GREETINGS FROM UCSF
HEALTH CARE SYSTEM CHALLENGES

- An Aging and Sicker Population
- Lack of Preventive Care
- Millions More Insured
- Primary Care Shortage
- High Costs
The Blueprint for Improvement

IOM (2001). Crossing the Quality Chasm
CROSSING THE QUALITY CHASM
CLARIFYING NATIONAL AIDS FOR IMPROVEMENT

- Safety -- As safe in health care as in our homes
- Effectiveness -- Matching care to science; avoiding overuse and underuse
- Patient Centeredness -- Honoring the individual, and respecting choice
- Timeliness -- Less waiting for both patients and those who give care
- Efficiency -- Reducing waste
- Equity -- Closing racial and ethnic gaps in health status
Transforming the Discussion from QUALITY to SAFETY

Creating a sense of URGENCY

November 1999--IOM Panel Report--Medical mistakes cost $29 Billion and costs 98,000 lives

(NY Times & CNN)
“It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.”

Florence Nightingale (British Nurse and Humanitarian 1820-1910)
Goal 1: The right care for every person every time.
WHO IS LOOKING AT QUALITY?

- AHRQ – Agency for Health Care Research and Quality
- CMS – Center for Medicare and Medicaid Services
- HHS – US Department of Health and Human Services
- IHI – Institute for Healthcare Improvement
- IOM – Institute of Medicine
- JC / TJC – The Joint Commission on Accreditation
- NIH – National Institute of Health
- NQF – National Quality Forum

**Nursing Specific**
- ANA – American Nurses Association
- CALNOC – Collaborative Alliance for Nursing Outcomes
- NDNQI – National Database of Nursing Quality Indicators
- QSEN – Quality and Safety Education for Nurses
- Magnet Recognition
Air Travel is 3,000 Times Safer Than Hospital Care
AND THE DEATH TOLL?

400,000 lives every single year

- Equal to 3 Boeing 747’s crashing every single day with no survivors

3rd Leading Cause of Death

Cost? $60 billion+

- Imagine the number of nurses who could be recruited, educated and paid

1. A New Evidence Based Estimate of Patient Harms Associated with Hospital Care, John James, Journal of Patient Safety, September 2013

2. Almost 1000 planes, about 400 passengers in each.
“The house is on fire... and no one smells the smoke.”

Of the top 10 industrialized countries, the U.S. ranks last in quality, and first in cost – 10th year in a row.

( Commonwealth Fund, June 16, 2014)
Decrease HACs by 40% by 2014
Improve Care Transitions & Drive Down Readmissions
Engage Patients and Families in Patient-Centered Care
Give Patients Access to their Records and Provide Education
Quick Snapshot of Just a Few Issues

- Patients are often forced to navigate the fragmented healthcare system on their own

- Patients & families make care decisions with incomplete information about treatment options,

- Many patients struggle to comprehend information they receive from health care providers

In 1970, there were about 2-3 clinicians per patient, now 15

70% of patients believe informed consent is simply to protect doctors & hospitals from litigation

Patients forget up to 80% of what their nurses and doctors tell them

National Priorities Partnership
3-out-of-4 patients, age 64+, leave the hospital with an incorrect prescription or no understanding of at least one medication regimen.  (Yale New Haven study, December 2012)
Patients Forget 80% of What You Tell Them*

* Numerous studies in the U.S and U.K.
20% of Patients are Back Within 30 Days

- Can’t get to follow-up doctor appointments
- Can’t get prescriptions filled
- Take medications incorrectly
- Leave the hospital with infection and don’t signs, don’t get treatment early
- Don’t know, or ignore/minimize, early warning signs of common post-stay complications (i.e. blood clots)
- Don’t know, or ignore/minimize, early warning signs for complications related to their condition, especially congestive heart failure
EVIDENCE BASED NURSING LEADERSHIP AND THE SAFETY PRIORITIES
How Do We Make This Care More Reliable?

Circa 1900

Circa 2000
An average of 17 years is required to translate new research into practice.

IOM, Crossing the Quality Chasm, 2001
“Quality healthcare is a human right for all. To improve the quality of care, healthcare professionals must address these complex issues: increasing costs of care, health disparities and the lack of safe accessible, and available health care services and resources.”

ANA Social Policy Statement, 2010
THE GUIDING VISION

- Quality and patient safety must be the number one priority and responsibility of every member of the health care team.
HEALTHCARE IS A TEAM SPORT

- Nursing has had a strong “interdisciplinary” and “collaborative” orientation, but evidence now shows it is critical to safe health care practice.
- Interprofessional education is starting, but not robust at this time.
- Many organizations invest large amounts in initiatives that have been developed to enhance team performance:
  - Strength Finders
  - Lean
  - Team STEPPS
  - others
THE ROLE OF NURSE LEADERS IN PATIENT SAFETY

- To establish the right culture
- To infuse that culture with shared leadership so the expert voice at the bedside is really defining the work
- To possess the competencies necessary to coordinate and advance these complex initiatives
- To forge internal and external partnerships, as none of this can be done without the team
  - Source, AONE Nurse Leader December 2012
A CAUTIONARY NOTED REGARDING NURSES PARTICIPATION IN QUALITY EFFORTS

- According to the Journal of Nursing Care Quality, nurses licensed between 2004-2005 as compared to those prepared between 2007 and 2008 were not actively engaged in performance improvement efforts in their hospitals (Djukic and Kovner, RN Work Project report)
THE CHIEF NURSING OFFICER AND THEIR TEAM AS PARTNERS IN PATIENT SAFETY EFFORTS

- Chief Nursing Officers (CNOs) are often part of the senior leadership team, but in a study of eight hospitals conducted by the National Center for Healthcare Leadership in 2011 they were not voting members of any of the boards (although they had active board agenda presence) and
- The role of the CNO as a senior team member was apparent in driving clinical projects, but their leadership in setting quality and patient safety goals was not as clear
Nurses are Critical to the Effectiveness of All the Initiatives

Who communicates more with patients and their families than nurses? Who spends more time with them?
HEALTH CARE IS A TEAM SPORT
INTERPROFESSIONAL COLLABORATION: THIS HOLDS PROMISE, BUT EVIDENCE IS LACKING ON HOW TO ACHIEVE THIS
Another Accelerator: “Real” Patient and Family Engagement

Nursing Leaders are Uniquely Qualified to Make This Meaningful
A NEW ERA IN HEALTH & HEALTH CARE

Patient-Centered

- Improved quality
- Better health outcomes
- Lower costs
- Coordinated care at home & in community
- Integrated health & health care services

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SAFE, PATIENT CENTERED CARE IS EXPRESSED IN THE TRIPLE AIM
Wherever engagement takes place, the emerging evidence is that patients who are actively involved in their health and health care achieve better health outcomes, and have lower health costs, than those who aren’t.”

Understanding one’s own role in the care process and having the knowledge, skills, and confidence to take on that role.”

Patients With Lower Activation Associated With Higher Costs; Delivery Systems Should Know Their Patients’ ‘Scores’

Judith H. Hibbard, Jessica Greene, and Valerie Overton, Health Affairs February 2013
THE VALUE OF ENGAGED PATIENTS: AN OPPORTUNITY TO ACCELERATE CHANGE

- Patients who have more knowledge, skills and confidence in managing their medical care have better outcomes and fewer healthcare costs*

- Activated patients
  - Are less likely to choose surgical interventions
  - Are more likely to have better functional status
  - Report higher satisfaction, and
  - Have higher medication adherence rates

* Health Affairs study, Feb. 2013
“Activated” Patients Have Best-Case Outcomes

Informed patients who are actively engaged in their health care …

✓ Less likely to choose surgical interventions
✓ More likely to have better functional status
✓ Have higher medication adherence rates
✓ Report higher satisfaction
✓ Achieve better outcomes overall

*Patients With Lower Activation Associated With Higher Costs; Delivery Systems Should Know Their Patients’ ‘Scores’* Judith H. Hibbard, Jessica Greene, and Valerie Overton, Health Affairs February 2013
THE CENTER FOR NURSING RESEARCH AND INNOVATION
EBP PROGRAM: A MODEL
WHY DO HEALTH SYSTEMS NEED TO PROVIDE EBP OPPORTUNITIES?

- Bernadette Melnyk, a highly regarded EBP practitioner and educator, raised this concern in a late 2013 editorial.
- Community-based EBP Programs continue to have value to prepare clinicians and managers to systematically address practice, safety, and quality issues.
- At this time, it is important to supplement course content that students will receive that emphasizes only the rigorous research methods, and sadly downplays the value of teaching the steps of EBP to address real world healthcare issues.

Source: Worldviews on Evidence-Based Nursing, 2013: 10-4, 185-186

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THE UCSF EVIDENCE BASED PRACTICE (EBP) PROGRAM METHOD: TESTED AND SUCCESSFUL

- **Collaborative** of regional hospitals with a commitment to EBP capacity development.
- Hospital-based **site coordinators** manage the recruitment and selection of EBP Coaches and Staff Fellows; they support the **entire** process and serve as co-faculty.
- **Coaches** are trained—one full day workshop
- **Fellows** are trained—5 full day workshops over 6 months while conducting/evaluating EBP small test of change.
The UCSF Center EBP Program: Learning Outcomes

- Plan a pilot change project that addresses an identified clinical practice problem, based on evidence gathered in the scientific literature, that “fills gaps” in practice.

- Implement the pilot EBP clinical change project, and monitor its progress through the trial period.

- Evaluate the impact of the pilot EBP clinical change project.
EBP Program Learning Outcomes, (continued)

- **Hand-off project** as indicated to sustain and spread EBP change (if it is deemed successful)

- **Disseminate the findings** of the evaluation and depending on the results, determine the next steps in diffusing the selected EBP innovation
There are a number of excellent resources for EBP
Fellows are introduced to key measurement concepts

What to Measure

How to Measure it

How to Display it

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What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can result in improvement?
Quality and Safety Education for Nurses: An Evidence Based Program

- Project funded by Robert Wood Johnson Foundation to improve quality and safety education of nurses
- Identifies the core knowledge, skills, and attitudes that should be mastered by pre-licensure nursing students
- Identification of competencies in nursing that correlates with other healthcare professionals.
- Reflects the call to action of the 2003 Institute of Medicine Report: *Health Professions Education: A Bridge to Quality*
How Will We Know if We Achieve this Vision of the Future?
There is Good News to Report on Some of the Key Safety Measures

- The Department of Health and Human Services reported in December 2014 that patient safety efforts from 2010-2013 showed approximately 50,000 fewer patient deaths and a savings of approximately $12 billion health care dollars.
- The report also estimated that 1.3 million fewer patients were harmed by hospital acquired conditions during that time.
“To understand God's thoughts we must study statistics, for these are the measure of His purpose”

Florence Nightingale
(British Nurse and Humanitarian. 1820-1910)
**BOTTOM LINE--QUALITY & SAFETY—**

**BILL MUNIER, AHRQ**

Maximum achievable benefit (known science)

Achievable benefit NOT achieved

Harm to patient

Quality – Safety Continuum
ADDITIONAL QUESTIONS THAT DEMAND YOUR ATTENTION: IMPLICATIONS FOR FUTURE RESEARCH

- Will better access to a full range of providers improve primary care?
- Will access to primary care reduce chronic illness?
- Will well managed chronic illness reduce cost and does it improve quality of life?
- How do readmissions relate to hospital performance, or is it an indication of community support?
- How does acute care continue to improve?
QUALITY
The Future of Nursing: The Evidence States that these changes will improve Care
IOM Report Goal

To transform nursing field to prepare nurses to lead change and advance health for all Americans
High-quality, patient-centered health care for all will require a transformation of the health care delivery system.
Campaign for Action: Key Areas

- Education
- Practice & Care
- Leadership
- Inter-professional Collaboration
- Diversity
- Data
THANK YOU!

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