Nurse leaders have their hands on everything: from recruiting, training, employee engagement, care quality, and the patient experience, to influencing broader areas such as technology investments and financial goals. Four trends popping up this year include helping nurse managers build stronger relationships with their teams, finding real solutions to reduce stress, committing to a more highly educated workforce, and diving into changing payment models.

1. Three reimbursement changes nurse leaders must know

Nurse leaders continue to sharpen their financial acumen as patient care and outcomes become increasingly tied to reimbursement. Three reimbursement trends to watch this year include the Centers for Medicare & Medicaid Services’ new voluntary bundles, CMS’ new uncompensated care calculations, and pay-for-performance rewards for complex cases.

**Bundled payments.** Although CMS cancelled its mandatory hip fracture and cardiac bundled payment models late last year, it has since rolled out the new voluntary Bundled Payments for Care Improvement (BPCI) Advanced model. The payment model requires participants to keep Medicare expenditures within a defined budget while maintaining or improving performance on seven specific quality measures, including all-cause hospital readmissions, advanced care plan, and perioperative care.

**Uncompensated care.** CMS is also making key changes to its formula for calculating and allocating funds for uncompensated care for hospitals that qualify under its Disproportionate Share Hospital program, which has allocated $6.8 billion for the fiscal year. While hospitals have an opportunity to capture a larger portion of uncompensated care funds, they need to make sure they stay in compliance when reporting cost data.

**Value-based care.** Finally, it’s important to pay close attention to value-based payment models and how risk adjustments are made for patients with complex conditions. Research suggests providers’ concerns over not being adequately rewarded for caring for more complex patients under these models may be warranted. A November 2017 study in the *Annals of Internal Medicine* found that Medicare’s Value-based Payment Modifier program inadvertently shifted money away from physicians who treated sicker, poorer patients to pay for bonuses that rewarded practices treating richer, healthier populations.

“Risk adjustment is usually inadequate in these programs, in part, because it is difficult to measure the differences in complexity of patients across providers,” says the study’s lead author Eric Roberts, an assistant professor of health policy and...
UNIVERSITY OF UTAH HEALTH

THE CHALLENGE

Like at countless other hospitals across the U.S., sepsis response is a priority for the University of Utah Health.

As part of its ongoing care quality improvement program, University of Utah Health launched a sepsis initiative to evaluate their sepsis response workflow and determine how they could both better identify when patients are showing signs of sepsis, and more quickly rally the rapid response team for treatment with the goal to improve their sepsis mortality rates.

THE SOLUTION

A longtime customer of Spok’s healthcare communication platform, Spok Care Connect, University of Utah Health recognized that there may be a way to use Spok to automate sepsis alert notifications.

Here’s how it works: Epic automatically uses vital signs entered to calculate a Modified Early Warning Score (MEWS). If the MEWS is sufficiently high, Spok sends that MEWS alert as a message, and sends to either the charge nurse (tier 1—MEWS score above 5) or the rapid response team (tier 2—MEWS score at 7 or above). The recipients then receive the notification to evaluate that patient right away.

THE RESULTS

In preliminary analysis, there was a mortality reduction of 20 percent for MEWS scores 7-11 from pre- to post-implementation.

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“The bottom line is that this streamlined sepsis response workflow has really helped our patients. The data and the anecdotal stories we’ve consistently heard from clinicians illustrate that this process aids care team collaboration and gets patients the treatment they need,” says Dr. Kencee Graves, internist and assistant professor of internal medicine at University of Utah Health, and co-director of the sepsis initiative.

Learn more at AONE
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management at the University of Pittsburgh Graduate School of Public Health. “We need to take a careful look at how incentives in these programs are structured and how performance is assessed in order to create the right incentives.” Read more: [http://bit.ly/financewatch](http://bit.ly/financewatch)

### 2. The push for higher ed picks up speed

As healthcare delivery has become increasingly complex, nurse leaders, educators, and legislators have advocated for a more highly educated nurse force, including the legislation commonly known as “BSN in 10.” As a result, New York has become the first state requiring new nurses to earn a bachelor’s degree. Under a new bill signed into law in January by Governor Andrew Cuomo, nurses must obtain a baccalaureate degree or higher within 10 years of licensure.

Research shows that having more nurses with bachelor’s degrees improves patient outcomes. For example, research by Linda H. Aiken, PhD, FAAN, FRCN, of the University of Pennsylvania School of Nursing, revealed that for each 10% increase in nurses with BSN degrees, there was a 5% decline in risk-adjusted patient mortality. Having a baccalaureate degree or higher ensures that nurses have the same academic credentials across all care settings; it also better prepares them to move into advanced clinical and leadership roles, as well as faculty positions. Read more: [http://bit.ly/HLM-NurseEd](http://bit.ly/HLM-NurseEd)

### 3. Helping nurse managers model relationship skills

As nurse executives know, the importance of “softer” relationship skills for a manager’s success should not be overlooked. The secret to a well-oiled nursing unit is connection, says Tina M. Marrelli, MSN, MA, RN, FAAN, author of *The Nurse Manager’s Survival Guide* and president of the consulting firm Marrelli & Associates, Inc. Relationship-based leadership can go a long way in helping nurse managers develop a strong mission centered on team members liking and respecting one another and a culture that fosters togetherness.

“This is something nurse managers can model by encouraging staff to connect with each other on a personal level, such as sharing breaks and common meals,” says Marrelli. Scheduling time with team members when there’s a problem and making staff meetings a safe place to bring up issues are also important in building team relationships. At the same time, nurse managers must be prepared to act when staff members share issues that negatively impact their work and also be willing to take to heart tough feedback, such as why an employee is leaving the organization. Read more: [http://bit.ly/nurse-modeling](http://bit.ly/nurse-modeling)

### 4. New solutions for fighting nurse stress

Nursing is fulfilling and rewarding. At the same time, burnout, depression, and fatigue are still a reality among nurses due to hectic workloads, workplace violence, and incivility among staff members, all of which cause physical and emotional wear and tear. A 2016 study shows that nurses experience depression at twice the rate of those in other professions.

While it’s easy to believe these issues are the nurse’s problem, burnout, for one, actually signals something is amiss within an organization. Healthcare leaders need to uncover both the prevalence of burnout at their organizations as well as its root causes. “There needs be a framework to understand where the pain points are, and then how an organization can do something about that,” says Karen Weiner, MD, MMM, CPE, chief medical officer and CEO at Oregon Medical Group, with offices in the Eugene and Springfield area. After taking inventory on clinician burnout, the organization made multiple changes, including creating a physician-organization compact, developing new compensation practices, and redistributing workloads.

Creating a work environment that addresses issues contributing to nurse stress and burnout is more than just something nice to do; it’s also a way to improve patient care. A study at the University of Pennsylvania found that patients who had surgery at hospitals with better nursing environments and above-average staffing levels had better outcomes at the same or lower costs than other hospitals. Read more: [http://bit.ly/beatingburnout](http://bit.ly/beatingburnout)