Emerging Technologies Center

Diane J. Skiba, Editor

Connected Care Quotient (CCQ) and the Future of Nursing

It is nearly five years since the Institute of Medicine released its seminal report, The Future of Nursing: Leading Change, Advancing Health. The report made several far-reaching recommendations for nursing as follows:

- Remove scope-of-practice barriers.
- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Implement nurse residency programs.
- Increase the proportion of nurses with baccalaureate degrees to 80 percent by 2020.
- Double the number of nurses with doctorates by 2020.
- Ensure that nurses engage in lifelong learning.
- Prepare and enable nurses to lead change to advance health.
- Build an infrastructure for the collection and analysis of interprofessional health care workforce data.

To evaluate progress, resolve issues outlined in the report, and assess the impact of the AARP and Robert Wood Johnson Foundation’s (RWJF) Future of Nursing: Campaign for Action, the Committee for the Evaluation of the Impact of the Institute of Medicine Report held a series of meetings this spring and summer. According to the project description (www8.nationalacademies.org/cp/projectview.aspx?key=49704), “The workshops…invite[d] stakeholders representing nursing, medicine, health systems, consumer groups, business and policy makers at the state and national levels to provide testimony…on the following broad topics: practice, education, and leadership; with diversity, interprofessional collaboration, and needed data as cross-cutting issues.” (See the Figure for the names of committee members.)

Dr. Marsha Howell Adams, president of the NLN, participated in the first workshop on May 28. This workshop had two sessions. The first focused on assessing data and information about the progress of the Campaign for Action. The second involved three stakeholder groups (Education and Training, Delivery of Care — Policy and Regulatory, and Delivery of Care — Health Care Organizations and Providers). The goal was to gain insight into the efforts, successes, and barriers to implementing the recommendations. (Recordings and slides for these presentations are available online at http://iom.nationalacademies.org/Activities/Workforce/FutureofNursingImpact/2015-MAY-28.aspx.)

The second workshop, held July 27-28, included a variety of sessions: Day 1, Toward a More Highly Educated Nursing Workforce, Models of Academic Progression, Nursing Education and Workforce Data, Toward Establishing Nurse Residency Programs, and Recruiting and Retaining a Diverse Nursing Workforce; Day 2, Impact of Health Care System Changes on the Culture of Care Delivery and Roundtable on Culture Change in the Health Professions and Health Care Delivery.

Figure: Interprofessional Committee Members and Panel Participants

Members of the Committee for the Evaluation of the Impact of the Institute of Medicine Report

Dr. Stuart Altman, chair

Nursing: Dr. Carmen Alvarez, Dr. Cynthia Barginere, and Dr. Paula M. Gubrud-Howe

Medicine: Dr. George E. Thibault and Dr. Robert L. Phillips, Jr.

Health Policy: Richard A. Berman, Dr. Karen Donelan, Suzanne Folkes, Dr. Jack Needleman, Dr. Michele J. Orza, and Dr. Edward Salsberg

Panel on the Culture of Care Delivery

- Richard A. Berman, moderator
- Dr. Nancy Gagliano, chief medical officer, CVS/minuteclinic, and senior vice president, CVS Health
- Dr. Gerri Lamb, associate professor/director, Center for Advancing Interprofessional Practice, Education and Research, Arizona State University College of Nursing and Health Innovation; chair, American Interprofessional Health Collaborative; and liaison, Arizona Nexus Innovation Incubator to the National Center for Interprofessional Practice and Education
- Dr. Scott W. Lamprecht, chief clinical educator and family nurse practitioner, Complete Medical Consultants (by phone)
- Dr. Diane Skiba, professor and project director, I-TEAM (Interprofessional Technology Enhanced Advance Practice Model), University of Colorado College of Nursing, Aurora
- Dr. Julie A. Sochalski, associate professor of nursing/interim associate dean for academic programs, University of Pennsylvania School of Nursing

(The agenda, recordings, and slides are online at http://iom.nationalacademies.org/Activities/Workforce/FutureofNursingImpact/2015-JUL-27.aspx.)

I had the privilege of speaking on the second day in a panel discussion on the culture of care delivery moderated by Richard A. Berman, a professor at the Institute for Advanced Discovery & Innovation, University of South Florida, our taskmaster in terms of timing. (See the Figure for all panel participants.) When I received the letter with the invitation to participate, I had heart palpitations: OMG, they want me to speak!

Our 75-minute session began with a brief introduction by Berman, followed by individual remarks by each of the panelists (six minutes, slides optional), and then 40 minutes of Q&A with the IOM committee. Berman asked us to focus on the changes we have seen in the health care delivery system and in the skills or roles of nurses in
health care delivery. The committee sent specific questions on a number of topics — how technology has affected the nursing profession in terms of patient care and team-based care, leadership in team-based care, the impact of value-based payment on primary care and the health system, and cultural and organizational conflicts that need monitoring and management — and we could anticipate questions on topics including interprofessional practice and leadership in the health arena.

As I read the instructions, I was both relieved, as there was a specific question on technology (my comfort zone), and panicked. Six minutes per individual! What can one possibly say of importance in six minutes?

I had only a few weeks to prepare, so here were my next steps. First, I spoke with my network to find out what was vitally important to share with the IOM. Second, I went to the web and searched how to give a TED talk or a killer presentation. Here are some of the sites I visited:

- Speaking at TED (www.ted.com/about/conferences/speaking-at-ted)
- Inspiring TED talks to get you “pumped up” (www.ted.com/playlists/226/before_public_speaking)
- Dorie Clark’s post on how to give a Ted-worthy talk (www.forbes.com/sites/dorieclark/2014/01/02/how-to-give-a-ted-worthy-talk/)
- Chris Anderson’s article in Harvard Business Review on how to give a killer presentation (https://hbr.org/2013/06/how-to-give-a-killer-presentation/)

Of course, I reread my much-used book by Carmine Gallo, The Presentation Secrets of Steve Jobs: How to Be Insanely Great in Front of Any Audience, and reviewed numerous slide presentations. I also reviewed a post by Gallo on 11 presentation lessons one can still learn from Steve Jobs (www.forbes.com/sites/carminegallo/2012/10/04/11-presentation-lessons-you-can-still-learn-from-steve-jobs/):

- Express your passion.
- Create a Twitter-friendly headline.
- Stick to the rule of three.
- Introduce a villain.
- Sell the benefits.
- Build simple, visual slides.
- Tell stories.
- Prepare and practice excessively.
- Avoid reading your notes.
- Have fun.
- Inspire your audience.

My next step was to read, review, and reflect on all the technology changes that have taken place within the last five years and think about their impact on health care organizations. As I read through these articles and looked at our courses in informatics, I decided that my passion is Patient Engagement and Connected Health. Ideas buzzed in my head with various Twitter-like statements, such as the following:

- “Patient Engagement as the Blockbuster Drug of the 21st Century” (Kish, 2012)
- “Patient as Co-Pilot” (Anderson & McCleary, 2015)
• Connected age, “Everyone and everything — people, resources, data, ideas are interconnected…they are linked, tagged, tweeted, texted, followed and friended” (Oblinger, 2013)
• Connected health, “where devices, services or interventions are designed around the patient’s needs, and health-related data is shared, in such a way that the patient can receive care in the most proactive and efficient manner possible” (Caulfield & Donnelly, 2013)
• Topol’s “The patient will see you now: The future of medicine is in your hands.”

I decided to stick with the rule of three and focused on three Cs: Connected Age, Connected Care, and Competencies. I could not tell a story as time was too limited, and I did not want to introduce a villain. But I did want to sell the benefits of how these three Cs fit with the changes taking place in health care, such as the learning health care system, value-based care, mobile health, patient engagement, and the Institute for Healthcare Improvement Triple Aim Initiative (www.ihi.org/Engage/Initiatives/TripleAim/pages/default.aspx).

After much struggle and numerous attempts, I had 21 somewhat simple, primarily visual slides with three slides inspired by a concept that Topol called the Digital Quotient (Topol, 2015) — five questions asked of medical school graduates at a commencement address he gave in 2014. My Connected Care Quotient consisted of 10 questions for nurse graduates in 2020:

1. Will you and the care team include me as an active partner in the collaborative care team?
2. Will you and the care team advocate patient-generated health data (PGHD) so I can choose the right digital tools to capture essential data relevant to my health?
3. Will you and the care team be supportive of patients/families/caregivers activation and maximum engagement in my care?
4. Will you and the care team share your clinical notes with me?
5. Will you and the care team leverage numerous forms of data to inform my clinical decision-making?
6. Will you and the care team recognize that health and health care go beyond your walls and provide care through various digital tools?
7. Will you and the care team connect me to patients, resources, and evidence-based practices?
8. Will you and the care team help transform the way health care is experienced and delivered?
9. Will you and the care team provide personalized health care based not only on clinical data but social and behavioral measures and patient preferences?
10. Will you and the care team help me understand my health data to make better health decisions?

Surprisingly, I managed to highlight these points on my slides and complete the presentation in 5 minutes and 15 seconds, donating my spare seconds to Dr. Julie Sochalski, who followed my talk. I was so relieved that Berman did not have to cut me off I was now able to enjoy the rest of the dialogue and the Roundtable on Culture Change in the Health Professions and Health Care Delivery.
Here are some nuggets of knowledge I gathered:

- CVS Minute Clinics are huge, employing many nurse practitioners and physician assistants at more than 1,000 sites with a 95 percent satisfaction rate for more than 18 million visits. The clinics are also moving toward offering virtual visits.
- Interprofessional care teams are not just a fad. They will soon be the way care is delivered and we need to prepare our students.
- We need to start overcoming the typical barriers of geographic locations, academic calendars, and class time, especially if we can think outside the box about what might be possible in the connected environment.
- Sochalski talked about the “Flip the Clinic” concept, a Robert Wood Johnson project. Flip the Clinic is an open experiment to transform the health care experience with flips representing actionable ideas for change. The idea stemmed from the concept of the flipped classroom from the Kahn Academy. (For more information, visit http://fliptheclinic.org.)
- The last speaker, Dr. Josef Reum, professor emeritus at the Milken Institute of Public Health, George Washington University, suggested we might modify the Future of Nursing to the Disruptive Future of Nursing, building upon Clayton Christensen’s disruptive innovation concept. (Visit www.christenseninstitute.org for a wealth of information specific to education and health care.)

With these new nuggets of knowledge, I look forward to seeing the videos and slides from the other panel speakers. I have already started to incorporate some of the ideas I garnered into our graduate-level “Foundations of Health Care Informatics” and “Digital Tools for Connected Health” courses. As always, I look forward to any feedback or your ideas about how the Future of Nursing has impacted nursing in your area. You can reach me at Diane.Skiba@ucdenver.edu.

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REFERENCES


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