

# Improve Outcomes and Lower Costs across the Continuum of Care— Invite a Nurse to Serve on the Board

BY MARLA J. WESTON, PH.D., RN, FAAN, AMERICAN NURSES ASSOCIATION,  
AND LAURIE BENSON, NURSES ON BOARDS COALITION

Changes in the healthcare landscape dictate that what happens to patients after they are discharged is, increasingly, a hospital's concern.

The shift toward pay-for-quality, the rise of alternative payment models, and the emergence of penalties requires that hospitals and health systems take great care when referring patients to post-acute care facilities, such as rehabilitation centers, long-term care hospitals, skilled nursing facilities, and home health services.

But how can healthcare leaders determine with *which* post-acute care facilities they should partner? And how can hospitals ensure quality when patients transition across care settings? Inviting a nurse to serve on the board guarantees a valuable voice with expertise in care coordination who can help think through and make decisions around cross-continuum services and challenges.

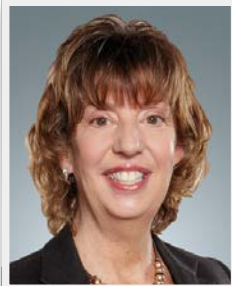
## The Value of Care Coordination

Care coordination, “the deliberate synchronization of activities and information to improve health outcomes by ensuring that care recipients’ and families’ needs and preferences for healthcare and community services are met over time,”<sup>1</sup> is vital during transitions of care and when a patient moves from a hospital or health system to a post-acute care setting. Care coordination is an ideal way to lower costs and improve health, and is cited under the National Quality Strategy as one of six priorities that address the most common health concerns that Americans face. Since 2013, Medicare has provided payments for transitional care management aimed at reducing hospital readmissions by providing post-discharge care coordination.

The substantial cost of uncoordinated care is well-documented. According to a 2010 study, uncoordinated care patients represented less than 10 percent of



**Marla J. Weston,**  
Ph.D., RN, FAAN  
Chief Executive Officer,  
American Nurses  
Association



**Laurie Benson**  
Executive Director,  
Nurses on Boards Coalition

patients, but accounted for an average of 46 percent of drug costs, 32 percent of medical costs, and 36 percent of total costs for the population.<sup>2</sup>

## Nurses: Natural Leaders for Care Coordination and Transition Management

Care coordination has long been a core nursing competency. In *Nursing: Scope and Standards of Practice*, the American Nurses Association (ANA) outlines the competencies expected of every registered nurse. Included are core elements of care coordination, such as:

- Organization of care plan components
- Management of healthcare consumers’ care to maximize independence and quality of life
- Assistance to healthcare consumers in identifying care options
- Communication with the healthcare consumer, family, and members of the healthcare system, especially during transitions in care
- Advocacy for delivery of dignified care by the inter-professional team
- Documentation of coordination of care

## Key Board Takeaways

As hospitals are increasingly being held accountable for what happens to patients post-discharge, leaders must establish reliable mechanisms to ensure high-quality continued care when referring patients to post-acute care services. Registered nurses are experts at managing transitions and coordinating patient care across settings and are best suited to evaluate post-acute care partners. Organizations with a goal of improving outcomes and lowering costs across the continuum of care should consider inviting registered nurses to serve on their board.

Advanced-practice registered nurses provide additional expertise, including leadership in the coordination of inter-professional healthcare in order to ensure integrated delivery of healthcare services.

A July 2016 article in *Hospitals & Health Networks* contends that the relationship hospitals have with post-acute care providers is taking on increased importance: “Post-acute care providers are no longer simply a downstream referral partner. They become an extension of the hospital’s care delivery model and have a much more direct impact on a hospital’s reputation and bottom line than they did before.”<sup>3</sup> Nurses, who already possess care coordination expertise, are uniquely qualified to evaluate the quality of post-acute care providers and effectively manage patient transitions to new care settings.

## Making the Case for Nurses on Boards

Given nurses’ ability to ensure patients receive coordinated care across the continuum, they are well positioned to advise boards about partnering with post-acute providers. However, nurses are vastly underrepresented on hospital and health system boards. Despite being the largest health profession at 3.6 million strong, less than 1 percent of hospitals and health systems reported that they have nurses as

1 National Quality Forum, *Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps in Care Coordination*, August 2014.

2 Institute of Medicine, *The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary*, Washington, D.C.: National Academies Press, 2010, pp. 109–140.

3 Michael N. Abrams and Gordon Phillips, “Why Post-Acute Care Partners Are Critical to Hospitals’ Future,” *Hospitals & Health Networks*, July 2016.

voting members on the board in The Governance Institute's 2015 biennial survey.<sup>4</sup>

Hospitals that include nurses at the highest levels reap the benefits. Institutions that have achieved Magnet® recognition have lower costs and better nurse and patient satisfaction scores as well as superior patient outcomes. A full 85 percent of those named to *U.S. News & World Report's* 17 Best Hospitals Honor Roll were Magnet facilities. To receive this prestigious credential, hospitals and health systems must empower nursing leaders "in the organization's highest governing, decision making, and strategic planning body."<sup>5</sup>

Nurses themselves know the value they bring to boards. "As a nurse serving on the board of a non-profit healthcare program, I often raise the clinical care aspects of the program at the board level. As someone with a clinical background, I see aspects

of data and reports that have implications for care that can be missed by other board members," said Barbara Blakeney, M.S., RN, FNAP, Innovation Advisor, Center for Medicare and Medicaid Innovation, and Innovation Fellow, Institute for Patient Care at Massachusetts General Hospital. "I'm able to ask questions that highlight both best practices as well as deficiencies that others may not see or fully appreciate. Equally important, I can help other board members appreciate the skill and knowledge required by clinical staff to provide optimal care."

Having registered nurses at the decision-making table allows the board to see the full picture. "When it comes to understanding how the quality and cost of our healthcare system can be improved with effective care coordination, nursing is right at the top of the list of all clinician disciplines," said Mary Jo Jerde, B.S.N., RN, M.B.A., CCM, CNAA, Senior Vice President, UnitedHealth Group Center for Clinician Advancement. "Nurses often have a diverse perspective and insight on many issues, and that can be a great asset when serving on a board. The overall professional makeup of a nurse, from bedside care, community care, and/or business,

includes key elements of leadership that will often benefit the decision-making process of the board."

### **Nurses as the Key to Improved Outcomes and Lower Costs**

The evolving healthcare landscape dictates that hospitals and health systems have a vested interest in ensuring patients experience smooth transitions post-discharge. Registered nurses can contribute invaluable insight into how best to manage such patient transitions and help evaluate post-acute care partners. If a hospital or health system is looking to improve outcomes and lower costs across the continuum of care, its leaders would be wise to invite a registered nurse to the decision-making table. ●

*The Governance Institute thanks Marla J. Weston, Ph.D., RN, FAAN, Chief Executive Officer, American Nurses Association, and Laurie Benson, Executive Director, Nurses on Boards Coalition, for contributing this article. They can be reached at [marla.weston@ana.org](mailto:marla.weston@ana.org) and [laurie.benson@ana.org](mailto:laurie.benson@ana.org).*

4 Kathryn C. Peisert, *21st-Century Care Delivery: Governing in the New Healthcare Industry*, The Governance Institute's 2015 Biennial Survey of Hospitals and Healthcare Systems.

5 American Nurses Credentialing Center, *Getting Started: An Overview of the ANCC Magnet Recognition Program® and Pathway to Excellence® Program*, 2013.