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Forces of Magnetism, IOM, and Academia: Opportunity for Collaboration
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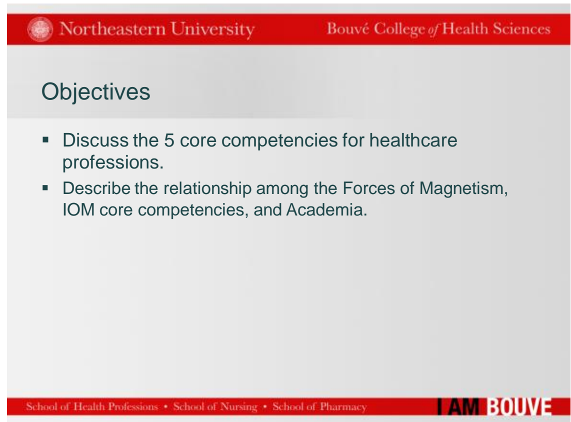
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Objectives
Discuss the 5 core competencies for healthcare professions.
Describe the relationship among the Forces of Magnetism, IOM core competencies, and Academia.
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14 Forces of Magnetism
Quality 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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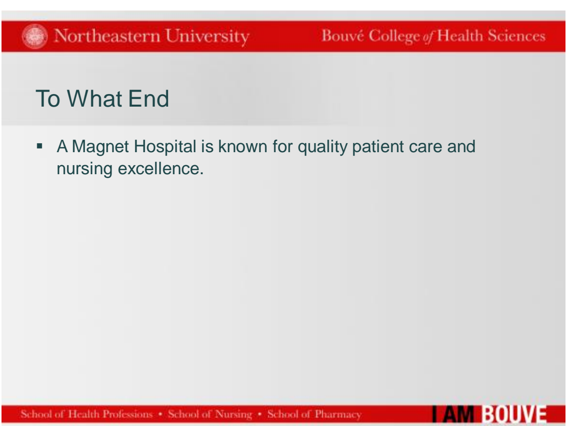
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To What End
A Magnet Hospital is known for quality patient care and nursing excellence.
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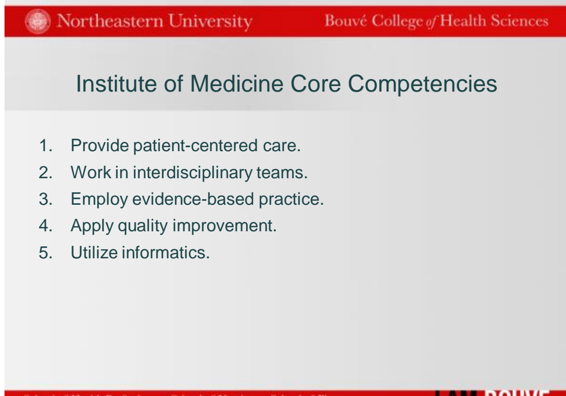
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Institute of Medicine Core Competencies
1. Provide patient-centered care.
2. Work in interdisciplinary teams.
3. Employ evidence-based practice.
4. Apply quality improvement.
5. Utilize informatics.
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Core 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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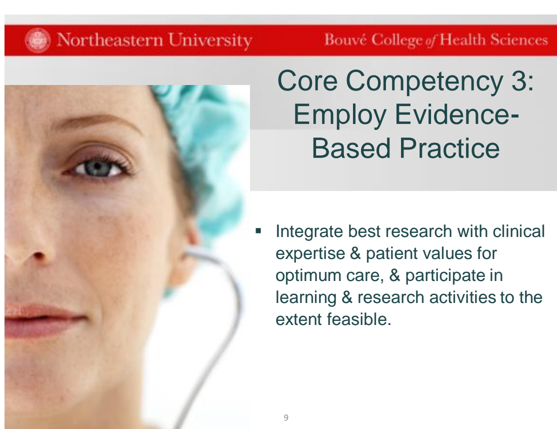
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Core Competency 3: Employ Evidence-Based Practice
Integrate best research with clinical expertise & patient values for optimum care, & participate in learning & research activities to the extent feasible.
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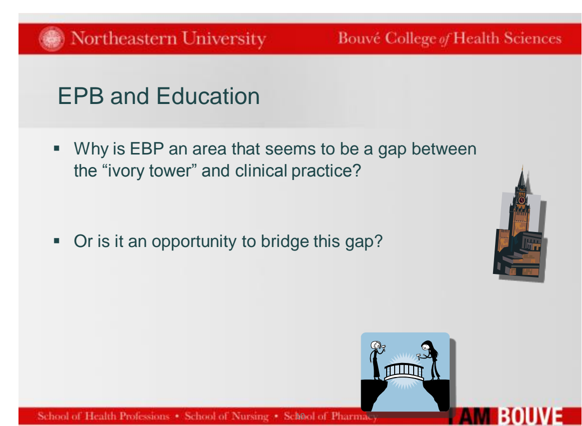
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EPB and Education
Why is EBP an area that seems to be a gap between the "ivory tower" and clinical practice?
Or is it an opportunity to bridge this gap?
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Core Competency 4: Apply Quality Improvement
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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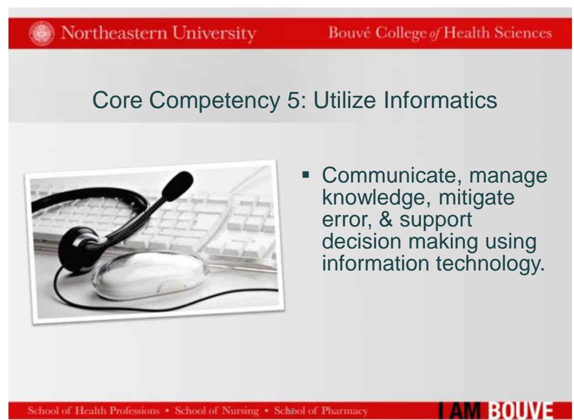
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Core Competency 5: Utilize Informatics
Communicate, manage knowledge, mitigate error, & support decision making using information technology.
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Failure To Rescue & Rapid Response Team
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Key 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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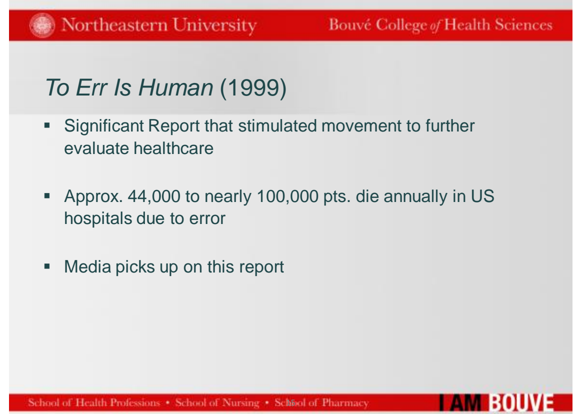
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To Err Is Human (1999)
Significant Report that stimulated movement to further evaluate healthcare
Approx. 44,000 to nearly 100,000 pts. die annually in US hospitals due to error
Media picks up on this report
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To 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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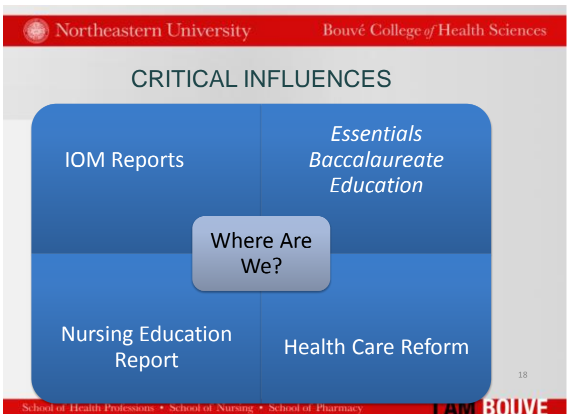
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CRITICAL INFLUENCES
IOM Reports
Essentials Baccalaureate Education
Where Are We?
Nursing Education Report
Health Care Reform
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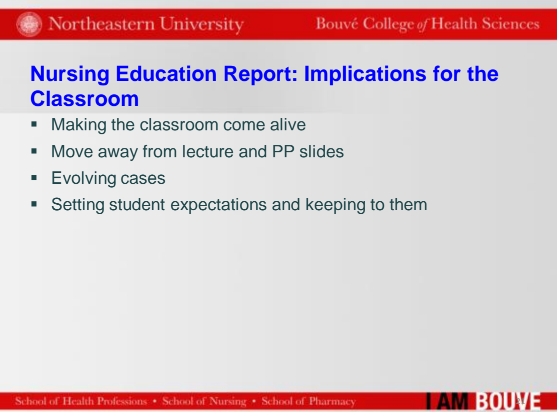

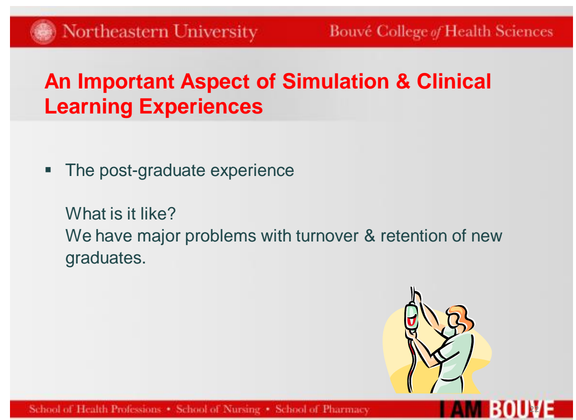

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New Report on Nursing Education

(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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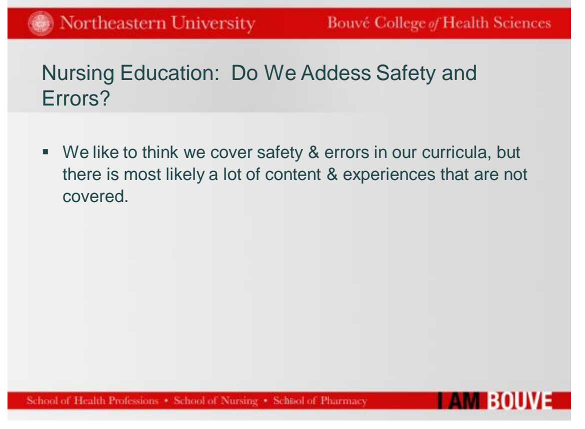

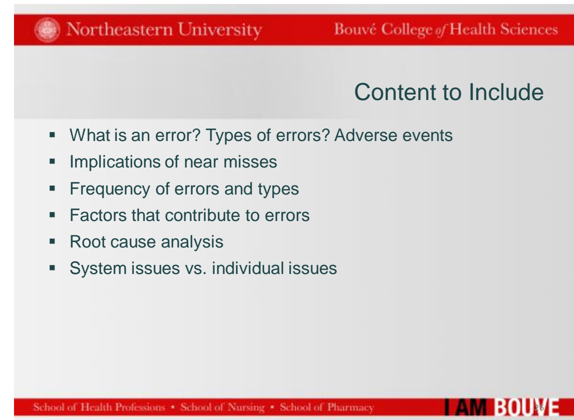

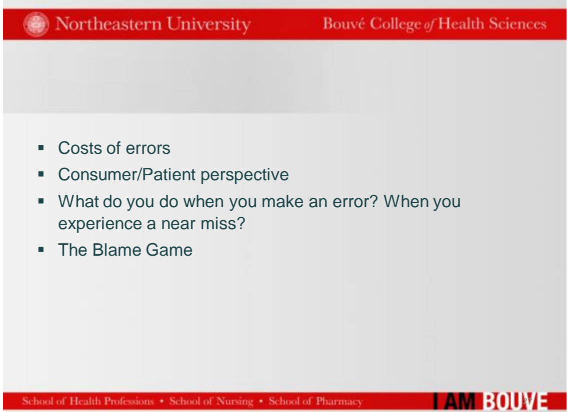

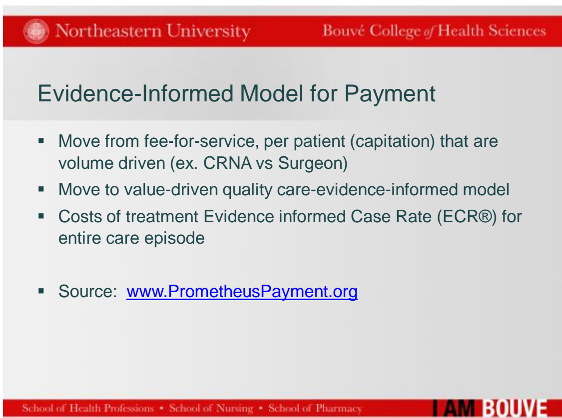

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Prometheus Model Elements

- Evidence-informed Case Rate (ECR)
- Provider quality scorecard
  - Mix of outcome measures-performance, quality of car, patient outcomes, avoidance of complications, patient satisifaction
- 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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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. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C.: The National Academies Press, p. 67.

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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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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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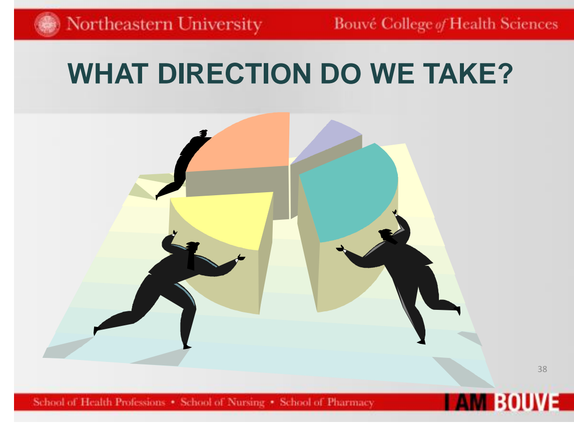
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WHAT DIRECTION DO WE TAKE?
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