

FUNDAMENTAL STRATEGIES FOR ACADEMIC HEALTH CENTERS



ALIGNED INSTITUTIONAL
MISSION PROGRAM™

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ALIGNING NURSING TO PERSON-CENTERED FUNDAMENTAL CARE

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(The *International Learning Collaborative* – a social movement for improvement in care)

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Within every academic health center, professional nurses are charged with the core responsibility of delivering the fundamentals of care (those self-care activities necessary for human life independent of clinical condition). Knowing how to deliver person-centered fundamental care is the foundation to excellence in clinical nursing practice. But in the context of increased costs, the growing complexity of medicine, an aging population and increased comorbidities, and expanding consumer expectations for healthcare, nursing today is at a critical crossroads in terms of balancing its superior technical capability and expertise with its social mandate to ensure that all patients experience dignified, safe, and humane fundamental care. In the context of the academic health center, therefore, a critical question is how well nursing and the fundamentals of care are integrated into its mission and operations.

1 Ensure that Nursing and the Delivery of Fundamental Care Align with the Tripartite Academic Health Center Mission of Excellence in Clinical Practice, Research, and Education

The flagship mission of academic health centers is to demonstrate excellence around the integration of clinical practice, research, and education.

This anchors and guides nursing in the delivery of the fundamentals of care. But more intentional work is needed within academic health centers to ensure seamless integration of those fundamentals of care in ways that ensure safe, high-quality, and excellent patient service. More attention is needed to clarifying policies, protocols, and practices across academic health centers that

support that seamlessness and further integrate the fundamentals of care in academic health centers. In essence, more attention is needed to balance professional nursing practice within the context of clinical practice, research, and education in academic health centers.

Further, additional research is needed, both within individual academic health centers and across the field as a whole, to build a larger body of more rigorous evidence that we can draw on to improve the fundamentals of care and their integration with the tripartite mission.

2 Find the Right Metrics

As part of building an evidence base, more work is needed around the development of the best and most appropriate metrics that will help us measure and demonstrate that we are providing high-quality care.

Further work is needed to identify the datasets and data indicators that academic health centers should use in evaluating academic nursing care and improving the fundamentals of care. Additional work is also needed to clarify what precisely we seek to measure with different datasets and indicators and what constitutes the most appropriate metrics to meet those goals.

In part, we need such metrics to uphold and advance excellence in the fundamentals of care. But in part, we also need such metrics to show governments, foundations, and others who pay for care that they are investing their resources wisely. And perhaps most importantly, we need to show our clients that we can keep them safe and treat them with dignity and compassion in every nursing encounter.

3 Ensure that Nurses Engage with Patients to Deliver Personalized Care

Principles of good practice and existing evidence suggest that a crucial role of the nurse is to actively engage in a positive relationship with the patient and their family. That dynamic is essential to ensuring safe, person-centered care.

In today's fast-paced environment, however, especially given that bottom-line concerns are of paramount importance, that degree of care is sometimes difficult to deliver. Financial performance metrics sometimes can take precedent over other ways in which value is delivered, such as personal nursing care. Rewards systems tend to be tied to discrete safety and quality of care indicators rather than recognize the integrating and coordinating role of the nurses' engagement with a patient and family. Further, the quality of such integrated, relationship-based care has not been subject to rigorous testing and therefore can be difficult to measure. Research shows that such factors, including not being able to provide the level of care that they wish to provide, contribute to "burnout" among nurses and lead many to leave

the profession. This is fueling our predicted national nursing shortage.

4 Recognize and Support the Role of Nurses in Interprofessional Teams and Practice

Nurses serve a critical role in coordinating care and collaborating with all members of interprofessional care-delivery teams.

Nurses must be adept at managing complex relationships across disciplines and specialties, between and across geographic boundaries, such as those with local communities, and across organizational silos.

While many institutions have made considerable progress in advancing interprofessional practice, pathways and protocols for such work often remain unclear, cumbersome, unwieldy, not as seamless as they should be, and ultimately not as supportive of patient care as they should be.

5 Recognize, Support, and Reward Transformational Leadership in Nursing

The efficacy of the challenging work to get and keep nurse professionals engaged at the front lines of delivering the fundamentals of care hinges in large part on the effectiveness of nurse leadership.

Professional associations articulate standards and criteria for the degree of quality leadership in nursing to which every academic health centers aspires.

The most effective nurse leaders engage in translational activity and transformational leadership. They have unique skills for helping nurses translate best practices from theory to actual practice at the bedside. Further, they have the vision and drive to nurture their units in striving for even higher levels of performance. They model the way in terms of demonstrating relationship-centered, integrated, fundamental care.

KEY CONSIDERATIONS FOR ACADEMIC HEALTH CENTER LEADERS

- What processes can academic health centers put in place that support excellence in the fundamentals of care in the context of the ongoing pursuit of excellence in clinical practice, research, and education?
- How can leaders of academic health centers help fill gaps in the knowledge base and build the body of research around fundamentals of care in the context of the academic health center mission?
- As part of the research mission, how can academic health centers develop better metrics and analytical tools that can support and advance excellence in delivery of the fundamentals of care?
- How can we develop quality studies that will help show funders the value and quality that academic health centers provide in delivering the fundamentals of care? How can we develop studies that inform improvements in the safety of care delivery?
- Given the many financial stresses and strains in academic health centers today, how can senior leaders best enable the center's nurses to engage meaningfully with patients and their families? What specific steps can a leader of an academic health center take to help nurses provide high-quality personalized care?
- How can your academic health center demonstrate more clearly that it strongly values personalized nursing care? Can rewards be restructured to better recognize and support relationship-based nursing care and bolster nurse job satisfaction? What related practices and policies can best support nurse recruitment and retention?
- What practices, policies, and protocols can improve the nurse's central role in coordinating interprofessional teams and practice? What would constitute best practices in that regard in the academic health center context? How can your institution become an exemplar of those best practices?
- How can we make interprofessional practice more valued, more flexible, and more intuitive? How can your academic health center better recognize and reward the value that nurse professionals bring to their work with interprofessional teams?
- In your institution, what are the competencies of the nurse leader that can best support and translate the scholarship of nursing into practice? How are those competencies defined?
- What structures, practices, policies, and rewards are in place to help nurse leaders translate valuable concepts into front-line practice and apply knowledge gained from evidence and metrics in ways that engage front-line staff in delivering the highest levels of care?

KEY TAKEAWAYS

Every patient who is served by an academic health center needs and deserves the highest quality fundamentals of care. For that reason alone, it is absolutely essential that we get nursing care right. Close consideration to such factors as money, value, quality, safety, and leadership, as well as to how we integrate the fundamentals of care into our academic health centers, will help us ensure that we get fundamental nursing care right.