Implementation Of The Institute Of Medicine In The Future Of Nursing

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The Future of Nursing and National Health Reform

Nursing care in the United States forms the most basic form of care for the American population with more than three million nurses being involved directly in patient care. There have been very few reforms in the institution since the implementation of Medicaid and Medicare programs in 1965. In 2008, the Robert Wood Johnson Foundation, together with the Institute of Medicine, conducted two-year research whose findings were to be used to generate recommendations on the future of nursing and how to improve the current nursing care system.

In the establishment of the Affordable Care Act in 2010, the government set out to reform the care of patients in all states in the country. Given that nursing care is the most basic and most sought form of care, it was crucial to identify the setbacks that the field suffers from and offer recommendations on the same. The existent barriers to efficient care were to be identified in the 2-year research by the Robert Wood Johnson Foundation. It has to be noted that nursing care is affected by factors more than just the patient and nurse contribution with more contribution being required from all the players in the field. The stakeholders include the government, nurse-training institutions, and other healthcare organizations.

The committee that was set by the Institute of Medicine and the Robert Wood Johnson Foundation proposed several recommendations, all geared toward improving the quality of Nursing care in the country. The recommendations included the provision of care settings in which the professionals could offer the best care, ensuring that all their acquired skills are used efficiently. It was also recommended that the training of nurses be improved in the institutions of learning, ensuring that the workforce released in the market is efficient in patient care. It was also noted that the nurses have to work together with the physicians and other healthcare providers for better treatment outcomes, with the emphasis being placed on the provision of settings that foster such a coexistence between the different players. The committee also recommended the use of workforce planning and efficient data collection for better patient care.

The report by the Institute of Medicine on the future of nursing aimed at improving the nursing experience throughout the United States by recommending changes that would positively impact nursing education and training, workforce distribution and interaction, and removal of limits on the range of services that a nurse can train towards. In the two-year research by the Institute of Medicine and the Robert Wood Johnson Foundation, the need to improve nursing care and take care of the increasing demand for nursing services was explored in accordance with the Affordable Care Act.

There is a need to increase nurse leaders and involve them in formulating laws that are geared toward meeting the increasing needs of patients. The 2011 Institute of Medicine report recommended increasing the share of nurses with a baccalaureate degree or higher to 80% by 2020. The National Academies later reported that the target was not achieved by 2020 and issued a new Future of Nursing 2020–2030 report focused on health equity.

State-Based Nursing Reform and Workforce Development

According to the report generated, the future of nursing is to be safeguarded through efficient training of nursing professionals, fostering better professional interaction in the workplace, and legislation of laws that remove training and practice obstacles.

The state-based reform approach envisioned in the future of nursing: campaign for action plays a major role in designing the right changes in the field of nursing. The collaboration of the different levels of legislation, ranging from the national level to the state level will be helpful in giving a unified platform within which changes can be achieved while still taking the diversity of each state into consideration. Even though the nation is experiencing an increase in the old population with a corresponding increase in the need for nursing care, there are differences between the needs of one state to the other which will be adequately covered in the state-based reform platform.

Different states have different health requirements with unique deficits that can only be dealt with at the state level. Monitoring progress is also easier when handled at the state level. Harmonizing the health requirements, as stated in the national platform with the makers of progress at the State level, is the only way to bring about change in the field of nursing (Borger, 2012).

Maryland’s Implementation of Nursing Recommendations

The State of Maryland appointed Ann B. Mech, a nurse and assistant professor, to the Maryland CareFirst Board. The main aim of this board is to monitor the availability and affordability of care in Maryland by ensuring that the provider networks follow the set guidelines. The role of the appointed nurse is to ensure that the CareFirst program remains non-profit, as stated in its manifesto. Ann is an experienced nurse who has worked in Maryland at different levels and, in some instances, as a volunteer nurse. Incorporation of a nurse profession with first-hand information on the kind of care available for the patient and the care required by the population will be helpful in ensuring equitable distribution of resources in the state of Maryland.

In 2016, through the Robert Wood Johnson Foundation, the University of Maryland was awarded the

Awarded State Implementation Program grant. The grant is aimed at increasing the number of nurses who attain a bachelor's degree in nursing while at the same time ensuring that there is diversification in the training of nurses. An increase in the number of nurses who attain a bachelor's degree will improve the care available for patients and ensure that more patients with diversified needs can be served by the same nurse.

Barriers to Access, Specialization, and Nursing Policy

Barriers to access to nursing care in the State of Maryland form the only setback to the equitable distribution of nursing care. The identification of the barriers forms an effective way of handling them in the long run and establishing better patient outcomes. The current barriers include the restriction of some nurses to a given form of care, leaving out other forms of care that may be necessary for the patients. The lack of Nurse involvement in formulating laws that govern the profession and patient care, in general, has also been a barrier to the attainment of better health outcomes for patients.

Specialized nursing care is essential and very helpful when the case scenario agrees with the specialization of the nurse. The only setback to this kind of care is its inability to take care of cases that fall beyond the specialization. Given that past training emphasized more training nurses based on given clinical requirements, the current market situation shows an inequitable distribution of manpower and the range of practices that the given manpower can handle. The situation is being handled by increasing the training of nurses in the bachelor's degree category (Anbari, 2017).

The deficiency of nurse involvement in the formulation of healthcare bills has also been a major setback in the establishment of nursing care best suited for patients. Given that the nurse is, in most cases, the primary care provider, involvement in decision-making processes can be a great marker of enhanced performance in the field (Clavelle, 2013).

References

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