Massachusetts Healthcare Workforce Summit
October 2, 2014
Devens Common Center
AGENDA

• Welcome
• Keynote Address – National Perspectives
• APIN National Update/Progress
  
  Break

• Priority Areas Presentations & Breakout Sessions
  Diversity
  Academic Progression
  
  Lunch

• Priority Areas Presentations & Breakout Sessions
  NOF Competencies
  Faculty
  Scope of Practice

• Wrap Up / Next Steps
Diversity Briefing

Presented by: Gloria Cater, PhD, FNP-BC, FNAP
Dean Emerita, Roxbury Community College
THOUGHTS ON DIVERSITY

• Diversity is the one thing we have in common—celebrate it every day  
  Author unknown

• “Recognize yourself in he and she who are not like you and me.”  
  Carlos Fuentes

• I can see myself in all things and all people around  
  Sanskrit

• In the work of diversity, the similarities are as important as the differences  
  Carole Copeland Thomas

• I know there is strength in the differences between us. I know there is comfort, where we overlap.  
  Ani DiFranco
Definition of Diversity

• Diversity means more than just acknowledging and/or tolerating differences. Diversity is an act of conscious practices that involve:
  – Understanding and appreciating interdependence of humanity, cultures and the natural environment
  – Practicing mutual respect for qualities and competencies that are different from our own
  – Understanding that diversity includes not only ways of being but ways of knowing
  – Recognizing that personal, cultural, and institutionalized discrimination creates and sustains privileges for some while creating and sustaining disadvantages for others
  – Building alliances across differences so that we can work together to eradicate all forms of discrimination

qcc.cuny.edu/diversity/definition.html
PURPOSE

• The nursing workforce must become more diverse to meet the needs of the US population as it grows to over 50% diverse by 2050

• Massachusetts Action Coalition (MAAC) is developing a robust diversity plan with academic-practice partnerships

• MAAC has established a Diversity Advisory Group to address the challenge of inclusion
STRENGTHS

• Nursing is in a pivotal position to impact health in racial and ethnic disparities when the face of the nursing workforce is diversified.

• Seamless academic progression from the LPN and ADN pathways to the BSN contribute to achieving a more diverse nursing workforce.

• Many of schools of nursing in the Commonwealth have a formal education-practice partnership, some showcase best practices to increase diversity of our nursing workforce.
CHALLENGES

• Nursing is in a pivotal position to impact health with racial and ethnic disparities when the face of the nursing workforce is diversified

• *Unequal Treatment* (IOM, 2003) concluded that bias and stereotyping by providers significantly and directly contributed to minority health disparities

• The call to action is that by 2050, there will be more people of color in the United States than white.
# National Challenge

<table>
<thead>
<tr>
<th>308M population</th>
<th>3M nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.6% White</td>
<td>83.2% White</td>
</tr>
<tr>
<td>12.2% African American/Black</td>
<td>5.4% African American/Black</td>
</tr>
<tr>
<td>15.4% Hispanic</td>
<td>3.6% Hispanic</td>
</tr>
<tr>
<td>4.5% Asian/Native Hawaiian/Pacific Islander</td>
<td>5.8% Asian/Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>0.8% American Indian/Alaskan Native</td>
<td>0.3% American Indian/Alaskan Native</td>
</tr>
</tbody>
</table>

US Census (2010)  
National Sample of RN’s(2008)
Local Challenge

• 44,535 nurses surveyed in Massachusetts (2010) self-reported the following demographics
  – 83% white, 4% black, 3% Asian, 2% Hispanic

• Educational Settings
  – Recruitment of diverse faculty (2012 BORN stats 94% White, 3% Black, 1% Hispanic)
  – Pedagogy that is sensitive to diverse students
  – Mentoring

• Practice Settings
  – Recruitment and retention of diverse employees
  – Cultural sensitivity leading to cultural competence that can transform the workplace for everyone
  – Mentoring
TAKE HOME NUGGETS

• We have foundation upon which the following needs to be built:
  – Increased awareness in nursing of importance of diversity in the workforce and the urgent call to action
  – Increasing the diversity in the workforce by recruiting and retaining diverse students in academic pipelines
  – Ensuring culturally competent faculty and students
  – Organizations plans that include the provision of employee education in cultural competencies and recruitment and retention of diverse staff
# Diversity Best Practice

The Simmons College Dotson Bridge and Mentoring Program  
Presented by: Ladonna Christian R.N. M.S.N, APHN-BC  
Associate Professor of Practice-Nursing Simmons College

<table>
<thead>
<tr>
<th>ELEMENTS OF PROGRAM</th>
<th>MEASURABLE OUTCOMES</th>
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<tbody>
<tr>
<td>NEXT STEPS IN GROWING PROGRAM</td>
<td>SUGGESTIONS FOR REPLICATION</td>
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</table>

Design: Pat Pilette
Program Elements: The Dotson Program-CAMPUS Model

- Our Campus bringing us together to be “The Nurses of the Future” through

  Commitment
  Accountability
  Mentorship
  Professionalism
  Unity
  Support & Service
Elements: CAMPUS Model

- **Commitment**: We maintain a shared vision to raise cultural and learning awareness within Simmons College.

- **Accountability**: We are responsible for results that demonstrate success of the students and that reflects productivity and progression of the program.

- **Mentorship**: Mentorship promotes and enhances the success of the students in the program.

- **Professionalism**: We aim to develop future nurses who deliver care based on standards, humanistic principles, altruism and leadership.

- **Unity**: We facilitate a community of unanimity by encouraging unity in our diversity.

- **Support/Service**: We endorse the spirit of community service through active participation in events.
Elements : Cultural Aspect

- **Race and Ethnicity**
  - **African/African American**
    - 54%
  - **Asian**
    - 14%
  - **Hispanic/Latino**
    - 13%
  - **Other**
    - Native American
    - Eastern Indian
    - Russian
    - Middle Eastern
    - Bi-Racial/multi-racial
Measureable Outcomes

30-Graduates from 2009-2014

- 2009: 1
- 2010: 7
- 2011: 10
- 2012: 12
- 2013: 30
- 2014: 16

Number of Scholars

- 2009: 8-16
- 2010: 16-47
- 2011: 47-59
- Presently there are 84 Scholars

Course Pass Rate-93%

NCLEX pass rate-90%
Next Steps and Replication

- Increase community Service
- Student Mentors - Volunteer
- Graduate Mentors - volunteer
- Leadership Training Program
  - ALANA nursing liaison
  - Hosting campus visits
- Funding
- Volunteers: Mentors
- Focus of your program
- Regular meetings
- CAMPUS model
- Networking
- Community connections
Academic Progression Briefing

Presented by: Janet Lusk Monagle, PhD, RN, CNE
Director of Academic Affairs Lawrence Memorial/Regis College Nursing Program
PURPOSE

• Increase the number of Baccalaureate prepared nurses in the Commonwealth
  – Identify and promote seamless pathways for LPNs and RNs
  – Implement the Nursing Education Transfer Compact (NETC) to simplify the progression
  – Identify and promote employer practices that enhance the process of academic progression for incumbent nurses
STRENGTHS

• Identified barriers to academic progression in Massachusetts through surveys of recent graduates and incumbent nurses

• NETC developed, broadly vetted and received BHE approval to proceed with implementation.

• Surveyed employers and identified best practices and policies

• Developed a set of recommendations
CHALLENGES

• Too early to measure outcomes from newer progression models
• System obstacles to academic implementation of the NETC
• Lack of diversity plans in health care organizations
• Best practices cost money and need a business case for action, this is particularly challenging in the post acute settings
TAKE HOME NUGGETS

• A more highly educated and diverse nursing workforce positively impacts patient outcomes

• Breaking down barriers for advanced education will promote life long learning in nursing and a more highly educated nurse will better serve current and emerging patient/community needs

• Employer engagement is key!
# Academic Progression

Development & Implementation of Seamless LPN to BSN in Nursing Pathway  
Presented by: Linda McKay, R.N. M.S. Chair Fitchburg State University

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Design: Pat Pilette
Partners in Development

Fitchburg State University

Assabet Valley Regional Vocational School

Bay Path Regional Vocational Technical High School

Montachusett Regional Vocational Technical School
Elements of the Program

• Curriculum takes three academic years plus a summer to complete (if the LPN has no college credits)
• LPN students are melded into some classes with generic undergraduate students
• LPN students must pass 3 NLN ACE I PN to RN exams as part of the admission process; students receive 18 transfer credits upon successful completion and matriculation
• Applicants must also complete all university admission criteria
• Program contains 3 bridge courses
Measurable Outcomes

- Launched and institutionalized the LPN to BS in Nursing track within two public state universities
- Developed effective academic success and retention strategies
  - Program completion in three years and a summer for those students without college credits
  - Program completion in two years and a summer for those students transferring into the sophomore year
- Increasing the number of nursing graduates by 15 students each year in each university
Outcomes

• Fitchburg State University
  • Twelve students completing their first year of the program
  • Eleven students enrolled in sophomore nursing courses
  • Fourteen students enrolled in senior nursing courses

• Worcester State University
  • Sixteen students completing their first year of the program
  • Sixteen students enrolled in sophomore nursing courses
  • (Worcester State took an extra year to fully implement the program)
Next Steps in Growing the Program

• Obtain additional resources
  • Faculty
  • Clinical sites/placements
• Evaluate curriculum for effectiveness
• Evaluate results of senior exit survey for these students
• Incorporate any curriculum changes into existing program
• Implement programs for LPNs who received their education in the military (Veterans)
Suggestions for Replication

• Dissemination of information through presentations, publications

• Provide conference for all public and private Massachusetts universities with nursing programs interested in adding this track
# Academic Progression Employer Best Practice

Berkshire Medical Center and Elms College Partnership  
Presented by: Brenda Cadorette MSN, VP/CNE Acute Care Services

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design: Pat Pilette
- 45 miles
- 55 miles
- 49 miles
Elements of the Program

• Strategic Goal - Increase number of RN BSN
• Investment - financials provided by Berkshire
• Strong relationships
  – Application process
  – Selection process
  – Satellite location
  – Class schedules
• Staffing considerations - flexible but realistic
86 graduates to date 2010-2014

40 students currently enrolled
20 students initiate program January 2015
55% of the graduates:
• Initiated or completed graduate degree
• Promoted to CTLs, managers, unit council leaders, educators, college clinical instructors
Results
Program Expansion

• BSN program
  – increase class size
  – Implement student projects in the workplace
• Initiated DNP program in 2014
  – APRN partnership developed with Elms
  – Total financial support provided by Berkshire
  – 21 applicants - 9 RNs chosen for initial program
  – 3 year commitment after licensure obtained
Suggestions for Replication

• Commitment from C-Suite and Board of Trustees
  – Create the burning platform
  – Benefits for the organization

• Develop strong partnerships
  – Elms program director is a Berkshire team member

• Support from administrators and leaders
  – Student schedules
  – Student engagement and empowerment

• Establish dedicated satellite location if needed
Nurse of the Future Competencies
Integration

Presented by: Judy A. Beal, DNSc, RN, FNAP, FAAN
Nursing Dean, Simmons College
PURPOSE

• Promote the integration of the Nurse of the Future Nursing Core Competencies© (NOFNCC) in all academic and practice settings in the Commonwealth

• The goal is a seamless academic transition that will increase the numbers of nurses with baccalaureate degrees
STRENGTHS

• Development and dissemination of a comprehensive Toolkit to academic and practice settings across the state
• Analysis of a recent NOFNCC usage survey
• A strong and successful academic-practice partnership of team members who have taken previous foundational work on the NOF competencies and have raised awareness while promoting the spread of competency implementation
CHALLENGES

• Several competing competency frameworks to choose from - QSEN, Patient Safety Goals etc.
• NOFNCCs have been embraced and utilized by more academic settings than practice settings
• Outreach to post acute and community based care organizations
• Toolkit dissemination follow up and ongoing technical support and consultations
TAKE HOME NUGGETS

• Survey results indicate greater utilization of NOFNCCs in academic settings
• Need to focus NOFNCC implementation in practice settings across the care continuum
• Strong academic-practice partnerships are key to successful implementation
• Toolkits and individual consultations are available!
# Best Practice Nurse of the Future Competencies Implementation

Implementation of Nurse of the Future Competencies Process at Boston VA Hospital
Presented by: Ceci McVey RN, BSN, MHA
Associate Director for Nursing/Patient Care Program at VA Boston Healthcare System

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<td>&quot;SUGGESTIONS FOR REPLICACTION&quot;</td>
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design: Pat Pilette
ELEMENTS OF PROGRAM

• Incorporate Nurse of the Future Nursing Core Competencies (NOFNCC) and Commission of Collegiate Nursing Education (CCNE) standards in the curriculum of the Post Baccalaureate Nurse Residency Program for 2014 – 2015

• Reviewed the NOF toolkit with key staff - Nursing Administration, Nurse Managers & Resident Advisory Committee

• Used Evidence Based Practice Competency as an example, developed and implemented the curriculum for Evidence Based Practice in clinical meetings and workshops
MEASURABLE OUTCOMES

• CCNE accreditation awarded!
• Ongoing curriculum review
• Residents feedback and evaluations
• Residents completed Evidence Based Practice projects and presentations
NEXT STEPS IN GROWING

• Provide education on the Toolkit and market the Toolkit to other staff nurses, residents & managers at Boston VA through ongoing staff development programs

• Involve academic partners (NERVANA) in the use of the Toolkit as a resource to implement the NOFNCCs at the Boston VA
SUGGESTIONS FOR REPLICATION

• Disseminate the Toolkit throughout the local VA system.
• Consider developing a VA workshop on NOFNCCs and use of the Toolkit.
• Evaluate effectiveness of the Toolkit for ongoing improvement
Faculty Opportunities Briefing

Presented by: Karen Manning, RN, MSN, CRRN, CHPN
Chair, Nursing Program, Westfield State University
PURPOSE

Increase Faculty Pool Available to Educate Nurses from BSN through Doctoral degrees

– Provide opportunities for retention of faculty who are eligible for retirement.
– Provide opportunities retired faculty to return to teaching positions
– Recruitment and development of new faculty
STRENGTHS

• Faculty Whitepaper recommendations
• Development and implementation of Clinical Faculty Database
• Development and implementation of best-practice Clinical Faculty Orientation Program
• Development of online Catalog of MSN, PhD, and DNP Programs in Massachusetts
• Preliminary data collected on faculty retirement
CHALLENGES

• Gaps in data to project faculty need
• Availability of resources for a virtual Faculty Center of Excellence
• Accurate salary analysis in comparing variations in education and faculty workloads
• Retirement restrictions for nursing faculty continuing and returning to work
TAKE HOME NUGGETS

• Increase the number of qualified full-time and adjunct nursing faculty through recruitment, retention, and development essential to reach the goal of 66% BSN by 2020.

• Best-practices to increase faculty include joint faculty appointments, mentorship programs and standardized orientation

• Funding is needed to develop and implement a virtual Faculty Development Center of Excellence to support online orientation, mentoring, communication, professional development and links to job opportunities to meet the current and new faculty needs
Faculty Opportunities Best Practice
Implementation of Competencies for Clinical Faculty Development
Presented by: Kimberly Silver DNP, RN, UMASS Graduate School of Nursing

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design: Pat Pilette
Elements For Adjunct Clinical Nursing Faculty Development

**Modules**
- Clinical Competency
- Clinical Feedback
- Critical Thinking
- Culture
- Curriculum
- Evaluation
- Medications
- Reflections of Novice Faculty

**Competencies**
- Nurse of the Future Nursing Core Competencies© (NOF)
- National League for Nursing (NLN)
- Quality & Safety in Nursing Education (QSEN)
Measurable Outcomes : Pilot Project “Online”

• Offered a free Clinical Faculty Development Program
  – 7.5 continuing education credits
• Assessed demographics, pre & post test scores to assess the knowledge gained, participant feedback, and make improvements to the project.
  – Pretest (M=83)
  – Posttest (M=95)
  – P<.01
• IRB was sought but expedited because this is a faculty development course.
Replication: Pilot Project “Live Format”

• Offer a free Clinical Faculty Development Program
  – Half or Full-Day live workshop
  – continuing education credits offered

• Recruit 4-5 Nursing schools in MA
  – ADN
  – BSN

Public & Private

Next steps: Develop a Virtual Faculty Center of Excellence
SBAR

“QOO”
Quality Observational Opportunity

APRN Scope of Practice Briefing

Purpose

Strengths

Challenges

Take Home Nuggets

Presented by: Stephanie Ahmed, DNP, FNP-BC, DPNAP
Massachusetts Coalition of Nurse Practitioners
PURPOSE

• Review Massachusetts Nurse Practice Act as it relates to the laws and regulations that govern APRN practice
  – Registration of certain professions and occupations
    • MGL chapter 112 including sections 80 B through 80 I stipulate conditions for APRN practice
  – MGL chapter 94 C
    • Controlled Substance Act
STRENGTHS

• APRN’s in MA – Numbers and roles described
• Assessed the Environments of Practice across New England
  – Guided by AANP State Environments of Practice Map
• Review of the NCSBN Consensus Model for APRN Regulation
  – Gap analysis conducted
  – Identified action items to become better aligned with the national standard
## Types of Advanced Practice Registered Nurses

<table>
<thead>
<tr>
<th>Who are they?</th>
<th>How many in MA</th>
<th>What do they do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners (CNP)</td>
<td>7,752</td>
<td>CNPs provide healthcare services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the healthcare team, as well as the diagnosis and management of acute and chronic illness and disease. CNPs order tests and therapeutics, and prescribe medications under written guidelines with a supervising physician. CNPs provide care in diverse settings, including, but not limited to, home, hospital, nursing facilities, and a variety of ambulatory care settings.</td>
</tr>
<tr>
<td>Clinical Nurse Specialists (CNS)</td>
<td>Not Available</td>
<td>CNSs provide healthcare services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the healthcare team, as well as the diagnosis and management of illness and disease. CNSs provide care in diverse settings, including, but not limited to, home, hospital, nursing facilities, and a variety of ambulatory care settings.</td>
</tr>
<tr>
<td>Psychiatric Clinical Nurse Specialists (PCNS)</td>
<td>868</td>
<td>PCNSs provide psychiatric health care services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the healthcare team, as well as the diagnosis and management of acute and chronic psychiatric illness and psychiatric disease. PCNSs order tests and therapeutics, and prescribe medications under written guidelines with a supervising physician. PCNSs provide care in diverse settings, including, but not limited to, home, hospital, nursing facilities, and a variety of ambulatory care settings.</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetists (CRNA)</td>
<td>1,252</td>
<td>CRNAs provide anesthesia care and anesthesia-related care for individuals across the lifespan, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illness or injury. CRNAs provide anesthesia and anesthesia-related care in diverse settings, including, but not limited to, hospital surgical suites and obstetrical delivery rooms; critical access hospitals; acute care; ambulatory centers; and the offices of dentists, podiatrists, and physicians. CRNAs order tests and therapeutics for the immediate peri-operative period and prescribe medications for the immediate peri-operative period under written guidelines with a supervising physician.</td>
</tr>
<tr>
<td>Certified Nurse Midwives (CNM)</td>
<td>480</td>
<td>CNMs provide primary health care services to women throughout the lifespan including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, care of the newborn and treatment of the partner of their clients for sexually transmitted disease and reproductive health. CNMs are responsible and accountable for engaging in the practice of midwifery; including interpretation of laboratory and diagnostic data, only within the CNM’s scope of practice and in accordance with American College of Nurse Midwives (ACNM) standards. CNMs practice within a healthcare system and develop clinical relationships with obstetrician-gynecologists to provide care in diverse settings, including, but not limited to, home, hospital, birth center, and a variety of ambulatory care settings. CNMs do not require a supervising physician or written guidelines to prescribes medications.</td>
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Data Source: Massachusetts Department of Health, BORN, July 1, 2014 • APRN Role Description Source: www.mass.gov/dph/boards/rn
# New England Practice Environment

<table>
<thead>
<tr>
<th>New England Practice Environment</th>
<th>MA</th>
<th>CT</th>
<th>ME</th>
<th>NH</th>
<th>RI</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written agreement of Physician supervision of prescriptive practice</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Physician name must appear on prescription</td>
<td>X</td>
<td>X*</td>
<td>X* &amp; X**</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Joint promulgation of regulations with Board of Medicine</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*VT and ME APRNs who have been licensed and practicing in collaboration with a physician for two years may subsequently practice independently and in CT, after three years.*

**CRNAs in ME practice under the supervision of a physician or dentist.

Source RI - http://www.health.ri.gov/for/nurses/
Source VT - https://www.sec.state.vt.us/professional-regulation/professions/nursing.aspx
Source MA - http://www.mass.gov/dph/boards/rn
2014 Nurse Practitioner State Practice Environment

**Full Practice**
State practice and licensure laws provide for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.

**Reduced Practice**
State practice and licensure law reduce the ability of nurse practitioners to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care.

**Restricted Practice**
State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation or team-management by an outside health discipline in order for the NP to provide patient care.

Source: State Nurse State Practice Acts And Administration Rules, 2012 © American Association of Nurse Practitioners, 2013 • Used with permission.
CHALLENGES

• Evolving legislative initiatives
  – CNM legislation
  – PCNS legislation
  – CNP/CRNA legislation
  – MA BORN Regulatory Update in August

• Gaps in outcomes data for some APRNs

• There are 10,352 APRNs which represents only 8% of the RN workforce!
TAKE HOME NUGGETS

• Massachusetts has led the nation’s health reform initiatives but failed to keep pace with an antiquated regulatory model
• Advances in the standardization of APRN education and wealth of peer reviewed data support independent practice for APRNs
• Create an imperative for change
• Input Substitution Principles Must Prevail!
Scope of APRN Best Practice
CVS Minute Clinic – Rhode Island
Presented by: Angela Patterson MSN, FNP-BC
Chief Nurse Practitioner Officer

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design: Pat Pilette
Elements of the Program: MinuteClinic

• High-quality care offered in a convenient and affordable way
• Family Nurse Practitioners and Physician Assistants
• Service scope:
  – Common acute illnesses and injuries
  – Co-manage chronic diseases
  – Vaccinations
  – Screenings and assessment exams
  – Wellness and preventive services
• Open seven days a week
  – Off-hours and weekend care
  – Primary care safety-net
• Accept most insurances
• Focus on quality and patient satisfaction
• Use of evidence based guidelines
• Integration with PCP’s & the Patient Centered Medical Home

Cost Effective | Convenient | Evidence Based Care
Measurable Outcomes: High Quality and Patient Satisfaction

MinuteClinic is fully accredited by the Joint Commission

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<tr>
<th>Net Promoter Score*</th>
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<tbody>
<tr>
<td>USAA</td>
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<tr>
<td>Trader Joe’s</td>
</tr>
<tr>
<td>MinuteClinic</td>
</tr>
<tr>
<td>Apple</td>
</tr>
<tr>
<td>Amazon</td>
</tr>
<tr>
<td>Physician Offices</td>
</tr>
<tr>
<td>Urgent Care Sites</td>
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</tbody>
</table>

- Overall Satisfaction Rating: 95%
- Overall Practitioner Rating: 95%
- Felt “Listened To And Respected”: 96%
Measurable Outcomes: Avoidance of Antibiotics in Bronchitis: HEDIS

High Quality Care

- MinuteClinic
- Burnsville Family Physicians
- HealthPartners Clinics
- University of Minnesota Physicians
- Fairview Health Services
- Mayo Clinic (Main)
- Ridgeview Clinics
- Altru Health System
- HealthEast Clinics
- Allina Health System
- St. Luke's Clinics
- Quello Clinic
- CentraCare Health System
- Park Nicollet Health Services
- Innovis Health (Essentia Health West)
- Mankato Clinic
- Sanford Clinic

Medical Group Average =

Percent

Measurable Outcomes: High Quality while Lowering Costs

- A September 2009 *Annals of Internal Medicine*¹ Rand study compared costs and quality of care for three common illnesses:
  - Quality similar to or better than MD office, Urgent Care or Emergency Department
  - Care cost 40-80% less than other settings (pharmacy slightly lower)

<table>
<thead>
<tr>
<th>Quality Indicators</th>
<th>Cost Per Episode</th>
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<tbody>
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<td>Emergency Departments</td>
<td>55%</td>
</tr>
<tr>
<td>Physician Offices</td>
<td>61%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>63%</td>
</tr>
<tr>
<td>MinuteClinic</td>
<td>64%</td>
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Next Steps in Growing Program: MinuteClinic Strategic Pillars

Supporting Primary Care

1. National Footprint: Provider presence
   - MinuteClinic

2. New Clinical Services: Common chronic diseases, Health & wellness
   - CVS

3. TeleHealth: Reach
   - TeleHealth at MinuteClinic®

4. Collaborate with Health Systems and PCPs: Collaboration & integration
   - Cleveland Clinic
   - Emory HealthCare
   - SHARP
Suggestions for Replication: Adoption of Innovations in Care Delivery Models

• Internally
  – Build consensus among nursing
  – Shared governance culture
  – Data drives discussion and buy-in

• Externally
  – Do your homework
  – Perform root cause analysis
  – Build consensus among nursing
  – Drive discussion with data
  – Identify sponsors
  – Embrace critics
TAKE HOME NUGGETS

SCOPe of PRACTICE
- Regulation Model Revision
- Call to Action
- Input Substitution Principles

DIVERSITY
- Increase Awareness
- Cultural Competence
- Organization Plans

FACULTY
- Increase # of Faculty
- A/P Partnership
- Faculty Resources

ACADEMIC PROGRESSION
- Diversity Impacts Outcomes
- Eliminate Barriers
- Employer Engagement

NOF
- Competency Spread
- A/P Partnership
- Technical Support