



Lunch & Learn



Nursing Leadership: Current Status & What Lies Ahead

January 9, 2019

Joseph Reyes, MS.Ed, AANP

Presented in partnership
by:



American Association of
NURSE PRACTITIONERS®

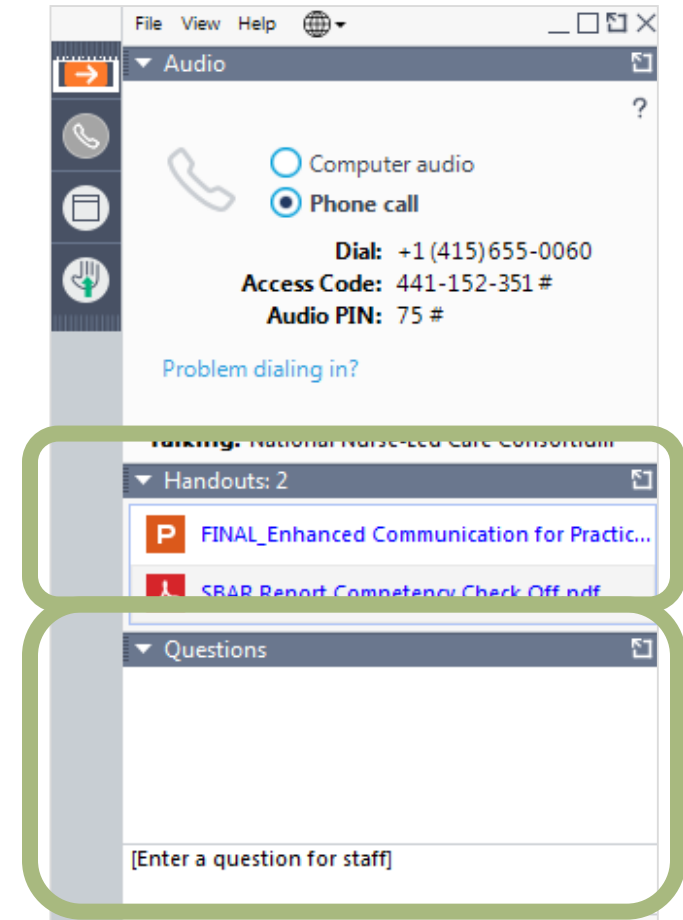
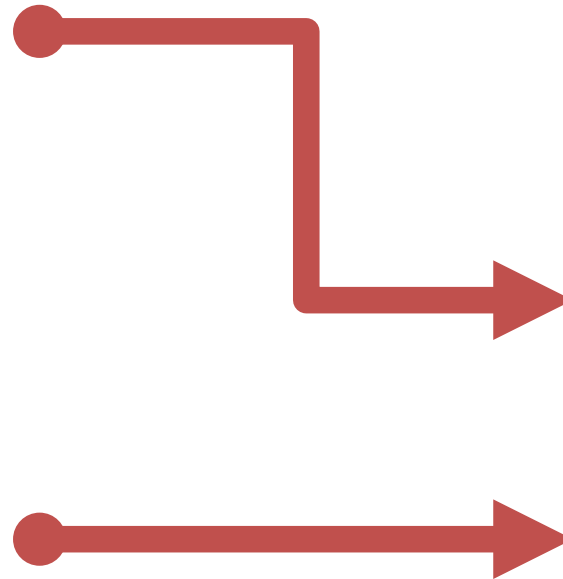


Transforming Clinical
Practices Initiative

Housekeeping Items

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National Investment in Quality Improvement

- Changes to the health care system are here
- Nurse practitioners (NPs) will play a key role during the critical transition from Fee-for-Service to **Value-Based Reimbursement**
- **NNCC** and the **AANP** have partnered together to create the **Nurse Practitioner Support & Alignment Network (NP SAN)**:
 - Prepare NPs for the upcoming changes to the health care system
 - Provide free continuing education & professional development centered around value-based health care practices
 - Offer key training opportunities that ready practices for **Value-Based Reimbursement**

Preparing NPs for Value-Based Reimbursement

What is the Quality Payment Program?

Began in 2017 as a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and requires CMS by law to implement an incentive program referred to as the *Quality Payment Program*, that provides for two participation tracks:

Merit-based Incentive
Payment System (MIPS)]

MIPS

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

Advanced Alternative
Payment Models (APMs)

Advanced
APMs

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

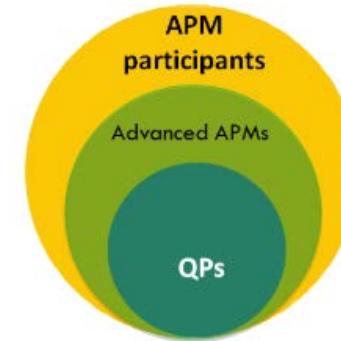
MIPS

vs.

APMs



MIPs vs. APMs Timeline



- Designed for individuals & small practices
- Four (4) performance areas
- Replaces all current incentive programs
- Exempt if practice DOES NOT meet low volume threshold.

- Higher risk model
- Risk is shared throughout the APM
- Number of acceptable payment models is limited
- Rules to being considered a qualified provider (QP)

Where Can I Go to Learn More?

1. CMS QPP website www.qpp.cms.gov
2. NPI Lookup for participation status <https://qpp.cms.gov/participation-lookup>
3. AANP <https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program>

Nursing Leadership: Current Status & What Lies Ahead

Joseph Reyes, MS.Ed

Program Specialist

American Association of Nurse Practitioners

Objectives

Discuss the current status of nursing leadership

Discuss the future of nursing leadership

Provide literature-based and professional recommendations on nursing leadership

Discuss leadership-focused educational opportunities for nurses

Preface To Discussion

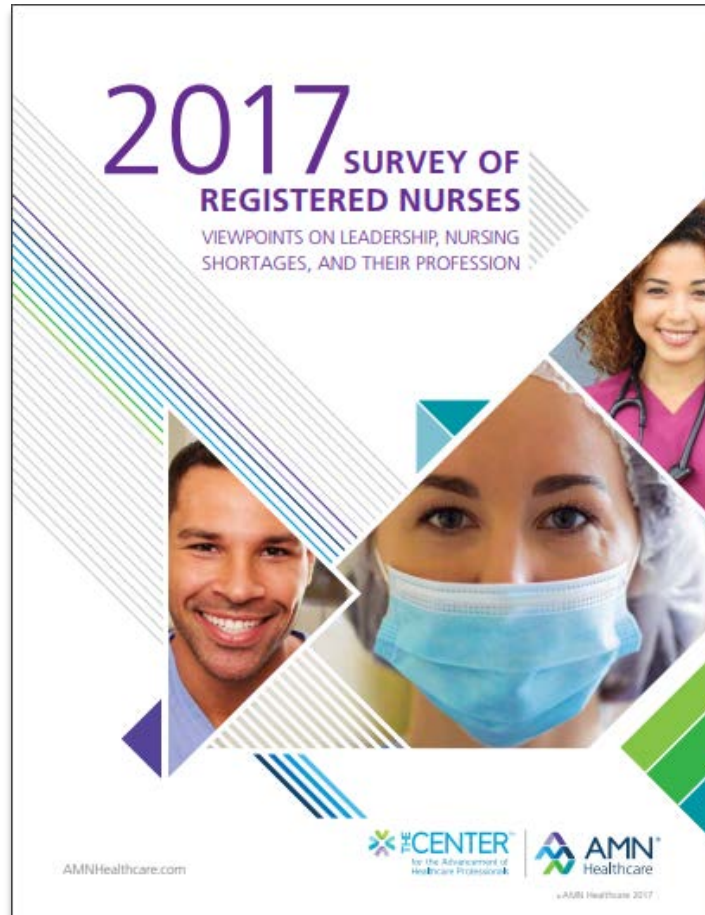
CMS has placed extensive focus on the role of leadership in advancing value-based health care

Previous programmatic topics have not covered the status & future of leadership for nursing

Aim is to disseminate objective information – not to argue a side

What is the current status
of nursing leadership?

2017 Survey of Registered Nurses



Status

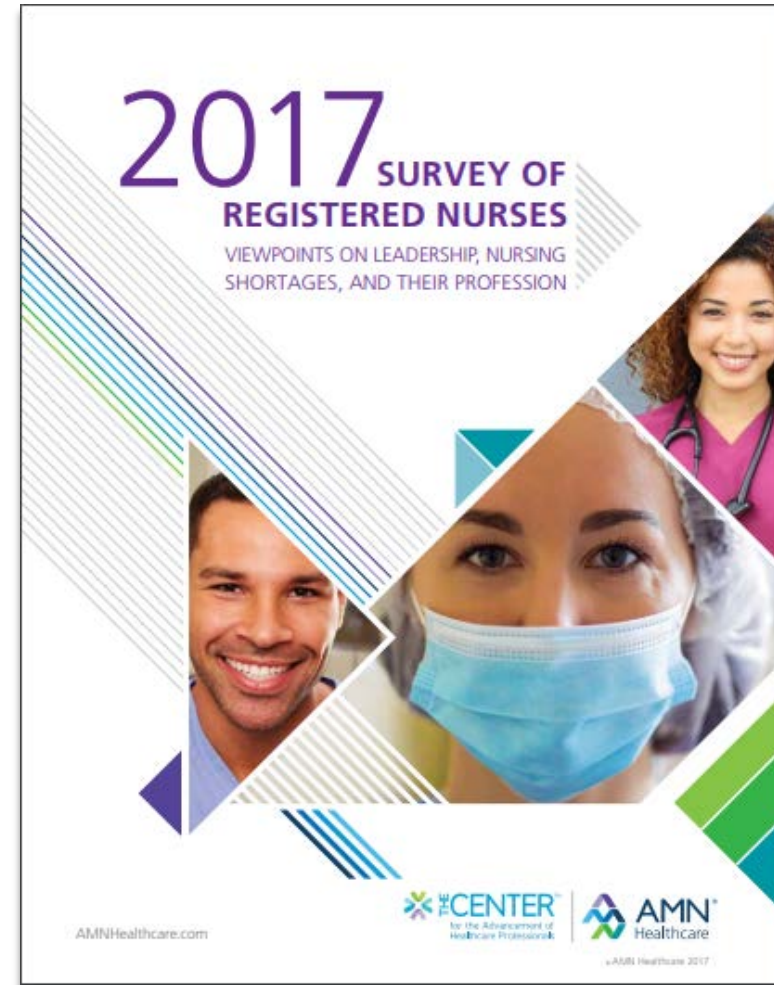
82 % say more nurse leaders needed in health care (N = 3,347)

Yet, most say don't want to be leaders!

Lack of trust toward current leadership

Leadership lacks care toward career goals (i.e. being person-centered)

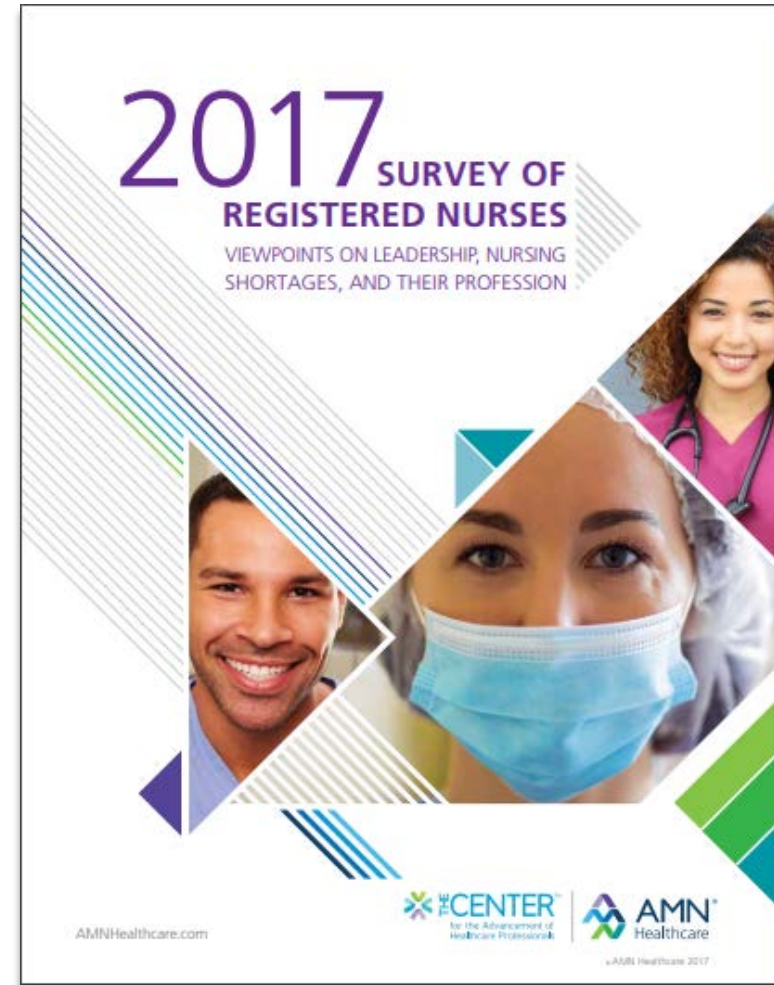
Disconnect between nurses & leadership presents challenges



Status

61% of nurses said they would not consider moving into a leadership position, though 17% said they already were in a leadership position.

Millennial nurses (19-36) were more likely – 36% – to be interested in entering a leadership position

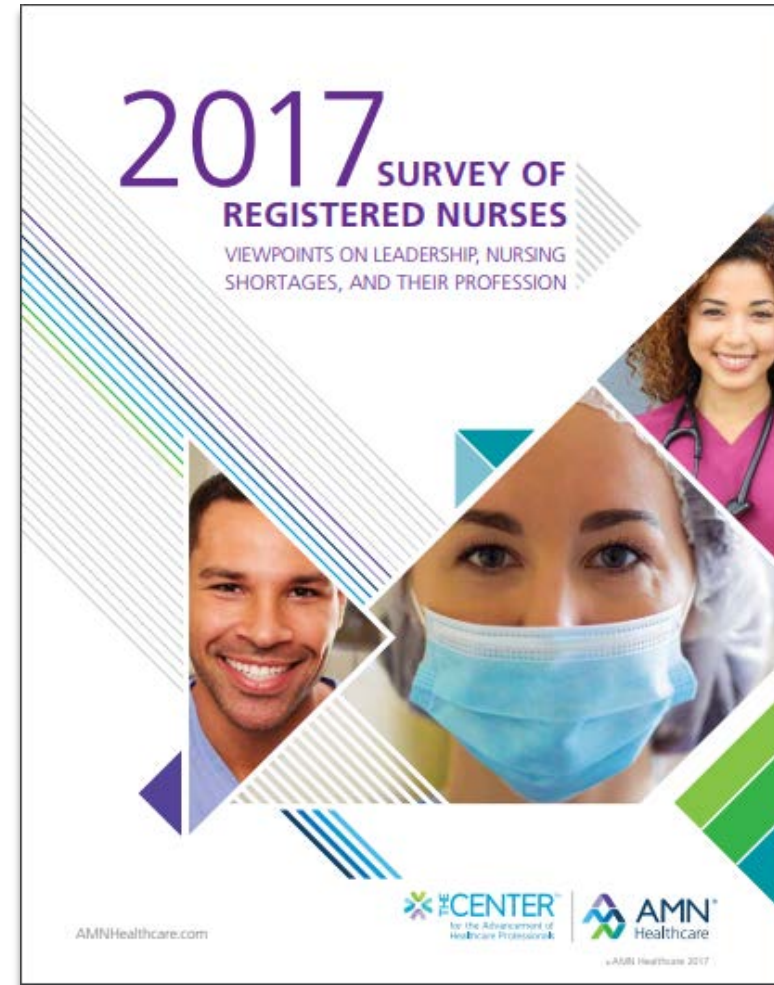


Status

Baby boomer retirements will exacerbate nursing shortages

Retirement wave will create drain on experience and institutional knowledge

Older nurses typically in specialties which are in high demand

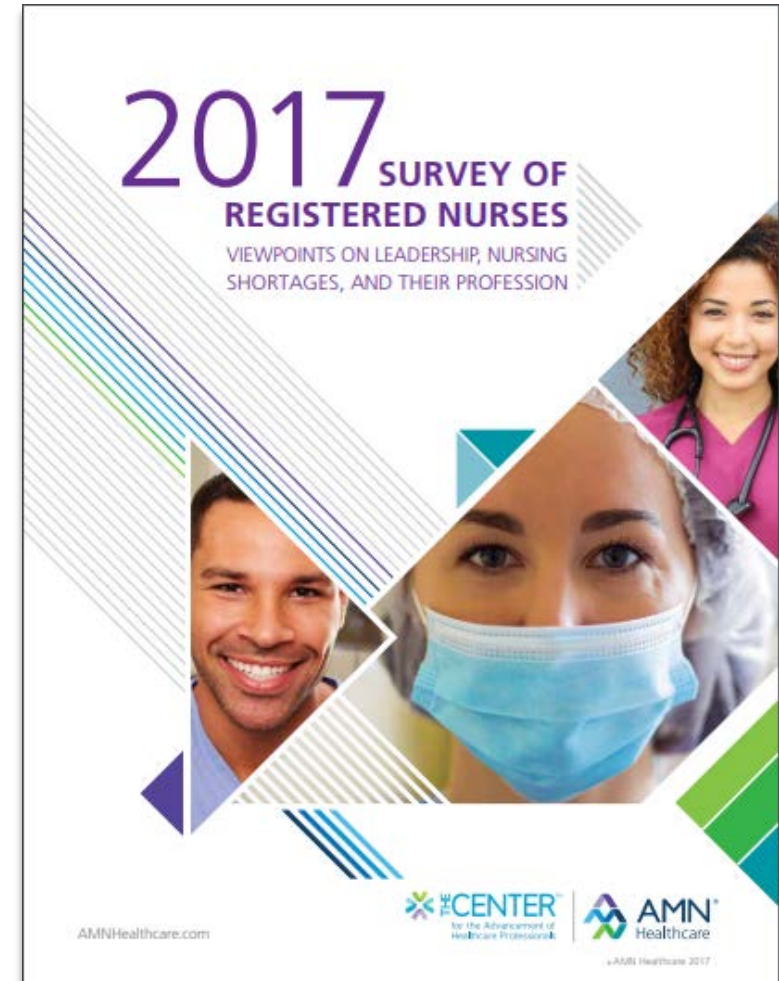


Status

50 % of the nursing workforce scheduled to retire by 2020

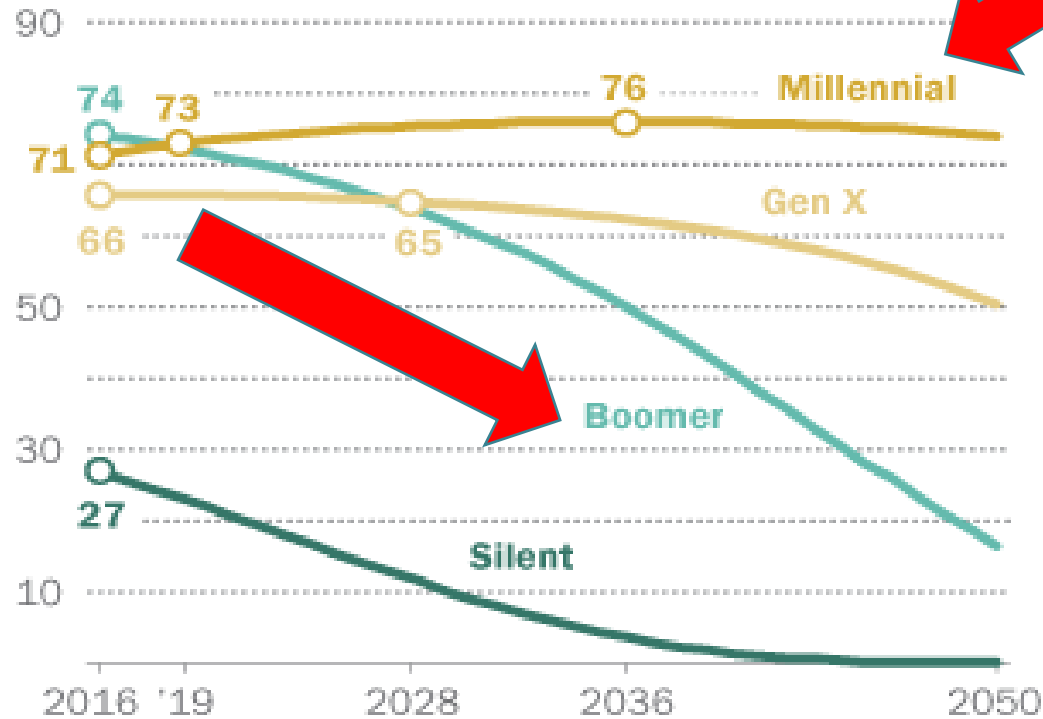
Retirement among current nurse leaders is inevitable

73% of Baby Boomer nurses who are planning to retire say they will do so in three years or less



Projected population by generation

In millions



The generations defined

The Millennial generation

Born: 1981 to 1996
Age of adults in 2016: 20 to 35

Generation X

Born: 1965 to 1980
Age in 2016: 36 to 51

The Baby Boom generation

Born: 1946 to 1964
Age in 2016: 52 to 70

The Silent Generation

Born: 1928 to 1945
Age in 2016: 71 to 88

The Greatest Generation

Born: 1901 to 1927
Age in 2016: 89 to 115

PEW RESEARCH CENTER

Note: Millennials refer to the population ages 20 to 35 as of 2016.

Source: Pew Research Center tabulations of U.S. Census Bureau population projections released December 2014 and 2016 population estimates.

PEW RESEARCH CENTER

(Pew Research Center, 2016)

What is the future of
nursing leadership?

The “WHO” of the future

Retirement among current nurse leaders (Baby Boomers) is inevitable

Millennials will be the future of nursing

Millennials have exceeded Baby Boomers in the US population and the nursing workforce

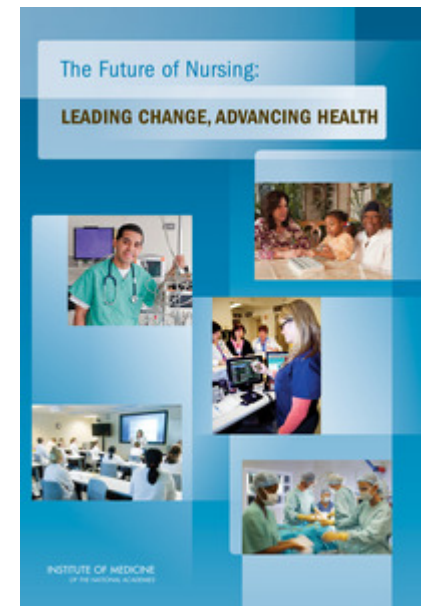
More likely to enter leadership positions

Desire meaningful work

(Cahill & Sedrak, 2012)
(US Census Bureau, 2016)

The IOM Report

- Nurses should practice to the full extent of their education and training
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States



Recommendation # 2:

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

Recommendation # 7:

- *Prepare and enable nurses to lead change to advance health*

What does current scientific literature say about nursing leadership's future?


Literature

Systematic review – 33 studies

Five domains characterized
struggling health care
organizations

Poor organizational culture (e.g.
disconnected leadership)

System shocks (e.g. leadership
turnover)

Characteristics of healthcare organisations struggling to improve
quality: results from a systematic review of qualitative studies 

Valerie M Vaughn^{1,2,3}, Sanjay Saint^{1,2,3}, Sarah L Krein^{1,2,3}, Jane H Forman^{2,3}, Jennifer Meddings^{1,2,3,4}, Jessica Ameling^{1,3},
Suzanne Winter^{1,3}, Whitney Townsend⁵, Vineet Chopra^{1,2,3}

[Author affiliations +](#)

Literature

Nurse executives play a vital role for creating a compelling business case for prioritizing leadership capacity building

Health care organizations need to include building leadership capacity as a priority in their strategic plan



Commentary

Building leadership capacity in advanced nurse practitioners – the role of organisational management

Naomi Elliott PhD, RGN, RNT 

Literature

Developed 1.5 hour interactive workshop to promote & develop leadership skills

Overall, increased confidence level toward leadership behaviors

The Journal of Continuing Education in Nursing

ORIGINAL ARTICLE

Leading the Nurse Within: Developing Confident Leadership Skills for New Graduates

Rebecca Laut, MSN, RN; Ashley Wiknik, MSN, RN; Kimberly M. LaCroix, MSN, RN-BC; Dawn Bunting, EdD, MSN, RN, CNE; Susan Pettorini-D'Amico, DNP, RN, NEA-BC

The Journal of Continuing Education in Nursing. 2018;49(8):356-359 <https://doi.org/10.3928/00220124-20180718-06>

Posted July 30, 2018

Literature

Year-long Nurse Leadership Institute for emerging leaders in primary care and acute care

Framed around 5 leadership practices

Significant increase in leadership skills

The Journal of Continuing Education in Nursing

ORIGINAL ARTICLE

Empowering Nurses to Lead Interprofessional Collaborative Practice Environments Through a Nurse Leadership Institute

Jennifer L. Embree, DNP, RN, NE-BC, CCNS; Lisa Wagnes, MSN, RN; Susan Hendricks, EdD, RN, CNE; Julie LaMothe, DNP, RN, CPNP; Judith Halstead, PhD, RN, FAAN, ANEF; Lauren Wright, BSN, RN

Literature

Person-centered leadership is a complex, dynamic, relational and contextualized practice that aims to enable associates and leaders to achieve self-actualization, empowerment and well-being.



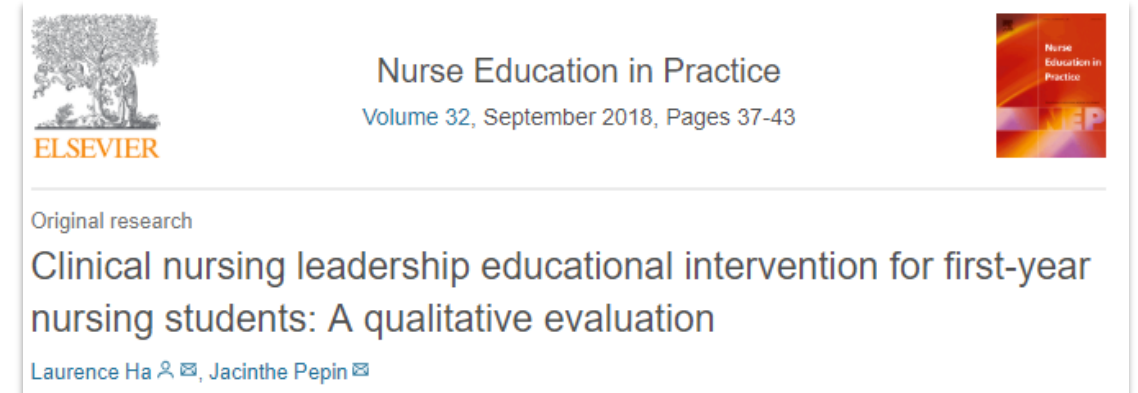
Literature

Clinical nursing leadership is critical for improving care and patient safety.

An early educational intervention on clinical nursing leadership is evaluated.

The strategies used were videos, role models, journal entries, and brainstorming.

Videos helped students expand their perception of nursing and clinical leadership.



Literature Summary

An unhealthy system with poor leadership is bad for patients and employees

Health care **MUST** pay attention to the needs of the next generation of emerging leaders

Leadership training works

Person-centered organizations are ideal for the millennial generation

What does CMS have to say about leadership?

TCPI Change Package

TCPI AIMS/Goals	Primary Drivers	Secondary Drivers
(1) Support more than 140,000 clinicians in their practice transformation work. (2) Build the evidence based on practice transformation so that effective solutions can be scaled. (3) Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients. (4) Reduce unnecessary hospitalizations for 5 million patients. (5) Sustain efficient care delivery by reducing unnecessary testing and procedures. (6) Generate \$1 to \$4 billion in savings to the federal government and commercial payers. (7) Transition 75% of practices completing the program to participate in Alternative Payment Models	Patient and Family-Centered Care Design	1.1 Patient & family engagement
		1.2 Team-based relationships
		1.3 Population management
		1.4 Practice as a community partner
		1.5 Coordinated care delivery
		1.6 Organized, evidence based care
		1.7 Enhanced Access
Continuous, Data-Driven Quality Improvement	2.1 Engaged and committed leadership	
	2.2 Quality improvement strategy supporting a culture of quality and safety	
	2.3 Transparent measurement and monitoring	
	2.4 Optimal use of HIT	
Sustainable Business Operations	3.1 Strategic use of practice revenue	
	3.2 Staff vitality and joy in work	
	3.3 Capability to analyze and document value	
	3.4 Efficiency of operation	



Leadership Defined

Continuous, data-driven quality improvement reflects the practice's commitment to quality. It's about understanding performance at all levels and bringing systems, technology, and people together to make the practice better in many ways. It means empowering every person in the practice to innovate and improve.

2.1 Engaged and committed leadership	2.1.1 Commit leadership (p19)
	2.1.2 Develop a roadmap (p19)
	2.1.3 Create a shared vision (p20)

TCPI Change Tactics

2. Continuous, Data-Driven Quality Improvement	
2.1	Engaged and committed leadership
2.1.1	Commit leadership: Provide dedicated, visible and sustained leadership for the organization's transformation strategy
Change Tactics	<ul style="list-style-type: none"> Document a plan for transformation and establish aims related to TCPI goals Openly share the transformation vision and progress toward achieving goals with staff, board and community Include leaders at all levels on QI teams Celebrate both large and small successes Ensure a leadership succession plan that will maintain the transformation vision and strategy Communicate openly and frequently about organizational aims and performance both within and outside the organization Make responsibility for guidance of practice change a component of clinical and administrative leadership roles Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings Incorporate population health, quality and patient experience metrics in regular reviews of practice performance Keep a working plan document visible on a wall; comments to be written

2.1 Engaged and committed leadership	
2.1.3	Create a shared vision: Share the vision and goals across the organization to ensure that all staff members understand their role in achieving them
Change Tactics	<ul style="list-style-type: none"> Use all meetings, website, blast emails to continually reinforce the organization's vision Get staff involved in reviewing and possibly revising the vision to create ownership During regular performance reviews ask staff members to describe how they contribute to achieving the vision At the care team and department level, use regular meetings to take the vision and break it down into discrete parts that people can relate to their own job



Change Tactics =



Innovation & Improvement

1. Committed Leadership

Transforming Clinical Practice: Leadership Change Tactics

2. Develop a road map

3. Create a shared vision

Committed Leadership: Provide dedicated, visible and sustainable leadership for the organization's transformation strategy

Identify clinical and administrative leads

Allocate time for clinical and administrative leadership for practice improvement efforts

Communicate openly and frequently about organizational aims and performance both within and outside the organization

Ensure a leadership succession plan that will maintain vision and strategy

Develop Road Map: Ensure a compelling vision, strategy, and capacity for change

Invest in improvement through systems, allocation of time, and dedicated clinicians

Share organizational vision

Develop and support a culture of empowerment

Align QI, strategic, operational, and business plans

Create a shared vision: share the vision and goals across the organization to ensure that all staff members understand their role in achieving them

Involve all staff in reviewing and revising the vision to create shared ownership

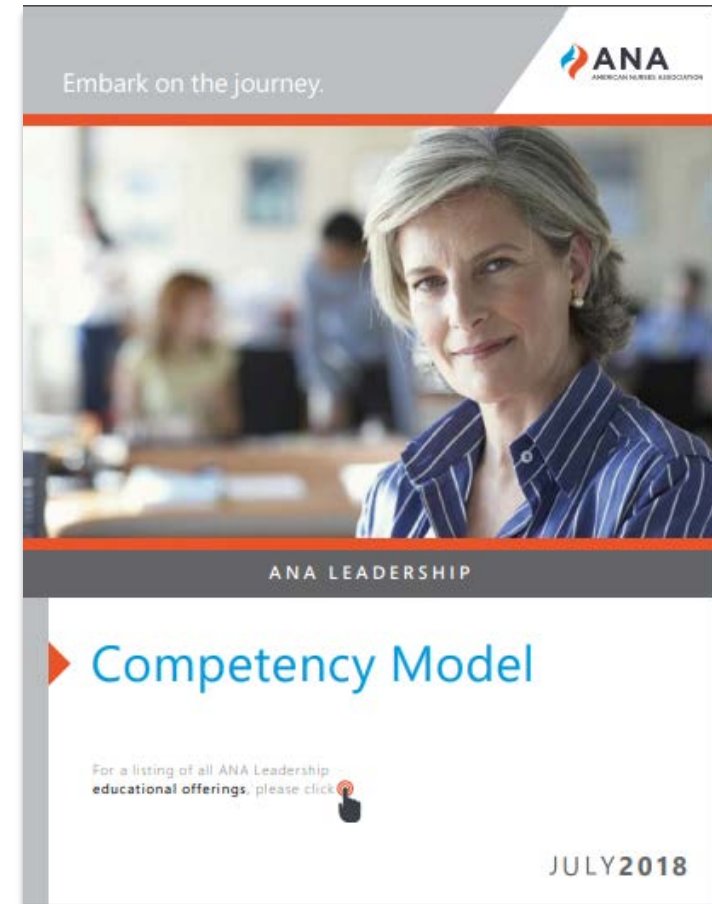
During performance reviews, ask staff how they contribute to achieving the vision

Use regular meetings to take the vision and break it down into discrete parts that people can relate to their own scope of work

What does ANA have to say about nursing leadership?

ANA Leadership Competency Model:

For ANA Leadership, leadership competencies are the foundation of programs developed for Leadership and embody three key areas for leading the self, leading others, and leading the organization.



ANA LEADERSHIP COMPETENCY FRAMEWORK

	LEADING YOURSELF	LEADING OTHERS	LEADING THE ORGANIZATION
NURSE LEADERS	<p>ADAPTABILITY Openness to influence, flexibility</p> <p>IMAGE Executive image</p> <p>INITIATIVE Motivates self</p> <p>INTEGRITY Builds relationships</p> <p>LEARNING CAPACITY Knowledge of job, business</p> <p>SELF-AWARENESS Self-awareness</p>	<p>COMMUNICATION Communicating effectively</p> <p>CONFLICT Confronting problem employees</p> <p>DIVERSITY Leveraging differences</p> <p>EMPLOYEE DEVELOPMENT Developing and empowering</p> <p>RELATIONSHIPS Building collaborative relationships</p>	<p>BUSINESS ACUMEN Seeks broad business knowledge</p> <p>CHANGE Change management</p> <p>DECISION MAKING Decisiveness</p> <p>INFLUENCE Strategic perspective</p> <p>PROBLEM SOLVING Getting information, making sense of it; problem identification</p> <p>SYSTEMS THINKING Acts systemically</p> <p>VISION AND STRATEGY Strategic planning</p> <p>PROJECT MANAGEMENT Organizes</p>

The Future of Nurse Leadership

Character Building



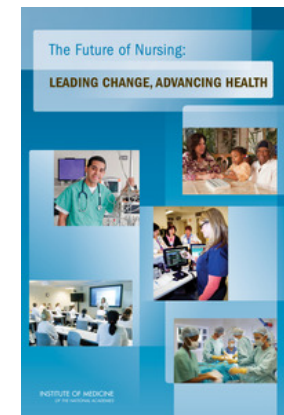
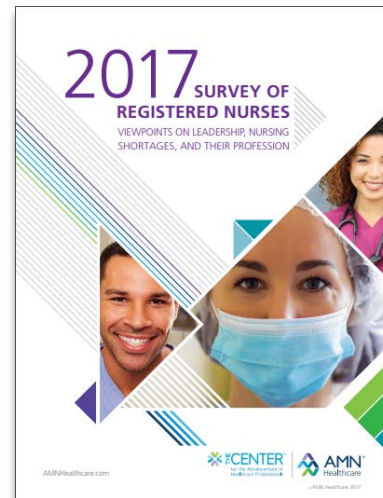
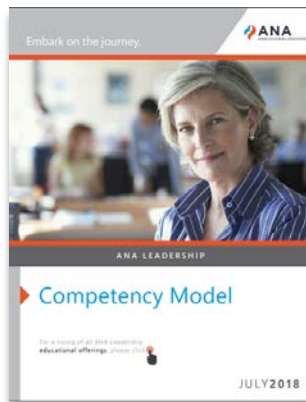
Generational Mentorship



Professional Development



Advancing Nursing Leadership



What educational opportunities are available?

Nursing Leadership Programs

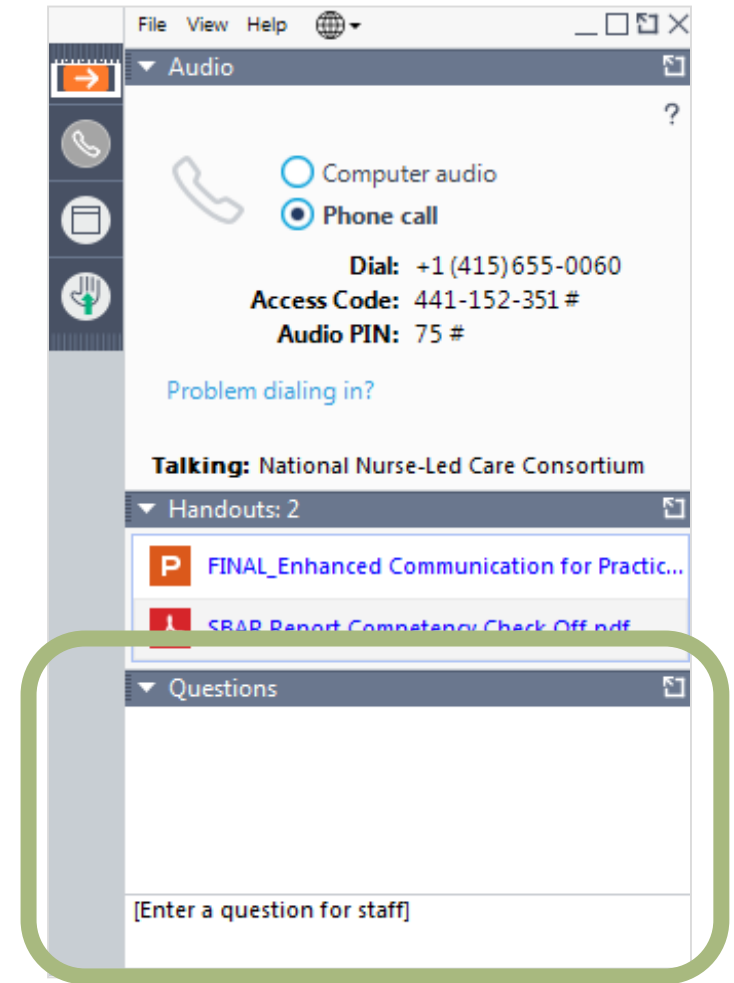
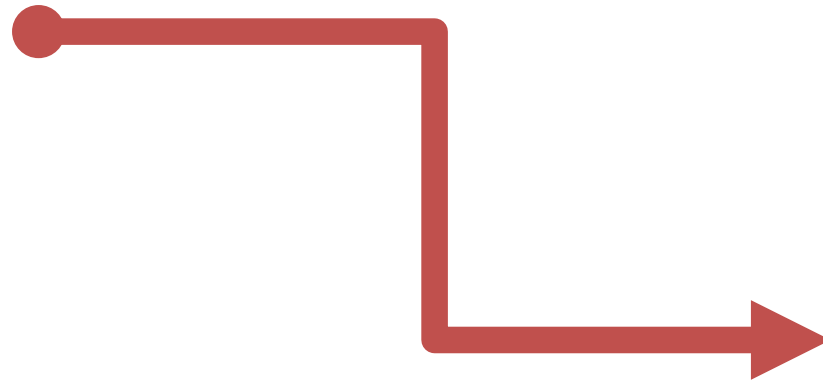
1. [American Organization of Nurse Executives \(AONE\)](#):
 1. Emerging Nurse Leader Institute
2. DNP & Master's programs in Nursing leadership:
 1. Many available online
 2. [15 Best Online Master's in Nursing Leadership Degrees](#)
3. Resume & Job Application Advice:
 1. <https://www.registerednursing.org/guide/resume/>

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Any Questions??

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Other QPP or NP SAN Questions?

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- Email Joseph Reyes at jreyes@aanp.org
- Email Cheryl Fattibene at cfattibene@nncc.us
- Visit us online at <https://www.aanp.org/practice/np-san>
- Stay up to date on the latest CE opportunities: http://bit.ly/NPSAN_subscribe

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