



President's Message

The future of nursing and campaign for action: An update on the work at AAN and beyond



Catherine L. Gilliss, DNSc, RN, FAAN

The release of the October 2010 Institute of Medicine report on the Future of Nursing, *Leading Change, Advancing Health*,¹ resulted in an immediate flurry of activity focused on scope of practice. The first of the 8 recommendations in the report said, "Nurses should practice to the full extent of their education and training." Much of the initial press coverage of the report hyped the doctor-nurse battle over scope of practice, overlooking the more fundamental message that nursing capacity would not be fully harnessed toward improving the health of the nation if nurses were unable to bring their full range of preparation to the delivery of health care.

As the implementation companion to the report, the Robert Wood Johnson Foundation (RWJF), the funding sponsor of the IOM report, launched the *Campaign for Action* to improve how health care is delivered to better meet the needs of all patients. A national implementation meeting was convened in late November and many stakeholders and leaders in health care were invited to discuss the report and approaches to implementing the report's 8 recommendations. Implementation strategies were discussed broadly, and leaders were encouraged to develop initiatives to advance the report's recommendations at the state and local level. As part of the *Campaign for Action*, Regional Action Coalitions (RACs) will be important agents for change. According to the

RWJF Website on the Future of Nursing,² RACs, a key component of the Campaign, will be led by nursing and non-nursing leaders and enlist the participation of a diverse group of stakeholders from a variety of sectors to work together to transform the future of nursing at the state and local levels.

Five pilot RACs were launched in California, Michigan, Mississippi, New Jersey, and New York in October 2010. In January 2011 the Campaign released a call for applications inviting leaders in states and regions

Table 1 – Campaign for Action: Strategic Advisory Committee Roster

Sheila Burke, MPA, BSN, FAAN Chair, Strategic Advisory Committee Adjunct Lecturer in Public Policy, Harvard Kennedy School of Government
Linda Burnes Bolton, PhD, RN, FAAN Chief Nursing Officer, Cedars Sinai Medical Center
Jack Rowe, MD Professor, Columbia University Mailman School of Public Health
Darrel Kirch, MD President and CEO, American Association of Medical Colleges
Phyllis Wise, PhD Provost and Executive Vice President, University of Washington
Christina Esperat, PhD, RN, FAAN Professor and Associate Dean for Practice & Research, Texas Tech University Health Sciences Center
Chip Kahn President, Federation of American Hospitals
Debra Ness President, National Partnership for Women and Families
Bill Novelli, MA Distinguished Professor of Practice, Georgetown University School of Business
Judy Ann Bigby, MD Secretary of Health and Human Services, State of Massachusetts
Alan Morgan Chief Executive Officer, National Rural Health Association
Antonia M. Villarruel, PhD, FAAN Associate Dean for Research and Global Affairs, University of Michigan

Table 2 – Research Priorities**Research Priorities for Transforming Nursing Practice**

Scope of Practice

- Comparison of costs, quality outcomes, and access associated with a range of primary care delivery models
- Examination of the impact of expanding the range of providers allowed to certify patients for home health services and for admission to hospice or a skilled nursing facility
- Examination of the impact of expanding the range of providers allowed to perform initial hospital admitting assessments
- Capture of intended and unintended consequences of alternative reimbursement mechanisms for advanced practice registered nurses (APRNs), physicians, and other providers of primary care
- Capture of the impact of health insurance exchanges on the role of APRNs in the provision of primary care in the United States

Residencies

- Identification of the key features of residencies that result in nurses acquiring confidence and competency at a reasonable cost
- Analysis of the possible unintended consequences of reallocating federal, state, and/or facility budgets to support residencies and other nurse training opportunities

Teamwork

- Identification of the main barriers to collaboration between nurses and other health care staff in a range of settings
- Identification and testing of new or existing models of care teams that have the potential to add value to the health care system if widely implemented
- Identification and testing of educational innovations that have the potential to increase health care professionals' ability to serve as productive, collaborative care team members

Technology

- Identification and testing of new and existing technologies intended to support nurses' decision-making and care delivery
- Capture of the costs and benefits of a range of care technologies intended to support nurses' decision-making and care delivery
- Identification of the contributions of various health professionals to the design and development, purchase, implementation, and evaluation of devices and information technology products
- Development of a measure of "meaningful use" of information technology by nurses

Value

- Capture of the impact of changes made to the system of care delivery on costs and quality over the next 5–10 years
- Capture of the costs of implementing the recommendations in this report
- Capture of the impact of implementing the recommendations in this report on the cost and quality of health care provided in the United States
- Analysis of the intended and unintended effects of increasing payment for primary care provided by physicians and other providers

Research Priorities for Transforming Nursing Education

- Identification of the combination of salary, benefits, and job attributes that results in the most highly qualified nurses being recruited and retained in faculty positions
- Analysis of how alternative nurse faculty/student ratios affect instruction and the acquisition of knowledge
- Capture how optimal nurse faculty/student ratios vary with the implementation of new or existing teaching technologies, including distance learning
- Identification of the features of online, simulation, and telehealth nursing education that most cost-effectively expands nursing education capacity
- Capture of the experience in the nursing schools that include new curriculum related to expanded clinical settings, evidence-based practice, and interprofessional and patient-centered care
- Identification and evaluation of new and existing models of nursing education implemented to ensure that nurses acquire fundamental competencies needed to lead and engage in continuous quality improvement initiatives
- Identification or development of an assessment tool to ensure that nurses have acquired the full range of competence required to practice nursing in undergraduate, postgraduate, and continuing education
- Analysis of the impact of a range of strategies for increasing the number of nurses with a doctorate on the supply of nurse faculty, scientists, and researchers
- Identification of the staff and environmental characteristics that best support the success of diverse nurses working to acquire doctoral degrees
- Identification and testing of new and existing models of education to support nurses' engagement in team-based, patient-centered care to diverse populations, across the lifespan, and in a range of settings
- Development of workforce demand models that can predict regional faculty shortages

Research Priorities for Transforming Nursing Leadership

- Identification of the personal and professional characteristics most critical to leadership of health care organizations, such as accountable care organizations, health care homes, and clinics
- Identification of the skills and knowledge most critical to leaders of health care organizations, such as accountable care organizations, health care homes, medical homes, and clinics
- Identification of the personal and professional characteristics most important to leaders of quality improvement initiatives in hospitals and other settings
- Identification of the characteristics of mentors that have been (or could be) most successful in recruiting and training diverse nurses and nurse faculty
- Identification of the influence of nursing on important health care decisions at all levels
- Identification of the unique contributions of nurses to health care committees or boards

across the country to apply to become RACs. Joining the pilot states, 10 states were selected: Colorado, Florida, Idaho, Illinois, Indiana, Louisiana, New Mexico, Utah, Virginia, and Washington.

The *Campaign for Action* will be led by a Strategic Advisory Committee that includes members of the panel that authored the report and a number of leaders well able to address the next phase of the work (See Table 1 listing of Members).

Among those that are not directly engaged in RAC activity, the question has been asked, “How can I be engaged?” Some state’s leaders are bringing together groups to share information, set priorities, and launch action plans that will improve the health at the regional and state level by more effectively engaging the nursing community. Professional journal editors are writing about the report to inform and enlist engagement. The AAN staff, the officers, board members, and I have been engaged with the AAN Fellowship regarding the particular role that AAN can take in advancing the work of the report.

We have commissioned a new AAN Task Force on the Future of Nursing, to be co-chaired by Dr. Linda Burnes Bolton and Dr. Julie Fairman. The charge to this group is to advance AAN’s strategic plan while assisting the implementation of the IOM recommendations. Members will examine and inventory AAN’s leadership role in coalitions and alliances and in its numerous individual initiatives including the *Raise the Voice Campaign*, Building Academic Geriatric Nursing Capacity (BAGNC), and the Council for the Advancement of Nursing Sciences (CANS) for the ways in which these activities can advance the report’s recommendations.

The AAN officers and board members join me in the belief that our fellows should be broadly engaged in our work and, therefore, we have asked the Task Force to work closely with the Academy’s Expert Panels to examine the 3 recommendations (2, 7 and 8) with which AAN’s mission is most closely aligned. The Task Force will inventory Expert Panel deliverables that are anticipated for completion over the next 12 months and review them for their relevance to advancing the report’s recommendations. The Task Force will provide a first report to the AAN Board on June 30, 2011.

Beyond the much-discussed 8 recommendations in the report are a series of *research priorities* (see Table 2) directed at transforming nursing practice, transforming nursing education, and transforming nursing leadership. These research priorities should not be overlooked, especially by the major professional societies, including the AAN. The mission of AAN, to serve the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge, is all about using evidence to advance appropriate policies. As such, we are major stakeholders in the advancement of science.

The 8 recommendations included in the report were based on the available evidence examined by the IOM panel. In conducting their analysis, the panel members determined that additional questions must be answered to enable us to amass the evidence for the next generation of recommendations. The research priorities create the road map for the evidence required for the next phase of advancement.

The discussion of these research priorities has been much more limited, but the priorities are no less significant. But despite their importance, it is not clear who will take up this work. Who will assume responsibility for funding these priorities? Many of the questions do not align with the funding priorities of our federal agencies. If needed, who will advocate for the shifts in funding priorities of the agencies that provide the support to answer such questions? Who will make the case that educational research needs more support? Who will emerge to fund a closer analysis of leadership development and leadership influence?

Our fellows will be tapped to help AAN take on the limited scope of work we have already identified—but there is much more that our fellows and other leaders must address. Specifically, we must advocate for closer attention to the research priorities that have been identified and help find the support needed to begin examination of these high priority concerns.

REFERENCES

1. IOM. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press; 2011.
2. Robert Wood Johnson Foundation. Future of Nursing: Campaign for Action. Available at: <http://thefutureofnursing.org>. Accessed February 27, 2011.

Author Description

Catherine L. Gilliss, Dean, Duke University School of Nursing; Helene Fuld Health Trust Professor of Nursing; Vice Chancellor for Nursing Affairs for Duke University, Durham, NC.

Catherine L. Gilliss, DNSc, RN, FAAN
Corresponding author: Dr. Catherine L. Gilliss
Duke University School of Nursing, DUMC 3322
Durham, NC 27710-3322
E-mail address: catherine.gilliss@duke.edu