* **Throughout your readings and viewing of the powerpoints, these key concepts will be discussed further.**

Module 1

**Chapter 1**

* Significant changes continue to impact the healthcare system, including:
  + Affordable Care Act
  + Demand for safe, quality care
  + Evolving technology
  + Cultural, gender, and generational differences
  + Health threats from violence, pandemics and disasters
  + Changes within nursing
* Implementation of the Affordable Care Act (ACA), signed into law in 2010, is designed to change how healthcare is delivered and compensated by:
  + Providing mechanisms for the uninsured to acquire health insurance by enrolling in state or federal exchanges of health insurance companies
  + Instituting penalties and incentives intended to encourage healthcare organizations to establish accountable care organizations (ACO), consisting of healthcare providers and hospitals who agree to provide care to a designated population.
  + Shifting the responsibilities of primary care providers from gatekeepers to facilitators of access to coordinated, specialized care
* The [Institute of Medicine](http://www.nationalacademies.org/hmd/) (IOM) published a report in 1999 reporting that:
  + 98,000 Americans die each year from preventable medical mistakes.
  + The report focused attention on eliminating errors.
  + As a result, the Centers for Medicare and Medicaid Services have linked payment to quality of care. If mistakes occur, hospitals must absorb those costs.
* Many quality initiatives to reduce errors and improve care have emerged.
  + Quality management is a preventive approach that addresses problems before they become crises.
  + The healthcare has adopted various quality management strategies from the airline industry and other fields.
* The Leapfrog Group, a consortium of public and private purchasers, uses its mammoth purchasing power to leverage quality care for its consumers by rewarding healthcare organizations that demonstrate quality outcome measures.
  + it focuses on quality indicators
    - **Example is a client needing a high risk surgery should choose the hospital with the highest performance ratings for the procedure and not rely on word of mouth or by the client’s provider only.**
* **Benchmarking** compares an organization’s data with similar organizations.
  + Outcome indicators are used to compare performance across disciplines or organizations.
  + Healthcare organizations use the results to address weaknesses and enhance strengths.
    - **Example:**
      * **Quality manager initiating benchmarking strategies to assess care should compare with healthcare corporations of similar size not random organizations.**
        + Benchmarking is NOT:

Using data within the organization

Establishing goals (part of quality, not benchmarking)

Establishing quality monitor (quality initiative, not benchmarking)

* **Evidence-based practice** ([EBP](https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/index.html)) is a strategy to improve quality by using
  + The best available knowledge integrated with clinical experience
  + The patient’s values and preferences
  + Five steps in EBP:
    - Identify the clinical question.
    - Acquire the evidence to answer the question.
    - Evaluate the evidence.
    - Apply the evidence.
    - Assess the outcome.
      * **Example of first step:**
        + **The nurse manager asks what the exact clinical issue is to be dealt with**
  + Nurses may find it helpful in evaluating research findings to place it into seven categories:
    - **Anecdotal**
      * **Evidence is derived from experience.**
    - Testimonial
    - Statistical
      * Built from a scientific approach.
    - Case study
      * A case study is an in-depth analysis used to translate evidence into other clinical situations.
    - Nonexperimental design research
      * Includes gathering factors related to a clinical condition.
    - Quasi-experimental design research
    - Randomized control trial
  + The Magnet Recognition Program® awards certification to healthcare organizations for nursing excellence is another incentive for improving quality of care.
    - Originally based on 14 factors that indicated a culture in excellence, these factors were reconfigured to focus on the following outcome measures:
      * Transformational leadership
      * Structural components
      * Exemplary professional practice
      * New knowledge, innovations, and improvement
      * Empirical outcomes
    - Qualifying organizations must demonstrate that they are:
      * Promoting quality in a setting that supports professional practice
      * Identifying excellence in the delivery of nursing services to patients/residents
      * Disseminating “best practices” in nursing services.
    - National advisory board of experts developed quality and safety competencies, designating targets of knowledge, skills, and attitudes (KSAs) for nursing education known as Quality and Safety Education for Nurses or QSEN
      * The six prelicensure KSAs:
        + Patient-centered care
        + Teamwork and collaboration
        + Evidence-based practice
        + Quality improvement
        + Safety
        + Informatics
      * These competencies are being used as guides for nursing education, to assist nurses to transitioning to practice, and for nurses continued lifelong learning.
    - Rapid changes in technology are redefining practice. Risks and benefits to healthcare are apparent.
      * Electronic health records (EHRs) are fully integrated electronic record systems that allow for collective data analysis, facilitate a common nursing language, and support evidence-based decision making.
        + Reduce redundancies
        + Improve efficiency
        + Decrease medical errors
        + Lower healthcare costs
      * Telehealth allows healthcare professionals to provide care from a distance. Electronic equipment, such as stethoscopes, can be accessed by a healthcare provider in a distant location.
      * Robotics provide multiple functions, such as ordering supplies and filling prescription orders, saving time and money. Mobile robots can monitor patients, report changes and conditions, and allow caregivers to communicate from a distance.
      * Communication technology has changed forever the ways people interact and stay informed. Social media has revolutionized the way people stay connected and collaborate.
    - The population mix in the United States, the number of men entering nursing, and the average age of practicing nurses all affect nursing.
      * Cultural differences:
        + Minority population in the United States is projected to rise to 56% of the total in 2060, with fastest growing minority being those who identify as two or more races.
        + Lesbian, gay, bisexual, and transgender (LGBT) populations challenge healthcare providers to offer appropriate care and services.
        + A 2013 survey of registered nurses demonstrates that the nursing profession doesn’t represent the diversity in the general population.
      * Gender differences: The gender mix found in nursing also differs from the general population, with only 7% of the population being male.
      * Generational differences in the nursing population challenge interactions and relationships among workers and patients alike. Three generational cohorts are currently working together and must learn to respect each other and work to achieve common goals.
        + Baby boomers value professional and personal growth and expect that their work will make a difference.
        + Generation X members strive to balance work with family life and believe that they are not rewarded given their responsibilities.
        + Generation Y (also called millennials) are technically savvy and expect immediate access to information electronically.
        + Generation Z, born in the mid-1990s to early 2000s, will soon graduate and join their older coworkers. Generation Z members are curious, passionate, and diverse, and willing to pursue nontraditional options in their futures.
      * Violence is too common in today’s workplaces, including healthcare.
        + Verbal threats, physical attacks, and violent assaults occur in healthcare settings, and nurses are vulnerable to attack from patients, family members, coworkers, or others. Guidelines and training are indicated.
        + Pandemics are disease outbreak that spreads rapidly, usually because the infecting virus is new, and humans have little or no immunity to it (e.g., Ebola). Organizations must be prepared with policies and protocols.
        + Both natural and manmade disasters have increased in recent years and require healthcare organizations to prepare for the influx of mass casualties that may occur. All hospitals and other healthcare organizations must have emergency plans in place and have staff adequately trained to respond to these all-too-common events.
      * What does the future hold for nursing?
        + To meet both anticipated increases in population and an aging populace (U.S. Census Bureau, 2015), more than 500,000 additional nurses will be needed by 2022 (U.S. Bureau of Labor Statistics, 2014).
        + Unfortunately, as the population ages, nurses, too, are growing older (Budden et al., 2013). The average age of nurses practicing today is 50 years or older, up from 45 a few years ago (Health Resources and Services Administration [HRSA], 2013).
      * Institute of Medicine (IOM) is now known as The Health and Medicine Division (HMD) and is a division of the National Academies of Sciences, Engineering, and Medicine
      * **IOM’s Recommendations for Nursing**:
        + The IOM’s report on the future of nursing calls for sweeping changes the profession including that nurses be full partners with other health team members.
        + IOM posits that today’s healthcare environment necessitates better-educated nurses and recommends that **80% of nurses be prepared at the baccalaureate or higher level by 2020\*\*\*.**
        + Report recommends that barriers limiting the scope of practice for advance practice nurses be eliminated, and that racial, ethnic, and gender diversity among the nursing workforce should be increased to better care for a diverse patient population.
        + IOM also calls for an increase in the number of nurses in leadership.
        + Nurses must be prepared to enter a profession that is constantly evolving and changing.