KRISP Project
Keeping RNs to Improve and Strengthen Population Health

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with

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Outline

- Overview of PHN RN shortage and competencies
- KRISP Project Overview
Public health nurses work to improve health at the individual, family, community and population levels through the core functions of assessment, assurance, and policy development (p. 11)
PHNs in Practice

PHNs look beyond the individual & family to include broader primary prevention strategies to promote and ensure health and improved quality of life for a community or population.
## PHN Roles: Importance (4-0)

http://bhpr.hrsa.gov/healthworkforce/reports/publichealth/default.htm#nurseworkforce

<table>
<thead>
<tr>
<th>PHN Role</th>
<th>CA</th>
<th>GA</th>
<th>MT</th>
<th>NM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease investigation</td>
<td>3.6</td>
<td>3.9</td>
<td>2.7</td>
<td>3.9</td>
</tr>
<tr>
<td>Case management</td>
<td>3.6</td>
<td>3.6</td>
<td>4.0</td>
<td>3.6</td>
</tr>
<tr>
<td>Screening</td>
<td>4.0</td>
<td>3.8</td>
<td>3.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Medical treatment</td>
<td>3.8</td>
<td>3.6</td>
<td>4.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Health education</td>
<td>3.8</td>
<td>3.4</td>
<td>4.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Patient advocacy</td>
<td>3.4</td>
<td>3.4</td>
<td>3.3</td>
<td>3.7</td>
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<tr>
<td>Surveillance</td>
<td>3.8</td>
<td>3.3</td>
<td>3.8</td>
<td>3.3</td>
</tr>
<tr>
<td>Outreach</td>
<td>3.6</td>
<td>3.3</td>
<td>3.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>3.2</td>
<td>3.3</td>
<td>3.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Coalition building</td>
<td>4.0</td>
<td>3.4</td>
<td>3.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>
Why PHN RNs in LHDs

- Shortages
- Turnover
- Essential for delivery of public health services
  - Direct individual
  - Indirect population focused
PHN Competencies-Skills

- Analytic Assessment
- Policy Development/Program Planning
- Communication
- Cultural Competency
- Community Dimensions of Practice
- Basic Public Health Sciences
- Financial Planning and Management
- Leadership and Systems Thinking

Quad Council 4/30/03
Assoc of State and Territorial Directors of Nursing Recommendations

- 1 PHN to 5,000 population
  - As a minimum
  - Could be higher or lower depending on risk level in communities
  - Does not include direct service RNs (e.g., NPs) working in public health clinics

- 60,324 PHNs needed across U.S.
PHN Shortage and Personnel Issues

• Morale
  o Compensation
  o Equity
  o Appreciation

• Turnover costs
  o Recruitment
  o Retention
  o Orientation

• Workload and caseload
  o Job reclassification
PHNs doing Population-focused Care

Blood Pressure & Cholesterol Screening (2000)
Courtesy of City of Columbia, MO
http://www.gocolumbiamo.com/health.php

Courtesy of Yolo County Health Department, Woodland, CA
http://www.yolocounty.org/org/Health/avianfludrillphotos.asp
PHN Shortage: Effect on Organizations

- Providing core functions and 10 EPHS
- Accreditation
- Community partnerships
- Personnel management issues

- Georgia public health Directors of Nursing report it takes 6-9 months to orient PHNs
  [link](http://bhpr.hrsa.gov/healthworkforce/reports/publichealth/default.htm#nurseworkforce)
PHN Shortage

Effect on the Public’s Health

- Infectious disease control
- Health promotion and primary prevention
- Preparedness
- Policy and advocacy
  - Equity and social justice

- Disclaimer: Lack research regarding connection.
KRISP: A Name and an Acronym

K  Keeping  Knowledge access
R  RNs to  Redesign job and work environment
I  Improve  Innovate to improve
S  Strengthen  Scope and competency based practice
P  Population Health  Population focused care
The Journey to KRISP

- Had grant focused on education of RNs for PHN positions
- Heard stories of recruitment problems
- Attempted to develop marketing and branding for PHNs
- RNs in public health as largely ignored because not “advanced practice” (prescriptive authority) RNs
**KRISP Project Purpose and Goals**

**Purposes:** to improve nurse recruitment and increase nurse retention, in county LHDs in order to improve the quality of the PHN care through the increased ability of the nursing quality improvement council to identify and address public health nursing errors and preventable harm for patient populations.

- **Goal A.** Each LHD will have public health nursing leadership at an executive level within the county structure;

- **Goal B.** Each LHD will have a PHN quality improvement and process improvement system that contributes to PHN services being productive, efficient and revenue generating;

- **Goal C.** Each LHD will initiate human resources management practices that contribute to achieving low RN turnover and RN position vacancy rates;

- **Goal D.** Each LHD will have a PHN quality improvement and process improvement system that contributes to the LHD outperforming the mean state value or show significant improvement for nursing sensitive patient population outcome indicators.
WA County LHDs
IL County LHDs
Models of PHN as a Professional Practice

- Illinois model based on ASTDN and Minnesota models
- Los Angeles County PHN model
- Minnesota PHN Model (The Wheel)

These reflect the level of professionalism and complexity of PHN practice.
Health

Disease

Assessment

Assure a competent public health and personal health care workforce.

Core Public Health Functions

Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Essential Public Health Services

Evaluate effectiveness, efficiency, and quality of personal and population-based health services.

Assurance

Enforce laws and regulations that protect health and ensure safety.

Policy

Mobilize community partnerships to identify and solve health problems.

Development

Inform, educate, and empower people about health issues.

Population-Based Nursing Practice

Inform, educate, and support individual and community health efforts.

Art and Science

Develop policies and plans that support community health goals.

Individual

Monitor health status to identify community health problems.

Systems

To identify community health hazards.

Research for solutions to health problems and innovative new insights.

In the community Diagnose and investigate health problems.
The Los Angeles County PHN Model
Public Health Interventions

March 2001

Minnesota Department of Health
Division of Community Health Services
Public Health Nursing Section
## KRISP Interventions Summarized

| K | Link PHNs and DONs to educational resources  
|   | Create professional network across DONs  
|   | Educate and coach DONs about management and leadership skills for change |
| R | Support DONs in creating PHN career ladder/job grade  
|   | Coach DONs on documenting need for competitive PHN salaries  
|   | Educate and coach NQICs on analyzing PHN workflow  
|   | Facilitate NQICs’ identification of data needs  
|   | Coach DONs on making human resources changes  
|   | Assure that nursing is visible at LHD website |
| I | Educate PHNs on quality and process improvement, public health data skills  
|   | Educate and support NQIC on identifying PHN errors and preventable harm  
|   | Provide LHDs with access to UW or library databases  
|   | Facilitate identification of and application for sources of funding for PHN services  
|   | Educate and coach DONs and PHNs on grant writing |
| S | Incorporate scope and standards for PHNs and nurse managers into job descriptions, orientation, career ladder and performance evaluations  
|   | Provide competency self-assessment to PHNs  
|   | Assist LHDs conduct organizational performance assessment |
| P | Facilitate marketing of PHN to community  
|   | Educate and coach PHNs for leadership on community boards  
|   | Stimulate PHN collaborations with health educators for media campaigns |
Benefits of Participating in KRISP

- **To LHD as organization**
  - salary comparison for RNs
  - RN recruitment materials & presentation to BOH

- **To DONs**
  - training on leadership, peer support across LHDs and states with the hope of enhancing overall problem solving of issues shared across LHDs.

- **To PHNs**
  - PHN staff receive best practices information
  - Nursing Quality Improvement Councils receive secretarial/administrative support
  - onsite or distance education on topics related to quality improvement techniques and implementation of quality improvement for nursing services. We will offer CE for these educational sessions.

- **LHD gets a list of grant resources that may be sought to support RN PHN positions and work.**
Tangibles for the LHD

- Webcam for DONs and PHNs virtual meetings
- Copies of:
  - ANA Scope and Standards of Public Health Nursing,
  - Public Health Foundations quality improvement booklet
  - one textbook
- Other items as needed
White coats aren’t our style, but we love saving lives.

A Public Health Nurse is a safety helmet for your community.

Hello. Welcome to my office.
Public Health Nursing:
Big office, plenty of natural light

Marketing Images

We enter the dangerous world of politics to make sure you’re safe.
Participation Expectations

- Establish a Nursing Quality Improvement Council (NCIQ), meet monthly to assess the 4 core patient population indicators (CPPIs) & client satisfaction, develop and implement a system to identify errors and preventable harm, implement a process to take corrective action to prevent errors.
- PHNs participate in at least one community board or county committee.
- Institute career ladders or job grades for PHNs and other public health RN jobs.
- Implement one locally innovative strategy to recruit and retain PHNs.
- Offer salaries for PHN RNs that is within 10% of average RN salary offered at local hospitals.
- DON position to be at an executive level within the county structure.
- PHNs participate in applying for funding that would support their public health nursing services for an underserved group.
- DON and PHNs work collaboratively to identify one feasible way to improve PHN efficiency.
- DONs provide BOH with a written summary of PHN and RN salaries.
Federally Required Reporting: Anticipated Outcomes

- **4 Patient Outcomes**
  - Selected by participating LHDs during the grant proposal development
  - See next slide for specifics

- **RN Outcomes**
  - Retention rates
  - Vacancy rates

- **Project Evaluation**
  - Survey data and process data
# Core Patient Population Indicators (CPPIs)

<table>
<thead>
<tr>
<th>CPPI</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPPI 1:</strong> <em>Rate of Chlamydia per 100,000 population</em></td>
<td>Number laboratory tests + for Chlamydia</td>
<td>County population</td>
<td>Grant year (7/1-6/30), using monthly reports</td>
</tr>
<tr>
<td><strong>CPPI 2:</strong> <em>Percent of women with first prenatal visit during 1st trimester</em></td>
<td>Number women with first visit in 1st trimester</td>
<td>Number of births in county</td>
<td>Calendar yr (1/1-12/31), with estimation for grant year</td>
</tr>
<tr>
<td><strong>CPPI 3:</strong> <em>Percent children (0-24 months) with full immunization</em></td>
<td>Number with full immunization at age 3</td>
<td>Estimated number of children age 24 months in county</td>
<td>Calendar yr (1/1-12/31), with estimation for grant year</td>
</tr>
<tr>
<td><strong>CPPI 4:</strong> <em>Percent of clients who have contacts/visits with LHD nursing staff who overall rate their satisfaction with services as very satisfied</em></td>
<td>Number of clients with two or more contacts/visits with LHD nursing staff who rate services</td>
<td>Number of clients with two or more contacts/visits with LHD nursing staff</td>
<td>Grant year (7/1-6/30), using two 6 mo reports</td>
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</tbody>
</table>
Anticipated Output/Products

• Presentations
  ◦ By and with LHD personnel
  ◦ By PIs

• Documents
  ◦ Working documents for HR use
  ◦ Working documents QI use
  ◦ Reports of surveys

• Manuscripts
  ◦ Topics and authors to be determined
  ◦ See Authorship Guidelines document
Thank You!
For listening and for participating

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