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Forces of Magnetism, IOM, and Academia: Opportunity for Collaboration

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Objectives

- Discuss the 5 core competencies for healthcare professions.
- Describe the relationship among the Forces of Magnetism, IOM core competencies, and Academia.

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14 Forces of Magnetism

- Quality of Nursing Leadership
- Organizational Structure
- Management Style
- Personnel Policies and Programs
- Professional Models of Care
- Quality of Care
- Quality Improvement
- Consultation and Resources
- Autonomy

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14 Forces of Magnetism

- Community and the Healthcare Organization
- Nurses as Teachers
- Image of Nursing
- Interdisciplinary Relationships
- Professional Development

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To What End

- A Magnet Hospital is known for quality patient care and nursing excellence.

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Institute of Medicine Core Competencies

1. Provide patient-centered care.
2. Work in interdisciplinary teams.
3. Employ evidence-based practice.
4. Apply quality improvement.
5. Utilize informatics.

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Core Competency 1: Patient-Centered Care

- Identify, respect, & care about patients' differences, values, preferences, & expressed needs; relieve pain & suffering; coordinate continuous care; listen to, clearly inform, communicate with, & educate patients; share decision making & management; & continuously advocate disease prevention, wellness, & promotion of healthy lifestyles, including population health.

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Core Competency 2: Work in Interdisciplinary Teams




- Cooperate, collaborate, communicate, & integrate care in teams to ensure that care is continuous & reliable

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Core Competency 3: Employ Evidence-Based Practice





- Integrate best research with clinical expertise & patient values for optimum care, & participate in learning & research activities to the extent feasible.

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EPB and Education

- Why is EBP an area that seems to be a gap between the "ivory tower" and clinical practice?
- Or is it an opportunity to bridge this gap?

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Core Competency 4: Apply Quality Improvement

- Identify errors & hazards in care; understand & implement basic safety design principles; continually understand & measure quality of care in terms of structure, process & outcomes in relation to patient and community needs; & design and test interventions to change processes & systems of care, with the objective of improving quality.

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Core Competency 5: Utilize Informatics




- Communicate, manage knowledge, mitigate error, & support decision making using information technology.

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Failure To Rescue & Rapid Response Team



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Key IOM Quality Reports

- *To Err Is Human* (1999)
- *Crossing the Quality Chasm* (2001)
- *Priority Areas for National Action* (2003)
- Disparity Reports & Related Public Health Reports (2003, 2004)
- *Keeping Patients Safe* (2004)
- *Health Professions Education* (2003)

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To Err Is Human (1999)

- Significant Report that stimulated movement to further evaluate healthcare
- Approx. 44,000 to nearly 100,000 pts. die annually in US hospitals due to error
- Media picks up on this report

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To Err Is Human (1999)

- **Safety:** Freedom from accidental injury
- **Error:** Failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim

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DO WE HAVE A PERFECT STORM OR OPPORTUNITY?



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CRITICAL INFLUENCES

IOM Reports	Essentials Baccalaureate Education
Where Are We?	
Nursing Education Report	Health Care Reform

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Nursing Education Nursing Practice




We are a practice profession.

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KEY MESSAGE FOR US TODAY

- Teaching-learning strategies need to **engage** students in the classroom
- Teaching-Learning strategies in the classroom need to **bring the clinical into the classroom** (Benner, Sutphen, Leonard, & Day, 2010)



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Nursing Education Report: Implications for the Classroom

- Making the classroom come alive
- Move away from lecture and PP slides
- Evolving cases
- Setting student expectations and keeping to them


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An Important Aspect of Simulation & Clinical Learning Experiences

- The post-graduate experience

What is it like?
We have major problems with turnover & retention of new graduates.



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New Report on Nursing Education
(Benner, Sutphen, Leonard, & Day, 2010)

- Pedagogies of contextualization
- Coaching to develop clinical judgment
- Developing a sense of salience & setting priorities
- Using situated questioning
- Clinical reasoning in transition
- Reflecting on learning

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Clinical Reasoning & Judgment

- Clinical Reasoning:** ability to reason about a clinical situation as it unfolds including patient & family concerns; use of clinical imagination

The process of understanding the patient's (& family's) problems, issues, concerns and to focus on critical information to respond so that problem can be resolved using conscious decision making & intuitive response.

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Nursing Education: Do We Address Safety and Errors?

- We like to think we cover safety & errors in our curricula, but there is most likely a lot of content & experiences that are not covered.

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Content to Include

- What is an error? Types of errors? Adverse events
- Implications of near misses
- Frequency of errors and types
- Factors that contribute to errors
- Root cause analysis
- System issues vs. individual issues

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- Costs of errors
- Consumer/Patient perspective
- What do you do when you make an error? When you experience a near miss?
- The Blame Game

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Evidence-Informed Model for Payment

- Move from fee-for-service, per patient (capitation) that are volume driven (ex. CRNA vs Surgeon)
- Move to value-driven quality care-evidence-informed model
- Costs of treatment Evidence informed Case Rate (ECR®) for entire care episode
- Source: www.PrometheusPayment.org

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Prometheus Model Elements

- Evidence-informed Case Rate (ECR)
- Provider quality scorecard
 - Mix of outcome measures-performance, quality of care, patient outcomes, avoidance of complications, patient satisfaction
- Potentially avoidable complications (PAC) tool
- Source: www.PrometheusPayment.org

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A Study on Student Medication Errors

A study on student medication errors (Harding & Petrick, 2008) indicates issues with:

- Rights violations
- System factors
- Knowledge and understanding
- Pediatric medication errors

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But What Does Quality Care Mean?

“The degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge” (Lohr, 1990). “Good quality means providing patients with appropriate services in a technically competent manner, with good communication, shared decision-making, and cultural sensitivity” (IOM, 2001).

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KEY QUALITY CARE ISSUE

Keep Costs Down and Quality Up.

Recent study indicates medical errors cost \$19.5 billion

Refs: (Society of Actuaries, 2010; *Wall Street Journal*, August 9, 2010)

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Forces of Magnetism?

- Organizational Structure
- Professional Models of Care
 - Care of Coordination
- Quality of Care
- Quality Improvement

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Simple Rules for the 21st Century Healthcare System

Current Approach (Old Rule)	New Rule
Care is based primarily on visits.	Care is based on continuous healing relationships.
Professional autonomy drives variability.	Care is customized according to patient needs and values.
Professionals control care.	The patient is the source of control.
Information is a record.	Knowledge is shared and information flows freely.
Decision-making is an individual responsibility.	Decision-making is evidence-based.
Do no harm is an individual responsibility.	Safety is a system property.
Secrecy is necessary.	Transparency is necessary.
The system reacts to needs.	Needs are anticipated.
Cost reduction is sought.	Waste is continuously decreased.
Preference is given to professional roles over the system.	Cooperation among clinicians is a priority.

SOURCE: Institute of Medicine. (2011). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press.

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Keeping Patients Safe: Transforming the Work Environment of Nurses (2004)

- Critical report addressing nursing
- American Academy of Nursing and Robert Wood Johnson
- Point of Care; Use of Technology

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Key Topics in the Report on Nursing

- I. Work design
- II. Safety & central role of nurse
- III. Quality
- IV. Nursing shortage

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New Nursing Reports

- IOM: Forum on the Future of Nursing: Community Health, Public Health, Primary Care, and Long-Term Care
- IOM/RWJF Initiative on the Future of Nursing (Acute Care)
- IOM: Forum on the Future of Nursing: Education
<http://www.iom.edu>

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WHAT DIRECTION DO WE TAKE?



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