With the advent of healthcare reform, today’s healthcare, and most certainly future healthcare delivery, is staged to become team-based and patient-centered (Speakman, 2014). Healthcare providers need to work collaboratively with patients and their families to employ strategies that allow patients to “age in place” and to “self-manage” their own chronic and episodic care. Hence, healthcare in the 21st century needs to emphasize disease prevention and community-based outpatient approaches versus the admissions-readmissions cycles typical of inpatient care.

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For healthcare providers of the future, these changes will require interprofessional team-based models of care, led by patients and their families. Patients need to be integral members who can demand ample health information as well as have the assurance that they will have the means to continue their treatment and care in their home setting and/or community.

The profession of nursing has a rich history of delivering community-based care. The Henry Street Settlement, established in 1893 by Lillian Wald and Mary Brewster in the tenements of New York (Fee & Bu, 2010), provided care to numerous diverse groups who immigrated to the United States in the 19th and early part of the 20th century. Guided initially by her commitment to serve the poor and most vulnerable populations, Wald and her colleagues soon recognized the need for and value of community-based care that focused on disease prevention and health promotion. Subsequently, community-based programs—for example, the Visiting Nurses Association, which was a national extension of the Henry Street Settlement, and the Frontier Nursing Service in which nurses on horseback delivered care in the rural southeast mountains of Kentucky—evolved because of the need for healthcare to be delivered where people live.

Today, nurses need to recognize that we are essentially returning “back to the future” by prioritizing and creating opportunities for patients to thrive in their communities (Speakman & Arenson, 2014). Helping individuals to “age in place” and “self-manage” their health is the focus of healthcare delivery now and will be in the future. In order to fulfill this need, healthcare professionals must work collaboratively and effectively in teams to assist their patients’ transitions from hospitals to home. Currently, there are some highly functioning teams, but for the most part practitioners in each profession learn their craft in silos and then continue to practice it in silos as well. This uniprofessional approach often leads to duplication of efforts which can be understandably frustrating for the patient and, more importantly, has the potential to lead to medical errors because of the lack of communication and teamwork (Speth, 2011).

The implementation of the Affordable Care Act (ACA) in 2010, the emergence of WebMD™ and other readily accessible online healthcare resources, and the use of telehealth modalities are changing the healthcare environment. In addition, the Institute for Healthcare Improvement’s Triple Aim Initiative advocates optimizing health system performance by enhancing the patient experience of care, improving the health of populations, and reducing the per capita cost of healthcare. Such changes in the healthcare environment will require practitioners to engage in effective communication techniques.

Even if we concede that collaborative approaches to care are ideal, today’s healthcare educators are challenged with finding team learning opportunities. Competing demands, conflicting schedules and curricula, as well as a lack of clinical opportunities have often been cited as reasons that students from multiple professions are unable to learn and practice together. These obstacles are not going to change, at least not in the very near future. However, the need and requirement that healthcare practitioners work together collaboratively is here and now and is a priority in delivering safe and effective quality care (JACHO, 2015).

So while faculty and administrators continue to grapple with ironing out the logistics of interprofessional education and collaborative practice experiences, it behooves the student to take a leadership role in creating these training opportunities for themselves. The following are suggestions of ways you can proactively create interprofessional education and collaborative practice experiences.

1) Create an interprofessional student group at your academic institution. You will need a faculty advisor, so look for a faculty member who is willing to serve in this role. Remember to be inclusive; team training can expand beyond healthcare students. Reach out to students in the arts, sciences, law and public policy, architecture, and computer design to name a few. Today’s healthcare system will take a “village.”

2) While on the clinical unit, be an active participant in the healthcare team. During daily rounding with other health professionals, do not be shy about sharing your observations with the team, especially if you have spent a lot of time with the patient. The perspective of a nursing student who has been caring for the patient for an extended length of time is invaluable to the team. Share what you know.

3) Discuss in pre- and/or post-clinical conference the tenets of team-based care and ask your clinical instructor to find opportunities to engage with the other healthcare students on the unit. Remember that not every student has to have the same experience. Make sure you take the time to share what you learned by discussing with your fellow nursing colleagues your interprofessional experiences.

4) Discuss with your faculty and course instructors the possibility of having an interprofessional class session or simulation activity. You can help by recruiting fellow students from other programs at your school or university. Then, when you are together ensure you learn about the educational programs they are enrolled in and share what you have learned as a nursing student.
Remember to be inclusive; team training can expand beyond healthcare students. Reach out to students in the arts, sciences, law and public policy, architecture, and computer design to name a few. Today’s healthcare system will take a “village.”

5) Stay current. It is important that you understand current healthcare policy and population health issues. Be sure you look at how other practitioners are dealing with the current healthcare issues facing the country today. You can only understand your role as a nurse if you understand the roles of the other team members. Remember, it’s the assembled pieces that make a puzzle whole.

It is important that you know that your career in nursing will be different than that of your faculty or the nurses you engage with on your clinical rotations. As a nurse and as a member of the nursing profession, it is up to you to create the path and role nurses will have in the future of healthcare. Remember nurses are integral if patients are going to live longer and healthier outside of acute care institutions. Working with someone who is facing an exacerbation or new onset of a disease or who is helping a family member or loved one deal with an illness is an honor and privilege. Do not take it for granted.

Be proud of the profession you are choosing; you will be having an impact on another human being’s life. The information you have about the patient for whom you are caring is key in their recovery. Don’t be shy, join a team, share your knowledge, and feel empowered to lead. Your patients and their loved ones deserve a nurse who can do this.

References


Website Links for Further Reference

Visiting Nurse Service of New York
www.vnsny.org/community/our-history/100-years-in-the-community

Institute for Healthcare Improvement Triple Aim
www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx

Frontier Nursing Service
www.frontiernursing.org

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WHAT DOES THE FUTURE HOLD FOR HEALTHCARE DELIVERY?

OPPORTUNITIES FOR EMERGING NURSE LEADERS

By G. Adriana Perez

For current students in nursing, it is a historic time in the United States (U.S.) to shape the future health care system, in the areas of clinical practice, education, and health policy. While the majority of clinical hours in nursing school might be spent in the hospital, a growing number of new graduate nursing positions are opening in ambulatory, primary care, home and community health settings. The passing of landmark legislation through the Patient Protection and Affordable Care Act (Public Law 111-148) (ACA), has created opportunities to focus on health and wellness, and to test new models of healthcare and education that consider the health of the individual, their family and community, which Koh (2010) describes as “inseparable” from each other.

Current Forces Changing our Health Care System

There are several forces that are changing our healthcare system; this articles focuses on several of the major ones. First, the changing demographics of the U.S. population highlight the need for a targeted, strategic focus on better addressing the health needs of the older adult population and the growing ethnic minority population. Through 2050, the U.S. will experience a considerable growth in the older adult population. Every day 10,000 baby boomers (those born from 1946-1964) turn 65 and this trend is expected to continue to 2030 (U.S. Census 2000). In addition, the increase in the number of the “oldest old” will be even more dramatic, as those 85 and older are projected to more than triple from 5.9 million to 18.2 million, reaching 4.3 percent of the total U.S. population. Regardless of clinical specialty, it is critical that nurses consider training and education in gerontology. Whether new graduate nurses work in the Intensive Care Unit (ICU), emergency department, or home health, the majority of patients in those settings are 65 and older. Further, there is a growing trend of grandparents caring for grandchildren, therefore, even in pediatrics, nurses must learn about the needs of older adults.

Second, the rate of uninsured individuals and families in the U.S. is the lowest in history. Approximately 16.4 million Americans have now gained access to health insurance coverage since the passage of the ACA in 2010, through the Health Insurance Marketplace, due to young adults remaining on their parents' health plans until they turn 26, and through state Medicaid expansion (www.hhs.gov/healthcare). Results from the recent Commonwealth Fund Biennial Health Insurance Survey (2014) indicate that the ACA’s subsidized insurance options and consumer protections reduced the number of uninsured working-age adults from an estimated 37 million people, or 20 percent of the population, in 2010 to 29 million, or 16 percent, by the second half of 2014. This is important to nurses because having access to healthcare can decrease the number of individuals and families that are delaying treatment, which often leads to complications related to chronic diseases, such as diabetes and hypertension. And yet, while access to care helps to address one barrier to achieving health equity, much work will remain for nurses who are often at the front lines providing healthcare and education. Nurses are uniquely qualified to guide the newly insured through the healthcare system as the most trusted professional in the U.S. for the past 12 years (www.gallup.com/tag/ethics.aspx). Therefore, future nurses and students have an opportunity to sharpen their own knowledge and skills on the basics of health insurance literacy.

Third, issues related to community-based care and the focus of the National Prevention Strategy, as part of the ACA, emphasize new payment approaches that stress care coordination, and federal financial incentives that will drive the interest and demand for health information exchange, as well as community engagement efforts to promote health across communities. The Office of the National Coordinator (ONC) for Health Information Technology recently published A Vision for the Future, describing the progress made through health policy and programmatic action, where the majority of “meaningful use” eligible hospitals and health care professionals have adopted and embedded IT in their everyday practice. The ONC suggests that by 2024, a “learning health system” that includes patients, health care providers, communities and researchers should have access to a vast array of interoperable health IT products and resources that will enhance their potential to achieve
improved health goals. This is an exciting area where emerging millennial nurse leaders will thrive, due to a higher exposure to technology compared to previous nursing generations. Such technology-savvy nurse leaders may propel the success of IT processes for improving the retention of health care information that may lead to therapeutic health outcomes, through standardize health records, better data collection and improved industry transparency.

In addition, the National Prevention Strategy will continue to shape health care delivery through priority recommendations that focus on saving lives and improving health across generations, across gender, and across all communities throughout the U.S. (http://www.surgeongeneral.gov/priorities/prevention/strategy/). The overarching goal of the National Prevention Strategy is to increase the number of Americans who are healthy at every stage of life. Nurses, and in particular Advanced Practice Registered Nurses (APRNs), are well equipped and needed to ultimately achieve this vision, as public health leaders and equal partners in interprofessional practice. With the support of the Robert Wood Johnson Foundation and AARP, the Future of Nursing: Campaign for Action is strongly positioned to make a significant impact in ensuring APRNs are able to practice to the full extent of their education and training, as recommended by the Institute of Medicine’s landmark report (2011). As more families gain health insurance coverage, APRNs can also help address the shortage of primary care providers needed to focus on preventive care and wellness in the changing health care landscape.

A More Diverse Nation
Finally, the U.S. population will not only be considerably older, it will also be more racially and ethnically diverse by 2060, according to projections released by the U.S. Census Bureau. It is projected that the U.S. will become a majority minority nation for the first time in 2042. Currently, minorities are now approximately 37 percent of the U.S. population and are projected to comprise 57 percent of the population in 2060. Because of our changing demographics and need to provide bilingual and bicultural health care, all nurses, including students and consumers of health care, should support ongoing efforts to promote a more diverse nursing workforce that reflects the communities that we serve. Future diverse nursing leadership can potentially serve as one of the most powerful strategies to addressing health disparities and promoting health equity that all can benefit from. Nurse educators and nurse leaders have a unique opportunity to collaborate with new or non-traditional (health care) partners that are also invested in promoting diversity (such as AARP, Urban League, National Council of la Raza/Chicanos por la Causa). There are many stakeholders that are not part of the healthcare industry, but are interested in issues of equity related to education, economics, and environment – ultimately permeating the health status of diverse communities. The Future of Nursing: Campaign for Action, led by a Diversity Steering Committee, has adopted a broad definition of diversity to reflect, “race, ethnicity, religion, creed, gender, thought, geography, sexual orientation or any aspect of identity.” The current generation of student nurses and future APRNs also have the potential to make significant and long-lasting changes by embracing and celebrating diversity and inclusivity within their own professional networks and community. In addition to education and practice roles, younger nurses, men in nursing, and ethnically diverse nurses can have a direct impact on the health and health care of ethnically diverse communities by serving on boards such as Federally Qualified Health Centers, the American Heart Association, the March of Dimes, or other non-profits to provide the much needed, diversity of thought.

Future Roles for Nurses
This is a historic time in our country in regard to healthcare. The important role of APRNs has already been noted and their clinical practice and skill will be needed to help lead cross disciplinary teams. The expansion of nurse navigator roles across settings that include long-term acute care (LTAC), nursing homes, community health, hospital, home health, schools and businesses, is also necessary and will continue to evolve. There is a critical need for more nurse scientists to participate in cross-disciplinary efforts to discover new models of care to improve the health of our nation. We will see an increasing number of nurse educators and nursing schools work across disciplines to prepare a “ready” workforce that has training in communicating and collaborating with all health care team members. Student nurses should definitely consider remaining “open” to new and emerging nurse roles and leadership. You can be a change agent to help us transform our health care system. =>>

References


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EXPANDING HORIZONS:
Nurses Building a Culture of Health in America
by Samantha Noblejas
The Ubiquitous Role of the Nurse

My favorite question is, “Why do you want to be a nurse?” Even in my greatest attempt, I would never be able to answer that question in a single sentence. The short answer for many of us as nursing students would be, “I want to make a difference in people’s lives.” And that answer is nothing minor or negligible. The one aspect of nursing that I really did not grasp from the get-go was the potential that nurses have to truly make a difference—not just in the lives of their patients, but in the lives of their families, their friends, and their communities. Nurses have the ability to transform the current healthcare system and the ability to change our mindset and perspective on how we define health and well-being. They possess the power to change lives and break barriers in the clinical setting, in leadership, in policy, and beyond.

Nurses must be poised and prepared to face the changes that are constantly occurring in health care. If there’s one thing I’ve learned over the past few years as a nursing student, it is that we need to be able to embrace these changes and be vital partners in improving both healthcare access and delivery. The Institute of Medicine’s 2010 Report on the Future of Nursing recommends that we need to “prepare and enable nurses to lead change to advance health. Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels,” and we need the support, viability, and drive (from both outside factors and ourselves) to do this.

Nurses coordinate care, educate, promote health and wellness, have the ability to lead, think critically, and understand the patient perspective. Take Lillian Wald, for example—the mother of public health nursing. After becoming greatly affected by the poverty in the Lower East Side of New York, she founded the Henry Street Settlement, a place where the community could seek out health care and social services. She integrated nursing care while paying attention to the social needs of the people (Buhler-Wilkerson, 1993). Wald is considered the pioneer of public health nursing; advocating for the presence of nurses in schools, in politics, and as a force for social change. She focused on the role of the nurse as an advocate of the people.

Some are not as familiar with the term public health nurse—but in a lot of ways, nurses will deal greatly with population health, especially in the coming generations. Public health nurses have the ability to be well-versed in “clinical prevention, healthcare policy, leadership, research, finance and regulatory environments, and interprofessional collaboration” (Hassmiller, 2014). With the Affordable Care Act and the vast changes occurring in today’s healthcare system, it is important for us think about how we can improve leaders at the helm of health care delivery, as this ultimately will affect our communities and our country. This transformation will change the way we define health, the way we perceive health care, and the various ways in which care is delivered. As health care continues to transform, it is necessary for us to be focused on this public health and population health perspective.

Life Beyond the Traditional Setting

The Robert Wood Johnson Foundation, the nation’s largest philanthropy dedicated solely to improving health and healthcare for all Americans, has focused on a concept called a Culture of Health. This concept has four goals: making health a shared value; fostering collaboration to improve well-being; creating healthier, more equitable communities; and strengthening and integrating health care services. It encompasses the idea of not only thinking about health when we are sick, but as a vital component integrated into every aspect of our lives—and it starts in the community (Lavizzo-Mourey, 2014).

How is this applicable to us as nursing students? We cannot build a Culture of Health without the right tools and the right mindset to do so. The time has come to seek out opportunities that combine your passion for nursing and helping the community, whether that’s through volunteer work, clinical experiences, or even community service. Seek out how you can contribute to improving the health care of the population, even in the smallest of ways. Being knowledgeable about the community you live in and spreading this knowledge to others can make a positive impact on health care access and quality.

Nurses possess the ability, through their training, to assess their patients in a holistic fashion, taking into account all of the factors that have come together to make up the human condition and what the patient truly needs in the places in which they “live, work, and play” (Lavizzo-Mourey, 2014). In that sense, we as nurses have the ability to improve health on a bigger picture.

In my past experiences and conversations, many people have pictured nurses working solely within the hospital. Just as I could never answer the “Why nursing?” question in one sentence, “What does a nurse do?” also needs an answer possessing a degree of complexity. A nurse is a powerful member of the community and an advocate who knows much more than the health condition of the patient. I have noticed that this sort of experience begins at the education level. We are so focused on the sole clinical role of the nurse that we are not exposed enough to the greater horizon that nursing offers. It is time for us as nursing students not to just look at the traditional path but also focus on how nurses are transforming health on a greater scale—even outside the hospital setting.

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