



## Innovative nursing care models and culture of health: Early evidence

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### ABSTRACT

**Background:** The Robert Wood Johnson Foundation is committed to advancing a national movement to create a “culture of health.” Nurses are especially well positioned to contribute to the culture of health in their communities.

**Purpose:** The purpose was to examine the extent to which nurse-designed care models focus on the culture of health to better understand how nurses may function as exemplars for other providers.

**Methods:** Qualitative content review of documents describing nurse-designed care models that are designated by the American Academy of Nursing as “Edge Runners.”

**Discussion:** Nurse-designed models focus extensively on issues related to a culture of health, making them a potentially useful context for examining how other providers might contribute to a culture of health.

**Conclusion:** Future work should focus on gathering more detailed information about nurses’ culture of health efforts. Such information can inform recommendations for health care providers as they contribute to culture of health efforts.

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### Introduction

The Robert Wood Johnson Foundation (RWJF) recently made a commitment to advancing a national “culture of health (COH).” The goal of this initiative is to address key social determinants of health and to empower and support people to lead healthier lives (Plough, 2014;

Robert Wood Johnson Foundation, 2015). Building a COH involves creating cross-sector collaborations among health care professionals, health care systems, and community organizations; making health a shared value among community members; creating healthier and more equitable communities; and strengthening integration of health services and systems. Developing a COH will require the cooperative efforts of myriad

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stakeholders: businesses, government agencies, schools, social service organizations, religious organizations, community leaders, and health care professionals.

Policy initiatives such as Accountable Care Organizations (ACOs) and medical homes mean that health care providers are increasingly being held accountable for the total health of populations, as opposed to discrete clinical outcomes (Edwards, Bitton, Hong, & Landon, 2014; Damberg et al., 2014). In response, providers are exploring various approaches to promoting and supporting a COH within the communities they serve. Health care providers can be a valuable link between patients and community services; they can help educate policymakers about important health issues and promote policies to foster a COH in their communities (Dentzer, 2014; Health Research and Educational Trust, 2014). Furthermore, health care providers can contribute to a better understanding of the contextual barriers faced by patients and communities. Although health care providers have a role to play in the development of a COH, at present they have little guidance and few examples of the steps they might take to foster a COH, what steps are most successful, how best to take these steps, and how to address potential barriers.

Among health care providers, nurses may be especially well positioned to contribute to a COH in their communities. Nursing's focus on patient- and family-centered care and engagement allows for a holistic view of patients that incorporates aspects of family, community, and work environment (Smith, 1995). Furthermore, nurses have a long history of advocacy and social action on behalf of their patients, from Florence Nightingale's legacy for military health care to Lillian Wald's development of the Henry Street Settlement House and, more recently, Ruth Watson Lubic's childbearing centers (American Academy of Nursing, 2015a; Stanhope & Lancaster, 2014). Increased accountability for patient outcomes and the growth of new care models such as ACOs has specific implications for nursing practice. Nurses are increasingly performing care coordination and management tasks, providing more chronic disease management support, and focusing more heavily on care transitions and factors affecting patients' well-being outside the health care system (Ritter-Teitel, 2012). Nurses also play a role in a number of efforts to address the social determinants of health to impact health outcomes, through community care and home visitation programs with at-risk populations (Williams, Costa, Odunlami, & Mohammed, 2008). Given their unique education and history, as well as their new responsibilities stemming from ongoing changes in the health care system, nurses are well qualified to promote a COH.

The purpose of this article was to explore the extent to which innovative, nurse-designed care models focus on activities related to advancing a COH as conceived by the RWJF and to determine the extent to which nurse-designed care models may facilitate our

understanding of how other health care providers can build a COH. We performed a qualitative content analysis of documentation related to 39 innovative care models designed by nurses that were designated by the American Academy of Nursing as "Edge Runners" and who had documentation available on the Academy Web site as of June 2015. If, as we hypothesize, these nurse-led care models focus extensively on COH-related activities, these analyses will become the foundation of a wider and deeper investigation of these care models through a structured survey and case studies of select Edge Runners.

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## Background

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The RWJF's COH strategic framework is a multifaceted vision for improving the health and well-being of people living in the United States. This vision explicitly recognizes the importance of socioeconomic and demographic factors, and it encourages health care providers to move outside the walls of traditional health care organizations, to participate in collaborative activities, both within and outside the health care system, to address important social determinants of health.

RWJF has identified four "Action Areas," or opportunities for community participation in promoting a COH (Plough, 2014; Robert Wood Johnson Foundation, 2015). The first, "Making Health a Shared Value," encourages communities to view health as a priority and engages communities in improving the population health. The second, "Fostering Cross-Sector Collaboration to Improve Well-Being," promotes collaborative efforts within and outside the health care system to improve health. The third, "Creating Healthier, More Equitable Communities," seeks to eliminate disparities in health and make health-promoting environments available to all. The fourth, "Strengthening Integration of Health Services and Systems," emphasizes efforts to improve equitable access to high-quality, efficient, and affordable health care and to reduce avoidable barriers to care.

In this study, we explore the extent to which 39 Edge Runner models of care address COH through these four action areas (American Academy of Nursing, 2015b). The Edge Runner initiative, supported by the Academy's board of directors and funded by an RWJF grant from 2006 to 2008, has established criteria for those who seek the Edge Runner designation for their innovative programs or interventions. Currently, nominees must provide written documentation of the impact of their model on clinical and financial outcomes and the reach of the model beyond the initial site. The initiative has identified and publicly recognized 50 different innovative and evidence-based nurse-designed care models; as of the beginning of our analysis, 39 models were recognized and active. Although these models vary substantially, a recent analysis of their

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