

*NURSING PRACTICE AND EDUCATION  
GROWING TOGETHER TO PRODUCE A  
CULTURE OF HEALTH FOR MONTANA*

JUNE 7, 2016 MARY SUE GORSKI

**OVERVIEW**

*Healthcare Climate Changes Affecting  
Nursing Education and Practice*

*Growing a Culture of Health through  
Nursing Education Transformation;  
Content, Technology, and  
Infrastructure*

*HEALTH CARE CLIMATE CHANGES AFFECTING  
NURSING EDUCATION AND PRACTICE*

March 2008 Affordable Care Act

September 2008 Recession

January 2010 Patricia Benner, "Educating Nurses"

October 2010 IOM Future of Nursing Report

**June 2016** - 2016 MT CAHN Nursing  
Education & Practice Summit

**HEALTH SYSTEM CHALLENGES  
CLIMATE CHANGES**

The infographic features a central cluster of blue icons representing people. Surrounding these icons are five blue boxes with white text: 'AN AGING AND SICKER POPULATION', 'LACK OF PREVENTIVE CARE', 'MILLIONS MORE INSURED', 'PRIMARY CARE SHORTAGE', and 'HIGH COSTS'. A blue dollar sign icon is also present. At the bottom, a red ribbon banner contains the text 'Health Care System' in white, with arrows pointing to the right.

## CONTEXT - CLIMATE CHANGES

### NURSING SHORTAGE

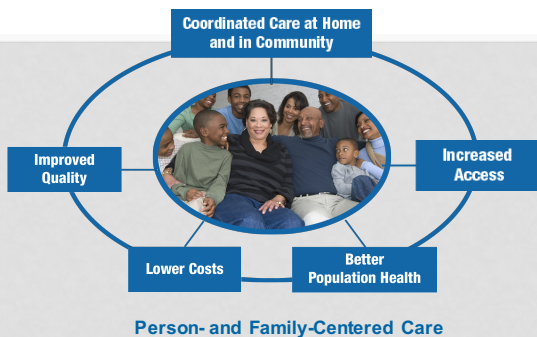
“Immediate concerns about RN shortages have *abated*” (Fraher, Spetz, and Naylor; 2015)

- Federal nursing models show overall supply will outpace demand.
- Auerbach and colleagues' data suggest nurses are retiring later.
- Nursing enrollments are increasing rapidly.

## CONTEXT

Opportunity to turn attention and resources away from expanding the educational pipeline toward **redesigning the system to support nursing practice in a transformed health care system** (Fraher, Spetz, and Naylor; 2015)

## A NEW ERA IN HEALTH CARE



## THE GOAL

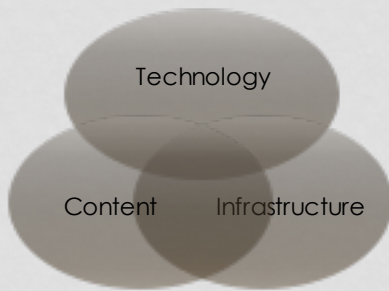
**Prepare the right mix of nurses to serve in locations, specialties, and practice settings, with the skills and competencies to meet consumer needs.**

2.9 million nurses in America - one for every 102 Americans.

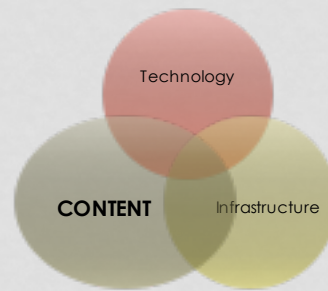
Caring for over 8 million Americans a day.

Adding \$7 billion in economic value. Just in medical savings and increased patient productivity.

## GROWING A CULTURE OF HEALTH THROUGH NURSING EDUCATION TRANSFORMATION



## AREAS OF EDUCATION TRANSFORMATION



## CONTENT - SOIL

A curriculum (/kə'ri:kjʊləm/; plural: curricula /kə'ri:kjʊlə/ or curriculums)

is broadly defined as the totality of student experiences that occur in the educational process or to a view of the student's experiences in terms of the instructional goals.

## DIRECT CARE ROLES

Prepare nurses for **transformed direct care roles** in health care.

**Population health** refers to accountability for the outcomes of an identified group of patients across multiple sectors.

Nurses will need to collaborate as **members of interprofessional teams**.

National Center for Interprofessional Practice and Education, a public-private partnership and cooperative agreement with the Health Resources and Services Administration, established in 2012, directed by Barbara Brandt from University of Minnesota.  
<http://di.upenn.edu/brief/nursing-transformedirectcaresystem-newrolesnewrules>

## PAYMENT MODELS

Prepare nurses for **transformed payment models** in health care.

The workforce will focus on preventive and primary care and move from acute to outpatient settings.

Incentive structures that tie "value" to health indicators in these patient groups, identified by their clinical conditions and/or non-clinical characteristics such as socioeconomic status.

50 percent of Medicare payments will be tied to value through alternative payment and care delivery models by 2018 (HHS Secretary Burwell).

## LEADERSHIP

Prepare nurses as **leaders shaping the transformation** of health care.

Incorporate the competencies required for nurses to be successful in new roles, through entry-level and continuing education programs.

Design programs that enable nurses to seamlessly gain new skills and competencies.

Prepare faculty and preceptors to teach in ambulatory and community settings.

## SIMULATION

**Simulation as a standard both prior to clinical and as a part of clinical.**

Up to 50% simulation in education and practice can be used safely in place of clinical in pre-licensure RN programs (Hayden, 2014)

Simulation is a **technique—not a technology**—to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba 2015)

## ASSUMPTIONS

- Integrated curriculum focused on health across all levels in partnership with practice (Culture of Health).
- Seamless academic progression essential to meet higher educational needs of nurses.

## CONTENT SUMMARY

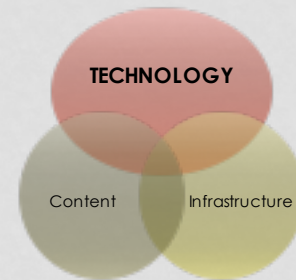
Nursing education transformation must address;

- Rapidly changing **direct care and leadership roles**.
- Acceleration of value based models **through payment structures**.
- Expectation for **simulation** as a standard learning strategy.

The scope of these changes implies a higher level of education for **students, workforce, and faculty**.

Do you see **Peds OB Medsurg psych or community** anywhere?

## AREAS OF EDUCATION TRANSFORMATION



## TECHNOLOGY - GARDEN TOOLS

Technology

(from Greek τέχνη, techne, "art, skill, cunning of hand"; and -λογία, -logia)

is the collection of techniques, skills, methods and processes used in the production of services or in the accomplishment of objectives, such as nursing education.

## TECHNOLOGY

**Prepare nurses to maximize benefits of technology in direct care delivery.**

**Video consultations** are projected to grow from 5.7 million in 2014 to 130 million by 2018.

Geisinger has found that **telemonitoring** of patients improved the efficiency of care managers and delivered a 3.3 times return on Geisinger's investment (AHA 2015)

## TECHNOLOGY

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## TECHNOLOGY

**Prepare nurses to maximize benefits of technology in population care delivery.**

**Digital health technologies** are rapidly proliferating: There are some **40,000 mobile health apps**, hundreds of platforms aimed at improving health care communication and coordination, and new types of medical sensors or wearable devices making headlines every week (AHA 2015).

## TECHNOLOGY

**Prepare nurses to maximize benefits of technology in care management.**

**2,541** total number of clicks in the EHR of one typical provider's 24 patient visits over 16 hours (For the Record, 2015)

Effective **use of health information** and *telehealth systems* are essential for successful care coordination.

## TECHNOLOGY

**Use technology for innovative delivery methods and pedagogy to increase access and quality of education.**

Leverage educational modes such as **flipped classrooms and online education.**

Content available through free or minimal cost online resources like **Massive Open Online Courses (MOOC) Coursera.**

Face to face encounters with faculty could be more **individual, interprofessional and discussion based.**

## TECHNOLOGY

Leverage educational models such as **flipped classrooms and online distance education**. Content available through free or minimal cost on line resources like **Massive Open Online Courses (MOOC) Coursera**.

The cost and expertise required to maximize technologies make **sharing resources** through university and community college partnerships essential.

## TECHNOLOGY

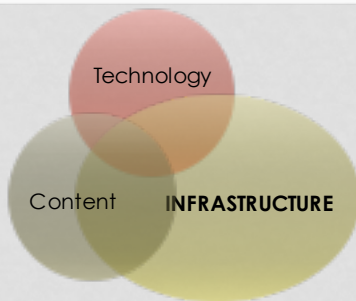
### Summary

**Healthcare delivery**; telehealth and chronic disease management

**Healthcare management**; EHR, telehealth and resultant big data

**Education delivery** methodology.

## AREAS OF EDUCATION TRANSFORMATION



## INFRASTRUCTURE - WATER, SUNSHINE, AND GARDENERS

Infrastructure refers to the fundamental facilities and systems serving an area including the services and facilities necessary for its economy to function. It can be defined as "the **physical components of interrelated systems providing services** essential to enable, sustain, or enhance nursing education programs.

## INFRASTRUCTURE

**Academic and practice partners design a nursing education infrastructure that supports consumer needs.**

**Academic progression from ADN to BSN** to achieve right mix of BSN and ADN nurses

**University and CC BSN** increase enrollment in selected areas.

- Accelerated programs.
- Academic progression in BSN and MSN to DNP.
- **PhD, DNP, MSN, BSN, ADN, LPN, NA** as parts of overall nursing workforce when planning.

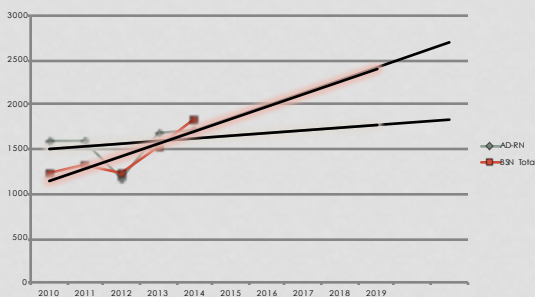
## EXAMPLE

Using available data of the annual number of graduates since 2010 from pre-licensure RN and RNB programs.

**Projections #1 Trends continue over the next five years.**

**Projection #2 Changes are made to influence projected need.**

## EXAMPLE: PROJECTION #1



## RESULTS PROJECTION #1

BSN program graduates (BSN + GE+RNB) 60%

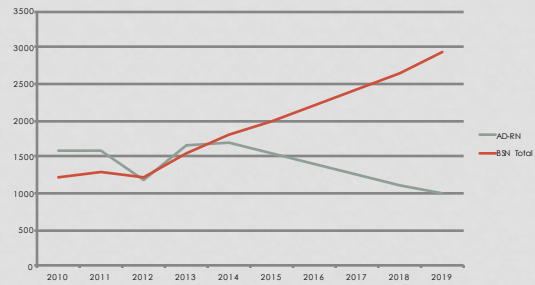
ADN Programs 40%



### EXAMPLE: PROJECTION #2

- Increase BSN+GE + RNB program capacity 10% per year.
- Additional 10% of students per year entering the community college will exit at the BSN.

### EXAMPLE: PROJECTION # 2



### INFRASTRUCTURE

**The ultimate goal is the mix of graduates will meet the projected consumer need.**

Community college programs would serve the same number or more students but **more students will enroll in programs progressing directly on to the BSN.**

Essential new content and experiences can be incorporated into a **seamless BSN curriculum whether the student starts their education at the community college or university.**

### INFRASTRUCTURE

#### Summary:

The right **mix of nurses** in locations, specialties, and practice settings.

The right **skills and competencies** to create a culture of health in Montana.

**Degree preparation** is an important aspect of this equation.

GROWING TOGETHER

- ✓ **Cultivate Nursing Education Content, Technology, and Infrastructure to Create a *Culture of Health for Montana.***
- ✓ **Montana nursing leaders are up to the task.**

2016 MT CAHN NURSING EDUCATION & PRACTICE SUMMIT

*Nursing Practice and Education Growing Together to Produce a Culture of Health for Montana*

2016 MONTANA CAHN NURSING EDUCATION & PRACTICE SUMMIT

QUESTIONS / COMMENTS / DISCUSSION?

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