

AACN-Manatt Study on Nursing in Academic Health Centers Report October 2015

This report addresses the progress of the AACN-Manatt Study from April–October 2015. The AACN-Manatt study encompasses: 1) leadership interviews; 2) a one-day summit with key stakeholders; and 3) an alignment survey, which will help AACN identify best practices and successful models for fully integrating nursing schools into the governance and operation of Academic Health Centers. The final report will be completed by November 2015, and key findings will be presented at AACN’s Fall Semiannual Meeting.

Leadership Interviews:

Manatt identified a core list of AHCs and non-AHC institutions to interview as a part of the *Elevating the Role of Academic Nursing in AHCs study*. These institutions were identified through several mechanisms including discussions with the AACN Oversight Committee and staff, and Manatt-led research on current institutional governance, management, and operations.

The goal is to gain an institutional perspective on the core issues, and where possible, speak to leaders across different organizational entities including:

- School of Nursing Deans
- Chief Nursing Officers (or related senior nursing executives)
- School of Medicine Deans
- Health System CEOs
- University Chancellors/Vice Chancellors (where appropriate)

To date, 46 interviews have been conducted with Deans of Nursing, Deans of Medicine, and health system leadership.

One-Day Summit:

AACN hosted the Elevating the Role of Nursing in Academic Health Centers Leadership Summit on August 25, 2015 in Washington, DC. . In addition to several AACN Board members, 29 individuals attended the summit, including Deans of Schools of Nursing, Deans of Schools of Medicine, CEOs and Presidents of Health Systems, CNOs, and Senior Vice Presidents of Health Systems. Colleagues from the AAMC also were in attendance. Pre-summit work included a comprehensive review of the literature, over 45 organizational interviews, four oversight committee work sessions, and the development of a framework for the recommendations.

The Summit objectives were to:

- Fully define the core problem statement with respect to aligning and integrating academic nursing in academic health centers
- Develop an aspirational future vision statement for academic nursing

- Review and critique an emerging organizational framework for change
- Articulate the rationale and benefits from putting the framework into action
- Discuss major organizational barriers and strategies to overcome and implement the framework in our institutions

The participants were very engaged, and during robust discussions, feedback was offered on the problem statement, the vision, and the proposed framework for aligning academic nursing. During the summit, three exemplars from the University of Rochester, the University of Pennsylvania, and Rush University presented on the opportunities and challenges related to an integrated health system. Based on all of the feedback and discussion, the problem statement, vision, and framework were revised:

Core Problem Statement

Academic Health Centers are in the midst of significant transformation in clinical care delivery and in the evolution and integration of research and education programs. Schools of Nursing have opportunities to develop as full partners in this transformation. Opportunities may include addressing the following challenges:

- Limited clinical practice by academic nursing faculty and opportunities for academic nursing leadership to engage in clinical innovation required by evolving academic health systems.
- Need for integrated research programs in SONs and the clinical practice of the health system, as well as limited multi-disciplinary research programs of excellence built around critical health system care delivery issues.
- Need for a business case for greater leadership in the broader AHC that articulates a role for academic nursing in the transformation of academic health centers and the benefits to be realized.

Overcoming these challenges will require a paradigm shift in how academic and clinical programs across health science schools and the clinical enterprise organize and align themselves, including within Schools of Nursing.

Vision Statement

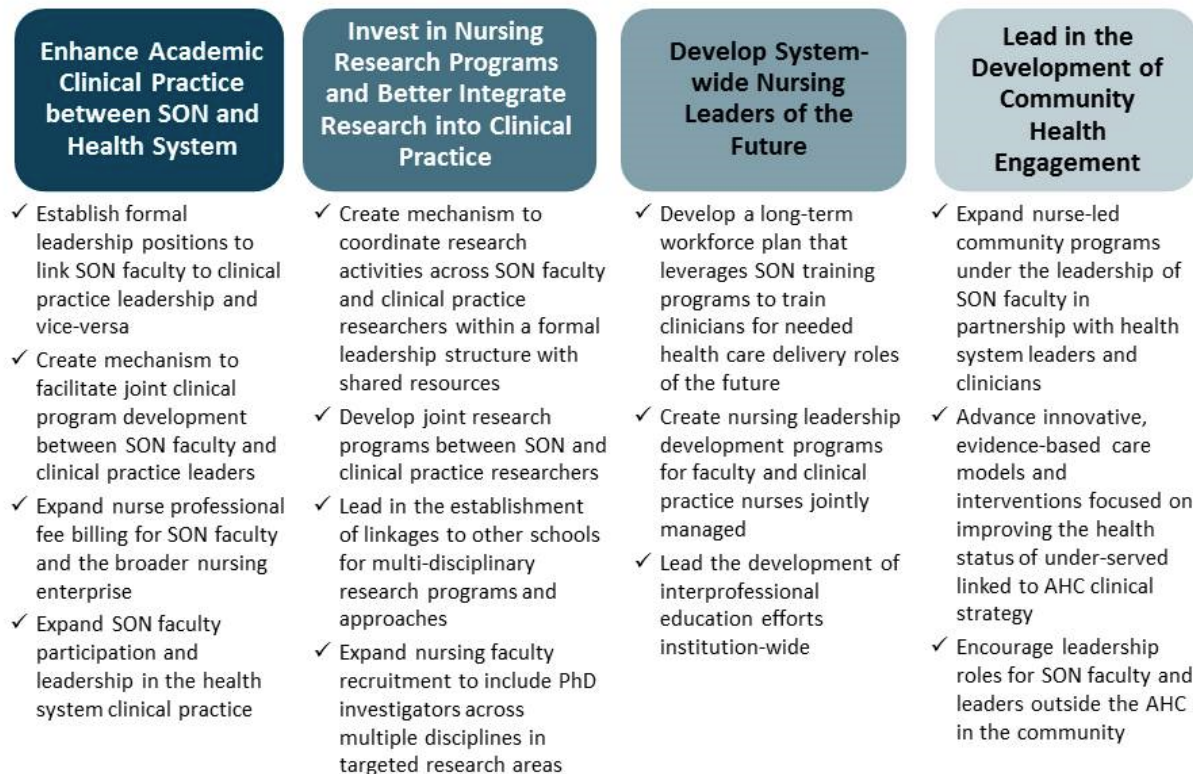
Vision: An interprofessional and equitable approach to healthcare delivery and education that is integrated and resourced across disciplines and across missions in the AHC, with academic nursing providing leadership in the development and implementation of innovative, evidence-based approaches to care delivery that link to the imperatives of the clinical enterprise. This vision will be characterized by:

- Expansion of academic nursing leadership and clinical practice within the health system to link faculty to care delivery, student teaching, and research development and implementation.
- Growth and evolution of research programs within Schools of Nursing and in partnership with the health system and all health science schools, particularly in the areas of patient safety and quality, population health, informatics, fiscal models and impacts, and health services research.
- Collaboratively developed workforce plans and training programs designed to train the next generation academic nursing workforce, with an emphasis on nurses prepared at all

levels to meet newly emerging clinical roles that achieve placement within the health system.

- System-wide commitment to nursing leadership development to identify, train, and support the next generation of academic and clinical nursing leaders as well as academic health system leaders.

Framework for Aligning Academic Nursing



In addition, as a result of the robust discussions at the Summit, Ten Summit Themes and Takeaways were developed (See Attachment 1).

Alignment Survey

An alignment survey is currently being developed. The interview process and the Summit have helped to inform the development of the survey. It will be important to survey health system leaders in order to gain a broader perspective. The survey will be sent to members of the Council of Teaching Hospitals.

The survey focus is to benchmark the extent to which institutions have developed “an interprofessional and equitable approach to health care delivery and education” within their institution across a number of major dimensions of alignment: Governance, Management, Economic, Strategic, and Research.

Next Steps:

- Dissemination of alignment survey; deadline for survey is early November
- Manatt will present the key findings of the study at AACN's Fall Semiannual Meeting on October 25, at 9:00 am
- Manatt will share the final report of the study by late November 2015
- AACN will disseminate the final report and develop action plans as needed

Attachment I

Ten Summit Themes and Takeaways

1. New organizational structures will be important to consider to facilitate the kind of successful integration we seek that will add value both to academic nursing and to the broader evolving academic health system. No one structure will work for all, however our work should define principles by which AHC leaders can design new models and approaches.
2. The traditional ways of doing business within academic medicine – including nursing—must change, which will necessitate significant culture change across all three missions. This change will be difficult, particularly for nursing given the siloed development of Schools of Nursing and the clinical enterprise over time.
3. Particular cultural barriers between physicians and nurses are still pervasive and can inhibit the kind of integration and transformation that we seek and that are critical for the success of academic health centers. A key challenge for our work is how to position our recommendations in a way that seeks to achieve a new shared mental model of how the participants in the AHC – academic and clinical – will practice together to achieve the visions set forth by our institutions.
4. Academic and clinical practice integration is an imperative for the future within the nursing enterprise, however models for achieving this integration will likely vary in structure and intensity:
 - a. In many institutions and for a significant number of nursing faculty, it seems to be hardwired for faculty to not seek out or see benefit from maintaining a robust clinical practice – in a leadership role or otherwise - and it is a limiting factor to integration.
 - b. Necessity of integration of roles for academic and clinical leadership is uncertain. Having a joint CNO-Dean may not be the most appropriate model. Even within Medicine, new roles are being developed whereby clinical services are overseen separate from academic services; however still within an academic structure under the Dean. However, creating jointly appointed positions where faculty practice in dedicated clinical units and in some cases lead program development should be seriously considered.
5. Leadership development is an absolutely essential ingredient for the success of our work – and for the long-term success of AHCs given trends in interprofessional, team based clinical care and in multi-professional research programs that seek to translate discovery and innovation into practice.
 - a. We need to develop approaches to identify and foster the development of future leaders – both through informal mentorship and formal programs to equip future leaders with skills needed for leadership – in the clinical, research, and administrative realms.

- b. When thinking about enhancing the role of academic nursing in governance and management in the health system, our focus should be “How can academic nursing contribute to a solution to a problem facing the AHC?” Rather than, “What might elevating academic nursing take away from our current structure?”
6. Workforce planning efforts within AHCs through partnerships with the health system and its schools represent a major opportunity for collaboration:
 - a. Significant opportunity exists within AHCs to link clinical enterprise workforce needs and planning to the various academic programs to create a robust pipeline of clinicians prepared for the future of care delivery. Most institutions have failed to realize the power of a true partnership around training and workforce development.
 - b. Particular shortage of clinicians to support clinical trials and data integrity/analytics roles in AHCs, as well as shortages of researchers in data science and implementation science. Solutions will require all the disciplines and the health system working together.
7. Research program evolution within Schools of Nursing is a key ingredient:
 - a. Schools of Nursing should think about building out a bench of investigators that may be non-clinical, PhD investigators in emerging areas including informatics, implementation science, health services research, and patient safety/quality that can increase the number of grant dollars that flow through Schools of Nursing.
 - b. We should consider a broader trend within academic institutions with respect to research organization that seeks to move away from strict department/school based research programs to programs that link multiple disciplines together to tie basic discovery to implementation around key clinical care imperatives. What would nursing’s role look like in this model?
8. Consideration should be paid to the current state of the various “inputs” into the various strategies and models we may ultimately adopt. Are Schools of Nursing prepared to take on the kind of leadership we seek? If not, we must articulate the implications for Schools of Nursing in adopting the kinds of transformational change we will recommend.
9. The recommendations we are seeking to set forth are not without risks to Schools of Nursing that have traditionally been quite siloed – strategically, programmatically, and financially. With integration, shared leadership and shared governance comes shared accountability for success and failure.
10. Policy issues at the federal and state level, and possibly within professional societies that oversee the various stakeholder groups are limiting. Specifically we need to consider:
 - a. Scope of practice
 - b. Reimbursement for APRN professional services
 - c. NIH and other public programs to support nursing-focused and multi-professional research