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INITIATIVE ON THE FUTURE OF NURSING: CAMPAIGN FOR ACTION

Grand Hyatt
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Good morning everyone – and welcome to the first day of a new future for nursing and the health and health care in America. Note the date on your calendars. November 30, 2010. I guarantee you will remember it.

This is the day when you all came together to fill in one of the final and most critical pieces of health care's larger puzzle. This is the day we convened in Washington and on the Web to transform not to reform, but to transform – health and health care as we know it – into health and health care as we know it can – and will be.

We're certainly meeting in the right part of town to talk about the past, the present and the future of nursing and health care. Just a few blocks away, down the street from the Verizon Center, is a little-known landmark from nursing's distant past that speaks directly to us today. It's a three-story red-brick building next door to a Starbucks. It dates back to the 1850s when it was a boarding house.

During the Civil War, Clara Barton rented Room 9 up on the 3rd floor. We know her as America's first battlefield nurse. The room was "a shelter," she said, "to which I might return when my strength should fail me."

Though not formally trained as a nurse, she'd been tending to the wounded on the bloody battlefields just west of Washington. She had to fight with the generals to get permission to do it. At one point, a bullet tore through the sleeve of her dress, killing the injured soldier she was caring for. From Room 9 she launched her famous search to locate missing soldiers – eventually finding 22,000 of the Union's 62,000 missing dead and wounded. Later, she established the American Red Cross and today is regarded as one of health care's legendary heroes.

I tell this story because it fits so well with what we're talking about today. Nursing in Clara Barton's time was under-valued, under-respected, and just beginning to make the leap from what Florence Nightingale called "the oldest of the arts" to "the youngest of the professions."

Miss Barton possessed the courage, conviction and stamina to shake up the status quo. She defied incompetent authority and just about anything that stood in the way of needed change.

Listen to what she said: "I have an almost complete disregard of precedent, and a faith in the possibility of something better. It irritates me to be told how things have always been done. I defy the tyranny of precedent. I go for anything new that might improve the past."

That's what I'm here to ask you to do today: Create something new that will improve upon the past. I'm not asking you to discount or dismiss the past. After all, it's been said we should maintain our connection to the past – and yet "ceaselessly pull away from it."

Nursing in America has been trying to pull away from the limitations of its past for longer than living memory. It's held back, however, by the persistent limitations of its present. This is nothing new.

Going way back, strengthening nursing was a personal crusade of our founder and namesake, Robert Wood Johnson. Though they called him "The General," his health was never robust. Rheumatic fever as a little boy left him with chronic cardiac problems as a grown-up man.

He spent a lot of time as a hospital patient – and had his own epiphany about what really matters in care at the bedside – especially when it was his bedside. The General would prop himself up in his hospital bed – and with pad and pen he'd write down his own orders for how nursing ought to be. If he were with us today, he'd probably be over at HHS, giving Don Berwick an earful – along with anyone else who'd listen.

He'd tell them that: Patients always come first. That's non-negotiable. Next, tear down the "rigid caste system" that is the enemy of hospital efficiency and treats nurses as less than full partners in care. And finally, The General would say, if we're serious about improving the quality of care nurses had better have a major voice in how we're going to do it.

Now remember, this is a view from 60, even 70 years ago. It's a view that's built into our philanthropy's DNA – and into mine as well.

What's stunning to me is how much has changed, how much has stayed the same and how this straightforward prescription for improving the quality of health care has stood the test of time so strongly. It's not like the problems have gone away.

It's the same message some 40 nurse leaders from all over the country delivered when they met with us in Princeton back when the national debate over health care was at full volume. Some of you were there – like my good friend, Linda Burnes Bolton, vice chair of the IOM committee. We gathered on a gloomy late fall day to



brainstorm how nursing could best make its voice heard.

We had a crowded agenda: the culture of health care, quality, disparities; hospital design and work processes; worst practices; best practices; and the scope of practice. A big concern was the flight of veteran nurses – and the trickle of new nurses coming in to replace them. The discussion was vigorous, brutally honest, and amazingly prophetic.

The nurse leaders came up with the “Top 3 Things” they all agreed needed to happen. Staring at Number 3 was – Expand the conversation about the shortage of nurses from how many nurses we want, to figuring out best to use the nurses we already have. Number 2 – Get nursing a seat at the table in all the organizations that together dictate the country’s quality agenda. And the Number 1 Thing nurse leaders said must be done – was to demonstrate that no one is more important to the quality of patient care than nurses; and to use research and communications to make the point irrefutably clear.

To this day, I wouldn’t change a thing on this list. The IOM committee sees it the same way. Listen to how the committee describes nursing’s impact on virtually every aspect of health care.

They found that “Nurses’ regular, close proximity to patients, and (their) scientific understanding of care processes across the continuum of care, give them a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the health system and its many practice environments”

This, ladies and gentlemen, is the missing piece of health care’s puzzle that we’ve all been waiting for. Clearly, the consequences of what begins here today will ripple outward through all of health care – if we do it right.

Fortunately, the IOM report is the owner-operators manual on how to do exactly that. The report is complex and wide-ranging, with dozens of recommendations – large and small. A set of principal themes tie it all together in a comprehensive – and comprehensible – platform for action.

These organizing themes are:

- Empower nurses to be valued and accountable leaders in health care, with a full and fair say in how patient care is designed and delivered. We’ll talk more about leadership in a moment.
- Align nurse education upward to provide the human capital necessary to shape the future of the profession and its impact on all of health care. Pay attention here. I believe the potential impact you will have on nursing education could be as profound and lasting as the famous Flexner report had on medical education exactly 100 years ago this year.
- Expand the professional scope of the workforce of general RNs and advance practice nurses to bridge the gap between growing patient and consumer demand and the dwindling supply of medical and health professionals. In other words – scope of practice. Scope of practice is the hot button that could blow up the whole thing up. Most policy makers avoid it at all costs. This time, though, scope of practice is front and center.

Don’t forget – I’m a doctor myself. I know all too well how deep the feelings run on each side of this issue. And I’m very pleased that the major physician organizations are represented today. This is one of those historic all-hands-on-deck moments.

If the system is ever going to have a chance to fully deliver on its promise, we cannot afford for any one of us to perform below the full scope of our training and education. Defusing scope of practice will be perhaps the toughest of all these tough challenges.

I ask you to think on this. The modern version of the Hippocratic Oath calls for the physician to – “call in my colleagues when the skills of another are needed for a patient’s recovery.”

This time the patient is health care. And today, as colleagues, we’re answering the patient’s call for mutual aid.

Collaboration is an absolute necessity. Collaboration across professions, disciplines and sectors is the unifying theme throughout the IOM’s findings. That includes acknowledging that nurses need be full partners with physicians and other health care professionals in improving on the quality and delivery of care.

The collection and reliance on workforce data is required as well. Data drives the whole mechanism. Solid, reliable evidence on what works, what doesn’t – and why – is what will inform and guide the diverse range of sectors as we follow the IOM’s roadmap.

That’s “sectors” – as in the plural. As in many. As in all of you.

You each have a big stake in the outcome – whether patient, physician, professional, provider, payer or



policy-maker. If nursing succeeds, health care succeeds. And vice versa.

As the committee concluded: “The nursing profession has the potential capacity to implement wide-reaching changes in the health care system” – and “the power to deliver better care.”

There’s a big “IF,” though. When – and how – the recommendations are implemented is up to principals, stakeholders and leaders like you.

At RWJF, we’ve been building toward this moment for more than a generation. We’ve invested heavily in nursing research, policy development and quality improvement. Now, at last, we believe we stand at the true threshold to a better future for nursing and all of health care.

That’s why we’ve primed the pump – committing some \$10 million to the investigation and research driving the IOM report – and on readying the field for what you decide comes next. Our foundation’s role is to facilitate your leadership as you put into action the IOM’s recommendations.

We’ll facilitate, convene, connect, and coordinate. We’ll support policy research and development. Identify and build upon evidence-based best practices. We’ll count the progress toward implementation. We’ll help guide the discussion, identify common ground, encourage compromise, consensus, and a serious commitment of resources from both the private and the public sectors.

In turn, your mission is to turn the recommendations into reality with your input, collaboration, and financial support. Not one of us can do it on our own.

Together, however – well that’s a very different story.

If we’ve learned anything about improving patient care in America it’s that a chasm of conflict separates the rhetoric from the likelihood of action. However, standing here today, you give me hope that we finally may have found the bridge across that chasm.

It’s going to take leadership, a national movement for change, a new culture of inter-disciplinary collaboration – and a shared willingness to rise above the shelter of the status quo’s safe harbor and to let the rising tide of change lift all our boats.

How will we know that it’s working?

We’ll know it’s working when old barriers to nursing practice are replaced with fresh opportunities. When nursing education is fully empowered to meet the deepening needs of care at the bedside. When nurses collaborate as equals with the leaders of business, government and medicine in deciding how to make health care as good as we know it can be.

And we’ll know it’s working when patients regain confidence that they will get the right care delivered the right way, at the right time.

Let me make a prediction. This may well turn out to be the most comprehensive collaborative effort in the history of American health care. The big question, of course, is – who’s going to lead?

Lead, follow, or get out of the way – that’s how they did it back in the 20th century. Times have changed. In this century it takes a village of leaders – a village of “meta-leaders.”

When we invited you to this summit, our protocol was not based on who needs to be pampered – but on who can produce results.

You produce results.

To make the big lift, meta-leaders lead other leaders by reaching outside their silos, across organizations and sectors. They collaborate – building alliances and partnerships before they take action. They forge cross-cutting strategies – sharing information, connections and resources.

When it’s crunch time, they value cooperation and collaboration over competition. And that day when the rising tide really does roll in well, meta-leaders are the ones who build the boats for the rest of us.

If you didn’t see yourself as a meta-leader when this day started, you surely will by the time it’s over.

A final word: In times of crisis or disaster or great national need – when the imperative for action is as urgent as RIGHT NOW – this is when Americans always come together to do what in quieter times cannot be done at all.

This is just such a time when it all comes together; a national movement to meet a national need with the kind of consequential change that makes a difference in our lives and does it in our lifetime. It won’t be easy.

Your willingness to work together will be tested in full view of the American people along with your gumption to stay the course and your patience with one another.

Despite all this, today I challenge you to do what neither the public nor the private sectors, alone or together, has yet found the will or the way to do on their own. I believe that there is enough courage and grace and savvy in this room right now to school the rest of them on how to do it – and do it right.

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Presented by Risa Lavizzo-Mourey, RWJF President and CEO

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Robert Wood Johnson Foundation

The need is great. The country will wait no longer. It's your turn now. This is your day.
It's November 30, 2010. The future begins – right now!

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