

Mary Jo Assi – American Nurses Association

Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret there is more amounting evidence linking the zika virus with birth defects in newborns as well as neurological disorders in adults. And concern is mounting in this country ahead of the warmer months when the mosquitoes could be a problem here.

Margaret Flinter: And it's partly because of the recent evidence gathered from pregnant women in the US who were exposed to zika while traveling to the affected regions. Certainly there has been reports of several babies who were born healthy but also several women who suffered miscarriages, one woman who gave birth to a baby with microcephaly which is the birth defect that we are now associating with exposure to the virus so just tremendous concern everywhere. And I think we need to remember in this one the United States is not in isolation and I think the United States is trying to work cooperatively with all of the other countries. This is a human problem not a national problem.

Mark Masselli: But they are taking all precautions ahead of time, each state is expected to have its own plan of action to reduce the threat.

Margaret Flinter: And when public health threats like zika emerge, the healthcare community has to be prepared and that means everybody, and often it's nurses at the frontline of that care. And nursing is the topic that our guest today is in expert in, Dr. Mary Jo Assi is Director of Nursing Practice and Work Environment at the American Nurses Association.

Mark Masselli: And she will be talking about their efforts to accelerate the pace of training and education to help nurses best serve the growing needs of the healthcare community in the 21st century.

Margaret Flinter: And Lori Robertson will be stopping by, the Managing Editor of FactCheck.org. She is always on the hunt for misstatements spoken about health policy in the public domain, but no matter what the topic, you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you.

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Margaret Flinter: Now we will get to our interview with Dr. Mary Jo Assi in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. President Obama has picked to fill the seat left vacant on the Supreme Court has had some experience health legislation Merrick Garland, Chief Justice for the US Court of Appeals in the District of Columbia, Garland was approved for his current position with a bipartisan majority in the senate. Garland considered a moderate [PH] he has presided over several health related issues. Garland previously served as a federal prosecutor under the Bush Administration and has been known to work well across party lines.

The CDC has released new guidelines for prescribing opioids to patients the opioid addiction crisis has reached epidemic proportions, 47,000 overdose deaths in 2014 alone. They are now recommending frontline clinicians to first prescribing non-opioid medications for pain. Centers for Disease Control and Prevention urging primary care doctors to try physical therapy, exercise and over-the-counter pain meds before turning to stronger painkillers for chronic pain and clinicians should only prescribe narcotics as a last resort, starting only with three days prescription. These recommendations are merely voluntary at this point.

More evidence linking the zika virus to birth defects in babies born to women exposed while pregnant, a study reported in the Journal Lancet looked at pregnancy data from French Polynesia where there was an earlier outbreak and found higher rates of babies born with microcephaly in that population, the Lancet study supported the World Health Organization's warning for pregnant women to avoid becoming infected and to take necessary precautions.

Meanwhile a US vaccine developed to combat dengue fever another mosquito borne virus has proven a 100% effective in clinical trials, more trials are underway. Fluoride treatments is gaining traction [PH] in adult dentistry as well, clinicians finding the treatment served do increase oral cavity protections that guard against plaque build up and acids in the mouth that break down enamel over time, no cavities, no drill, no problem.

And trying to quit smoking, a recent study shows going cold turkey maybe the easiest route to getting there. A study of several thousands of smokers in England showed that while both those going cold turkey and those slowly winning off their tobacco habit received the patch and smoking cessation counseling, those who went cold turkey were

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more likely to be smoke free after six months. The finding suggesting the notion of quitting once and for all is enhanced by picking a quit day and just doing it. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Dr. Mary Jo Assi, Director of Nursing Practice and Work Environment at the American Nurses Association an organization dedicated to advancing the interest and the professional environment for the nation's 3.4 million registered nurses. Dr. Assi previously served as the Director the Professional Practice and Magnet Programs Director for the Virginia Commonwealth University Health System and was the Director of Health in research at The Valley Health System. Dr. Assi is a member of Virginia Nurses Association and is a graduate of Pace University Family Nurse Practitioner Program. She earned her Doctorate of Nurse Practice at George Washington University. Dr. Assi, welcome to Conversations on Healthcare

Dr. Mary Jo Assi: Well thank you very much for having me today.

Mark Masselli: Yeah. You know Mary Jo your organization was founded in the late 1800s at the time to advance nursing protocols for treating American soldiers. And during the past century the American Nurse Association has merit [PH] the trajectory of the growth of the profession itself. And your organization now advocates for some three and a half million nursing professionals working across multiple disciplines, I wonder if you can tell our listeners more about the mission and the full scope of the work being undertaken at the ANA.

Dr. Mary Jo Assi: So the American Nursing Association represents nation's 3.4 million registered nurses and encompasses the credentialing, philanthropy, research, leadership, advocacy, policy and professional development, also houses the nursing professions code of ethics as well as foundational documents for scope and standards of practice. The American Nurses Association has year-long campaign on the Culture of Safety that really advocates safety for both patients and for nurses and healthcare professionals. Our foundation, the American Nurses Foundation is the charitable arm and really looks to use charitable contributions and research to advance the profession of nursing.

The American Nurses Credentialing Center is the third part of the enterprise, looks at our accreditation program processes, providing global credentialing for organizations that offer high quality continuing nursing education programs the pathway to excellence program, credentials hospital and long term care facilities and the ANCC's Magnet

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Recognition Program is viewed around the world as the ultimate field for quality and confidence, it's a gold standard really.

Margaret Flinter: Well Mary Jo, you and your colleagues in the ANA are of course at the heart of what is going on is cutting edge and innovative and we were also delighted during the Affordable Care Act to see the President of ANA regularly at the table, at the Whitehouse and really contributing. So here we are, we have millions more insured Americans seeking care which is a good thing, we have millions more people aging into Medicare and we certainly have an unbelievable expansion of technology and things that require an ever increasing complexity of preparations so that we can provide the care that's required. But I am not sure that the American public fully understands the evolving role of the nurse in the 21st century healthcare system, so maybe talk with us just a little bit about how you and your colleagues at ANA and in the academy envision that role of nursing in this new world of healthcare.

Dr. Mary Jo Assi: So we know that nurses are the most trusted profession in American and the largest health profession in American. Nurses spend the most time with patients and their families; 24 x 7, 7 days a week. And although there is overlap with other health professionals, there is a whole realm of knowledge, a distinct bodies' knowledge and expertise that nurses have in a unique way that they bring to this whole healthcare team.

Nurses really had been moving from functional and perhaps more task-oriented doers, the strategic partners and leaders in the healthcare team. And one thing that I would say is there is no question we are seeing greater numbers of doctorally prepared nurses entering for course today, do impart to recommendations from the IOM to increase BSN prepared nurses to 80% of the nursing workforce by 2020 and impart by the American Nurses Credentialing Center Magnet Standards which requires all managers to be BSN prepared.

And so it is becoming more complex, it is a more complex healthcare environment and those requirements require nurses to have the level of education and preparation that we are discussing. I will say that the American Nurses Association has worked closely and we continue to work closely with organizations, other professionals nursing and healthcare focused organizations and consumer organizations and many others. One in particular is the organization of the associate degree nurses with developed recommendations with academic progression [PH] of nurses based on a variety of models that exists today.

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We are also aware that the care is transitioning from the traditional in-patient hospital centric model of care that many of us had grown up in, to care in the ambulatory community settings. And so the continuum of care becomes increasingly important as a focus area. There is an immediate need to redesign care models with the ambulatory settings as failure [PH] in more complex patients have been treated outside of the hospital setting. And registered nurses we know play a critical role in ensuring that this transition of care will be safe for patient. Nurses historically you know have really spend that spectrum in so many different roles in so many important ways but we must ensure that nurses and registered nurses continue to be available to patients across that continuum of care with expertise that they provide.

Mark Masselli: You know Mary Jo you mentioned the Institute of Medicine's groundbreaking report, the future of nursing calling as you said for expanding the scope of a nurse education as well as advocating for nurse professionals to practice at their highest level of training. And I wonder if you could share with our listeners your thought about what a milestone that report was and what the ANA is doing to help advance those recommendations.

Dr. Mary Jo Assi: Yeah. The Institute of Medicine's report and recommendations did quite a lot to really focus beyond the nursing profession, even the healthcare profession to what is happening in healthcare today and nursing's important role in that. And so some of the areas that the IOM report covered includes scope of practice, to make sure that registered nurses and advanced practice registered nurses both are working to their full scope of practice.

And we know historically and as a family nurse practitioner I can say and experience that although we have research that over and over again you know supports the safety and advocacy of the care rendered by advance practice registered nurses, we continue to you know kind of hit challenges and barriers in that regard. Really we are looking for you know a day in the future where independent practice just routine and kind of embedded into our healthcare culture and we believe that it will be the best possible scenario for all of our citizens in the US.

The scope of practice also extends to the registered nurse and so right now the American Nurses Association has been conducting a professional issues panel on [Inaudible 00:11:52] to practice to again make sure that registered nurses are practicing to the full extent of their education, at the institutional state and federal level. The American Nurses Association is an important partner in the Coalition for Patients' Rights including the Home Health Care Planning and Improvement Act and the Improving

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Veterans Access to Quality Health Care Act and wanting to move together towards that well-set vision of the future of best care for our patients.

Margaret Flinter: I would like to shift a little bit perhaps to some of the research that we now have available and the links between the type of health professional providing care and the outcome of care for the people to whom it's provided. And I know you have recently shared some compelling data on the link between the preparation of nursing professionals and patient outcomes, maybe you could share some of that with our listeners and what does that mean in terms of the potential for continually improving patient outcomes?

Dr. Mary Jo Assi: So researches have demonstrated a significant relationship between nursing education and improved patient outcome, a seminal study by Linda Aiken in 2003 demonstrated the relationship between nursing education and patient mortality you know basically she was able to demonstrate in the large scale study that 91,000 patients' deaths were seen with the workforce with the 20% BSN prepared nurses which was reduced to 67,000 patients' deaths when BSN prepared nurses comprised 50% or more of the hospital workforce.

And another study by Blegen and Goode in 2009, these researchers found that lower rates of heart failure mortality, fewer hospital acquired pressure ulcers, lower rates of failure to rescue and shorter hospitalization in organizations with the higher proportion of BSN were seen. So the Institute of Medicine and others looked at that research to continue to advance the academic preparation of our nursing workforce. Since the year 2000, new graduate non-BSN prepared nurses were 60% of the workforce compared to 40% BSN prepared nurses. And we are now graduating to 45% BSN nurses. So we are moving in the right direction that way to meet that IOM goal of 80% doctorally prepared nurses by 2020.

Mark Masselli: We are speaking today with Dr. Mary Jo Assi Director of Nursing Practice and Work Environment at the American Nurses Association for the nation's 3.4 million registered nurses. Mary Jo nursing has always been the high touched discipline within the medical profession, but institutionally, how do you envision the training and educational models changing to adapt to the new high-tech reality without sacrificing the high-touched qualities essential for the nursing profession.

Dr. Mary Jo Assi: So one of the things that is so important to the nursing profession is that ability to connect with patients and people and the community wherever they are providing care that makes that human connection so important to how they are partnering for better health that nurses are caring profession that they really provide

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care in a way that has that human touch. But the real challenge we see is that we are in a very high-tech environment, I will say that that has been with us for many number of years. And so as you go back as the intensive care units started to really form up and we started to see much more reliance on technology in healthcare from everywhere from the operating room to the intensive care unit, Emergency Departments, technology is with us to stay. Nurses do need to be highly skilled that advancement of educations plays largely into that to focus on both the tech and the touch in their academic preparation. And once they go beyond that into nurse residency programs and into orientation programs as new nurses and beyond, to be able to maintain that confidence with the technology that they need to use to really provide the best care.

Margaret Flinter: Well Mary Jo I think it's obvious there has just been such an explosion of knowledge for all professionals really but there has also been that explosion in the demands on practice that's led to the generation of the nurse residency programs for new RNs in the hospital, you have so many initiatives going on at ANALYSIS, maybe tell us about some of the innovations and it's kind of the bold gestures that you are supporting at the American Nurses Association that you think really just significantly move us forward into the future.

Dr. Mary Jo Assi: So some of those really kind of have to do with our professional issues panels everything from nurse fatigue to looking at workplace violence and instability in the workplace to understand better you know what are the ways that we can mitigate that work and we have done substantial work in the areas of staffing, nurse staffing. We completed in November staffing paper and the associations between nurse staffing and quality and patients' safety outcomes and nurse outcomes, care coordination is high on our radar level in terms of being able to articulate that nurses have really traditionally always done that role, and we have done it very well. And that continues to be needing emphasized and really focused upon in terms of what that's going to look like in new healthcare delivery systems and the critical role of the nurse in that work.

Mark Masselli: Mary Jo when I think about nurses, I think the word that comes to mind is safety and I want to talk a little bit about the growing movement of safety in the healthcare arena. We know that somewhere between a hundred thousand to as many of a quarter million Americans lose their life through medical errors. But a recent guest on our show Dr. Gandhi of the National Patient Safety Foundation also pointed to the growing need to protect medical professionals from harm as well, maybe tell our listeners about the Culture of Safety for your organization this year and what you are planning to do to address this important issue.

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Dr. Mary Jo Assi: So the year [PH] Culture of Safety really is a campaign, it really has to become a cultural transformation. We look at everything from nurse fatigue and the impact on both the nurse and the patient, workplace violence and instability again what happens with an unhealthy work environment it is going to impact patient care it's going to impact patient outcome. The American Nurses Association is providing every month 2016 a large body of information toolkit that an organization or individual could bring forward to help to move cultural transformation forward in the workplace.

Margaret Flinter: We cannot pick up a newspaper without addressing the opioid epidemic contributor to so many deaths of people of all ages and both in the policy room and around the water cooler at the ANA there must be a law of discussions going on about how nursing can contribute to stopping this epidemic and I wonder if you would like to say a few words about that.

Dr. Mary Jo Assi: We have actually dedicated you know kind of workgroup right now that's specifically focusing on the work that is coming out of you know Washington DC and across the nation. And so we really look at a couple of different areas when we look at this and one is, what is the education healthcare professional set is needed to avoid you know issues with opioid addiction or over-prescribing. And then what happens if we see addiction and what is the treatment after that, the other thing is we need to balance that with a lot of work that's been done in the area of effective pain management. So we want to be sure that as we coin [PH] this issue we are keeping that again high on our radar to be sure that we are not taking that into consideration. And so that can be anything from looking at interventions that are non-opioid in nature, again to be effective use of opioids were indicated and so we are looking at that higher 350 [PH] degree spectrum as we move forward to develop our recommendations.

Mark Masselli: We have been speaking today with Dr. Mary Jo Assi, Director of Nursing Practice and Work Environment at the American Nurses Association. You can learn more about their work by going to nursingworld.org. Mary Jo, thank you so much for joining us on Conversations on Healthcare today.

Dr. Mary Jo Assi: My pleasure, thank you for having me.

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Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan,

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nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: Democratic front-runner Hillary Clinton said that, she didn't know where her opponent – Bernie Sanders – was when I was trying to get health care legislation passed in 1993 and 1994 when she was “standing up” against the insurance companies. Actually, Sanders cosponsored a single-payer health insurance bill in 1993, and Clinton thanked him for his work on the issue that year.

Sanders, who was a member of the House back then, didn't work with Clinton to pass the administration's overhaul of the health care system. Instead, he worked as he does now for a single-payer system in which everyone is insured by the government.

Her comment leaves the impression that Sanders wasn't doing anything to change the healthcare system back then, and that's not the case. In 1993, Sanders was an original cosponsor of the American Health Security Act the legislation sought to institute a state-based universal program. Back in 1993, Sanders tried to encourage Clinton to move to single-payer but that didn't happen when the Whitehouse backed bill was introduced in the house in November 1993 with a 103 cosponsors, Sanders was not among them.

In 1995 Sanders said in another Floor Speech pushing for single-payer that he had disagreed with the Clinton plan. To say he was missing in 1993 from efforts to overhaul healthcare ignores his push for a single-payer plan at the time. And that's my fact check for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Tel Aviv computer scientist and developer Oded Ben Dov has been coding since he was 6 years old and has always been interested in hacking systems to make them better. So when this young entrepreneur unveil the hands-free gaming system on Israeli TV, a local quadriplegic in the viewing audience took notice and urged him to think about adapting this hands-free gaming system to help quadriplegic interact with their Smartphones by using simple head movements.

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Oded Ben Dov: And the guy in the call said, hello my name is Giora, I can't move my hands or legs, could you make me a phone I could use. And that really cut my ear, cut my heart, it was a chance to apply all my tech knowledge towards the greater good.

Margaret Flinter: The two hit partner together on the project deciding to call the device, Sesame Phone as in Open Sesame.

Oded Ben Dov: So gradually and iteratively we added more and more configuration parameters to the program. So someone could opt for big head movement or very small head movement. You could use it like expanded voice commands or you could use a built in Google dictation capabilities. We really tried to make it as wide as possible for audience.

Margaret Flinter: They say the results for participants had been nothing short of miraculous. Ben Dov says he has seen both children and adults formerly locked in by paralysis literally come alive.

Oded Ben Dov: It's an emotional, and every user uses it differently. Someone immediately called his wife, children you know rushed to the most popular game and played that.

Margaret Flinter: The Sesame Phone now has hundreds of users around the Israel but they are gathering funding to make the Smartphone software available around the world and Ben Dov says, they have got bigger plans for developing this and other systems that are geared to assist the handicapped community.

Oded Ben Dov: I feel there are a lot of technologies that can really be life changing for some people but no one necessarily is working in that direction with positions well within the special needs base and we can keep supporting and developing our current products and offer a completely different product as we are exposed to more and more needs.

Margaret Flinter: Sesame Phone, a simply devised hands-free interface that allows the paralyzed and physically handicap to interact with their world through their Smartphones using simple head movements, allowing them a new level of independence, now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.