

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 Medical Center



Vanderbilt University School of Nursing



THE HISTORY OF ADVANCED PRACTICE AT VUMC

National Imperative

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**

Our fingerprints
cannot be erased from the
LIVES we have touched.
CELEBRATE WITH US AS WE CELEBRATE
YOU, YOUR PRACTICE, and
50 years of touching lives.

2015-2016
APRN

CLINICAL PRACTICE GRAND ROUNDS
SEASON KICK-OFF
WEDNESDAY, AUGUST 26, 2015

Office of Advanced Practice

VANDERBILT UNIVERSITY
MEDICAL CENTER

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HISTORICAL OVERVIEW OF ADVANCED PRACTICE

National Timeline

VUMC Timeline

<p>American College of Nurse Midwives established ← 1955 CRNA credential officially recognized ← 1956</p>	<p>1950's</p>	<p>→ 1958 → First WJSN MSN degree awarded</p>
<p>Loretta Ford develops first NP program, University of Colorado ← 1965 Rapid increase in CNS programs & jobs ← 1967</p>	<p>1960's</p>	<p>→ 1964 → First CRNA hired</p>
<p>One of first FNP programs, Primex, begins at University of Washington ← 1971 65 NP Programs in US; NAPNAP established ← 1973</p>	<p>1970's</p>	<p>→ 1970 → First WJSN CNS graduates; CNSs join VUMC → 1972 → First WJSN FNP graduates → 1973 → First FNP in VUMC Internal Medicine Clinic → 1974 → First FNP joins Occupational Health → 1975 → More FNPs join Pediatrics & O/B/GYN Practices → 1976 → FNPs & CNSs increase in OP & IP settings → '80</p>
<p>15,000 US NP ← 1979</p>	<p>1980's</p>	<p>→ 1982 → Estimated 35 APRNs in VUMC IP & OP settings</p>
<p>22,000 - 24,000 NPs ← 1983 AANP established ← 1985</p>	<p>1990's</p>	<p>→ 1995 → CNM Faculty Practice Established → 1997 → First WJSN CNM graduates</p>
<p>AANP creates Certification program ← 1993 NEJM article "Advance Practice Nursing- Good Medicine for Physicians" ← 1994 National Association of CNS founded ← 1995 68,300 US NPs ← 1999</p>	<p>2000's</p>	<p>→ 2005 → 100 APRN's; Virtual CAPNAH created → 2008 → Launch of Clinical Practice Grand Rounds → 2009 → 479 Advanced Practice Professionals (APP)</p>
<p>82,000 NPs ← 2001 97,000 NPs ← 2003 106,000 NPs; National NP Week Recognized ← 2004 120,000 NPs ← 2007 130,000 NPs ← 2009 140,000 NPs ← 2010 148,000 NPs ← 2011 157,000 NPs ← 2012</p>	<p>2010's</p>	<p>→ 2010 → 519 APPs → 2011 → 569 APPs; DNPCC Fellowship launched → 2012 → 627 APPs → 2013 → 679 APPs → 2014 → 699 APPs; LEAF! Mentoring Program launched → 2015 → 750 APPs</p>
<p>171,000 NPs; 90,000 US PAs ← 2013 192,000 NPs; 70,000 CNSs ← 2014 53,000 CRNAs; 11,000 CNMs ← 2015</p>	<p>2020's</p>	<p>Office of Advanced Practice VANDERBILT UNIVERSITY MEDICAL CENTER</p>
<p>Anticipate 244,400 NPs in US ← 2025</p>		

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

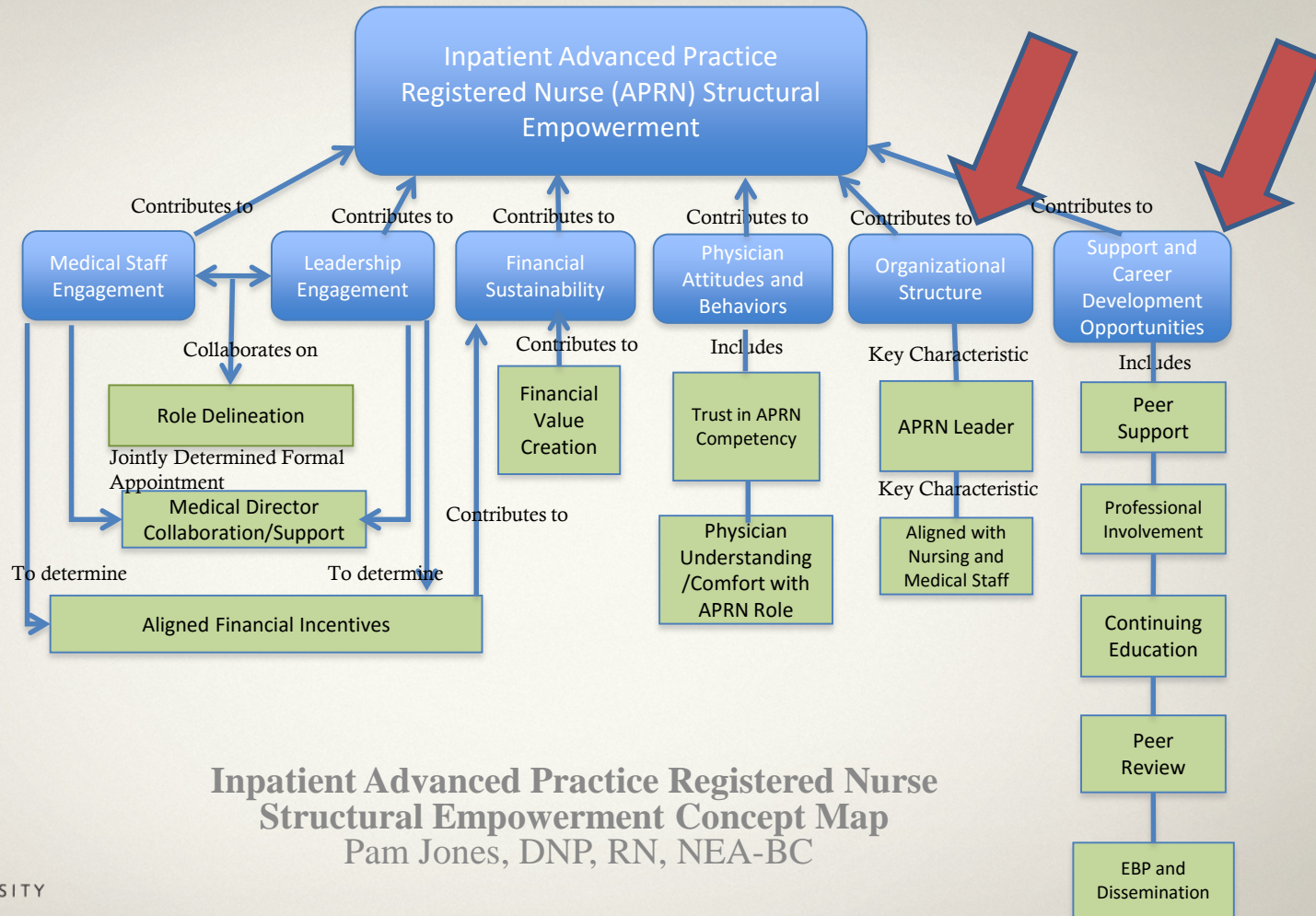
- *Given your experiences as an APRN, please describe what makes you feel empowered?*
- *Are there specific processes, structures or relationships that increase your feelings of empowerment?*
- *Please describe what decreases your feelings of empowerment.*
- *Can you provide suggestions for strategies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

(Jones, 2013)

Leadership

Themes	Participant Number										Percent
	1	2	3	4	5	6	7	8	9	10	
<i>Leadership Characteristics</i>											
Overall leadership support	E			E	E		E			E	50%
Medical director support	E								E		20%
Specific leader for APRNs	E	E	E	E	E	E			E	E	80%
Importance of leader being an APRN		E	E	E	E	E			E	E	70%
Organized internal APRN network (CAPNAH)				E	E						20%

(Jones, 2013)



**Inpatient Advanced Practice Registered Nurse
Structural Empowerment Concept Map**
Pam Jones, DNP, RN, NEA-BC

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

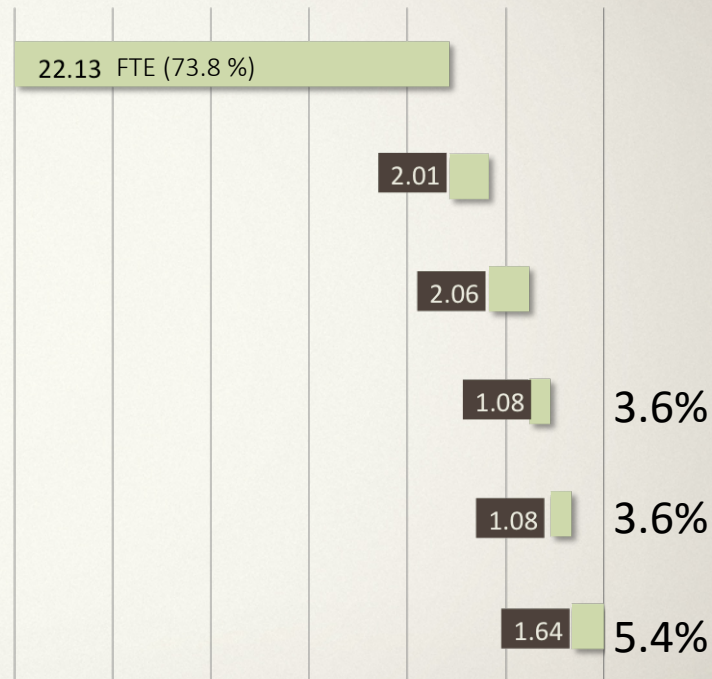
Mission 3: To coordinate multidisciplinary patient care across continuum

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



Total 12.6%

APRN LEADERSHIP MODEL

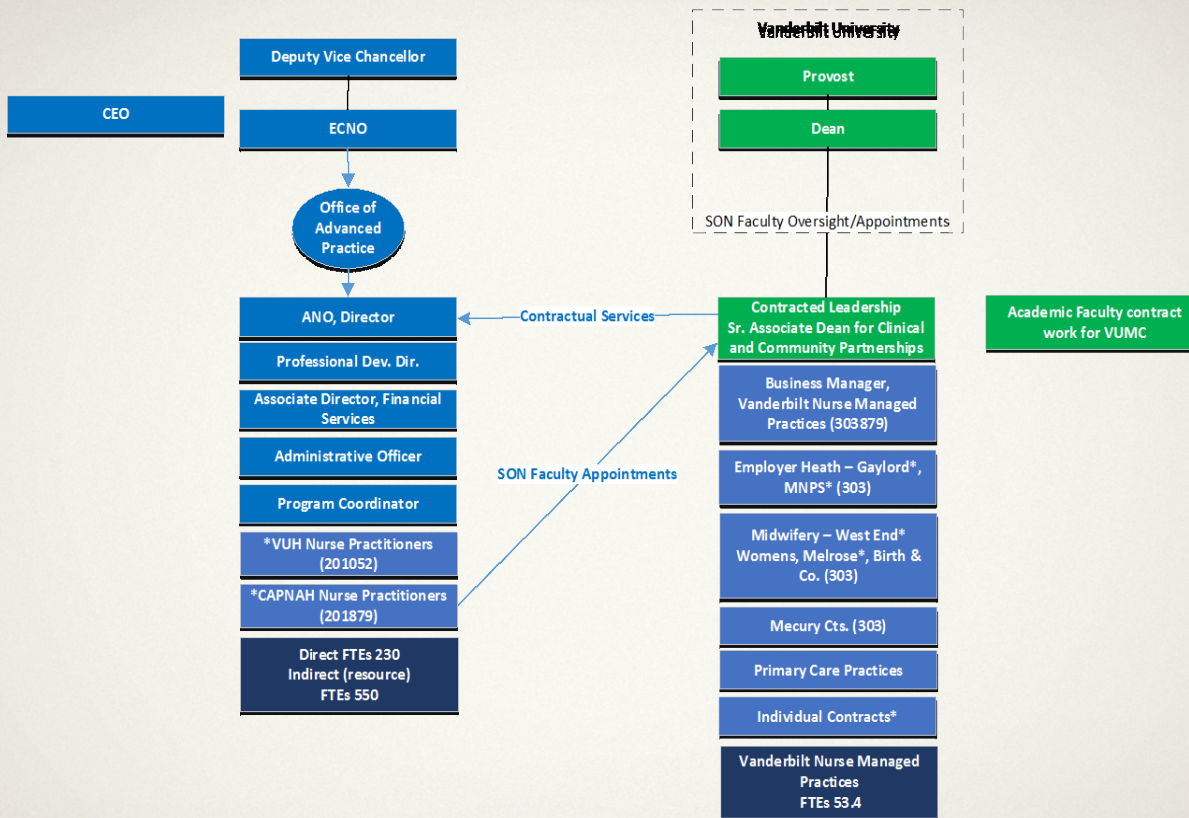
VUMC APRN Leadership Model

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 with
Vanderbilt Nurse Managed Practices



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?



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