

ISP Communique

Executive Interview Series

Program Updates

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In This Issue

[Executive Interview Series](#)

[ISP Transition Update](#)

[Faculty and Alumni Support](#)

Executive Interview Series

Debra Honey, R.N., MHA, FACHE is Vice president of Clinical Operations, Catholic Health Initiatives (CHI). She was selected as a 2008 Robert Wood Johnson Executive Nurse Fellow. The three year fellowship is designed to "strategically position the voice of nursing across many sectors of the economy in a health care system undergoing unprecedented change and challenges." While she continues her role with the executive team of CHI (which operates a system of 77 diverse hospitals in rural and urban markets nationally), the RWJ fellowship will support Debbi in her efforts to affect change through innovative nursing leadership programming.



Zismer: First, congratulations on receiving such a prestigious award. All your colleagues at the MHA program are proud of you and this latest achievement! What's your vision for the nurse leader of tomorrow?

Honey: Thank you. It is an honor. I believe nurses are uniquely positioned to play an expanded leadership role in a changing healthcare environment that requires increasing accountability for quality, safety, improved customer service and cost efficiency. To date, leadership development for nurses has focused efforts principally at the highest levels in organizations, typically the Director of Nursing and related executive positions. A new kind of nurse leader is required closer to the bedside, a nurse with expanded knowledge of more effective coordination of high quality, safe and efficient episodes of care, and who's role includes accountability for that coordination.

Zismer: When you refer to the "bedside" do you mean inpatient

care?

Honey: For now, yes. My work associated with this fellowship will focus on inpatient care, but I suspect the principles developed and ultimate lessons learned will translate across the care continuum.

Zismer: Describe the new role of the nurse leader.

Honey: Nurses at the bedside often are in a position to observe and interact with a range of professionals and related technical services administered for the benefit of the patient. Many times nurses are the only professionals positioned to see the whole picture of the clinical episode. They are uniquely positioned to play an expanded role in the coordination of care -- coordination to higher levels of quality, safety and efficiency. Nurses' training, the current definitions of their roles and current perspectives on their responsibilities for patients limit their potential and potentially suboptimize both the patient experience and organizational performance.

Zismer: How is organizational performance potentially suboptimized?

Honey: Nurses are in unique positions to observe -- and ultimately to positively influence -- resource consumption, especially redundancy and waste of resource input. That waste adds cost and can put patients at risk. But historically nurses have not been educated to assume roles influencing resource use. The "culture" of nursing - and of most provider organizations -- has not encouraged nurses to assume such roles.

Zismer: Are you suggesting that your work could lead to changes in how nurses are educated?

Honey: Potentially. Nurses could assume roles with some accountability for "the whole" -- all that makes up an optimal episode of care.

Zismer: How does this vision square with the role of physicians?

Honey: If done well it should allow physicians and other providers to apply their skills and expertise to their highest and best level. In today's world of the fast-paced and subspecialized hospital stay, physicians are often required to perform tasks and functions that need not be done by a physician. Moreover, they are sometimes put in positions of accountability and responsibility without the ability to influence organizational performance. By training and positioning nurses to undertake

some of these roles, organizations could allow physicians to perform at higher levels of efficiency and effectiveness.

Zismer: Take your vision to a "curricular" level. What would education look like for the new nurse leader?

Honey: It's probably easier to answer the question with a list of some of the skill sets necessary to this new role:

- forming and leading teams
- managing for operations excellence
- managing quality and safety
- health services cost management
- organizational change management
- fundamentals of health insurances and managing care

Zismer: You included "health insurances." Why?

Honey: Bedside nurses, along with nurse leaders, need to better understand how all types of episodes of care are financed, including the patient's accountability for the cost. Nurse leaders will need an expanded appreciation for how clinical decisions translate to a bill for patients.

Zismer: So what are the challenges to your vision?

Honey: There are several. They are significant, but not insurmountable. One is how the profession views itself. Nurses and nurse educators will need to see the potential for expanded leadership roles for nurses as being essential to the profession. Curricula then necessarily change, or at least expand. Health systems will need to see the value in an enhanced and expanded role for nurses. Physicians will need to appreciate the potential to enhance their performance with better informed nurses and nurse leaders on the team. The actual teaching of required skill sets could be the easier part of the journey.

Zismer: As the more traditional health systems integrate with physicians, do you see this as a positive or negative for your vision?

Honey: A positive. Integrated health systems have the potential to use teams more effectively. Teams need members who can work together and every team needs effective leaders.

Zismer: All of us on this team are encouraged by your efforts and wish you well with this exciting opportunity.

Honey: Thank you. It's a welcome opportunity in my professional life.



Construction Update: Building the New ISP

**Bill Henry, consultant to the New
ISP design and development**

What's new since we last peered through the construction fence surrounding the work on the new ISP? Most noticeably, the foundation for a rather complex structure has been laid. Actually, two conjoined structures are being constructed here: the Executive MHA Program and three Regents' Certificates. They share that common foundation (values, strategy) as well as many operating systems (courses, faculty, staff) so that efficiencies pertain wherever possible.

The new structure is organically connected to the full time MHA Program as well, essentially providing the route to one of the nation's top-ranked MHA degrees for practicing administrators and health professionals.

As has been noted in this space before, all of this design work must be reviewed and approved by various faculty entities and ultimately by the University Board of Regents before the new program can be marketed. That said, some details have become clearer over the last couple of months. The goal here is to develop the executive education route to the MHA, so that it and the full-time (day school) program will be two routes to the same degree. Simultaneously, we are creating three Regents' Certificates to address markets for continuing education not tied to a degree. The three certificates are:

1. Management, leadership and transition in healthcare organizations.
2. Managing performance in healthcare delivery organizations: quality, safety and operations.
3. Leading Integrated Health Systems: strategy, finance, performance, and expanding roles for physicians.

Both the Executive MHA and the Regents' Certificates will be based on University courses taught by University faculty. In

addition, both the Executive MHA and the certificates will include input from top-level practitioner faculty, as has been ISP's tradition. Most of the coursework will be online, so that the only on-campus requirements will be 7-9 days in May and 4 days in February. Each certificate will span that May-February period, providing 13 credits in 9 months. Those students taking the MHA on the fastest track will be able to complete the degree in 25 months, including participation in three May sessions and two February sessions.

The February sessions will be held in a warm climate and combine the work of the students with panels and presentations featuring top level speakers and practitioners addressing key topics in healthcare strategy, organizing, financing, policy, technology and other areas. These sessions will also be designed as attractive continuing education opportunities for program alumni and provide networking as well as more structured learning opportunities.

Dan Zismer has proposed changing ISP's organizational home to the same division of the School of Public Health that houses the full time MHA program. That proposal has been favorably received by the division directors as well as Dean John Finnegan. The move will probably include a physical move for ISP as well, bringing the Executive MHA and the certificates into close proximity with the full time MHA program. Both the organizational and physical relocation of the program promise significant efficiencies.

We hope to receive approval from the Board of Regents early in the winter and to begin the Executive MHA program in May '09. In our next construction update we should be able to provide a better view of the structure as it emerges. In the meantime, please contact me with comments or questions: Bill Henry wfhenry@comcast.net.

Faculty and Alumni Support All Around

**Bill Henry, consultant to the
New ISP design and development**

When I signed on with Dan Zismer to work on the new ISP, I expected a good deal of enthusiasm from faculty and alumni, but I also thought there would be some resistance in those circles. I have been quite pleasantly surprised: almost everyone that Dan or I talk with is enthusiastic about the emerging design of the Executive MHA and Regents' Certificates. I know it's early in the

process and the necessary lack of details at this point doesn't provide much opportunity for criticism. That said, the process has been buoyed by the enthusiasm of a broad array of people.

ISP students on campus this summer raised a variety of questions, generally about how the new program will differ from that in which they are enrolled. For the most part, they see the need for the changes underway, and sometimes question the speed of the transition. Of course, the small number of students who had been enrolled in Course I this summer were disappointed when it was cancelled, but a surprising number remain in touch now and many have asked to be considered for enrollment in the Executive MHA next spring.

Faculty in both the full time MHA program and ISP have endorsed the new design and offered to help in any way they can. Most importantly, MHA Program Director Sandy Potthoff has counseled our development of the new curriculum, helping to ensure close working relationships between the full-time MHA program and curriculum and that of the new Executive MHA. Professor Jim Begun, former Program Director and a key faculty member in MHA accreditation nationally, has helped design the new program and offered suggestions relative to accreditation. Professor Jon Christianson, long time leader of the full time MHA faculty, told Dan Zismer that he looks forward to the new program and stands ready to participate fully.

I've also corresponded with a number of ISP alumni about the changes and their response has been very supportive. Almost all note the importance of revising the program and those that have commented in response to the "Construction Updates" have been very positive. MHA alumni have been supportive as well, including the board of the Alumni Association and Foundation who asked to meet with Dan Zismer early in the process, both to learn about the proposed changes and to express their support.

Indicative of the comments I have received from alumni, Bob Stevens, CEO of Ridgeview Medical Center in Waconia MN, ISP MHA alumni and Course 1 faculty, said: "I've been looking forward to a new life for ISP for some time. I'm excited about the new Executive MHA and the opportunities it provides for working professionals. The close relationship between the new Executive MHA and the full-time MHA program is very important in the marketplace. I look forward to supporting these changes."

Geoff Kaufmann, who has taught problem solving in Course 1 for many years and is chief administrative officer of Stillwater (MN) Medical Group noted that "the executive MHA and the Regents' Certificates are both new strategies and a continuation of the traditions and culture of ISP. They break new ground while

continuing ISP's dedication to working professionals, continual improvement and education on the cutting edge."

This level of support bodes well for the next stages of design and implementation of the new program.