REFORM, STRATEGY AND PRACTICE INNOVATION – THE VALUE OF THE DNP

Tracy E Williams, DNP RN
Senior Vice President & System Chief Nursing Officer
Norton Healthcare

July 8, 2014
SESSION OBJECTIVES

1. Discuss the culture and imperatives of health care reform and its impact on health care organization/systems creation of strategy.

2. Evaluate one organization’s journey to create a strategic framework for innovation in care, process and workforce over the next seven years.

3. Discuss the creation of value by leveraging the DNP prepared professional in this new reform culture.
ORGANIZATION OF CONVERSATION

Culture and Imperatives of Reform
Organizational Inquiry and Tolerance
One Organization’s Journey: Connecting Strategy to Operations
Nursing 2020 – Strategic Framework
Nursing 2020 – Tactic Deployment 2014 – DNP Impact
The DNP’s Impact on Value
CULTURE AND IMPERATIVES FOR REFORM
CREATING A PERFECT STORM
COMPARING HEALTH CARE SPENDING (IN US DOLLARS) AMONG SIMILAR COUNTRIES (PER PERSON PER YEAR)

- UK
- Sweden
- Japan
- Germany
- France
- Canada
- USA

Values range from 3000 to 9000 US dollars per person per year.
The “health status” of America:

- Ranks 37th of 191 nations in key indicators
- Ranks 72nd in overall level of health
United States Health Care System – Complexity

Source: Truthabouthealthcareform.org
COST REDUCTIONS, LAYOFFS, MERGERS, ACQUISITIONS...OH MY....

$330M

800 jobs is part of a five-year plan to reduce expenses by more than $1 billion.

$100M in FY14 and $250M over two years.
MAKING THE CASE

CHANGE AHEAD
HEALTH CARE REFORM

The Economist

Reforming health care
This is going to hurt
GOVERNMENT HEALTH REFORM – CORE COMPONENTS

Coverage Reform - the WHO
Delivery System Reform - the WHAT
Payment Reform - the HOW MUCH
Quality Improvement - the HOW WELL
THE VALUE PROPOSITION

**Value** = Health Care Costs / Costs of Delivering Outcomes
Value in the Future is... the Patient Care Continuum

Acuity and Cost

Hospital - ER services, OP services, IP stays

Skilled Nursing; LTAC; Rehab

Patient Home

Care Team Center

Wellness Center

ICC

Specialty Physician

Diagnostic Center

Home

Care Team Center

Wellness Center

ICC
CLINICAL RE-ENGINEERING...THE NURSING PERSPECTIVE

• Improved care coordination and communication
• Improved access – physician extenders – email – phone call etc.
• Prevention and early diagnosis
• ED and Immediate Care Center visits
• Increase generic medication utilization
• Hospital re-admissions and multiple ED visits
INSTITUTE OF MEDICINE REPORT

Six Aims for Improvement

- Safe
- Effective
- Patient Centered
- Timely
- Efficient
- Equitable

Crossing the Quality Chasm: A New Health System for the 21st Century; National Academy Press, 1999
IOM REPORT – THROUGH NURSING PERSPECTIVE

Ten Rules for Redesign:

1. Care is based on **continuous healing relationships**.
2. Care is **customized** according to patient needs and values.
3. The patient is the source of control.
4. Knowledge is shared and information flows freely.
5. Decision making is **evidence-based**.
6. **Safety** is a system property.
7. **Transparency** is necessary.
8. Needs are anticipated.
9. Waste is continuously decreased.
10. **Cooperation among clinicians** is a priority.

Crossing the Quality Chasm: A New Health System for the 21st Century; National Academy Press, 1999
IOM REPORT, FUTURE OF NURSING KEY MESSAGES

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health professionals, in redesigning health care.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Robert Wood Johnson Foundation (RWJF) and IOM, 2010
IOM REPORT, FUTURE OF NURSING RECOMMENDATIONS

• Remove scope of practice barriers.
• Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
• Implement nurse residency programs.
• Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
• Double the 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 the collection and analysis of interpersonal health care workforce data.
ORGANIZATIONAL INQUIRY AND TOLERANCE
WHAT ARE THE FRAMING QUESTIONS WE NEED TO ASK AND ANSWER?
What is Nursing’s role?

If Nursing doesn’t manage Nursing, someone else will...
FRAMING QUESTIONS

- What are we **willing** to change?
- Are we willing to “**diminish**” inpatient hospital care?
- If Nursing stays defined within the four walls of acute care, what is its future?
FRAMING QUESTIONS

How can nursing drive care across **continuum**?
FRAMING QUESTIONS

How will we evaluate an **VALUE** Nursing’s contribution?

What are the **metrics** to determine success & establish ROI?
FRAMING QUESTIONS

And finally...

How do we shift the roles within the workforce? What do we need to prepare to do?

What are the implications for Nurse Leaders?
CALL TO ACTION

Nursing Strategic Plan

- IOM
- ACO
- Transparency
- Pt Protection & Affordable Care Act
- Health care Reform
- Workforce Needs
- Value Proposition
- Meaningful Use
CHANGE PROCESS VS. GRIEF PROCESS
EVOLUTION VS. REVOLUTION
ONE ORGANIZATION’S JOURNEY: CONNECTING STRATEGY TO OPERATIONS
NORTON HEALTHCARE

Integrated Delivery Network of
Five Not-for-Profit Hospitals
Six Affiliate Hospitals
15 Out-patient Centers
1.6 Million yearly patient encounters
$1.6 Billion yearly revenue
11,000 Employees
4300+ Registered Nurses
600+ Employed Providers – 150+ APRNs
2,000 Physician Medical Staff
1,857 Licensed Beds
60,000 Admissions/year
46% market share
NHC EVOLUTION

Before 1999
- Two Hospitals
  - Adult and Pediatric
  - Acute Care services

1999
- Multi Hospital and Physician Service System
  - Acute Care services
  - Ambulatory services – diagnostics and urgent care
  - Physician services

2005
- Integrated Delivery System
  - Acute Care services
  - Ambulatory services – diagnostics and urgent care
  - Physician services

2014
- Health Management System
  - Integrated care delivery
  - Physician services – primary care and specialty care,
  - diagnostic services,
  - ambulatory services,
  - acute care services
  - Post-acute care providers

2020
- Population Health Management System
  - Integrated care delivery across the full care continuum
POPULATION HEALTH ASSUMPTIONS

- Hospital Care is **going to change**....higher acuity and fewer patients.
- Continuum of Care is going to become critically important....**transition of care**.
- **Reducing admissions and readmissions** will be a driver.
- **New roles for RNs** will be developed... **silos!!**
- Significant need for **doctoral prepared advanced practice nurses to drive outcomes**.
- Accountable for **total** life (and cost).
- Payment structure will focus on **assumption of risk**.
NURSING 2020
STRATEGIC FRAMEWORK
FUTURE OF NURSING

Four Core Components with 25 tactics:

• Model of Care – Acute Care
• Model of Care – Continuum Management
• Nursing Systems and Infrastructure
• Nursing Workforce Development
NURSING 2020 - TERMINOLOGY

- APRN
- Staged Deployment
- No one unit
  Overburdened
- Virtual Hospital
- Metrics
- Revolutionary ideas
  deployed in an
  evolutionary manner
- Building blocks
NHC NURSING 2020

Key Goals

- Leverage “system-ness”
- Create **standard** and decrease variability
- Enhance **effectiveness** and outcomes
- To **effectively** use resources and gain efficiency
- Prepare and leverage workforce
- To **provide right model of care for right patient in right location with right caregiver**
NHC NURSING 2020

Seven Key Initiatives for 2014

- Nursing Sentinels - Remote Patient Management
- System Bed Management
- Orientation Units/Service
- System Staffing & Scheduling
- Alpha Units
- Models of Care and Cost/UOS
- BSN/DNP with APRN credentials
NURSING SENTINELS - REMOTE PATIENT MANAGEMENT

Issues:

- Variability and access to resource
  - Kinds and numbers of APRNs between facilities
  - Availability of support to staff and patients
- Timeliness
  - Current APRNs work “traditional” hours
  - No weekend coverage
- Economic Impact - Delays in treatment drive LOS
NURSING SENTINELS - REMOTE PATIENT MANAGEMENT

Solution:

- Creation of a system **APRN consult** service located in a central location
  - Available **24/7** via **two way interactive** platform (i.e. iPads)
  - Allows every RN to access clinical expert /APRN **anytime** in **real time**.
- **RN Bedside support and education**
- Issue orders and document findings
- **Patient/family education and support**
- Dispatch bedside support
- Budgeted **6.4 FTEs APRNs for 24/7 coverage**
- Director of APRN Practice
- Reviewing and consolidating **standards of practice across system**
- **Behavioral Health, Pharm D, Risk Management**
SYSTEM BED MANAGEMENT

Issues:
- Every facility has a bed placement process and resources that can only see its facility (i.e. Hilton Hotel)
- Access to resource – not able to leverage system
- Variability in placement (i.e. time & level of care)
- Economic impact (i.e. diversion, transfers, rationalization of resources)
SYSTEM BED MANAGEMENT

Solution:

- Centralize all bed management resources in singular location
- ESD, Ambulance
- Managed by DNP APRN to appropriately place and move all patients throughout NHC
  - Levels of care (up and down)
  - Advance care and orders
ALPHA UNITS

Issues:
- Need to create **successful** and fast change
- Create process for rapid adoption of evidence
- Reduce the “**we are different**” phenomena
- Decrease variability and create standard
- Minimize failure
- Need to hardwire behavior and change to create **sustainability**
ALPHA UNITS

Solution:

- Creation of an alpha unit in each facility that cover the core subspecialties across NHC (i.e. cardiac, medical, surgical, telemetry, critical care, etc.) to create virtual hospital
- Provide “testing” labs for new process/standardization change in system to enable rapid cycle change and the development of practice based evidence...
- Leadership team educated with change and PI training
- Each unit supported by DNP in Systems Leadership
MODELS OF CARE AND COST/UNIT OF SERVICE

Issues:

- **One size fits all**...
- Current productivity model **does not** allow for:
  - **acuity**
  - **patient care needs and differences in populations**
- Cost of care is one of the **future economic** indices
- Creativity is lessened in designing appropriate model because of measurement
- Economic impact (i.e. appropriate caregivers)
MODELS OF CARE AND COST/UNIT OF SERVICE

Solution:
- Selection of 20 units across the healthcare system that will redesign care delivery models AND be accountable for cost/unit of service vs. traditional productivity
- Create right model for right patients with the right caregivers
- DNP led design teams
- Balanced scorecard
  - Quality
  - Safety
  - Service
  - Turnover
  - Engagement
BSN TO DNP (WITH APRN CREDENTIALS) PROGRAM

Issues:

- Need for additional Nurse Practitioners due to growth
  - Primary
  - Specialty
  - Acute Care
  - Continuum Management
- Need for additional Nurse Practitioners due to conversion of positions
- National push for doctoral preparation
- Turnover of 3-4 year experienced BSN
- Economic impact (i.e. turnover, 4-6 years)
BSN TO DNP (WITH APRN CREDENTIALS) PROGRAM

Solution:
- Partner with University of Kentucky College of Nursing to provide a three year BSN to DNP program (with APRN credentials)
- Produce 150 APRNs (over the next 7 years) for the expansion of available Nurse Practitioners for NHC
- BSN with 3-4 years experience with NHC
- Offer program on site at NHC
- All tuition and fees provided
- Total investment $7.5M/7 Years
- 25 students in first year cohort
NURSING HOSPITALISTS/INTENSIVISTS

Issues
- Availability and Coverage
- **Delays** in treatment
- **Delays** in discharge/increased LOS
- Developmental **needs of staff**
- **Lack of consistency** of approach and follow up

Solutions
- **DNP APRN** 24/7 Availability and Coverage
- Clinical trial in tertiary medical center
- Balanced scorecard
NURSING 2020
TACTICS IN DEVELOPMENT
2015 - 2018
DNP IMPACT
APRN TELENURSING

Issues
- **Readmission** to acute care facilities from Nursing Homes, SNFs, etc.
- Impacted health **outcomes**.
- Expansion of model to affiliates’ communities.

Solutions
- Use of Remote Management Center for rapid response within system and to all designated “**partners**” (i.e. Nursing home, LTAC, etc.) via telemonitor and/or teleconference with facility prior to patient transfer. Center to be staffed with 24/7 **Acute Care APRN**.
- Employ **Traveling/On call APRNs** to respond either remotely or on site to view and review all patients requesting and/or requiring transfer to an acute care facility.
NHC 30 DAY SELECT CHRONIC READMISSION PATTERN
5/1/08 - 10/31/09

[Map with various locations marked and symbols indicating hospital, ICC, and physician office.]
MULTISPECIALTY NURSING PRACTICE

Issues

- High readmission rates to acute care facilities.
- Poor health outcomes.
- Few services focused on preventative/wellness care.
- Timeliness and access to care in underserved areas.

Solution

- Create DNP APRN driven clinics in neighborhoods that are underserved.
  - high recidivism that are affiliated with NHC primary care network and
  - linked through the EHR.
- locations can be “freestanding”, affiliated with a school and/or a church.
NEIGHBORHOOD NURSING

Issues

- High readmission rates to acute care facilities.
- Poor health outcomes.
- Few services focused on preventative/wellness care.
- Home care not option (nor appropriate) for large portion of population.
- Access and availability of services limited.

Solutions

- Create a “Block Watch” program leveraging RNs in the community/neighborhood in which they live to link with patients “high risk” for readmission.
- Cohort of patients to track and link to the PCP.
- Coordinated by DNP APRN.
DNP’s Impact on Value
AACN ESSENTIALS

1. **Scientific Underpinnings** for Practice
2. Organizational and Systems **Leadership** for Quality (Improvement and Systems Thinking)
3. Clinical Scholarship and Analytical Methods for **Evidence-Based Practice**
4. Information Systems / Technology and Patient Care Technology for the Improvement and **Transformation** of Healthcare
5. **Health Care Policy** and Advocacy in Healthcare
6. Interprofessional **Collaboration** for Improving Patient and Population Health Outcomes
7. Clinical Prevention and **Population Health** for Improving the Nation’s Health
8. **Advanced Nursing Practice**
DNP’S IMPACT ON VALUE

Value – Return on Investment

- Perfection? Adapt, adopt, overcome, try again......
- Driving solutions not just staying in status quo
- Drive outcomes
- Challenge current practice with evidence
- Transform systems of care and define new methodologies for care
- Engage in policy, regulatory and accreditation conversations
- Define and manage populations of patients
- Practice to top of license
DNP’S IMPACT ON VALUE

Value – Return on Investment

- Leverage “system-ness”
- Create standard and decrease variability
- Enhance effectiveness and outcomes
- To effectively use resources and gain efficiency
- Prepare, differentiate and leverage our existing workforce
- To provide right model of care for right patient in right location with right caregiver
CHOICES AND LEADERSHIP
QUESTIONS