2010 IOM Report on The Future of Nursing

I have been amazed at how many of our nursing staff are unaware of the Institute of Medicine’s (IOM) Report on the Future of Nursing. So come with me for a quick synopsis on what this is and what it means for nursing.

With more than 3 million members, the nursing profession is the largest segment of the nation's healthcare workforce. Working on front lines of patient care nurses can play a vital role in helping realize the objectives set for the in the 2010 Affordable Care Act, legislation that represents the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs.

In 2008, the Robert Wood Johnson (RWJ) and the IOM launched a 2 year initiative to respond to the need to assess and transform the nursing profession. An 18 member commission was formed and was led by Donna Shalala, formed US Secretary of Health and Human Services.

On October 2010, the IOM released their report with 8 recommendations as an action-oriented blueprint for the future of nursing. These recommendations are:

- Remove scope of practice barriers—Advance Practice Nurses (APN’s) should be able to practice to full extent of education & training
- Expand opportunities for nurses to lead & diffuse collaborative improvement efforts
- Implement nurse residency programs
- Increase the proportion of nurses with baccalaureate to 80% by 2020
- Double the number of nurses with a doctorate by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health
- Build an infrastructure for collection & analysis of interprofessional health care workforce data

Five states were identified to be pilot states—New York, New Jersey, California, Michigan and Mississippi. Ten more states have been added which now includes Colorado.

These are exciting times for there is now a national movement to put nursing on the map. Several of the key recommendations speak to the nurses’ role as full partners with physicians, leaders in collaborative efforts at every level of patient care and the need to build an infrastructure to collect and analyze data.

The US is transforming its health care system to provide quality care leading to improved health outcomes. Nurses can and should play a role in this transformation.

Kate McCord, MSN, RN, NEA-BC, Chief Nursing Officer

2011 Seton Awards

In celebration of Nurses Week, PSFHS presented the annual Seton Awards during a special celebration. Nurses and CNAs from both Penrose Hospital and SFMC were recognized with the St. Elizabeth Ann Seton Nursing Awards for Excellence. Below are the winners. Congratulations to everyone and a special thank you to those who nominated their colleagues.

Alex Kaskewicz, Monitor Tech/CVU Teamwork (No photo available)
INFORMED CONSENT
Helen L. Graham, Ph.D. RN-C

Would you like to carry out a clinical research project on your unit? Or perhaps you already have a proposal in draft form. Whichever the case, an important and required section of your research proposal is your plan for obtaining Informed Consent.

According to the U.S. Office for Human Research Protection, research participants are required by federal law to give informed consent before taking part in a research study. For example, subjects must be informed of foreseeable risks or discomforts as well as benefits that are to be expected from the study. The Penrose St. Francis IRB (Internal Review Board) and Nursing Council are two resources for up-to-date information about Informed Consent requirements.

Ju Young Shinn, Ph.D. RN from the University of Colorado at Colorado Springs and I recently completed a research study designed to study hospital readmission for CHF patients. Participants were recruited primarily from the CVU. Following training with the Principle Investigator (PI), the Cardiac Rehab RN introduced the study and its purpose to inpatients who met the study criteria. For patients interested in participating the PI was notified and then visited the patient to further explain the study, answer questions and obtained the required written Informed Consent (see attached Informed Consent form).

The investigators and individuals responsible for obtaining the Informed Consent were required to show proof of IRB Certification Class completion. The Principle Investigator in this study had one research assistant who was trained by herself to collect data during follow-up phone conversations with subjects.

A Statewide Study of the Association Between Nurse Involvement in Decision-Making and Nurse/Patient Outcomes

In 2010, PSFHS nurses participated in this research!

Purpose: This study sought to describe nurses’ perceptions about their current level of involvement in hospital decisions, including planning for staffing. The nature and strength of the relationship between staff nurse perceptions of involvement and organizational outcomes was determined.

Results: Nurses on units with high involvement were less likely to think of quitting; patients on these units had fewer infections and pressure ulcers. Units that involved nurses in planning for staffing had lower turnover and higher patient satisfaction. Informal involvement structures were more strongly associated with nursing satisfaction. Involving nurses in outcomes evaluation was associated with lower pressure ulcers and infections. Nurses’ perceptions that the organization was supportive of their involvement had the greatest impact; it was associated with lower adverse events, infections, and patient complaints. These data did not reveal a difference in outcomes between formal and informal structures for involvement.

Implications: Involving nurses in decisions is related to nurse and patient satisfaction and reduced adverse events. It does not appear that involving staff nurses in planning for staffing has a dramatic impact on outcomes. It is not necessary to have sophisticated formalized structures in place to affect the outcomes; informal structures may be more strongly related to nurse satisfaction. A critical influence is the perception that the organization supports and values nurse involvement in decisions.

Thank you to all RN’s for taking the NDNQI RN Survey with Practice Environment Scale (PES). Overall response rate is about 46%! Special thanks with Pizza Party to our Top Responders.

- Large unit class…Oncology Unit (11)
- Small service class…..Wound Care Nurses

Moving forward …. Specialty Certification

Kim Dumont RN, BSN, CEN, SFMC ED
Amber Patterson RN, ASN, CEN, SFMC ED
Sharon Halla BSN, RN, OCN, CBCN (our first Certified Breast Cancer Nurse)
Angela Schweitzer, RN, BSN, OCN (11th)
Ronda Wantland, RN, BSN, OCN (11th)
Christine Smith, RN, OCN (Clin Research)

CAP Corner: Are you taking actions to earn a CAP level this year? The CAP Peer Review Board encourages you to review the CAP program requirements located on MVW, Associates, Centura Nursing, PSFHS Professional Nursing, Clin Advancement Program. Questions? Contact Cassie Tumanis, Chair (PH ED) or Deb Nussdorfer, Magnet Coordinator.