APRN Transformational Leadership: Implementation of Advanced Practice Leadership Structure within an Academic Medical Center

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Learning Objectives

• Discuss strategies associated with transformation of skilled APRNs into leadership roles.

• Describe circumstances supporting APRNs in leadership roles.
Vanderbilt University School of Nursing
THE HISTORY OF ADVANCED PRACTICE AT VUMC
With a national imperative for cost effective, quality healthcare, APRNs and PAs are considered providers of choice.

As billing providers, APRNs and PAs generate revenue; however, far greater value is gleaned through clinical coverage and quality outcomes.
Healthcare Challenges:
Opportunities for Advanced Practice

- To Err is Human: Building a Safer Health System
- Crossing the Quality Chasm
- Health Profession Education: A Bridge to Quality
- The Future of Nursing: Leading Change, Advancing Health
Advanced Practice Providers

• Advanced Practice Registered Nursing
  ▪ Certified Nurse Midwives
  ▪ Certified Registered Nurse Anesthetists
  ▪ Certified Nurse Practitioners
  ▪ Clinical Nurse Specialists

• 267,000 APRNs across the United States (NCSBN, 2014)
  • 190,000 Nurse Practitioners (AANP, 2014)

• 90,000 Certified Physician Assistants (AAPA, 2013)

• 830+ APRNs and PAs within VUMC system
Office of Advanced Practice
Vanderbilt University Medical Center
www.VanderbiltOAP.com
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1955</td>
<td>American College of Nurse Midwives established</td>
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<tr>
<td>1956</td>
<td>CRNA credential officially recognized</td>
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<tr>
<td>1958</td>
<td>First VUSN MSN degree awarded</td>
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<tr>
<td>1964</td>
<td>First CRNA hired</td>
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<tr>
<td>1965</td>
<td>Loretta Ford develops first NP program, University of Colorado</td>
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<tr>
<td>1967</td>
<td>Rapid increase in CNS programs &amp; jobs</td>
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<tr>
<td>1971</td>
<td>One of first FNP programs, Primes begins at University of Washington</td>
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<tr>
<td>1973</td>
<td>65 NP Programs in US; NAPNAP established</td>
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<tr>
<td>1979</td>
<td>15,000 US NP</td>
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<tr>
<td>1983</td>
<td>22,000 - 24,000 NPs; AANP established</td>
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<tr>
<td>1985</td>
<td>68,300 US NPs</td>
</tr>
<tr>
<td>1993</td>
<td>AANP creates Certification program</td>
</tr>
<tr>
<td>1994</td>
<td>NEJM article “Advance Practice Nursing—Good Medicine for Physicians”</td>
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<tr>
<td>1995</td>
<td>National Association of CNS founded</td>
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<tr>
<td>1999</td>
<td>82,000 NPs; National NP Week Recognized</td>
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<tr>
<td>2000</td>
<td>106,000 NPs; National NP Week Recognized</td>
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<tr>
<td>2004</td>
<td>97,000 NPs</td>
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<tr>
<td>2007</td>
<td>120,000 NPs</td>
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<tr>
<td>2009</td>
<td>130,000 NPs</td>
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<tr>
<td>2010</td>
<td>140,000 NPs</td>
</tr>
<tr>
<td>2011</td>
<td>148,000 NPs</td>
</tr>
<tr>
<td>2012</td>
<td>157,000 NPs</td>
</tr>
<tr>
<td>2013</td>
<td>171,000 NPs; 90,000 US PAs</td>
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<tr>
<td>2014</td>
<td>192,000 NPs; 70,000 CNSs</td>
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<tr>
<td>2015</td>
<td>53,000 CRNAs; 11,000 CNMs</td>
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<td>2025</td>
<td>Anticipate 244,400 NPs in US</td>
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VUMC Advanced Practice (early 2000)

- Rapid growth across system
  - Access
  - Volume
  - Quality
  - Continuity
- Center for Advanced Practice (2005)
- Extension of AP Leadership (2010)
- Organizational Changes (2014)
TRANSFORMATIONAL LEADERSHIP AND STRUCTURAL EMPOWERMENT
Transformational Leadership

• Initially described by Burns (1978)
• Has become a well accepted leadership theory for nursing
• Essentially differentiates leadership behaviors that are transformational in nature versus transactional
The transformational leader engages in....

- leadership that develops followers through creating a vision that provides meaning and motivation (Bass, 1999),

- and behaviors that challenge the process, inspire a shared vision, enable others to act, model the way and encourage the heart (Kouzes & Posner, 1987),

The relationships that exemplary leaders build with followers are said to be focused upon transforming individuals within the organization into leaders (Jackson & Parry, 2011).

(Hutchinson & Jackson, 2013, p. 12)
Transformational leadership has been the theory behind the development of the APRN leadership structure at VUMC ...

As a fundamental platform that informs both the behaviors of Senior Nursing Leaders and the development and mentoring of emerging APRN leaders.
Another Fundamental Concept – Structural Empowerment

• Structural empowerment is defined as those environmental and situational characteristics that promote empowerment (Manojlovich, 2007).

• Empowerment can be defined as enabling someone to act (Chandler, 1992, p.65).

• Laschinger (1996) states that employees must have “access to resources, information, support, and opportunity” (p. 26) to be empowered.
APRN Interviews

• Interviews of 10 current Acute Care APRN within VUH
• Convenience sample based on schedule availability
• Components of interviews
  – Provided with definition of structural empowerment
  – Structured series of questions
  – Given concept map and asked to mark each element as Important (I), Somewhat Important (SI) or Not Important (NI)
  – Recorded, transcribed and sorted for themes

(Jones, 2013)
Interview Questions

• Given your experiences as an APRN, please describe what makes you feel empowered?
• Are there specific processes, structures or relationships that increase your feelings of empowerment?
• Please describe what decreases your feelings of empowerment.
• Can you provide suggestions for strategies to mitigate these barriers?
• Anything else you would like to add?

(Jones, 2013)
### Leadership

#### Leadership Characteristics

<table>
<thead>
<tr>
<th>Themes</th>
<th>Participant Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall leadership support</td>
<td>E E E E E E E E E E</td>
<td>50%</td>
</tr>
<tr>
<td>Medical director support</td>
<td>E E E E E E E E E E</td>
<td>20%</td>
</tr>
<tr>
<td>Specific leader for APRNs</td>
<td>E E E E E E E E E E</td>
<td>80%</td>
</tr>
<tr>
<td>Importance of leader being an APRN</td>
<td>E E E E E E E E E E</td>
<td>70%</td>
</tr>
<tr>
<td>Organized internal APRN network (CAPNAH)</td>
<td>E E E E E E E E E E</td>
<td>20%</td>
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(Jones, 2013)
Inpatient Advanced Practice Registered Nurse (APRN) Structural Empowerment

- Medical Staff Engagement
  - Leadership Engagement
    - Role Delineation
      - Collaborates on Medical Director Collaboration/Support
        - Jointly Determined Formal Appointment
          - To determine
            - Aligned Financial Incentives
  - Financial Sustainability
    - Financial Value Creation
      - Includes
        - To determine
          - Aligned Financial Incentives
  - Physician Attitudes and Behaviors
    - Trust in APRN Competency
      - Includes
        - Physician Understanding/Comfort with APRN Role
  - Organizational Structure
    - APRN Leader
      - Key Characteristic
        - Aligned with Nursing and Medical Staff
  - Support and Career Development Opportunities
    - Peer Support
      - Professional Involvement
        - Continuing Education
          - Peer Review
            - EBP and Dissemination

Contributes to

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APRN Leadership using transformational leadership and structural empowerment!
APRN/PA WORKFLOW ANALYSIS
APRN/PA Workflow Analysis (2014)

Initiative focused on identifying opportunities to optimize professional work at top of license, create capacity and support revenue growth

• To identify best practices within our organization and leverage that knowledge to support our APRNs, PAs and their teams in maximizing time spent working at the top of their license.
• To focus on optimization of quality and value creation for patients and professionals.
Perspective 1: Mission Alignment

- All APRN/PAs contributed to the development of key missions, activities and products or services associated with each activity
- Each group mapped their work to mission related activities
- APRN/PA feedback indicated the need to define “other” activities, non-mission related or non-value added work added to activities
Perspective 1: APRN/PA Mission Alignment

- **Mission 1**: To function as a provider to provide evidence based care
- **Mission 2**: To document encounter of care
- **Mission 3**: To coordinate multidisciplinary patient care across continuum
- **Mission 4**: To continuously improve quality and safety processes
- **Mission 5**: To provide education and training based on evidence
- **Mission 6**: To administratively support nurse practitioners
Methodology

- Multispecialty, interdisciplinary teams, including physician and nursing leaders
- APRN/PA focus groups
  - Discussion and categorization of mission focused work activities
- Survey to identify barriers to optimal mission achievement
- APRN/PA and practice financial models and productivity
- APRN/PA associated outcomes
Sample Outpatient APRN/PA Service Results

Missions

Mission 1: To function as a provider to provide evidence based care

Mission 2: To document encounter of care

Mission 3: To coordinate multidisciplinary patient care across continuum

Mission 4: To continuously improve quality and safety processes

Mission 5: To provide education and training based on evidence

Mission 6: To administratively support nurse practitioners and physician assistants

FTE Distribution by Mission

- Mission 1: 22.13 FTE (73.8%)
- Mission 2: 2.01 FTE
- Mission 3: 2.06 FTE
- Mission 4: 1.08 FTE
- Mission 5: 1.08 FTE
- Mission 6: 1.64 FTE

Total 12.6%
APRN LEADERSHIP MODEL
The Advanced Practice Leader is an integral part of the VUMC Advanced Practice team, supported through the Office of Advanced Practice and the area specific operational and clinical leadership team.

Key responsibilities:

- Collaborate in the development and execution of key advanced practice initiatives.
- Collaborate with entity and/or PCC leadership and participate in area specific initiatives.
- Develop and support APRN leaders and APRN practice in respective area and throughout the enterprise, in alignment with the enterprise vision and strategic plan.
VUMC Office of Advanced Practice

- Executive Chief Nursing Officer (ECNO), VUMC Nursing
- Associate Nursing Officer (ANO), Advanced Practice, Director, Office of Advanced Practice
- Director of Professional Development, Office of Advanced Practice
- Associate Director, Administration and Finance, Office of Advanced Practice
- Administrative Officer, Office of Advanced Practice
- Program Coordinator, Office of Advanced Practice
VUMC Office of Advanced Practice – Partnership with VUSN

• Senior Associate Dean for Community and Clinical Partnerships
  – Program Manager
Office of Advanced Practice

System-Wide Professional Practice Support

• Advanced Practice Leadership Structure
• Professional Practice Evaluation and Advancement
• Continuing Education and Professional Development Support
• Structured Resources for Staffing Models and Business Case Development
• Strategic Partnership for Recruitment, Compensation and Benefits
• Licensure, Certification and Regulatory Guidance
• Support and Development of Quality Metrics for APRN/PA Practice
• Shared Governance Model for APRN/PA Decision Making
• Networking Opportunities through APRN/PA Councils and Committees
• Support for Interprofessional Initiatives
Advanced Practice Leaders

The Advanced Practice Leader is an integral part of the VUMC Advanced Practice team, supported through the Office of Advanced Practice. Key responsibilities:

• Collaborate in the development and execution of key advanced practice initiatives.
• Collaborate with area and/or PCC leadership and participate in area specific initiatives.
• Develop and support APRN leaders and APRN practice in respective area and throughout the enterprise, in alignment with the enterprise vision and strategic plan.

Goal – To have every APRN supported by an APRN leader...
APRN/PA Leadership Levels

- **Team Lead**
  - <20 APRNs/PAs
  - 10-20% Administrative effort
  - 80-90% Clinical effort
  - Schedule, orientation, protocols, team initiatives

- **Manager**
  - <50 APRNs/PAs
  - 75% Administrative effort
  - 25% Clinical effort
  - Team Leads
  - OPPE/FPPE, Schedule, orientation, protocols, team initiatives

- **Assistant Director**
  - 50-150 APRNs/PAs
  - 70-90% Administrative effort
  - 10-30% Clinical effort
  - Managers and Team leads
  - OPPE/FPPE, Schedule, orientation, protocols, team initiatives, operational and financial oversight

- **Associate Director**
  - 150+ APRNs/PAs
  - 90% Administrative effort
  - 10% Clinical effort
  - Managers, Team leads
  - OPPE/FPPE, Schedule, orientation, protocols, team initiatives, operational and financial oversight
  - Internal and external expert in advanced practice leadership
TOTAL OF 12 APRN/PA LEADERS AT THE ASSOCIATE/ASSISTANT DIRECTOR OR MANAGER LEVEL
Selection

- Formal and informal succession planning process to identify emerging leaders.
- Strong clinical skills, emotional intelligence, demonstration of potential for transformational leadership competencies
- LEAP! Mentoring Program (started 2014)
- Formal interviewing process including physician leaders
On-boarding and Ongoing Development

• Formal on-boarding program coordinated by OAP
• Ongoing education including didactic
• Mentorship for other Senior leaders
• Peer interactions and support
New Pilot Program

- In 2015 launched a formal succession planning program
- Pilot group of 16 leaders (including 2 APRN leaders) in year long program
- Uses AONE Manager Leadership Competencies as foundation
Where Do We Go From Here?

• The 2008 Magnet model states that “Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision and values come to life to achieve the outcomes believed to be important for the organization” (American Nurses Credentialing Center {ANCC}, 2008, p. 5).
Questions?
References and Other Resources


