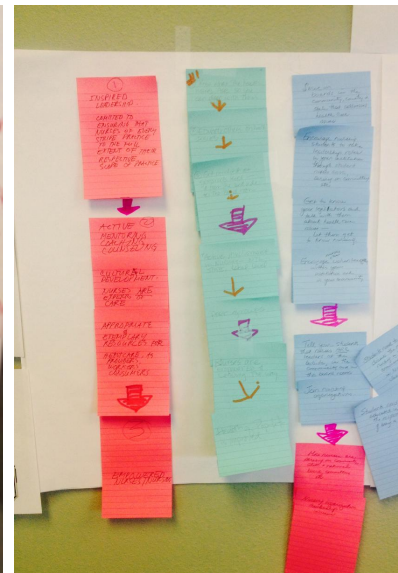


Strategic Review: The Role of Nurses in a Healthy New Mexico

New Mexico Center for Nursing Excellence
New Mexico Action Coalition



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Table of Contents

Acknowledgements	2
Overview	5
Introduction	6
Background	6
Objectives	6
Methods	7
Participant selection	7
Literature review	7
Interview methods.....	8
Discussion group methods.....	8
Analysis	9
Findings: At-a-Glance	10
Findings: Detailed.....	11
Summary of Key Informant Interviews.....	11
How can we address major health issues?	11
Education	11
Practice	12
Leadership	12
What is not happening that should be?.....	12
Education	12
Practice	13
Leadership	13
What needs to be in place?	13
Education	14
Practice	14
Leadership	14
What other models may work?	14
Summary of Discussion Groups	16

How can we transform the profession?	16
Education	16
Practice	19
What needs to be in place to accomplish these innovative ideas?	25
How will we know if the leadership strategies are successful?	26
Role of NMAC	27
How participants agreed to support the proposed ideas	28
Additional discussion items	29
<i>Conclusion</i>	<i>30</i>
<i>Appendix</i>	<i>31</i>
Interview guide	31
Discussion group facilitator guide	32
Discussion Group Participants	34

Overview

The New Mexico Action Coalition (NMAC) of the New Mexico Center for Nursing Excellence commissioned a strategic review of ways the nursing profession can have the greatest impact on major New Mexico health issues through planning, implementation, and evaluation. The review informs NMAC about next steps to support and guide the nursing role in improving health outcomes in New Mexico.

The strategic review took place between March and June 2014 and involved a literature review of health assessments and “future of nursing” reports recommended by NMAC, as well as 10 key informant interviews and 2 discussion groups with a total of 31 participants. All participants are current nurses in the state of New Mexico. The purpose of the field research was to solicit feedback about the key findings of the literature review documents, in particular those from the Institute of Medicine’s 2011 report, “The Future of Nursing: Leading Change, Advancing Health” which recommends transforming nursing practice, education, and leadership. Additionally, field research explored the role of NMAC in this transformation¹.

NMAC has already been a leader in strengthening the infrastructure and culture of the nursing profession in New Mexico through their support of education reform, lifelong learning, and workforce data. This review outlines initial findings and provides recommendations from participants that NMAC can use to develop its leadership in *new* ways in order to be on the forefront of sculpting and influencing New Mexico’s evolving health care system.

¹ IOM (Institute of Medicine). 2011. The Future of Nursing: Leading Change, Advancing Health. Washington D.C.: The National Academies Press.

Introduction

Background

This report is the result of a qualitative investigation that included 10 interviews and 2 discussion groups, with a total of 31 participants that took place between March and June of 2014 in New Mexico.

The Institute of Medicine (IOM) has stated that “the nursing profession has the potential capacity to implement wide-reaching changes in the health care system” through transforming nursing practice, education, and leadership². The goal of this review is to help NMAC develop a strategic plan of its future work in alignment with the IOM recommendations. While its current workgroups are doing important work focused on strengthening the nursing profession infrastructure and culture through education reform, lifelong learning, and workforce data, the NMAC Steering Committee is committed to exploring strategies to “improve health through nursing”.

Objectives

The strategic review had the following three objectives:

1. Support facilitated discussions of the New Mexico Action Coalition committees on the findings of a series of community assessments of health needs in the state of New Mexico
2. Assess the impact nursing can have on planning, implementation and evaluation of meeting these health needs.
3. Inform the strategic direction of the New Mexico Action Coalition

² IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington D.C.: The National Academies Press.

Methods

The strategic review took place between March and June of 2014. It involved qualitative field research that documents what current New Mexico nurses consider to be pressing health needs in the state, as well as their opinions of how to address these needs through planning, implementation, and evaluation.

A total of 10 participants were interviewed and 21 participated in discussion groups.

Participant selection

Participants were chosen based on New Mexico Action Coalition (NMAC) recommendations. They represented nurses from across the state that work in the areas of education, consulting, research, psychiatry, hospital care, home health, and public health. NMAC handled recruiting for both the interviews and discussion groups.

Literature review

NMAC provided the following list of documents that guide this strategic review:

- Bernalillo County Health Assessment, November 2012
- Con Alma Health Foundation, AUGUST 2012, Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond Executive Summary
- Con Alma Health Foundation, AUGUST 2012, Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond, *Key Findings and Recommendations*
- Con Alma Foundation Strategic Plan 2012-2014
- Health Status in New Mexico: Presbyterian Healthcare Services' Health Assessment, 2011/2012
- Institute of Medicine, March 2011, Leading Health Indicators for Healthy People 2020, Letter Report
- NM Department of Health Strategic Plan Fiscal Year 2014
- The State of Health in New Mexico, NM Department of Health, 2013
- Institute of Medicines, 2011, The Future of Nursing: Leading Change, Advancing Health

The NMAC summarized many of these documents in their “New Mexico Action Coalition Health Assessment Summary” and more details can be found in that report. The health needs and outcomes described in the health assessments (Bernalillo County and Presbyterian Healthcare Services), the New Mexico Department of Health documents, and in the interviews were then summarized and used to solicit feedback during the discussion group. They are:

1. Improve the health literacy of the population
2. Reduce falls in older adults (65+)
3. Improve geriatric care coordination (i.e. primary care, acute care, long-term)
4. Improve care coordination (i.e. primary care, acute care, long term care)
5. Reduce the proportion of persons abusing alcohol
6. Improve substance abuse treatment
7. Decrease tobacco use by adults
8. Decrease initiation of tobacco use among children, adolescents, and young adults
9. Improve pain management

10. Reduce the proportion of children and adolescents who are considered obese
11. Increase the proportion of adults who meet current federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity
12. Improve diabetes management (i.e. HbA1c <9%)
13. Improve COPD management
14. Improve hypertension control
15. Reduce proportion of persons who experience major depressive episodes
16. Improve mental health system
17. Decrease teen pregnancy rates
18. Decrease infant mortality/low birth weights
19. Improve oral health

The framework for the discussion group was principally based on the major findings of the Institute of Medicine Report, “The Future of Nursing: Leading Change, Advancing Health”³. It details how the nursing profession has the potential capacity to implement wide-reaching changes in the healthcare system by transforming nursing:

- **Education** - Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- **Practice** - Nurses should practice to the full extent of their education and training.
- **Leadership** - Nurses should be full partners, with physicians and other

³ IOM (Institute of Medicine). 2011. The Future of Nursing: Leading Change, Advancing Health. Washington D.C.: The National Academies Press.

health care professionals, in redesigning health care in the United States.

Interview methods

All interviewees were asked the same questions in a face-to-face setting or over the phone. Interviews took approximately 30-45 minutes and included board members of the New Mexico Center for Nursing Excellence as well as one other nurse expert. Interviews gathered opinions regarding priority health issues in New Mexico and strategies to address them through nursing. This provided the context for the discussion groups and guided their development.

Discussion group methods

Two 4 –hour discussion groups led by two facilitators were completed in April 2014. Participants were placed into breakout groups of 3 to 4 and asked a series of questions focused on education, practice, and leadership. Various breakouts were held and participants were divided differently each time. In general, the questions were:

1. Think of innovative ways the nursing profession can address health issues in our state.
2. What needs to be in place for nurses to do this the most effectively?
3. How can we determine if these strategies are having the desired impact on health outcomes?

These questions were developed to help participants identify how nursing can participate in planning, implementation, and evaluation of strategies to improve health outcomes.

Participants also provided their feedback via small and large group discussion. At the end of the day, participants were asked to prioritize their ideas to improve health outcomes based upon criteria they felt were important. Examples given as potential criteria included feasibility, impact, New Mexico culture, sustainability, broad ideas, and creative solutions. Participants prioritized ideas through a “dot voting” activity. Each was given the same number of dot stickers. They placed them, at their discretion, next to the idea or ideas they felt were priorities. The ideas with the most support were indicated by three or more dots. Though not a scientific measurement, this activity provided a glimpse into what the participants favor as focus areas for future NMAC work.

Analysis

Interviews were summarized and coded for main themes. This was done for each interview and each question covered in the interviews.

The discussion group results were synthesized by typing up the notes from the breakout sessions and analyzing for repeating ideas, strategies, and measures. All ideas were recorded and repeating ideas were only reported once.

Findings: At-a-Glance

Major themes from the strategic review are as follows:

Education

It was recognized that expanded use of multi-disciplinary teams in education should be expanded so nurses can share expertise and learn from medical doctors, pharmacists, community health workers, paramedics, and others. This builds on the team approach of providing care.

There needs to be a major focus on continuing to build the workforce that includes continuing to bring registered nurses up to the baccalaureate level and higher. There is also a need to develop more advanced practice nurses so they can provide higher levels of care, practice with more independence, and ultimately move into faculty positions.

Participants felt that a focus on teaching students about the value of leadership and participating in the community should begin early and be reinforced throughout their education so they bring this value into their practice.

Practice

Frequently, the participants mentioned the need for nurses to work at the highest level of their training. The health care system and nurses need to change their focus to more prevention and self-management of chronic disease in order to begin to have a meaningful impact on community health outcomes.

It was identified that there is a need to incorporate more home visiting into all types of practice to support the needs of patients. The focus of these visits would be for things such as medication management, fall hazard assessment, identification of social needs such as food and adequate housing, and diabetes management.

Leadership

A major theme from almost all participants was the need to build on mentorship opportunities; this should be incorporated into education, the practice setting, and through leadership opportunities.

Nurses should strive to serve in leadership roles within their work setting as well as in the community with non-profits, coalitions, and other committees.

As part of leadership, nurses should be participating in policy work. This can include policy advocacy at the state and federal level as well as supporting individual legislator campaigns. Additionally, this can involve writing letters to the editor or testifying at the legislature.

Another consistent message the nurses gave was that as a community of providers, they must walk the talk, with a focus on wellness so they can be good role models for their patients and other nurses.

Findings: Detailed

Participants have innovative ideas to transform New Mexico’s health care system through nursing education, practice, and leadership. These are grouped into major themes raised during the interviews and discussion groups and described below. Descriptions include details about the planning, implementation, and evaluation that may be required to bring the ideas to fruition.

Summary of Key Informant Interviews

The interviewees served in many different nursing roles throughout their careers and many are current nurse practitioners and have other advanced degrees, or serve in a leadership role at their respective institutions. Several have backgrounds in public health; others are current leaders in education in the state. Specialties range from women and infant services, psychiatric mental health nursing, health care quality, critical care, intensive care, emergency, to home and hospice care, and leadership consulting.

The nurse leaders who were interviewed were asked what they felt were the major health issues affecting New Mexico and their answers were consistent with the literature review and health assessment summary. A major theme was social determinants of health such as poverty, food access, and education. Also, chronic diseases such as diabetes and cancer are major issues. A workforce shortage was identified as well as

lack of participation in preventive and proactive care. There is difficulty accessing health care due to availability, cost, and poor quality of care. Other issues identified included lack of health literacy, smoking, substance abuse, lack of mental health services, and obesity.

How can we address major health issues?

The nurse leaders who were interviewed are participating in or aware of work being done to address these health issues. Some of these ways are summarized below.

Education

Several interviewees are supporting workforce development through education and participation in the New Mexico Nursing Education Consortium, which is developing and implementing statewide curriculum in partnership with all of the state nursing schools and colleges. Also, support for development of advanced practice nurses and faculty in fulfillment of workforce development goals.

“Nurses can be extremely effective but we need to work on the nursing workforce so they have all of the access and opportunities the patients have in terms of tools and helping them help themselves.” - Joie Glenn

Practice

Interviewees are working to increase access to mental health services, improve pregnancy outcomes, build the primary care network, support clinical improvement, focus on community health, align with the IHI Triple Aim, participate in the transformation of the health care system, support patients with self-management, and help patients get the appropriate level of care.

“The best thing I ever did in my life was go to nursing school. I can do so many different things – bedside, leadership, research... it is the most highly respected profession nationally.” - Ellen Interlandi

excellence in nursing through the annual Nursing Excellence Awards (NEA) and the interviewees felt this was an important support for leadership development in the state.

What is not happening that should be?

The nurses were asked about what was missing in the state regarding education, practice, and leadership in nursing. Their answers are summarized below.

Leadership

Many of the leaders interviewed participate in legislative advocacy, support relevant national policy, health planning, serve on committees, bring health issues to the forefront of the discussion, and help nurses be leaders of improving health outcomes. One of the nurses appreciated helping teach nurses that whatever one likes to do it can be found within nursing – quality, leadership, education, research, publishing, etc. As part of leadership development, the New Mexico Center for Nursing Excellence (NMCNE) helps to promote

Education

Although there is a lot of work on the education side, there is additional support needed to support organizations and nurses to move from RN to BSN. There is a need to incorporate more students into home visiting models as the development of an important skill set. As part of this development and support of home

“The NEA awards banquet helps to bring stories to the forefront so people are hearing what can be done across the state. We help them engage and help them feel they have the power to facilitate change as they learn more.” - Jennifer Ellis

visiting, students need to learn how to do safety assessments in homes and check on medications as well as food and other needs in order to impact the health needs in our state.

Practice

In addition to developing more advanced practice nurses through education, there is a need to expand the role of the advanced practice nurse in the state for increased independence. Also, nurses need to take advantage of level of education and autonomy they can have. There should be more roles developed for nurses in community health and health promotion in order to impact health outcomes in the state; and these nurses need to be able to take time to do consistent education and patient teaching. The need to increase home visiting was mentioned frequently as an important practice model. Due to our state run public health system, more public health experts at the county level and a well developed county nurse program is important. A problem identified is that the regulatory and legislative environment is stifling innovative practice as well as increases in wellness and increases in a healthy population. An important step to improved health is to get nurses more involved in the care plan of patient.

“We need to focus more on prevention in terms of helping people to lead more healthy lifestyles” - Nisa Bruce

Leadership

Nurse leaders need to connect more to business as important partners in bringing this work forward. More opportunities for mentoring need to be available. And, barriers with insurance companies need to be addressed in order to share information across the continuum of health care. Leaders need to have shared knowledge and not just within these systems; the reach should extend beyond health care.

The nursing community doesn't always see the relationship of shared information, shared data, lessons learned, opportunities to come – this needs to happen more.

Being responsible for one's own health as a workforce is an issue. Participants felt nurses are not always good role models of living a healthy lifestyle.

“We need to figure out how to get more connected to business because health care, especially in this state, is an economic engine” – Nancy Ridenour

What needs to be in place?

In order to accomplish needed strategies for nurses to participate more fully in improved health in the state, there were many supports identified that need to be in place.

Education

There is an urgency to get students into the workforce to fill the workforce need as well as expand the pool of future instructors. In order to accomplish this, the education system needs to have funds to run the nursing programs; they are expensive and there are far more qualified applicants than spaces available. To build the skills and knowledge necessary for nurses to increase their role in improving health outcomes, students need to be involved in the community more during their education.

Practice

The interviewees felt there was a need for data standardization in the practice environment. Employment opportunities for advanced practice nurses need to be available and align with the IOM report to have nurses working at the highest level of their education. Reimbursement system reform is important to improve the practice environment. When hiring nurses, look at best practices in orientation as a retention tool. There is a need to train nurses to deliver real patient-centered care and practice it. Tools such as motivational interviewing need to be integrated and we need to work in people's homes.

Leadership

Nursing leaders need to come to a mutual agreement on sharing valuable resources and must take advantage of their reputation as trusted individuals and their status in the community. In a caring way, nurses should become broader advocates for necessary

social change. Nurses must become healthy role models and in order to do this they must address their own issues so they can be credible advocates for community health.

What other models may work?

The nurse leaders were asked if they were aware of or had worked in any other health systems that were effective at improving health outcomes; several models or pieces of effective health systems were identified.

Effective pieces of systems included:

- Community health workers as a part of the team
- Patients involved in the care plan and discussion
- The midwife model
- A lot of niches of effective healthcare; for example, the infusion center where people can go home and sleep in their beds after receiving care in an outpatient setting
- New models of receiving care such as clinics in drug stores
- More school nurses who are able to talk about important things in a school setting

“As nurse leaders, we need to see the potential in our teams and grow them... and have the time to grow them.” - Jennifer Ellis

Effective systems identified:

- Cuban health system focused on prevention and engaging families early on in prevention of smoking, obesity, and high blood pressure
- Taiwan took best practices from many systems and one nurse leader felt theirs is the best in terms of being efficient and meeting specific needs of their population
- Single-payer health care system

“We need to let the answers flow from the people in the community – nursing staff, aides, CHWs, etc., in a structured fashion...” -Allison Kozeliski

An observation was made that health care needs to learn to take the inefficiencies out of the system so the continuum of care is more visible and effective. All pieces necessary to improve health outcomes are in the system but are not being connected.

Summary of Discussion Groups

Participants were from across the state and served in all types of roles such as education, hospital-based care, consulting, research, health care leadership, home health, quality improvement, professional associations, private practice, and ambulatory medicine.

How can we transform the profession?

Education

Six major themes regarding the ways the nursing profession in New Mexico can transform education arose from the interview and discussion groups. These are described below in no particular order.

#1- Teach students about the “real world” of nursing

Students often do not see or experience certain aspects of nursing until they are graduated and “on the job.” This may mean they go into positions lacking competency in disciplines, including system improvement, research, teamwork, technology, and information management, that are now common and required to meet health care’s growing demands⁴. Participants felt there should be more focus from sick care to prevention in the

⁴ IOM (Institute of Medicine). 2011. The Future of Nursing: Leading Change, Advancing Health. Washington D.C.: The National Academies Press.

community. There is a concern that social issues cause many health issues but training is not focused on this.

In order to teach the “real world,” more time should be dedicated in the classroom and clinical settings for students to learn the “ins and outs” of an actual nursing practice. For example, participants commonly stressed that nursing students need to spend more time working with multiple disciplines (medical doctors, pharmacists, physicians assistants, community health workers, etc.), including developing a care plan with a team. They also need to learn about electronic medical record constraints on care planning. Other “real world” teaching suggestions included:

- Spend more training time in community-based settings
- During classroom lecture, use real-life case scenarios from actual nurses
- Utilize mentors to coach students from the start of their clinical training instead of at later stages as is currently the practice
- Extend preceptorships so students can experience working on different shifts and in different clinical areas

When integrated, these ideas may result in changes in:

- Preparation - For example, new graduates may demonstrate increased preparation and less “culture shock” for multiple nursing disciplines
- Confidence - For example, new nurses may express increased confidence working in a clinical setting

- Ability - For example, new nurses may demonstrate increased ability to develop accredited, multi-disciplinary care plans

Teaching about the “real world” was chosen as a priority idea during dot voting (see methodology). It had 3 or more votes.

#2 - Focus on care management

Care management is becoming more important as the health care system is transforming and the need to support patients in receiving integrated, high quality, and efficient care has surfaced as a priority.

Participants expressed that New Mexico’s nursing education system needs to expand to focus on care management of populations. This includes:

- Instructor preparation and availability of training materials on this topic as well as an expanded knowledge-base on care management and preventative care
- Ensure New Mexico’s educational institutions have the appropriate technology (including TVs, computers, phones) needed to teach today’s students
- Support for specialty skills and care
- Expanded marketing in various forms in order to generate and sustain instructor and student interest in care management
- An understanding of the provider base in individual communities

These ideas may result in:

- A decrease in a health related problem a program is trying to address such as decrease in teen pregnancy, controlled blood pressure, or stable diabetic care
- The nurses utilizing the program would show increased satisfaction
- An increase in patients accessing primary care clinics with a decrease in emergency department visits including readmissions
- Successful results in mentoring professionals

To meet health care’s growing demands, nurses must be competent in several disciplines, such as leadership, system improvement, research, teamwork and collaboration, and public health. Nurses are also expanding into technology and information management roles to support exceptional care management.

#3 - More clinical and interdisciplinary learning

Participants recommended that nursing education look at other clinical preparation models for best practices, train more with other disciplines, and incorporate more diverse clinical sites to facilitate changes in educational practice. Nurses should get credit for clinical practice while going for advanced practice licensure. Education should support nurses working to the highest level of their training. Also, additional support for the nurses to be a part of a medical home is an important strategy.

We would know this idea is having an impact by increased retention of nurses and staff feeling more satisfied as a valued part of the team.

#4 - Develop a statewide readiness training program

This involves transitioning those new to practice and to provide retraining and specialty training to those already in practice.

For this idea to be successful, participants felt there needed to be a financially sustainable program developed. This can be accomplished by looking at other models for training and financial sustainability of practice. New Mexico should look at other models and provide retraining for experienced nurses in another specialty.

We would know this idea is having an impact by retention of new nursing graduates.

#5 - Increase competencies in crisis intervention, care management, counseling, and experiential education

Behavioral health was a common topic in the interviews and facilitated discussions. There was a need identified to increase training and competencies to address the need in the state with a specific focus on crisis intervention, care management, counseling, and experiential education.

In order for nurses to be able to accomplish this goal, there would need to be:

- Requirements for continuing education from the Board of Nursing (BON) and additional requirements for schools of nursing should be developed
- The BON should gather input from advanced committees and potentially support a rules change if necessary

- There should be a process to get public buy-in and a training and educational component
- The participants felt this was not appropriate for regulators and that professional associations should take the responsibility
- Employers and academics need to provide residencies

We would know this idea is having an impact through change in behavior and length of stay, fewer admissions from the ambulatory setting, decreased behavioral health admissions to the emergency department. Also, we would see that more nurses were retained in New Mexico and the number of registered nurses and advanced practice nurses graduate, are licensed, and still are in practice after five years.

Increasing experiential education and requiring nurse residencies to move beyond acute care to home health care management were chosen as priority areas during dot voting. Both had 3 or more votes.

#6 - Provide telehealth and webinar access to educational programs in rural areas and statewide

Increasing access to education for rural New Mexico communities is a big issue. Participants recommended that telehealth and webinar access to education programs be available statewide.

In order for this to be successful there is a need for funding, technology infrastructure, and a mix of available specialists and generalists. There needs to be support from stakeholders such as licensing and professional agencies

lending resources such as funding and expertise. Additional needs are increased cooperation and networking between academic programs in the state, and increase in location and variety of clinical education sites with adequate preceptors and instructors.

There would be several ways to measure the success of this idea:

- Evaluation results from students, faculty, and institutions
- Analysis of the impact on retention of nurses as well as increase in satisfaction
- A decrease of transport of patients through air ambulance
- A decrease in patients traveling to receive care

Additional ideas

Additional ideas and issues identified that the participants didn't have the time to expand upon include

- Lack of access to programs in rural areas
- Maximize use of local resources for nursing education
- Prevention focused on root causes and social determinants of health
- In order to prevent people going to the hospital, there should be follow-up at home, call patient, home visit, patient discharge
- There should be an assumption that nurses have a BSN at entry with less classroom and more community experience
- Empower nurses to identify what they need for lifelong learning and provide access to those things

The last two on the list were chosen as priority areas during dot voting. Both had 3 or more votes.

Practice

“Nurses provide primary care services across the spectrum of health care settings. The range of possibilities for nurses providing primary care is significant, and their capacity for filling these roles is not always recognized.”⁵ Practice is a key component of the Institute of Medicine recommendations and was a major focus of the discussions and interviews.

The practice breakout sections were organized by health outcome area. The health outcomes chosen came from Healthy People 2020 or The State of Health in New Mexico report from 2013⁶. Participants were randomly given one of the health issues listed in the methods section by picking from a box with all of the possible issues; they were then asked to focus their discussion on that issue. Outcomes included decrease obesity, improved geriatric health, improved mental health system, decrease infant mortality and low birth weights, reduced unintentional injury, reduced proportion of persons abusing alcohol, improved hypertension control, and improved diabetes management. The participants were asked similar questions as the other breakouts:

⁵ IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington D.C.: The National Academies Press.

⁶ The State of Health in New Mexico, NM Department of Health, 2013

- What are innovative ways nurses can address our major health issues through clinical practice?
- What needs to be in place for nurses to do this?
- How would we measure if this idea is having an impact?

- An important piece is ongoing community and organizational support for these activities
- A public education campaign to support this work
- Engage nurses with necessary policy change

#1 - Decrease obesity

Decreasing obesity is a major issue nationwide; Participant identified strategies to support this priority in New Mexico:

- Nurses should be a part of incorporating food education and affordable, nutritious, and food preparation support in the primary care and community setting
- Provide family case management for obesity
- Support for the development of community gardens and walking clubs
- There should be community BMI screening and policy advocacy for healthy school meals

The supports that need to be in place for this to be accomplished include:

- Resources such as funding, teaching materials, nutrition continuing education, BMI measurement equipment, and demonstration kitchens for the providers
- There needs to be space, clean fertile soil, and water available for the community gardens
- Safe trails and paths need to be available for walking

If these strategies were having an impact, there would be:

- Fitter, healthier people
- Decreased BMI at the individual and community levels
- Increased activity at the individual and community levels
- Healthier community food options
- A positive and healthy impact on policy

#2 - Improve geriatric health outcomes

In order to improve health outcomes for the geriatric population:

- Involve patients in a more active way in their health care
- Incorporate education about specific disease processes and identify barriers to care as well as assist in overcoming those barriers
- Promote self-management as a strategy
- Home visits to assess fall risks including the physical environment such as nutrition and medication management

In order for these ideas to be successful:

- There needs to be time, so priority can be given to the interview rather than the physical assessment

- Nurses need to develop motivational interviewing skills as well as understand and be aware of community resources
- Behavioral health training needs to be provided to nurses
- Independent assessment skills in the home environment need to be taught
- There needs to be more training in geriatric health issues

If this strategy were having an impact there would be improved health outcomes including decrease in injuries, decrease in readmissions, and increased primary care provider visits. There would also be more independent living situations.

#3 - Improve the mental health system

Incorporate a patient's and families' mental health into nursing assessment and care in all practice settings as part of holistic practice (physical, mental, social).

'Core Curriculum' needs to formally include coursework and clinical practice for behavioral health. Systems need to be in place that include electronic records, adequate provider pool, and reimbursement.

Outcomes would include things such as decreased overdose, decreased death by suicide, increased job satisfaction, and increased retention.

#4 - Decrease infant mortality and low birth weights

Nursing should participate in changing health systems and policy to support the following ideas:

- Increase school based health center (SBHC) staffing; expand them with nursing as the lead
- Implement birthing center care models including centering pregnancy and peer support with an advanced practice nurse as the management
- Nurses should take the lead in inter-professional care and education to address the decrease in infant mortality and low birth weight
- Develop nursing social marketing campaigns on the importance of early prenatal care
- There needs to be safe access to care for high-risk populations
- Professional nursing organizations need to get more involved in legislation including supporting funding, rules, and regulations
- Nursing needs to increase data knowledge of population health and analyze skills to bring data to action (or access resources)
- Increased funding and education on use of data to nurses and end-users is an identified need
- As a common theme, there needs to be nurse representation on relevant leadership boards, committees, and councils

Data collection would need to be from nurses and on all levels and the indicators of success would be:

- An increase in number of pregnant women getting early pre-natal care
- Surveys on use (volume) and before and after knowledge

- Data utilized would include PRAMS, vital records, and hospital.

#5 - Reduce unintentional injury

Much of the work needed to reduce unintentional injury includes education on environmental assessment, cognitive assessment, and emotional assessment. In addition, there needs to be supporting policy and law changes to address injury and accidents.

Tools and experiential training need to be available including awareness of generally expected change.

There would be decreased frequency and severity of unintentional injury if this idea were successful.

#6 - Reduce proportion of persons abusing alcohol

In order to reduce alcohol abuse in New Mexico, there is a need to:

- Identify community partners already working in this area to coordinate with and develop joint messaging
- Develop an educational opportunity for both nursing and the community that addresses intersections where partners and nursing practice can join forces (e.g. impact of physical, social, emotional, and economical stressors on community-at large due to abuse of alcohol)
- Invite community partners to staff meetings to share collaboratively
- A repository of resources needs to be developed or identified for a consistent

and comprehensive source of info to be used community-wide

- Utilization of an innovative new assessment tool developed with consumer input

An additional issue was recognized that nurses are also abusing alcohol and participants recommended the requirement for avoiding alcohol abuse should be part of performance appraisal or a contract.

Participants felt there would be increased media attention and increased consumer engagement if this idea was successful.

#7 - Improve hypertension control

In order to improve hypertension control, several strategies were identified:

- Incorporate an in-office assessment process to include lifestyle change - diet, stress management, normal body weight, and exercise
- Utilize an interview about medication that includes education, compliance and assessment of effectiveness
- Support with blood pressure monitoring including using the proper equipment and a review of the reading
- Develop a plan for educating the patient as well as educating the educator
- Assess barriers to care, set goals and monitor progress
- Create a medical record that is specific to hypertension control
- Provide blood pressure equipment or available log to track results

- There is a need for more nurses and time to accomplish these tasks as well as increased collaboration with the provider
- Make this process available globally in order to expand the model

Measures such as blood pressure, weight, diet, stress level, medication compliance, satisfaction with life, length of life, decreased stroke, improved sex life, and decreased coronary artery disease were all outcomes identified by the participants as ways to know if these ideas are having an impact.

#8 - Improve diabetes management

Participants felt in order to impact diabetes management:

- Nurses should be part of multidisciplinary teams
- Weekly nurse home visits should be incorporated into diabetes management as an evidence based and proven strategy
- Nurses need to be recognized as an integrated piece to the improved diabetes management goal
- Additional financial resources are important to the success of this strategy
- Registered nurses need to be trained to do home care in order to learn the skills to do home visits
- The participants felt there was a need to support community acute care centers

Measures of success include decreased readmissions, improved HgA1C, decreased complications of diabetes mellitus, and increased respect for the contribution nursing makes to improved health outcomes.

Leadership

The leadership breakout identified innovative ideas to build nurse leadership to improve health outcomes in the state. These are mentoring, being involved in leadership roles, educating others, and “owning” your practice.

#1 - Mentor

Many of the participants expressed the need to increase mentoring in nursing. This includes mentoring young nurses and introducing them to leadership opportunities, help young and experienced nurses find mentorship opportunities, and support the Action Coalition or the Board of Nursing in developing and serving as the coordinator of a formal mentorship program.

Participants felt development of a statewide mentor bureau was important to accomplishing the ideas identified. Mentoring programs need to exist statewide as well as within organizations. This is part of building a network of active mentoring, counseling, and coaching.

Mentoring was identified by the participants as a priority, indicated by three or more dots during the informal prioritization process.

“Get involved at the grassroots level and from the bedside to the boardroom.” – Discussion group participant

#2 - Serve in leadership roles

One of the major themes of the interviews and facilitated discussions involved nurses serving in more leadership roles. This includes within institutions, with professional associations, as well as healthy policy executive, and community boards. Nurse leaders should encourage nursing students to get involved within institutions and in the community.

There is a need to bring together partners such as the American Heart Association and the Diabetic Association to work together on issues. Nurse leaders should be innovative in practice and education; think outside the box. Also, as leaders, nurses should develop meeting agendas that have aspects of health issues included.

Belong to meaningful boards and commissions including community, health policy, executive, and hospital boards and community leadership through partnership with community organizations were both identified as priority ideas based upon the informal dot voting process (see methods).

#3 - Educate others

Even when nurses aren't serving in leadership roles, the participants thought they should be at the table in community meetings such as Rotary, Kiwanis, United Way, event planning,

etc. in order to share knowledge and skills with the community. Nurses can play a role in forming ad-hoc groups around a health issue and should lead community outreach by educating consumers around pressing health issues. This can be through addressing the media and writing editorials on important issues.

Participants felt nurses were integral in educating policy makers on legislation and should be sure to be active in moving important legislation forward and educating the community on issues. This includes getting to know your legislators and talking with them about health issues. It was suggested that more nurses should run for political office as well. Other ways to be involved include supporting a candidates campaign.

Engaging with policy makers was identified as a priority idea through the informal dot voting process (see methods).

#4 - “Own” your practice

This includes becoming active in professional associations as well as being a source of education and information. The participants suggested several times that each nurse should become recognized as an expert in a chosen area. As part of this, there was a recommendation that there should be a focus on inspired leadership and be committed to ensuring that nurses of every stripe practice to

the full extent of their respective scope of practice. Part of owning your practice involves leading a unit or department in addressing pressing health needs as well as being educated about what the health needs are. An important point came up, that nurses need to walk their talk and live healthy lifestyles; leading by example is an important tool. Nurses need to be able to verbalize their worth including identifying their skillset and what they bring to the table.

The idea of reinforcing that nurses are experts of care was identified as a priority idea in the informal dot voting process (see methods).

What needs to be in place to accomplish these innovative ideas?

The group identified key pieces that need to be in place in order to implement the innovative ideas identified in the first section.

#1 - Prepare nurses to be leaders

This includes:

- Teaching information on community programs; including incorporating specific objectives into the curriculum.
- Promoting nursing professional organizations in school as a means to get involved and give back.
- Making materials on health outcomes standardized and available
- Encouraging nurses to “take the initiative”
- Increasing opportunities in advanced practice and education
- Participants recommended cultural development of nurses which include

training on historical trauma, institutional racism, and sexism

- Competencies need to focus on mentoring and teaching
- Leadership classes need to be available to all nurses who are in leadership positions and nurses must understand systems change and governance
- Nursing students should be told that nurses are leaders at the bedside, in the community, and in the boardrooms
- Students need to discuss the role of nursing in the community, on boards, and in nursing issues classes
- Students need to be educated in the responsibilities of being a professional

Additional supports need to be in place to get these ideas to fruition:

- Nurses need to walk their talk and serve as role models with a focus on population health

“Nurse leaders need a vision outside their organization” - Discussion group participant

- Nurse leaders should take responsibility for the content of the meetings they run and serve as content experts internally and externally
- Strong methods of communication are important, so there should be a focus on practice with writing and public speaking

- Nurse leaders need to support the empowerment of other nurses

#2 - Make cultural changes

In order for these ideas to come to fruition:

- There needs to be a culture change including a workplace that is supportive of leadership development
- There needs to be a change in mindset away from the idea of exclusive clubs
- There needs to be a value of belonging to the nursing profession
- Nurses should be seen as experts at care
- Credentialing of nurses needs to be a line item in a hospital budget
- Recognize nurses as individuals, not just part of an organization
- We need to support the development of a culture of belonging
- Nurses need to find time to do this work and need support from their supervisors
- Strong collaborative relationships need to be developed with the community

#3 - Push for policy changes

There needs to be a removal of barriers at the federal level for reimbursement for advanced practice nursing. Nurses need to establish a presence in the political arena.

How will we know if the leadership strategies are successful?

Multiple measures of success were identified in the sessions:

- There will be more nurses as part of professional organizations, on boards, as CEOs, and involved in community activities
- Professional organizations will see an increase in membership
- Nurses will become more effective at delivering the message about improving health outcomes
- There will be appropriate and exemplary resources for healthcare as providers, workers, and consumers
- The institutional “talk” will change and spread to the community
- There will be an increase in requests for mentorship
- Nurses will be empowered and leading the way; this includes more RNs in the state legislature as effective members with policy changes including legislation passed
- Elected officials will be health conscious and integrity-based
- There will be improved health outcomes with reduced health disparities, including an overall healthy workforce

A recommendation was made that there be an IOM evaluation during the benchmark year.

Role of NMAC

The New Mexico Action Coalition (NMAC) was formed in 2011. The goal of the Action Coalitions is to work at the state level to implement the recommendations of the Institute of Medicine's report "The Future of Nursing: Leading Change, Advancing Health". Action Coalitions are the driving force of the Future of Nursing: *Campaign for Action*. Action Coalitions are built to effect long-term sustainable change at the local, state, and regional levels.

Participants were asked what the role of the New Mexico Action Coalition (NMAC) should be in moving the discussion forum recommendations forward. Below is a summary of the responses.

Convening

Throughout the interviews and the discussion sessions, the participants expressed the role of the NMAC to be a neutral convener. The NMAC can bring important partners such as business to the table as they will be the drivers of recommendations. A recommendation was made to include more than nurses at the table for these discussions.

Narrowing the focus to one or more strategies that will move this forward. The NMAC should look at the overall Institute of Medicine goals and support education and health care with how to reach the goals; one strategy can include applying for

grants with partners to fulfill this work.

Information sharing

The NMAC can provide a valuable feedback loop to the Board of Nursing. The participants expressed a desire to have the NMAC place links to most current issues of journals and e-newsletters (e.g. RWJF nursing updates and AHRQ Innovations) and/or information on how to access up to date information, such as directions on how to search for or find information relevant to improving health outcomes. NMAC should also invite testimonials from nurses and share stories of success. The participants suggested the NMAC should foster an active interface with other nurses and the larger community.

Influence

The NMAC should be a part of identifying alignment among nursing groups to come out as a unified voice. They should also influence nursing curriculum by serving on the Board of Nursing and incorporating important information into the faculty conference. The NMAC should be proactive and ask other nurses how to influence health outcomes, and then incorporate it into education. The NMAC should develop leadership opportunities and

"The thing the people on the front lines need to realize is we must put systems of care in place that are better than this ... Symbiotic systems of care recognizing culture... The solutions must come from within the communities." - Shirlee Davidson

provide small opportunities that are open to everyone. Capitalizing on the influence, the NMAC is in an ideal role to develop and coordinate a formal mentoring program. In addition to mentoring, the participants felt the development of a media campaign like “Nurses for a healthier New Mexico” would help influence and educate the community. Individual nurses could publicly pledge to do specific health-related activities.

Advocacy

Engage NMAC members in policy education and advocacy. Participate in policy advocacy through the Center for Nursing Excellence. Take a lead role in getting individuals to sign on in support of issues. Participants felt nurses could influence legislation around reimbursement for advanced practice nurses. In general, nurses should get information from this report back to legislators and educators so they can see what the needs are.

Additional requests of the NMAC through follow-up surveys included

- Assure there is a report back on these activities and continue to hold convenings like these discussion groups
- Lead and connect to multiple stakeholders including partnership with

other professional groups to provide leadership opportunities

- Work with the media more to have the nurses voice be heard and recruit to nurses out of the state
- Narrow the focus of the NMAC and be more verbal about what is being done
- Ensure a full-time Executive Director
- Compile, link to, and summarize relevant information on the web
- Reach out to diverse regions of the state and to different types of nursing

How participants agreed to support the proposed ideas

Before participants left they were asked to share something they agreed to do based on their participation in the meeting. Responses overwhelmingly included

- Mentor other nurses
- Continue to participate in the NMAC and support the work
- Participate in advocacy
- Continue and/or expand participation in leadership roles
- Build on partnerships with community

“The CNE also has an opportunity to spark the enthusiasm and urgency in healthcare changes. Without those two pieces it is difficult to facilitate change.” - Jennifer Ellis

Additional discussion items

Several issues came up that were not part of the agenda and were added to a “parking lot”. The participants felt these were important additions to the discussion.

There was a concern that nursing instructors are teaching to the NCLEX (National Council Licensure Examination) and that it doesn’t cover social issues. There was also a concern that both the ADN and the BSN prepared students take the same test.

The participants would like to know whether there are nurses in office in New Mexico and, if so, know who they are.

There needs to be a definition of what it means to practice to the top of your license and determine how institutions can support it.

Community Health Workers (CHWs) were discussed on several occasions and it was suggested that registered nurses and CHWs work together in the community and that in some states the Board of Nursing (BON) regulates CHWs.

There was a suggestion that there be a change in the way nurses report one another with alcohol and drug abuse. It was recognized that

there is a good diversion program in New Mexico and the BON could do a presentation on how to recognize abuse.

There was a need for increased mechanisms to support communication including utilizing a community center or website for messaging. Also, the messaging should incorporate more community and public health messages. The need to broaden the discussion to include health disparities was discussed.

A discussion on continuing education resulted in recommendations that the Board of Nursing, that requires continuing education credits could have a rule change that says “x # of continuing education credits for an registered nurses need to be in...” e.g. top 10 health issues or department of health (DOH) priorities; this could include a partnership with DOH. Currently the continuing education focus is on the employer and this should change; there needs to be a shift from thinking of us as nurse professionals not employees. Nurses need to come to agreement on the institutional scope vs. full nursing scope.

Conclusion

This process engaged a sample of nurse leaders in the state in identifying strategies for nursing to participate through education, practice, and leadership in improving health outcomes in New Mexico. The strategic review identified many suggestions on innovative ideas to improve health as well as the role the New Mexico Action Coalition should take in implementing them.

Based upon the goals of the Action Coalition to implement the Institute of Medicine recommendations from “The Future of Nursing: Leading Change, Advancing Health”⁷ as well as the recommendations from participants in the facilitated discussions and interviews, the Action Coalition might consider:

- Continuing this dialogue as a neutral convener
- Sharing the results of the interviews and discussions with the Board of Nursing
- Considering the recommendations from the participants on the role of the Action Coalition in improving health outcomes in the state

⁷ IOM (Institute of Medicine). 2011. The Future of Nursing: Leading Change, Advancing Health. Washington D.C.: The National Academies Press.

Appendix

Interview guide

CNE Board Interviews Guide

Introduction:

The CNE will be hosting two discussions about – April 11 and 28

- The findings of a series of community assessments of health needs in the state of New Mexico; and
- Assessment of the impact nursing can have on planning, implementation and evaluation of meeting these health needs.

I am interviewing you because you are on the Board of the CNE and a nurse leader in the state.

1. Is it OK to use your responses in our final report?
2. Can you tell me a little bit about your background and the work you do now?
3. What do you believe are the major health issues affecting New Mexico? Are you involved in working on addressing any of these health issues? If so, how?
4. What other ways is nursing addressing these issues in New Mexico? For example, through research and evaluation, leadership, system improvement, coalition work, technology, information management
5. What is not happening but should be?
6. What needs to be in place for nurses to be able to do this the most effectively? (i.e. policy changes, training needs, scope of practice changes)
7. Have you seen or worked in a healthcare system model either here nationally or abroad that provides an example of effective healthcare that could be implemented here in NM?
8. Is there anything else I should know or anyone else I should talk to?

Discussion group facilitator guide

NMAC Facilitated Discussions

April 11th (NMHA) and 28th (CDD)

PURPOSE: Explore strategies to improve health in New Mexico through nursing

GOALS: Improve health outcomes by impacting health disparities/health equity, health promotion, disease prevention, and chronic disease management.

Time	Agenda topic	Process
9:30-10:00	Registration and Networking	
10:00-10:05	Welcome	Purpose and history of the discussion
10:05-10:15	Introductions	Name, how long have been a nurse, what type of practice, and biggest health issue in the state?
10:15-10:25	Describe day and process	<ul style="list-style-type: none"> • Describe process • Set ground rules • Parking lot
10:25 – 10:45	Overview of assessment /interviews and infographic	PowerPoint Presentation
10:45-11:15	Breakout 1 - Education	<p>BREAK INTO SMALL GROUPS, WORK THROUGH THE QUESTIONS, AND WRITE ANSWERS ON FLIP CHART PAPER. BE PREPARED TO REPORT BACK TO GROUP.</p> <ol style="list-style-type: none"> 1. Think of innovative ways the NM nursing educational system/continuing education can address the health issues in the state 2. What needs to be in place for nurses to be able to do this the most effectively? (i.e. policy changes, training needs, scope of practice changes) 3. How can we determine if these strategies are having the desired impact on health outcomes?
11:15-11:25	Report back to group	REPORTING AND DISCUSSION – capture ideas on flip chart paper
11:25-11:55	Breakout 2 - Practice	<p>GROUPS TO PICK A HEALTH OUTCOME FROM A BOWL AND WORK THROUGH THE QUESTIONS FOCUSED ON THAT ISSUE. WRITE ON FLIP CHART AND BE PREPARED TO REPORT BACK TO LARGE GROUP.</p> <ol style="list-style-type: none"> 1. Think of innovative ways nurses can help address our

		<p>major health issues through clinical practice</p> <ol style="list-style-type: none"> 2. What needs to be in place for nurses to be able to do this the most effectively? (i.e. policy changes, training needs, scope of practice changes) 3. How can we determine/What is our role in determining if these strategies are having the desired impact on health outcomes?
11:55-12:05	Report back to group	REPORTING AND DISCUSSION – capture ideas on flip chart paper
12:05-12:35	Break and get lunch	
12:35-1:05	Breakout 3 - Leadership	<p>SMALL GROUP BREAKOUTS – GROUPS TO WRITE ANSWERS ON FLIP CHART PAPER AND BE PREPARED TO REPORT BACK TO LARGE GROUP.</p> <ol style="list-style-type: none"> 1. Think of innovative ways nurse leaders can address health issues in our state 2. What needs to be in place for nurse leaders to be able to do this the most effectively? (i.e. policy changes, training needs, scope of practice changes) 3. How can we determine if these strategies are having the desired impact on health outcomes?
1:05-1:15	Report back to group	REPORTING AND DISCUSSION – capture ideas on flip chart paper
1:15-1:45	What role does the NMAC play in this? How does this inform helping you to be more strategic?	<p>GROUP DISCUSSION</p> <p>Which of these ideas would have the quickest impact on health outcomes? Which are you most likely to support?</p>
1:45-2:00	Closing and next steps	<p>EVALUATION HANDED OUT</p> <p>Share future activities with the group including final report and action of NMAC based on report</p>

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