The power of the nursing lens

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“Toto – we’re not in Kansas anymore”
Objectives

• Review the context of health care today
• Explore the perspective of the nursing lens
• Practice 3 essential skills in achieving excellence
• Examine the concept of *person and family-centered care* – and the impact that regulatory influence could have on it
To the present:
What do these have in common?

- The Mall of America
- Walmart
- Charleston Int’l Airport (CHS)
- A gas station
FLU SHOTS AVAILABLE HERE
Nurses are everywhere...
- and we’re using new tools
How will health information technology reshape health care?

Using computer technology to create an electronic health record and to facilitate online communication between patients, internet health information sources and health care professionals are just a few of the ways that health information technology (HIT) is changing patient/provider interactions and health care delivery.

Lorraine Buijs, PhD, assistant professor at the College of Nursing, is investigating the potential role of communication technologies in health care. Her research centers on the use of the Internet and mobile devices, including cell phones, for chronic disease management. Dr. Buijs addresses some of these issues in an interview below.

Q: How is information technology influencing health care?

Dr. Buijs: The role of information technology is, and has been, expanding rapidly within the health care arena. On a systems level, HIT is being used within health care to manage and coordinate care through electronic health records, clinical decision support, electronic prescribing, computerized order entry, electronic medication administration records, or some combination of these. On an individual level, people have increasingly turned to information technologies to assist in the day-to-day management of their health and the health of loved ones through web-based behavior change and health promotion interventions, electronic self-monitoring tools for logging diet and physical activity, retrieval of health-related information, personal health records, and online support communities. These technologies can be very empowering to individuals and may help people to take control of the management of their health.
Unfortunately care is not becoming safer . . .
The Triple Aim - (Institute for Healthcare Improvement, 2008)

• improving the experience of care

• improving the health of populations

• reducing per capita costs of health care
The 2010 Affordable Care Act (ACA) requires the secretary of the Department of Health and Human Services (HHS) to establish a National Strategy for Quality Improvement in Health Care, also known as the National Quality Strategy. The Strategy establishes three objectives:

- Better care
- Affordable care
- Healthy people and communities
New directions in health care -

- Affordable health care for most Americans
- Preventive care services
- Coverage of mental health
- Data to make sound decisions
- Reduced costs of health care
- Patient engagement
- and forces

- Nurses will be full partners
- Scope of practice barriers will be eliminated for all care providers
- Expert teams of health care professionals will be supported (vs. teams of experts or solo players)
- Care will not just be patient centered, but person driven
Nurses in the driver’s seat

- Knowledge of the issues
- Knowledge of possible solutions
- Ability to see the big picture
- Ability to use communication skills to advance an agenda
- Trust by the public
- Commitment to the endpoint
...and also

• Can relate effectively to a wide range of people
• Ability to identify changes to improve quality and reduce cost
• Expertise in a practice area
• Can personalize solutions so they’re workable and acceptable
• Organizational savvy
The Nursing Lens

Holistic
Systems-oriented
See the big picture
Relationship-based
Pragmatic
Discerning – can read people, situations
Able to multi-task
Sensitive to the human condition
Carolyn Robinson, Diane Treat-Jacobson
“Are your shoes too tight?”
National leaders who use a nursing lens . . .
- and even in Congress

Lois Capps, Congresswoman, CA
• **ex·cel·lence**
  
  
  'eks(ə)ləns/ (noun)
  
  *extremely high quality*

**Synonyms:** choiceness, distinction, excellency, first-rateness, greatness, perfection, preeminence, primeness, superbness, superiority, supremacy
1. What does it take? Competent practice

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2. What does it take? Leadership

- working with and through others to improve something
Every nurse has to be a leader -

Leaders with a big “L”

Leaders with a small “L”

The Rachels
Wanted: *Generative Leaders*

Generativity – the ability to produce or originate

**Generative leaders**
- Create new options or new approaches to old problems
- Intellectually curious
- Resilient and optimistic
- Span boundaries
- Surround themselves with idea people
- See opportunities
- Learn to think differently
3. What does it take? A change in thinking

- From nurses as “functional doers” to “thoughtful strategists” (Future of Nursing)
3 counterintuitive strategies

1. Embrace paradox

2. Seek ambiguity

3. Practice creativity
#1 Embrace paradox

A statement that is seemingly contradictory or opposed to common sense and yet is perhaps true
PARADOX EXAMPLES

- Examples:
  - *Art is a lie that makes us realize the truth* (Picasso)
  - *It is only with the heart that one can see rightly; what is essential is invisible to the eye* (deSaintExupery)
  - *To move freely, you must be deeply rooted* (Lewitsky)
Health care paradoxes

• Do more with less
• Improve quality and reduce cost
• Operate the business successfully and ethically
• Be competitive, yet collegial
• Promote your own profession, and create strong interprofessional teams
• Expend a lot of energy staying calm
Paradoxes in nursing education

• Be an expert educator, researcher, clinician and professional nursing leader
• Incorporate new content on genomics, informatics, cultural diversity, ethics and complementary therapy without doubling the length of your program
• Preserve faculty autonomy while creating a spirit of community
• Expand student enrollment in the face of
  • an imminent faculty shortage
  • shrinking state and university funding
  • less access to clinical sites
• Uplift your students as they struggle to find jobs in the midst of a nursing shortage
What are regulatory paradoxes?
PARADOX

“The test of a first-rate intelligence is the ability to hold two seemingly opposed ideas in mind at the same time”

(F Scott Fitzgerald)
Built to Last

(Collins and Porras, 2001)

• Avoid the tyranny of the “OR”

• Embrace the genius of the “AND”
Eliminate...

- All or none
- Right or wrong
- Good or bad
- Yes or no
- Now or never
- Black or white
- Doctor or nurse
- (Doctor vs. nurse)
How do you embrace paradox?

• Find commonalities – what do we agree on?

• “Under what conditions could we...?”
As change accelerates, we now find that ambiguity multiplies, and illusions of certainty become more difficult to maintain. The ability to thrive with ambiguity must become part of our everyday lives. Poise in the face of paradox is a key not only to effectiveness, but to sanity in a rapidly changing world.”

(Gelb)
Ambiguity

A situation or statement which is capable of being understood in two or more possible senses or ways
Examples of Ambiguity

• $BSAINXLEATNTEARS$
“How is this possible?”

• Two men played chess.
• They played five games.
• Each man won three games.
• There are no ties.
“How is this possible?”

- Two women apply for jobs. They look exactly alike. On their applications they list the same last name, address and phone number. They were born to the same parents, on the same day, same month, same year. Everything is identical. The receptionist says, “You must be twins.” They say, “No.”
“How is this possible?”

• You have an empty wine bottle.
• A dime is placed inside the bottle and the cork is inserted in the neck.
• Your job is to get the dime out without removing the cork or damaging the bottle
“Building a door...”

“Recruiting new faculty...”
#3 Practice creativity

Creativity –
the capacity to bring something new into being
Myths about Creativity

• Creative people are born, not made

• Creativity involves play and laughter

• Creativity and discipline do not mix
Do I hear myself saying...

- We’ve always done it this way
- Why are you doing it that way
- That’s not our way
- Why can’t I get a straight answer
- I’m just not comfortable with change
- I’m just not a creative person
Creativity in health care

• New ways of teaching patients so they can go home early and stay there

• New ways of partnering with patients so they can be “full partners and sources of control” –

• Engaging teens in after-school activities to reduce promote self-esteem and reduce self-harming behaviors

• Nurse-managed and nurse-run clinics

• New models of helping nurses transition into practice
How do I increase my creativity quotient?

• Learning a language
• Brainstorming uses for a common item
• Jigsaw puzzles
• Making up analogies

• Stimulating a play on words -
According to the IOM, quality care is **STEEEP**

- S - safe
- T - timely
- E - effective
- E - efficient
- E - equitable
- P - patient-centered
Patient Centered Care

• Old – Listen to patient and demonstrate compassion and respect.

• New - Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs

(Cronenwett et al, 2007)
A special role:

“to protect the public's health and welfare by assuring that safe and competent nursing care is provided by licensed nurses”
Family-Centered Care

- is an extension of patient-centered care, “widening the circle of concern to include those persons who are important in a patient’s life.”

(Henneman & Cardin, 2002)
Dimensions of PFCC

(Gerteis, Edgman-Levitan, Daley and Delbanco, 1993)

- Respect the patients’ values, preferences and expressed needs
- Coordination and integration of care
- Information, communication and education
- Physical comfort
- Emotional support
- Involvement of family and friends
Why the change in wording?

1. Many people receiving care aren’t in hospitals
2. People with chronic illness don’t consider themselves patients
3. Even if someone is in a hospital, we are encouraged to “engage the person to treat the patient”
4. Koloroutis and Trout: “See me as a person”
Patient power -
So what is different here?

A philosophy and culture that transforms the organization - a “high reliability organization”

• patient [person] or designee as the source of control and full partner
• a partnered relationship with caregivers
• equipped with relevant information, resources, access and support
• fully engage in and/or direct the health care experience as they choose.
High Reliability Organizations (HRO)

Organizations with
- a culture of safety,
- a learning environment that uses evidence-based care
- a positive working environment with collaboration and respect

And everyone is relentless in working to improve the safety and quality of care
Forces within healthcare and society impacting PFCC

• Patients want “whole person” care, comprehensive communication and coordination, patient support and empowerment, and ready access
  
  (Bechtel & Ness, 2010).

• “technical alone is insufficient”
  
  (Schenk and Churchill, 2012)

• “I do not want only my questions answered: I want my experiences shared”

• “I may not expect emotion or intimacy from physicians and nurses, but I do expect recognition”
Standards and Regulations: Stimulus for PFCC

• **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** – national survey

• **CMS- incentive program** rewards facilities that use the tool and report their data

• **TJC standard** - patient’s right to identify a support person and have access to that person throughout an inpatient admission. Support person, based on the patient’s preference, may be involved in patient care rounds, education, and discharge planning
What could PFCC look like?

- A mission/vision statement with principles
- Pt/family satisfaction surveys
- Patient/family advisory councils
- Patient-care rounds
- Website with consumer information/education
- In-house TV
- Orientation video
- Family orientation w/ notebook
Examples

- Single bed rooms
- Family zones/accommodations
- Views of nature
- Noise-reducing features
- Acuity adaptable rooms
- Person/family learning centers
- Waiting Room Videos
To this point -

• Nurses are the foundation of the health care system
• Health care is different today in many ways
• People want to be more engaged in their care – they will be – and the new concept is *Person and family centered care*
• The nursing lens gives nurses a particular advantage
Using your nursing lens . . .
What could you create?

1. Ask myself some questions
   • What am I most passionate about in my work?
   • What do I want to see different? Better? Fresher?
   • What new ideas or insights have I had about how to do it better – with excellence?
   • Who have I talked with to get a different perspective?
   • How could I better engage consumers as partners in our community?

2. Invite a colleague to coffee –

3. Bring together leaders in education, practice and regulation to create a health system based on person and family centered care?
Who are we?

“tough, canny, powerful, autonomous and heroic”

(Donna Diers, Claire Fagin)
Ah, nurses . . .

“caring, shrewd and a little bit crazy”

(unknown Boston cabdriver, 1982)