

Presentation

Pennsylvania Action Coalition

**Implementation of the IOM Future of
Nursing Report: What Have We
Accomplished in PA and Southwestern
Region?**

Christine Alichnie, PhD, RN

Jackie Dunbar-Jacob, PhD, RN, FAAN

Melanie Shatzer, DNP, RN, NEA-BC

Objectives

- **List two out of the eight IOM recommendations that the PA Action Coalition identifies as priorities for the state.**
- **Relate two strategies implemented by the PA Action Coalition to meet its priorities for the state.**
- **Describe current educational status of nursing education in PA.**
- **Lists two strategies implemented by the PA Action Coalition's 2020 goals for BSN and PhD education.**
- **Provide one example from the IOM recommendations impacting clinical practice in the SW region.**

Implementing the IOM Future of Nursing Report: National and Statewide Update

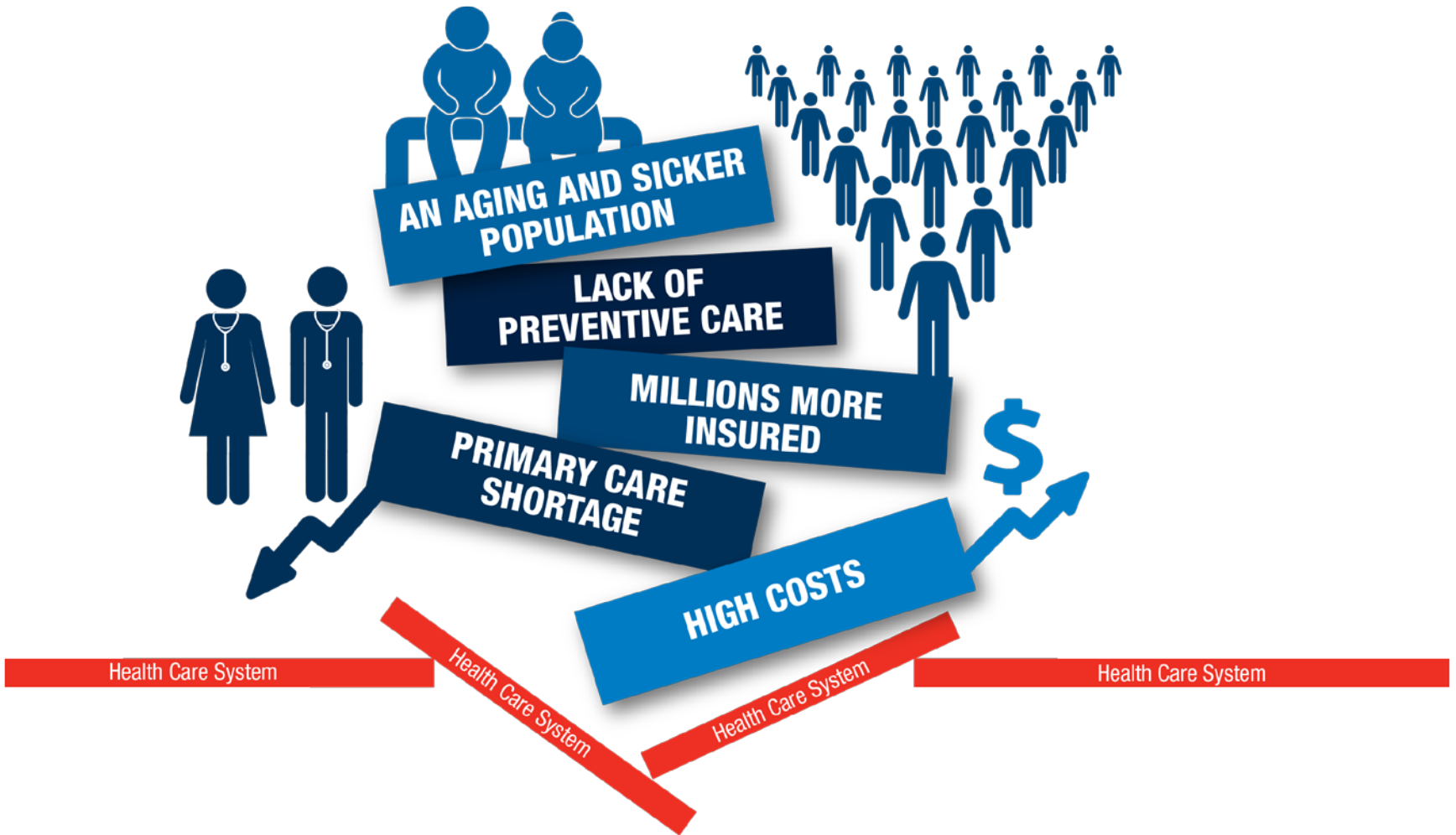


Christine Alichnie, PhD, RN

President,
Pennsylvania State Nurses Association
Nurse Co-Lead Organization for PA Action Coalition

Pennsylvania Action Coalition

Health Care System Challenges



Pennsylvania Health Challenges



| | Pennsylvania | United States |
|---------------------|--------------|---------------|
| Premature death | 6,973 | 5,317 |
| Adult smoking | 21% | 13% |
| Physical inactivity | 26% | 21% |

Source: 2013 RWJF County Health Rankings

Strength: PA Action Coalition committed to improving health!

Campaign Vision

Everyone in America can live a healthier life, supported by a system in which nurses are essential partners in providing care and promoting health.

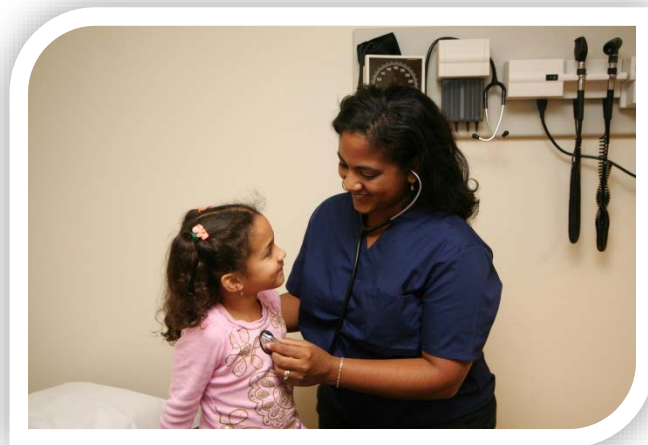


Robert Wood Johnson Foundation



Pennsylvania Action Coalition

PA Action Coalition Mission



Improve the health status of Pennsylvanians by increasing access to quality, cost-effective care

Areas of Focus



Education



Practice & Care



Leadership



**Inter-professional
Collaboration**



Diversity

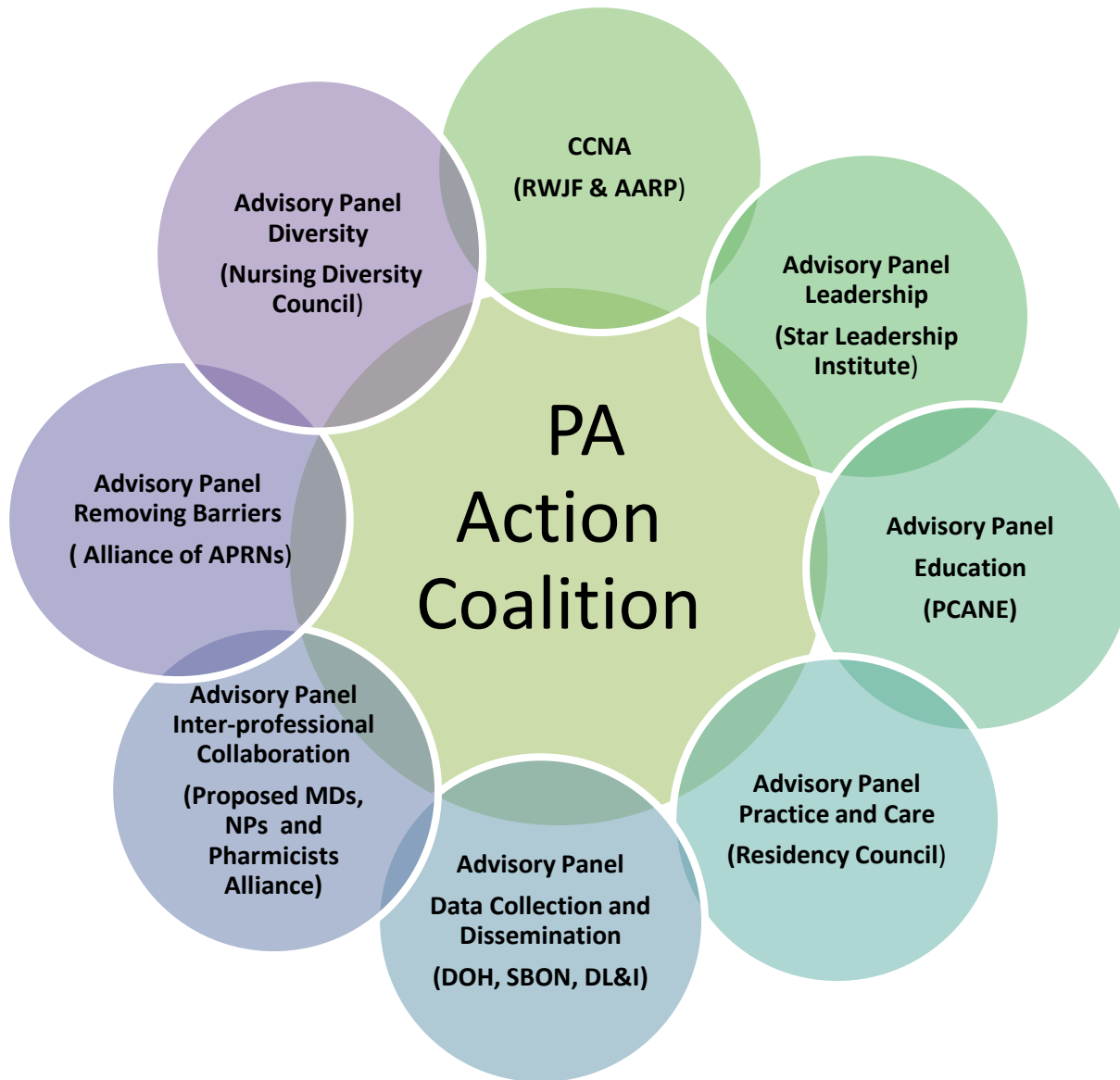
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TOP Priority IOM Recommendations in Pennsylvania:

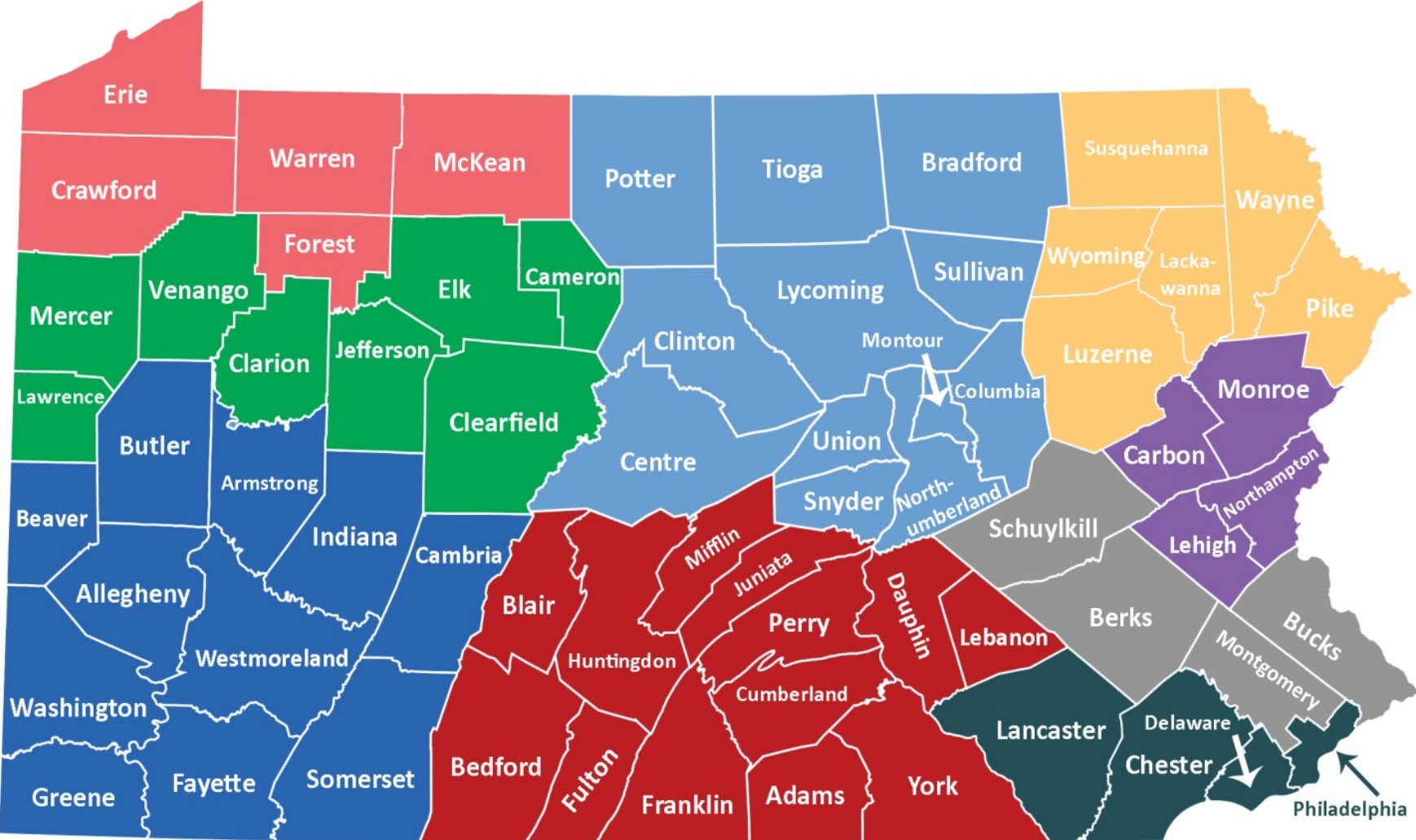
1. Increase the proportion of nurses with a baccalaureate degree to 80% by 2020
2. Double the number of nurses with a doctorate by 2020
3. Prepare and enable nurses to lead change to advance health
4. Build an infrastructure for the collection and analysis of inter-professional health care workforce data
5. Implement nurse residency programs

Additional Foci of the Coalition:

1. Remove scope of practice barriers
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
3. Ensure that nurses engage in lifelong learning



Nine Regional Action Coalitions



Increase Education Level of Nurses

Prepare nurses to deliver more efficient, coordinated care.

- Increase the proportion of nurses with BSN and higher degrees.
- Increase the number of nurses with doctorates.
- Implement nurse residency programs.



Progress: Education

Academic Progression in Nursing Program

Help more diverse nurses continue with their education:

- **Nine** states selected to test one of **four** promising models.
 1. Shared statewide or regional curriculum
 2. Competency-based curriculum.
 3. Community colleges granting BSN degrees.
 4. RN-to-MSN programs for AD students.
- Each state received \$300,000, with chance to reapply in two years.



Progress: Education

- **Medicare** paying for Graduate Nurse Education in **five states**.
- **RWJF** launches *Future of Nursing Scholars* program.
- **Magnet program** promoting baccalaureate education.



Pennsylvania and Education

Campaign Goal: make it easier for nurses to continue their education.

PA's plans:

- **Establish statewide academic progression program.**
- **Identify and disseminate best practices in articulation and dual agreements between institutions.**



Reports and Surveys



- **Educational** survey and reports
- **Nurse residency** survey and report
- **Two** statewide residency conferences

Remove Barriers to Practice and Care

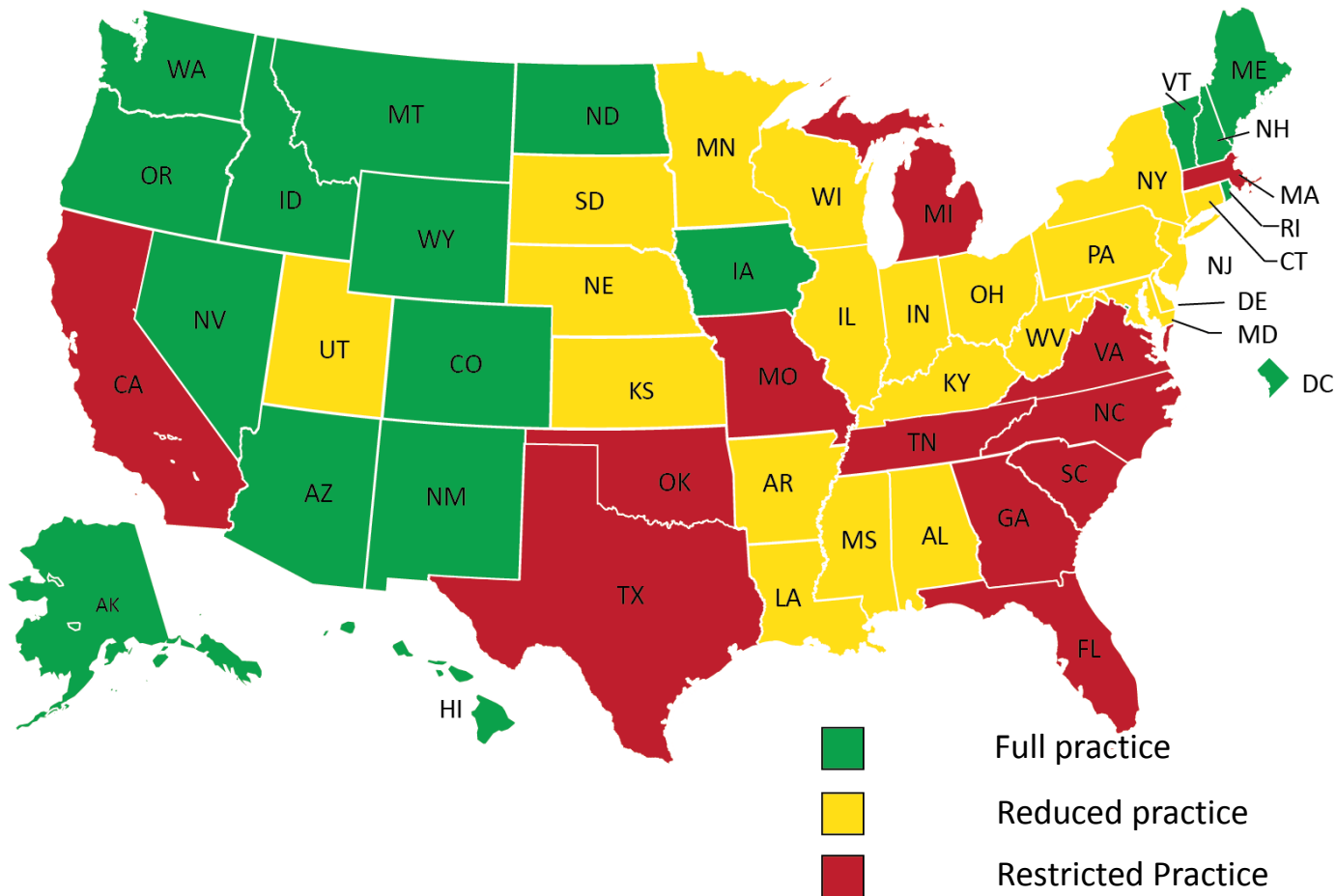
Nurses provide an immediate and cost-effective solution to care shortages.

- **All clinicians** should be able to practice to the **full extent of their education and training.**
- **Remove barriers that limit APRNs (and all nurses)** from expanding access to care.
- **Right care by the right clinician, at the right time, in the right place.**



Practice and Care: A Patchwork of Laws

Legal Environment for Nurse Practitioner¹ Practice and Care



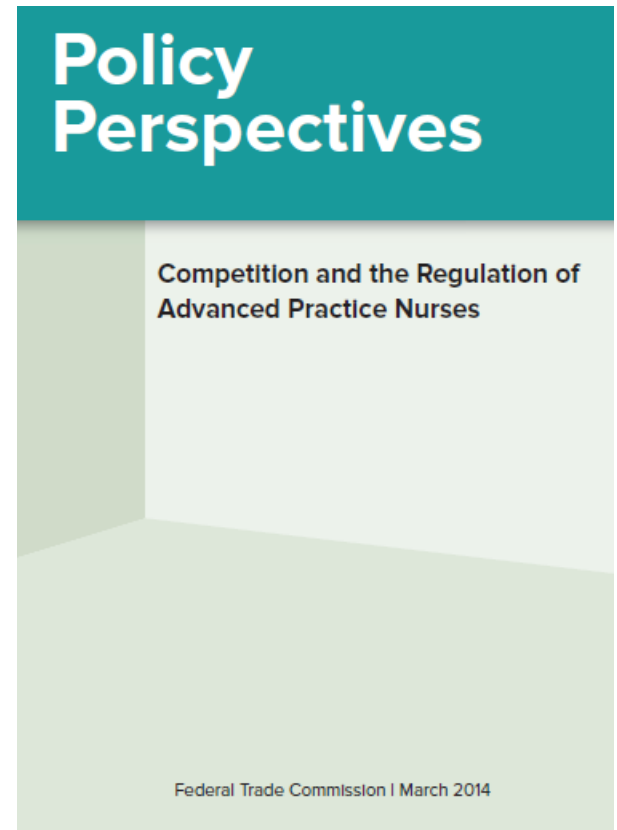
¹ This map from AANP shows the practice environment for nurse practitioners. For more detail about other types of APRNs, see NCSBN's maps: <https://www.ncsbn.org/2567.htm>.

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Progress: Practice

FTC: “expanded APRN scope of practice is good for competition and American consumers”

- **APRNs can meet unmet health care needs when free from undue supervision requirements.**
- **Effective collaboration between APRNs and physicians does not always require direct physician supervision of APRNs.**



Progress: Practice

State Legislation

- **A number of states have removed major barriers to APRN practice and care.**
 - **Kentucky:** APRNs with 4 or more years experience to prescribe routine meds without agreement with physician.
 - **Nevada:** NPs given full practice authority.
- **Nine states** requested and received FTC opinion on removing barriers.



Pennsylvania and Practice

Campaign Goal: remove barriers to practice.

SB 1063 would eliminate collaborative agreements and swap NPs' state certification for a license.

SB 959 would codify the nurse anesthetist into the Nurse Practice Act and provide a full scope of practice. It passed the senate (4/30) and moves to the House.

HB 1457 would provide CNSs with full practice authority and use the letters APRN – CNS.



Progress: Leadership

- **105 nurses in 23 states** appointed to leadership boards.
- **North Carolina and Wyoming:** Nursing Leadership Institutes.
- **Virginia:** 40 Under 40 Awards.
- **New Jersey:** Goal to place nurse leader in every hospital boardroom.
- **Texas:** Governance and leadership education.
- **Leapfrog Group** requires nurses to be integrated into governance for hospitals to attain Magnet status.



- **PA to adopt statewide leadership institute**
- **PSNA sponsoring a legislative initiative to establish a CNO for PA; similar to PA Physician General**

Promoting Workforce Diversity

Nurses should reflect the population in terms of gender, race and ethnicity.

- Recruit the nursing workforce of the future.
- All nurses should provide culturally competent services and care.
- Greater workforce diversity may help to reduce health disparities.



Promoting Workforce Diversity

Our focus is to help states:

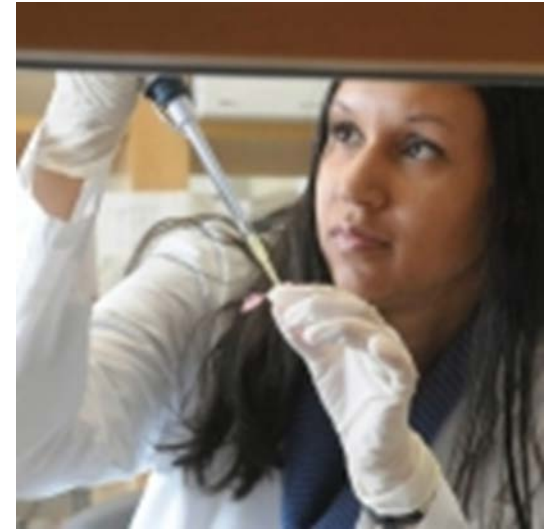
- Develop state-based outreach initiatives that increase the diversity of the nursing workforce.



Pennsylvania and Diversity

PA doing well:

- **Diversity Council** in place.
- **Completed a gap analysis.**
- **Evaluating best practices** for seamless articulation to increase diversity.
- **Considering charter school model** through PSNA and NFP.
- **Partnering with academic programs** to increase enrollment of traditionally underrepresented groups.



Inter-professional Collaboration



Inter-professional Collaboration

- **Meetings
Planned:**
 - **Hospital
Association
of PA**
 - **PA Medical
Society**
 - **PA
Pharmacists**



Data Collection Workforce Database

- **Met with the DoE, PASSHE, DoH, DoL&I, & SBON.**
- **Met with the Governor's Office and Center for Innovations**



Progress: Fundraising

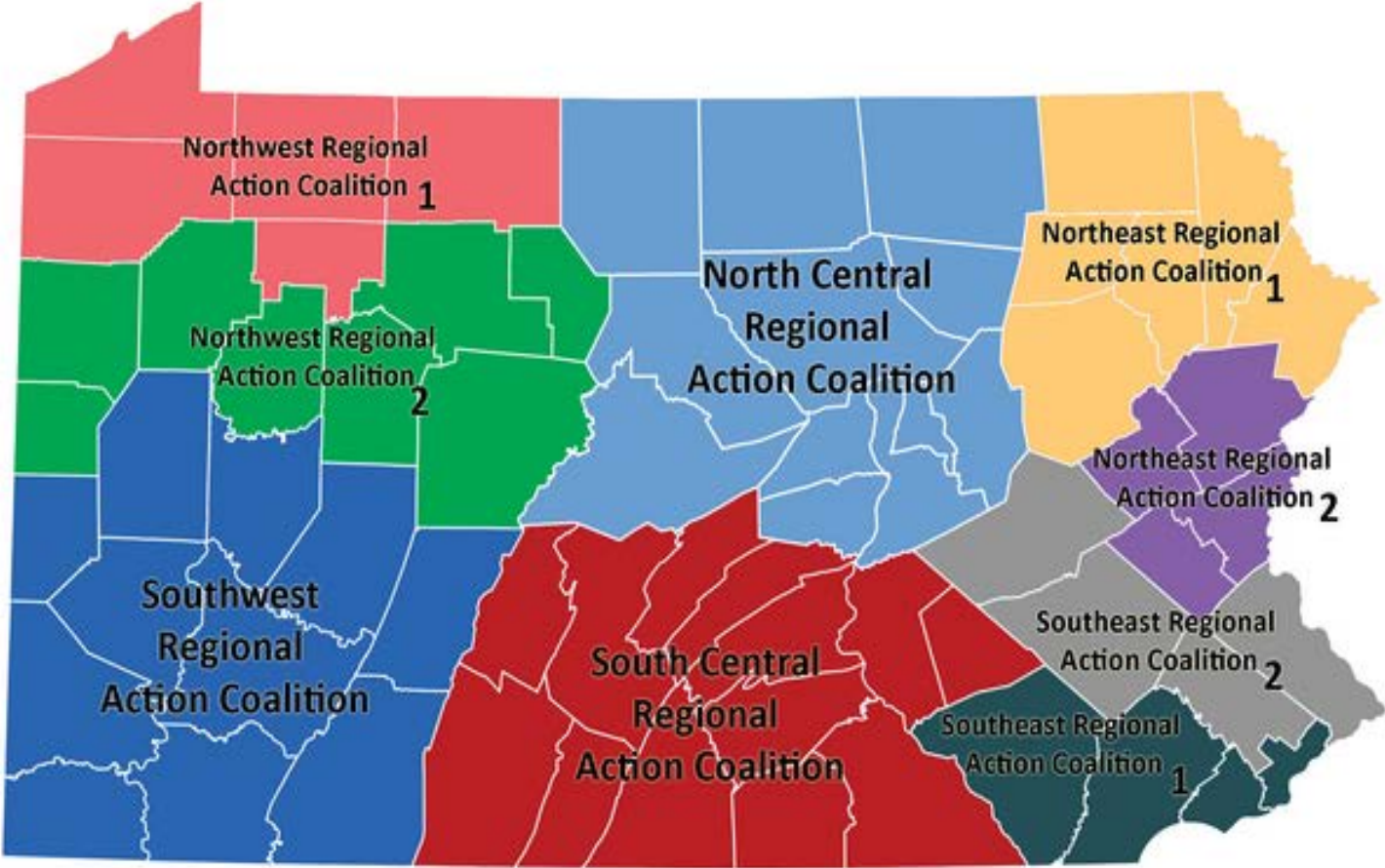
- **Action Coalitions raised \$8.8 million as of January 2014.**
- **PA garnered a \$300,000 SIP grant from RWJF; eligible to reapplication in August 2014**
- **PA also has raised \$300,000 to date.**
 - 12th out of 51 ACs.**
 - 7th out of 20 SIP 1 states.**



***South West PA Regional Action Coalition:
Implementation of the IOM Report
The Future of Nursing***

**Jacqueline Dunbar-Jacob, PhD, RN, FAAN
Dean and Distinguished Professor of Nursing
University of Pittsburgh**

South West PA Regional Action Coalition (SW-PAC)



Nursing Population in SW-RAC (2010)

| | General Population | Nursing |
|--------------------|---------------------------|----------------|
| Total No. | 2,711,262 | 22,060 (26.0%) |
| Nurse Ratio | 1:149 | 1:123 |
| Male | 1,317,894 (48.6%) | 2,227 (10.1%) |
| White | 2,400,354 (88.5%) | 21,005 (95.2%) |

2010-2011 Educational Status In PA

- *Where We Were*
- *Where We Need to Go*



"Your future in nursing? You will enjoy...
oops, it's changing. You will go on a
long...oops, it's changing again."

SW-RAC Nursing: Highest Education (2010/2011)

| | <u>Attained</u> | <u>Pursuing</u> |
|----------|-----------------|-----------------|
| Diploma | 31.3% | |
| ASN/ADN | 30.1% | |
| BSN | 31.7% | 51.0% |
| MSN | 5.9% | 34.8% |
| Doctoral | 0.1% | 4.8% |

Moving to 80% BSN by 2020



Effect of BSN Prepared Staffing on Mortality

Patient Mortality is Reduced with Higher Percent of BSN Nurses

US references:

Aiken et al, 2003

Aiken et al, 2008

Friese et al, 2008

Aiken et al, 2011

Kendall-Gallagher et al, 2011

Kutney-Lee, 2012

Blegen et al, 2013

McHugh et al, 2013

Canada references:

Estabrooks et al, 2005

China references:

You et al, 2013

Europe (9 countries):

Aiken et al, 2014

Kirwin et al, 2013

Effect of BSN Prepared Staffing on Other Outcomes

| | |
|---|---|
| Reduced Failure to Rescue | Aiken et al, 2003 McHugh et al, 2013 |
| Reduced Decubitus Ulcers | Blegen et al, 2013 |
| Reduced Deep Vein Thrombosis /Pulmonary Embolism | Blegen et al, 2013 |
| Improved Safety Culture | Kirwen et al, 2013 |
| Increased Patient Satisfaction | You et al, 2013 |

SW-RAC

Graduates 2012 & 2013

| | No. of Programs | | No. of Graduates | |
|------------------|-----------------|------|------------------|-----------|
| | 2012 | 2013 | 2012 | 2013 |
| Diploma | 10 | 10 | 569 (28%) | 541 (28%) |
| AD | 8 | 7 | 819 (40%) | 760 (39%) |
| BSN | 7 | 7 | 656 (32%) | 642 (33%) |
| RN to BSN | 7 | 8 | | |
| | | | 2,044 | 1,943 |

Double the Number of Doctorally Prepared Nurses in 2020

< 1% of U.S. Nurses have a Doctoral Degree

Programs

| | 2012 | SW-RAC | 2013 | SW-RAC |
|------------|-----------------|---------------|-----------------|---------------|
| | National | | National | |
| DNP | 217 | 6 | 247 | 6 |
| PhD | 131 | 3 | 132 | 3 |

DNP Educational Programs in the SW Region (2011-2012)*

| | | |
|--------------------------|--------------|----------------|
| Carlow University | Leadership | post-MSN |
| Chatham University | Leadership | post-MSN |
| Duquesne University | Leadership | post-MSN |
| Robert Morris University | NP, | BSN & post-MSN |
| University of Pittsburgh | NP, CNS, Adm | BSN & post-MSN |
| Waynesburg University | Leadership | post-MSN |

*Number of graduates/placement unknown

PhD Educational Programs in the SW Region(2011-2013)*

| | | |
|--------------------------|--------------------|--|
| Duquesne University | MSN-PhD | research focused online |
| Indiana University of PA | DNP-PhD MSN-PhD | nursing education nursing education |
| University of Pittsburgh | BSN-PhD MSN-PhD | research intensive research intensive |

*Number of graduates/placement unknown

SW-PAC Activities (4 meetings)

Major Themes:

- 1) Accessibility of Education
- 2) Residency Programs
- 3) Workforce Data Needs
- 4) Leadership & Professional Values
- 5) Value of BSN

SW-PAC Activities (Work Efforts)

Task Forces:

- 1) Public Communication
- 2) Barriers to 80% BSN
- 3) Data to Monitor Progress
- 4) Interprofessional Decision Making
- 5) Characteristics of BSN and Their Value

Gaps and Goals In SW-RAC

1) Increase Proportion with BSN

Now 31.7%

Goal 80%

2) Increase Proportion of Males

Now 10.1%

Population 48.6%

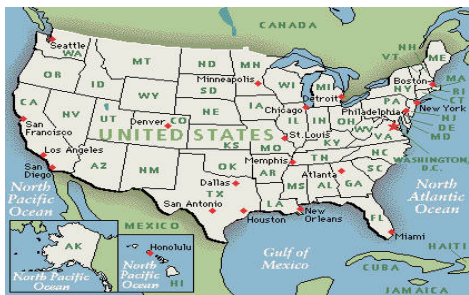
3) Increase Proportion of Non-White

Now 4.8%

Population 11.5%

4) Double Number of Doctorally Prepared

Now 32 (0.1%)



Implementing the IOM Future of Nursing Report: A Practice Perspective

- Melanie Shatzer, DNP, RN, NEA-BC
- Director, Academic Service Partnerships
- UPMC



Common Themes

- **Accessibility of RN- BSN and Doctoral Programs**
- **Residency Programs**
- **The Need for Workforce Data**
- **Importance of Leadership & Professional Image**
- **The Value of the BSN & Different Models**

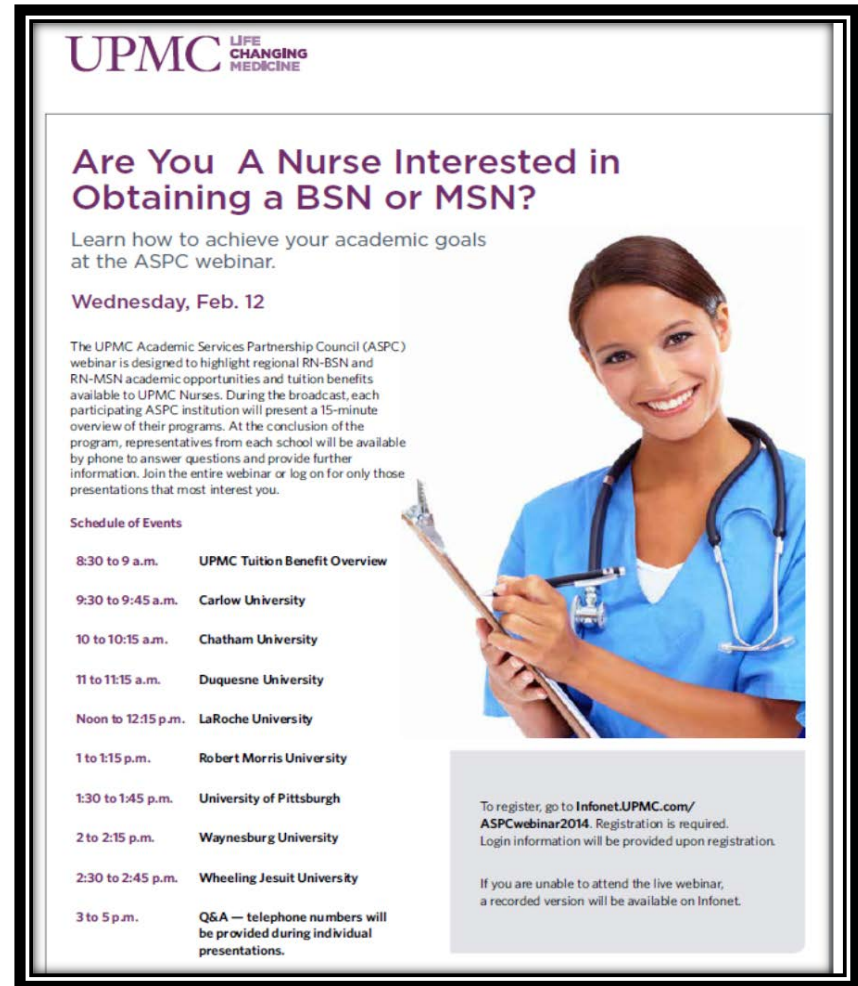
Accessibility to Educational Programs

- Rich academic region
- Program variety & selection
- Leveraging a regional Academic Service Partnership Council (ASPC)



ASPC Webinar

- ASPC partners invited to present RN-BSN and RN-MSN programs
- 8 academic institutions participated
- >150 UPMC nurses
- Call centers
- Future programs



The flyer features the UPMC logo at the top left with the tagline "LIFE CHANGING MEDICINE". The main title is "Are You A Nurse Interested in Obtaining a BSN or MSN?". Below the title is a photograph of a smiling female nurse in blue scrubs with a stethoscope, holding a clipboard. The text provides details about the webinar, including the date (Wednesday, Feb. 12) and a schedule of events listing various universities and their presentation times. A registration box at the bottom right contains the website URL and registration requirements.

UPMC LIFE CHANGING MEDICINE

Are You A Nurse Interested in Obtaining a BSN or MSN?

Learn how to achieve your academic goals at the ASPC webinar.

Wednesday, Feb. 12

The UPMC Academic Services Partnership Council (ASPC) webinar is designed to highlight regional RN-BSN and RN-MSN academic opportunities and tuition benefits available to UPMC Nurses. During the broadcast, each participating ASPC institution will present a 15-minute overview of their programs. At the conclusion of the program, representatives from each school will be available by phone to answer questions and provide further information. Join the entire webinar or log on for only those presentations that most interest you.

Schedule of Events

| | |
|--------------------|---|
| 8:30 to 9 a.m. | UPMC Tuition Benefit Overview |
| 9:30 to 9:45 a.m. | Carlow University |
| 10 to 10:15 a.m. | Chatham University |
| 11 to 11:15 a.m. | Duquesne University |
| Noon to 12:15 p.m. | LaRoche University |
| 1 to 1:15 p.m. | Robert Morris University |
| 1:30 to 1:45 p.m. | University of Pittsburgh |
| 2 to 2:15 p.m. | Waynesburg University |
| 2:30 to 2:45 p.m. | Wheeling Jesuit University |
| 3 to 5 p.m. | Q&A — telephone numbers will be provided during individual presentations. |

To register, go to Infonet.UPMC.com/ASPCwebinar2014. Registration is required. Login information will be provided upon registration.

If you are unable to attend the live webinar, a recorded version will be available on Infonet.

Residency Programs

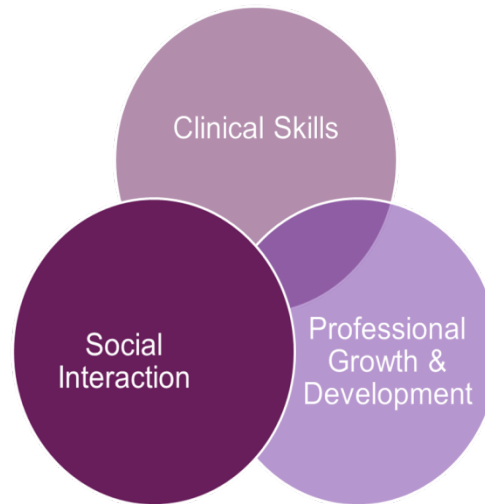
- Nurse Residency Conferences
 - Hershey Medical Center
 - UPMC
- Networking
- Best practices
- Leadership buy-in



| Nurse Residency Programs – Networking Opportunity <i>Conversations with Nurse Leaders</i> | |
|--|---|
| Date: | Thursday, April 17, 2014 |
| Location: | Herberman Conference Center, UPMC Shadyside, Pennsylvania |
| 9:30 am to 10:00 am | Registration and Coffee |
| 10:00 am to 10:15 am | Welcome Comments: <i>UPMC Holly Lorenz; PA-AC Chris Alichnie; and PCANE Rhonda Maneval</i> |
| 10:15 am to 11:00 am | Keynote Speech: <i>An Overview of Nurse Residency Programs – From Concept to Outcomes: Deb McElroy</i> |
| 11:00 am to 12:00 pm | Panel Discussion Facilitator: <i>Karen Goldschmidt</i> Panelists: <i>Terri Bickert, Cindy Cappel, Mary Lou Kanaskie, and Catherine Witsberger</i> |
| | 12:00 pm to 1:00 pm Lunch – Submission of Questions <i>Coordinator: Chris Alichnie</i> |
| 1:00 pm to 2:30 pm | Break-Out Sessions: <ul style="list-style-type: none">• <i>UHC-AACN Session Facilitator: Deb McElroy</i>• <i>Facility-Design Session Facilitator: Chris Alichnie</i> |
| 2:30 pm to 3:00 pm | Program Summary Presenter: <i>Chris Alichnie</i> Program Evaluation |

UPMC Nursing: “My Residency” Program

- Transition to practice program
- Core curriculum
 - Delegation
 - Prioritization
 - Risk management
 - Interprofessional communication
 - End-of-life care
 - Crisis management
- Cultural aspects



UPMC “My Residency” Outcomes

- Turnover for new graduate nurses (within 12 months of hire) has decreased almost 50%
- Equates to approximately a \$1.2 million savings annually
- 2012 HAP Workforce Achievement Award



Participant Feedback



- *“I really enjoyed the end-of-life presentation/talk. It is a difficult situation but comforting to discuss it with everyone. I do not feel comfortable in the situation of a dying patient. Discussing our fears and how to handle certain situations will make me feel more confident in situations.”*
- *“I like the discussion and stories. It makes me see that everyone is going through the same situations.”*

The Need for Workforce Data

- PA licensure renewal demographic data
- Workforce predictions
- BSN predictive models
 - Virginia Commonwealth University Health System
 - <http://campaignforaction.org/sites/default/files/Forecasting%20and%20Moving%20to%2080%25%20BSN%20Workforce%20Webinar%20Summary%20Jan%202022%202013.pdf>
 - Application to clinical settings

VCUHS

Forecasting the Future State

- 1. Measure recruitment of BSN nurses and non-BSN**
- 2. Measure turnover of BSN nurses and non-BSN**
- 3. Identify nurses with anticipated graduation with BSN annually**
- 4. Project planned growth in nursing (BSN/non-BSN)**
- 5. Analyze the gaps using a simulation model**

The Importance of Leadership & Professional Image

- Nurses in community and on boards
- Inaugural Nursing Now Conference
 - Nurse Advocacy Council
- Annual reports
- Newsletters



Pathways to Excellence | UPMC NURSING

Maribeth McLaughlin Serving as President of Council of Women's and Infant's Specialty Hospitals



Maribeth McLaughlin, RN, BSN, MPM, chief nursing officer and vice president of Patient Care Services, Magee-Women's Hospital of UPMC, is the current president of the Council of Women's and Infant's Specialty Hospitals (CWISH). CWISH is a membership organization of not-for-profit hospitals that are identifiable women's hospitals, with most of their activity focused on women's and infants' services. Member hospitals must deliver at least 5,000 infants annually. Collectively, CWISH represents more than 120,000 births annually. The 13 CWISH member hospitals include large perinatal hospitals with wide geographic diversity, and most are among the top 20 ranking hospitals in the country for birth volumes.

The purpose of CWISH is to facilitate excellence in providing health care services to women and infants nationally through collaboration and information sharing about programs, practices, and national policy. The council began in 1991 as a group of non-competing hospitals that were members of the National Perinatal Information Center/Quality Analytic Services (NPPIC/QAS) and were interested in sharing financial and operational data.

The goal of sharing this information is to help each organization better serve their patients by benefiting from the collective strengths of all the CWISH member hospitals. Another objective of CWISH is to participate in and positively influence the federal legislative and regulatory process. CWISH maintains an active and visible presence in Washington, D.C., and has established itself as a respected voice in the federal health policy arena. Member hospitals frequently voice their concerns and opinions about legislative matters that affect women and infants.

Because CWISH hospitals represent years of experience in high volume obstetrical and high risk neonatal care, their opinions are highly respected by their state and national elected officials and national organizations. CWISH hospitals also share aggregate clinical data and provide excellent benchmarking opportunities for member hospitals, which all have a very unique, high volume, obstetric, gynecologic, and neonatal population.

CWISH meets annually and member hospitals provide the entire program. Topics include new services and programs developed or initiated in the previous year, cost saving initiatives, quality improvement activities, and new opportunities for revenue.

During the year, several committees are active, including the Mother and Baby, NICE, Financial/TY Statistics, OB Quality Indicators, and Executive. These committees have representation from each member hospital and hold regular conference calls and webinars to discuss problems common to member hospitals, along with policies and procedures related to perinatal care.



APHON Serves Unique Role for Pediatric Oncology Nurses

By Natalie Carcone, BSN, RN, CPHON
Children's Hospital of Pittsburgh of UPMC
President, The Greater Pittsburgh Three Rivers Chapter of APHON

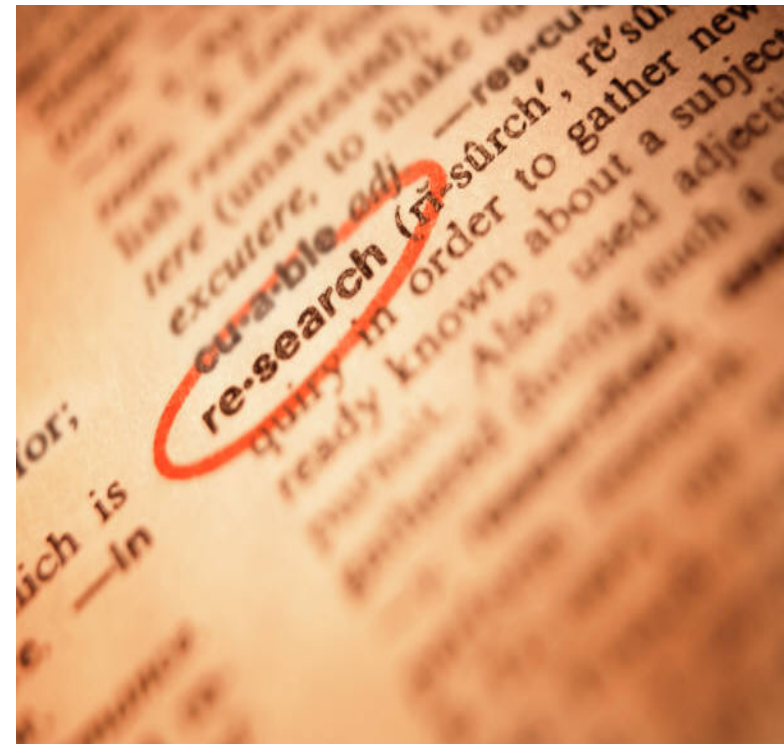


The Association of Pediatric Hematology Oncology Nurses, APHON, was born in the early 70s out of a need for nurses to share practice problems, successes, and knowledge about the unique role of the pediatric nurse. Pediatric oncology was just beginning to be recognized as a specialty, and nurses wanted and needed to know how other centers were managing care issues. They began to network with each other at pediatric conferences as a sub specialty. It was not long before they recognized the need for their own professional association dedicated to the care of children with cancer.

continued >>

The Value of the BSN & Different Models

- Disseminating research findings
- Clinical ladders
- BSN differentials



Practice Perspective: Where Have the IOM Recommendations Traveled

- **Nurses Week Conference**
- **Strategic Plans**
- **Councils**

CREATING NEW REALITIES FOR NURSING AUGUST 2012

UPMC
NURSING

Pathways to
Excellence



Dear Nursing Colleague,

Pennsylvania Action Coalition

Creating a Live Report...

- **Promote attendance at RAC**
- **Encourage task force participation**
- **Communicate, communicate, communicate**



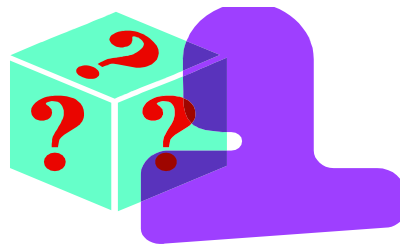
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Pennsylvania Action Coalition



Thank you!



www.paactioncoalition.org