IONL Position Statement
“Transforming the Care Continuum through Nursing Leadership”

Background:

The call to action summarized in the 2001 Institute of Medicine (IOM) report, Crossing the Quality Chasm, describes the United States healthcare system as decentralized and fragmented. This fragmentation is attributed to highly complex issues pertaining to quality care and escalating costs (Institute of Medicine, 2001). The lack of coordination between health settings, inadequate reconciliation, communication of the plan of care and transition planning was cited as major contributors to poor quality, wasted resources and patient harm (Robert Wood Johnson Foundation, 2012). Multiple root causes including disparate electronic and paper medical records, episodic payment structures, and lack of alignment across the continuum have contributed to chaos throughout various healthcare settings. Driving alignment of the Care Continuum, the Affordable Care Act (ACA) required healthcare organizations to transition from fee-for-service delivery models to population-based, bundled payment delivery systems. Emerging risk-based models of care require greater coordination than traditional delivery models of the past. What can be lost in this conversation of what seems to be about financial models, is fundamental understanding that patient-centered care must be the foundational basis of the healthcare system of the future.

Patient-centered care supports active involvement of patients and their loved ones in the design and delivery of care models. Enactment of the ACA, rigorous testing of models to improve care transition among settings, patient-centered care and community-based transition programs are being analyzed with results being disseminated. Healthcare leaders, especially those within the nursing profession, are instrumental in transforming patient care delivery and must redesign this care delivery to advocate on behalf of patient-centered care. Nursing leaders play a strategic role in streamlining and designing care delivery throughout healthcare settings. Assessment and implementation of proven models must be utilized to effectively care for multiple patient populations.

The Issue:

The problem identified as poorly managed care transitions lead to increased readmissions, patient dissatisfaction, and inappropriate utilization of healthcare services. All of these result in increased healthcare spending. The United States fragmented health delivery system has resulted in providers’ inability to achieve optimal health for the patients they serve, therefore there is strong need to transform current care transition practices. The establishment of channels to increase communication between providers and formation of collaborative partnerships will be essential in guiding effective change.

According to the Centers for Medicare and Medicaid Services (CDC, 2014), research has shown that bundled payments align incentives for providers-hospitals, post-acute care providers,
physicians, and other practitioners allowing them to work closely together across all specialties. The successful implementation of initiatives and models focusing on providing high quality care throughout settings results in positive patient outcomes and institutional sustainability. It is essential that care delivery, utilization of services, and workforce competency be defined, established and effective to transform Transitional Care practices.

The IONL’s stance on developing strong and committed leaders is communicated to registered nurses practicing throughout all healthcare settings in order to create, sustain and optimize Transitional Care practices. Healthcare reform initiative implementation, promoting continuous change within organizations and growing effective nurse leaders are essential components to program development, providing and maintaining quality care, and being a proactive voice. Registered nurses must be committed to developing a united front to create a system that functions to enhance quality patient outcomes.

Recognized barriers to address/consider:
- Poor communication across inpatient and outpatient settings negatively impacting transitions.
- The current state of separate/different EMRs (electronic medical record systems) creates difficulty in transmitting information essential for smooth transitions.
- Increased use of hospitalists to manage inpatient acute care with little or no involvement of patient’s primary care providers.

**Position Statement/Key Points:**

Given the current and anticipated health care environment, the IONL believes the following are essential concerning the role of nursing leadership in optimizing patient outcomes and increasing efficiencies throughout the continuum of care (2012).

Nurse leaders must:
- Design care coordination strategies that meet patient needs and organizational goals.
- Develop and sustain interdisciplinary partnerships that enhance communication, collaboration and innovation across care settings.
- Ensure that patient care staff achieve and maintain the knowledge and skill to coordinate care.
- Utilize transitional care models throughout the care continuum to promote quality outcomes.

In an effort to establish high quality patient care, registered nurses must enhance collaboration and innovation throughout the healthcare continuum. As the nursing profession transforms, so must the management of patient care transition throughout various healthcare settings. The IONL promotes nursing outreach, assessment and intervention to encourage a more structured and strategic approach to addressing the complex healthcare needs of all individuals in which we serve.
Call to Action:

For transitional care practices to be transformed, the IONL believes nurses must be proactive and key drivers addressing care delivery issues in order to advance healthcare. This can be accomplished by guiding transitional care practices to promote health and well-being for all those we serve.

References
Bower, Kathleen Nursing Leadership and Care Coordination, Nursing Administration Quarterly, Vol 40, No 2, pp98-102

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