

Making Nursing Visible for Healthy Communities

INPUTS	STRATEGIES	OUTCOMES			MEASUREMENT
<ul style="list-style-type: none"> Funding from the RN Initiative Adventist Health community-based nursing practice OHSU Care Transitions Innovation team reimbursement model Practice of 4 RNs in Adventist Health 300 patients 	<ul style="list-style-type: none"> Describe/define the role and value of community nursing services based on existing practices (creating of practice-based evidence using participatory methods). Develop infrastructure (including EHR) and assessment capabilities for billing and reimbursement of those services Proactive exploration, networking, and engagement with payers to align and achieve shared goal of improved health services to promote health equity. Simulate reimbursement and use those results to negotiate and contract with payer(s). Evaluate process and outcomes of pilot 	<p>1–3 years</p> <ul style="list-style-type: none"> Standardized set of terminology describing the community nursing practice Process for configuring nursing EHR to document and bill for community-based nursing services. Secure reimbursement contract for community-based nursing services. Documentation of how to negotiate payer contract terms 	<p>3–6 years</p> <ul style="list-style-type: none"> Dissemination of terminology describing the practice and competencies required for community nurses to inform and support nursing education (additional competencies for BSN education, potential for new nursing specialty and certification, etc.) Documentation of how to build infrastructure and negotiate payer contract terms to replicate pilot. Accumulate information, knowledge, and strategies to support nurse entrepreneurs to create business case to deliver nurse-led health services 	<p>6–10 years</p> <ul style="list-style-type: none"> Practice/Education Change: <ul style="list-style-type: none"> Increased career opportunities for nurses Expanded role for nurses in addressing client needs holistically Increased professional satisfaction, decreased attrition from profession Decreased burden on health care system Increased career interest among prospective nurses in CB practice. Patient Outcome Changes: <ul style="list-style-type: none"> Increased quality of care/receiving patient-centered value-concordant care Improved quality of life Increased access to care Increased access to social services Decreased health inequities Change in Nursing Image in the Society: <ul style="list-style-type: none"> Independent scope of nursing practice is recognized by society and valued/sought out within the inter-professional healthcare community. 	<ul style="list-style-type: none"> Sites: # of patients served, # of formerly uninsured persons linked to social services, new contract with payer(s), amount of reimbursement, # of non-reimbursed ED visits. (Data sources: nursing documentation and admin records) Nurses: Satisfaction with the new terminology, functionality, and their job satisfaction. (Data sources: nursing documentation, qualitative interviews, and admin records) Patients and community: Satisfaction with community service, health related quality of life, level of trust, health promoting behaviors. (Data sources: nursing documentation, qualitative interviews, and admin records).

External Factors:

Healthcare Environment, Political Climate, Regulatory Climate, Pressures on Academic and Practice Environments