

UNIVERSITY OF MARYLAND

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MAPPING the Future of GLOBAL HEALTH

Nurses are key to addressing health inequity around the world—
and the School of Nursing is leading the way to help expand nursing
capacity in the most underserved regions.

**DEAN JANET D. ALLAN: REFLECTIONS
ON A DECADE OF LEADERSHIP**

AT THE BIRTH OF SHOCK TRAUMA

COALESCING TO IMPROVE HEALTH CARE

JANE M. KIRSCHLING, NATIONALLY RECOGNIZED ACADEMIC LEADER, NAMED NEW DEAN

COALESCING to Improve HEALTH CARE

In 2010, Maryland was designated by the Robert Wood Johnson Foundation's Future of Nursing Campaign for Action as one of 36 state-based coalitions to be formed in response to the groundbreaking Institute of Medicine Report, *The Future of Nursing: Leading Change, Advancing Health*. Dean Janet Allan; Neil Meltzer, president, Sinai Hospital of Baltimore; and Lynn Reed, executive director, Governor's Workforce Investment Board, were founding members of the Maryland Action Coalition Executive Committee, who would lead this effort in Maryland. We sat down with Meltzer and Reed to find out how the coalition got started, what its goals are, and what is being planned for the future.

Neil Meltzer, president, Sinai Hospital of Baltimore

How did the Coalition get started?

Initially, the Robert Wood Johnson Foundation (RWJF) and AARP joined forces to focus on the nursing profession because of nursing's vital role [in health care]. With 3 million members, nurses represent the largest segment of health care workers. [They] are critical to transforming the health care system and ensuring equitable and cost-effective care. Then, two years ago, the Institute of Medicine (IOM), with RWJF, released its report, *The Future of Nursing*, offering recommendations to transform the nursing profession to improve the quality of health care and the way it is delivered.

The Campaign for Action [a joint initiative of RWJF and AARP] builds upon the recommendations of the IOM report, addressing issues of health care access, quality, and cost by utilizing nurses more effectively and preparing nurses for the future. RWJF is working with states across the country to form action coalitions—groups of nursing and non-nursing leaders aimed at implementing these goals locally. I am one of the co-leaders of the Maryland committee, with Dean Janet Allan and Lynn Reed, executive director of the Governor's Workforce Investment Board (GWIB).

How did you get involved in the Coalition?

I am chair of the Maryland Hospital Association's (MHA) Legislative Policy Committee, and I got involved and now chair the GWIB's Health Care Committee, working with the

MHA on their nursing initiative. I've also been appointed by President Obama to one of 15 spots on his National Health Care Workforce Commission. Sinai Hospital and Dean Allan have had a close working relationship. We share some faculty members, so this was a natural partnership.

What has the Coalition done so far?

We have set for the state eight specific recommendations, each with its own sub-goals, responsibilities, accountabilities, and timelines. We meet virtually or in person on a regular basis to ensure we are making progress.

We have five main goals: to strengthen nursing education and training; to enable nurses to practice to the full extent of their training; to advance interprofessionalism to ensure coordinated, improved patient care; to expand health care leadership ranks to move nurses to the top level [of health care]; and to improve health care workforce data collection. Right now there are lots of databases but none really work together.

How do you see this taking shape in clinical/hospital settings?

It will unfold as we begin to develop new competencies. I see nurses taking on larger roles, especially as we reinvent primary care. At Sinai, we employ more PhD nurses than we've ever had before. Many more are going for their master's degrees or advanced certifications. We only hire baccalaureate-educated nurses now because the evidence shows the care is stronger. There's a move nationally in that direction.



Lynn Reed, executive director, Governor's Workforce Investment Board (GWIB)

How did you get involved in the Coalition?

The GWIB has a longstanding history of convening leaders from private industry, government, education, and other key stakeholders to assess the opportunities and challenges related to high-growth workforce industries, including health care. We've convened several committees to look at nursing practice in Maryland, and we've had a longstanding relationship with the School of Nursing. Shortly before the Coalition convened, I received a call from Dean Allan asking if I would co-chair the committee with Neil Meltzer, because we would represent the workforce's voice. It was a natural fit for the GWIB.

At the same time, the GWIB was awarded a \$150,000 planning grant from the U.S. Department of Health and Human Services to look at how Maryland would respond to the need for increased primary care workers in the state, as a result of the Affordable Care Act. There was a lot of synergy there; it made sense for the GWIB to be a part of that group.

How can the GWIB help implement a data center for health care workers?

From that same grant, we issued a report, *Preparing Maryland's Workforce for Health Reform: Health Care 2020*, containing a series of actions and goals. The first was comprehensive workforce planning



and analysis and developing/implementing a statewide program for data collection to inform policymaking in the state of Maryland—that is the big goal. We need to know what exists now in terms of nursing and health care data before we make any policy decisions about where to put our resources.

The GWIB seemed to be a good place to start with workforce data collection. We are working with the Governor's Office of Health Reform to identify partners to help us launch a large-scale health care data collection initiative. Joshua Sharfstein, secretary, Department of Health and Mental Hygiene (DHMH), has also been an invaluable partner in this effort. Currently, we're working with the Graham Center to develop a concept paper for how they can support us in data collection.

“We need to know what exists now in terms of nursing and health care data before we make any policy decisions about where to put our resources There are pockets of information available but there's not a comprehensive data collection repository in Maryland.” —LYNN REED

How important is it to know this data?

There are pockets of information available from this board or that board, but there's not a comprehensive data collection repository in Maryland. The DHMH does a great job collecting and housing a great deal of information, but we want to develop a comprehensive dashboard that looks at ongoing assessment of Maryland's health care workforce. We want to integrate data collection from several sources, including health care professional licensing boards and health care service providers. Again, Secretary Sharfstein has designated a contact in his office to help. The GWIB will not be doing this in isolation of other partners that should be at the table.

Where will the data center be housed?

That's what we're trying to figure out. We're not looking at some brick-and-mortar center ... [instead] possibly a website or a dashboard. It needs to be something that's accessible to everybody in the state, and updated frequently.

It pleases me that we have so many groups, Dr. Allan, and Neil Meltzer realizing we all have a common goal: ensuring Maryland has the best health care workforce—but more importantly that Marylanders have access to the best primary care workforce. I think we're in a good place.