(Music)

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, it's October and the seasonal clock is changing, autumn's in the air and up here in New England, the leaves are turning. If you are down in Washington, you are marking time as the Federal Fiscal Year just begins on October 1st. And in the world, everyone is keeping an eye on the announcements everyday that come out early in October about the Nobel Prizes and across our country there is celebration about National Breast Cancer Awareness Month.

Margaret Flinter: Well Mark, the Nobel Prize announcements I always find incredibly exciting and uplifting, and the many local marches and events in honor of National Breast Cancer Awareness Month, moving and powerful. But the view in Washington, I am not quite sure what to make of it because it looks like another showdown at the OK Corral. We just passed another resolution that would keep us going until November 18th, then we have to do it again and that would be the third time on the federal budget and health care funding of course seems to be front and center of the proposed Republican bill. It would clearly prohibit the Obama Administration from spending the money it needs to, to carry out the health care reform until all legal challenges to it are resolved and that's going to be very problematic for the Obama Administration.

Mark Masselli: Well, they have brought the legal challenges front and center as they did last week asking the Supreme Court to rule on the constitutionality of the Affordable Care Act and that's probably going to happen before the federal elections in 2012 in November. And yet, the court is also addressing other health issues. They have California's case which is really focused in on the state's rights to adjust its Medicaid payments to providers. But both, the Medicaid patients and health care providers are suing in California, arguing that the cuts violate federal law requiring payments sufficient to assure access to quality of care. We will keep an eye on that as well.

Margaret Flinter: And you know Medicaid has always had issues across the country with ensuring access to care not just having it be insurance that doesn't get people the care they need. And I think we will be talking to a guest in the near future about that sort of fascinating history of how Medicaid ended up being so different from Medicare.

Mark Masselli: Margaret, my 14-year-old daughter went out the other day and had her hair dyed pink in recognition of the National Breast Cancer Awareness Month and we have seen some of our staff all nicely recognizing the various

health promotions that are happening in terms of domestic violence and breast cancer awareness that are going on. And in the breast cancer awareness, it's being 25 years since women and men have been organized around making sure that the treatment is available for everyone.

Margaret Flinter: And kudos to all the people we know who work so hard on outreach in the neighborhoods making sure that screening is available and making sure that care is available when problems are found. And on the frontlines of all these health battles and all these health challenges and some of the health victories, are our nation's nurses. This week, we are delighted to be joined by Dr. Linda Aiken, one of the country's most influential nurse leaders well-known for her groundbreaking research linking nurse-patient ratios with not just patient safety but with survival and mortality.

Mark Masselli: And no matter what the story, you can always find out about our shows by Googling us at CHCRadio.

Margaret Flinter: And as always, if you have feedback, email us at www.chcradio.com, we love to hear from you. Now, before we chat with Dr. Aiken, let's check in with our producer, Loren Bonner for the Headline News.

(Music)

Loren Bonner: I am Loren Bonner with this week's Headline News. The Supreme Court opened up its new term this week with a key Medicaid case in California. The issue concerns the question of whether those who provide care and receive benefits under Medicaid can go to court when a state tries to cut spending on the program. Mainly, the justices are concerned with the question of whether the providers and Medicaid recipients were entitled to sue over the move. Back in 2008, the State of California cut its reimbursement rate for the program by 10%. Medicaid and health care providers sued the state arguing that the cuts violated federal law requiring payments sufficient to access quality care. A survey of social workers, nurses and doctors working for the Department of Veterans Affairs finds that more than 70% of respondents think the department lacks the staff and space to meet the needs of the growing numbers of veterans seeking mental health care. More than 37% of the 272 respondents say they cannot schedule an appointment in their clinic for a new patient within the 14-day standard mandated by the department. A copy of the survey was obtained by the Washington Post and the story appeared in the paper early this week.

(Music)

Mark Masselli: Today, Margaret and I are speaking with Linda Aiken, one of the country's most influential nurse leaders. Dr. Aiken is the Claire M. Fagin Leadership Professor in Nursing, and also, a Professor of Sociology as well as

the Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing. Welcome Dr. Aiken.

Dr. Linda Aiken: Thank you. I am very pleased to be here.

Mark Masselli: And you have strived throughout your career to see the bigger picture for the nursing profession both here and abroad and an important focus of your work has been addressing the shortages in the number of available nurses. I think most of the folks that I know are either going into nursing or talking about it. Maybe from your vantage point just set the stage, is the shortage problem on the vein or is there still lots of work to be done?

Dr. Linda Aiken: Well, we have made tremendous progress in terms of increasing enrollment to nursing schools. They have actually almost doubled since 1994 from 75,000 then to over 130,000 new graduates in nursing every year in the US. And so that's beginning to make a dent in that shortage in the future that we are concerned about, and of course, also the recession has affected both the use of care and has resulted in people in nursing spending more time than they might otherwise in employment. So at the moment, things are in pretty good balance. But it looks like of course in the future, because we have an aging population, we have more chronic illness, we have scientific innovations that are bringing us more treatments and the public's expectation really is growing that there will be an increased demand for health care and therefore a nursing shortage in the future.

Margaret Flinter: Dr. Aiken, there is the shortage of nurses in the general sense, right, at the number of nurses available in the profession but your research is particularly important and well-known in the area of a shortage in the specific situation of the number of nurses available to care for a number of patients on any particular unit at any particular time. So this issue of the shortage in the ratio of nurses to patients, you have shown to have a direct impact on mortality and outcomes for patients. Can you tell our listeners about this research and there is probably a number of questions we would like to explore a little deeper with you in that area but maybe you could lay that out for our listeners.

Dr. Linda Aiken: Okay. Well, there is now a scientific consensus from over 100 rigorous studies on hospital nurse staffing that patient outcomes of all kinds are better when nurses care for fewer patients each. So specifically, our large scale research in the US and abroad shows that on an average each additional patient that's added to a hospital and nurses' workload results in a 7% increase in hospital deaths even for common surgeries.

Margaret Flinter: There is this strong trend that we also talk a lot on our show about transparency along with the issues of quality and safety, and have looked at this from many lenses and I want to just before we maybe move on to some other areas, the issue of transparency from the patient and the patient family

experience, there has been some legislation introduced in states I don't know whether that's been successful in having hospitals actually post their ratios, communicating to families and patients what that ratio is relative to what the desired or the norm is. And as we look at issues like how do patients decide what hospital are they going to go to, how does the informed consumer make decisions or understand what this means to them and to their loved ones?

Dr. Linda Aiken: Well we are really making progress now on providing information to consumers. I think one of the most important resources has been made available by the Medicare program is a website called Hospital Compare. There is also a similar website for nursing homes and home care. Of course the other thing that I always encourage people to do is to see if they have a Magnet Hospital in their community. A Magnet Hospital is a form of voluntary accreditation for excellence in care with a particular focus on excellence in nursing and having safe nurse staffing ratios. And again, the consumer can Google magnet hospital and find the name of every magnet hospital in the country. About 400 hospitals are magnet, which is about 7% of all hospitals.

Mark Masselli: Let me say that we are in the hometown of, we are a local hospital, Middlesex Hospital, we will put a little plug in for them, has received the Magnet Award for Nursing Excellence three times in a row. And let me say they shout that from the mountain.

Margaret Flinter: So do we.

Mark Masselli: So do we. And talk to us a little more about that whole process though for accreditation because I think we want all hospitals to both celebrate and be part of the educational process to understand the value that nurses are playing and it's really as you described about outcomes, right. The role that nurses are playing is really critical to successful management of very complicated cases and that can yield successful outcomes.

Dr. Linda Aiken: And the derivation of Magnet Hospital idea came from a lot of data that showed that outcomes in our hospitals are not as near way as good as what they should be. The Institute of Medicine estimated that deaths from medical error, one of the five leading causes of death in our country and so a lot of research on why that is has taken place. And one of the major factors that we find in our program for search in the US and other places is that the work environments in hospitals are commonly very poor and that Institute of Medicine points to the poor work environment as a major factor in the high rate of medical error. So, nurses in particular have been really looking at best practices that lead to a better work environment in hospitals. That could be operationalized in some kind of a roadmap so that you could give hospitals this roadmap and they could get from point A which might not be as good as they could be to point B which would be much better. And then there is a lot of research that shows that if hospitals improve their work environments that patient outcomes improve and

also nurse retention at the bedside improves. So these evidence-based best practices have been identified over the past three decades and they comprise the magnet program but to give you a couple of examples of what those things are, a flat organizational structure meaning there is not a lot of hierarchy in hospitals, nurses involved at least the chief nurse in the top decision making group and putting the board of directors which is not simply brand nursing perspective but nurses are probably the best advocate for a patient. So by having a nurse in the top decision making group, you are getting a patient perspective. The involvement of clinical nurses in bedside decision making, the requirement by management of good nurse physician collaboration and relationships and for example there, the Joint Commission which is the most prevalent form of accreditation for hospitals has developed a policy of zero tolerance for bullying in the workplace as it's dangerous for patient safety. So, there are series of these requirements that have a big evidence base behind them that show that if hospitals have these things that outcomes for patients or better nurse retention is better.

Margaret Flinter: Dr. Aiken, your influence is certainly extremely broad and your research portfolio is actually also very broad. And I understand you have received a grant to study the impact of nursing care on outcomes for chronically ill and minority patients. We, as you know, run a large community health center statewide here in Connecticut and of course that's a huge concern for us. Can you tell us a little bit about that work and also perhaps the degree to which under the Affordable Care Act this kind of work both moving hospitals to magnet status, improving ratios of nursing, focusing on the chronically ill, your perspective on the degree to which the health reform bill really supports these activities?

Dr. Linda Aiken: Well, I think there are sort of two big subdivisions; one has to do with this continuing agenda of patient safety which we need throughout health care in every setting but is particularly important in a hospital. So, on that front, our research is now turning very specifically to looking at the business case for higher quality in health care especially as it relates to nursing and the policy changes that would be needed to support more cost effective use of nurses. So, just as for example, I have mentioned that having more nurses in hospitals leads to better outcomes for patients. Hospitals pay the salaries of the nurses and research shows that more nurses reduces for example hospital readmissions. But the cost savings of preventing a future admission for a patient benefits the insurers like Aetna or Medicare but not really the hospital; the hospital actually loses money because you are preventing a future readmission. So, payment policies need to be modified to reward hospitals for better outcomes. So we are trying to create a business case for that change managerially and from policy perspective. Then on the ambulatory side, we are working to provide the evidence that suggests that nurses could have a more expanded role in primary care in particular, and if they did, there would be many benefits to patients in terms of more accessible care and more affordable care. And this is an area that

we particularly need to work on to improve both the quality and access of care to the chronically ill and minorities.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Linda Aiken, one of the country's most influential nurse leaders. We are interested in sort of the intersection of two forces and you just talked about minority nurses and we run, as Margaret said, a community health center and so we are concerned about are there enough subsidies available to support folks who are trying to obtain nursing degrees and that represents the diversity that we serve and the patients in the broader community and then something you have been talking about, the sufficient number of faculty available to sort of meet the demands to train this generation. So, tell us about who owns this responsibility and who is going to solve it? Is this a federal, state, local, is it private sector? Who is going to sort of adjudicate the set of structural issues that are out there?

Dr. Linda Aiken: Well, really the answer to this problem and dilemma has got to be a joint effort of local communities, states and the federal government. Nurses pay for their education in the US. Now many people would say well don't most people pay for their education? If you look at other countries, most nursing education is actually paid for by government because nurses are thought of as a public good. So that's not the case in the US where nurses pay for their own education. So the answer to the question is there enough support for minorities and other folks to actually access higher education which is required for nursing, the answer is no, that we really have a very inadequate public support at all of these different levels for nursing education. We do have now a very large demand for nursing as a career which is a very good thing for the country but we are turning away about 30,000 qualified applicants every year for nursing school. So if we are looking at a future shortage, certainly not into public interest not to make it possible for all those 30,000 people that are qualified and want to be nurses to actually access higher education and become nurses. In the past, the nursing shortage has been a result of not enough Americans wanting to be nurses so we have overcome that huge problem; now the challenge is access to education for those who want to be nurses. Now part of the reason we are turning away so many qualified applicants is there are capacity limitations because we haven't been funding higher education at a high enough rate in our states, localities on the federal level to really make it possible for all the people who want to be nurses to get into these schools. So almost all the state universities for example have a limitation on how many nursing majors they can accept because of the cost of nursing education. So we need some help for the nursing schools from public subsidies to allow them to expand. We also have problem on a faculty shortage side and this relates to the character of organization of nursing education in the country. 2/3rds of all the nurses now become nurses by getting their education at a community college. Now we know from our research that only about 20% of graduates of community colleges in nursing go on to get a higher degree. A higher degree, really a Master's degree or higher, is required for every faculty member be it in a junior college or a four-

year institution. So there you have almost two-thirds of people coming into nursing who will never have the qualification to be a faculty. So we don't really, because of this great access of community colleges and the associate degree, have enough nurses that can qualify overtime. So one of the proposals is, this has been a major recommendation of the Institute of Medicine, is by year 2020 80% of all nurses in the country should have a bachelor degree and that will require funders federal, state and local to step up to make that happen.

Margaret Flinter: So, Dr. Aiken, you referenced the Institute of Medicine and I would like to go to another point in the Institute of Medicine. I think we have spoken in previous shows about their future of nursing report and their 8 key recommendations and one of those is about developing at the new RN level nurse residency programs in hospitals. And we have been very focused on the graduate level. You may know we started the country's first Nurse Practitioner Residency Program for primary care nurses who are going to practice in community health centers. But at the new nurse level, one of the arguments has been that we have the issue of qualified candidates being turned away, we have the numbers graduating but then we have another contributor to the problem which is too many new nurses leave within the first year or leave within the first two years and many have proposed that it's the absence of a structured support in the form of nurse residencies that really would bridge that transition from education to practice. What's the state of the science on that in terms of research showing whether this is really a reasonable solution to that problem?

Dr. Linda Aiken: Well we have some beginning evidence and more research underway that suggests that retention of new graduates is helped by these residency programs for new nurses. I think the challenge is who has responsibility for financing these residency programs. When we talk about residencies for doctors, we are talking about really graduate level residencies, people that have finished their full education, and the Federal Government pays a large share of residency training for doctors. There is a question about whether it will be possible to have widespread residencies for nurses if the Federal Government and state governments don't play a role. But then here, we have the dilemma of whether these residencies paid for by public funds should be for nurse practitioners at the higher level which would be more comparable to what public policy does in the case of physicians. And then that would predominantly leave these residency programs for new nurses to be a responsibility of employers because they would be the ones that would benefit from the higher retention rates of these new graduates. So that's one of the dilemmas of where do we go in financing because as I mentioned there are 130,000 new graduates a year that's a pretty big price for a residency program if we would think about every new nurse having one.

Margaret Flinter: Well Dr. Aiken, we like to ask all of our guests this final question and I suspect you could answer it in many ways and at great length. When you

look around the country, and the world, what do you see in terms of innovation, and who should our listeners at Conversations be keeping in an eye on?

Dr. Linda Aiken: I think they should be keeping an eye on nurses. You might expect me to say this. But if you look at where the innovations are coming from now in health care, they are all coming out of nurses and nursing because nurses have the kind of closet perception of the impact of health and illness on patients and they are the spokespeople for that. Actually, a very interesting little footnote here in the Philadelphia Magazine, we have a Top Docs issue every year and we kind of look for it because obviously **10** doctors get in it often and so this year the Top Doc in the Philadelphia Magazine is a nurse.

Margaret Flinter: Oh that's really wonderful. And Philadelphia is certainly a locus of exemplary nurse leaders and nurses.

Mark Masselli: Today, we have been speaking with Dr. Linda Aiken, one of the country's most influential nurse leaders. Thank you so much for joining us today.

Dr. Linda Aiken: Thank you.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our community and everyday lives. This week's bright idea focuses on a movement that's transforming small corner stores across the country.

Alycia Santilli: We decided to just start one here in New Haven and essentially we work with the corner store owners and in exchange for them offering some healthier items in their store we provide some monetary incentives and also some technical assistance and access to other resources that they might not otherwise get.

Mark Masselli: Alycia Santilli helps direct Yale's Community Alliance for Research & Engagement one of the latest design on to Healthy Corner Store initiatives. In New Haven and in many intercities across the country, corner stores outnumber traditional groceries where fresh produce and healthy food is not available. But with the help of community resources and the organizations banding together, store owners can step up and sell healthier snacks to their customers, things like apples, oranges, and granola bars instead of chips and packaged cookies. Since Yale became part of the program back in May, four corner stores in New Haven have begun providing healthier options. The hope is to get three or four more stores on board in the next eight months. A campaign that's making a big impact on community health corner store by corner store, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

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

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