

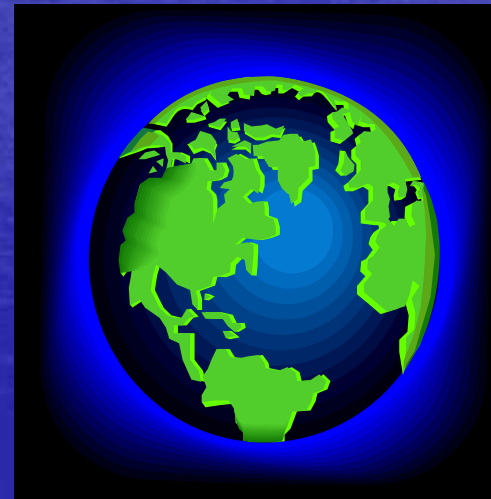
Transforming the Healthcare Delivery System



*Marjorie S. Wiggins, RN, BSN, MBA, CNAA, BC
Vice President of Nursing - Maine Medical Center
Chair, CNL Implementation Practice Committee*

Transformation is in progress all
around us in the New Age.

The economy has
shifted to a
global one.



We are rapidly leaving the
Industrial Age, and moving
toward the Information Age.

The Age of "Doers"
is shifting to become the
Age of "Thinkers."

In 1950, industrial workers were the majority of workforce in every developed country.

By 2000, developed countries had less than 1/6 of workforce in industrial roles.

The Industrial Age had great
influence over healthcare
systems.

Industrial models of work
were built on linear processes.
Classically the organizations
were hierarchal –
with structure and authority
in place.

Healthcare systems developed during this era exhibit the same structure of the hierarchy and compartmentalization of the industrial model.

Nursing and other disciplines also developed during the Industrial Age with functional divisions of labor, departments, and control mechanisms originally designed for the Industrial Era.

Bodies of knowledge and educational structures supported discipline-specific learning environments.

Institutions that housed healthcare developed organizational structures, chains of command, defined policies, and roles that promoted separate and distinct departments.

The Hospital

NURSING

Processes
Procedures
Competencies
Medications
Schedules
Staffing
Assessments
Documentation
Families

DIETARY

Processes
Procedures
Calorie Counts
Nutrition
 Assessment
Special Diets
Adverse Drug
 Events

PHARMACY

Drugs
Drugs
Drugs
Formulary
Distribution
Contraindications
Inventory
Adverse Drug
 Events

SOCIAL WORK

Family Support
 Groups
Counseling
 Centers
Advisors
Insurance &
 Medicaid
 Application
Financial Mgmt

PATHOLOGY

Blood Bank
Laboratory
Tests
Diagnostics
Phlebotomists
Billing

RADIOLOGY

X-ray
MRI
CAT scanners
Films
Techs
Billing

PHYSICAL THERAPY

Range of Joint
Activities
Gym
Exercise
Rehab Therapy
Documentation
Billing



All was going well as the healthcare industry grew....

Then someone noticed \$\$



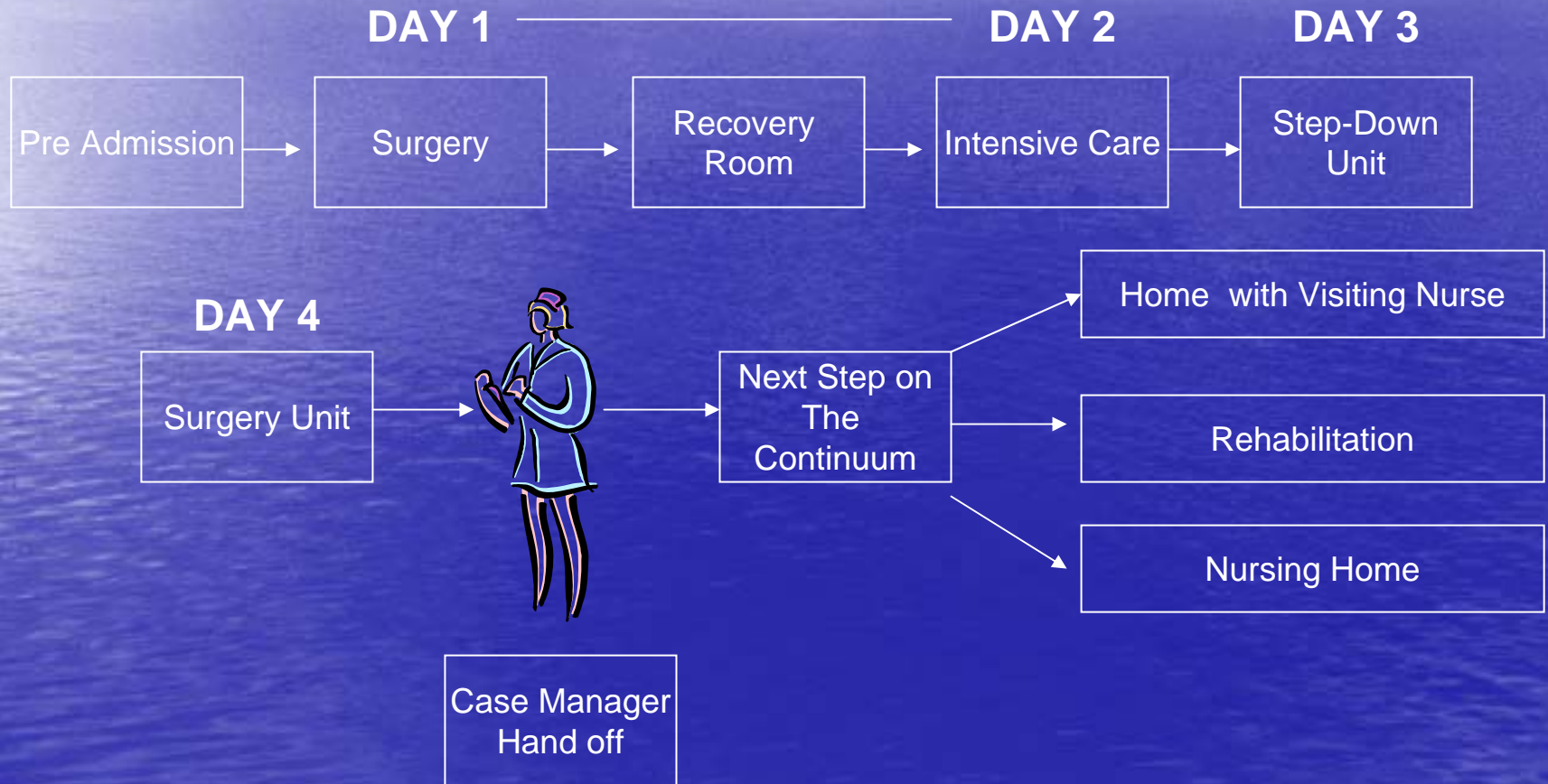
that our healthcare system fueled by the Medicare Act, became the most expensive in the world.

All sectors of the healthcare system felt the shift as payors put the brakes on the industry costs reaching over a trillion dollars from 100 billion 25 years before.

Retrospective payment
was replaced by
prospective payment and
managed care.

The drive to reduce costs
created pressures in the
healthcare industry that
dramatically changed
care delivery as we knew it.

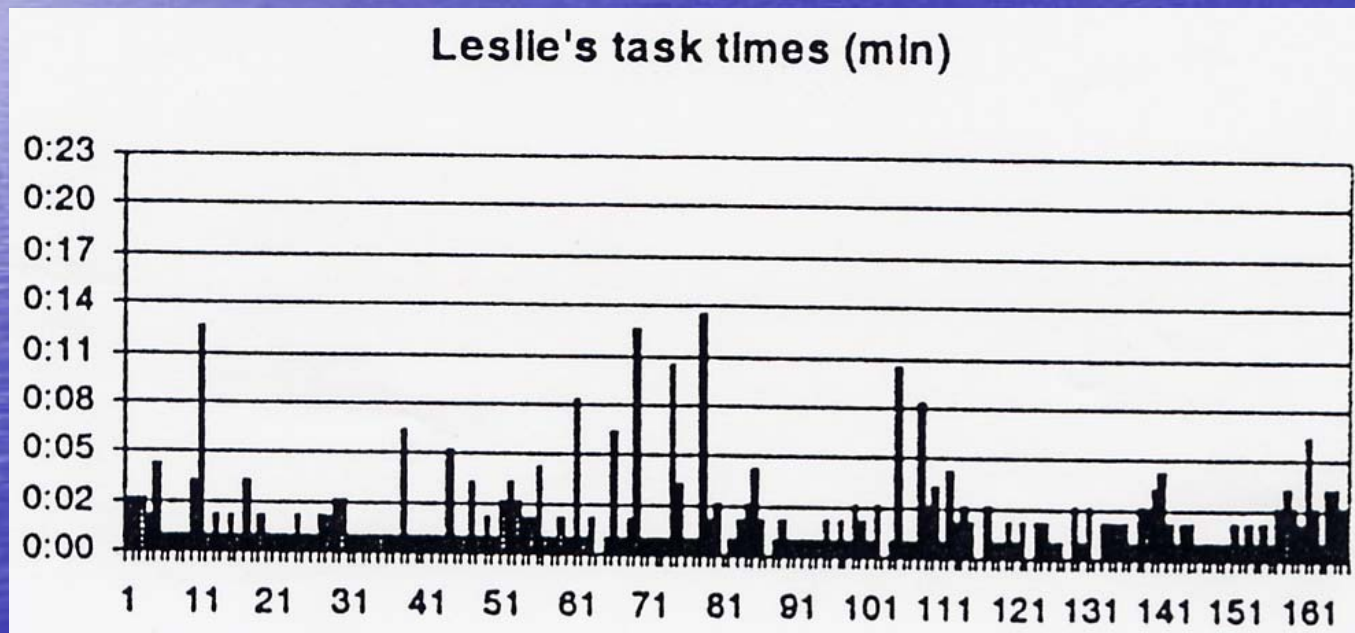
The Patient Experience Shortened & Fragmented



The Pace of Care Accelerated

For an average RN 8-hour shift

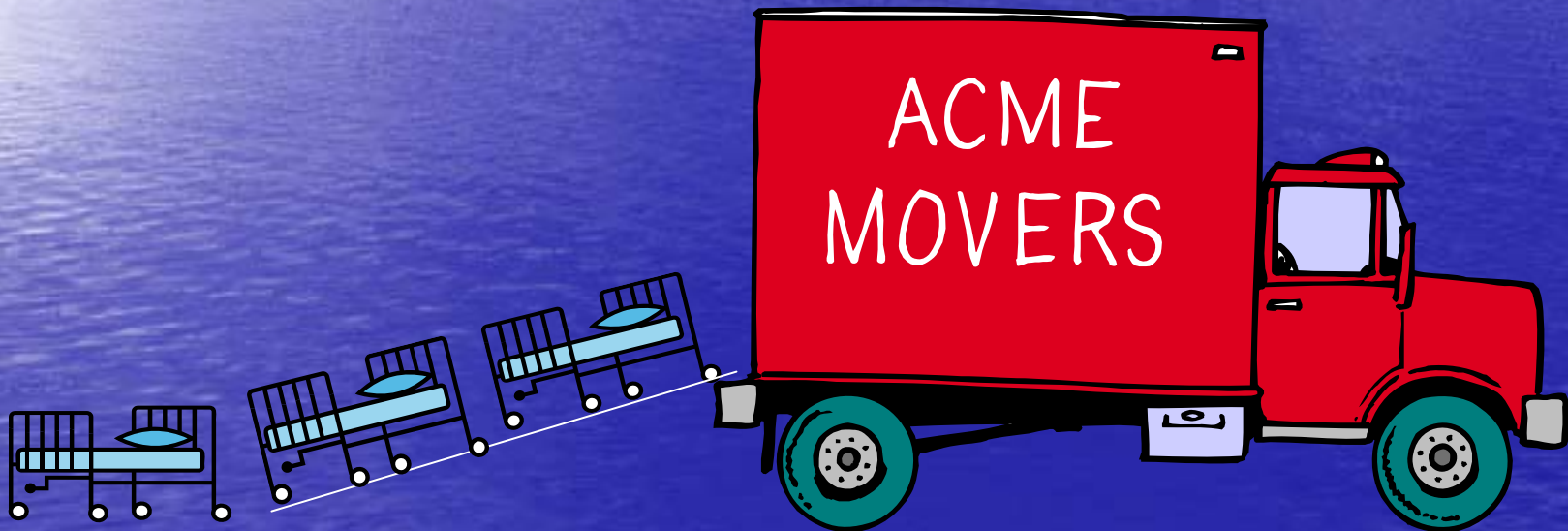
- Completed 160 tasks
- Average task time 00:02:48



A. Tucker, Harvard 2001

Care shifted from hospitals to ambulatory centers

Hospital Capacity Tightened



Case Management,
driven by
utilization of resources,
became a department.



U. S. hospitals, once thought
to be the gold standard,
were now seen
as a cause of concern.

IOM report came out
to tell us that
U.S. healthcare was a danger to
Americans with
up to 98,000 citizens
needlessly dying in hospitals
due to medical error.

Institute of Medicine:

Crossing the Quality Chasm:

- As medical science & technology have advanced at a rapid pace, the health care delivery system has floundered. Between the care we have and the care we could have lies not just a gap, but a chasm.
- The problem: bad systems, not bad doctors.

The healthcare crisis is really
a healthcare delivery problem,
solved by redesigning
systems of care.

IOM 2001

Specific to Nursing

Studies (L. Aiken)
indicate mortality is
directly related to
decreased nursing staffing.

JAMA 2003

Other studies identified nursing as the healthcare safety net. One study indicates that nurses at the point of care are responsible for intercepting 86% of all medication errors by physicians, pharmacists, and others involved in providing medication.

L. Leape 2000

When we think it can't get worse....
it does.

Peter Buerhaus predicts
the shortage of all shortages
peaking in 2020 with
400,000 to 800,000 nurses missing.

Linda Aiken tells us
the nurses that are working
are highly dissatisfied.

Job Dissatisfaction	41%
High Job Burnout	43%
Intend to leave within year	23%
Under 30 leaving in a year	33%

L. Aiken
University of Pennsylvania

Over the years, nursing has tried
to adapt to changes
that effect our profession.

Our focus has been
our workforce
not the work itself.

- Sign-on bonuses
- 12-hour shifts
- Premium pay
- Increased incentives

have been the band-aid we put on the shortage.

Symptom management
has not cured our illness.
In fact, the literature is starting
to reflect our demise.

"The times indicate that our experience is not much different today from the time at the end of the 18th century when the trade guilds of Europe were becoming extinct... Holding on to old notions and practices that no longer characterize the demands of the time will do nothing but exacerbate the conditions which facilitate the demise of nurses and nursing work."

*Tim Porter O'Grady, PhD EdD
Nursing Outlook 2001*

“Unless we ask the hard questions and mobilize our creative resources now, the very essence of what each of us believes to be the nursing profession is at risk of becoming extinct.”

*Nancy Formella, MSN
Sheldon Rovin, DDS, MSN
2004 JONA*

What level of change is required
to avoid our demise and
where do we begin?

What do we call upon for
resources to levy
a fundamental change?

Looking back in history -----

Patient

Doctor



Nurse





Now at the present

Complexity in Care Delivery



We cannot solve our problems
with the same thinking
we used when we created them.

Albert Einstein

We have to rely on
complexity science to help us.
We are no longer in a simple world.
The lack of progress for the past 25 years
to change our delivery care model
has been our failure to recognize our
interdependencies.
We have tried to change in isolation while
practicing in a dynamic, constantly changing
environment.

Healthcare is transforming.

Are we still acting like the trade guilds of the 18th, 19th centuries?

We cannot use the thinking
we did in the Industrial Age.

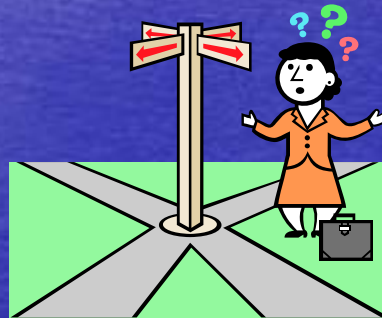
Margaret Wheatley explained it best
when she wrote:

Each of us lives and works in organizations designed for Newtonian images of the universe. We manage by separating things. We believe influence occurs as a direct result of force exerted from one person to another. We engage in complex planning for a world we keep expecting to be predictable, and we search continually for better methods of objectively measuring and perceiving the world.

The world is not predictable –
we cannot predict census or
changes in disease management
with rapid advances in
pharmacology or technology.

Our profession is at the crossroads.

Wither



Transform

Demands are higher than ever...

- Patient Safety Mandate
- Patient as a Consumer
- Complexity of Care on the Rise

Patient Safety Mandate

- Public reporting of outcomes
- National Quality Forum identified 30 safe practices & 15 nurse sensitive standards
- Healthcare reimbursement at risk based on achieving quality
- Litigation & malpractice driving expenses & practices

Patient as a Consumer

- Patient & Family Centered Care gaining momentum
- JCAHO, IOM, AHA, NQF to name a few are recommending patients & families be partners in safety
- The Information Age has provided the patients with the ability to make their own decisions

Complexity of Care

- Patient care belongs to multiple disciplines
- Compartmentalized care limits & inhibits the best outcome
- New behaviors are required to adapt

Old

- * Cooperation
- * Information gate keeping
- * Expert model
- * Rigidity

New

- * Collaboration
- * Information sharing
- * Partnership model
- * Flexibility

System of Care requires design
across disciplines
not within a discipline.



A high degree of collaboration
will be required to advance
the work of a team of disciplines.

We have not been successful
in breaking down the barriers.

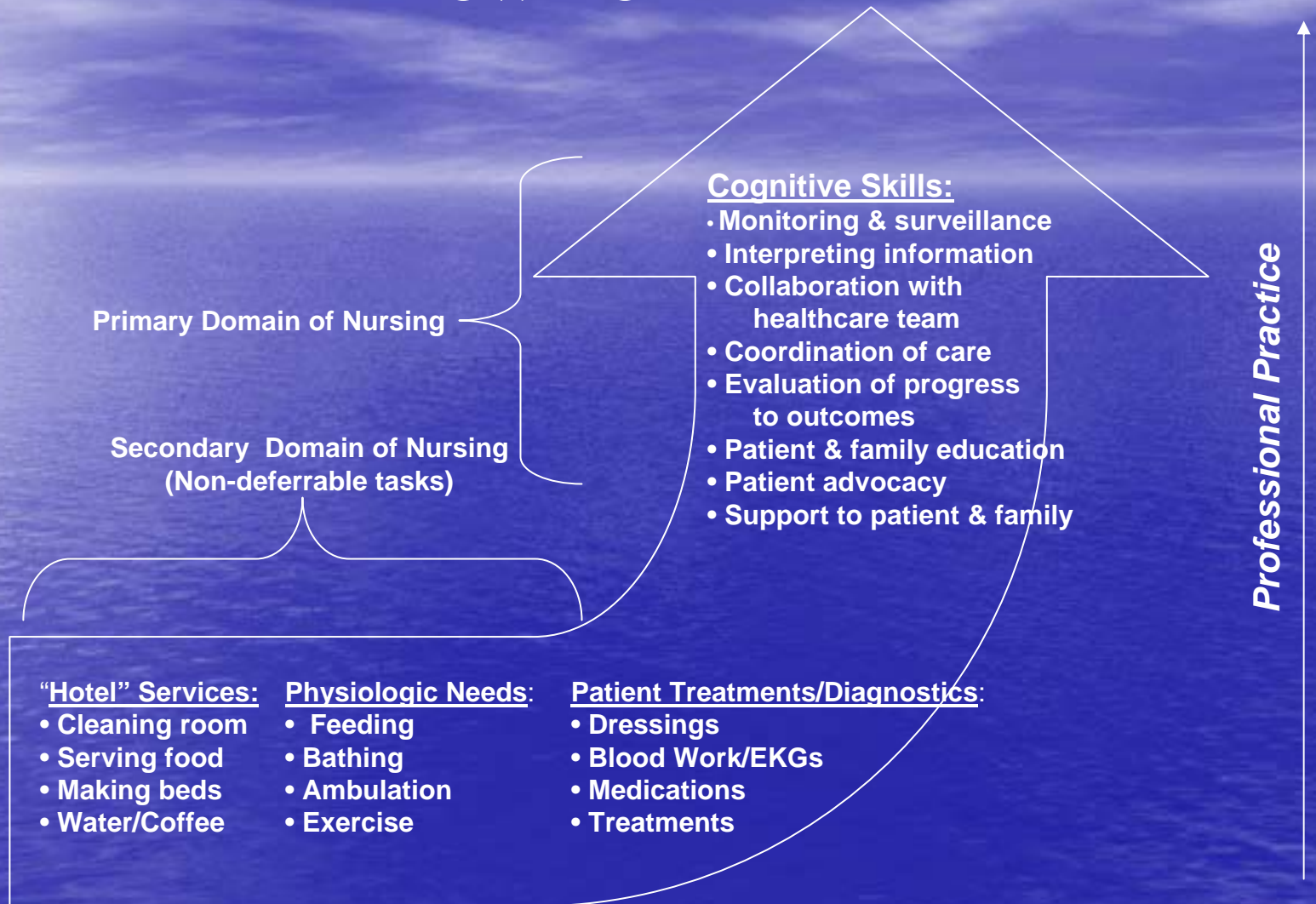
Nursing needs to invite
all of the players to the table.

Steps to collaboration

- Communication Content
- Interpersonal relationship
- Time

As a team,
work needs to be identified
by each discipline and
explained to all disciplines.

ARROW MODEL



*Marjorie S. Wiggins, RN, BSN, MBA, CNA, BC
Maine Medical Center*

As a Healthcare Team

- We have to examine redundancy, rework, gaps in communication, and the danger of hand-offs.
- Establish team goals for the patient's care.
- Create a working interdisciplinary process that keeps the exchange of information current, provides rapid & responsive problem-solving, & effective communication and collaboration vital for success in a dynamic environment.

Summary

We have a significant beginning –
the CNLsm is a knowledge worker
in the Information Age.

The CNL'ssm ability to understand systems
of care, synthesize information and
collaborate with all disciplines will provide
the means for lateral integration required
for successful outcomes.

The partnership model has to be built with all players on equal ground. Nursing has to lead the initiative, be the first to ask the wicked questions, and initiate a complete re-evaluation of care delivery.

A Word of Warning

Despite the recognition that change is required for survival, it is difficult to personalize.

The current transformation occurring is so dramatic and far reaching in our complex adaptive environment, it is impossible to comprehend.

Acting takes courage, risk, and energy, but the alternative of inaction presents a much greater risk.

There are 3 kinds of people

- Those that make things happen,
- Those who watch things happen, and
- Those who ask, "What happened?"

Casey Stengel

In 25 years,
we don't want to be the
profession that says,
"What happened?"

QUESTIONS