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.

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

14 Forces of Magnetism

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

To What End

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

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.
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.

Core Competency 2: Work in Interdisciplinary Teams

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

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.

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.

Core Competency 5: Utilize Informatics

- Communicate, manage knowledge, mitigate error, & support decision making using information technology.
Key IOM Quality Reports

- To Err Is Human (1999)
- Crossing the Quality Chasm (2001)
- Health Professions Education (2003)

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

Do We Have a Perfect Storm or Opportunity?

Critical Influences

IOM Reports Essentials Baccalaureate Education

Where Are We?

Nursing Education Report Health Care Reform
We are a practice profession.

**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).

**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

**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.

**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

**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.
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.

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

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](http://www.PrometheusPayment.org)

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](http://www.PrometheusPayment.org)

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).

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)

Forces of Magnetism?

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

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.


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

Key Topics in the Report on Nursing

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

WHAT DIRECTION DO WE TAKE?