Collaboration: The key to healthcare transformation

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Bridging the gap between academic nursing and practice

TRANSFORMING HEALTH CARE is a complex challenge that can best be met through a coordinated response from academia and clinical practice. Working together, chief nursing officers (CNOs) and academic leaders ensure that clinicians are prepared to provide high-quality patient care and influence the systems where they practice.

To better understand how academic nursing can drive change, the American Association of Colleges of Nursing (AACN) commissioned a study on how to maximize nursing’s role as a catalyst for transforming health care and improving health. The genesis of this report, released in March, came from nursing school deans whose programs are located in academic health centers (AHCs)—large teaching institutions that comprise a nursing school, a medical school, another health profession school, and an affiliated health system. These nurse leaders began a robust dialogue on how to optimize nursing’s contribution to improving patient care while positioning nursing schools to thrive and achieve long-term sustainability.

The resulting report, Advancing Healthcare Transformation: A New Era for Academic Nursing, identifies best practices and effective models for fully integrating nursing schools into the operation of AHCs and other collaborating health systems. Prepared in collaboration with Manatt Health, the report provides recommendations to key decision makers and guidance to schools on how to fully realize their missions. Although AHCs were the initial focus of this work, lessons learned from this study can be applied to all nursing schools with baccalaureate and higher-degree nursing programs seeking to maximize their contribution to serving the public good.

Recommendations for CNOs

Threaded throughout the report is the theme that durable change can’t occur without buy-in from all stakeholders connected to AHCs, including top university officials, nursing and medical school deans, and practice leaders. The authors recognize the critical role that CNOs and health-system chief executive officers (CEOs) must play in reorganizing the health enterprise to better leverage the contribution of academic nursing. CEOs and CNOs are responsible for all clinical nursing services and the broader AHC operation, and health systems have needs and challenges that nursing may help meet and solve. Health-system leaders can promote development of the right organizational mechanisms to link academic nursing faculty and leaders into the operations of the health system in a way that allows them to contribute to innovative solutions. Also, academic leaders can promote the participation of CNOs and practice representatives into the nursing school’s structure and governance. Thus, academia informs practice, and practice informs academia.

Advancing Healthcare Transformation makes five specific recommendations for top health-system executives, highlighting academic nursing’s involvement in governance, clinical decision making, workforce development, team research, and revenue sharing. The specific recommendations below can help CNOs and other executives forge a new partnership model with academic nursing, with examples of how this new level of collaboration can be operationalized.

1. Establish participation for academic nursing on governing bodies and within health-system leadership by appointing nursing school leaders to key governing boards and committees.

According to a Manatt Health survey, only 29% of nursing school deans and 10% of associate deans serve on the governing body of a collaborating health system. Health-system executives acknowledge that nursing deans and faculty are underrepresented in major leader-
ship roles and sometimes aren’t involved in health-system strategic initiatives. Clearly, nursing needs a seat at the table to enhance its role in driving change. Systems that do engage academic nursing leaders at the highest levels find this integration enhances AHC operation.

2. **Integrate the nursing school into applied programs for clinical innovation where possible, with appropriate financial support to sponsor services provided by nursing faculty and leaders.**

Too often, nursing schools aren’t fully integrated into the clinical and research operations of affiliated health systems. When nursing schools work independently, the contributions they can make to the larger healthcare enterprise are minimized, resources are exhausted, and opportunities can be missed. In contrast, when nursing schools are more fully integrated into the AHC, an environment of enhanced collaboration and shared innovation often results.

**Example:** At the University of Rochester (Rochester, New York), the nursing school dean serves as vice president of the medical center, sitting at the senior leadership table with the hospital CEO, chief operating officer, and chief medical officer for faculty practice. The dean also sits on the medical center executive team and the nursing practice executive council. This structure allows the collaborative thinking, planning, development, and evaluation of initiatives that support and enhance the functioning of the larger healthcare system.

3. **Enhance academic nursing’s role in primary care and community clinic network development and workforce preparation.**

Nurse-managed clinics are flourishing nationwide in response to the growing demand for primary care services. These settings are important for preparing future nurses, as they give students opportunities to dispense an array of community-based outpatient services. Although a Manatt Health survey found that 51% of nursing schools within AHCs run nurse-managed clinics, many of these clinics were small in scale and, in some cases, were limited to narrow populations, such as employees and students. To fully address community needs and maximize academic nursing’s mission related to workforce development, leaders from education and practice need to partner to promote more widespread adoption of nurse-managed clinics.

**Example:** At Rush University Medical Center (Chicago, Illinois), faculty from the college of nursing operate within a teacher-practitioner model and are responsible for leading multiple aspects of both the college’s and the medical center’s missions. The unit-based teacher-practitioner typically is a jointly funded role that oversees clinical experiences for nursing students while filling a significant service-based role in the medical center, which includes providing consultation, patient care, and quality improvement.

**Example:** In terms of research coordination, Penn Medicine at the University of Pennsylvania (Philadelphia) funds a director of nursing research and science position tasked with leading nursing research activities within the Hospital of the University of Pennsylvania. This position reports directly to the CNO and chairs a shared governance research core, which is charged with advancing a culture of scholarship and inquiry as well as developing strategies to integrate with the nursing school.

4. **Advance programs for enhancing nursing professional billing within developing practice models that combine academic- and community-based clinicians in a growing, distributed network model.**

For organizations where the health system and nursing school are willing to collaborate in providing community-based services, the AACN-Manatt report exploring shared efforts to achieve desired clinical and financial results. These efforts may include:

- health system contracting with the school to provide care-coordination services
- nursing faculty participating as clinical leaders in accountable care organization (ACO) efforts
- participating in shared savings efforts
- collaborating on staffing the ACO’s primary care clinics with advanced practice registered nurses (APRNs)
- contracting directly with nursing faculty for service provision.

**Example:** The nursing school at the University of Texas Health Science Center at San Antonio has developed a faculty practice plan that leverages the strong relationships formed with the school’s affiliated health system. The plan focuses on providing care for the underserved and runs several clinics in partnership with community agencies. In
addition to collaborating with the medical school for billing support for services, the plan has secured funding from other sources, such as foundations and community-based projects focused on Medicaid beneficiaries.

5. Promote efforts of academic nursing faculty to meet certification requirements for clinical practice through the health system by way of providing expanded positions for clinical faculty.

Because clinical nursing faculty must maintain their certifications, health systems seeking greater integration with academic nursing can provide clinical settings and compensation models that allow faculty to meet this need. Currently, only about one-third of faculty maintain clinical certifications via practice within an affiliated health system. CNOs seeking to promote this link can pursue joint faculty appointments and integration of nursing faculty into established practices (such as internal medicine, family medicine, and pediatrics) to expand capacity and create new opportunities for team-based practice and research.

Example: Academic and practice leaders at the University of Virginia (Charlottesville) have developed a joint appointment model to support collaboration and integration between the full-time faculty of the nursing school and the health system. One faculty member serves as associate dean for strategic partnership and innovation and holds a joint appointment, which is supported 20% financially by the health system. In that capacity, the associate dean works with the palliative care service and assists clinicians and students to foster quality patient care, education, and research. Many of these joint appointments have been a critical element of the university’s collaborative model, which provides an avenue for faculty to maintain strong clinical skills while meeting certification requirements.

Embracing the blueprint
Academic nursing leaders have embraced the Advancing Healthcare Transformation report as a blueprint for strategic action. To download the full report, visit aacn.nche.edu/aacn-manatt-report.pdf.

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