

# FUTURE OF NURSING™

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## Campaign for Action



AT THE CENTER TO CHAMPION NURSING IN AMERICA

**Progress on the Institute of Medicine Recommendations: Perspectives on the Evidence**  
Webinar on Nurses as Partners in Redesigning Health Care  
April 25, 2016

### **Introduction**

This 60-minute webinar focused on nursing leadership and featured nurse researchers, policy experts, and administrators. The goal was twofold:

- to share progress on reaching the recommendation that nurses be full partners in redesigning health care from the Institute of Medicine's (IOM) 2010 report *The Future of Nursing: Leading Change, Advancing Health*
- to discuss actions that can expand leadership opportunities for nurses

Dr. Olga Yakusheva, PhD, associate professor, School of Nursing, School of Public Health, Institute for Health Policy and Innovation, University of Michigan, opened by highlighting two action areas the IOM report identified: the need to better equip nurses with the leadership skills and knowledge, and the need to expand models of care that put nurses in leadership positions. Yakusheva shared evidence from two studies published since 2010 that show patient outcomes improve and costs are significantly reduced when nurses lead collaborative efforts.

Yakusheva then addressed progress made in nursing education to better prepare nurses for health care redesign. She showed that among the top 10 nursing schools in the United States, requirements for interprofessional clinical courses have increased almost 300 percent. Meanwhile, other schools have begun to offer interprofessional leadership and entrepreneurship courses or dual-degree programs that can provide the broader perspectives needed for nurse leaders to meet the challenges of redesigning health care.

Next, Yakusheva pointed to three emerging models of care that increase opportunities for nurses to take leadership roles. The Transitional Care Model, the Nurse-Family Partnership, and retail clinics are nurse-centered models of care that have, respectively, reduced readmissions by 25 percent, improved maternal and child outcomes for low-income families, and improved access to care and quality of care while reducing costs.

Yakusheva then turned to areas where more progress is needed to promote nurse leadership. While more nurses have been appointed to hospital boards and to high-level policy positions, more needs to be done. Only 5 percent of all hospital board members are nurses. She called for more emphasis on higher-level thinking and interprofessional collaboration in nursing education, and for system-level strategies that can help nurses overcome time and workload barriers that inhibit them from pursuing leadership positions. She also called for cultural change to increase the visibility of nurse leadership, urging nurses themselves to reach across disciplinary boundaries and to bring more non-nursing stakeholders into Action Coalitions.

Yakusheva concluded by appealing to health organizations to promote nurse involvement in the design of both care and payment systems and by highlighting the need for more data on nurse leadership.

The response portion of the webinar included comments from a hospital executive, a policy leader, and an expert researcher. Diana J. Mason, PhD, RN, FAAN, co-director, Center for Health, Media & Policy at Hunter College, City University of New York, moderated.

For a review of the webinar slides, see the PowerPoint deck below; click twice to open the slide show.

Below the slide deck are the responses to the presentation.

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Progress on the Institute of Medicine  
Recommendations: Perspectives on the  
Evidence

*Nurses as Partners in  
Redesigning Health Care*

#### **Responses moderated by Diana J. Mason**

Mason pointed out that the models of care cited by Yakusheva are all nurse-designed Edge Runner models recognized by the American Academy of Nursing for having good clinical and financial outcomes. A list of Edge Runner models can be found at <http://www.aannet.org/edgerunners>.

*Mason asked Sue Fitzsimons, PhD, RN, CENP, senior vice president, patient services and chief nursing officer, Yale-New Haven Hospital, for her response.*

**Sue Fitzsimons** described the efforts at Yale-New Haven Hospital to embrace the leadership recommendations of the IOM report. The hospital's nursing strategic plan led the hospital to introduce new leadership training activities, among them a leadership challenge, simulation case studies, and use of a smartphone app. More than 200 staff members are now included in the hospital's shared governance structure and have received basic leadership training. New

Haven has also recruited mentors from the school of management at nearby Yale University to provide guidance on such things as how to use power and influence.

Fitzsimons also described a pilot program implemented with the Yale schools of nursing and medicine to provide interprofessional learning experiences for nurses and other health professionals. Nurses at Yale-New Haven Hospital have also taken the lead in developing patient-centered models of care. The hospital has hired seven clinical nurse leaders who have co-lead these initiatives with physician partners.

Fitzsimons concluded by noting the exciting group of new graduates from second degree programs who are coming into the hospital with increased levels of maturity and more developed leadership skills.

*Mason introduced Peter Buerhaus, professor of nursing and director of the Center for Interdisciplinary Health Workforce Studies, College of Nursing, Montana State University, and asked for his input.*

**Peter Buerhaus**, PhD, RN, FAAN, agreed strongly with the assertion that nurses should be full partners in redesigning health care in the United States while also acknowledging that the idea might be new in some groups. He cited a survey he conducted that showed 83 percent of nurse practitioners were in a collaborative relationship with a physician. The nurse practitioner respondents felt they were well qualified to lead primary care practices. Not all the physicians surveyed agreed.

Buerhaus continued that nurses should be included in health care redesign because nurses instinctively know when to step up and lead and when to step back and support the person who might be more qualified in a given situation. He also cited a national analysis of Medicare data published in the *Health Services Research* showing that even when controlling for lower payment, nurse practitioners in both outpatient and inpatient settings reduce the cost of care by 10 to 30 percent when compared with the cost of physician-delivered care. He said nurse practitioners use fewer resources to provide care and achieve the same outcomes, a fact that has policy implications.

Buerhaus concluded by calling for a change of mindset in nursing education, asking educators to think about preparing students to be leaders as well as nurses.

*Mason turned to the final respondent, Zach Griffin, MBA, MHA, general manager, The Governance Institute, for his thoughts.*

**Zach Griffin** explained that The Governance Institute works with hospital and health system boards and executives in a network of approximately 1,200 hospitals to assist boards as they work to improve health care. He confirmed Yakusheva's assertion that there are not enough nurses on hospital boards, adding that most board members are "lay" members who lack clinical knowledge or experience and who—with the increasing sophistication and rate of change in health care—have a difficult time keeping up, making it critical to have clinicians on boards. Griffin encouraged nurses to consider serving on boards to ensure a diversity of voices. He said nurses can add perspective in many areas, including workforce strategy, engagement, team-based workflow, and patient-centered care.

*Mason asked Griffin to comment on the challenge of readying boards to welcome nurses.*

**Griffin** said that where boards once recruited known members of the community for board service, they now seek individuals with competencies in health care who can keep up with a rapidly changing environment. This has opened the door for nurses. Griffin added that long work hours leave nurses with limited time for board service, but this barrier can be overcome by recruiting retired nurses or nurses in academic as well as clinical positions.

*Mason asked Adriana Perez, PhD, ANP, assistant professor and Southwest Borderlands Scholar at the Arizona State University College of Nursing and Health Innovation, to comment on diversity in nurse leadership.*

**Adriana Perez** recommended that, as a starting place, state Action Coalitions look at their internal boards to ensure they reflect the diversity of thought and ethnicity in their communities. To promote diversity in nurse leadership, Perez reiterated points made earlier regarding use of mentorship and board readiness training to address issues of underrepresentation on community and federal boards.

*Mason introduced Laurie Benson, the executive director of the Nurses on Boards Coalition, and asked if she could comment on how many nurses serve on boards and how people can support the coalition.*

**Laurie Benson** stated the mission of the Nurses on Board Coalition (NOBC): to improve health in communities across our nation by advancing at least 10,000 nurses to the board room by 2020. Benson invited participants to visit the NOBC website at [www.nursesonboardscoalition.org](http://www.nursesonboardscoalition.org). She explained that the coalition has put together resources to help prepare nurses for board positions, adding there are 1,900 nurse board members registered with the coalition. She encouraged others to register if they serve on a board or have an interest in doing so.

*Mason next took a question from Linda Aiken, PhD, FAAN, FRCN, RN, at the University of Pennsylvania School of Nursing: Do nurses need to place greater priority on gaining full scope of practice for nurse practitioners and full reimbursement from Medicare and Medicaid to be able to rise to leadership challenges over time? Mason asked Yakusheva to respond.*

**Yakusheva** pointed to the previous *Campaign for Action* webinar on scope of practice, [The Evidence Shows Better Laws Mean Better, More Accessible Care](#), which reviewed the recent evidence on scope of practice laws and what can be done to advance them.

*Mason asked Buerhaus if he could comment on scope of practice as well.*

**Buerhaus** expressed his frustration that we continue to have this conversation when the evidence is clear that nurse practitioners improve access to care, quality of care, and cost of care. He added that limited scope of practice runs counter to the goal of increasing access to care through insurance expansion. Buerhaus remarked that in addition to this strong evidence, nurses need the right leadership in policy and politics to create talking points and deliver them at the right moments.

**Winifred Quinn**, PhD, director, advocacy and consumer affairs at the Center to Champion Nursing in America, pointed to the work the *Campaign for Action* has undertaken in the areas Buerhaus mentioned. She explained that the *Campaign* has been working with Action Coalitions to broaden the range of stakeholders invested in nursing by engaging AARP state offices, insurers, and large employers. Quinn invited participants not engaged with their Action Coalition

to contact her or Andrea Brassard, PhD, FNP-BC, FAANP, senior strategic policy adviser at the Center to Champion Nursing in America, for information about how to get involved.

**Fitzsimons** noted that the Action Coalition in Connecticut collaborated with other nursing organizations, the department of public health, and the workforce planning board to expand scope of practice in the state. She said, it was a coup when the governor signed the expansion into law in May 2014.

**Mason** underscored the importance of full scope of practice and the need for nurses to participate as equal partners in the redesign of health care by pointing to Edge Runner programs that have not been able to grow or sustain their models because of difficulty with third-party reimbursement.