

Kansas Action Coalition: Leading the Way to Academic Progression

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THE UNIVERSITY
OF KANSAS HOSPITAL



ADVANCING THE POWER OF MEDICINE®



Serving as the Co Lead for the KSAC

- Partner
- Bring Together Practice
- Embrace Diversity of State



Academic Progression from a Hospital Perspective

- Encourage
- Support
- Create the Culture
- Leadership Embraces



Importance of Academic Progression

- Patients
- IOM Future of Nursing Report
- Research on Outcomes



Connecting the Dots

“This report is really about the future of health care in our country. It points out that nurses are going to have a critical role in that future especially in producing safe, quality care and coverage for all patients in our health care system.”

- Donna E. Shalala, Ph.D., chair of the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (IOM)



IOM Report Recommendations

- Recommendation 3: Implement Nurse Residency Programs
- Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80% by 2020
- Recommendation 5: Double the number of nurses with a doctorate by 2020
- Recommendation 6: Ensure that nurses engage in lifelong learning.



Educational Levels of Hospital Nurses and Surgical Patient Mortality

Linda H. Aiken, PhD, RN; Sean P. Clarke, PhD, RN; Robyn B. Cheung, PhD, RN; Douglas M. Sloane, PhD; Jeffrey H. Silber, MD, PhD

JAMA. 2003;290(12):1617-1623. doi:10.1001/jama.290.12.1617.

- **Context** Growing evidence suggests that nurse staffing affects the quality of care in hospitals, but little is known about whether the educational composition of registered nurses (RNs) in hospitals is related to patient outcomes.
- **Objective** To examine whether the proportion of hospital RNs educated at the baccalaureate level or higher is associated with risk-adjusted mortality and failure to rescue (deaths in surgical patients with serious complications).
- **Design, Setting, and Population** Cross-sectional analyses of outcomes data for 232 342 general, orthopedic, and vascular surgery patients discharged from 168 nonfederal adult general Pennsylvania hospitals between April 1, 1998, and November 30, 1999, linked to administrative and survey data providing information on educational composition, staffing, and other characteristics.
- **Main Outcome Measures** Risk-adjusted patient mortality and failure to rescue within 30 days of admission associated with nurse educational level.
- **Results** The proportion of hospital RNs holding a bachelor's degree or higher ranged from 0% to 77% across the hospitals. After adjusting for patient characteristics and hospital structural characteristics (size, teaching status, level of technology), as well as for nurse staffing, nurse experience, and whether the patient's surgeon was board certified, a 10% increase in the proportion of nurses holding a bachelor's degree was associated with a 5% decrease in both the likelihood of patients dying within 30 days of admission and the odds of failure to rescue (odds ratio, 0.95; 95% confidence interval, 0.91-0.99 in both cases).
- **Conclusion** In hospitals with higher proportions of nurses educated at the baccalaureate level or higher, surgical patients experienced lower mortality and failure-to-rescue rates.



The Effects of Nurse Staffing and Nurse Education on Patient Deaths in Hospitals With Different Nurse Work Environments

[Linda H. Aiken](#), PhD, RN, [Jeannie P. Cimiotti](#), DNSc, RN, [Douglas M. Sloane](#), PhD, [Herbert L. Smith](#), PhD, [Linda Flynn](#), PhD, RN, and [Donna F. Neff](#), PhD, APRN

[Med Care. 2011 December; 49\(12\): 1047–1053.](#)

Context

Better hospital nurse staffing, more educated nurses, and improved nurse work environments have been shown to be associated with lower hospital mortality. Little is known about whether and under what conditions each type of investment works better to improve outcomes.

Objective

To determine the conditions under which the impact of hospital nurse staffing, nurse education, and work environment are associated with patient outcomes.

Design, Setting, and Participants

Outcomes of 665 hospitals in four large states were studied through linked data from hospital discharge abstracts for 1,262,120 general, orthopedic, and vascular surgery patients, a random sample of 39,038 hospital staff nurses, and American Hospital Association data.

Main outcome measures

30-day inpatient mortality and failure-to-rescue.

Results

The effect of decreasing workloads by one patient/nurse on deaths and failure-to-rescue is virtually nil in hospitals with poor work environments, but decreases the odds on both deaths and failures in hospitals with average environments by 4%, and in hospitals with the best environments by 9 and 10% respectively. **The effect of 10% more BSN nurses decreases the odds on both outcomes in all hospitals, regardless of their work environment, by roughly 4%.**

Conclusions

While the positive effect of increasing percentages of BSN nurses is consistent across all hospitals, lowering the patient-to-nurse ratios markedly improves patient outcomes in hospitals with good work environments, slightly improves them in hospitals with average environments, and has no effect in hospitals with poor environments.



Tangible Ideas and Strategies

- Starts with Leadership
- Recognition
- Set Goals
- Relationship with strong nurse
- Expose to continuing education
- Partner with Schools of Nursing



Tangible Ideas and Strategies

- Scheduling
- Communication
- Projects in the Workplace
- Residency Programs
- Assistance Programs
- Grants, Scholarship, and Loan Information



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