AONE GUIDING PRINCIPLES

FOR FUTURE PATIENT CARE DELIVERY

Position Statement

The care delivery system of the future will be characterized by vast complexity due to use of sophisticated technology, aging of the population with the associated growth in chronic health issues, as well as diversity of patient populations and practice settings. Nurses practicing in the care delivery system of the future will need to be skilled in conducting and using research, utilizing advanced technology, communicating and relating skillfully and leading effectively. Therefore, AONE supports the Tri-Council for Nursing and recommends that the minimum educational credential for nursing practice in the care delivery system of the future is the baccalaureate degree in nursing.

Assumption 1: **The role of nurse leaders in future patient care delivery systems will continue to require a systems approach with all disciplines involved in the process and outcome models.**

Principle

Participate in the design and management of delivery systems focusing on coordinated care along the continuum.

May include elements such as:

- Medical/Health Homes.
- Chronic disease management.
- Nurse managed healthcare centers.
- Shared medical group visits for teaching and chronic disease management.
- Leverage mid-level providers to function at peak of licensure.
- Engage patients and families in care.
- Develop roles and processes that facilitate nursing's focus on wellness, disease prevention, chronic care management, care coordination and follow up, end-of-life care.
- Educate nurses on patient-centered care principles and opportunities for nursing practice.
- Design staffing systems to support patient-centered care.
- Incorporate use of evidence-based care processes across disciplines and continuum.
- Hardwire processes through utilization of technology to assure compliance with evidence-based standards.
- Ensure accountability through use of dashboards and transparency.
- Utilize technology to measure outcomes associated with use of evidence-based protocols: safety, quality, efficiency, improved outcomes—inpatient, post-acute care, chronic care management.
- Reduce variability in outcomes through utilization of technology and accountability.
- Develop minimum core staffing model supplemented with flexible staffing.
- Staff to function at peak of licensure.
- Utilize inter-disciplinary patient care teams.

Educate staff regarding performance improvement methodologies that address safety, quality and outcomes.

- Utilize to decrease waste and improve efficiency.
- Utilize front line staff in decision making.
- Encourage innovation (3-5 years).
- Reward success.
- Standardize purchasing practices.
- Evaluate impact of bundling vs. fee-for-service, DRG reimbursement and impact on nursing service.
- Develop processes to capture financial impact of nursing care (capture savings from readmissions related to outpatient nursing follow up and management r/t preventable readmissions such as hypertension, diabetes, asthma, heart failure (3-10 years).
- Redesign hospital layout to maximize patient comfort, minimize infection, and maximize efficiency.
- Partner with professional organizations such as the American Hospital Association (AHA), American Medical Association (AMA), American Association of Colleges of Nursing (ACHE), American College of Health Executives (ACHE),National League for Nursing (NLN), Board of Nursing, the greater nursing community, and payers to facilitate patient-centered care.
- Educate payers, legislators and the public about nurses' role in delivery of health care.

- Educate nurses in legislative process, health care policy and their role in the development of law and policy.
- Role model health care advocacy and leadership.
- Become engaged in political process; utilize lobbyists to advocate for nursing.
- Promote nurses to run for public office.
- Use informatics to design patient care documentation systems across health care continuum to improve communication, coordination, patient safety and satisfaction.
- Utilize technology such as electronic monitoring for patient populations in acute care beyond the ICUs, i.e. progressive care and med-surg.
- Incorporate use of home health and telemonitoring to improve patient care, decrease readmissions and complications.
- Develop electronic patient education materials; help patients learn to access and navigate health care resources.
- Leverage technology to improve patient safety (smart pumps, bar coding for medication and blood administration, and specimen collection).
- Standardize devices across integrated delivery system.
- Collaborate with vendors in product re-design with a focus on quality, efficiency and patient safety.
- Align curriculum and clinical experiences with current and evolving nursing care delivery models including additional curriculum in ambulatory care.

Nurse Leadership Roles	Target Dates
1. Redesign care with a focus on patient-centered care. Ensure nursing presence in decision-making process. Optimize nursing roles and care across the continuum.	Now-5 years
2. Standardize processes through utilization of evidence-based practices to decrease variability and improve safety.	3-10 years
3. Focus on outcomes.	3-10 years
4. Reorganize resources to increase efficiency, decrease cost, improve quality and reallocate resources.	1-3 years
5. Monitor and provide input to legislation at the state and federal levels that impact nursing practice.	1-5 years
6. Utilize technology to facilitate care, increase efficiency and improve outcomes.	1-5 years

Reference

IOM (Institute of Medicine) 2010. *The Future of Nursing: Leading Change, Advancing Health.* The National Academies Press, Washington, D.C.

Assumption 2: **Accountable Care Organizations will emerge and expand as key to defining and differentiating health care reform provisions that will impact differing care delivery venues.**

Principle

- Prevention and management of acute illness and chronic disease will be achieved through transformation of the current primary care model, and models of care delivery will shift from being hospital-based to community-based.
- The paradigm will shift from consumer as patient to consumer as partner.
- Virtual care processes that have no location boundaries will be supported by mobility and portability of relationships and interactions.

Nurse Leadership Roles	Target Dates
• Utilize systems thinking to design models around episodes of care (aligned with reimbursement) that focus on care facilitation, education, outcomes management, illness prevention, and health promotion utilizing high level functions of integration, problem-solving, and coordination with a strong foundation of interdisciplinary teamwork. • Evaluate outcomes of alternatives to primary care model (ex: nurse practitioner (NP) model) • Educate policy makers, the public and payers on new models and associated outcomes. • Encourage standardization of Advanced Practice Nurse (APN) role across states. • APNs and other role groups (non-physicians) are providing majority of primary care • Health outcomes for designated populations are improved	Now-5 years
• Define roles for nurses as partners with consumers in maintaining healthy lifestyles and wellness. *AONE Guiding Principles for the Role of the Nurse in Future Patient Care Delivery* http://www.aone.org/aone/resource/PDF/AONE_GP_Future_Patient_Care_Delivery.pdf 1-3 years	1-3 years

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Assumption 3: **Patient Safety, Experience Improvement and Quality Outcomes will remain a public, payer and regulatory focus driving work flow process and care delivery system changes as demanded by the increasingly informed public.**

Principle – Patient Safety

- Venue-specific work flow and physical layout modification will be required to enable a downsized workforce to provide a safe patient care continuum.
- General secured access to common electronic medical record (EMR) platforms and/or personal health records will prevent handoff errors between organizations/ health care entities including home care environments and safe care administration using technology such as bar coding for medication and blood administration.
- Active family involvement in patient care will provide an additional patient safety checkpoint.
- E-nursing units will enable 24-hour patient visualization and remote monitoring of vital sign and equipment data will become the norm in managing projected in-patient volumes such as telemonitoring for patients and health care providers.

Principle – Quality Outcomes

- Core measures will expand; financial penalties for non-compliance will accelerate in severity.
- Regulatory agencies will align and ultimately integrated with Centers for Medicare and Medicaid Services (CMS) creating one national quality organization controlling reimbursement based on achievement of specific quality metrics; transparency/public reporting will define industry performance.
- Nurses will be required to comfortably abstract and use information from electronic systems, heightening the importance of continuous learning while linking individual competency and performance to quality outcomes.

Principle – Experience Improvement

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) public reporting will expand from in-patient measurement to primary and secondary healthcare settings with improved analysis and rigorous target setting.
- Consumer expectation for seamless care across systems/processes will drive industry technology redesign.
- Quality data will drive consumer access-to-care decisions in all settings.

Nurse Leadership Roles	Target Dates
Develop framework for structured system process outcomes for all key quality indicators.	1-4 years
Institute culture of safety and accountability.	12-18 months
Actively support/advance EMR efforts which standardize data transfer and use. • Partner with select organizations and vendors to integrate performance standards into the definition of meaningful use. • Enable ready information and educational access through AONE as primary best-practice EMR source.	18 months 2 years
• Engage academia in modifying clinical site experiences to include education regarding: » The key drivers of patient satisfaction in the delivery of care; » Service recovery concepts; and » Patient experience enhancement.	4 years

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Assumption 4: Health care leaders will have knowledge of funding sources and will be able to strategically and operationally deploy those funds to achieve desired outcomes of improved quality, efficiency and transparency.

Principles – Funding

- There will be significant funding from the Americans Recovery and Reinvestment Act of 2009 to provide incentives for healthcare providers to adopt and become "meaningful users" of electronic health records by 2014.

  Reference

  http://www.hhs.gov/recovery/programs/index.html#Health

  Funding Purpose: EHR

  - This funding is part of a $20 billion dollar allocation for Health Information Technology (HIT). Over $17 billion is intended to provide providers and hospitals incentives to help offset the costs of implementation/adopting electronic health records. Approximately $2 billion is set aside for grants and awards under Health and Human Services (HHS) to states and other entities to support the development of HIT.

    Reference

    http://www.hhs.gov/recovery/programs/index.html#Health

  - The above act in February, 2010 approved $385 million with allocations to 40 states and State Designated Entities (SDEs) and in April an additional installment to 16 states and qualified SDEs.

    Reference

    U.S. Department of Human Services, News Release, February 12, 2010 "Sebelius, Solis Announce Nearly $1 Billion Recovery Act Investment in Advancing Use of Health IT, Training Workers for Health Jobs of the Future" (http://www.hhs.gov/news/press/2010pres/02/20100212a.html).

Nurse Leadership Roles	Target Dates
Operations/Implementation: • Funding Knowledge: What is it, what's available, and what do I do with it? How is it part of our strategic plan and how is it operationalized? One resource is http://healthit.hhs.gov/portal/server.pt?open=512&objID=1263&mode=2 from Department of Health and Human Services. • Health care leaders need to know not only Federal funding sources but also need to be engaged at the national, state and local levels to create these strategic and operational plans.	Now-2014 Now-2014
Funding Implementation: • The funds are to be used by states to bring to the table all the relevant groups and stakeholders within their jurisdictions including, but not limited to, physicians, health insurers, employers and hospitals to come to an agreement on a strategic and operational plan for creating a health information exchange across their jurisdiction. Examples include: • Nurse leaders serve on the board at their own institution. • Have a voice at local, state and national level through contact with legislators and providing active involvement and engagement in legislation. • Nurse leaders utilize *AONE Guiding Principles for Defining the role of the Nurse Executive in Technology Acquisition and Implementation* (http://www.aone.org/aone/resource/PDF/AONE_GP_Technology_and_Acquisition_and_Implementation.pdf) and the *AONE Toolkit for Defining the role of the Nurse Executives in the Acquisition and Implementation of Information Systems* (2009) in developing an implementation plan.	Now-2 years
Operations/Implementation: • Promote and share best practices from early adaptors/implementers.	2011-2014

Assumption 5: The joint education of nurses, physicians and other health professionals will become the norm in academia and practice promoting shared knowledge that enables safer patient care and enhancing the opportunity for pass-through dollars to apply to APN residencies and/or related clinical education.

Principles

- Nurses, physicians and other health professions students share common coursework in the educational process to explore the delivery of outstanding patient care (e.g. quality/improvement science). These courses will be targeted toward promoting understanding of the roles of nurses, physicians and other health professions and how excellent communication and relationships can be forged and sustained in practice.
- Nurses, physicians and other health professions will be oriented to the healthcare organization together so that each can develop an appreciation for how their roles are complimentary.
- Multidisciplinary educational offerings are provided within the organization on a regular basis to help raise awareness and develop shared knowledge about how physician and nurse roles each contribute to patient care and shared goals for the care of patients.
- Expanded use of interdisciplinary simulation laboratories.
- Multidisciplinary rounds and patient care conferences will be the standard of practice.

Nurse Leadership Roles	Target Dates
• Nurse executives will collaborate with established organizational structures (e.g., CMO etc., HR, OD, etc.) to explore new paradigm for the orientation of health care providers to organizations. Programs will include opportunities for informal and formal networking to promote future collaboration and understanding of all provider roles.	• 3-5 years
• Nurse executives will collaborate with established organizational structures/bodies (e.g., CMO etc., HR, OD, etc.) to explore optimal curricular/opportunities to promote shared knowledge about contribution of various provider roles to optimal patient care quality. Regular mandatory education is completed each year within the organization.	• 2-3 years
• Nurse executives will collaborate with established organizational structures/bodies (e.g., CMO etc., HR, OD, etc.) to explore optimal curricular/opportunities to promote relational coordination including shared knowledge and shared goals.	1 year

CMO = Chief Medical Officer
HR = Human Resources
OD = Organizational Development

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