healthleaders CELEBRATES

NURSING WEEK

MOVING FORWARD: THE EVOLVING FACE OF NURSING

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FOR A SUCCESSFUL PRACTICE REDESIGN, COLLABORATION IS KEY

By Carol Davis

'It's never wrong to think about all the stakeholders,' says CNO Cori Loescher.

KEY TAKEAWAYS

- Re-engineering care is necessary when an organization faces a new clinical situation, a new patient population, or a new technology of change in what the industry recommends for care.
- A first step is bringing an interdisciplinary collaborative team together to discuss the problem and what needs to be solved.
- Involving stakeholders in practice redesign is crucial for success.
- The COVID-19 pandemic certainly re-engineered patient care, but numerous other factors can precipitate change in the way care is delivered.
- For Brigham and Women's Faulkner Hospital overcrowding in the emergency department (ED) and patient boarding last year necessitated a practice redesign.

Cori Loescher, BSN, MM, RN, NEA-BC, the Boston hospital's chief nursing officer and vice president for patient care services, spoke with HealthLeaders about how she and her colleagues from all levels collaborated to solve the overcrowding problem while continuing to provide high-quality care.

HealthLeaders: *What is your definition of practice redesign?*

Cori Loescher: I see practice redesign as looking at, depending on your healthcare environment, how you deliver care and what care needs to be delivered based on the population. Then, evaluating the structures in which you are providing that care and deciding that it is time to make a change and using that structure of putting the patient in the center and saying, "Things are not going as we had hoped. We have a new population, we have a change in service, we have challenges, we're not getting the outcomes we want, and we need to change the work and how we deliver it."

HL: *At what point is it necessary to re-engineer the way patients receive care?*

Loescher: Certainly, the pandemic was one of them, but also when you are faced with a new clinical situation, a new patient population, or a new technology of change in what the industry is saying you should do for care. For example, you're looking at surgical patients who used to get their care in an inpatient setting and now insurers are saying this can be done outpatient, so you're going to change how you deliver or where you're delivering the care and the speed and time with which you do it.

We have looked at efficiencies, and we've needed to redesign care here because directly related to the pandemic is an explosion in inpatient population, and patients needing care. We have excess patients—we're

boarding in our EDs, which everyone hears about—and we've needed to say, "How are we going to deliver care in nontraditional settings or with nontraditional providers in those areas?"

We've also needed to look at the work and see that this isn't the most efficient way for us to deliver care because it is taking us more time or is not allowing technology to support the clinicians who do the work, so we may be required to do redesign there.

We've redesigned it based on our team structures. We are delivering care with a much higher number of advanced practice providers—both PAs and nurse practitioners—but with having a much larger number of mid-level providers, we've had to redesign care and how we deliver that within our care delivery teams.

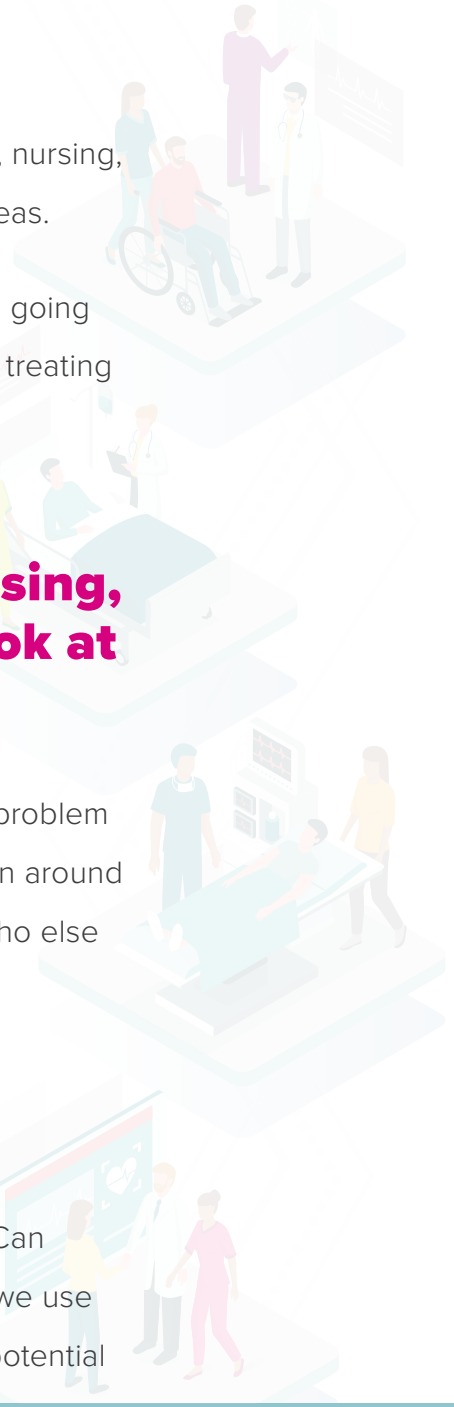
There are lots of reasons why you decide to re-engineer care, and each of them may be something that is foisted upon you: an increasing number of patients in the emergency department; failure to have behavioral health patient areas in which to discharge behavioral health patients; money and expense; and the Great Resignation, which leaves a scarcity of resources and a need to rethink how else and whom else can help us deliver care when we can't secure clinicians in many areas across the organization.

HL: *How has Brigham and Women's Faulkner Hospital addressed all these challenges?*

Loescher: When we've done practice reorganization, it really involves bringing an interdisciplinary collaborative team together to talk about where's the problem and what is it that we're trying to solve? I'll use the most recent: we spent last year related to our overcrowding in our emergency department and patient boarding. We needed to redesign delivering care to patients in, potentially, hallways, because we had run out of beds. So, I

put together a multidisciplinary team of clinicians—providers from our emergency department, inpatient, nursing, physicians, advanced persons in care management—to look at how we were going to develop these areas.

And then as we continued to dig deeper into this, we brought in additional stakeholders, realizing this is going to need to involve clinicians across the organization from other clinical care stakeholders who would be treating these patients to nontraditional service areas—for example, we need environmental services to clean.



"I put together a multidisciplinary team of clinicians—providers from our emergency department, inpatient, nursing, physicians, advanced persons in care management—to look at how we were going to develop these areas."

It is bringing stakeholders together first at the highest level with senior leadership to conceptualize the problem and put that forward to the team, brainstorm ideas, and start to come to consensus through collaboration around what we're going to settle on. After we've evaluated and weighed out options, we need to say, "Now, who else needs to be at the table to talk about this?"

HL: *What did Brigham and Women's Faulkner Hospital settle on?*

Loescher: We started with the fact that we have too many patients and they have to come up from the emergency department when we're overwhelmed and can't provide care. And we started weighing in: Can they go in many different arenas? And we decided it would be hallway spaces, but what hallways? Can we use conference rooms? Can we use vacant office spaces? We had to look at what was there and what met potential

code opportunities for necessary requirements: Can beds fit into them? Can we get suction and oxygen, etc., available to those patients? Once we said, "No, it has to be in these hallways in these areas," then we asked, "Will this fit for all of our units?" And the answer even at that was no. We needed to, again, be innovative and go back to redesign. So, on one unit, we have larger rooms, so we knew we could double up rooms, and we did. We've also put potential hallways under certain criteria meeting certain trigger points, so we could bring up beds, put them in halls, and decide which patients are appropriate to be put there.

HL: *What are key tips you would suggest in implementing practice redesign?*

Loescher: It's never wrong to think about all the stakeholders and in this example, the immediate problem was the emergency department. If we had put just the emergency department together with that, it would have been a one-focused orientation to that group who are making choices for another person's areas, so you need to ask, "Who are the key stakeholders that need to be at the table to start to talk about this?"

At that table, it's important to build an open mindset and a strong ability to listen to each other's issues, brainstorm things that may be completely outrageous, and listen without judgment. Then you systematically go through and vet those choices.

Another key tip is it's important to realize testing and piloting a redesign and being willing to iterate as you learn more. And even once you've tested it and implemented it, to be willing to go back to the table and continue to improve on what you've done or what you perhaps did not anticipate was going to come forward. ■

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What are the top two challenges nurse leaders face when trying to implement a practice redesign?

It is crucial to acknowledge that nurse leaders face formidable challenges when implementing practice redesign initiatives. The primary obstacles include garnering stakeholder buy-in and adeptly managing the change process. Overcoming these challenges requires understanding the perspectives of those who may initially resist the changes, implementing a clear plan that includes educating stakeholders and adopters about the purpose and value of the redesign, and selecting a vendor that not only provides a solution, but also partners with you to ensure user adoption and success that tracks to your specific strategic objectives.

Lindsey Klein
Chief Strategy Officer
QGenda

What resources does your company offer nurse leaders as they navigate a changing healthcare environment?

QGenda boasts an impressive array of resources that enable us to provide our customers with an increased ability to manage their complex workforce. At the core of our resources are our highly skilled and dedicated employees, with half our team being laser-focused on customer support to help ensure seamless implementation, success, and ongoing usage of our solutions.

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What care model and practice redesign trends do you anticipate seeing over the next year?

We are seeing widespread adoption of centralized staffing models which can be very effective in matching supply with demand and placing the right resources, in the right place, at the right time. Additionally, we are seeing virtual nursing gain traction for its ability to incorporate highly-skilled and seasoned nurses into the workforce via remote monitoring and advising. Care models will continue to evolve but it's vital for organizations to ensure staffing ratios and flexibility are at the forefront of all initiatives. ■

HCA VIGOROUSLY DEVELOPS TECHNOLOGY TO INCREASE NURSE EFFICIENCY

By Carol Davis

Reducing the administrative burden for both clinicians and nurse leaders is a top pain point, HCA Healthcare CNE says.

KEY TAKEAWAYS

- HCA Healthcare is focusing on technology to ease nurses' administrative burdens.
- The health system has its own innovation lab to develop tech platforms.
- Nurses must have input into tech designs, so the technology better serves them.

HCA Healthcare nurses are using ever-developing technology that has enhanced communication, decreased administrative burden, and provides skill development—all with the goal of improving patient care, says Sammie Mosier, DHA, MBA, BSN, NE-BC, CMSRN, senior vice president and chief nurse executive.

Mosier, who has led the Nashville, Tennessee-based healthcare system's 93,000 RNs since the end of 2021, spoke with HealthLeaders about how HCA vigorously embraces technology to decrease redundant or unnecessary documentation so nurses can increase the time they spend with patients.

HealthLeaders: *What are some of the top technology solutions that HCA has implemented?*

Sammie Mosier: One we have implemented very wide scale is our iMobile platform where smartphones are deployed to caregivers, or nurses and beyond, to improve communications. It has secure text messaging, so they can send that without worry. Obviously, they can make phone calls, but then the platform also has the ability to provide some updates from our EHR so they get those alerts directly to their phone. Any critical labs for the patient or other necessary information are right there at their fingertips. Our nurses love that technology, and it has enhanced communication among the care team.

We've continued to invest in that platform so that we can improve the workload for other areas. One example that we did last year was wound care imaging, so that after a nurse takes the photo, it's a seamless integration with our EHR. Prior to that, nurses had to take a photo, print it off, and scan it in, which took about 20 minutes per image. It removes time for administrative tasks so the nurse can focus on patients.

"We've continued to invest in that platform so that we can improve the workload for other areas. One example that we did last year was wound care imaging, so that after a nurse takes the photo, it's a seamless integration with our EHR."

The technology even ensures that our nurses have skill development tools and resources right there at their fingertips. We are also leveraging that for patient assignments; we call it our CTA—Care Team Assignment platform. Nurses once had to log into multiple systems to provide patient care and Care Team Assignment is the

ability for the nurse to log in once and that assignment is leveraged by all the other technologies, so again, it's seamless for them.

HL: *What are the top pain points at HCA that technology can help with?*

Mosier: Reducing administrative burden for both our clinicians and nurse leaders, as well. Leveraging automation and other technologies to push that information appropriately to the right care team member so they can take action versus having to look through the data. That's a big focus right now, especially with our nurse leaders. They have multiple reports that they have to navigate through to find whatever is necessary to run that unit, and if we're able to push that to them in a more holistic view, then that allows them more time to spend with their staff. Our focus is to get those nurse leaders engaged with the staff as well as our patients.

"We have an innovation lab here in our corporate office where our informatics teams can work to do those initial tests and then move out into the field where we're able to work side by side with clinicians to get their perspectives—the good and the bad—to make sure that it is a technology that we believe in and that we want to pilot."

HL: *How do you test new technology?*

Mosier: It's elbow to elbow with frontline staff. We have an innovation lab here in our corporate office where our informatics teams can work to do those initial tests and then move out into the field where we're able to work

side by side with clinicians to get their perspectives—the good and the bad—to make sure that it is a technology that we believe in and that we want to pilot. We do work with our vendors to improve the technology. I would also add our care transformation innovation teams have departments and a couple of hospitals that are identified as hub hospitals, which means those departments and hospitals serve as test labs for the technologies.

HL: *What new technologies would you like to see introduced at HCA?*

Mosier: Virtual nursing and the ability for a remote nurse to come into the patient room through video and interact with the patient to reduce some of the workload burden and administrative tasks for the practicing staff nurse at the bedside. We are piloting that in a couple of our hospitals right now and looking to expand that. What we're seeing is the ability to have a virtual nurse handle admission, discharge, and other use cases to assist and take away administrative burden from the bedside nurse. So that's really exciting.

Our pilots are going well. We're seeing a lot of both nurse and patient satisfaction; about 85% of our patients are receptive to that model.

HL: *Why is patient satisfaction higher with virtual nursing?*

Mosier: When we first started, it was because the remote nurse didn't have a mask on. It was part of the perception of seeing that smiling face. As we've evolved, we're seeing that the virtual nurse can spend a little more time with the patient, particularly in the discharge area. While that physical nurse is there removing IVs and lines and getting the patient prepared, that virtual nurse is doing the education, answering the questions, and we're seeing that patient satisfaction for discharge is improving.

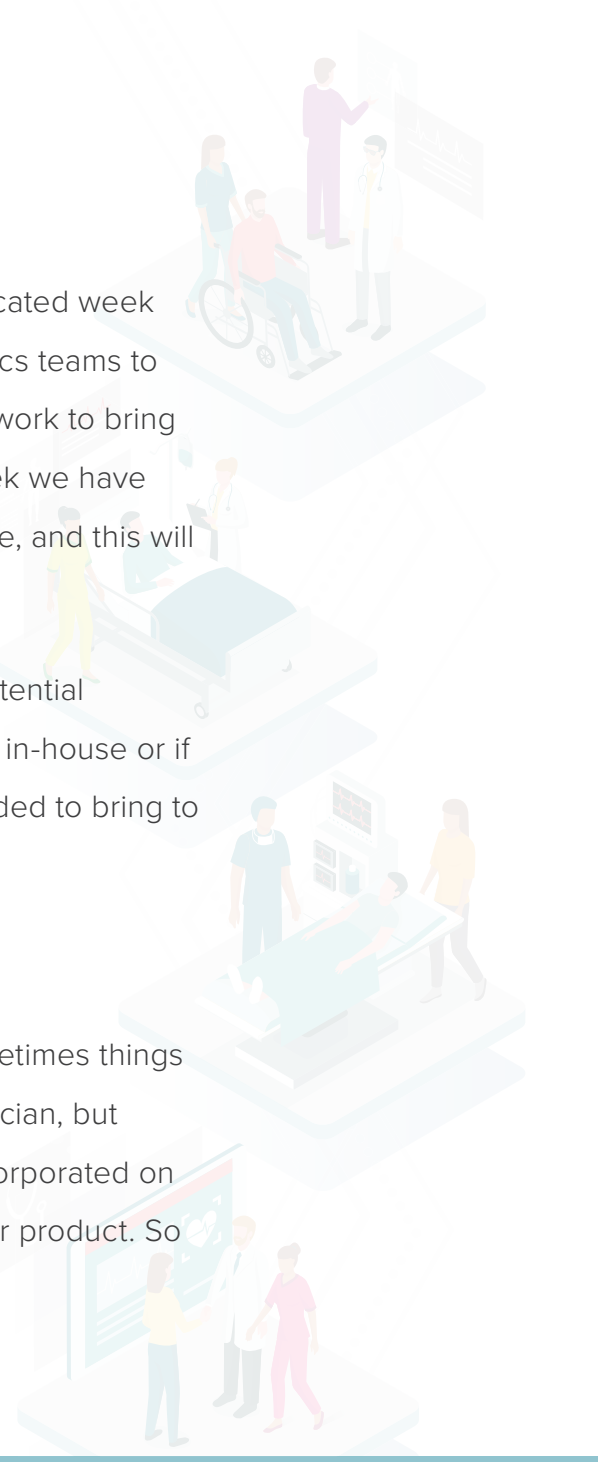
HL: *How much of HCA's technology is innovated and developed by HCA?*

Mosier: It's a mix. We call for innovation, so we're more progressive in this space. We have a dedicated week called Coding for the Caregivers, and that is an opportunity for our nursing team and our informatics teams to work together to fast-track ideas around technology. Our IT colleagues pause for a full week and work to bring the ideas of our nurses together to develop more of a proof of concept. That's a very exciting week we have here. I know a lot of vendors do this innovation exercise, but this is one we've been doing in-house, and this will be our third year.

It's a great opportunity to understand the pain points that the nurses are facing and then those potential solutions they identify. They then work with our IT colleagues to see if it's something we can build in-house or if we need to leverage a partner to do that. And a couple are selected as winners, and they are funded to bring to a pilot.

HL: *What are the most-challenging barriers to healthcare tech innovation?*

Mosier: Most of our nursing technologies are focused on reducing that workload burden, but sometimes things are created without the nurse in mind. A particular technology may work very well for another clinician, but sometimes that puts more workload on the nurse. We need to make sure that we have nurses incorporated on the front end of all these designs, so that they can call out those barriers and we can have a better product. So that would be my No. 1 barrier. ■



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What are the top two challenges nurse leaders face when trying to implement a practice redesign?

The primary nurse model is no longer working in many healthcare organizations due to a lack of an adequate number of competent nurses at the bedside. This is leading many organizations to implement a practice redesign to a team model of care. The two top challenges leaders face when trying to implement a practice redesign are making sure the solution fits the organizational needs and culture and secondly, implementing a successful change management strategy.

Healthcare leaders need to develop a comprehensive understanding of the issues. This entails working with those responsible for ensuring safe staffing and with the staff delivering patient care. We know that people inherently resist change and prefer to stay with the status quo. When nurses are exhausted and disenchanted with the system, they are less likely to accept change. The key to successful practice redesign is engaging the key stakeholders (including direct care and professional development staff, nurse managers, and scheduling staffing professionals) and then empowering them to work together to develop new solutions and ways to implement the recommended practice changes. It is important to identify, and invest time and energy, in people who want to be positive change agents. The naysayers will often get on board with a solution once they see momentum for change from their colleagues and evidence that the change is improving practice, morale, and patient outcomes.

What resources does your company offer nurse leaders as they navigate a changing healthcare environment?

Wolters Kluwer Health understands the issues facing healthcare organizations today. Wolters Kluwer has developed evidenced-based solutions that address healthcare challenges and pain points for bedside nurses, those involved in research and quality improvement, and for faculty educating the next generation.

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Nurses involved in original research, evidence-based practice, and quality improvement will find the latest research and tools in *Ovid* to translate the evidence into practice.

Anne Dabrow Woods, DNP, RN, CRNP, ANP-BC, AGACNP-BC, FAAN
Health Learning, Research & Practice
Wolters Kluwer, Philadelphia, PA.
Penn Medicine, Chester County Hospital, West Chester, PA. Adjunct Faculty, Drexel University, College of Nursing & Health Professions, Philadelphia, PA.
Adjunct Faculty, Neumann University, Nursing & Health Sciences, Ashton, PA.

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Wolters Kluwer nursing practice and education books and digital solutions support faculty and students from their first day of nursing school through graduation and the NCLEX exam. Wolters Kluwer provides evidence-based information and solutions when, where, and how nurses and other healthcare professionals need it.

What care model and practice redesign trends do you anticipate seeing over the next year?

Our biggest problem in healthcare today is an inadequate number of competent nurses at the bedside and in leadership positions. Over the past 3 years, experienced nurses either retired or moved to roles away from the bedside. We're now experiencing a migration of nurses with 1 to 10 years of experience leaving the bedside for other roles or leaving the profession all together. The number of nurses leaving the bedside to enter advanced practice has grown; this is good for the nursing profession but, it creates vacancies at the bedside. Nursing faculty are retiring, there are an inadequate number of clinical sites and resources to train new nurses and the graduating nurses are less practice ready than ever before. The experience complexity gap will continue to widen. Healthcare organizations will be challenged with providing and leading equitable healthcare for their communities.

Going forward, we'll see more healthcare organizations implementing the team model of care where an experienced nurse oversees the care being provided by novice nurses and support personnel. Staffing solutions will need to consider the competency of nursing personnel and patient acuity in addition to nurse/patient ratios. Transition to practice programs that address new nurse practice readiness with nurse residency programs will be needed. Academia and practice will need to collaborate to find equitable solutions that address the experience complexity gap and equitable healthcare. Healthcare organizations will need to invest in retention as much as they invest in recruitment by providing professional development opportunities, career mobility and flexible scheduling and benefit options.

The bottom line is healthcare organizations and academia will need to evolve to address the changing landscape of healthcare. That means supporting innovation and collaboration between the interdisciplinary healthcare practice and education teams. ■

PREDICTIONS FOR HEALTHCARE IN 2023

By Chris Cheney

A top CommonSpirit Health executive weighs in on likely trends for this year.

KEY TAKEAWAYS

- Healthcare providers are expected to step up efforts to conduct annual wellness visits with their patients.
- With behavioral health conditions spiking during the pandemic, healthcare providers are expected to treat more patients with emotional and mental health concerns.
- This year is expected to feature amplified initiatives to address health equity.

In 2023, there are four primary predictions for clinical care, a CommonSpirit Health executive says.

Ankita Sagar, MD, MPH, is system vice president for clinical standards and variation reduction at the Chicago-based health system. Prior to joining CommonSpirit in November 2021, she was an attending physician at Northwell Health, where she held two leadership positions: director of ambulatory quality for medicine service line and director of the COVID Ambulatory Resource Support program.

HealthLeaders recently talked with Sagar about her healthcare predictions for 2023. The following transcript of her comments has been edited for brevity and clarity.

1. ANNUAL WELLNESS VISITS

“One of the top predictions for 2023 is getting back to annual wellness visits and getting patients into the doctor’s office again. We need to make sure that we are talking about routine vaccines, cancer screening, [and] managing chronic conditions such as heart disease, diabetes, and kidney disease because there has been a lot of prevention missed over the past few years due to the coronavirus pandemic. There are also patients who move from state to state, and they need to establish connections with new providers. It is important to get people in to prevent disease and keep chronic conditions from getting worse.’’

2. BEHAVIORAL HEALTH

“Heightened efforts to address behavioral health concerns is another prediction for 2023. Statistics show that depression, anxiety, insomnia, and substance use dependence have worsened over the past few years. Part of the issue now is that we are having to manage people who have gone longer without care for behavioral health conditions, and we are trying to bring them back into the fold. We need to make sure we have made the right diagnosis and are doing the right treatment. We also need to focus on surveillance to make sure patients are doing well after treatment has started.

“There is a significant need to address behavioral health disorders—specifically depression, anxiety, and insomnia. First, we need to remove barriers from care such as having physicians and advanced practice practitioners provide care at the top of their license. Primary care physicians and advanced practice practitioners

need to be able to manage mild to moderate illnesses, with coaching from behavioral health teams. That way, the behavioral health teams can manage the more severe conditions. We also need to improve insurance coverage of behavioral health conditions, which is currently a barrier to care. It is difficult for some people to access behavioral health care if their insurance does not pay for it."

3. HEALTH EQUITY

"Healthcare providers are going to be doing more to address equity in 2023. We need to make sure we are addressing disparities that have been in the healthcare system for years. We need to come at equity in a more meaningful, patient-centered, and community-centered way.

"At CommonSpirit, we have had a long journey on equity. We have a mission-driven approach to make sure we are addressing the needs of vulnerable populations. We are making sure that equity is part and parcel of everything we do on a daily basis.

"For 2023, one of the main areas for equity concerns is going to be around preventive care. If no-cost preventive care under the Affordable Care Act ends, it is going to make it more challenging for us to ensure that our vulnerable populations and people of color are given the appropriate care, especially when it comes to cancer screenings, vaccines, and chronic disease prevention. So, conditions such as obesity, diabetes, high blood pressure, heart disease, and kidney disease are going to be key considerations for equity concerns.

"The concern is that if the Affordable Care Act requirement for no-cost preventive care goes away, there will not be a guaranteed way for health insurers to cover preventive health services for patients. There could be

high cost-sharing, which will create more disparities for patients who are at the lower end of affordability for healthcare."

4. HEALTHCARE WORKER BURNOUT

"In 2023, there will be a renewed emphasis on caring for our physicians, advanced practice practitioners, and other healthcare workers. We need the care providers to be well in order to take care of patients. CommonSpirit is working diligently on multiple fronts to ensure that the well-being of our physicians and advanced practice practitioners is top of mind. We recently signed on with the Dr. Lorna Breen Heroes' Foundation and the National Physician Suicide Awareness Day to be a supportive organization and bring to light that our physicians and advanced practice practitioners are cared for in a supportive manner.

"We want to make sure that our physicians and advanced practice practitioners have access to healthcare—whether it is physical, emotional, or mental health—and can cope with stress and moral injury in a comprehensive and supportive manner.

"Prior to the pandemic, when healthcare leaders talked about burnout, we talked about physicians, advanced practice practitioners, and clinical teams including nurses being resilient. It was an individualized approach to burnout. What we have all learned nationally is that burnout is not an individual problem—you need systematic change, particularly in the culture. At CommonSpirit, we are involving the physicians and the advanced practice practitioners to help us make cultural change happen. You cannot wave a magic wand and make burnout disappear—it is a journey that requires continuous improvement over time."■