

Nurse Leadership Framework Within Partners in Care an Accountable Care Organization

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Partners in Care is an Accountable Care Organization (ACO), where groups of physicians, nurse practitioners, case managers, and nurses join voluntarily together to provide coordinated high quality care to their clients. The goal of an ACO is to ensure “that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.” (“What's an ACO? CMS.gov,” 2015, para. 2). Partners in Care will be reimbursed by Centers for Medicare & Medicaid Services (CMS), federally funded programs under the Affordable Care Act (ACA). The goal of the ACA is to “improve the health of the population through expanded coverage, controlled health care costs and improved health care delivery systems.” (“AACN AONE TASK FORCE,” 2012, para. 1) Thus, in this scholarly paper I will focus my attention on the specific topic which addresses the roles and responsibilities of a professional nurse leader within Partners in Care an Accountable Care Organization.

#### **Leadership that Gets Results Management Style of Partners in Care**

Daniel Goleman a well-respected author in the business leadership world, has written a plethora of bestselling books and journal articles delineating qualities that embody a top-notch leader who gets results. In *LEADERSHIP THAT GETS RESULTS* published in Harvard Business Review Journal, Goleman outlined six leadership styles that all successful leaders possess. The six leadership styles are: Coercive: which demands immediate compliance, Authoritative: mobilizes people toward a vision, Affiliative: creates harmony and builds emotional bonds, Democratic: forges consensus through participation, Pacesetter: sets high standards for performance, Coaching: develops people for future. (Goleman, 2000)

A nurse manager who is leading Partners in Care ACO will employ Goleman's six leadership styles and be proficient to adapt to challenging situations with different styles. The "best leaders don't know just one style of leadership-they're skilled at several, and have the flexibility to switch between styles as the circumstances dictate." (Goleman, 2000, p. 78) The justification for using Goleman's approach to leadership is because his research has demonstrated that, the more styles a leader exhibits, the more effective of a leader he or she is. Leaders "who have mastered four or more – especially the authoritative, democratic, affiliative, and coaching styles – have the very best climate and business performance. And the most effective leaders switch flexibly among the leadership styles as needed." (Goleman, 2000, p. 87)

### **Partners in Care: Purpose, Mission Statement, Goals and Objectives**

To communicate Partners in Care purpose, mission statement, goals and objectives it is imperative to outline them first. Partners in Care ACO is modeled after a randomized control trial (RCT) utilizing community based nursing intervention, which has shown to reduce overall mortality by 25% in the chronically ill who were CMS Medicaid and Medicare subsidized. (Coburn, Marcantonio, Lazansky, Keller, & Davis, 2012)

The purpose of Partners in Care is to provide community-based nursing intervention. It offers a comprehensive, integrated, and tightly managed system of care coordination, disease management, and preventive services. Delivered by community-based nurse care managers working collaboratively with primary care providers to improve the health and reduce all-cause mortality in chronically ill older adults. (Coburn et al., 2012) Partners in Care mission statement is: Client-centered, holistic quality care delivered to your door. Our three primary objectives include: Objective (1) Initial client assessment & disease management: The Nurse care manager will develop an individualized plan for each participant. Three factors are used to establish

priorities for this plan: (1) the participant's self-articulated primary concerns and unmet needs, (2) findings from risk assessments and evaluations (initial and repeated), (3) the participant's motivational readiness. Objective (2) Preventative Services consist of: education, symptom monitoring, medication reconciliation and counseling for adherence, help identifying, arranging, and monitoring community health and social service referrals, group interventions such as curriculum-based education, structured lifestyle and behavior change programs for weight loss, weight loss maintenance, exercise classes for improving strength and increasing physical activity and a balance and mobility program for fall prevention were also provided directly to participants by the nurse care managers. Objective (3) is to provide collaborative care involving a network of primary care practices, physician-hospital organizations, independent physician associations, and individual practices. The basic requirements of agreeing to participate included: (1) responding to communications about their patients initiated by the nurse care managers on an as needed basis, (2) making the office medical records available to the nurse care managers and chart auditors, (3) assisting in case-finding potentially eligible individuals on their patient panels, using billing system reports or extracts, or other mutually agreed to processes. (Coburn et al., 2012)

Partners in Care ACO goals are to decrease client mortality, satisfy participants needs while providing preventative services at a reduced cost to the community. Ours goals are driven by the Agency for Healthcare Research and Quality (AHRQ) decision making and research tools. AHRQ has provided tools that offer quality indicators "Prevention Quality Indicators (PQIs) provide a good starting point for assessing quality of health services in the community."

("Agency for Healthcare Research and Quality AHRQ," n.d., para. 4)

### **Partners in Care Evidenced Based Approach to Innovation and Change**

Evidenced based practice EBP means as an organization you are staying abreast with emerging research and integrating it with nursing care. Kathleen Stevens published work titled, *The Impact of Evidence-Based Practice in Nursing and the Next Big Ideas* in Journal of Issues in Nursing stated “EBP is aimed at hardwiring current knowledge into common care decisions to improve care processes and patient outcomes. The chasm between what we know to be effective healthcare and what was practiced was to be crossed by using evidence to inform best practices.” (Stevens, 2013, p. 1)

To facilitate change & innovation utilizing evidenced based practice in Partners of Care first requires the right staff. In a study conducted by Deborah Kendall-Gallagher and colleagues, the researchers uncovered that a “10% increase in hospital proportion of baccalaureate and certified baccalaureate staff nurses, respectively, decreased the odds of adjusted inpatient 30-day mortality by 6%” (Kendall-Gallagher, Aiken, Sloane, & Cimioti, 2011, p. 188) Employing baccalaureate graduate nurses has shown to decrease patient mortality, due to their ability to synthesize and disseminate evidenced based research. In addition, staffing Partners in Care with baccalaureate level nurses is in line with American Nurses Credentialing Center (ANCC) Magnet Recognition Program for excellence in nursing services. To intergrade change theory the nursing manager will offer multidisciplinary team approach to problem solving. The team will work on and present peer reviewed, evidenced based solutions. Having staff with bachelorette and higher level of education, that is well versed in disseminating research would produce solutions that were well researched and proven to be effective. To overcome resistance a nurse manger would you the following strategies: “Support autonomy in practice, assume the best in people, promote and facilitate an environment where generational expertise is valued, collaborate to identify unit priorities and initiatives, encourage independent problem solving and elicit innovative ideas,

support certification initiatives, encourage networking with colleagues within and external to the organization.” (“AONE,” n.d., p. 3)

### **Climate That Motivates**

To create an atmosphere of motivation we must establish shared governance and make certain that every individual’s input is heard. Shared governance represents “a professional structure and relationships in a complex adaptive healthcare system that enables knowledge work and advances the interaction, collaboration, and action of the disciplines in advancing health care.” (Porter-O’Grady & Malloch, 2013, p. 335) It’s a committee of individuals who are all working together toward advancing clinical care for the patient; shared governance structure reflects “the principles of partnership, equity, accountability and ownership.” (Porter-O’Grady & Malloch, 2013, p. 342) Working on a project with a group of people as a partnership and having equal voice is very important to overall team motivation. If an individual sees and feels that his or her input carries as much weight as the other team members, they will feel compelled to persevere and work through adversity. A strong leader will establish a shared governance committee for each individual to strive to reach his or her best.

### **Staff Orientation and Continuing Education**

During the orientation process a nurse manager, will employ a coaching leadership style which develops new staff for the future. (Goleman, 2000). The “coaching style works particularly well when employees are already aware of their weaknesses and would like to improve their performance.” (Goleman, 2000, p. 87) The Orientation process for new staff will involve both didactic classroom and psychomotor skill components under preceptor supervision followed by debriefings which facilitates lifelong learning.

For continuing education Partners in Care will provide reimbursement vouchers for all current staff members who proceed to earn graduate level degrees and certifications in their chosen fields. Nursing certifications recognize those individuals “who demonstrate an advanced knowledge base, along with qualifications and skills within a particular specialty. Certification within nursing continues to advance, playing an essential part within the American Nurses Credentialing Center’s (ANCC’s) Magnet Recognition Program for excellence in nursing services.” (Fritter & Shimp, 2016, p. 8) Career advancement opportunities as well as fostering will be offered to the current staff that wants to advance to management level.

### **Development of Performance Appraisals**

Partners in Care is reimbursed by CMS and follows a value based model. CMS will collect quality measures metrics to provide reimbursement, “including: (1) 9 CMS-calculated AHRQ Patient Safety Indicators and Inpatient Quality Indicators and Composite Measures; (2) Participation in a Systematic Database for Cardiac Surgery; (3) Nursing Sensitive Measure on Failure to Rescue; and (5) 30-day Readmission Measures for Acute Myocardial Infarction and Pneumonia.” (“CMS Value based purchasing," n.d., p. 6) Thus, Partners in Care will show reduced all-cause mortality in chronically ill older adults as the benchmark for performance appraisals. By providing preventative services and control of chronic conditions and getting the clients to their personal goal blood pressure or goal HgA1C level, or PHQ-9 severity of depression we can decrease mortality and get appropriate CMS reimbursement. Thus, the goal of all the staff is to get results, and if clients are reaching their goals then staff

### **Applying Just Culture Algorithm with Conflict Management & Discipline Process**

Just Culture algorithm is Partners in Care tool for understanding and categorizing the choices of those in our organization. With it, we can evaluate an event based on a set of duties

inherent to the system to determine which of the three behaviors was most likely at play. This gives us the ability to address the event and the staff involved in a constructive way rather than simply reacting to the outcome and handing out blame and punishment. It can also show us how multiple behaviors can be associated with a single event, so that we can evaluate each behavior separately to more effectively determine the root cause. ("OUTCOME ENGENUITY," n.d., The Algorithm)



(Outcome Engenuity [Just Culture V3.2], n.d., figure 1)

Just Culture algorithm along with Partners in Care policy & procedure manual will determines was the event a human error, at-risk behavior or reckless behavior. Partners in Care nurse manager will employ Just Culture algorithm to address all adverse events. Figure 1 outlines appropriate discipline strategies to employ once the event has been scrutinized and classified appropriately.

**Team Building and Communication**

Team building and communication are at the root of effective teamwork at Partners in Care. If we do not have efficient and effective communication, we open the doors to errors. Especially when communicating during transition points such as hand offs with other nurses or



primary care providers. Partners in Care will implement open communication. Nurse manager along with shared governance team will “develop a common, patient-focused language that can be used by both nursing and clinical support services groups and establish a communication plan that disseminates key messages and decisions to all levels – in both nursing and support services.” (“AONE,” 2007, p. 3) Our entire staff will be participating in interprofessional rounds which include patients and families. This helps to coordinate information, set daily care goals, and manage schedules for the various treatments. Nurses need to know how to speak up when care is compromised, and to do this, must have organizational support to back them up” (Sherwood & Zomorodi, 2014, p. 18)

In addition, Partners in Care will utilize TeamSTEPPS, an “evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals.” (“AHRQ TeamSTEPPS,” n.d., figure 1) TeamSTEPPS skills can be intergraded into simulation scenarios for all Partners in Care staff to practice. Standardized communication is at the core of Partners in Care and will be using during transitions and handoffs, it will “reduce reliance on memory, assure that critical information is shared, and help team members speak up when they see safety hazards.” (Sherwood & Zomorodi, 2014, p. 18) Partners in Care employs a shared governance approach to “promote shared-decision making, ownership, initiative, and follow-through.” (“AONE,” 2007, p. 2) Essential for shared governance is the transference of leadership from the nurse leader to shared leadership among the team members. Nurse leader needs to strategically empower the change team, as they began to make their own decisions and to rely on support from each other. Slowly, the team relied less on support from the leaders and transitioned to supporting each other and developing their own plans. (Mangers, Scott-Cawiezell, & Ward, 2016)

Our organizational culture is built on mutual respect and recognition. Partners in Care nurse manager along with entire leadership team will “encourage a sense of equity and facilitate shared appreciation of nursing and support service jobs and reward and recognize all members of the team for their impact on the patient experience.” (“AONE,” 2007, p. 3)

### **Nurse Manager Responsibilities**

The American Organization of Nurse Executives (AONE) guiding principles recommendations outline nurse leader roles and responsibilities. For Partners in Care ACO to continue functioning nurse managers responsibilities will involve:

1. “Standardize processes through utilization of evidence-based practices to decrease variability and improve safety
2. Focus on outcomes.
3. Reorganize resources to increase efficiency, decrease cost, improve quality and reallocate resources.
4. Monitor and provide input to legislation at the state and federal levels that impact nursing practice.
5. Utilize systems thinking to design models around episodes of care (aligned with reimbursement) that focus on care facilitation, education, outcomes management, illness prevention, and health promotion utilizing high level functions of integration, problem solving, and coordination with a strong foundation of interdisciplinary teamwork.
6. Evaluate outcomes of alternatives to primary care model (ex: nurse practitioner (NP) model) y Educate policy makers, the public and payers on new models and associated outcomes.
7. Encourage standardization of Advanced Practice Nurse (APN) role across states. APNs and other role groups (non-physicians) are providing majority of primary care health outcomes for designated populations are improved
8. The funds are to be used by states to bring to the table all the relevant groups and stakeholders within their jurisdictions including, but not limited to, physicians, health insurers, employers and hospitals to come to an agreement on a strategic and operational

plan for creating a health information exchange across their jurisdiction. Examples include:

- Nurse leaders serve on the board at their own institution.
- Have a voice at local, state and national level through contact with legislators and
- Providing active involvement and engagement in legislation." ("AONE GUIDING PRINCIPLES," 2010, p. 1- 6)

Partners in Care nurse leader will “provide the vital link between the administrative strategic plan and the point of care. They are responsible for creating safe, healthy environments that support the work of the health care team and contribute to patient engagement. Nurse leaders’ proactive behavior can mean the difference between medical mishaps and the development of innovative care delivery models.” (“AONE,” n.d., p. 1)

### **Conclusion**

During my clinical, I had an opportunity to ask leadership questions from Senior Director of Nursing Ms. Irene R. Pearlman in Kingsbrook Jewish Medical Center. Utilizing the ten questions from emerging leader blog by Sherman titled *Using questions for career development*. (Sherman, 2016) When asked ‘keeping staff engaged in their work can be very challenging – how do you do this?’ Ms. Pearlman response was “giving positive reinforcement. Always complimenting a good job – people thrive with positive reinforcement” (I. R. Pearlman, personal communication, April 4, 2017) Which demonstrates that a strong leader appreciates and recognizes all staff members regardless of title, and this is what a Partners in Care nurse leader will embody. Her words of wisdom to an emerging leader were “It is wonderful to have an impact on more than just patients you are taking care of directly, as a leader you can extend your influence and help so many more people. It is worth all the hard work!” (I. R. Pearlman, personal communication, April 4, 2017)

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