

Advancing Healthcare Transformation

A NEW ERA FOR ACADEMIC NURSING

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Dear Colleagues and Stakeholders,

Transforming health care is a formidable challenge that can only be met through a coordinated response from academic and practice leaders from across the health professions. Nursing recognizes its important role in steering this critical work and maintaining a laser focus on what is best for the public.

Advancing Healthcare Transformation: A New Era for Academic Nursing was conceived from a desire to maximize nursing's contribution to ushering in healthcare reform. Since 2013, AACN member deans from Academic Health Centers (AHCs) have engaged in robust discussions about the evolving role of schools of nursing in this unprecedented time of accelerating change. These forward thinking leaders were so passionate about this topic that they issued a call to action to the AACN Board of Directors. The deans formally asked the board to conduct a national study to better understand the possibilities and challenges ahead for academic nursing. In February 2015, AACN commissioned a comprehensive study on how to highlight nursing's role in AHCs. Soon after, Manatt Health was selected to work with us in preparing this report on how to best position nursing schools for long-term success and sustainability.

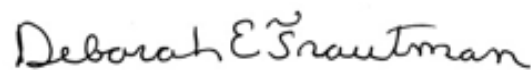
From the onset of this project, AACN was committed to ensuring that the scope of research would be comprehensive, discussions would be interprofessional, and final recommendations would be achievable. To commence this work, interviews were conducted with a variety of stakeholders in AHC and non-AHC affiliated institutions to uncover the issues and the opportunities facing academic nursing. Findings from the interviews were used as discussion points for a national summit of AHC leaders convened by AACN and Manatt in Washington, DC in August 2015. Following the summit, two surveys to AHC leaders were issued to better determine how academic nursing could make a greater contribution to the larger health enterprise.

Armed with a fresh understanding of today's landscape, this report identifies a path for achieving an enhanced partnership between academic nursing and academic health centers around the imperative to advance integrated systems of health care, achieve improved health outcomes, and foster new models for innovation. AACN is confident that lessons learned from this study will be important to the full universe of baccalaureate and higher degree nursing programs. The work initiated with those located in AHCs will continue. The dialogue has started. Academic nursing must play a significant role in advancing healthcare transformation at the local, state, and national levels.

All those connected with this bellwether report, including dozens of academic and practice leaders who contributed insights and recommendations, are excited by its potential to magnify nursing's impact on improving health and health care. AACN is looking forward to working with the full community of stakeholders to disseminate this report broadly, assess its long-term outcomes, and assist schools as they implement the recommendations. We invite you to join us as we move to meet the challenges ahead and reap the rewards that come with meaningful change.



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**This report was commissioned by the
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Executive Summary

Advancing Healthcare Transformation: A New Era for Academic Nursing, commissioned by the American Association of Colleges of Nursing (AACN), provides a deeper examination of the potential for enhanced partnership between academic nursing and academic health centers (AHCs) around the imperative to advance integrated systems of health care, achieve improved health outcomes, and foster new models for innovation. It is intended as a guide for nursing and AHC leaders in implementing organizational change that will bring the assets and talents of their schools of nursing to bear on the challenge of transforming health care in their region.

Academic health centers have long been at the apex of American health care and pivotal to its vibrancy. Health reform imperatives are compelling AHCs to broaden their focus to community settings and to deliver care across the continuum of patient needs. Coupled with changing economics, market consolidation, generational changes in the healthcare workforce, and an increasing focus on chronic disease prevention and management, these market dynamics are requiring AHCs to transform their operating models and to evolve into more integrated and efficient systems of care.

In addition to providing the largest professional workforce in the health system, nurses serve a central role in the management of AHC's patients and their families. Nurses are often the primary interface point and advocate for patients. Patients desire to be well—and nurses have a critical role in making health care better. As academic health systems develop and increasingly implement value-based reimbursement programs and assume responsibilities for populations of patients, health system leaders should look to nurses to lead and support prevention and wellness programs, new models of care delivery, continuity across transitions in care settings, and integration with home and community based services and resources. At the same time, academic nursing is advancing higher levels of preparation and developing pathways for deeper specialization, which can help AHCs expand access to care and address the primary care shortages

in many communities. To date, the potential and opportunity for academic nursing in the transformation of AHCs into health systems has not been considered thoroughly.

Summary of Findings

The findings presented in this report regarding the current state of alignment of academic nursing with AHCs are sobering.

- **Finding 1: Academic nursing is not positioned as a partner in healthcare transformation.**

Significant organizational limitations prevent academic nursing from functioning as a true partner in AHC transformation. These include minimal meaningful participation in health system governance, lack of integration of nursing faculty into health system leadership roles, marginal integration of nursing faculty into clinical services, and siloed nurse-scientist research.

- **Finding 2: Institutional leaders recognize the missed opportunity for alignment with academic nursing and are seeking a new approach.**

Preparation of this report entailed numerous interviews, surveys of deans of nursing, university presidents, and a summit that convened institutional leaders for candid dialogue. A theme that ran consistently throughout these discussions was one of missed opportunity for partnership and a strong desire to reset relationships around a dynamic vision for academic nursing.

- **Finding 3: Insufficient resources are a barrier to supporting a significantly enhanced role for academic nursing.**

The tuition-dependent funding structure of academic nursing severely limits the ability of schools of nursing to participate in healthcare transformation initiatives and to provide the institutional leadership of which they are capable. Most schools of nursing do not have faculty practices and therefore no clinical income, nor do they generally receive funding from their

affiliated health systems. Despite unique research capacity (in particular, related to patient-oriented research), schools of nursing received \$133 million (0.4%) in NIH funding from an approximately \$30 billion total budget.

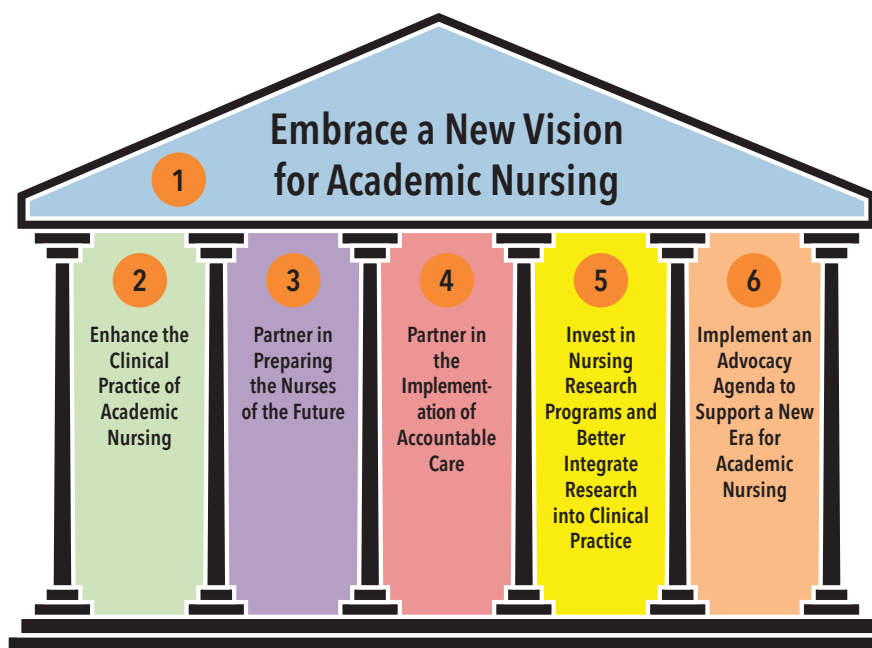
Summary of Recommendations

An enhanced partnership between AHCs and academic nursing will benefit all parties and, above all, enhance the ability of academic health systems to transform health care. Achieving a new partnership requires that nursing faculty have a deeper involvement in clinical practice and greater opportunity to engage in the clinical innovation needed by evolving academic health systems. Stronger partnerships also entail fostering enhanced nurse-scientist based patient and community-oriented research. This report, therefore, recommends six actions for institutional leaders:

1. Embrace a New Vision for Academic Nursing

The report recommends that institutions adopt the following vision: **Academic nursing is a full partner in healthcare delivery, education, and research that is integrated and funded across all professions and missions in the Academic Health System.** The elements of this vision include:

- Nursing participation in health system governance
- Expanded academic nursing leadership in clinical practice and care delivery
- Growth and evolution of academic nursing research programs in partnership with the medical school, health system, and other professional schools
- Collaborative workforce plans and training programs in partnership with the health system
- Integration of academic nursing into population health initiatives
- System-wide commitment to leadership development to prepare and support future nurse leaders



2. Enhance the Clinical Practice of Academic Nursing

Initiatives should be implemented that more fully bring nursing faculty into the clinical practice of the health system and connect the clinical service more closely to the academic mission of the school of nursing.

3. Partner in Preparing the Nurses of the Future

Build a pipeline of nurses at multiple levels (BSN, MSN, DNP, PhD) so as to meet the clinical requirements of the extended AHC system. Create nursing leadership development programs for faculty and practicing nurses that are jointly managed by the school of nursing and clinical practice.

4. Partner in the Implementation of Accountable Care

Strategies include joint clinical planning, having academic nursing provide leadership in developing linkages between acute care and post-acute, home-based and long-term care services, and expanding nurse-led community programs under the leadership of academic nursing faculty in partnership with health system leaders and clinicians.

5. Invest in Nursing Research Programs and Better Integrate Research into Clinical Practice

A true, research-grounded and evidence-based nursing service will enrich the life of the AHC and benefit the community. Strategies include creating mechanisms to coordinate research projects and activities across academic nursing and AHCs; developing joint research programs between academic nursing and health system nurse-scientists; integrating nurse researchers into developing informatics programs; strengthening the training programs for nurse clinical trial coordinators and clinical research nurses; providing leadership in establishing linkages to other professional schools; and expanding nursing faculty development and recruitment to include PhD investigators across multiple disciplines in targeted research areas.

6. Implement an advocacy agenda in support of a new era for academic nursing

This recommendation is directed toward AACN, institutional leaders, and kindred associations interested in and committed to the alignment and integration of nursing more broadly with the goals of the Triple Aim. Planks of the recommended agenda include: seeking growth in NIH budget to support nursing-led research, especially at NINR; increased funding support for the training of nurse-scientists; advancing a national nursing agenda that links to the Triple Aim, including expansion of the Graduate Nurse Education (GNE) Demonstration; heightened advocacy for scope of practice changes to enable nurses to take on the clinical roles they are trained to perform; and support for academic nursing leadership in clinical care delivery.

Achieving the potential for academic nursing as described in this report requires a change in culture that can only be accomplished by the collaborative leadership of university presidents, deans of nursing and medicine, and health system chief executives. All parties must embrace a new vision for academic nursing, and by doing so deal directly with the cultural and structural issues that are impeding the flowering of potential that indeed all perceive. Leaders committed to a new vision for academic nursing will challenge the status quo and seek to unharness the potential of their nursing colleagues. Participatory governance structures that cross-populate, as appropriate, leaders of the academic and clinical practices will help to ensure mission integration and proper insights from a diverse set of constituencies. Participatory governance will be immeasurably enhanced by collaborative strategic and financial decision making around academic and clinical programs, workforce development, and research programs. Further alignment of medicine, nursing, and health system organizations may also prove beneficial for certain institutions.

Definitions of Major Terms Used in This Report

1 Academic Nursing: Academic Nursing encompasses the integration of practice, education, and research within baccalaureate and graduate schools of nursing. Faculty engaged in academic nursing demonstrate a commitment to inquiry, generate new knowledge for the discipline, connect practice with education, and lead scholarly pursuits that improve health and health care.

2 School of Nursing: An accredited degree-granting school and/or college that educates nurses at the baccalaureate and/or graduate level.

3 Academic Health Center (AHC): Accredited, degree granting institution of higher education that consists of: an allopathic or osteopathic

medical school, a school of nursing, and other health professional schools (dentistry, pharmacy, public health, veterinary medicine, allied health sciences, public health) and an owned or affiliated relationship with a teaching hospital, health system, or other organized healthcare provider.¹

4 Academic Health System: The *clinical operations* of an academic health center, owned/affiliated hospitals, community practices, faculty practice organizations, and other clinical services, organized as a multi-site system of care and oriented towards population health as a defining strategic objective.

“Nurses’ regular, close proximity to patients and scientific understanding of care process across the continuum of care give them a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the healthcare system and its many practice environments, including hospitals, schools, homes, retail health clinics, long-term care facilities, battlefields, and community and public health centers.”



—Institute of Medicine

The Future of Nursing: Leading Change and Advancing Health (2010)

¹ Definition taken from the Association of Academic Health Centers (2014)

A New Era for Academic Nursing

In 2010, the Institute of Medicine (IOM) and the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing released the seminal report, *The Future of Nursing: Leading Change, Advancing Health*,⁷ which articulated the critical role the nursing profession plays in the delivery of health care and the imperative for nursing to provide significant leadership in the transformation of healthcare delivery in the U.S. The culmination of a two-year initiative, the report examined the opportunities and the barriers for the over 3 million members of the nursing profession—the largest segment of our nation’s healthcare workforce—to be able to respond effectively to rapidly changing healthcare settings and an evolving health care system as change leaders in advancing health. The IOM report delivered four action-oriented messages as a blueprint for the future of nursing:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

This report, commissioned by the American Association of Colleges of Nursing (AACN), provides a deeper examination of the potential for enhanced partnership between academic nursing and academic health centers (AHCs) around the imperative to advance integrated systems of health care, achieve improved health outcomes, and foster new models of financial sustainability for the tripartite academic mission of clinical care delivery, research, and




education. It is intended as a guide for university and AHC leaders in planning for and implementing organizational change that will bring the assets and talents of academic nursing to bear in the challenge of transforming health care in their region.

Nurses are on the frontlines of care delivery. Nurses practice in a wide variety of settings, including the hospital, the clinic, the classroom, community health settings, the business sector, home health care, and the laboratory but in all cases, the primary goal of the nursing professional is to advocate for the patient and to provide optimal care based on evidence-based guidelines. As the nation’s largest professional healthcare workforce, registered nurses are not only vital members of the patient care team and often the patient’s and/or family’s primary interface with the healthcare system, they also are critical partners for physicians and health system leaders in advancing patient-centered care models, improving access to primary and preventative care, and achieving success in new payment models centered around quality and value.

The Patient Protection and Affordable Care Act of 2010 (ACA) has served as a catalyst for the shift to value-based reimbursement on the part of the federal government (the nation’s largest healthcare payer) and commercial insurers. In order to succeed in a value-based model, where providers are rewarded for increased efficiency, improved health outcomes and prevention and management of chronic conditions *before* they require hospitalization, the U.S. healthcare delivery model must transform to one that fosters more effective systems of high quality care that are oriented around the needs of the patient. The IOM recommended in *Crossing the Quality Chasm: A New Health System for the 21st Century (2001)*⁸ that healthcare providers adopt patient-centered care models, which the IOM defined as providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.

Academic nursing and the nurses they educate are essential to this healthcare transformation. The healthcare workforce faces significant provider

Figure 1: Areas Where Academic Nursing Provides Leadership

 RESEARCH LEADERSHIP	 PATIENT-CARE LEADERSHIP	 WORKFORCE DEVELOPMENT LEADERSHIP
<ul style="list-style-type: none"> ▪ Science of quality and patient safety ▪ Optimal care delivery models ▪ Science of self-management ▪ Symptom management ▪ Chronic condition management ▪ Informatics (Emerging) ▪ Science of Leadership 	<ul style="list-style-type: none"> ▪ Community based care (office care, retail care, home care) ▪ Nurse-managed clinics ▪ School-based programs and University student/employee clinics ▪ Health system inpatient program leadership ▪ Patient engagement programs ▪ Palliative care/end of life care 	<ul style="list-style-type: none"> ▪ Growth in advanced nursing practice curricula producing doctoral prepared nurses ▪ Interprofessional education programs in nascent stages ▪ Training curricula preparing clinicians for the future care delivery system ▪ Growth in research training to produce nurse scientists

shortages—including of nurses—at the same time that approximately one quarter of the U.S. population is passing the retirement age and projected to impose increased demand for access to healthcare services, particularly chronic disease management.² As healthcare systems pursue population health approaches and seek to provide care in lower cost outpatient settings, there is an increasing demand for nurses to fill this need. Academic nursing is the vehicle for preparing these needed nurses—including baccalaureate and graduate degree prepared nurses and PhD-prepared nurse-scientists—who operate in every clinical care setting from primary care offices to specialty clinics to inpatient settings to hospice and home.

Academic nursing also is developing new education models designed to prepare nurses for future healthcare delivery within a population health

orientation. Interprofessional education, where nurses, physicians, and other clinicians learn and train together in a collaborative environment to improve health outcomes is becoming more widely adopted and becoming more prevalent in curricula. Nurses are often leaders in the development of these programs.

Further, academic nursing is involved in pioneering research focused on population health, chronic disease management models, and collaborative care approaches translated into new care models that improve the health of patients and the population.

Yet despite its potentially integral role within AHCs, academic nursing has largely operated with only a minimal level of alignment with the health system and/or their peers in academic medicine. While academic medicine tends to be tightly integrated in health system decision-making, it is the exception for academic nursing to be similarly involved. In certain

² By 2029, when the last cohort of “baby boomers” (individuals born between 1946 and 1964) reaches retirement age, the number of Americans 65 or older will climb to more than 71 million, up from about 41 million in 2011, a 73 percent increase, according to Census Bureau estimates. Patients over 65 years of age typically have more than one chronic healthcare condition. The American Hospital Association projects that more than 37 million boomers will be managing more than one chronic condition by 2030.

cases this is an artifact of the reporting relationships of the professional schools, with medicine and the health system having grown over time into a unified organization and academic nursing remaining in a separate professional silo, resulting in barriers to collaboration. The development of clinical leadership roles such as the chief nursing officer (CNO) has provided a stronger voice for nursing in decision-making in the health system; however, in most cases, there remains a lack of alignment between academic nursing and the broader health system as well as AHC governance and management.

A particularly acute challenge being faced by many AHCs is the disruption of their traditional specialty services-focused business model by the shift towards value-based payment and the formation of mega-systems of care and “narrow network” insurance offerings, which increasingly limit specialty referrals. This report asserts that academic nursing can serve a vital function for health systems attempting to become expert in population health and thus diversify from their specialty care roots. This potential is due to nursing having the interest and the expertise related to critical components of population health—including the provision of primary and preventive care, community engagement, deployment of multi-disciplinary and interprofessional care teams, the training of advanced practice registered nurses, understanding the impact and intervention points related to social determinants of health, management of care across the continuum of care, and patient and family/caregiver engagement.

This report first considers the present state of alignment between academic nursing and AHCs, describing three major issues that will shape the path forward for an enhanced partnership. We then describe a future vision for academic nursing and a framework for implementation intended to guide leaders in the formation of a new partnership. Throughout, we highlight examples of innovative and successful initiatives. Lastly, we provide recommendations for university presidents, nursing and medical school deans, and chief executives of health systems. These leaders—deans of medicine

³ Interviewees listed in the Appendix.

and health system leaders in particular—are critical to the success of the recommendations contained in this report, and the report seeks to provide guidance for them in beginning to align more closely with their partner schools of nursing.

The State of Alignment of Academic Nursing within Academic Health Centers

In the preparation of this report, Manatt Health conducted 48 interviews at 25 institutions. Interviews were conducted with 25 nursing school deans, 5 medical school deans, 16 health system CNOs and CEOs, and 8 university chancellors / vice chancellors.³

During these interviews, the project team sought to understand the perspective of a diverse set of academic and clinical leaders on how the evolving AHC intersects with academic nursing, and how different points of integration can be better leveraged.

The interviews addressed the following areas:

- Vision for academic nursing;
- Major points of integration with the health system (governance, management, strategic, financial, mission);
- Level of alignment between academic nursing and the nursing clinical practice in the health system, including the role and responsibilities of the dean of nursing and nursing faculty;
- Primary challenges in advancing the shared goals of the school of nursing and health system and potential points of intersection;
- Academic nursing financial issues, particularly those related to research and education and inter-entity (between academic nursing and health system) issues.

In addition to interviews, two surveys were completed during December 2015 to collect additional data from

Figure 2: Manatt Health Solutions Interviews Conducted



102 leading academic institutions and academic health systems. One survey was completed by nursing deans and a second by university presidents and chancellors.⁴

In the section that follows, three major findings are presented that are based in large measure on these interviews, and the two leadership surveys. Additional highlights from the interviews and the surveys are included throughout.

REPORT FINDINGS

- **Finding 1: Academic nursing is not positioned as a partner in healthcare transformation**

Significant organizational limitations prevent academic nursing from functioning as a true partner in AHC transformation, and as a result, in many institutions it is largely confined to a marginal role. Manifestations of these organizational limitations include:

1) **Governance Structures.** It is widely known and discussed that nurses are not well represented on hospital boards—despite their importance in the clinical workforce and their trusted role with patients. According to a 2010 survey from the American Hospital Association, only 6% of hospital boards have nurses represented compared to 20% with physicians.ⁱⁱⁱ A national study of University HealthSystem Consortium hospital members suggested that “high-performing boards were more likely to have nurses as voting members” than were low-performers.^{iv} In the survey of nursing deans, most health systems were reported as not being inclusive of either the dean of nursing or an associate dean on their governing boards, and overall, nearly half of respondents indicated no nursing participation on the health system board at all.

⁴ **Note:** Full results from both surveys are included as supplemental materials from AACN. Select survey results are included in the body of this report.

SURVEY OF DEANS OF NURSING	SURVEY OF UNIVERSITY LEADERSHIP
<p>Survey Goal: Establish a baseline understanding of how schools of nursing and their academic and clinical partners are approaching the development of a new alignment model for academic nursing in the context of evolving academic health centers.</p> <p>Survey Participants: This survey was completed by Deans of Nursing at schools that are a part of or are affiliated with AHCs.</p> <ul style="list-style-type: none"> ▪ 102 survey participants were invited to complete the survey. ▪ 55 responses were collected for a response rate of 54%. 74% of respondents were from public university settings. ▪ The survey was blinded; however a list of invited institutions is in the appendix. ▪ Select questions asked for “free-response” follow ups. Pertinent summaries of those comments are included throughout. <p>Timeline: This survey was launched on December 9, 2015 and closed on December 23, 2015.</p>	<p>Survey Goal: Understand the perspective of university leaders regarding the role of their Schools of Nursing.</p> <p>Survey Participants: This survey was completed by University Presidents, Provosts, Health Science Chancellors, or their equivalents that have or are affiliated with academic health systems.</p> <ul style="list-style-type: none"> ▪ 102 survey participants were invited to participate. ▪ 50 responses were collected for a response rate of 49%. ▪ The survey was blinded however a list of invited institutions is listed in the appendix. ▪ Select questions asked for “free-response” follow ups. Pertinent summaries of those comments are included throughout. <p>Timeline: This survey was launched on December 9, 2015 and closed on December 23, 2015.</p>

Current nursing participation on health system boards contrasts sharply with the views of many of the university presidents we surveyed, with 73% of respondents strongly or most strongly agreeing that schools of nursing should have representation on health system boards.

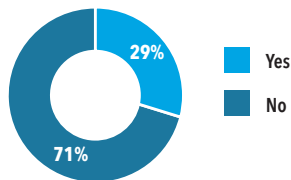
2) **Organization Structures.** The differing reporting structures that pertain in most universities for nursing, medicine, and in some cases the health system can become a barrier to the enhanced partnership and collaboration described in this report. In many universities, the faculty professional services and the health system increasingly are in close alignment as a clinical enterprise. It is rare to find the school of nursing being included in these evolving structures, some of which are more formal and include new governance and reporting

structures, and others that are focused on the integration of operational and financial processes. In a few instances all the health sciences and the health system have unified governance and/or reporting structure, and this can facilitate the collaboration across disciplines that is increasingly valued.

3) **Leadership Structures.** Based on our interviews and understanding of AHC organizational structures, most nursing deans and faculty do not hold significant health system leadership positions, either as members of the health system executive team or as leaders of the clinical nursing enterprise. This finding contrasts sharply with academic medicine, where the dean is often a key member of the health system executive team. While there are many variants of reporting structures amongst AHC’s, it has

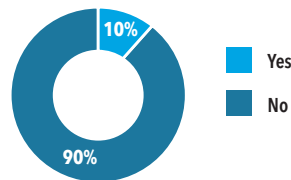
Dean of Nursing Survey

Does the Dean of Nursing hold a seat on the governing body of the health system?



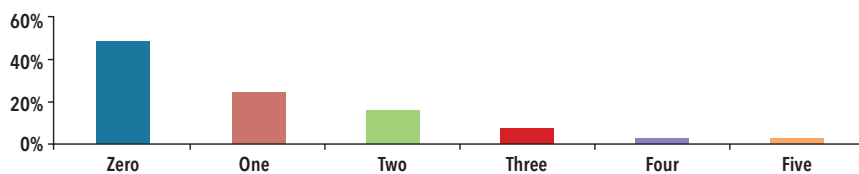
Dean of Nursing Survey

Does an associate/assistant dean of nursing hold a seat on the governing body of the health system?



Dean of Nursing Survey

How many governing body seats, if any, are held by Directors with a nursing background?



become widely accepted that the Dean and the CEO must work intimately and closely together, with highly aligned organization structures amongst schools of medicine and health systems rapidly becoming the norm.^v

Clinical department chairs often lead the clinical services of the health system, holding appointments in both the school of medicine and the health system.

From the survey of nursing deans, many reported that they or a member of their leadership team hold appointments in the health system and the health system CNO holds an appointment in the school, however, in many cases it was reported that these cross-institution appointments lack the strength and level of responsibility needed to foster innovation and a higher degree of collaboration.

Perceived limitations exist within the academic nursing community with respect to the incorporation of the perspectives of schools of

nursing into the strategic decision-making of both their affiliated health systems and affiliated medical schools— areas where universal endorsement for closer alignment was noted by interviewees.

University presidents largely support a closer strategic relationship between schools of nursing and their partner health systems and medical schools, with 89% endorsing a school of nursing role in the development of university strategic plans, 79% endorsing a role in health system strategic plans, and 49% endorsing a role in the school of medicine’s strategic plans. Of the university president respondents, 88%

strongly or most strongly hold the expectation that their “school of nursing should be an innovator and major contributor to the transformation of health care in our region”, reinforcing the expectation that their schools of nursing should serve an enhanced institutional role.

4) Integration of Nursing Faculty into the Health System.

Although nurse training programs originated within hospitals in the late 19th century—the “Nightingale schools”—today there is relatively modest clinical integration between academic nursing and their affiliated health systems. As one measure, a majority of nursing deans reported low/minimal integration of school of nursing faculty into the clinical practice of the health system in the survey of nursing deans.

Few nursing clinical faculty members practice in their partner health systems. Many deans of nursing report difficulty securing appointments for clinical faculty, and in many cases, faculty

Dean of Nursing Survey

Does the health system CNO have a faculty appointment?

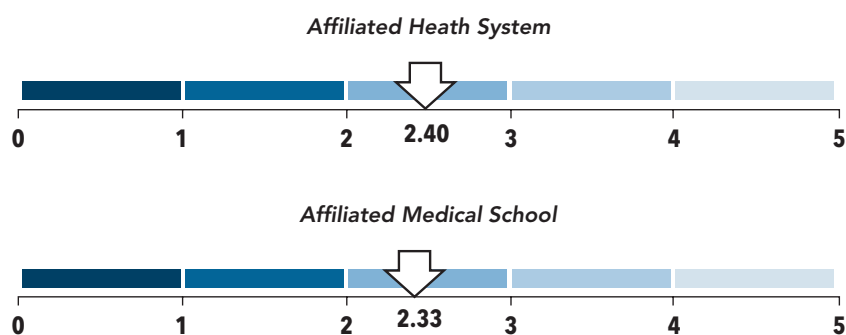


Does the Dean of Nursing or an Associate Dean of Nursing have an appointment within the health system?



Dean of Nursing Survey

On a scale of 1 (lowest) to 5 (highest), how would you rate the integration of perspectives from the school of nursing into the strategic decision making of (average score):



must seek clinical placements outside of their partner health system to maintain certification.

This lack of clinical integration has several effects:

- School of nursing faculty are not viewed as full partners by the clinical practice and its leadership;
- Preceptorships and teaching roles for nursing students and residents are often filled by non-faculty nurse leaders from the health system;
- A limited integration of faculty-led and student-led research projects that can lead to a stronger “culture of learning;”
- Academic nursing participation in the development of clinical and research strategic plans remains minimal.

The appetite in academic nursing for maintaining a robust clinical faculty that spends significant portions of their time in patient care also has

been minimal. In our view, this is largely due to a lack of funding for this role.

5) Integration and Collaboration in Nurse-Scientist Research.

Nurse-led research is carried out daily both within academic nursing and also in the health system by faculty and non-faculty nurse scientists.

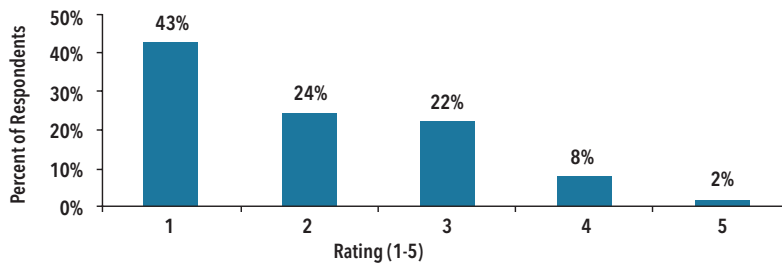
In many instances, these research activities and projects operate independently of their associated school of nursing, despite opportunities for collaboration. Barriers also exist between academic nursing and the health system to facilitate nurse-led projects across institutions, which inhibits potentially innovative research projects. Further integration and collaboration is needed across the different health sciences schools.

Overall according to the survey of nursing deans, low levels of research collaboration were reported between schools of nursing and partner health systems, medical schools, and other professional schools

Transdisciplinary research programs can and should be supported to integrate investigators and foster “university-wide” research leadership and programs. University president respondents strongly supported the notion that nursing research programs should be developed and better integrated across multiple dimensions – in particular within the critically important domain of population health science research. Over three-quarters of university president respondents ranked growing academic programs as a high or highest priority, particularly with respect to population health science.

Dean of Nursing Survey

On a scale of 1 (low) to 5 (high), how would you rate the integration of school nursing faculty into clinical practice in the health system?



Dean of Nursing Survey

Do the nursing faculty primarily maintain their clinical certification by practice within the health system?

Yes - 33%

No - 67%

their faculty, students, and academic programs – have much to contribute to the future success of AHCs and that they historically have been undervalued at best, and ignored at worst.

- **The health system chief executives and chief nursing officers** interviewed recognize that academic nursing generally has not been involved in major leadership roles and are not often involved in health system strategic initiatives. Several interviewees remarked that their affiliated school of nursing seemed more interested in education

- **Finding 2: Institutional leaders recognize the missed opportunity from alignment with academic nursing and are seeking a new approach.**

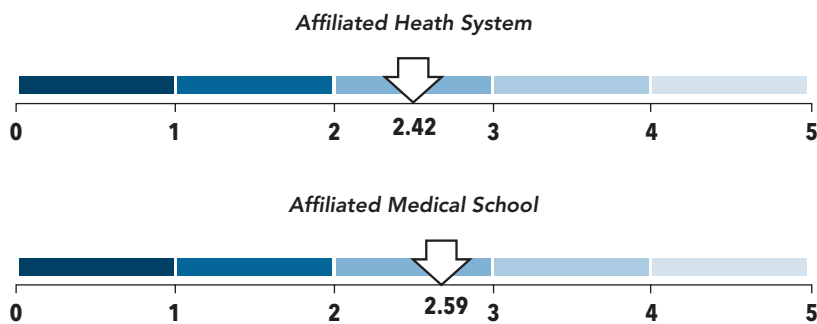
Themes that ran consistently throughout the interviews conducted were missed opportunity for partnership; frustration at the lack of alignment amongst academic nursing, medicine, and the health system; and a strong desire to reset relationships around a dynamic vision for academic nursing.

- **Deans of nursing** report that they often are omitted from AHC decision-making and efforts to advance important AHC clinical redesign, despite attempts at integration and offering what they perceive as significant value in areas including transitions of care, chronic care management, design of informatics projects, patient engagement, and primary care. Despite notable advances in nursing-led research, they report a sense of being on the margin of enterprise research initiatives focused on population health. Deans of nursing believe that they – through

and research portfolios than clinical practice. We also heard the comment that nursing faculty are insufficiently engaged in the clinical delivery processes to practically contribute what they will readily agree are valuable insights. There also was a concern that nursing faculty are insufficiently focused on the issue of total cost management, and that proposed solutions for care coordination and transitions which enhance the role of nursing may increase costs as an unintended consequence. On the other hand, we were advised of “the critical importance of academic nursing to achieving a patient-centered approach to clinical care,” as well as the critical need for the school of nursing to graduate nurses prepared to care for patients in a 21st century context. Several of the interviewees also indicated that academic nursing “needs a seat at the table” of health system management and were interested in the potential for leadership training programs to prepare nurse faculty for this responsibility.

Dean of Nursing Survey

On a scale of 0 (none) to 5 (extensive), describe the extent of research collaboration between the school of nursing and:



- **Deans of medicine** reported significant interest in evolving institutional research agendas that are transdisciplinary and that increasingly share resources and faculty. They also are strongly interested in pursuing an agenda on interprofessional education—particularly with master’s and doctoral degree nurses in the graduate education realm and are seeking partnership from nursing in this regard.
- Finally, **university presidents / chancellors** see a strong need for academic nursing to rethink their approach to their own development as leaders in the advancement of science and clinical innovation. They value contributions to the nursing profession and the health

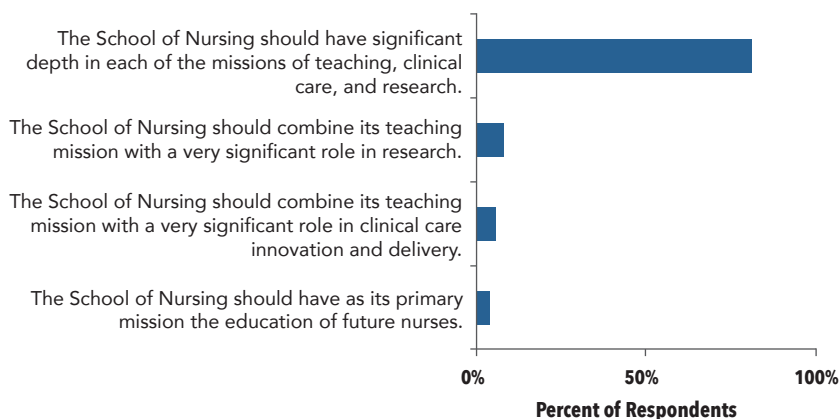
sciences more broadly and are supportive of schools of nursing rethinking approaches in this regard—from the selection of deans to program development to individual faculty recruitment. They are interested in finding opportunities for synergy among the entire research enterprise and recognize that the future of research—as in clinical care—increasingly will be transdisciplinary, particularly for clinical and translational research. By a wide margin (81%), the university presidents surveyed endorsed the notion that “the school of nursing should have significant depth in each of the missions of teaching, clinical care, and research.”

- **Finding 3: Insufficient resources are a barrier to supporting a significantly enhanced role for academic nursing**

All the deans of nursing interviewed for this report brought up the challenge they face in realizing higher aspirations given their current funding model, which is highly dependent on tuition. They perceive a major disconnect between the expectations for an increasingly participatory role in AHCs, expanded to all missions, with a funding model based primarily on the educational mission.

University President Survey

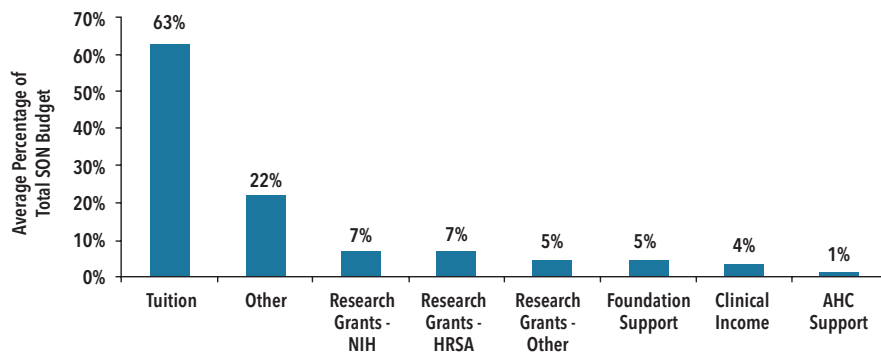
Which of the following best represents your perspective (choose 1):



Academic nursing is largely funded by tuition dollars and does not benefit significantly either from funds that flow from their affiliated health systems or from robust grant support from federal agencies. Deans of nursing report that, on average, over 60% of their funding is from tuition, and trace amounts are from clinical income and AHC support. Given that total budgets reported ranged from \$5

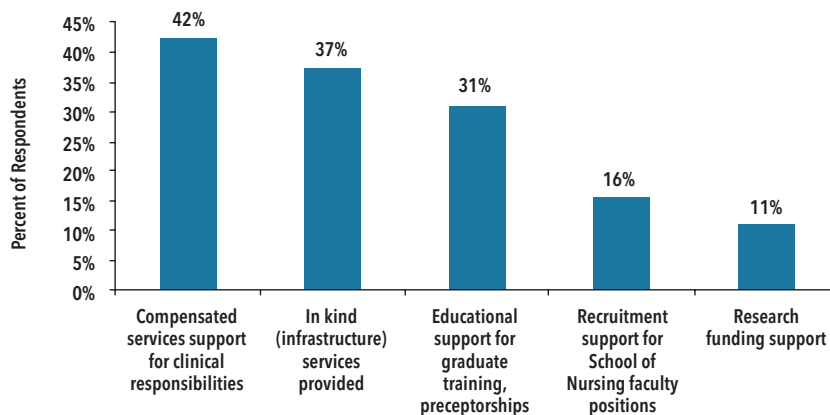
Dean of Nursing Survey

What percent of the School of Nursing budget is comprised from each of the following:



Dean of Nursing Survey

Does the School of Nursing receive any of the following types of financial support from the health system?



to \$30 million, one can appreciate the limited flexibility that the deans have for investment.

Academic nursing for the most part does not have its own clinical income (on average, school of nursing budgets in our survey only contained 4% in clinical support), such as with a “dean’s tax”⁵ comparable to those that often exist in medical schools.

For those institutions that do receive financial support from their partner health systems, deans of nursing report arrangements for purchased

services, in kind services, and education support, with recruitment support and research support being the exception in some schools. Recruitment and research support may be most needed by academic nursing.

Research programs in particular should be noted as significantly under-resourced in academic nursing. The dedicated arm of the National Institutes of Health (NIH) institute that funds nursing research directly—the National Institute for Nursing Research (NINR)—constituted just 0.4% of the total NIH budget of \$30 billion in 2015.^{vi} While it is true that many of the other NIH Institutes also fund academic nursing, these funding amounts are quite limited. Academic nursing received just over \$133 million in total NIH funding in 2014, compared to significant amounts awarded to their colleagues in academic medicine (\$11.4 billion), public health (\$821 million), pharmacy (\$252 million), dentistry (\$179 million), and veterinary medicine (\$158 million).^{vii}

Furthermore, of the total 9,000-plus NIH funded scientists in the healthcare workforce between 2008-2012, only 341 (3.7%) were nurse-scientists, despite the recognized need for capacity building in nursing science.^{viii} However, the paucity of nurse-scientists is not solely a result of limited funding but also represents the traditional focus of academic nursing on training clinical practitioners.

⁵ A dean’s tax is a common financial mechanism used by schools of medicine to assess the faculty’s collective professional income and thus provide academic support funds for the school. In effect, a cross-subsidization for supporting the school’s missions.

ACADEMIC NURSING LEADERSHIP SUMMIT

On August 25, 2015, AACN hosted a leadership summit with deans from academic nursing and medicine, university leaders, health system CEOs and CNOs, AACN and Association of American Medical Colleges leaders, and nursing leadership from the Veterans Health Administration.⁶ The objective of the summit was to engage a thorough discussion on health reform, the need for academic nursing leadership, and the intersection with academic health system transformation.

Manatt Health facilitated this gathering of invited leaders and prepared the following summary of the major takeaways.

1. **The traditional ways of doing business within AHCs must evolve, which will necessitate significant culture change across all three missions.** Of particular importance will be enhanced communication, a focus on “we,” and a commitment to mutual support. Participants recognized that this change in culture will be difficult, given that schools of nursing, other professional schools, health systems, and schools of medicine have become increasingly siloed from each other.

2. **New organizational structures that more closely couple academic nursing with health systems will be important to facilitate the kind of successful integration that is a precursor to effective collaboration.** There is no one “correct” structure, but rather, the broad principle of alignment of interests along strategic, cultural, programmatic, economic, and governance dimensions should be pursued. Partnership needs to mean: “If I succeed, you succeed, and if you fail, I fail.”

3. **The financial model of tuition driving academic nursing inhibits the strategic and aspirational role participants believe is possible.** Nursing faculty typically focus first and foremost on teaching. To some degree this accounts for the reluctance of nursing faculty to take on positions of clinical responsibility, particularly without a financial support model for doing so. If academic nursing is to serve a transformative role, then the economic model must be put in place that provides the resources—through clinical, research, and educational support—to do so.

Figure 3: Leadership Summit Participating Institutions



⁶ Attendees listed in Appendix B

4. Within academic nursing there is a strong perception that physicians are overly dominant and that independence is necessary for nurses to achieve their true potential. Contemplating the pivotal role for nursing in the future, the issues of cultural, organizational, discipline, and gender bias that persist in our organizations must be addressed, fostering partnership and alignment across the professional schools and the AHC.

5. Nursing needs to be at the table as AHCs develop their population-health strategies and accountable care organizations. Many health systems are lacking data scientists and implementation scientists. Leaders should be seeking new opportunities to connect the dean of nursing to other initiatives in their enterprise.

6. Leadership development is a key long-term success factor for AHCs given trends in interprofessional, team-based clinical care, and in multi-professional research programs that seek to translate discovery and innovation into practice. Approaches that 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 are essential.

7. Workforce planning efforts within AHCs through partnerships with the health system and its affiliated 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. There is a 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 collaboration among all the disciplines and the health system.

8. Research program capacity-building within academic nursing present an important opportunity for alignment. Academic nursing should consider recruiting PhD investigators in emerging areas including informatics, implementation science, health services research, and patient safety/quality, which can increase the number of grant dollars.

9. The recommendations set forth are not without risks to those schools of nursing that operate in silos—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 advanced practice registered nurse (APRN) professional services
- c. NIH and other public programs to support nursing-focused and multi-professional research

Building a Strong Partnership

The findings from the interviews, the surveys, and the leadership summit are unambiguous: an enhanced partnership with academic nursing will benefit all parties. On the one hand, AHCs are in the midst of significant transformation in clinical care delivery and in the evolution and integration of research and education programs. Academic nursing can contribute materially to the success of this transformation. On the other hand, academic nursing has unrealized potential to grow as centers for research and clinical innovation as the role of nurses expands and develops in health care, positively contributing to the ultimate goal of advancing health.

To achieve a new partnership the following challenges must be met:

- Academic nursing faculty must have a deeper involvement in clinical practice and more opportunity to engage in the clinical innovation

IMPERATIVES FOR AHCS	INTERSECTION WITH ACADEMIC NURSING INTERESTS
<p>1. Developing population health competence necessary to successfully manage beneficiaries—a new paradigm for AHCs. This development must occur alongside continued focus on core business of complex tertiary/ quaternary care services.</p>	<ul style="list-style-type: none"> ▪ Strong population health science research and leadership ▪ Opportunity for significant role in health system innovation around population health capability development
<p>2. Continuum-of-care development and integration that links acute, post-acute, and community-based care, built on a foundation of transitional care and care management capabilities.</p>	<ul style="list-style-type: none"> ▪ Nursing leadership in emerging clinical roles critical to population health including transitional care nurses, care coordinators, care managers ▪ Leadership in new care model design and implementation
<p>3. Development of a foundation of primary care and enhanced patient access off the traditional main campus to the community, with growing networks of employed and affiliated non-faculty nurses, physicians, physician assistants (PA), and other allied health professionals “closer to home.”</p>	<ul style="list-style-type: none"> ▪ APRNs critical element of a growing network of primary care ▪ Nursing leadership on care teams as front-line partners with patients in self-management, etc.
<p>4. Priority focus on quality, patient safety, and outcomes within the delivery system to meet both a national imperative on quality but also an internal imperative to lower the overall AHC cost-structure to compete with lower-cost community systems, particularly for less-acute care.</p>	<ul style="list-style-type: none"> ▪ Long tradition of academic nursing leadership in the science of quality and safety ▪ Opportunity for enhanced academic nursing role in implementation of quality and safety initiatives in the clinical system and in community-based settings
<p>5. Innovation with patient-oriented research that connects basic science discovery to new clinical interventions, drugs, therapies, and procedures and broader population/public health interventions.</p>	<ul style="list-style-type: none"> ▪ Long tradition of academic nursing leadership in patient and community-oriented research ▪ Opportunity for transdisciplinary research teams focused on implementation science and population health interventions

needed by evolving academic health systems—which has significant implications for both schools of nursing and AHCs.

- Research programs across academic nursing, health systems, academic medicine, and other professional schools must be fostered, particularly around patient and community-oriented research.

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. Academic nursing needs to reflect on its aspirations and reorient to these themes, and a business case for investment in the evolution of academic nursing must be compellingly made both nationally and within each institution.

Most, if not all, AHCs are focused on regional system development that will enable them to deliver the scope of services necessary to compete with their community-system competitors and better manage the total cost of care. They are seeking to redesign their services and offerings and move away from operating exclusively as “destination-centers” for

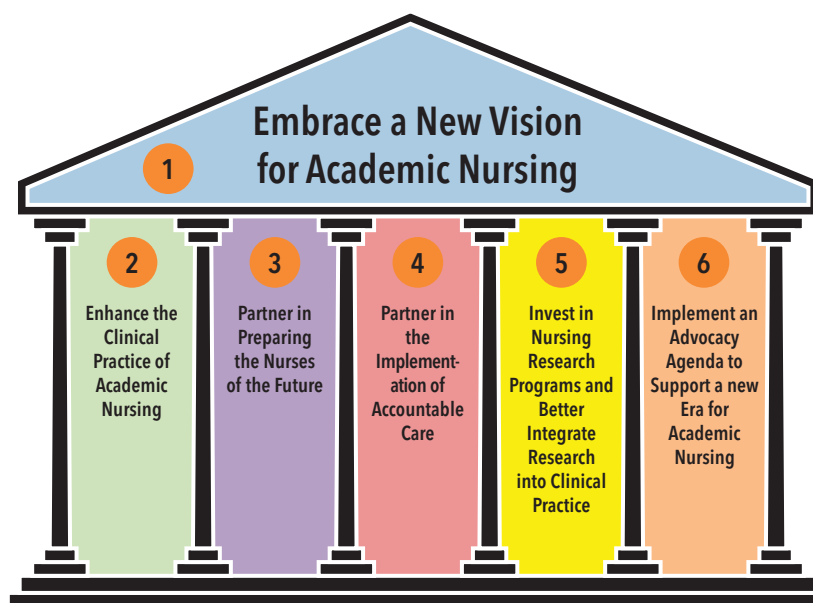
tertiary and quaternary care to systems-of-care that offer a full range of services along the continuum through a combination of owned assets and aligned partners. These imperatives intersect with the interests of academic nursing leaders, suggesting significant potential for an enhanced partnership.

The following six recommendations are designed to assist institutional leaders as they consider how best to achieve the promise and potential of a full partnership with academic nursing. The sections that follow provide detail on each of these recommendations, as well as highlight exemplar activity from institutions across the country where academic and clinical leaders have been successful in aligning and integrating academic nursing in a true “transformation agenda.”

RECOMMENDATION 1: EMBRACE A NEW VISION FOR ACADEMIC NURSING

AHCs are traditionally organized within the context of the relationship between academic medicine and the health system, with academic nursing playing a secondary role in clinical decision making and strategic planning for long-term sustainability.

Figure 4: Building A Strong Partnership—Recommendations



Though significant gains have been achieved by nursing since the publication of the *IOM Future of Nursing* report in 2010, real support now needs to be put behind engaging the nursing enterprise in a number of transformative practices and concepts gaining traction within AHCs, including team practice, evidence-based health care, population health, and patient engagement.

To achieve a new model of interprofessional engagement within AHCs, institutional leaders must embrace a new vision for academic nursing. Nursing is integral to the success of the health system, and the impact of a well-positioned school of nursing will

bring material benefits to the larger enterprise. These can include, among others: achieving and sustaining magnet designation status; successfully meeting the requirements for accountable care organization (ACO) programs; broadening the foundation of primary care; preparing the clinical workforce for the future; realizing clinical and financial benefits from value-based payment; transitioning to patient-centered care; and leading in clinical informatics and patient-oriented research. A recommended starting point for the future of academic nursing is found in the following vision statement, which we urge all institutional leaders to embrace:

ACADEMIC NURSING IS A FULL PARTNER IN HEALTHCARE DELIVERY, EDUCATION, AND RESEARCH THAT IS INTEGRATED AND FUNDED ACROSS ALL PROFESSIONS AND MISSIONS IN THE ACADEMIC HEALTH SYSTEM. ELEMENTS OF THIS VISION INCLUDE:

- Nursing participation in health system governance
- Expanded academic nursing leadership in clinical practice and care delivery
- Growth and evolution of academic nursing research programs in partnership with academic medicine, the health system, and other professional schools
- Collaborative workforce plans and training programs in partnership with the health system
- Integration of academic nursing into population health initiatives
- System-wide commitment to leadership development to prepare and support future nurse leaders

**RECOMMENDATION 2:
ENHANCE THE CLINICAL PRACTICE OF
ACADEMIC NURSING**

We recommend that academic nursing and their partner AHCs develop mechanisms to more fully bring nursing faculty into the clinical practice of the health system and seek to connect the clinical service more closely to the mission of academic nursing.

**UNIVERSITY OF
PENNSYLVANIA**

**The University of
Pennsylvania** School of

Nursing, in partnership with the Hospital of the



University of Pennsylvania (HUP), established two roles aimed at facilitating greater linkages between the activities of the clinical practice and the school of nursing faculty. First, a **Clinician Educator (CE)** role has been developed. CEs are full-time faculty members appointed with responsibility for delivery of services within the practice setting, based on the premise that practice, research, and education are interrelated and should be integrated. The health system has agreed to fund part of the CE salary based on the percentage of clinical time provided (variable). In addition to clinical responsibilities, CEs have research programs that are often carried out in the health system in partnership with other faculty, students, and non-faculty nurses. Promotion and

tenure requirements are as vigorous as non-CE faculty within the school.

Second, an **Associate Dean for Practice and Community** role has been developed jointly between the Dean of Nursing and the Chief Nursing Officer at HUP. The position was designed to support clinical research development and the strengthening of collaboration between the school and the health system. The position is jointly funded and reports both to the Dean of Nursing and the CNO of HUP.

Strategies that academic nursing and AHC leadership should consider in adopting this recommendation include:

1. Establish clinical leadership positions to link academic nursing faculty to clinical practice leadership and vice-versa. A recommendation from several health system executives interviewed for this report is for nursing faculty to take on greater responsibility for direct clinical care. This recommendation is made in the spirit of enhancing the ability of nursing faculty to provide clinical leadership, in a model akin to how physician chiefs of division serve as leaders in AHCs. With regard to nursing, as an example, a director of critical care nursing might also have an academic nursing faculty appointment. Having nursing faculty in clinical roles also will benefit the education of nurses in the clinical setting, with more of an integrated approach between faculty and hospital-employed preceptors. Deans of nursing and health system CEOs must develop appropriate financing models that recognize potential contributions to health system operations and innovation in clinical care.

UNIVERSITY OF ROCHESTER

The University of Rochester/University

of Rochester Medical Center has developed an integrated leadership structure to facilitate integration of the School of Nursing faculty and leaders into the activities of the broader AHC, and



leverage where possible the leadership of School of Nursing faculty in strategic and operational decision-making. The Dean is a Vice President of the Medical Center, sitting at the senior leadership table with the Dean/CEO, COO, Hospital CEO, and CMO of the faculty practice. The Dean also sits on the Medical Center Executive Team and the Nursing Practice Executive Council. This structure allows for the collaborative thinking, planning, developing, and evaluating of initiatives that support and enhance the functioning of the AHC. The participation of the school of nursing on this senior team broadens the sphere of influence that our faculty/school can have in high level discussions and decisions. For example, the SON is highly visible in the URM Strategic Plan—highlighting the school's contributions to creating a highly educated, diverse workforce and in increasing the capacity of the institution's primary care agenda.

2. Facilitate joint clinical program development between academic nursing faculty and clinical practice leaders, with particular emphasis on ambulatory care and population health. In effect, such an effort will facilitate a more robust approach to designing and improving clinical service delivery in support of the transition to new models of care. Development of a joint committee or inclusion of academic nursing faculty into existing clinical service committees should be considered as a mechanism to support broader engagement related to care redesign.

3. Grow academic nursing clinical practice as a means of meeting several goals described in this report: broadening the involvement of nursing faculty in clinical care; creating a practice home for APRNs; and generating clinical income support for the school of nursing. Nursing clinical practice is likely to expand in the years ahead as APRNs increase in number and scope of practice laws continue to evolve to recognize the advancement of the profession and its centrality for patient care. Therefore, institutions should anticipate and plan for expanded nursing clinical practice. Broadly, there are two paths for schools of nursing to follow, depending on their institutional context. One path includes the development

of a nursing faculty practice organization. This organization may contract for billing and/or management services from the medical faculty practice or health system. Organizations that have successfully taken this path in some form include University of Utah, University of Texas Health Science Center at San Antonio, and Columbia University School of Nursing. Another path is to build a nurse faculty division integrated with the medical faculty plan and/or the health system employed practice, using a “lease” mechanism for the provision of clinical time.

RUSH UNIVERSITY

Rush University/Rush University Medical Center



Center has an integrated model of clinical, teaching, and research service that starts with a shared academic / clinical leadership model, and extends down to the faculty. Indeed, the College of Nursing mission statement states, “The unification of education, research, and practice is the learning model of this college...faculty have the opportunity to function in one of three roles: teacher-practitioner, teacher-researcher, or researcher-practitioner”. From a leadership perspective, there is cross pollination across the academic and clinical organizations, with the Dean of the College of Nursing acting as a Vice President of the Medical Center and the Chief Nursing Officer acting as an Associate Dean in the school of nursing. The College of Nursing faculty all operate within a “teacher-practitioner model”, participating in and leading multiple aspects of the College and Medical Center’s missions.

Today, the unit-based teacher-practitioner role is typically a 0.5 FTE appointment in the medical center and a 0.5 FTE appointment in the College of Nursing. In this role, the teacher-practitioner has teaching responsibilities in coursework and clinical experiences for nursing students in the College while having a significant service-based role in the medical center. Clinical responsibilities include consultation, patient care, nursing education, quality improvement, and project support. As an example, an Assistant Professor in the College of Nursing serves as the Director of the Adult Gerontology Acute Care Nurse Practitioner (ACNP) and Acute Care Clinical Nurse

Specialist Program. She is a certified ACNP and works in the Cardiac Intensive Care Unit (CICU), and serves as a lead NP over the NPs working in the CICU. Recently, she completed a research study evaluating a new model of care in which ACNPs manage 7 CICU beds providing 24/7 patient coverage. The expansion of these CICU beds addressed the increased volume of patients with cardiac diagnoses from the emergency department who needed acute, intensive care beds. She also spearheaded the development of an NP led Heart Failure Admission Reduction Program (HARP). In this program the CICU NPs followed patients discharged from the CICU for 30 days in collaboration with a home health agency. In a 3 month pilot study, the HARP patients had an 11% readmission rate compared to a 66% readmission rate for heart failure patients discharged from the CCIU who did not enroll in HARP.

4. Expand clinical integration with joint appointments and practice integration.

Nursing clinical faculty need to maintain certification and a priority should be for the health system to provide clinical settings, both inpatient and outpatient, and compensation models that permit them to do so. Joint appointments – such as with a clinician-educator track or equivalent – also will be important to create more points of linkage. Further, the integration of nursing faculty into internal medicine, family medicine, and pediatrics practices will expand capacity and create new opportunity for team-based practice and potentially research and educational synergy.

5. Promote and expand nurse-managed health clinics.

Nurse-managed clinics have the potential to increase the primary care workforce nationally^{ix} and thereby provide an approach that AHCs can utilize to strengthen their primary care foundations. As AHCs become focused on a population-health model designed to meet the needs of multiple beneficiary cohorts (notably Medicaid), the ability to expand up nurse-managed clinics will provide them with a complementary and more rapid approach to meet these burgeoning needs for access.

Nurse-managed clinics also can provide needed settings for the placement of nursing students and the opportunity to gain required outpatient services exposure. One dean of nursing indicated interest in establishing a nurse-managed clinic in the physician outpatient building after-hours and on weekends. However, the concept was derailed by a lack of consensus as to how the nurse-managed clinic would fit with the center's other primary care clinics. During multiple interviews we also perceived the strong bias toward "physician leaders of the team," which mitigates pushing the envelope on nursing-led primary care. About 51% of respondents in the survey of nursing deans reported having nurse-managed clinics managed by their schools of nursing, though many clarified in free-responses that the clinics were small in scale and in some cases were limited to narrow populations such as employees/students.^x

UNIVERSITY OF VIRGINIA

The University of

Virginia has developed a joint appointment model to support collaboration and integration between the full-time faculty of the school of nursing and the clinical practice. One faculty member serves as the Associate Dean for Strategic Partnerships & Innovation and holds a joint appointment (supported 20% financially) with 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—some funded, others volunteer—at UVA have been a critical element of their collaborative model.



UNIVERSITY OF COLORADO

The University of Colorado College of

Nursing launched a nurse-managed and 100% nurse-staffed clinic, "Healthcare Partners at Bellview" operated out of the College. The clinic will provide mostly preventive and primary care services as well as basic laboratory services and some in-office procedures. The Clinic takes insurance, but also charges a monthly flat fee for access to all services with no additional co-pays or cost-sharing requirements for patients.



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

6. Expand participation of academic nursing in next-generation payment arrangements.

In those institutions where there is willingness by both the health system and the school of nursing to collaboratively advance with population-health innovation, we recommend exploring shared efforts to achieve clinical and financial results. These efforts may include the health system contracting with the school to provide care coordination services; have the school's faculty participate as clinical leaders in ACO efforts; participation in shared savings efforts; collaboration on staffing the ACO's primary care with clinics with APRNs; and direct contracting with nursing faculty for the provision of services.

RECOMMENDATION 3: PARTNER IN PREPARING THE NURSES OF THE FUTURE

One of the most critical challenges facing AHCs is the development of the leadership of the future—both the leadership of health science schools within universities and the leadership of clinical systems. Indeed, one of the core recommendations from the IOM *Future of Nursing* report focused on leadership development. According to the survey of university presidents, "expanding leadership development to train and support future nurse leaders" ranked second in terms of priority for schools of nursing in terms of opportunities to support the evolution of AHCs.

The time to begin planning is now, and given the transformation of AHCs and their partner universities

and health science schools to prosper in healthcare reform, new profiles of leaders are emerging that academic nursing and AHCs must consider.

Strategies to consider include:

1. Develop a long-term workforce plan that leverages redesigned academic nursing educational programs combined with re-training to prepare nurses for the future.

In a reconfigured system of health care organized around whole-person care, nurses will have a critical role as “boundary spanners” linking patients with disparate parts of the health system and coordinating transitions of care. Academic nursing must rapidly adapt their curricula and work closely with their affiliated health systems to train the next generation of nurses adept at population health management, especially for the chronically ill, encompassing a myriad of new skills including patient coaching, informatics, care transitions, and geriatric case management.^{xi} There also is the need to provide continuous re-training for the existing nursing workforce in these new techniques.

2. AHCs and academic nursing should collaborate to develop both a pipeline of new nurses at multiple levels (BSN, MSN, PhD, DNP)

to meet current and future workforce needs, as well as programs that advance selected high-performing nurses to higher levels of education and specialized training to further meet internal workforce needs in a more cost-effective way. Health systems and academic nursing must jointly recognize the need for graduate preceptorships and collaborate to provide the programmatic incentives needed for their expansion.^{xii} The Graduate Nursing Education (GNE) Demonstration—a Centers for Medicare and Medicaid Services (CMS) program that tests providing reimbursement to a select number of hospitals for the reasonable cost of providing clinical training to APRN students—should be built upon as a model for collaboration between AHCs, academic nursing, and community-based training sites in supporting the training of APRNs, specifically in community settings.^{xiii}

ELMS COLLEGE

Elms College has developed an innovative academic-practice



partnership with two separate health systems in Massachusetts (Berkshire Health Systems and Baystate Health) to prepare APRNs to assist in meeting their future workforce needs, specifically in the acute care adult setting and in primary care. Formalized by agreement, the partnerships include a discounted tuition package from the College for each cohort that the health systems sponsor; collaboration in the selection of qualified, high-performing nurses for the organizational funded DNP scholarships; provision of clinical preceptors and clinical practice sites; joint faculty appointments; support of scholarly DNP capstone projects to contribute to advancing the systems’ goals for quality practice and healthcare delivery; and evaluation of student and program outcomes including the program model’s impact on the time and resources related to transition and orientation into practice of the new DNP graduate.

Eight (8) RNs from each organization (total of 16 funded students) received full scholarships in 2014 (first cohort) and in 2015 (second cohort). The Elms DNP APRN program is also open to non-organizationally funded students within the region.

3. Create nursing leadership development programs for faculty and clinical practice nurses that are jointly managed by the school of nursing and clinical practice.

Identifying, mentoring, and supporting promising nurses for leadership positions—both within the faculty and nursing clinical practice—but also within the broader university and AHC leadership—is critical for academic and clinical leaders. The leaders of AHCs and health science schools of the future will require new profiles—profiles of deans, faculty leaders, clinical leaders, and AHC administrative leaders that speak to the complexity of evolving AHCs. Academic nursing and AHCs must act now to start developing the next generation of leadership.

4. Lead the development of interprofessional education efforts institution-wide. We found near universal agreement that the future of healthcare education is interprofessional and, according to the survey conducted of deans of nursing, 80% of deans report that interprofessional education programs are in place at their institutions. We found in direct discussions, however, few clear examples of a real and meaningful approach to interprofessional education (both in didactic education and clinical training) at most institutions. Many organizations are in the early phases of establishing programs in this regard that cut across the different health sciences schools within an AHC including University of Colorado and the University of Rochester as well as others, but much work is to be done to realize their full potential. Academic nursing should take the lead in driving interprofessional education development in partnership with university presidents and their health science college dean counterparts.

UNIVERSITY OF COLORADO

The University of Colorado has developed

a medical-campus specific interprofessional education program. The current Interprofessional Education Program is overseen by the IPE Council. Representation on the council comes from each of the schools/colleges. The representative, an Assistant Director for Interprofessional Education, serves as an advisor, consultant and collaborator within the IPE council. The council oversees the IPE program across campus. The students participate in two eight-week courses, using team-based learning.

There are three components of the program:

- The Interprofessional Education and Development (IPED) Course focuses on team dynamics and communication which are shared across all AHC-affiliated schools and programs.



- Clinical Transformations (CT) Simulations, which provides an opportunity for students to work together in a simulated environment focused on teamwork and communication.
- Clinical Integrations (CI), which allows students to practice interprofessional health care in clinical situations. The Dawn Clinic is an interprofessional clinic serving underserved and uninsured clients within the local community.

The IPE program essentially sits with the Vice Chancellor for Health Affairs. There is a Coordinating Council composed of the Deans and the Vice Chancellor who review and provide support for the IPE program.

UNIVERSITY OF ROCHESTER

The University of Rochester Medical

Center Institute for Innovative Education (IIE)

was created to identify and facilitate common medical center educational priorities and to support and promote interprofessional education initiatives. The institute has a dedicated board that includes the Dean of Nursing, and is currently developing a URM-wide educational strategic plan that will emphasize inter-professional team training. After the plan is adopted, the IIE will develop and drive specific educational initiatives for the medical center as well as its community clinicians. The Board and the institute are also acting as a vehicle to seek out and apply for funding to support programs and initiatives within the interprofessional education space. The IIE has supported the successful application of an Assistant Dean for Interprofessional Education for a Macy's Faculty Scholar grant. This grant has allowed URM to study the impact of the use of the electronic medical record on patient/family centered care and communication and to develop ways to enhance these processes. The IIE has also supported the third annual Collaborative



Care Symposium bringing nationally recognized experts to URMC to discuss issues related to collaborative practice and interprofessional education and team training.

RECOMMENDATION 4: PARTNER IN THE IMPLEMENTATION OF ACCOUNTABLE CARE

Most AHCs are seeking to form systems of care and prepare for accountable care. Some are seeking to be leaders in this regard. The early experience of AHCs with accountable care programs including the Physician Group Practice demonstration and the Medicare Shared Savings Program (MSSP) and Pioneer ACOs indicates several defining success factors, including having a primary care foundation, experience with risk-bearing products, building close relationships with post-acute and long-term care, significant data and analytics expertise, and patient and community engagement.^{xiv} According to a 2015 article in *Nursing Outlook*, 18 of 32 original Pioneer ACOs were developing new and enhanced roles for registered nurses across the continuum of care, with many enhancing roles for RNs in the various clinical activities of the ACO.^{xv}

Medicaid programs nationally are undergoing significant transformation as well, as states respond to significant budgetary issues, Medicaid program growth (now the single biggest payer nationally), and a need to re-orient services for an increasingly complex population. AHCs in many markets care for high numbers of Medicaid beneficiaries and in some states are sole-providers of complex care services. As a result, AHCs often care for significantly more complex patients who fall through the cracks of a fragmented delivery system and who may require significantly higher levels of care.

As a result of the Medicaid imperative for a population health model, AHCs increasingly are developing networks of services in the community, moving off campus and out of the hospital to meet patients in their neighborhoods with new kinds of services. Nurses, including academic nursing clinical faculty, are vital contributors to developing these types

of community-health programs and community-engagement models, extending to primary care and nurse-managed clinics.

Strategies that academic nursing and AHC leadership should consider in adopting this recommendation include:

1. **Engage in joint clinical planning as part of a larger, integrated strategic planning process that incorporates all academic and clinical entities.** Many of the organizations identified with stronger partnership between academic nursing and the health system began with a more integrated strategic planning process that incorporated school of nursing leaders in clinical system planning and vice versa. In particular, academic nursing has contributed to the long-term planning for new population health models of care, including linking to evolving clinical training programs both within schools of nursing and, more broadly, across health science schools.

THE UNIVERSITY OF FLORIDA



University of Florida

Health has established

a unified strategic plan that brought together all of the clinical and academic units within the academic health center. UF Health, which encompasses several hospitals and physician practices, the health professional colleges and numerous research institutes, is now operating within one strategic framework and set of organizational goals around its three missions that can only be achieved through functional integration and collaboration.

In keeping with national recommendations to improve nursing practice and help nurses become well-positioned to lead change and advance health, the College of Nursing and the UF Health Shands Hospital division of nursing began to strategically collaborate in education, research, and patient care. As part of this partnership, both Anna McDaniel, PhD, RN, FAAN, dean of

the UF College of Nursing, and Irene Alexaitis, DNP, RN, NEA-BC, chief nursing officer and vice president for nursing and patient services at UF Health Shands Hospital, now hold positions and active roles within the hospital system and college, respectively. In addition to serving as dean, Dr. McDaniel serves as the UF Health assistant vice president for academic-practice partnerships, and Dr. Alexaitis serves as the College of Nursing associate dean for academic-practice partnerships.

As part of a stronger partnership, several new initiatives emerged. The Academic Partnership Unit, or APU, is a new model of clinical education that places nursing students in units to shadow and learn from staff nurses who hold courtesy faculty appointments. The program, which started in fall 2014, is a joint effort between leaders in the UF College of Nursing and UF Health Shands Nursing to enhance education and integration between students and nursing staff. The APU model ensures a low faculty-to-student ratio — two students per faculty member — and allows for more two-way dialogue and interaction and a hands-on patient care experience.

In 2015, the College established a RN-to-BSN program exclusively for UF Health registered nurses to obtain their bachelor's degree online from UF, thus helping the hospital system reach the strategic goal of increasing its pool of BSN-educated nurses. This successful program recently has been expanded for nurses across the state of Florida.

2. Play a leadership role in developing linkages between acute care and post-acute, home-based, and long-term care services.

Accountable care approaches are emphasizing transitions in care to reduce hospital readmissions and because transitions are often where patients can “fall through the cracks.” Academic nursing can play an important role in the development of and training around next-generation care models, developing communication and care protocols that extend care team continuity across settings of care, and focusing on nursing excellence in non-acute settings.

3. Expand nurse-led community programs under the leadership of academic nursing faculty in partnership with health system leaders and clinicians.

Developing a community presence and set of services for specific populations is a key imperative for AHCs. In addition to providing healthcare services closer to home through a new network of community practices, AHCs are seeking to develop an approach to connect to community-based and social resources to support prevention and non-medical needs of patients. Further, nursing students at multiple levels are playing an essential role in prevention and community wellness outreach efforts, which could be linked more formally to AHC population health strategies. Academic nursing—both through direct provision of services and through research programs on these topics—can be strong partners to AHCs.

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, SAN ANTONIO



UTHSCSA faculty developed a nursing faculty practice plan, the Nursing Services Research & Development Plan (NSRDP) approved by the Board of Regents, led by the Vice Dean for Practice and Engagement that is a separate and distinct clinical practice entity from the Schools of Medicine and Dentistry. The plan represents all faculty that are 50% time or more. The practice plan purchases certain MSO services from the School of Medicine (specifically billing support). The plan focuses strongly on providing care for the underserved, recently being recognized by the city for its efforts in support of the UTHSCSA employee health and wellness clinic. The plan runs several different clinics in partnership with community agencies, as well as a student health center, and the UTHSCSA employee health clinic. In addition to billing for services, the plan has been successful at securing other sources of funding such as foundations and community-based projects focused on Medicaid beneficiaries.

4. Advance innovative evidence-based care models and interventions focused on improving the health status of underserved members of the community linked to an overall AHC clinical strategy. Faculty research programs around community health, social determinants of health, population, and public health should be supported and tested in the ever-expanding network of community clinics, particularly in communities that are typically underserved. As AHCs seek to take leadership positions within state-wide Medicaid reform, a need for innovative approaches to community-based care for the underserved with a focus that moves beyond medical needs will be needed. Academic nursing faculty can be vital partners in developing and executing a strategy to meet the needs of communities.

5. Encourage leadership roles for academic nursing faculty and leaders outside the AHC in the community. Academic nursing leaders and nurses more generally should seek to expand their role as community leaders, seeking key board positions and partners with community organizations that can help to raise their profile, and the visibility of the work that they do.

RECOMMENDATION 5: INVEST IN NURSING RESEARCH PROGRAMS AND BETTER INTEGRATE RESEARCH INTO CLINICAL PRACTICE

One CNO commented: “When you work in an academic environment, you need to elevate the practice of nursing through that academic connectivity—through cutting edge research—and make it part of the daily life and practice of the nursing clinical practice.” Echoing this comment, a university president said “any dean is more credible if they hire and mentor faculty who are successful in securing NIH funding.” Indeed, research should be a foundational and vibrant dimension of academic nursing and of the nursing clinical practice of the academic health system.

Yet academic nursing does not hold the same stature as other health professional schools in terms of large, resource-rich research programs. As indicated previously, overall NIH funding is miniscule compared

to other health professional schools, and other sources of research funding fail to provide adequate support. This despite the reality that nurse-scientist-led research is steeped in patient-oriented research and research focused on improvements in quality, safety, outcomes, and patient engagement—the types of research critical to the pressing need to transform care delivery nationally. University presidents in the survey conducted for this report indicated this as the number one priority in their view for academic nursing.

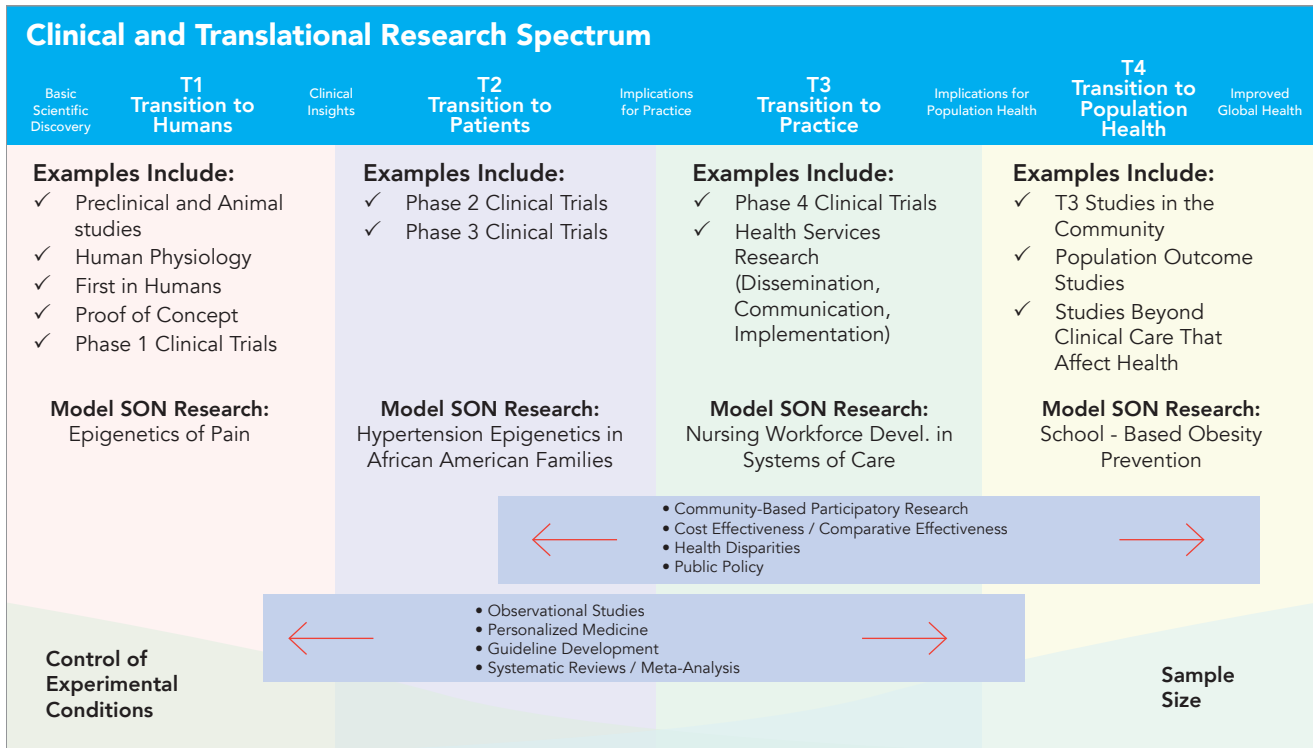
In addition to overall limited resources, there often exist poor linkages between academic nurse investigators and their research programs, and those being led by hospital or health system-based nurses in the AHC. Nursing units led by hospital-employed nurses also conduct research projects, far too often with little linkages to academic nursing faculty. Institutional barriers are often to blame for these silos – through the lack of joint appointments for nurse-researchers and regulatory barriers that prevent faculty from utilizing health system resources for conducting research and vice versa. A true, research-grounded and evidence-based nursing service that contributes to the overall academic mission of the AHC, the advancement of knowledge, and improvements in the health and lives of patients is critical.

Strategies to consider include:

1. Create mechanisms to coordinate research projects and activities across academic nursing and the AHC with a shared leadership structure and resources. For those schools of nursing that have extensive research aspirations, closer ties to their affiliated medical school and health system will be mutually beneficial. Organizational integration may be realized by linking deans of research; research and/or program councils; and by involving nurse scientists in developing clinical research initiatives. We recommend a process be established to support broader access by nurse scientists to core services within the medical school and across the university- such as data sets, informatics, and clinical research infrastructure. Where not already in place, joint IRB or coordinated IRBs should be put into place.

Figure 5: Translational Research Spectrum

Source: Harvard Clinical and Translational Science Center (updated by Manatt Health)



2. **Develop joint research programs between academic nursing and health system nurse-scientists.** Many clinical research projects will benefit from teams of faculty and clinical practice nurses working collaboratively in and out of nursing units. Jointly submitted grants should be considered, and academic nursing and AHCs should work to limit administrative and regulatory barriers to collaboration across entities.

3. **Integrate nurse researchers into developing informatics programs.** Vast investment by medical schools and health systems is flowing into developing informatics programs, many of which emphasize clinical informatics. As these programs are planned, organized, and resourced, they should incorporate the perspectives and talents of academic nursing. Nurses trained as informaticians will be invaluable complements to developing an informatics initiative, extending to the development of graduate training programs and other resources. Achieving meaningful results with “big data” will require nursing involvement to overcome, including

establishing standard data definitions, patient engagement applications, decision support, and security, to name just a few.^{xvi}

4. **Strengthen clinical research nursing.** The continuing growth of clinical research, combined with emphasis on T1 through T4 translational research, requires an ever larger and more adept cohort of nurse clinical trial coordinators and clinical research nurses, a specialized and valued position. The emphasis on patient assessment and coordination, clinical observation, “deep” phenotyping, and broader patient engagement requirements make nursing involvement more and more critical. Despite this impetus, the field of clinical research nursing remains undeveloped, and there is a need for more detailed role definition combined with enhanced training by academic nursing combined with career progression and opportunities with affiliated health systems and schools of medicine.

5. **Lead in the establishment of linkages to other schools for multi-disciplinary research programs and approaches.** The convergence of disciplines in the conduct of biomedical and health services research will continue at a rapid pace. Academic nursing should help lead the development of transdisciplinary research projects in partnership with schools of medicine, pharmacy, dentistry, public health, allied health, and non-health science schools as well.

THE UNIVERSITY OF FLORIDA



University of Florida is seeking to enhance the research profile of its College of Nursing as part of UF's preeminence initiative. UF Preeminence is the university's effort to become a national and international leader in more than two dozen areas, including health care and the sciences, fueled by an investment from the Florida legislature. Through this initiative, two preeminent nurse researchers are now at UF and will enhance the UF College of Nursing and UF Health Shands shared research agenda, especially in nursing informatics and palliative care.

The College of Nursing and UF Health Shands also have developed a director of clinical research role to foster integration between the nurse faculty-led research programs and those of the hospital system. This director serves as a bridge between faculty members at the college and nurses in the hospital to facilitate research and assists the nurses at UF Health Shands hospitals with formulating clinical research projects.

Among success stories are collaborations between expert faculty at the college and key clinical care teams at the hospitals, including efforts focused on bone marrow transplant, sickle cell, and wound ostomy. These collaborations include Doctor of Nursing Practice students actively working with clinical units at the hospitals as part of their final projects and clinical faculty members providing expertise to both the hospital staff and researchers.

The College of Nursing had a large and active presence at UF Health Shands Nursing Research Day. In addition, a robust Journal Club brings faculty members and clinical nurses together to discuss clinical issues, which promotes evidence-based practice and research.

THE UNIVERSITY OF PENNSYLVANIA



Penn Medicine has established and fully funded a Director of Nursing Research and Science position tasked with providing leadership for the development of nursing research within the Hospital of the University of Pennsylvania, the primary academic hospital of Penn Medicine. This position reports directly to the CNO. The Director chairs a Shared Governance Research Core Council and is charged with advancing a culture of scholarship and inquiry as well as developing strategies specifically to integrate with the school of nursing.

6. **Expand nursing faculty development and recruitment to include PhD investigators across multiple disciplines in targeted research areas.**

The aspirations for nurse-scientist research, which can underpin many of the promised innovations from population health, will never be realized without a significant increment in the number of nurse PhDs. The traditional route for nurse-scientists which includes multiple decades in clinical practice results in nurses receiving their doctorates at a median age of 47, resulting in a research work-force with far more limited time to build scientific programs.^{xviii} There is a rapidly developing shortage of clinically trained investigators—including veterinarian-scientists, dentist-scientists, and nurse-scientists—to carry out the next generation of clinically focused research and to develop the next generation of clinician scientists.^{xix} Given the shortage of nurse-scientists, academic nursing should expand faster-track training programs for nurses interested in a science career, particularly if successful advocacy can increase the NINR budget and therefore funds available for graduate training support. However, research conducted by schools of nursing need not be confined to nurse-scientists alone.

Today, academic nursing faculty rosters heavily favor faculty with PhDs in nursing and those with a clinical certification due to state and accreditation requirements for faculty. Specifically, AACN data shows that of the 50% of nursing faculty with doctoral degrees, 10.7% of full-time faculty have

non-nursing doctoral degrees. In order to expand their research capacity, schools of nursing should consider recruiting faculty with masters' degrees and PhDs in other disciplines such as informatics, clinical and translational research, biology, public health, epidemiology, and other related fields. This recruitment should be considered in coordination and partnership with their affiliated AHC and health professional schools (including public health).

RECOMMENDATION 6: IMPLEMENT AN ADVOCACY AGENDA IN SUPPORT OF A NEW ERA FOR ACADEMIC NURSING

Critical to the success of many of the recommendations and strategies in this report, as well as to the elevation of the profession more generally as "true full partners with physicians and other health professionals in redesigning health care in the United States," are significant changes to various policies at the state and federal levels. Issues related to nursing's role in care delivery have been at the top of the agenda; however, there are several other areas specifically related to academic nursing and to academic nursing's role in healthcare transformation that should be considered.

Strategies to consider include:

- 1. Seek growth in the NINR budget to support nursing-led research projects and nurse-scientist training.** The NINR budget represents less than 1% of the total NIH budget, yet supports nurse-led research in key transformation areas that has the potential to transform patient care, including with respect to patient outcomes. The NINR is also a leading sponsor for nurse-scientist training through the Graduate Partnership Program and also a variety of extra-mural awards.
- 2. Support the recommendations made to the NIH director for increased support for clinician-scientists** and initiate a dialogue to define how to increase the numbers of nurse-scientists in the future clinician-scientist workforce.
- 3. Develop a coalition of stakeholders to advocate for increased public funding to support a national nursing agenda that links to the Triple Aim.** This should include advocacy for increased funding targeted toward

RUSH UNIVERSITY

In 2007, the Center for Clinical Research and Scholarship was formed at



Rush University Medical Center to serve as a formal mechanism to help further advance research and evidence based projects. Two teacher-practitioners serve to mentor clinical staff to develop formal research proposals. Pilot funding is available for clinical teams to propose research ideas. Teams are formed to join clinical staff with a faculty mentor for the project along with a graduate nursing student to facilitate their exposure to the research process. Over 50 clinical projects have been facilitated under the direction and assistance of the teacher practitioners including quality improvement projects, education-based projects, pilot study initiatives and research studies. The Center also sponsors clinical grand rounds with internal and invited researchers, applies for and obtains research funding for clinical projects, provides mentorship for abstract and manuscript preparation, and facilitates a journal recycling initiative for faculty to donate their monthly journal issues that has resulted in distribution of over 1000 clinical and research journal issues to the clinical units to promote dissemination of research and evidence-based practice resources for clinical staff.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO



University of California, San Francisco (UCSF) facilitates transdisciplinary research approaches across its health science schools. The school of nursing looks to include relevant school of medicine faculty in faculty and leadership search committees and where appropriate contribute to percent efforts to facilitate collaborations for the new hire. Further, UCSF has in place other mechanisms to integrate research programs. At UCSF, faculty conducting research collaborate easily across departments and schools based on research resonance. School of nursing

faculty investigators have faculty from other professional schools and the other schools have school of nursing faculty on their grants as co-investigators. This is a longstanding relationship that reflects the definition of UCSF as a research intensive institution.

transdisciplinary research questions and projects around key health issues ranging from basic science to the population science. Advocacy should also extend to the realm of education, including expansion of the current GNE Demonstration and enhanced federal support for graduate training of nurses in critical areas, similar to that of support for medical GME funding.

4. Continue to advocate for scope of practice changes to enable nurses to take on the clinical roles they are trained to perform and support academic nursing leadership in clinical care delivery. Academic nursing should contribute to the conversation related to restrictions on scope of practice. As AHCs increasingly look to academic nursing and its faculty for clinical innovation, having the ability to easily translate these advances into clinical practice will require nurses to function at the top of their license and education. Indeed, the AACN Futures Task Force recently recommended that AACN position nursing as a leading partner in advancing systemic improvements in health and health care.^{xx} Additional advocacy is required to accompany scope of practice changes with changes in reimbursement for APRNs so that reimbursement and practice align.

5. Position AACN, a leading advocate in partnership with other organizations, to communicate the importance of nursing-led research programs to federal, state, and private funders. The AACN Futures Task Force also recommended that AACN be a leader in information curation and synthesis related to nursing education, research, and practice. AACN should fill a critical void in the national conversation on funding for nurse-led research.

Collectively, these recommendations advance the shared missions of AHCs and academic nursing in significant, tangible, and beneficial ways. During the development of these recommendations and this report, the Institute of Medicine released an update on their 2010 *Future of Nursing Report* that indeed confirms the importance and timeliness of the recommendations in our report. The update, *Assessing Progress on the IOM Report—The Future of Nursing^{xxi}*, provides an updated set of 10 recommendations to the healthcare community within the spirit of the original report. The recommendations contained in the report further push for an enhanced role for nursing in the redesign of care delivery and payment systems, a commitment to the development of nurses to advanced practice, and for a renewed focus on interprofessional education and clinical practice models. Our recommendations fit squarely within the spirit of both the original IOM report and this important update, and our hope is that as AHC leaders consider implementing our own series of specific academic nursing alignment recommendations in their own organizations, the promise of the IOM report will be more fully realized.

Implementation Strategies

Achieving the potential for academic nursing as described in this report requires a change in culture that can only be accomplished by the collaborative leadership of university presidents, deans of nursing and medicine, and health system chief executives. All parties must embrace a new vision for academic nursing, and by doing so deal directly with the cultural and structural issues that are impeding the flowering of potential that indeed all perceive.

Leaders committed to a new vision for academic nursing will challenge the status quo and seek to unharness the potential of their nursing colleagues. Participatory governance structures that cross-populate, as appropriate, leaders of the academic and

clinical practices will help to ensure mission integration and proper insights from a diverse set of constituencies. In particular, nursing representation on AHC boards can bring forth expertise in magnet certification, wellness initiatives, patient safety initiatives, EHR adoption, trauma certification, workforce development, APRN deployment, patient education initiatives, and evidence-based clinical decision-making. In addition, nurses typically represent the lion's share of healthcare organization budgets, provide the majority of in-patient care, and train the clinical workforce in schools of nursing. Participatory governance will be

enhanced immeasurably by collaborative strategic and financial decision-making around academic and clinical programs, workforce development, and research programs. Further alignment of medicine, nursing, and health system organizations may also prove beneficial for certain institutions.

The following recommendations for deans of nursing, deans of medicine, health system executives, and university presidents/chancellors are intended to help leaders in AHCs achieve the potential from an enhanced role for academic nursing in the continuing evolution of their institutions.

Figure 6: An Aspirational View of Academic Nursing

CURRENT STATE	FUTURE STATE
<ul style="list-style-type: none"> ▪ Few nursing “clinical faculty” relative to School of Medicine faculty ▪ Limited shared leadership positions/roles ▪ Limited cross-entity governance participation <ul style="list-style-type: none"> • Narrow mission focus • School leads didactic education and research ▪ Health system leads clinical practice ▪ Entity-specific strategic planning ▪ Limited financial integration 	<ul style="list-style-type: none"> ▪ Participatory governance and aligned organization model ▪ Increased joint appointments to lead academic and clinical programs ▪ Growing clinical faculty in School of Nursing that maintain practice within the health system ▪ Joint strategic planning ▪ Financial support model to facilitate School of Nursing investment ▪ Growth and integration of research programs into clinical practice

RECOMMENDATIONS FOR DEANS OF NURSING

The challenge—and opportunity—for academic nursing and its leadership rests primarily in preparing for an enhanced role in clinical service delivery and a renewed focus on growth in size and stature of research programs. It is, as many of the deans of nursing interviewed for this project indicated, a “paradigm shift” for academic nursing leaders in developing the right mix of faculty, and the right partnerships with health system and academic medicine leaders so as to become full partners in the health enterprise. Deans of nursing must develop the business case for a new partnership model with AHCs,

one that demonstrates clearly the benefits academic nursing can bring to the complex environment of academic clinical care delivery and make the case for the resources and investment needed.

The following strategies will begin to help deans of nursing push their organizations forward:

1 Enhance clinical practice opportunities for clinically focused faculty to ensure that a robust clinical faculty exists to carry out the teaching mission of the school in the health system, and tie important clinical advances and innovations back into the academic environment in the school of nursing.

2 Engage health system CNO/CEO to create clinical leadership/administrative/practice roles for select school of nursing faculty through shared appointments and other means, including potentially jointly funded positions charged with facilitating alignment and integration of the academic and clinical missions.

3 Propose a nursing enterprise workforce development program to help mitigate health system shortages for nurses prepared at all levels, developing promising nurses for leadership roles and enhanced education opportunities, and developing the faculty of the future to lead academic nursing and the academic mission.

4 Establish a strategic agenda for research incorporating themes of relevance to the region such as chronic illness management. Expand the academic nursing faculty roster to include both nursing and non-nursing PhD investigators in critical research areas that are funded and can help grow the portfolio (in size and scope) of research conducted in academic nursing. Develop and expand scientific research training programs and build a cadre of nurse-scientist faculty.

5 Review promotion and tenure policies for their alignment with academic nursing's achievement of the tripartite mission, allowing for faculty to maintain strong clinical practices in the health system alongside their academic responsibilities

As one indicator of expectations, of various characteristics valued in a Dean of Nursing, University president respondents rated "ability to partner with the Dean of Medicine" as the highest.

RECOMMENDATIONS FOR DEANS OF MEDICINE

Deans of medicine have long benefited from close alignment and in most cases fairly full integration with their partner AHCs. Deans of medicine have maintained key leadership positions both from a governance and management perspective in AHCs, and leading faculty (department chairs, division chiefs, etc.) typically run the various clinical departments in the hospital, with further responsibility for growing AHC service lines a new theme and responsibility. This alignment gives added stature and weight when it

comes to AHC and university decision-making. There are several areas where the leadership of deans of medicine is critical to advancing many of the interests discussed in this report. Ultimately, the success of schools of medicine is contingent upon a robust, high-performing clinical partner and school of medicine leadership should be keenly aware of opportunities to advance them. This leadership also can extend to academic nursing to achieve a level of alignment and integration that benefits the entirety of the academic and clinical enterprises. Given the scale of academic medicine in the overall financial portrait of universities, academic medicine and its leadership carry significant weight and can champion approaches to alignment with schools of nursing.

The following strategies will begin to help deans of medicine achieve this potential:

1 Facilitate linkages between academic nursing and academic medicine research and increase interprofessional research programs and funding through leadership of the dean's office and in some cases through shared investment in key areas.

2 Integrate research programs that are in high demand such as informatics, patient engagement, outcomes and effectiveness, and population health across the professional schools again through the leadership of the dean's office and by leading faculty, with the potential for shared centers/research programs that are transdisciplinary and share critical research infrastructure and core services.

3 Advance programs for enhancing nursing professional billing within the faculty practice where possible and appropriate to facilitate the integration of APRNs as part of a broader clinical network strategy.

4 Address issues of culture between nurses and physicians in the same spirit as increasing diversity. Encourage team science integrating clinicians and bio-medical researchers.

5 Strengthen interprofessional HHS and NIH-supported programs. For instance, by incorporating nurse-scientists within the CTSA renewal awards.

University President Survey

On a scale of 1 (least) to 5 (most), please rate the importance of each of the following characteristics of Deans of Nursing (responses ranked; average scores reported)

Rank Order of Importance based on Average Score	Avg. Score (1-5)
1. Ability to partner with Dean of Medicine	4.50
2. Educational Leader	4.44
3. Proven Innovator	4.36
4. Ability to partner with CEO of health system	4.35
5. Change Agent	4.28
6. Research Leader	3.98
7. Clinical Care Leader	3.51
8. Ability to serve as CNO of health system	3.04

RECOMMENDATIONS FOR HEALTH SYSTEMS EXECUTIVES

AHC CEOs and CNOs are critical to the adoption and ultimate success of this strategic framework and its recommendations. They run and are responsible for the entirety of the clinical nursing services and the broader AHC enterprise, and they have needs and challenges with which nursing (academic nursing in particular) may help meet and solve. CEOs and CNOs can facilitate the 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.

The following strategies will begin to help CEOs and CNOs realize a new partnership model with academic nursing:

1 Establish participation for academic nursing on governing bodies and within health system leadership through appointment of school of nursing leaders on key governing boards and committees.

2 Integrate the school of nursing into applied programs for clinical innovation where possible, particularly in areas of patient safety, quality, population health science, and patient experience, with appropriate financial support in place to sponsor services provided by school of nursing faculty and leaders.

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

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.

5 Facilitate academic nursing faculty meeting its certification requirements for clinical practice through the health system by way of expanded positions available for clinical faculty.

RECOMMENDATIONS FOR UNIVERSITY PRESIDENTS, CHANCELLORS, AND VICE CHANCELLORS

In both university-based and university-affiliated AHCs, presidents/chancellors (and in some cases vice chancellors for health affairs) should be engaged in support of the alignment between academic nursing and AHCs. University leaders can be powerful forces in organizing academic leaders in integrated strategic planning efforts to ensure optimal utilization of resources, and they can organize leaders around discreet initiatives with respect to research and academic programs. They also can support schools of nursing more directly in recruiting deans of nursing for the future and in some cases can provide needed investment for academic nursing to begin transformation efforts contained in this report. Lastly, where it makes sense they can create organizational alignment by unifying the differing reporting

relationships amongst deans of the health science schools within the university and potentially through supporting aligned governance with the health system.

1 *Facilitate* integrated strategic planning processes for health science schools to ensure appropriate alignment and integration between the schools and where possible facilitate trans-disciplinary research and education approaches.

2 *Recruit* deans of nursing with the leadership ability to partner in the transformation of health systems and deans that can navigate an increasingly complex and demanding research environment in partnership with other health science school leaders.

3 *Strengthen* roles for academic nursing in university governance positions including relevant committees. Align organization structures where value can be created.

4 *Lead and facilitate* inter-professional education program development.

5 *Increase* university investment in nursing programs and support a national advocacy agenda to increase institutional funding for nursing research and nursing involvement in research activities.

Concluding Perspectives

The core of this investigation has been to answer the question, “How can academic nursing leaders partner with AHCs to transform health care?” We propose that academic nursing has a significant role to play in transforming health care, and indeed is a necessary partner for AHCs as they seek to become patient and community-centered.

We believe that the vision and strategic framework for action we set forth in this report is transformational, and different components will be appealing based on institutional context. We recognize that numerous factors will impact the ultimate adoption of the recommendations contained in this report – existing organizational structures and governance models, current leadership and cultures between schools of nursing and AHCs, financial resources, the clinical services market around AHCs, competition, current

pace of change, current academic and clinical strength, among many other factors. However, all organizations can benefit from a candid assessment of where they are today with respect to the recommendations we make in this report – and to what extent there are opportunities for alignment between schools of nursing and AHCs.

What is clear from our investigation is that success in adopting this vision and the elements of the strategic framework we set forth is first and foremost, the development of a shared vision among all academic and clinical leaders. This vision entails commitment to a transformative role for academic nursing in the evolving academic health system. It requires an approach to integration and alignment among schools of nursing and their colleagues in all health science schools. And we believe this shared vision is essential so as to achieve the aspirations described by the IOM in *The Future of Nursing: Leading Change, Advancing Health* (2010).

We wish to acknowledge the significant barriers to moving our recommendations forward. These include resistance to change by the leaders of the various entities involved, organizations and financial systems that encourage siloed approaches to various healthcare entities and academic programs, and a lack of conviction that the changes we have outlined will be necessary or important for transforming an AHC’s clinical delivery system. In this regard, it may be necessary to move forward incrementally in terms of our recommendations, so that the value of each new program can be evaluated and appreciated gradually and the leadership of the various entities can gain confidence. In some institutions a more rapid transformation may be possible, but this may not be feasible in many, where a forceful approach could potentially backfire.

The authors have designed this report, and the accompanying assessment in the Appendix to facilitate the process of evaluating the partnership role of academic nursing in your organization. The framework for action, its associated recommendations, and the implementation strategies for deans of nursing, deans of medicine, CEOs/CNOs, and university leaders are intended to encourage your own thinking about the current state of alignment and integration and to stimulate initial conversations about approaches you can take today to advance discussions regarding the future of academic nursing in your institution.

Appendices

APPENDIX A – ORGANIZATIONAL SELF-ASSESSMENT

Overview

A candid assessment of where your organization is today with respect to the recommendations contained in this report is a critical first step to achieving the vision of academic nursing as a full partner in healthcare delivery, education, and research integrated and funded across all professions and missions in academic health systems. This assessment will walk through each of the report's recommendations and help you to understand how your organization performs today and how important each is in your organization to strategically focus on in the near term. The recommendations in this report are collectively ambitious and will require leaders across nursing, medicine, and academic health systems to carefully evaluate and prioritize strategic initiatives and develop a long-term implementation approach that is tailored to each organization's unique circumstances.

This assessment can be completed by any AHC leader including health science school deans, university presidents, and health system leadership and can be used to compare perspectives of different leaders as a starting place for developing a plan to implement the recommendations in this report.

Instructions

Please consider the recommendations contained on pages 32-52 of the report. For each recommendation and sub-recommendation, we ask you to first evaluate:

1. **Criticality of Recommendation** – How critical is this recommendation to me and my organization to achieve? Can we succeed long-term without it?
2. **Current Organizational Performance** – Has this recommendation been implemented in my organization in any way? If so, to what degree has it been implemented? How well have we performed?

We then ask you to provide a score for each of the two evaluation criteria that will be used to calculate the results of this assessment. Please use the following scoring methodology:

1. Criticality of Recommendation – How critical is this recommendation to my organization?

- [5] Very critical to my organization's success
- [4] Critical to my organization's success
- [3] Somewhat critical to my organization's success
- [2] Not very critical to my organization's success
- [1] Not critical to my organization's success at all

2. Current Organizational Performance:

- Strong
- Moderate
- Weak
- Not Possible/Not Applicable

At the end of the assessment there is a score sheet that should be used to tabulate the results of the assessment.

Self-Assessment Worksheet

Report Recommendation	Sub-Recommendation	Criticality of Recommendation (Scale: 1-5)	Current Organizational Performance (Strong, Moderate, Weak, NA)
Recommendation #1 Embrace a New Vision for Academic Nursing	a) Establish the formal commitment of academic and clinical leaders to schools of nursing as full partners in healthcare delivery, education, and research that is integrated and funded across all professions and missions in the AHC (e.g., leadership resolution, directive from respective governing entities, etc.).		
Recommendation #2 Enhance the Clinical Practice of the School of Nursing	a) Establish clinical leadership positions to link school of nursing faculty to clinical practice leadership in the health system and vice-versa (e.g., Associate Dean for Clinical Practice)		
	b) Facilitate joint clinical program development between school of nursing faculty and clinical practice leaders (e.g., ambulatory service development, population health development, inpatient service improvement).		
	c) Grow school of nursing clinical practice through development of nursing faculty practice plan activity either independently or as part of a broader academic clinical practice (e.g., through medical school practice plan or health-system clinician employment group).		
	d) Expand clinical integration with joint appointments and practice integration between faculty and clinical practice nurses in the health system.		

Report Recommendation	Sub-Recommendation	Criticality of Recommendation (Scale: 1-5)	Current Organizational Performance (Strong, Moderate, Weak, NA)
Recommendation #2 Enhance the Clinical Practice of the School of Nursing	e) Promote and expand nurse-managed health clinics as part of a broader clinical strategy and community engagement strategy within the AHC.		
	f) Expand participation of academic nursing in next-generation payment arrangements.		
Recommendation #3 Partner in Preparing the Nurses of the Future	a) Develop a long-term workforce plan that leverages redesigned school of nursing educational programs combined with re-training to prepare nurses for the future.		
	b) Collaboration between the School of Nursing and the health system to create formal “pipeline” programs to facilitate employment of nurses in AHCs at all levels (BSN, MSN, PhD, DNP)		
	c) Create nursing leadership development programs for faculty and clinical practice nurses that are jointly managed by the school of nursing and clinical practice leadership.		
	d) Lead the development of interprofessional education efforts institution-wide in partnership with other health science school leaders to prepare the clinical workforce of the future.		

Report Recommendation	Sub-Recommendation	Criticality of Recommendation (Scale: 1-5)	Current Organizational Performance (Strong, Moderate, Weak, NA)
Recommendation #4 Partner in the Implementation of Accountable Care	a) Engage in joint clinical planning as part of a larger, integrated strategic planning process that incorporates all academic and clinical entities.		
	b) Incorporate school of nursing faculty in health system programs aimed at developing linkages between acute care and post-acute care, home-based, and long-term care services.		
	c) Expand nurse-led community programs under the leadership of school of nursing faculty in partnership with health system leaders and clinicians.		
	d) Advance innovative evidence-based care models and interventions developed by school of nursing and health-system based investigators focused on improving the health status of underserved members of the community linked to an overall AHC clinical strategy.		
	e) Encourage leadership roles for school of nursing faculty and leaders outside the AHC in the community (e.g., board seats, community leadership positions).		

Report Recommendation	Sub-Recommendation	Criticality of Recommendation (Scale: 1-5)	Current Organizational Performance (Strong, Moderate, Weak, NA)
Recommendation #5 Invest in Nursing Research Programs and Better Integrate Research into Clinical Practice	a) Create mechanisms to coordinate research projects and activities across the School of Nursing and Academic Health Center with a shared leadership structure and resources (e.g., nursing research council, Director of Nursing Research position).		
	b) Develop joint research programs between school of nursing and health system nurse-scientists and seek grant funding to support.		
	c) Integrate nurse researchers into developing informatics programs across health science schools.		
	d) Strengthen clinical research nursing through growth and development of programs to support nurse clinical trial coordinators and clinical research nurses.		
	e) Lead in the establishment of linkages to other schools for multi-disciplinary research programs and approaches and the development of multi-school, multi-disciplinary grants and centers/institutes to conduct targeted research.		
	f) Expand nursing faculty development and recruitment to include PhD investigators across multiple disciplines in targeted research areas.		

Assessment Scoring

Use the following worksheet to track your criticality and organizational performance scores.

Report Recommendation	Sub-Recommendation	Criticality Score (Scale: 1-5)	Organizational Performance (Strong, Moderate, Weak, NA)
Recommendation #1 Embrace a New Vision for Academic Nursing	A		
Recommendation #2 Enhance the Clinical Practice of the School of Nursing	A		
	B		
	C		
	D		
	E		
	F		
Recommendation #3 Partner in Preparing the Nurses of the Future	A		
	B		
	C		
	D		
Recommendation #4 Partner in the Implementation of Accountable Care	A		
	B		
	C		
	D		
	E		
Recommendation #5 Invest in Nursing Research Programs and Better Integrate Research into Clinical Practice	A		
	B		
	C		
	D		
	E		
	F		

WHAT YOUR SCORES MEAN

These scores will help you rank which recommendations you should focus on developing and implementing in your organizations, and will help academic and clinical leadership teams understand where there is agreement on major initiatives to pursue with the school of nursing.

The matched pairs of criticality scores and organizational performance scores will help you develop your strategic approach going forward:

- A high criticality score matched with a low organizational importance score is indicative of a recommendation that should be prioritized.
- A high criticality score matched with a high performance score is indicative of a recommendation that should be supported ongoing, and an area where learnings can be shared across the community of academic nursing and AHCs.
- Recommendations with low criticality scores should be prioritized last.

APPENDIX B – PARTICIPATING INSTITUTIONS AND LEADERS

Interviews

Name	Title / Institution
Irene Alexaitis, DNP, RN, NEA-BC	Vice President, Nursing and Patient Services, University of Florida Health Shands Hospital
Cynthia Barginere, DNP, RN, FACHE	Vice President for Clinical Nursing and Chief Nursing Officer, Rush University Medical Center & Associate Dean for Practice, College of Nursing, Rush University
Judy A. Beal, DNSc, RN, FNAP, FAAN	Dean, School of Nursing and Health Sciences, Simmons College
Bobbie Berkowitz, PhD, RN, FAAN	Dean, School of Nursing, Columbia University & Senior Vice President, Columbia University Medical Center
Robert Berne, PhD, MBA	Executive Vice President for Health, New York University
Bradley Britigan, MD	Dean, College of Medicine, University of Nebraska Medical Center & President, Nebraska Medicine
Eileen Breslin, PhD, RN, FAAN	Dean, School of Nursing, University of Texas Health Science Center, San Antonio
Marion E. Broome, PhD, RN, FAAN	Dean, School of Nursing, Vice Chancellor for Nursing Affairs, Duke University & Associate Vice President for Academic Affairs for Nursing, Duke University Health System
Margaret M. Calarco, PhD, RN	Senior Associate Director, Patient Care Services and Chief of Nursing Services, University of Michigan Health System & Associate Dean for Clinical Affairs, School of Nursing, University of Michigan
Ann Cary, PhD, MPH, RN, FNAP	Dean, School of Nursing and Health Studies, University of Missouri-Kansas City
S. Wright Caughman, MD	Executive Vice President for Health Affairs, Emory University, Chief Executive Officer, Woodruff Health Science Center & Chairman, Emory Healthcare
Regina Cunningham, PhD, RN, AOCN	Chief Nurse Executive, Hospital of the University of Pennsylvania
Patricia M. Davidson, PhD, MEd, RN	Dean, School of Nursing, Johns Hopkins University
Mary Ann Donohue, PhD, RN, APN, NEA-BC	Chief of Patient Care Services, Stony Brook University Hospital
Azita Emami, PhD, RN, MSN, RNT, RN, FAAN	Dean, School of Nursing, University of Washington
Dorrie Fontaine, PhD, RN, FAAN	Dean, School of Nursing, University of Virginia & Associate Chief Nursing Officer, University of Virginia Health Systems
Marquis D. Foreman, PhD, RN, FAAN	John L. and Helen Kellogg Dean, College of Nursing, Rush University
Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN	Vice President, Patient Care and System Chief Nursing Executive, Duke University Health System

Susan M. Grant, DNP, RN, FAAN, NEA-BC	Executive Vice President, Chief Nursing Officer, Beaumont Health
Robert I. Grossman, MD	Saul J. Farber Dean, School of Medicine, New York University & Chief Executive Officer, New York University-Langone Medical Center
David S. Guzick, MD, PhD	Senior Vice President, Health Affairs, University of Florida & President, University of Florida Health
Doreen C. Harper, PhD, RN, FAAN	Dean, School of Nursing, University of Alabama at Birmingham
J. Larry Jameson, MD, PhD	Dean, Raymond and Ruth Perelman School of Medicine, University of Pennsylvania & Executive Vice President, University of Pennsylvania for the Health System
Kevin Mahoney, MBA	Vice Dean for Integrative Services, Raymond and Ruth Perelman School of Medicine, University of Pennsylvania, Senior Vice President & Chief Administrative Officer, University of Pennsylvania Health System
Linda A. McCauley, PhD, RN, FAAN, FAAOHN	Dean, Nell Hodgson Woodruff School of Nursing, Emory University
Lilly Marks	Vice President for Health Affairs, University of Colorado
Anna M. McDaniel, PhD, RN, FAAN	Dean, College of Nursing, University of Florida
Rosanna Morris, MBA, RN, NE-BC	Interim Chief Executive Officer, University of Nebraska Medicine
Ralph W. Muller, MA	Chief Executive Officer, University of Pennsylvania Health System
Kathleen Potempa, PhD, RN, FAAN	Dean, School of Nursing, University of Michigan
Kathy Rideout, EdD, PNP-BC, FNAP	Dean, School of Nursing, University of Rochester
Marschall S. Runge, MD, PhD	Executive Vice President for Medical Affairs and Dean, University of Michigan Medical School
Linda Sarna, PhD, RN, FAAN	Interim Dean, School of Nursing, University of California Los Angeles
Juliann G. Sebastian, PhD, RN, FAAN	Dean, College of Nursing, University of Nebraska Medical Center
Kathleen B. Scoble, EdD, RN	Dean, School of Nursing, Elms College
Eileen Sullivan-Marx, PhD, RN, FAAN	Dean, School of Nursing, New York University
Sarah A. Thompson, PhD, RN, FAAN	Dean, College of Nursing, University of Colorado, Anschutz Medical Campus
Deborah Trautman, PhD, RN, FAAN	President & Chief Executive Officer, American Association of Colleges of Nursing
Selwyn M. Vickers, MD	Senior Vice President for Medicine & Dean, School of Medicine, University of Alabama at Birmingham
Antonia M. Villarruel, PhD, RN, FAAN	Dean, School of Nursing, University of Pennsylvania
David Vlahov, PhD, RN, FAAN	Dean, School of Nursing, University of California San Francisco
A. Eugene Washington, MD, MPH, MSc	Chancellor for Health Affairs, Duke University & President & Chief Executive Officer, Duke University Health System
Ray L. Watts, MD	President, University of Alabama at Birmingham
Michael T. Weaver, PhD, RN, FAAN	Interim Dean, School of Nursing, Indiana University

2015 Academic Nursing Leadership Summit – Attendees

Name	Title / Institution
Michael R. Bleich, PhD, RN, FAAN	Maxine Clark and Bob Fox Dean and President, Goldfarb School of Nursing, Barnes-Jewish College
Margaret Faut Callahan, CRNA, PhD, FNAP, FAAN	Provost, Health Sciences Division, Loyola University Chicago
Regina Cunningham, PhD, RN, AOCN	Chief Nurse Executive, Associate Executive Director, Hospital of the University of Pennsylvania & Assistant Dean for Clinical Practice, School of Nursing, University of Pennsylvania
David Entwistle, MS	Chief Executive Officer, University of Utah Hospitals and Clinics
Will Ferniany, PhD	Chief Executive Officer, University of Alabama at Birmingham Health System
Donna Gage, PhD, RN, NE-BC	Chief Nursing Officer, Veterans Health Administration
Larry Goodman, MD	Chief Executive Officer, Rush University Medical Center & President, Rush University
Maryellen Gusic, MD	Chief Medical Education Officer, Association of American Medical Colleges
David Guzick, MD, PhD	Senior Vice President for Health Affairs, University of Florida & President, University of Florida Health
Doreen Harper, PhD, RN	Dean, School of Nursing, University of Alabama at Birmingham
Darrell Kirch, MD	President and Chief Executive Officer, Association of American Medical Colleges
Kevin Mahoney, MBA	Executive Vice President and Chief Administrative Officer, University of Pennsylvania Health System & Executive Vice Dean, Integrative Services, School of Medicine, University of Pennsylvania
Janis Orłowski, MD	Chief Health Care Officer, Association of American Medical Colleges
Kathy Rideout, EdD, PNP-BC	Dean, School of Nursing, University of Rochester
Kevin Sowers, MSN, RN, FAAN	Chief Executive Officer, Duke University Hospital
Maureen Swick, PhD, RN	Senior Vice President and Chief Nurse Executive, Inova Health System & President-Elect, American Organization of Nurse Executives Board of Directors
Mark Taubman, MD	Dean, School of Medicine, and Vice President for Health Sciences, University of Rochester & Chief Executive Officer, University of Rochester Medical Center
Oversight Committee	
Eileen Breslin, PhD, RN, FAAN	Dean, School of Nursing, University of Texas Health Science Center San Antonio
Ann Cary, PhD, MPH, RN, FNAP	Dean, School of Nursing and Health Studies, University of Missouri, Kansas City
Juliann G. Sebastian, PhD, RN, FAAN	Dean, College of Nursing, University of Nebraska Medical Center
Deborah Trautman, PhD, RN, FAAN	President and Chief Executive Officer, American Association of Colleges of Nursing
David Vlahov, PhD, RN, FAAN	Dean, School of Nursing, University of California San Francisco

Project Staff	
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Margaret Grey, DrPh, RN, FAAN	Annie Goodrich Professor, School of Nursing, Yale University
Kathy McGuinn, MSN, RN, CPHQ	Director, Special Projects, American Association of Colleges of Nursing
Shelley McKearney	Program Manager, American Association of Colleges of Nursing
Alex Morin, MA	Manager, Manatt Health
Brenda Pawlak	Managing Director, Manatt Health
Arthur Rubenstein, MBBCh	Professor of Medicine, Raymond and Ruth Perelman School of Medicine, University of Pennsylvania

Institutions Invited to Participate in the Dean of Nursing / University President Survey

Case Western Reserve University	SUNY Downstate Medical Center	University of Mississippi Medical Center
Charles R. Drew University of Medicine and Science	SUNY Upstate Medical University	University of Missouri-Columbia
Columbia University	Temple University	University of Missouri-Kansas City
Creighton University	Texas A&M Health Science Center	University of Nebraska Medical Center
Drexel University	Texas Tech University Health Sciences Center	University of Nevada-Las Vegas
Duke University	Texas Tech University Health Sciences Center-El Paso	University of New Mexico
East Carolina University	Thomas Jefferson University	University of North Carolina- Chapel Hill
East Tennessee State University	Uniformed Services University of the Health Sciences	University of North Dakota
Emory University	Universidad de Puerto Rico	University of Oklahoma
Florida International University	University at Buffalo-SUNY	University of Pennsylvania
George Washington University	University of Alabama at Birmingham	University of Pittsburgh
Georgetown University	University of Arizona	University of Rochester
Georgia Baptist College of Nursing of Mercer University	University of Arkansas for Medical Sciences	University of South Alabama
Georgia Regents University	University of California-Davis	University of South Carolina
Howard University	University of California-Irvine	University of South Dakota
Indiana University-Purdue University (Indianapolis)	University of California-Los Angeles	University of South Florida
Johns Hopkins University	University of California- San Francisco	University of Tennessee Health Science Center
Loma Linda University	University of Central Florida	University of Texas Health Science Center-Houston
Louisiana State University Health Sciences Center	University of Cincinnati	University of Texas Health Science Center-San Antonio
Loyola University Chicago	University of Colorado	University of Texas Medical Branch
Marshall University	University of Connecticut	University of Toledo
Medical University of South Carolina	University of Florida	University of Utah
Michigan State University	University of Hawaii at Hilo	University of Vermont
New York Institute of Technology	University of Hawaii at Manoa	University of Virginia
New York University	University of Illinois at Chicago	University of Washington
Northwestern College	University of Iowa	University of Wisconsin-Madison
Nova Southeastern University	University of Kansas	Vanderbilt University
Ohio State University, The	University of Kentucky	Virginia Commonwealth University
Ohio University	University of Louisville	Wayne State University
Oregon Health and Science University	University of Maryland	West Virginia University
Pennsylvania State University	University of Massachusetts Medical School	Western University of Health Sciences
Rush University	University of Miami	Wright State University
Rutgers, The State University of New Jersey	University of Michigan	Yale University
Saint Louis University	University of Minnesota	
Stony Brook University		

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END NOTES

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AMERICAN ASSOCIATION OF COLLEGES OF NURSING

The American Association of Colleges of Nursing (AACN) is the national voice for university and four-year college education programs in nursing. Representing more than 780 member schools of nursing at public and private institutions nationwide, AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate nursing education, research, and practice. www.aacn.nche.edu

MANATT HEALTH

Manatt Health is the interdisciplinary health policy and health care strategy advisory division of Manatt, Phelps, and Phillips, a premier law and consulting firm. Manatt has one of the leading health strategy practices in the country, with more than 80 professionals (consultants, policy advisors, project managers, analysts and health care attorneys) providing knowledge and expertise to a wide range of health care clients, including children's hospitals, academic medical centers, health care systems and other institutional providers; post-acute care providers; national and regional payers; pharmaceutical manufacturers; philanthropic foundations; health care trade associations; and state and federal agencies and policymakers.

Manatt's expertise and client engagements involve all aspects of health care, including delivery systems, processes, financing and payment, and health information technology. We differentiate by being keenly attuned to the organizational dynamics of the organization – and many of our assignments include issues relating to governance, organization structure, and capacity building.

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