



AMERICAN ACADEMY OF NURSING

EDGE RUNNERS

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Objectives -

1. Describe the impetus of the program
2. Cite the 3 key components
3. Describe the concept of the nursing lens.
4. Identify 2 steps that nurses can take to begin pursuing the EdgeRunner journey

EdgeRunners are -

- ▶ *Nurse-designed models of care* that reduce cost, improve health care quality, advance health equity, and enhance consumer satisfaction
- ▶ (they also are cost-effective)



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Annual Health Policy Conference, 2006



Karlene Kerfoot, PhD, RN, FAAN

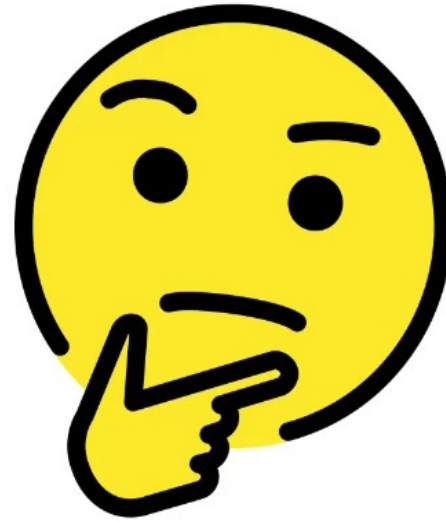


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The nursing lens...

(Disch, 2012)

- ▶ ...a viewpoint from which the nurse sees things holistically, considering the person, population or community in the larger context.
- ▶ Through the lens,
 - ▶ we can establish effective interpersonal relationships that help people achieve their goals and do their very best work.
 - ▶ We can readily size situations up – and people, as well.
 - ▶ We understand the human condition with all of its intricacies and complexities.
 - ▶ We are resourceful, crafty, “canny” – and we can find resources and solutions where none seem to exist or when the current paradigm has stalled.



- problem solvers
- solution creators

“There’s got to be a better way...”

Diane Treat-Jacobson,
PhD, RN, FAHA, MSVM, FAAN



Chandra Torgerson, MS, RN



...unnamed clever staff nurse



Bath and Hand Towels

Let's create a program called *EdgeRunners*

- ▶ **Nurse-designed models of care** that reduce cost, improve health care quality, advance health equity, and enhance consumer satisfaction
 - ▶ Their **purpose** - to recognize new and innovative ideas that transform health and underscore the leadership, ingenuity, and determination of nurses
 - ▶ **Measurable outcomes** – significant and sustained clinical, financial, community and policy impact
- They are now one of the 3 signature initiatives of the Academy

Let's create an ongoing campaign...



EdgeRunner initiative goals -

- ▶ Reduce inequities
- ▶ Improve health
- ▶ Enhance consumer satisfaction
- ▶ Showcase nursing's unique contributions
- ▶ Impact policy through replication and scalability

Some early nominees

- ▶ Tom Ahrens – computers in surgery waiting rooms to provide ed content
- ▶ Barbara Daly – nurse managed special care units
- ▶ Willa Doswell – urban girls' ministry for African American girls
- ▶ Eileen Sullivan-Marx – Living Independently for Elders (LIFE) Centers
- ▶ Meridean Maas/Janet Specht – Liberty Country Living, a nursing center for persons with dementia

Key components

- ▶ Clinical initiatives spearheaded by nurses
- ▶ Measurable outcomes - cost, quality, satisfaction
- ▶ Sustainable over time

What Edge Runners are *not*...

- ▶ Outstanding academic or curricular initiatives (e.g., QSEN)
- ▶ Spearheaded by non-nurses
- ▶ Focused on the individual nominator
- ▶ Achieving recognition (e.g., Georgetown University Hospital: Rebuilding a Nursing Division by Achieving ANCC Magnet Designation)

Edge Runners with Minnesota ties

- ▶ **Evercare Chandra Torgerson Family Leadership for Education, Culture and Health Access** Louise Kahn, MA, MSN, RN
- ▶ **Health InterConnexions** JoEllen Koerner, PhD, RN, FAAN. Marie Manthey, MNA, FRCN, FAAN, Connie Burgess, MS, RN
- ▶ **Minute Clinics** Donna Haugland, MSN, RN, CNP
- ▶ **Payne-Phalen Living at Home/Block Nurse Program** Barbara La Valleur

Edge Runner National Advisory Council

- ▶ **Donna Nickitas, PhD, RN, NEA-BC, CNE, FNAP, FAAN, Chair**
- ▶ **Lauran Hardin, MSN, CNL, FNAP, FAAN, Vice-Chair**
- ▶ **Angela Amar, PhD, RN, ANEF, FAAN, Board Liaison**
- ▶ 11 other members listed on the website

The purpose -

- Highlight the message that nurses (and nursing) have solutions to today's healthcare problems
- Showcase our real life Edge Runners and expand their ranks by identifying others to apply
- Enlist external partners to help deliver this important and timely message

(e.g., Donna Shalala, Ed Rendell, policy makers,
legislative staff, funders)



▶ Marla Jim, BSN, RN

▶ Becky Vonasek, BSN, RN

Getting started....

- ▶ Come up with an idea
- ▶ Gather a few colleagues to work with
- ▶ Define the program's purpose, outcomes, metrics
- ▶ Seek partners/collaborators
- ▶ Find a sponsor/mentor
- ▶ Read all that you can on-line, past publications

Sample questions in the application

- ▶ What is the major health care challenge and population being addressed?
- ▶ What is the structure of the model? The overarching goals?
- ▶ Please describe how your model differentiates from others seeking to achieve similar outcomes.
- ▶ Explain how your model has led to system-wide changes or new ways of doing work and delivering care resulting in clinical outcomes, financial outcomes, community outcomes.
- ▶ Succinctly describe how a nursing focus impacts or is critical to the model's success.

CVS “MinuteClinic” Success Story

Profile Element	Description	Response
Organization Demographics	a. Name of innovation/project b. Type of organization c. Number of physicians involved d. Number of patients involved e. Timeframe	a. Minute Clinic b. CVS Pharmacy is currently the largest pharmacy chain in the United States. As the retail pharmacy division of CVS Health, it ranks as the 7th largest U.S. corporation according to Fortune 500 in 2016. c. No doctors are employed but we have nurse practitioners. We have 2,700 providers in total. All of the providers work with collaborating physicians and treatment is reviewed by doctor. All of the roles in a normal practice are rolled up into one person at the MinuteClinic. We will be deploying skype for business (not quite telemedicine). d. On an annual basis, we have 5 -6 million patient visits; overall – 31 million visits to date. e. CVS Corporation become a standalone company in 1996. In 2006 the MinuteClinic became the first retail clinic to be accredited by The Joint Commission.
Description of Innovation	Short description of the project	The MinuteClinic has a patient-centric focus. It provides on-demand access to primary care at the convenience of patient at different times during the day. Its cost value proposition is that it's affordable care, fees are transparent, and it's less expensive than primary care with high deductibles. If the patient does not have a primary care physician, CVS does referrals. CVS does not have doctors as they decided to focus on what they can do and try not to get into what they cannot do. All complex issues are referred out. CVS has dozens of affiliations, including Cleveland clinic doctors. If you are a Cleveland clinic patient, CVS sends your information to Cleveland clinic – through Epic Care Everywhere which automatically connects with Epic anywhere with patient consent. They can send CCR's and faxes to all other primary care doctors that are not on the Epic Care network.

https://www.ehidc.org/sites/default/files/resources/files/ CVS%20Success%20Story_0.pdf

What are ***your*** thoughts about creating
EdgeRunners in Minnesota?



References:

- ▶ CVS Success Story (framework for proposal for CVS Minute Clinics) - https://www.ehfdc.org/sites/default/files/resources/files/CVS%20Success%20Story_0.pdf
- ▶ Disch J (2012). The nursing lens. *Nursing Outlook*, 60(4), 170-171.
- ▶ Disch J, & Kerfoot K (2012). Raise the voice. In H Feldman et al (eds), *Nursing leadership: A concise encyclopedia*. (2nd ed) New York: Springer Publishing, 321-322.
- ▶ Disch J, Keller M, & Weber E (2015). Applying a nursing lens to shape policy. In Patton, Zalon, & Ludwick (eds.) *Nurses making policy from bedside to boardroom*. Washington DC: American Nurses Association, 359-387.
- ▶ Martsolf GR, Gordon T, Warren May L, Mason D, Sullivan C, & Villarruel A (2016). Innovative nursing care models and culture of health: Early evidence. *Nursing Outlook*, 64(4), 367-376.
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- ▶ Sullivan-Marx E (2020). Risk and reward: The innovation behind the Academy's EdgeRunners. *Nursing Outlook*, 68(1), 3-4.