



## An Interview With Laura J. Wood, DNP, MS, RN, NEA-BC

Roxane Spitzer, PhD, RN, MBA, FAAN

**L**aura J. Wood, DNP, MS, RN, NEA-BC, is senior vice president, patient care operations, and chief nursing officer, Sporing Carpenter Chair for Nursing, at Boston Children's Hospital in Boston, Massachusetts.

**RS:** Hi, Laura, thank-you so much for taking time to interview with *Nurse Leader*. Please describe your background and what led you to become a chief nursing officer of a children's hospital.

**LW:** The pathway to my current role was shaped early in life. As a young child, I experienced an extended hospitalization within a free-standing children's hospital that positively shaped my appreciation of nursing, family-centered care, and caring practices within a health care team. I also benefited from early and meaningful encouragement from mentors and family members to pursue nursing as a career, including life-long support from my 93-year-old nurse mother. Our family relocated throughout the country frequently in support of my father's career. While not without challenges, these numerous moves provided me with skills to pursue employment and graduate education opportunities nationally within exceptional organizations, always striving to further develop myself personally and professionally and to contribute within a wide range of team-based settings.

From my earliest days as a staff nurse and nurse manager, I also noted significant opportunities to improve clinical outcomes, the value equation related to the care provided, person-family experience, and the well-being of the extended care team. These 4 precepts are increasingly framed today as the Quadruple Aim of Healthcare. I currently serve as the leader of the discipline of nursing with shared accountability for interprofessional practice of a workforce spanning over 5000 care team members. It is a great privilege to contribute to the mission of the nation's foremost independent pediatric hospital. Boston Children's is known as the world's leading center of pediatric research, with the capability to advance both scientifically directed cures and exceptional nursing-sensitive outcomes and caring practices. My progressive clinical and leadership experiences within The Johns Hopkins Hospital Children's Center, The Children's Hospital of Philadelphia, The University of Pennsylvania Health System, and digital health

industry experience as vice president, Clinical Solutions at Siemens Healthcare (now, Cerner Corporation) were all formative. I also had the privilege to be named a Robert Wood Johnson Foundation Executive Nurse Fellow, with the opportunity to participate in this 3-year, immersive leadership development program together with exceptional academic and practice leaders from across the country.

**RS:** This is the first time I have had the opportunity to interview a chief nursing officer from a children's hospital, and I assume that your issues will vary from the usual hospital systems particularly in your reimbursement. Would you share with our readers how that payment system works?

**LW:** We care for patients with a wide range of insurance coverage. Some are commercially insured, others are self-pay or seek charity care, and a substantial number of patients qualify for Medicaid services. Boston Children's provides care to more than 100,000 children and adolescents as part of the Commonwealth of Massachusetts' largest pediatric, Medicaid managed care provider as part of an accountable care organization (ACO). Patients travel to Boston Children's from all 50 states, as do a substantial number of international patients from around the world.

Medicaid is the nation's largest health insurer of children, a joint federal and state program that provides coverage to 37 million low-income children as well as to disabled children, parents, pregnant women, and the elderly, as well as other disabled adults. Beyond Medicaid, the Children's Health Insurance Program (CHIP) was launched in 1997 to provide supplemental coverage for another 9 million children and pregnant women who fall above Medicaid eligibility levels. Through these 2 programs, together with other commercial health insurance, nearly 95% of children nationally have had access to pediatric health care resources, well-child, and specialty care over the past quarter century.

Funding for children's health has experienced ongoing threats. Most recently in 2018, CHIP funding was marked for elimination or reduction, but ultimately reauthorized by Congress for another 6 years. Had this not occurred, many CHIP-enrolled beneficiaries would have lost coverage with a significant erosion in child

---

health as a potential consequence. While Medicare is an insurance program paid for entirely by the federal government, it was designed specifically for adults and does not provide benefits to children. In contrast, Medicaid program costs are shared by federal and state governments. Healthy children have a far greater opportunity to become healthy adults, yet often have fewer advocates for their needs, given how voting demographics favor the priorities of an aging population. Advocacy for children, families, and child health are essential to society and have been a life-long personal focus through engagement of government officials as well as my own community service, philanthropy, and volunteer roles.

**RS:** What do you see as your major challenge today?

**LW:** I am extremely fortunate to work in an organization with senior executives and hospital board members who recognize the essential nature of nursing and patient care excellence. The voice of nursing is represented in all key decision-making. Financial support for required nurse staffing functions and professional development is strong. I consider my major challenge, and our collective leadership priority, to incorporate direct care delivery nurses and frontline nurse leaders in shared decision-making despite our rapid implementation of numerous administrative and practice changes. Examples include: the opening of new clinical buildings and associated programs, the integration of new information and communication platforms, and the translation of research through new care delivery practices.

**RS:** How does being at a prestigious hospital and academic center impact this?

**LW:** Boston Children's continues to be recognized as a world leader in clinical care, science, research, and new drug discoveries, therapeutics, and devices offering first-of-kind treatments and cures. These breakthroughs reshape child and adult quality-of-life and health outcomes, payment models, and increasingly alter the settings where care is provided as new therapies are tested and approved. The digitalization of health care is another major shift that is altering patient, family, and provider access and communication.

**RS:** How are you handling that, and who is involved?

**LW:** The key challenge in my role is to collaborate with colleagues to anticipate, implement, and evolve value-focused care delivery processes associated with these novel therapies while sustaining and strengthening healthy work environments for nurses and extended care team members. The Massachusetts Health Policy

Commission places a great emphasis on reducing the total cost of care annually at a state level. While we must fundamentally streamline and reshape care processes at the same time that we are measurably improving care quality and reliability, we must also prioritize the evidenced-based elements of healthy work environments. This work literally calls upon the work of every member of our Boston Children's care team, and part of our collective focus on organizational culture is employee well-being as well.

**RS:** Can you share an actual example of how the translation of research and novel therapies is changing the role of nurses and clinical team members?

**LW:** The increasingly rapid pace through which numerous novel therapies are being implemented offers a great opportunity for nurses and interprofessional colleagues to work collaboratively and dismantle historical departmental boundaries. One such exemplar occurred when the Food and Drug Administration (FDA) approved a potential breakthrough, high-cost drug nusinersen (Spinrazza) in December 2016. The drug represented a first of its kind treatment option for children with an often-devastating disease of childhood, spinal muscular atrophy (SMA). Within 2 weeks, we evolved a nurse-led, care coordination process spanning the core SMA/neurology team, pharmacy, our clinical ambulatory treatment and clinical research center, patient financial services, the office of ethics and general counsel, patient/family relations, social work, and nearly every care team role. Once an effective communications processes was established, patients were prioritized for treatment based upon clinical presentation triaging, pre-financial clearance processes were expedited, and we were able to prepare our experienced team of pediatric neurology nurse practitioners and inpatient registered nurses to care for a significant surge in patient volume and provided this new therapy in rapid fashion.

**RS:** What can you share with other nurse executives from your children's hospital perspective that would be valuable to both your direct colleagues and in general to all nurse executives.

**LW:** During periods of rapid change, scientific discovery, and numerous demands for executive leader time and attention, the fundamentals of effective nursing leadership remain unchanged. Over the past decade, Boston Children's nurse leaders first methodically used the American Association of Critical-Care Nurses' 6 evidence-based standards of healthy work environments within all of our critical care work environments, including an annual survey with results disseminated locally. In 2016, we successfully validated

the tool in all inpatient and ambulatory settings at an enterprise level and are now extending its use beyond nursing to care teams, given that the health of the work environment of nurses is inextricably linked to the effectiveness of each discrete local team. The contributions of registered nurses and advanced practice registered nurses at Boston Children's are manifested through exceptional quality and experience outcomes as we continue to strive as world leaders in care and science.

**RS:** Thanks, Laura, you have been on an amazing journey, and the children under your

leadership have had tremendous benefits. As a mother and nurse, thank you for all you have done and continue to do.

Roxane Spitzer, PhD, RN, MBA, FAAN, is Editor Emeritus of *Nurse Leader*, in Stuart, Florida, and a member of the board of directors of Onsome. She can be reached at [roxane.spitzer@gmail.com](mailto:roxane.spitzer@gmail.com).

1541-4612/2019/\$ See front matter  
Copyright 2019 by Elsevier Inc.  
All rights reserved.  
<https://doi.org/10.1016/j.mnl.2019.09.002>

## If you think our articles are worth a second look, you should check out our website.

*Announcing*  
the new and improved  
**reprints.elsevier.com**  
now with online  
quoting, ordering,  
and tracking.

Order  
Reprints  
Online!

Visit **reprints.elsevier.com**  
to register your account today

