to the profession

How is the CNL different from APNs?

- ◆ This new role is **not an Advanced Practice Nurse** as currently defined
- ◆ Generalist vs. specialist focus
- ◆ Works at the point of care, is unit based vs. systems or organization focused
- ◆ Roles complement each other; CNS or NP, with their specialized expertise, will work with the CNL e.g. consultation, staff education, leadership on research projects to improve patient care

How does the re-conceptualization of generalist professional nursing practice impact the continuum of practice, including advanced nursing practice?

Advanced Practice for the Future

- ◆ Concurrently, AACN Task Force on the Practice Doctorate
- ◆ Growing trend to extend MSN programs beyond the traditional master's credits – need to give the right degree for the education required
- ◆ Increased practice demands same for APNs as for entry level generalists – more complexity and more acuity

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“Yes, I’ve learned from my mistakes. I’ve learned if you call them ‘missed opportunities’ you get in less trouble.”

Realities of the Practice Setting

Realities of the Practice Setting

- ◆ Nurses working in healthcare organization 20x more complex than general business setting
- ◆ Practice setting changed little in last 2 decades
- ◆ Nurses highly dissatisfied with hospital practice
- ◆ Highly stressful/ professionally unfulfilling
- ◆ Staccato pace
 - Tasks (160 tasks/8 hr. shift)
 - Multiple interruptions
 - Searching, responding, reacting

Realities of Practice Setting cont'd

◆ Fragmentation

- Silos
- Hand-Off
- Communication gaps
- Delays in care
- Lost time with patients

◆ 12 hour Shifts

- ↓ Continuity
- ↓ Consistency of monitoring
- ↓ Nurse/ patient relationships

Nurstoons

by Carl Elbing



HOW COME MY ASSIGNMENT WAS SWITCHED?

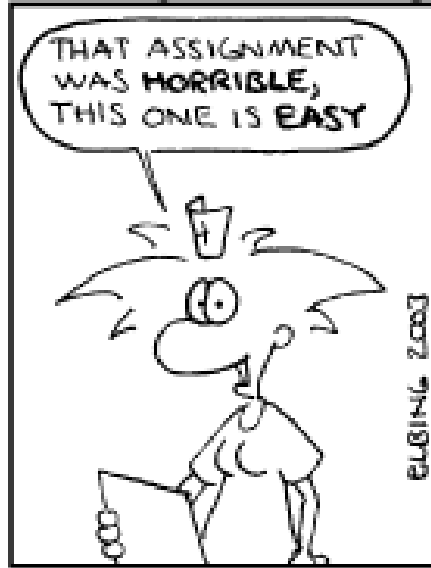


IT'S IN THE PATIENT'S BEST INTEREST THAT WE MAINTAIN CONTINUITY OF CARE, SO I SHOULD KEEP MY OLD ASSIGNMENT



I DON'T REMEMBER YOU BEING UPSET LAST WEEK WHEN THEY GAVE ME YOUR ASSIGNMENT

THAT WAS COMPLETELY DIFFERENT!



THAT ASSIGNMENT WAS HORRIBLE, THIS ONE IS EASY

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Realities of Current Nurse Manager/Leader

- ◆ Enlarged span of control
- ◆ Organizational communicator
- ◆ Administrative responsibilities, personnel issues
- ◆ Off-unit administrative meetings

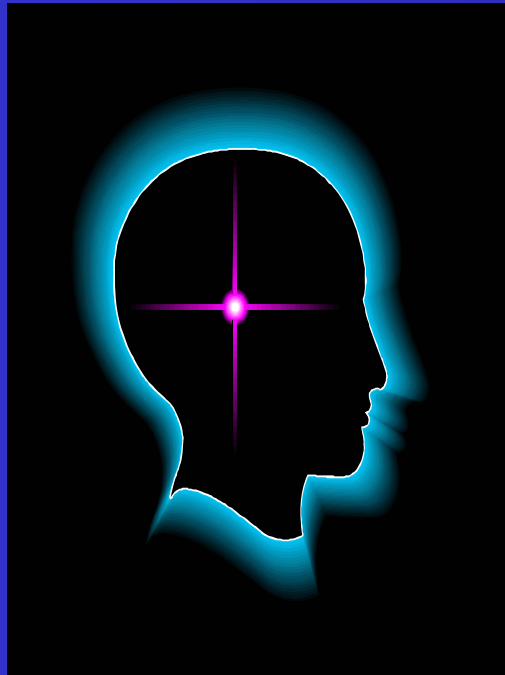
Simplified

- ◆ Nurses are task driven
- ◆ Working at staccato pace
- ◆ System failures are consuming valuable time
- ◆ Shift work is replacing continuity of care givers
- ◆ No one sees the patient as a whole
- ◆ Managers moving away from clinical involvement
- ◆ Gaps in communication

**It is a pure waste
of time to do anything
average.**



Madonna



**We cannot solve our problems
the same way we have in the past**



**We must create a
sense of urgency**



**We have the intellect
within the ranks**



**Transformational change
needed**

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“My team is having trouble thinking outside the box. We can’t agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors.”

“Never doubt that a small group of thoughtful, committed citizens (nurses) can change the world. Indeed, it’s the only thing that ever has.”

Margaret Mead

Inova Health System: One Model of Transformational Change

- ◆ 1996 - 1999 Systemwide redesign
 - Patient Care Redesign (PCR)
- ◆ Multi-disciplinary, large group interventions to design (thousands of stakeholders)
 - Future search
 - Customer
 - Technological
 - Design
- ◆ Improve the patient experience

Care Team Desired Outcomes

- ◆ Move from task focus to an outcomes driven care model
- ◆ Budget neutral



- ◆ Improved clinical outcomes
- ◆ Improve the patient experience

*Emergence of
Team
Coordinator
Role*

? THE CNL

Inova's Timeline



1998

Role Design

1999-2000

Implementation

2001

Evaluation Phase I

2002

Design Changes

- ▶ **Less emphasis on case management**
- ▶ **More emphasis on clinical progression of care**

2003-2004

Revisions of Job Description

- ▶ **Competency based evaluations**
- ▶ **Monthly meetings**

Team Coordinator Role

- ◆ **Global Competencies Required:**
 - Clinical knowledge and expertise
 - Facilitator
 - Change agent - - Ability to lead by influence through strong relationships
 - Lateral integrator
 - Political Astuteness
 - Understanding diversity of workforce
 - Know and be a Mentor
 - Outcomes orientation

Team Coordinator Role

Specific Competencies Required Related to Domains of Practice:

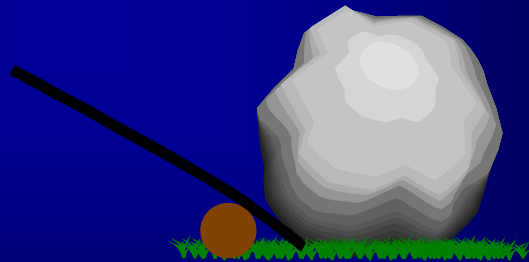
- **Clinical Practice/Case Management**
 - ◆ Integration of knowledge
 - ◆ Focus on clinical outcomes
 - ◆ Sequencing and progression of care

- **Quality Improvement/Best Practice**
 - ◆ Incorporate data and analysis into practice
 - ◆ Coordinate clinical practice
 - ◆ Apply best practice to populations and individuals

- **Team Work**
 - ◆ Communication
 - ◆ Mentoring, Role Model
 - ◆ Lateral integration

- **Professional Development**
 - ◆ Self development
 - ◆ Resource, Preceptor
 - ◆ Decision Making
 - ◆ Problem Solving

**Give me a lever large enough
and I will move the world**



Archimedes

Measures of Success at Inova

- ◆ ↓ RN Turnover
(2002 = 14.2% 2003 = 13.4% 2004 = 13.0%)
- ◆ ↓ RN Vacancy
(2002 = 8.7% 2003 = 5.2% 2004 = 8.4% ↑ due to
new Inova Heart & Vascular Institute opening)
- ◆ ↑ Retention (tenure of nurses)
- ◆ ↑ Competencies (at all levels)
- ◆ Clinical Excellence Indicators
- ◆ Research Publications/Poster Presentations / Lectures
- ◆ Financial Goals / Targets
- ◆ Grants- HRSA Nursing Grant
- ◆ **Magnet Status** →



WHEN?



***I'm all for
progress —
It's change
that I can't
stand!***

Mark Twain

Partnership Model & CNL Initiative: A Work in Progress

- ◆ Implementation Task Force - Education/ Practice
- ◆ CNL Implementation Conference (June 16 - 17)
 - ▶ 78 Education/Practice Partnerships
 - ▶ Partnership Practice Setting Model
 - ▶ Curriculum Framework
 - ▶ Evaluation – education & patient care outcomes
- ◆ Next 18 - 24 months
 - ▶ AACN
 - ▶ Partners

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