

An Interview with Anthony R. Kovner, PhD Academic-Clinical Partnerships: Building the Case for Evidence-Based Management

ANTHONY R. KOVNER, PhD, is professor, program in health policy and management, Wagner Graduate School of Public Service, New York University. He is also director of the MS in Management: Concentration for Nurse Leaders Program. Dr. Kovner is a board member, Lutheran Medical Center, Member Executive Committee, Chair Quality Committee, and Vice Chair Health Plus Committee, Brooklyn, NY. He has authored numerous book chapters, articles, and case studies in the field of health care services and management. In this interview, Dr. Kovner shares his insights on academic-clinical partnerships, nursing leadership, evidence-based management, capstone projects, and challenges and opportunities.



Anthony R. Kovner, PhD

Partnerships

Donna Nickitas: Let's begin by discussing how you leveraged your expertise and experience to create an academic-clinical partnership.

Anthony Kovner: I have been a professor in Health Policy and Management at the Wagner Graduate School of Public Service for 29 years. For about 20 of those years, I was director of the health program. Now, I am director of a joint program with New York Presbyterian Health System, which is a master's of science in management concentration for nurse leaders. The program is open to nurse leaders in other hospitals and health systems and three nurses in the first cohort are employed by the NYU Medical Center.

DN: Can you explain how you became involved with educating nurses, specifically nurse clini-

cians, around the concepts of nursing leadership and management?

AK: I've been involved for many years at NYU/Wagner in educating clinicians in management. I developed and led the Advanced Management Program for Clinicians, funded by the Kellogg Foundation almost 20 years ago. Most of the students in this program were physicians, but there was also a number of nurses and other clinicians involved as well. This program was built upon our existing master's of science program, as is the current nursing program. I've also done executive education for clinicians at other academic medical centers, for example at Montefiore Medical Center, where I led a program for physician managers for over 18 years.

DN: Could you describe the program between New York University and New York Presbyterian Health System?

AK: I had done executive education at Cornell Medical School and educated a number of health care management students subse-

quently hired by Richard D'Aquila, then chief operating officer at New York Hospital. Seeing the tremendous potential for management development of nurse managers, Rick and I developed the current program. Early on, Willie Manzano, chief nursing officer at New York Presbyterian, replaced Rick D'Aquila who became chief operating officer at Yale New Haven Hospital.

The Masters in Science in Management: Concentration for Nurse Leaders program requires five courses: the health care delivery system; health care management; service excellence, finance, accounting, and budgeting; and a capstone course in evidence-based management. Five new case studies on challenges facing nurse managers were developed as well. Nurses choose four electives throughout the Wagner school, including electives specially developed for this program such as managing conflict, managing diversity, and locating evidence. Students generally take two courses per semester and complete the program in five semesters.

Partnership Benefits

DN: How has the nurse leader program between an academic program and a clinical organization been successful for both institutions?

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AK: Everything we do at NYU/Wagner is education for the public service, which is applicable across sectors: non-profit, for-profit, and governmental. We also educate students going into a variety of different sectors, including health, education, social service, and urban planning. NYU/Wagner educates students for the public service, and New York Presbyterian develops nursing leaders through the joint educational program.

DN: How does the program benefit and bring value to nurse managers and their role as leaders?

AK: Nurse managers and nurse leaders are empowered in their own organizations to make the arguments they need to make, using an evidence-based process to achieve better results. New York Presbyterian found in their own surveys that nurses and nurse managers turned over in part because they didn't like their boss, often not only or even not primarily because of inadequate pay or working conditions. From the beginning, all parties found an empowering effect for the nurses in the MS program. Nurses are applying what they are learning at work. They have more confidence to speak up and be assertive and suggest changes. Nurse leaders have a new skill set in the financial area, in improving service excellence, and they better understand their job and their hospital within a wider context.

DN: Can you discuss how the program is structured and how it functions?

AK: The basic financing mechanism is tuition remission. The student lays out the money and is reimbursed over 3 years if she or he completes the academic coursework satisfactorily. Students generally take two courses per semester, many of which are offered at New York Hospital, and are provided with books and meals.

DN: Could you elaborate on why health care organizations would engage with people like yourself (a non-nurse) to formulate academic partnerships to increase

the core competencies of nurse leaders?

AK: Generally they don't so engage. Health care organizations under-invest in the development of their people and in management research. This doesn't make sense since success in the marketplace is often determined by the buy-in of front-line doctors and nurses, who are developed to work more effectively with managers to achieve improved patient safety and financial performance.

DN: Do you think health care organizations truly understand and appreciate the important role nurses play within the institution?

AK: In this instance, New York Presbyterian made a commitment to nursing and nurses. They saw the future of their health system bound up with nursing. They had a problem retaining nurses and they saw a developmental program as an important strategy. Nursing has also been accorded increasing legitimacy and respect, and allocated a considerable share of the capital budget to improve patient safety and patient service.

Capstone Projects

DN: Earlier you mentioned capstone projects. Can you describe them?

AK: Capstone projects are team projects carried out over two semesters by five to six nurses under the supervision of a senior nursing executive and school faculty. An example of such a project currently underway is analysis of the medication administration process and seeing how this can be changed to afford staff nurses more time at the bedside. Another project involves evaluating acuity staffing systems to improve nurse budgeting, patient safety, and staff performance.

Challenges and Opportunities

DN: What do you see, given the program you're involved in, either as the barriers or the opportunities for effective managers working in hospitals today?

AK: I see the biggest challenge

and opportunity is that nurses are increasingly held accountable and responsible for everything that goes on within a patient care unit in the hospital. And yet nursing doesn't control 40% to 50% of the people who work in that unit, so it's basically an impossible situation. Nurses don't get data quickly enough to act on it, for example with regard to actual versus budgeted expenses for staffing such as overtime or traveling nurses. Nurses remain tremendously underpaid relative to the difference they make for the patient.

DN: I liked your point about nurses needing data to drive decisions, especially given the changes in the Centers for Medicare and Medicaid Services reimbursement to hospitals. Clearly, this is a unique opportunity for nurse leaders and nurse managers to leverage policies and programs to ensure greater patient safety.

AK: A real revolution in hospital finance would involve payment for episodes of illness to include what happens before the patient gets to the hospital and after the patient leaves the hospital. Nurses need to get involved in changes which lead to more value for the money we spend in health care.

Evidence-Based Management

DN: And that goes back to your comments earlier regarding evidence-based management. So maybe this is a good time for you to define that, and then define ways that nurse managers and nurse leaders will use evidence-based management.

AK: Evidence-based management (EBMgmt) is the systematic application of the best available evidence to the evaluation of management strategies for improving organizational performance. EBMgmt came originally from evidence-based medicine. The concept has spread to evidence-based nursing as well. In evidence-based medicine, doctors should make an intervention when there will be a predictable, positive result. Experts

have estimated that about 25% of medicine is evidence based. So, the idea is, can't we base management decisions in the same way? Managers already make decisions based on evidence, but what is the quality of the evidence that they obtain in the decision-making process? What I've learned in my own research and through that of others, is the often shockingly low level of evidence managers obtain to make decisions. For example, I know of two hospitals who merged and then unmerged at tremendous cost to both parties, without, to my knowledge, adequately considering what was the evidence concerning the factors leading to successful hospital mergers. Key to the EBMgmt process is translating a management challenge into a researchable problem(s). Other steps in the process include obtaining evidence and assessing its validity and accuracy, its applicability to an organization, and its actionability (in political terms). Finally, managers should determine whether the evidence is sufficient, or does the organization have to carry out or arrange for further research? Often the result of EBMgmt is not a one best management intervention, but rather an analysis of various interventions and their pros and cons. Deliberation as to strategy and implementation obviously depends on manager intuition or judgment.

Leadership Advice

DN: What advice would you give nurse managers who are eager to produce results and develop themselves as effective leaders?

AK: So many nurses are insular in their education and point of view. What they know about mostly is nursing, their own unit, and their own hospital. There is a large world out there, the world of best practices and best hospitals. Nurses need to reflect more on the work that they do and ask themselves and others what are the problems and issues with this work, why is it done the way that it is, is there a better way,

and how can nurses use an evidence-based process to get the best available evidence applied to the management challenge at hand.

DN: Thank you for sharing your insights and lessons learned about the importance and value of build-

ing academic-clinical partnerships. Nurse leaders can benefit by engaging in these types of relationships to invest in the development of their teams and discover the value of evidence-based management.\$

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