

LEADERSHIP & PROFESSIONAL DEVELOPMENT

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Implementing an Interdisciplinary Governance Model in a Comprehensive Cancer Center

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Interdisciplinary collaboration, in which decision making and accountability are shared by members of different disciplines, is a central feature of oncology clinical practice, but it rarely is built into the governance and management structures that oversee oncology clinics. In many ambulatory settings, decisions affecting clinic operations are made centrally by those removed from day-to-day activity. Front-line nurses, physicians, and other staff who are most familiar with patient care and operational issues have less input.

In the late 1990s, ambulatory oncology services at the Dana-Farber Cancer Institute (DFCI), a comprehensive cancer center affiliated with the Harvard Medical School, began to experience extraordinary growth in patient volume. Like other cancer care providers, DFCI witnessed steady growth as a result of the aging of the general population and improvements in cancer diagnosis. A joint venture with nearby Brigham and Women's Hospital intensified the growth. As patient volume and acuity surged, the ambulatory practices at DFCI were increasingly challenged to keep up with demand and pressured by patients and referring providers for timelier access to appointments.

As the practices struggled to accommodate the needs of patients and referring physicians, the chief executive officer (CEO) and DFCI's other senior leaders considered the Institute's

clinical infrastructure and determined that its operational systems and governing structure needed to be evaluated. They realized that, over time, the organization's culture and management style had become more controlled and less inclusive; they believed that a more responsive governance and management model—one that placed decision making and responsibility for change in the hands of those most familiar with day-to-day operations—would benefit the Institute, its staff, and the patients it served.

In December 2001, the CEO, senior vice president for patient care services, and chief nurse appointed a multidisciplinary task force to design a new governance and management structure for ambulatory operations. The goal of the task force was to achieve effective, locally based decision making in each of the Institute's 12 disease centers. As part of their deliberations, the task force considered what needed to be in place to achieve that goal and identified two essential criteria: The knowledge and perspectives of the different disciplines involved in care operations must be represented in the decision-making process, and members of each discipline must feel responsible for the implementation and outcomes of decisions that are made. Such interdisciplinary collaboration was familiar to the task force, given that it is integral to the

Institute's care-delivery model and its quality-improvement and patient-safety programs. Collaboration also is a key characteristic of the leadership structure for inpatient oncology care as evidenced by the RN/medical doctor (MD) leadership teams that have overseen the inpatient units since 1994. Although interdisciplinary collaboration was valued by the ambulatory nurse managers, structures to promote its occurrence were not built into the ambulatory services governance model then in place. The task force agreed that in designing a new governance model, interdisciplinary collaboration would be a cornerstone that informed not just the new model's structure but also the processes used to make decisions and manage operations on a daily basis.

In this article, the interdisciplinary governance model developed by the task force will be described, the process used to design and implement the model will be reviewed, and how the model ensures accountability, communication, and collaboration among disciplines and how it has helped DFCI achieve substantial improvements in clinic operations will be discussed.

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Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, interviews with nurse leaders, and accounts of the application of leadership principles or theories to practice. Descriptions of activities, projects, or action plans that are ongoing or completed are

welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, PhD, RN, OCN®, at klemmpa@udel.edu or Associate Editor Judith K. Payne, PhD, RN, AOCN®, at payne031@mc.duke.edu