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The Colorado Collaborative for Nursing Research: Nurses shaping nursing's future

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ABSTRACT

Nurses in the present health care environment have been reduced too often to being providers of safe, competent care rather than quality care. In response, the Institute of Medicine has recommended that nurses become more involved in making changes to the health care system and use data more effectively. If nursing intends to follow these recommendations, the profession needs (a) fresh perspectives to assist in making health care system changes, (b) partnerships between nurse scientists and nurse clinicians to generate and implement data, and (c) capture of the proper value of nursing as distinct from other elements of health care delivery. The Colorado Collaborative for Nursing Research is an effort to meet the recommendations of the Institute of Medicine. The Colorado Collaborative for Nursing Research has a three-arm structure: a research forum where nurse academicians and nurse clinicians can launch collaborative projects; a research support services arm from which nurse collaborators can obtain help with modeling, statistics, writing, and funding; and a data extraction/data sharing mechanism to inform the decision making of nurse leaders.

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Background

The State of the Nursing Profession

Academic and service leaders in the Colorado health care system perceive that nursing has been slow to make change, assert its place at the health care table, and maximize/optimize its use of data (University of Colorado Summit of Denver Area Chief Nursing Officers and Nurse Scientists, personal communication, January 15, 2013). These nurse leaders simply do not know how well the nursing profession is performing, nor are they sure what metrics they should use to evaluate overall nursing performance (University of Colorado [CU] Summit of Western Region Chief Nursing Officers and Nurse Scientists, personal communication, August 14, 2013).

In today's acute care environment, new registered nurses are being called on to (a) prevent acute care episodes and disease progression, (b) master technology and information management systems, (c) coordinate care with a variety of health care professionals, (d) expand leadership opportunities, and (e) engage in collaborative improvement efforts (Institute of Medicine [IOM], 2010). Furthermore,

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nurses must perform all of these tasks at early points in their careers while treating patients with increasing acuity levels (Benner, Sutphen, Leonard, & Day, 2010).

An Opportunity to Quantify Nursing Quality and Nursing Value

Passage of the Patient Protection and Affordable Care Act (PPACA) in 2010 changed the U.S. health care system in ways that cannot be fully comprehended yet. Also, in 2010, the IOM issued four recommendations for the future of nursing, with the last two being the most pertinent to this topic. IOM recommendation number three is that nurses form partnerships with physicians and other health care professionals to improve health care; the fourth IOM recommendation is that nurses use data much more effectively. At the same time as the PPACA creates a chance to redesign the U.S. health care system, the IOM advises nurses to help shape the U.S. health care system by using data more effectively and being more proactive.

So, in this opportune moment, nursing leaders and the whole nursing profession must have robust, real-time nursing data and expertise in using data to maximize high-quality, nursing-specific outcomes. This article describes a new nurse empowerment vehicle called the Colorado Collaborative for Nursing Research (CCNR).

The Basic Structure and Mission of the CCNR

The CCNR's three-part structure addresses the IOM's (2010) recommendations. The first part is a research forum where nurse academicians and nurse clinicians can discuss and launch collaborative projects. The second part is a research support services component in which external stakeholders can get help with modeling, analysis, writing, funding, and more. The third part is a data extraction/data sharing mechanism to inform nurse leaders' decision making. The overall structure of the CCNR gives nurses a place to convene and develop their own agendas. It offers full material and logistical support in performing nursing research projects. It is currently developing the capability of delivering the data nurses say they need, when they need it, to improve nursing care quality. Each part of the CCNR (in particular, the nursing data extraction and sharing mechanism) is described in more detail later.

The mission of the CCNR is (1) to quantify and champion the discrete contributions of nursing to the U.S. health care system by performing leading-edge nursing research and (2) to make nursing research more robust by generating better nursing-specific data.

The Need for the CCNR in the Present-day Context

The Need for a Fresh Perspective

A sea change in nursing practice requires a sea change in nursing viewpoint: a shift from focusing on present circumstances to focusing on potential ones. The profession of nursing has been living in the actual (Porter-O'Grady & Malloch, 2007) for too long. Living in the actual means basing actions mainly on awareness of the present, planning for the future by extrapolating from current conditions, and focusing primarily on one's own work rather than system-level work. The traditional funding mechanisms for nursing research have typified this living-in-the-actual emphasis. Whether submitting a proposal to the National Institutes of Health for outcomes-centered research, the Agency for Healthcare Research and Quality for health systems research, or the Patient-centered Outcomes Research Institute (PCORI) for patient-centered research, developing the proposal and receiving funding takes 2 to 3 years, and completing a study takes an additional 3 to 5 years. This 5- to 8-year cycle for completing a single study is not nearly nimble enough to remain relevant in a health care system that displays consistent policy change and constant technological innovation (Sung et al., 2003; Woolf, 2008). This 5- to 8-year research cycle ensures that our future data are based on current conditions, that our scholarship is born virtually obsolete, and that we continue as a profession to live in the actual. Nursing needs a shift to living in the potential (Porter-O'Grady & Malloch, 2007), which means anticipating future reality and emphasizing outcomes, change, and teamwork. To live in the potential, nursing care systems must be efficient, effective, productive, data driven, and value driven (Welton, 2013). Shared funding resources and pooled, large data sets are essential. The vision of the CCNR is to facilitate the shift from living in the actual to living in the potential by developing rapid-cycle prototyping and evaluation measures. The CCNR is in the process of doing this, as will be described later.

The Need to Isolate and Quantify the Discrete Value of Nursing

The PPACA of 2010 attaches government reimbursement to health care facilities' ability to meet quality care benchmarks. The PPACA specifically identifies 30-day readmission rates and health-related quality of life (HRQOL) as benchmarks of quality care (PPACA, 2010). To function in the new PPACA health care system, health care facilities are working toward (a) documenting and tracking metrics such as 30-day readmission rates and HRQOL and (b) understanding those metrics' responsiveness to specific patient care practices. Although nurses comprise the largest percentage