Campaign for action update

Report on the RWJF December 2015 Conference

Oregon Action Coalition
ADVANCING HEALTH IN OREGON

Future of Nursing Evaluation

Impact of Future of Nursing Recommendations

- Removing barriers to practice
  - 21 states and DC now give full practice authority to nurse practitioners
  - CMS expanded the definition of medical staff in 2012

- Education
  - Medicare Graduate Nurse Education Demonstration
  - Since fall 2010, enrollment in DNP programs has more than doubled from approximately 7,000 to 18,000
  - Enrollment in PhD programs increased by 15 percent over the last 5 years

- Leadership
  - Interprofessional education has expanded at schools of nursing

NATIONAL ACADEMY OF MEDICINE

Future of Nursing Evaluation

http://campaignforaction.org/sites/default/files/Dzau-Back-to-the-future-of-nursing.pdf

Major Themes

- Need to build a broader coalition to increase awareness of nurses ability to play a full role in health professions practice, education, collaboration and leadership

- Need for increased priority on promoting diversity in the nursing workforce

- Need for better data to assess and drive progress

NATIONAL ACADEMY OF MEDICINE

Assessing IOM Future of Nursing Progress

Broad Findings

The Campaign has made significant progress toward implementing the recommendations of the *Future of Nursing* report

- Galvanized the nursing community
- Met or exceeded expectations in many areas

Moving forward, the Campaign needs to engage a broader network of stakeholders in its work in the areas of:

- Scope of practice
- Education
- Diversity
- Collaboration and leadership
- Data

INSTITUTE OF MEDICINE

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

2

Recommend-ations Based on Evaluation

Recommendation1: Build Common Ground Around Scope of Practice and Other Issues in Policy and Practice

Recommendation 2: Continue Pathways Toward Increasing the Percentage of Nurses with a Baccalaureate Degree

Recommendation 3: Create and Fund Transition-to-Practice Residency Programs

Recommendation 4: Promote Nurses' Pursuit of Doctoral Degrees

Recommendation 5: Promote Nurses' Interprofessional and Lifelong Learning

Recommend-ations Based on Evaluation

Recommendation 6: Make Diversity in the Nursing Workforce a Priority

Recommendation 7: Expand Efforts and Opportunities for Interprofessional Collaboration and Leadership Development for Nurses

Recommendation 8: Promote the Involvement of Nurses in the Redesign of Care Delivery and Payment Systems

Recommendation 9: Communicate with a Wider and More Diverse Audience to Gain Broad Support for Campaign Objectives

Recommendation 10: Improve Workforce Data Collection
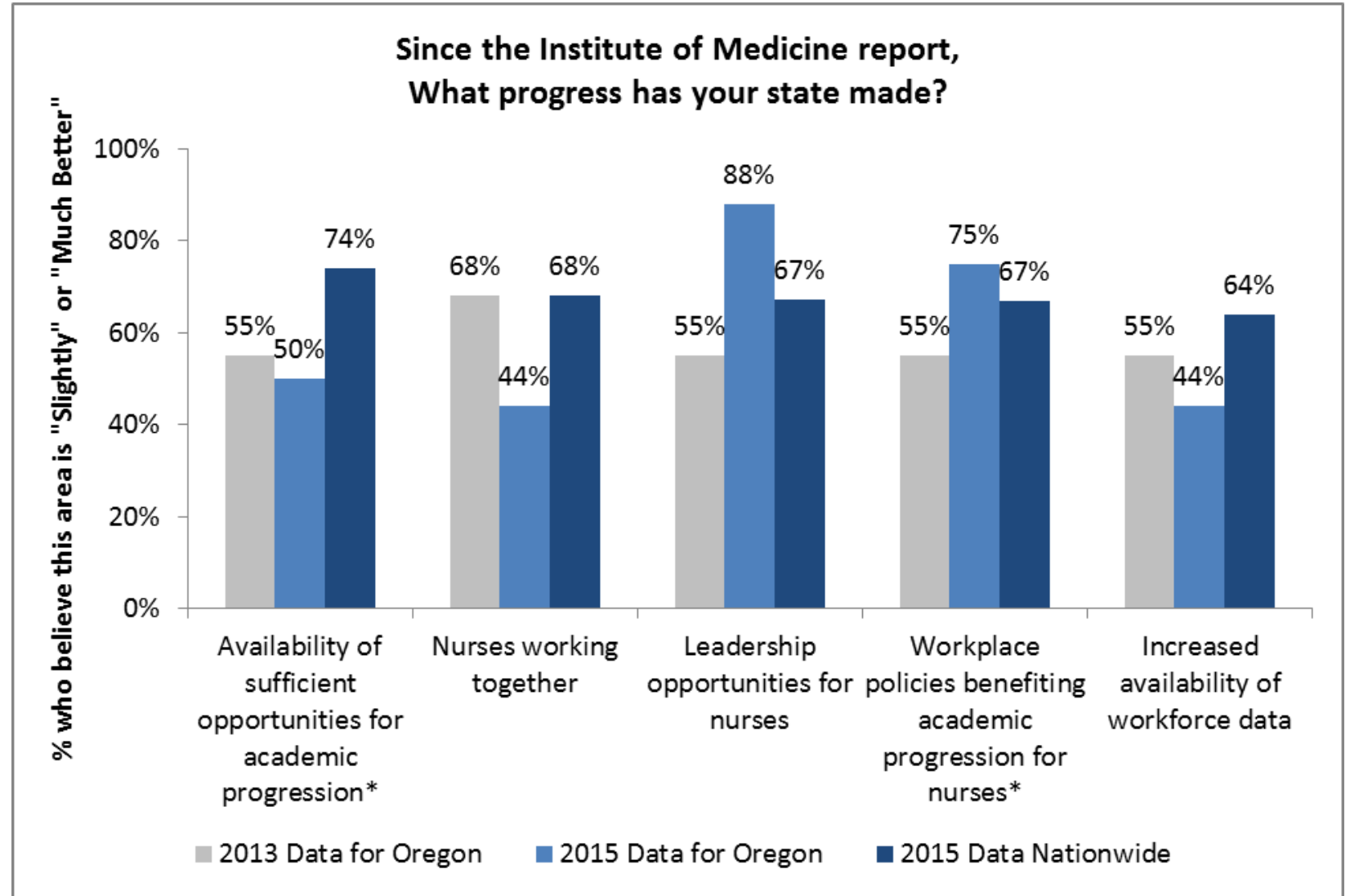
Action Coalition Progress Report

http://campaignforaction.org/sites/default/files/TCC-Findings-from-Future-of-Nursing-Campaign-for-Action-Survey.pdf

Recommendations

- Find ways to meaningfully engage non-nurses in the work and align AC work with the health needs of consumers

- Recruit and retain nurses under 50 in ACs

- Promote goal setting and monitoring.

- Update strategic plans.

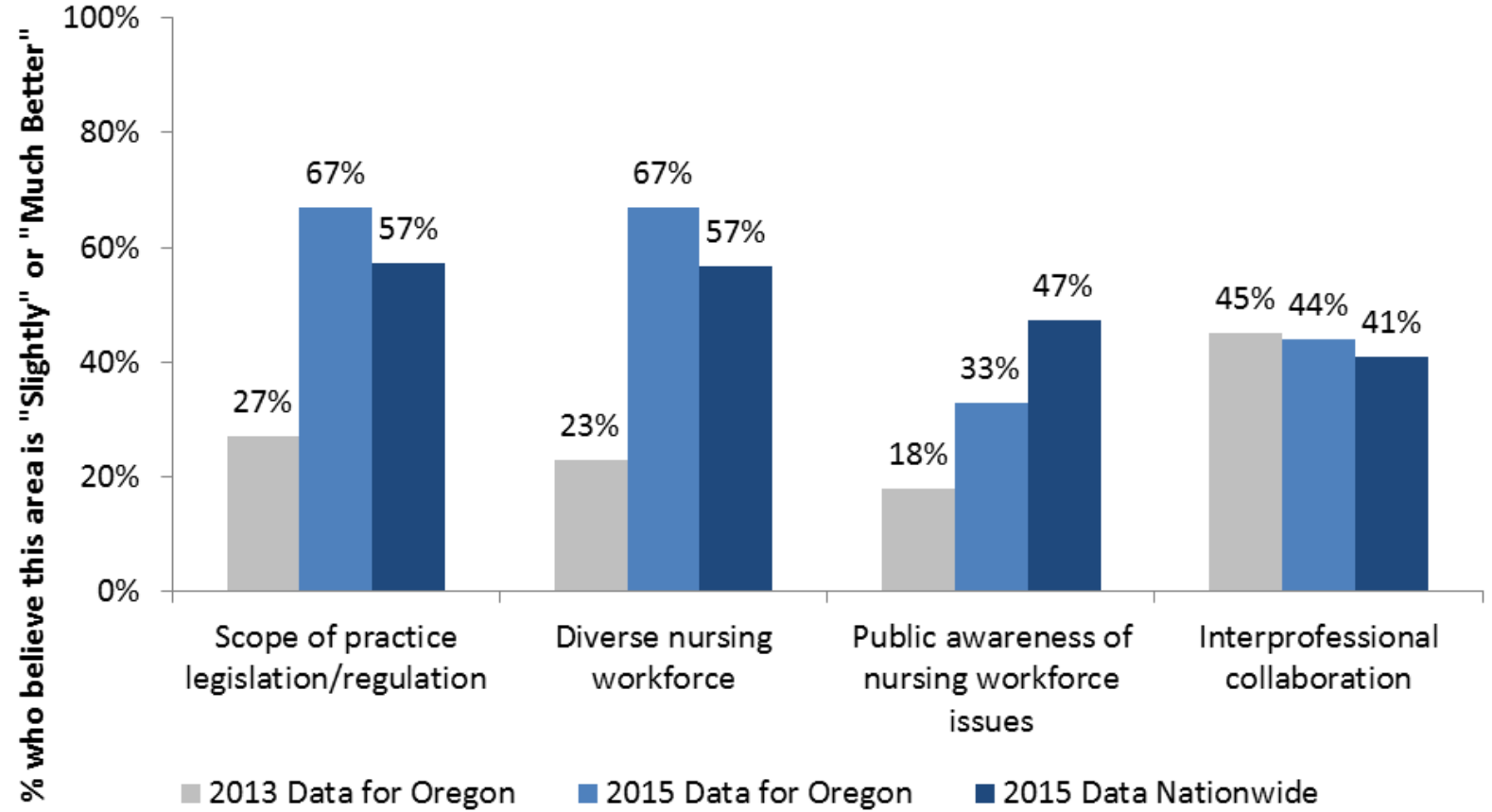- Develop succession and sustainability plans.

31

OAC Progress Report

Since the Institute of Medicine report,
What progress has your state made?

% who believe this area is "Slightly" or "Much Better"

- Availability of sufficient opportunities for academic progression*: 2013 Data for Oregon 55%, 2015 Data for Oregon 50%, 2015 Data Nationwide 74%
- Nurses working together: 2013 Data for Oregon 68%, 2015 Data for Oregon 44%, 2015 Data Nationwide 68%
- Leadership opportunities for nurses: 2013 Data for Oregon 55%, 2015 Data for Oregon 88%, 2015 Data Nationwide 67%
- Workplace policies benefiting academic progression for nurses*: 2013 Data for Oregon 55%, 2015 Data for Oregon 75%, 2015 Data Nationwide 67%
- Increased availability of workforce data: 2013 Data for Oregon 55%, 2015 Data for Oregon 44%, 2015 Data Nationwide 64%

Legend: 2013 Data for Oregon, 2015 Data for Oregon, 2015 Data Nationwide

OAC Progress Report

Since the Institute of Medicine report, What progress has your state made?

% who believe this area is "Slightly" or "Much Better"

Scope of practice legislation/regulation: 27%, 67%, 57%

Diverse nursing workforce: 23%, 67%, 57%

Public awareness of nursing workforce issues: 18%, 33%, 47%

Interprofessional collaboration: 45%, 44%, 41%

■ 2013 Data for Oregon ■ 2015 Data for Oregon ■ 2015 Data Nationwide

OAC Progress Report

Oregon Core Capacities Recommendations:

Leadership Capacity: Build skills on setting concrete and achievable goals.

Adaptive Capacity: Establish planning documents namely succession and sustainability plans.

Management Capacity: Discuss perceived importance of increasing membership levels. Conduct capacity building training.

Technical Capacity: Work with other ACs for guidance on establishing financial resources. Leverage organizational support to address increasing technical capacity.

Nurses Contributing to a Healthier Community

Culture of Health

http://campaignforaction.org/sites/
default/files/Plough-Framework-
Measures-to-Build-Culture-
Health.1210.pdf

Culture of Health

http://campaignforaction.org/sites/
default/files/Integrating-Culture-
Health-Into-Your-Action-Coalitions-
Work.pdf

ACTION AREA

1

MAKING HEALTH
A SHARED VALUE

DRIVERS

MINDSET AND EXPECTATIONS

SENSE OF COMMUNITY

CIVIC ENGAGEMENT

Value on health interdependence

Value on well-being

Public discussion on health promotion and well-being

Sense of community

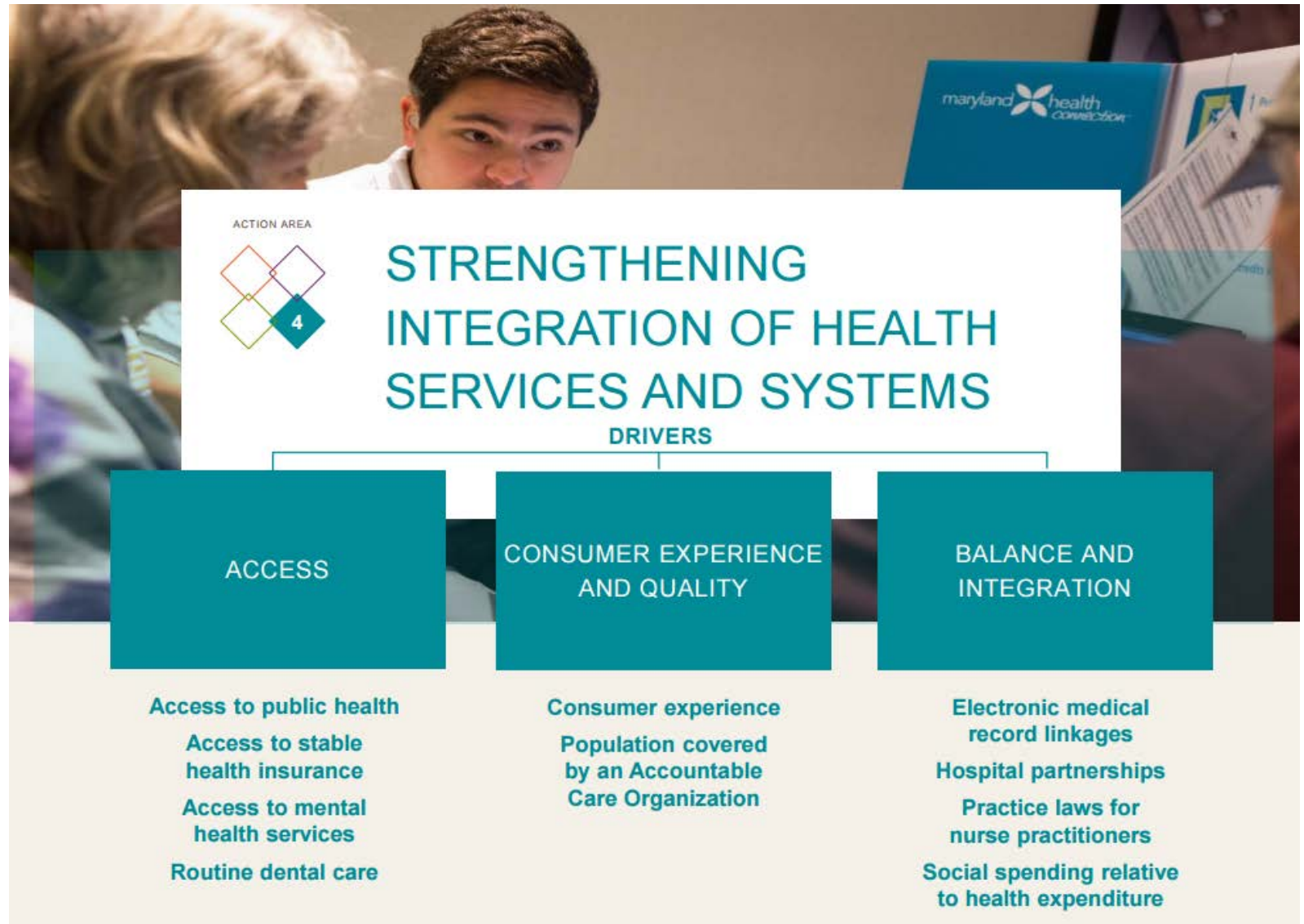Social support

Voter participation

Volunteer engagement

Culture of Health

http://campaignforaction.org/sites/default/files/Integrating-Culture-Health-Into-Your-Action-Coalitions-Work.pdf

Culture of Health

http://campaignforaction.org/sites/
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ACTION AREA

3

CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

DRIVERS

BUILT ENVIRONMENT/ PHYSICAL CONDITIONS

SOCIAL AND ECONOMIC ENVIRONMENT

POLICY AND GOVERNANCE

Housing affordability

Access to healthy foods

Youth safety

Residential segregation

Early childhood education
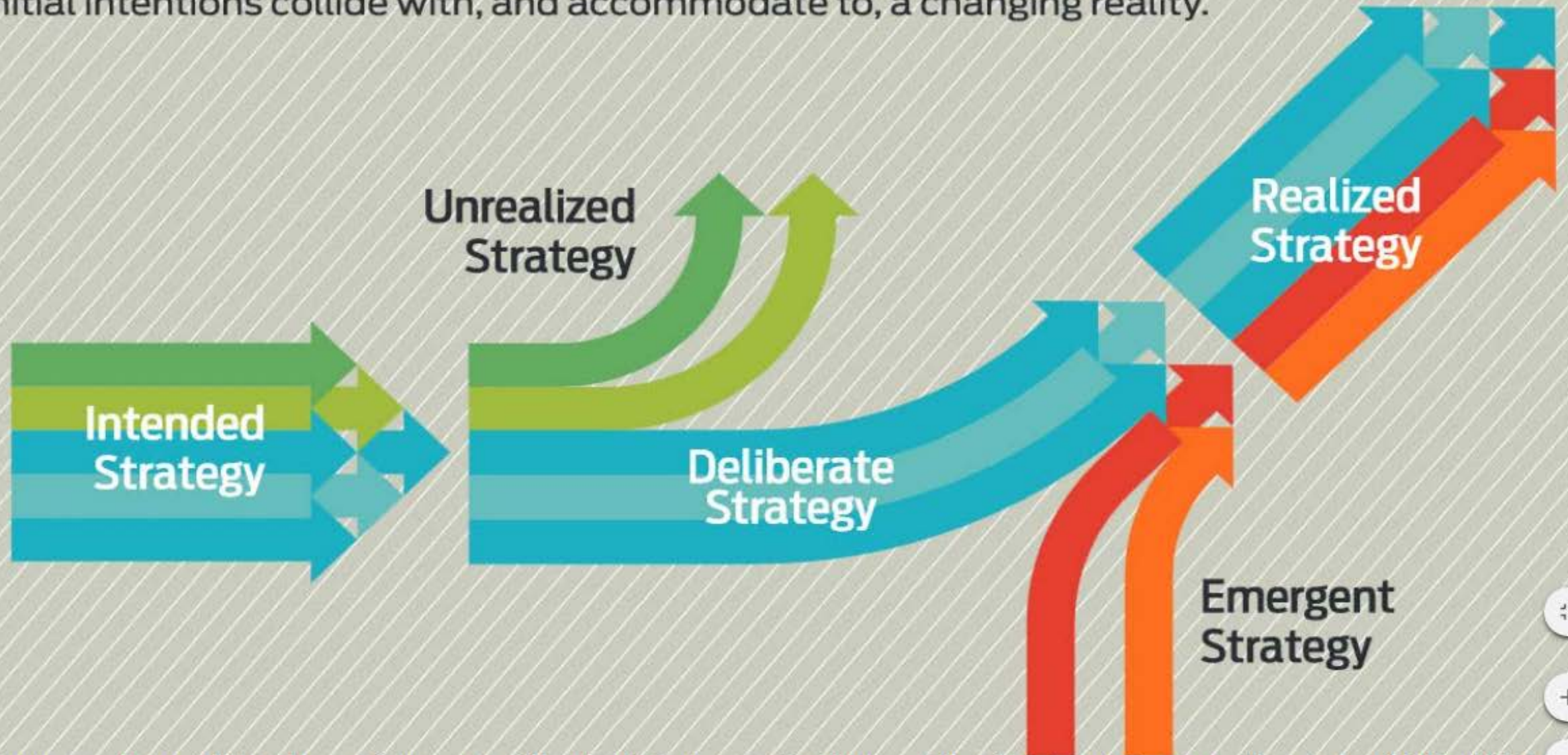
Public libraries

Complete Streets policies

Air quality

Culture of Health

http://campaignforaction.org/sites/default/files/Integrating-Culture-Health-Into-Your-Action-Coalitions-Work.pdf

ACTION AREA

4

STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

DRIVERS

ACCESS

Access to public health

Access to stable health insurance

Access to mental health services

Routine dental care

CONSUMER EXPERIENCE AND QUALITY

Consumer experience

Population covered by an Accountable Care Organization

BALANCE AND INTEGRATION

Electronic medical record linkages

Hospital partnerships

Practice laws for nurse practitioners

Social spending relative to health expenditure

Culture of Health

http://campaignforaction.org/sites/
default/files/Integrating-Culture-
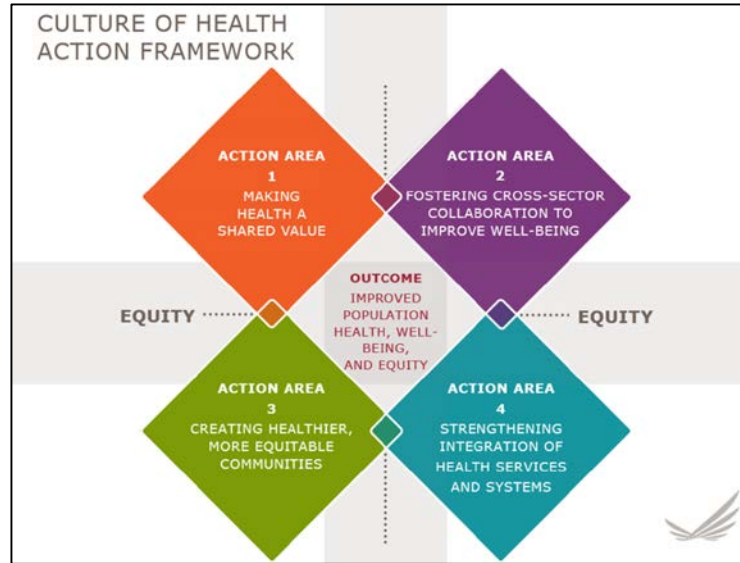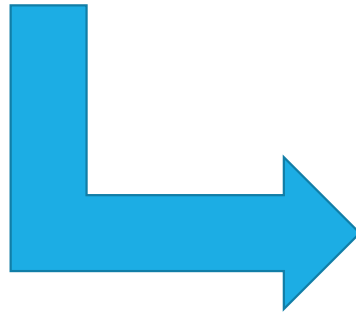Health-Into-Your-Action-Coalitions-
Work.pdf

How Emergent Strategy Works

Emergent strategy accepts that a realized strategy emerges over time as the initial intentions collide with, and accommodate to, a changing reality.

Unrealized Strategy

Intended Strategy

Deliberate Strategy

Realized Strategy

Emergent Strategy

Source: Henry Mintzberg, Sumantra Ghoshal, & James B. Quinn, *The Strategy Process*, Prentice Hall, 1998

Discussion