“...achieving a successful health care system in the future rests on the future of nursing.”

On The Frontlines of Health Care

- 21st Century Landscape
- Working Together
- Leading Change, Advancing Health
### 2010 Health Care Performance Rankings

<table>
<thead>
<tr>
<th>Country</th>
<th>AUS</th>
<th>CAN</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highest</strong> 1.00i 2.33</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Lowest</strong> 4.67i 7.00</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Rank</th>
<th>Rank</th>
<th>Rank</th>
<th>Rank</th>
<th>Rank</th>
<th>Rank</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Ranking (2010)</strong></td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Quality Care</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Effective Care</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Safe Care</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Coordinated Care</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Patient-Centered Care</td>
<td>6.5</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>6.5</td>
</tr>
<tr>
<td>Access</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Cost-Related Problem</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Timeliness of Care</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Efficiency</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Equity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Long, Healthy, Productive Lives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>


### Mortality Amenable to Health Care

Deaths per 100,000 population*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>76</td>
<td>55</td>
<td>129</td>
</tr>
<tr>
<td>Australia</td>
<td>88</td>
<td>60</td>
<td>106</td>
</tr>
<tr>
<td>Italy</td>
<td>82</td>
<td>61</td>
<td>110</td>
</tr>
<tr>
<td>Japan</td>
<td>99</td>
<td>64</td>
<td>111</td>
</tr>
<tr>
<td>Sweden</td>
<td>97</td>
<td>66</td>
<td>113</td>
</tr>
<tr>
<td>Norway</td>
<td>109</td>
<td>84</td>
<td>116</td>
</tr>
<tr>
<td>Netherlands</td>
<td>116</td>
<td>72</td>
<td>118</td>
</tr>
<tr>
<td>Austria</td>
<td>106</td>
<td>76</td>
<td>119</td>
</tr>
<tr>
<td>Finland</td>
<td>77</td>
<td>77</td>
<td>120</td>
</tr>
<tr>
<td>Germany</td>
<td>97</td>
<td>73</td>
<td>127</td>
</tr>
<tr>
<td>Greece</td>
<td>134</td>
<td>80</td>
<td>120</td>
</tr>
<tr>
<td>Ireland</td>
<td>115</td>
<td>83</td>
<td>120</td>
</tr>
<tr>
<td>New Zealand</td>
<td>113</td>
<td>89</td>
<td>117</td>
</tr>
<tr>
<td>Denmark</td>
<td>127</td>
<td>92</td>
<td>120</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>120</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>United States</td>
<td>120</td>
<td>120</td>
<td>120</td>
</tr>
</tbody>
</table>

*Countries’ age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections. See Appendix B for list of all conditions considered amenable to health care in the analysis.

Data: E. Nolte, RAND Europe, and M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files and CDC mortality data for U.S. (Nolte and McKee, 2011).

Source: Adapted from the Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.
Infant Mortality

Infant deaths per 1,000 live births
International comparison
2007

- Iceland: 2.0
- Sweden: 2.5
- Japan: 2.6
- Finland: 2.7
- Norway: 3.1
- Denmark: 4.0
- Canada: 5.1
- United States: 6.8

* Denotes years in 2006 and 2008 National Scorecards.


Source: Adapted from the Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.

Comparative Health Spending 1980–2009

Average spending on health per capita ($US PPP*)

- United States
- Canada
- Germany
- France
- Australia
- United Kingdom

Total expenditures on health as percent of GDP

* PPP=Purchasing Power Parity.


Source: Adapted from Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.
Chronic Disease Epidemics including Obesity and Type 2 Diabetes

68% of adults in the U.S. are overweight or obese
JAMA, 2010 report on NHANES data*

Diabetes is the 7th leading cause of death in the U.S.
CDC, 2011

Aging Populations with Multiple Comorbidities, Alzheimer’s, and Increasing Disabilities

Adapted from slide by the National Institute on Aging

21st Century Landscape

Rapidly Expanding Biomedical Technologies

21st Century Landscape

Growing Racial, Ethnic and Cultural Diversity

Patricia A. Grady, PhD, RN, FAAN
Need for Health Care Reform?

Patient Protection and Affordability Care Act
Â On March 23, 2010 President Obama signed comprehensive health reform the Patient Projection and Affordability Care Act, into law.
Affordability Care Act

Overall Approach to Expanding Coverage

- Require most US citizens and legal residents to have health insurance.
- Expand Medicaid to all individuals under age 65 with incomes up to 133% of the Federal Poverty Level.
- Requires verification of both income and citizenship status in determining eligibility for the Federal credits.

Affordability Care Act

A Few Key Areas

- Eliminates restriction on Pre-existing conditions.
- Raises coverage on parents health plan for children up to age 26.
- Removes cap. On children with catastrophic illnesses.
- Restricts any federal funding from being used for abortions.
On The Frontlines of Health Care

21st Century Landscape
Working Together
Leading Change, Advancing Health

Robert Wood Johnson Foundation

IOM – The Future of Nursing

Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine

Robert Wood Johnson Foundation (RWJF)

RWJF mission is to improve the health and health care of all Americans
Initiative on the Future of Nursing (IFN)

Recommendations for an action-oriented blueprint for the future of nursing

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

RWJF- IFN Committee Members at IOM

Donna E. Shalala, Ph.D., FAAN (CHAIR)
President and Professor of Political Science
University of Miami
Miami

Linda Burns Bolton, Ph.D., R.N. (VICE CHAIR)
Vice President for Nursing
Cedars-Sinai Medical Center
Los Angeles

Michael Bleich, Ph.D., M.P.H., R.N., FAAN
Card A. Lindeman Distinguished Professor and Dean
School of Nursing
Oregon Health and Science University
Portland

Troyen A. Brennan, J.D., M.D., M.P.H.
Executive Vice President and Chief Medical Officer
CVS Caremark
Woonsocket, R.I.

Robert E. Campbell, M.B.A.
Vice Chairman
Johnson & Johnson (RETIRED)
New Brunswick, N.J.

Leah M. Devlin, D.D.S., M.P.H.
State Health Director
North Carolina Department of Health and Human Services
Raleigh

Catherine Dower, J.D.
Associate Director, Health Law and Policy
Center for Health Professions
University of San Francisco
San Francisco

Rosa Gonzalez-Guerra, Ph.D., M.S.N., M.P.H., R.N.
Assistant Professor
School of Nursing and Health Studies
University of Miami
Miami

David C. Goodman, M.D., M.S.
Professor of Pediatrics and Health Policy
The Dartmouth Institute for Health Policy and Clinical Practice
Dartmouth Medical School
Hanover, N.H.

Jenni C. Hansen, R.N., M.S., RAAN
Board President
AARP
Washington, D.C.

C. Martin Harris, M.D., M.B.A.
Chief Information Officer
Department of General Internal Medicine
Cleveland Clinic Foundation
Cleveland

Anji A. Hinman, M.P.H., C.N.M., F.N.P.-B.C.
Cardiovascular Midwife and Family Nurse Practitioner
Inbread Midwifery
Atlanta, Ga.

William D. Novelli, M.A.
Former Chief Executive Officer
AARP
Washington, D.C.

Liana M. Orsolini-Hain, Ph.D., R.N., CCWN
Nursing Instructor
City College of San Francisco
San Francisco

Yolanda Partida, D.P.A., M.S.W.
Director
Habamaris Juntos
Fresno, Calif.

Robert D. Reischauer, Ph.D.
President
The Urban Institute
Washington, D.C.

John W. Rowe, M.D.
Professor
Department of Health Policy and Management
Columbia University Mailman School of Public Health
New York City

Bruce C. Vladeck, Ph.D.
Senior Adviser
Nexera Consulting
New York City
The Future of Nursing

Why Now?

IFN + Health reform

Chance to transform system to improve care

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

http://www.thefutureofnursing.org/home
IFN Vision

The Future System:
- Quality care accessible to diverse populations
- Promotes wellness and disease prevention
- Reliably improves health outcomes
- Compassionate care across lifespan
- Diverse needs of the changing patient population

How?
- Primary care and prevention are central drivers
- Interprofessional collaboration and care coordination are norm
- Payment rewards value
- Quality care at affordable price
- Redesigning the care delivery system

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Nurses: Potential to Effect Wide-Reaching Changes!

- Largest component of health care workforce
- Spend most time with patients
- Understand care process across continuum of care
- Evidence links them to high-quality patient care

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
The Future of Nursing: 
Leading Change, Advancing Health

A blueprint to:
- Ensure that nurses can practice to full extent of their education and training
- Improve nursing education
- Provide opportunities for nurses to assume leadership positions and to serve as full partners in health care redesign and improvement efforts
- Improve data collection for workforce planning and policy-making

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Four Key Messages

#1) Nurses should be able to practice to full extent of their education and training
- Need to remove scope-of-practice restrictions for APRNs
- Need nurse residency program to better manage transition from school to practice

Source: Adapted from the Commonwealth Fund National Scorecard on U.S. Health System Performance, 2010.
Four Key Messages

#2) Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression

- More BSN-trained nurses
- ADN-to-BSN and ADN-to-MSN programs
- Increase student diversity to create workforce prepared to meet demands of increasingly diverse patient population

Source: Adapted from RWJF Initiative on the Future of Nursing, 2011
Four Key Messages

#3) Nurses should be full partners with physicians and others in redesigning U.S. health care

- Foster leadership skills and competencies
- Nurses must see policy as something they shape

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Four Key Messages

#4) Effective workforce planning and policy-making require better data collection and an information infrastructure

- Need balance of skills and perspectives among physicians, nurses and others
- Need more specific workforce data collection both within and across professions

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
The Recommendations

1) Remove scope-of-practice barriers
2) Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
3) Implement nurse residency programs
4) Increase proportion of nurses with BSN degree to 80% by 2020

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
The Recommendations

5) Double the number of nurses with a doctorate by 2020
6) Ensure that nurses engage in lifelong learning
7) Prepare and enable nurses to lead change to advance health
8) Build an infrastructure to collect and analyze health care workforce data

Source: Adapted from RWJF Initiative on the Future of Nursing, 2011

Recommendation #1

Remove scope-of-practice barriers

APRNs must be able to practice to full extent of their education and training

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
### Recommendation #2

**Expand opportunities for nurses to lead and diffuse collaborative improvement efforts**

Funders, health care organizations, nursing education programs and nursing associations should offer nurses chance to lead and manage collaborative efforts with physicians and others.

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

### Recommendation #3

**Implement nurse residency programs**

State boards of nursing, accrediting bodies, government and health care organizations should take actions to support nurses’ completion of a residency after they’ve completed a pre-licensure or advanced practice degree program or when they’re transitioning into new clinical practice areas.

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
Recommendation #4

Increase proportion of nurses with BSN degree to 80% by 2020

Academic nurse leaders should partner with education accrediting bodies, private and public funders and employers to ensure funding, monitor progress and increase student diversity to create a workforce prepared to meet demands of diverse populations across lifespan

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Recommendation #5

Double number of nurses with doctorate by 2020

Schools of nursing, with support from private and public funders, academic administrators and university trustees and accrediting bodies, should double number of nurses with doctorate by 2020 to add to cadre of faculty and nurse researchers, with attention to increasing diversity

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
Distribution of the registered nurse population by highest nursing or nursing-related educational preparation, 1980-2008.

Source: IOM - The Future of Nursing – Focus on Education, 2010

Percentage of minority students enrolled in nursing programs by race/ethnicity and program type, 2008-2009

Note: ADN = associate’s degree programs; BSN = bachelor’s of science programs; BSRN = RN-to-BSN programs; DIP = diploma nursing programs; DOC = nursing school programs offering doctoral degrees; LPN = licensed practical nursing programs; LVN = licensed vocational nursing programs.

Source: IOM - The Future of Nursing – Focus on Education, 2010
Recommendation #6

Ensure that nurses engage in lifelong learning

Accrediting bodies, schools of nursing, health care organizations and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain competencies needed to provide care for diverse populations across lifespan.

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Recommendation #7

Prepare and enable nurses to lead change to advance health

Nurses, nursing education programs and nursing associations should prepare nursing workforce to assume leadership positions across all levels.

Public, private and governmental health care decision-makers should ensure that leadership positions are available to and filled by nurses.

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
Recommendation #8

Build an infrastructure to collect and analyze health care workforce data

National Health Care Workforce Commission, with oversight from Government Accountability Office and HRSA, should lead collaborative effort to improve research and collection and analysis of data on health care workforce requirements. Workforce Commission and HRSA should collaborate with state licensing boards, state nursing workforce centers and DoL to ensure that data are timely and publicly accessible.

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

It Will Take All of Us!

Government  Business
Health Care Institutions  Academia
Other Health Professionals  Insurance Industry

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
Implementation

RWJF committed to advancing recommendations

Developing concrete implementation steps

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Implementation

Regional Action Coalitions

- Long-term
- Move key nursing issues forward at local, state and national levels
- Pilot in 5 states – NJ, NY, MI, MS and CA -- before moving nationwide
- Capture best practices, track lessons learned and identify replicable models

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
Implementation

National Summit on Advancing Health Through Nursing

- November 30-December 1, Washington, DC
- IFN committee members
- 500 stakeholders to chart course for implementation

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Implementation

Regional Awareness Meetings

- Expand summit’s reach to broader nursing community
- Watch webcast of summit
- Participants to discuss recommendations
- Build support

Please consider hosting! Sign up at: www.thefutureofnursing.org

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
Implementation: Your Role

1) Reach out to your members and other stakeholders

2) Continue your efforts to address nursing workforce issues

3) Go to: www.thefutureofnursing.org to let us know what you’re doing

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Opportunity Of Our Lifetime

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010
IFN Resources

Visit RWJF IFN on the Web at:
www.thefutureofnursing.org
Follow RWJF IFN on twitter at:
www.twitter.com/futureofnursing
IFN Implementation Hashtag: #FutureRN
Join RWJF IFN on Facebook at:
http://facebook.com/futureofnursing

Source: Adapted from RWJF Initiative on the Future of Nursing, 2010

Summary Tips - Requisite Competencies

- Leadership
- Health policy
- System improvement
- Research and evidence-based practice
- Teamwork and collaboration
- Specific content areas (community, public health, geriatrics)

Source: IOM - The Future of Nursing | Focus on Education, 2010