

## The Future of Nursing—Making Waves

*Rarely have the voices of nursing—and nurse leaders—sounded so clearly.*



Donna E. Shalala, cochair of the IOM committee that prepared the *Future of Nursing* report, addresses the gathering at the National Summit on Advancing Health Through Nursing on November 30, 2010. Photo courtesy of the RWJF.

**O**n October 5, 2010, the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) issued the landmark report that's making waves in the health care community.

*The Future of Nursing: Leading Change, Advancing Health* ([www.iom.edu/nursing](http://www.iom.edu/nursing); also see the December 2010 *AJN Reports*) outlined the role nurses should play in a redesigned health system and what they need to do to prepare for it. To help propel the report's recommendations toward implementation, the RWJF held the National Summit on Advancing Health Through Nursing, from November 30 to December 1, in Washington, DC, where a gathering of major stakeholders discussed ways to put the proposals into action. **Donna E. Shalala** and **Linda Burnes Bolton**, cochairs of the IOM committee that prepared the report, spoke to the crowd, as did many of nursing's brightest luminaries, who summarized the outcomes of the small groups in which

participants discussed specific strategies for implementation.

**Marilyn P. Chow** of Kaiser Permanente talked about expanding the potential of nursing practice—and easing the fears of those who might feel threatened.

"Be clear about independent practice and collaboration," she said. "Be explicit in the message to physician partners: it's not about replacing them but working with them to the full scope of practice." She added that we need to expand Centers for Medicare and Medicaid Services programs to cover advanced practice RNs in performing admission assessments and certifying the need for home care.

**Catherine Alicia Georges** of Lehman College of the City University of New York discussed increasing educational capacity to meet consumer needs.

"In pushing toward 80% of nurses having a baccalaureate by 2020," she said, "we need a national system, to standardize the curriculum, and sustainable levels of funding."

**Jennie Chin Hansen** of the American Geriatrics Society had a simple message about expanding leadership opportunities for nurses:

"We need to define and own our voice," she said. "It must be clear and unified."

**Susan Hassmiller** of the RWJF discussed the next steps in moving the work forward. (See her guest editorial in the December 2010 issue.) The RWJF will work with AARP to lead a coalition of diverse partners toward implementing the recommendations.

Regional action coalitions (RACs) in five states—New Jersey, New York, Michigan, Mississippi, and California—will explore ways to partner with key groups at the local, state, and national levels in promoting the recommended changes. The RACs will identify the best methods and assist other states in implementing them.

**William D. Novelli**, a member of the IOM committee, former president of AARP, and cofounder of Porter Novelli, an international public relations firm specializing in promoting health and social issues, said the key to making the IOM recommendations a reality is to establish the benefits of the change to each audience—for example, extolling the business case when talking with companies and highlighting the personal, emotional aspects when talking to consumers. "We must tell this story over and over," he said.

Hassmiller's final charge to the group was to commit to action, and she invited participants to say out loud what they were willing to do to move this work ahead. So many people

stood in lines at the microphone, testifying to what they and their organizations would do, that the meeting ran late. Many were left standing at the microphones.

Novelli noted that, despite the overwhelming sense of commitment in the room, the proof will

be in the pudding; the leaders must in turn generate a groundswell of excitement and support among their constituents.

In her summary, **Beverly Malone** of the National League for Nursing said, "We need to develop and communicate a clear

and consistent message, aiming not [to be] mini-doctors but maxi-nurses."

For more information on the Future of Nursing initiative, go to <http://thefutureofnursing.org>.  
—*Maureen Shawn Kennedy, MA, RN, editor-in-chief*

## Alarming Adverse Event Rates in Medicare Beneficiaries

*Collaborative unit management may be a solution.*

Approximately one in seven patients suffers from an adverse event as a direct result of a hospital stay, according to a report released in November 2010 by the Office of the Inspector General in the U.S. Department of Health and Human Services. The study, which looked at outcomes in Medicare beneficiaries discharged in October 2008, found that about 134,000 (13.5%) of the approximately 1 million patients hospitalized that month experienced adverse events—meaning some form of harm as a result of their medical care. Some of the events were unavoidable, such as surgical complications, but many (around 44%) were considered to be preventable, including hospital-acquired infections, medications administered in error, and even "never events" (adverse events that, in theory, should never occur) such as surgery performed on the wrong patient.

The events varied widely in severity. Some resulted in extended hospital stays; others led to permanent harm or even death. The associated costs to Medicare were \$324 million in that month, equating to nearly \$4 billion in a year.

In its recommendations, the report calls for holding hospitals accountable, more closely examining patient-safety issues, and requiring the adoption of evidence-based practice guidelines.



Photo by Richard Green / Alamy.

(To read the full report, go to <http://bit.ly/aESs3Y>.) For nurses and the entire hospital community, the mandate to reduce preventable errors presents a considerable challenge.

Victoria L. Rich, chief nurse executive at the University of Pennsylvania Medical Center and associate professor of nursing and assistant dean of clinical practice at the University of Pennsylvania School of Nursing, sees the report as a call to action and believes nurses must be more vocal advocates for patients and actively collaborate with physicians to ensure the best possible care. "Most of what's published on patient safety focuses on physicians' practices," she says, "but the voice of the nurse must be an audible part of the process if we want to reduce errors."

At her own hospital, Rich and her colleagues have adopted a unit-based clinical leadership approach to patient care, in which each floor is managed jointly by a nurse manager, physician leader, and quality coordinator. By working in concert, the teams have been able to successfully lower the error rate and prevent many errors that do occur from worsening. It's an approach that increases the accountability of all members of the patient care team, and one that Rich advocates as a solution for increasing safety over the long term.

"As chief nurse, I work hard to make the voices of nurses as respected as physicians' voices," Rich says, adding that until that happens, the country's hospitals will continue to have an adverse event rate of one in seven.—*Laura Wallis*