Leading Today for Nurses and Midwives

Northern Ireland Practice & Education Council for Nursing and Midwifery Annual Conference

Maureen Bisognano
President Emerita and Senior Fellow
Our Nursing Leadership Challenge

- Changing patient and staff expectations
- New research, and breathtaking pace of procedural change
- Technology, new equipment, and new medications
- Expanding mission scope; from care to the Triple Aim
These Challenges Require New Ways to Lead in Nursing

- Leading from the top
- Seeing across the system
- Building teams across the system
- Co-design and co-production of health and care with our patients
The IHI Triple Aim

- Population Health
- Experience of Care
- Per Capita Cost
Nursing at the Center of Transformation

- Strengthening interdisciplinary collaboration
- Chronic disease management
- Integrating patient care across settings
- Optimizing IT across settings
Nurse Led Innovations for Triple Aim

- Home care
- Self-dialysis
- New teams
- Co-design with patients
- “What matters to you?”
Jos’s vision started in 2006 while working with community nurses.

Home care in the Netherlands had been fragmented with a system of paying by task and by hour.

Different tasks were performed by different levels of carers.
A New Model

- Different tasks performed by different carers might be perceived by a manager as an “efficiency”

- But the nurses saw something else – the fragmentation of patients

- So Jos developed a new model of care – he called it Buurtzorg (Dutch for “neighborhood care”)
Skilled nurses working in teams of 12 or less, caring for everyone in a neighborhood of 10,000

The teams function autonomously – they know what’s best for their patients and families

It’s an organizational model without management or hierarchy, lowering overhead costs and generating savings that can be re-applied to patient care
Buurtzorg – Growing the Model

- It started with 4 nurses in 2006
- Now there are 8,000 nurses, providing 60% of the home care throughout the Netherlands
- 8,000 nurses with a “back office” of only 45 staff
- Built not on “managing,” but on trust
Buurtzorg – Results

- Better outcomes and better health
- Highest satisfaction rates from patients anywhere in the country
- Average costs are 40% less than other home care organizations
  - Indicating a potential national savings of €2B
- The model has flipped from the organization’s needs driving the structure to the patient’s needs and the nurses’ knowledge creating the structure
Buurtzorg – Spreading Worldwide

A New Way of Delivering Home Health Care

By Robert L. Kane

At a Distinguished Lecture on October 10, 2011, Jos de Blok, the founder and CEO of Buurtzorg, a home care program in the Netherlands, described how his program has attracted national and international attention. Buurtzorg provides home health care and personal care, as well as preventive services. The model represents an innovative approach that is cost-effective, attractive to professionals, flexible, and good for patients.

A nurse by training, de Blok decided that the then-current way of delivering home care through large bureaucratic organizations met the needs of neither the users nor the staff. He sensed dissatisfaction among nurses because of the inadequate autonomy and limited opportunity to use their professional skills. An excessive bureaucracy imposed too many rules that treated staff and client dissatisfaction. Instead of a hierarchical model with heavy administrative costs and numerous people dedicated to overseeing others, de Blok proposes a simple model of nurse empowerment.

Each independent team (with a maximum of 12 nurses) is

Buurtzorg Nederland: Nurses Leading the Way!

Jos de Blok / Michele Kimball
Founder, Buurtzorg Nederland / Director, AARP Minnesota

Buurtzorg ("neighborhood care") is an innovative approach in the Netherlands which was set up to deliver home care. It originated in 2006 from the staff’s dissatisfaction of traditional home care organizations. Bureaucratic duties, working in isolation from other care providers, and, above all, neglect of their professional competencies, were amongst the numerous complaints. Since then Buurtzorg has become a major success story in the Netherlands drawing accolades from the Dutch Ministry, patient organizations and others.

In 2010 AARP Minnesota met with the Dutch Agency to learn about their innovative approach to home care. The following article coauthored by Buurtzorg CEO Mr. Jos de Blok and AARP State Director Michele Kimball, describes the Dutch model, its expansion and success in the Netherlands and the promise it holds for the State of Minnesota and the United States.

Jos de Blok: The Beginning - Neighborhood Care the Way It Was Meant To Be

“What started as a team of 4 nurses in 2006, has grown to 580 teams of 6,500 nurses in 2013.”
A Different View of the Netherlands
Chronic Disease Management

Self Dialysis- The Old Way

- Ryhov Hospital in Jönköping had traditional hemodialysis and peritoneal dialysis center.
- But in 2005, a patient, Christian, asked about doing it himself.
Christian taught a 73-yr-old woman how to do it…

…and they started to teach others how to do it.
The New Way

- Now, they aim to have 75% of patients to be on self-dialysis
- They currently have 70% of patients
Lessons to Date

From Christian (patient):

- “I have a new definition of health.”
- “I want to live a full life. I have more energy and am complete.”
- “I learned, and I taught the person next to me, and next to her. The oldest patient on self-dialysis is 83 years old.”
- “Of course the care is safer in my hands.”
Lessons to Date

From Anette (nurse leader):

- Surprised at design differences between patients, family, and staff
- Managing at 1/2 – 1/3 less cost per patient
- Evidence of better outcomes, lower costs, far fewer complications and infections
- “We brought in the county’s employment, helped the patients make or update the CVs, and trained them for a new career.”
Update

- Now calculated costs at 50% of costs in other hemo-dialysis units

- Complications dramatically reduced and subsequent expensive care avoided

- Measuring success by “number of patients working”
**Self Dialysis - Texas**

**WACO METRO PATIENT CENTERED, EMPOWERED CARE VS HUNKER DOWN (TRADITIONAL IN-CENTER)**

**NORTH & SOUTH DEATHS & HOSPITALIZATIONS**
Jan - June 2017

<table>
<thead>
<tr>
<th></th>
<th>Total Deaths</th>
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<tr>
<td>Nocturnal</td>
<td>26</td>
<td>7</td>
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<tr>
<td>Home</td>
<td>62</td>
<td>17</td>
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<tr>
<td>Empowered In-center</td>
<td>295</td>
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<td>Total Patients</td>
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<td>Total Deaths</td>
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<td>Conventional Patients</td>
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<td>438</td>
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<td>CKD Patients</td>
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<tr>
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**Central Texas Nephrology Associates**
# Self Dialysis - Philadelphia

<table>
<thead>
<tr>
<th></th>
<th>ICSCHD</th>
<th>Non-SCHD</th>
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<tbody>
<tr>
<td>No of pt</td>
<td>48</td>
<td>848</td>
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<tr>
<td>Crude Mortality Rate (deaths /100 pt yrs) (%)</td>
<td>5</td>
<td>18</td>
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<tr>
<td>SMR</td>
<td>0.23 (.25-1.52)</td>
<td>1.03 (0.87-1.13)</td>
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<tr>
<td>Hospital days/pt yrs</td>
<td>7.5</td>
<td>14</td>
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<tr>
<td>PO₄ (mg%)</td>
<td>5.47</td>
<td>5.04</td>
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<tr>
<td>Albumin &gt;4g/dL (%)</td>
<td>66</td>
<td>52</td>
</tr>
<tr>
<td>Albumin (g/dL)</td>
<td>4.04</td>
<td>3.78</td>
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<tr>
<td>Unexcused missed Rx(%)</td>
<td>1.0</td>
<td>4.87</td>
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</table>

Employment rate: 26% vs 7% in a facility within the same building

Source: Edward R Jones, MD, MBA, Medical Director, Self-care FMC Mt Airy Phila.
My Dialysis, My Choice

- The patient starts by selecting a few values that matter most to them when choosing a treatment plan.
- Then detailed information is provided to help the patient rate treatment options according to how well they match each chosen value.

Source: mydialysischoice.org
Based on the patient’s rankings on each value, the results are compiled to help them decide which dialysis treatment option is best for their lives and health.

### Results

<table>
<thead>
<tr>
<th>My Values</th>
<th>PD</th>
<th>Standard HD</th>
<th>Short Daily HD</th>
<th>Nocturnal HD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work / School</td>
<td>★★★</td>
<td>★</td>
<td>★★★★</td>
<td>★★★★</td>
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<tr>
<td>Travel</td>
<td>★★★</td>
<td>★</td>
<td>★★★★</td>
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<tr>
<td>Money</td>
<td>★★★</td>
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<tr>
<td>Control</td>
<td>★★★</td>
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<tr>
<td>Sleep</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★★</td>
<td>★★★★</td>
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<tr>
<td>Hospital Stays</td>
<td>★★★</td>
<td>★★★</td>
<td>★★★★</td>
<td>★★★★</td>
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<tr>
<td>Totals</td>
<td>15</td>
<td>9</td>
<td>18</td>
<td>18</td>
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</tbody>
</table>

Source: mydialysischoice.org
Strengthening Interdisciplinary Collaborations

CAPABLE: “Community Aging in Place, Advancing Better Living for Elders”
- Emphasizes helping older adults maintain independence through environmental adaptations and interventions
- Team of nurse, occupational therapist, and handyman

Common fixes:
- Installing or fixing railings or grab bars
- Improving lighting
- Installing non-skid treads in tubs and showers
- Repairing trip hazards, like holes or tears in carpet, or broken times

79% of initial participants reported fewer activity of daily living limitations

Source: Szanton et al., Preliminary data from community aging in place, advancing better living for elders, a patient-directed, team-based intervention to improve physical function and decrease nursing home utilization: the first 100 individuals to complete a centers for medicare and medicaid services innovation project. J. Am. Geriatr. Soc. 63(2), 371–374 (2015).
CAPABLE

- Roughly $3,000 in program costs yields approximately $10,000 in savings in medical costs.
- Participants showed reduced symptoms of depression, fewer difficulties with Activities of Daily Living, and improved motivation.

Source: Szanton et al., Preliminary data from community aging in place, advancing better living for elders, a patient-directed, team-based intervention to improve physical function and decrease nursing home utilization: the first 100 individuals to complete a centers for medicare and medicaid services innovation project. J. Am. Geriatr. Soc. 63(2), 371–374 (2015).
CAPABLE IMPROVES HEALTH OUTCOMES AT LOWER COSTS:

3x RETURN ON INVESTMENT
Roughly $3,000 in program costs yielded approximately $10,000 in savings in medical costs.

HALVED DIFFICULTIES IN FUNCTION
Participants had difficulty with an average of 3.9 out of 8.0 Activities of Daily Living (ADLs) at baseline, compared to 2.0 after five months.

REDUCED SYMPTOMS OF DEPRESSION
Symptoms of depression, as well as the ability to grocery shop and manage medications also improved.

IMPROVED MOTIVATION
The change in physical environment further motivates the participant. Addressing both the people and the environment in which they live allows the person to thrive.

1 In the period 2012–15, a demonstration project enrolled 281 adults ages sixty-five and older who were dually eligible for Medicare and Medicaid and who had difficulty performing ADLs. ADLs include eating, bathing, dressing, moving around, transferring and toileting.
Norah

- Young woman from Boston – 24 weeks pregnant with her first child.

- Her husband is still back in Nigeria and she’s hoping he’ll be here for the birth.
Norah, like all the young women who participate in the group visit, takes her own vital signs, weighs herself, and enters all the info into her record.

She shares the record with the physician and midwife – it’s flipped! – and then moves to the back of the room to be examined before the group portion of the visit begins.

While the exams are conducted, there is a lot of chatter, a lot of questions asked and advice given, and a lot of relationship-building.
What Matters to Norah

“I’m very afraid of labor. I’m terrible with pain. I’m scared. I don’t think I’ll be able to do it.” The midwife said, “those of you who have had babies before, what advice do you have for Norah?”

- Relaxed
- Ice cubes
- Confidence
Centering Results

- Reduced the risk of preterm birth by 33%\(^1\)
- Reduces racial disparities for preterm births
  - Hispanic women in Centering demonstrated lower preterm birth rates than those in traditional care models (5% vs. 13%)\(^2\)
  - Reduced the odds of preterm births by 41% in African American women\(^3\)
- Nearly twice the number of Centering Healthcare participants breastfed (46%) than those in a comparison study (28%)\(^4\)

\(^3\)Ickovics, et al. 2007
\(^4\)J of Midwifery & Women’s Health, 2004
From “What’s the matter?” to “What matters to you?”
I love cuddles to reassure me.

24.10.2013

I can dress myself.

I can use a hairbrush.

I love to self-hug.

I am very best with putting things in my mouth.

I love to feel peoples' faces.

I don't like it when I must share.

I love to feel peoples' faces.

I am very good at being friendly.

So I am very friendly.

I love to be the hero.

I don't like it when I must share.

I love to feel peoples' faces.

I love the grey cat.

I love to feel peoples' faces.

I don't like it when I must share.

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I don't like it when I must share.
“How long have you lived in San Francisco?”
“Years and years”

“Where did you come from?”
“Ireland”

“When did you come?”
“1912”

“Have you ever been in the hospital before?”
“Once, for a broken arm”

“How did that happen?”
“A trunk fell on it”

“A trunk? What kind of trunk?”
“A steamer trunk”

“How did that happen?”
“The boat lurched”

“The boat? Why?”
“It hit the iceberg”

“Oh! What was the name of the boat?”
“The Titanic”

HVA ER VIKTIG FOR DEG DAGEN
SPIRA KULTURHUS - TIRSDAG 6. JUNI

PROGRAM

11:45  VELKOMMEN

12:00  Brukerforbundet - Hva er viktig for deg?

12:15  Om ny forskrift om lønnsom og
kvalitetstrening v/Anne Grethe
Skjelvan, Helsedirektoratet

13:15  Pausen

13:30  Hva er viktig for deg? Ode påstendforlæp
v/Anders Vege, Folketheiseinstituttet

14:30  Erfaringsutveksling og vel hjem

14:45  Øpet hus: Markering av "hva er viktig for
deg"-dagen

6. JUNI - SPIRA
Foredragsholder fra
Helsedirektoratet &
Folketheiseinstituttet

HVA ER VIKTIG
FOR DEG DAGEN
- VELKOMMEN!

NORDLANDSSYKEHUSET
NORDLANDSKJØPESERVICE

Hva kan vi gjøre for deg som pasient i dag?

Vi i Nordlandssykehuset ønsker å vite hva som er
det aller viktigste for deg og dine pårørende i møte
med oss.

Vi er taknemlig hvis du kan ta et hjerte og skrive
noen ord til oss om hva som betyr mest for at du
skal ha en god opplevelse i Nordlandssykehuset i
dag.

HVA ER VIKTIG
...FOR DEG?

Ta et hjerte i boksen og skriv ned hva som er viktig for
deg. Heng hjertet på juletreet.
Kampanjen avsluttes over nyttår
Cosa è importante per te?

WHAT MATTERS TO YOU?
Denmark

Hvad er vigtigt for dig?

Den 6. juni er det Hvad er vigtigt for dig-dag.

Over hele verden vil personalet spørge ind til borgerens behov, ønsker og håb.

Hvad vil DU svare?
Kindness Bundle

- Opening and closing interactions with patients in a structured way
- Warm personal introduction
  - “What would you like me to call you?”
- Shared decision making
  - “What matters to you?”
  - “What about today? What would make today a good day?”
- Warm close-out
  - “Is there anything we can do to make you more comfortable?”

Source: Galina Gheihman, MD and Cynthia Cooper, MD
Basic acts of kindness can lead to

• Faster wound healing
• Reduced pain, anxiety and blood pressure
• Shorter hospital stays

Basic Acts of Kindness

- Deep listening
  - “What’s the matter?” → “What matters to you?”
- Empathy
  - Anticipatory kindness based on patient’s situation and stressors
- Generous acts
  - Can offer a renewing buffer to emotional fatigue and stress
- Timely care
  - Institutional commitment to being on time
- Gentle honesty
  - Guide patients to intrinsic hope
- Support for family caregivers
  - Prepare, empower, and assist a patient’s family

Innovation-Spread-Exnovation

**Innovation**
- Where are care models and processes broken?
- Where do we need new thinking?
  - Innovation labs, design processes
  - Harvesting

**Spread**
- Where do we see variation in performance?
- How can we reliably spread to ensure that we can provide the best care to every patient, where they are?
  - Transparent data
  - Curiosity
  - Spread Model

**Exnovation**
- How do we stop what doesn’t work anymore?
- How will we eliminate wasteful practices and processes?
  - It takes courage!
Exnovation and Undiffusion

- Established procedures can be hard to abandon, even when evidence for change is strong
  - Preference for what is familiar
  - Cost of training and new equipment can be a barrier
- Speed and shape of undiffusion
  - Not a perfect reverse S curve
  - Conflicting data can affect rate of undiffusion
  - Late adopters of old standard are often the first to Exnovate

The Importance of Curiosity

- **IQ** – Intelligence Quotient
  - processing complex data sets and having the mental capacity to problem solve at speed

- **EQ** – Emotional Quotient
  - the ability to perceive, control and explain emotions; risk-taking, creating resilience and empathy

- **CQ** – Curiosity Quotient
  - inquisitive, open to new experiences, finding novelty exciting
The Campaign

*NursingNow!* is a global campaign on nursing run in collaboration with the international Council of Nurses and the World Health Organization that will advocate with and on behalf of nurses for the advancement of health and healthcare from 2018 to 2020.
The Campaign’s Rationale

1. A renewed focus on public and population health as well as health services is needed
2. Nurses and midwives are by far the largest part of the professional health workplace
3. Nurses are the closest to the community
4. Nurses are often undervalued and unable to work their full potential
5. Developing nursing will have the *Triple Impact* of helping to improve health, promote gender equity and strengthen local economies
The Campaign’s Values

1. Everybody has the right to health and health care
2. Co-development and mutual learning is of fundamental importance
3. Improving health requires a “health in all policies” approach
4. Health improvement is mainly delivered through teams
5. Development needs to take place in the context of wider development of the health workforce
6. The success of the campaign will be judged by what happens locally in the actual day to day experience of patients, citizen and health worker
Campaign vision

To improve health globally by raising the profile and status of nurses worldwide.

Influencing policymakers and supporting nurses to lead, learn and build a global movement.
Join us

- **Share** your experience and ideas
- **Be agents for change** – organise to advocate for the profession
- Sign our **pledge of support** to Nursing Now
- **Raise awareness** of the campaign

Credit: The Royal College of Nursing
THE NEW SCRIPT

Link
“History has shown us that courage can be contagious, and hope can take on a life of its own”

—Michelle Obama, First Lady of the United States of America
Thank you!

Maureen Bisognano

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