

What the IOM Recommendations Mean to Washington State

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After two years of research, the Institute of Medicine/Robert Wood Johnson Foundation Initiative on the Future of Nursing released its recommendations in October, followed by a national conference on implementation of those recommendations. Its charge was to examine the capacity of nursing to meet the demands of a reformed healthcare and public health system, make national recommendations, and define a blueprint for action. “The Future of Nursing: Leading Change, Advancing Health” argues that nursing, as the segment of the healthcare work-

force that is the largest and pervasively involved with patients and families, should actively partner and lead work to ensure that we achieve “accessible, high-quality healthcare.” It states that we cannot reach this national goal “... without exceptional nursing care and leadership.” Nurses must “... engage with physicians and others” to deliver care and “...assume leadership roles in the redesign” of our system.

The report cites the new Affordable Care Act (ACA) and the compelling demographic changes occurring in the US as drivers for change in healthcare. “Management of chronic conditions...care coordination, transitional care, primary care, prevention and wellness, and the prevention of adverse events” are identified as key challenges. “The demand for better provision of mental health services, school health services, long-term care and palliative care...” also need new energy.

Nursing education “...must better prepare nurses to deliver patient-centered, equitable, safe, high-quality healthcare services” producing a more highly educated workforce of life-long learners. To facilitate effective teams, interprofessional education across all pro-

fessions is necessary. Leadership should be integrated into all stages of nursing education.

How does Washington State measure up to key recommendations?

- 1. Remove scope of practice barriers, particularly for ARNP’s.** ARNP’s in WA have independent licensure to practice without MD oversight, and expanded prescriptive authority. With increased need for access to Primary Care, we are ahead of many states in being able to offer ARNP access and care. Evidence supports the high clinical quality and patient-satisfaction with ARNP care. Employers must examine policies that may restrict the practice of all nursing personnel.
- 2. Increase the proportion of RN’s with BSN to 80% by 2020; redesign nursing education to that it can produce nurses to meet future healthcare needs.** 43% of our RN’s have a BSN, and we need significant increases in our schools’ capacity (funding). Without more BSNs, we will not have sufficient numbers of educators, researchers, managers, or leaders in nursing. The

Council on Nursing Education in WA State (CNEWS) has been leading education redesign for > 5 years. How will redesigning nursing education impact the need for funding?

3. **Implement Nurse Residency programs to improve the transition from student to novice professional.** While some hospitals have Transition to Practice (TTP) programs, WCN developed a Tool Kit for employers in all settings to plan, create, deliver, and evaluate (TTP). Evidence supports that TTP reduces costly turnover and increases staff satisfaction & patient outcomes.
4. **Ensure that at least 10% of all BSN's matriculate to master's or doctoral programs within 5 years of graduating.** 0.7% of our nurses hold a PhD or DNP; 45% of them graduated from programs out of state. We need increases in capacity

at advanced levels (funding).

5. **Prepare and enable nurses to lead change to advance health, support nurses in leading innovative patient-centered models of care.** WCN offers "Leadership Matters" for staff and charge RNs while the North West Organization of Nurse Executives leads the Transforming Inpatient Care and Culture (TICC) work in acute facilities, and provides management and executive education for emerging nurse leaders and nurse executives. Some organizations are using Team Steps. How are employers supporting nurses' leadership?
6. **Build an infrastructure for collection & analysis of inter-professional healthcare workforce data.** WCN has built the nursing workforce database and will continue to enhance it. We are working toward implementing the national Nursing

Minimum Datasets. Regular, paperless collection & analyses of licensing data for all health-care professions should be resourced, lest we fall behind in having accurate information about our workforce.

WA is a leader! We have a lot yet to do to reach these goals and already have many change efforts underway. Join another statewide discussion on implementation of the recommendations on January 12, 9-11. For additional details visit www.WACenterforNursing.org.

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