Presenters

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Karen Reynolds, *DNP, CNS-BC, FGNLA*
Catherine Roscoe-Herbert, *DNP, APRN, FGNLA*
Claudia Beverly, *PhD, RN, FAAN*
Need for Geriatric Nurse Leaders

- World’s population of persons age 65 & older grows by 800,000 per month
- Persons 80 and above are fastest growing component of population
- Life expectancy is increasing
  - Japan: 84
  - Singapore: 84
  - Switzerland, Australia, Italy: 82
  - Sweden, Canada, France, Spain, Israel, Bermuda: 81
Purpose

• To prepare and position nurses in leadership roles in various health care settings to lead interprofessional teams in the improvement of health care quality for older adults and their families

• To develop skills that lead to the promotion of health policies for the geriatric population in diverse and global health care settings
GNLA Academy Participant Impact Across North America
GNLA History

Four cohorts:

• 2008-2009 US
• 2010-2011 US
• 2012-2013 US
• 2014-2015 US & Canada
Leadership Development Model

- Self-awareness and Self-assessment
- Behavioral focus
- Reflective analysis
- Relationship foundation – triads
- Kouzes-Posner “Leadership Challenge”
GNLA Structure Overview

• Competitive selection
• 18 month guided leadership journey
• Two three-day workshops
• Fellow & Leadership Mentor relationships
• Individual leadership development plan
• Self development
GNLA Structure Overview

• Faculty consultation
• Facilitated site visits by the academy faculty
• Monthly faculty led learning activities & discussion groups
• Design & implementation of interprofessional team leadership project
GNLA Structure Overview

- Journaling
- Evaluation of experience and project
- Dissemination of results
- Professional presentations of project outcomes and experience
Three Learning Domains

• Individual leadership development
• Advancing nursing practice through an interprofessional team leadership project
• Expanding scope of influence:
  Organization, Community, Profession
Individual Leadership Development

• Self-assessment – Leadership Practices Inventory (LPI), reflection, advisors, 360 feedback
• Individual leadership development plan
• Interprofessional project team feedback
Individual Leadership Development

• Professional activities
• Commitment from organizational leadership
• GNLA national networking
• Engagement in policy & advocacy activities
Advancing Practice Through Interprofessional Team Leadership Projects

- 44 interprofessional team projects
- Practice outcomes
- Sustaining activities
Advancing Practice Through Interprofessional Team Leadership Projects

- Acute care settings
- Long term care facilities
- Community health agencies
Expanded Scope of Influence: Organization, Community, Profession

- Environmental scan
- Stakeholder analysis
- Two site visits
- Organizational advisors
- Organizational outcomes
- Sustaining efforts
Expanded Scope of Influence

- Expectation of all Fellows
- An organizational, community, and profession
- Intentional relationship building
- Appointments
- Advanced formal education
- Promotions and new positions
Expanded Scope of Influence
Developing Successful Fellow – Leadership Mentor Relationships

Meredeth Rowe, PhD, RN
GNLA Mentoring Model

• Triad
  o Fellow, Leadership Mentor, and Faculty Advisor
  o Fellow – self-select for application to the program
  o Leadership Mentor
    ▪ chosen by Fellow
    ▪ expertise in leadership in clinical setting and previous experience in mentoring
  o Faculty Advisor
    ▪ assigned by GNLA to complement the team

• Key point
  o Mentoring is a team sport
Purpose

To prepare and position nurses
• in leadership roles
• in various health care settings
• to lead interprofessional teams
• in the improvement of health care quality for older adults and their families

Being Led  Being A Leader

MENTORIN
My GNLA Experience

• Worked with Karen Reynolds (Sarasota Memorial Health Care System)

• Prior relationship
  o Student in online statistical analysis course in DNP program

• My expertise
  o Clinical experience from 1975-1990 as a Clinical Nurse Specialist
  o Academic position 1994-present
  o Had expertise in geriatrics clinically and as a researcher
  o Multiple mentoring opportunities

• Karen Reynolds’ goals
  o Improve geriatric care in her institution

• Welcome to GNLA
  o Clarifying expectations and roles
<table>
<thead>
<tr>
<th>Model the Way</th>
<th>Inspire a Shared Vision</th>
<th>Challenge the Process</th>
<th>Enable Others to Act</th>
<th>Encourage the Heart</th>
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<tbody>
<tr>
<td>• Clarify Values</td>
<td>• Envision the Future</td>
<td>• Search for Opportunities</td>
<td>• Foster Collaboration</td>
<td>• Recognize Contributions</td>
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<td>• Set the Example</td>
<td>• Enlist Others</td>
<td>• Experiment and Take Risks</td>
<td>• Strengthen Others</td>
<td>• Celebrate the Value and Victories</td>
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Challenges and Opportunities

• Initial Stages Major Challenge
  o Develop relationship with leadership mentors
  o Doing whilst one is learning
  o Practicing skills just learned
    ▪ Fits and starts to the project
    ▪ Mea culpa
  o Distant leadership mentor

• Initial Stages Major Opportunity
  o Listen, learn, understand needs and skills/talents
  o Regular contact
    ▪ Committed time
    ▪ Appreciating the complexity of the task
Transitions Over Time

• 3 GNLA workshops
  o beginning, middle, end
  o 3.5 days of learning activities for both fellow and leadership mentor

• Major challenges in year 1
  o shifting from changing practice as a clinical expert
  o to changing practice by leadership in the institution
  o interprofessional project
    ▪ vehicle to learn to make this transition
Challenges and Opportunities

• Clinical project did not have a clear path
  o Created a lot of uncertainty in Fellow and team
    ▪ Leadership was more difficult
    ▪ Required more team cohesiveness to make a decision
  o Required re-examination of leader role
    ▪ Team decision versus facilitated decision

• Mentoring
  o Sustain energy
  o Facilitate productive problem solving
  o Emotional support
  o Balance between high expectations and supporting process required for achieving outcomes
Fellow Challenges

• Working with key stakeholders
  o Sitting at the table with the ‘senior executives’
• Influencing system level changes
• Broadening reach of who sees you as an expert capable of leading institution in new directions
  o Redefining role as a staff member/unit leader
Mentoring Moments

- Lunch in the courtyard
- Second intensive workshop
- Sit back/enjoy
- Be humbled
- Long term respect and relationship
- Third intensive workshop
Finishing the Transition

• Developing skill set makes the processes easier
• Getting to the point of change activates the resistors
  o Competing influencers
• Self-questioning effort versus the outcome
Long Term Outcomes Triad

• Leadership Mentor and Faculty Advisor
  o Withdrawal of ongoing direct support to Fellow
  o Provide episodic and emergency support
  o Facilitating new connections and relationships that allow Fellow to continue to expand sphere of influence

• Fellow
  o Support efforts of triad
  o Promote success of Faculty Advisor by giving back to the GNLA
  o Understand how to facilitate success of Leadership Mentor
    ▪ what outcomes move their career forward related to mentoring role
A Leadership Journey
Karen Reynolds, DNP, CNS-BC, FGNLA
Objectives

• Share my experience of the geriatric leadership fellowship
• Discuss how leadership development in geriatrics can improve outcomes for older adults
• Identify how collaboration supports improved outcomes for older adults
Diversity became our strength!
Individual Leadership Development

- Self Assessment
- Deep Dive into the Principles
- Individual Leadership Development Plan
- Mentor – Dyad
- Mentor and Faculty Advisor – Triad
- Leadership Advisory Team - SMHCS
Challenges and Opportunities

- Becoming a new person in your old environment
  - Overcoming internal perceptions of limits of one’s abilities and ‘making waves’
  - Understanding influence of stakeholders that are affected
  - Balancing mentoring recommendations with situation being experienced
  - Development from the “Inside Out”
“From Salad to Bread”
Self Awareness - Rebranding
Goals / Strategies Critical to Success

Increased confident and assertive communication to generate and influence a shared vision

- Introspection, self assessment, Leadership Practices Inventory (LPI), feedback from leadership advisors, mentoring
- Preparation and clarity of communication & affirmation of values

Sustained relationships and establishment of new relationships with key influential stakeholders

- ILDP, mentoring, networking
- Established relationship with CNO and Strategic Marketing Manager

Increased involvement in opportunities to network and advocate for older adults

- Introspection, Self Awareness
- Relationship building in the organization and in the community
Overview of Project

• Brainstorming Delirium Project – Critical Care
  o Delirium- acute iatrogenic effect in acute care
  o Implementation of an evidence based assessment and interventions for identification and treatment of delirium in critical care
Facilitating the Success of Others
“Be you, go quietly and confidently about it, give others the chance to shine. The outcomes will guide the evaluation of you!”

• Meredith Rowe - 2013
Exchanging Breadth for Depth

- Set the course for your future
- Career mapping
- Branding
- Align actions and behaviors with your goals - intentional
Expanding Scope of Influence

How I changed the organization

- Hospital Board Influence – Geriatric Specific Acute Care
- Initiating discussion and data analysis specific to outcomes and population health for older adults
- Integration of Acute Care of Older Adults in our established service lines

Present: Geriatric APN, Project lead for PEACE Project
(Patient Experience for Acute Care Elders, Project lead for Organizational Delirium Assessment and Interventions)
Expanding Scope of Influence

How I impacted the community

• Acute Care/Advanced Practice Nurse Representative Community Stakeholders for Aging Consortium

• Facilitator for Local County Aging Network – Knowledge regarding Communicating with Older Adults in Acute Care & focus on advocacy and Health Literacy

• Adjunct Faculty for Gerontology Courses at SCF

Present: County Commission Appointed Geriatric Representative from a local hospital on Sarasota County Senior Advisory Board term until 2018, Author of Aging Well Blog on SMH.com
Actualizing My Potential
Vision
What’s Next?

• National Learning Collaborative for Pain, Agitation, Delirium Guidelines (60 hospitals) & NIH Grant (10 hospitals)
• Innovations Institute with National Press Ganey – PEACE Project for improved Patient Experience for Older Adults
• Present at STTI Research Congress Puerto Rico, July 2015
“For tomorrow belongs to the people who prepare for it today” - African Proverb
Inspiring Leadership: the Journey Beyond GNLA
Catherine Roscoe-Herbert, DNP, APRN-BC, FGNLA
University Hospitals Case Medical
Cleveland, Ohio
GNLA Fellow Characteristics

• Strength & Tenacity
• Team Oriented
• Utility
• Focus
• Faithful
• Excellence
• Deliberate
Expanding Scope of Influence
Organization, Community, Profession

• Deficient Geriatric Nursing
  o <10% / 2009

• Improve overall life-care quality for older adults
  o Build cadre of geriatric nurses
  o EBP education program
  o NICHE Geriatric Resource
  o Nurse core curriculum
Expanding Scope of Influence
Organization, Community, Profession

• Team Building / Leadership
  o Kouzes & Posner – KP-5

• System Integration
  o 8/8 sites; 400(+) nurses exposed
  o Health care continuum engaged
  o LTC, SNF, home care, hospice
Kouzes – Posner Exemplary Leadership Practices

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart
Making Changes

(PDSA) cycle was originally developed by Walter A. Shewhart; modified by Deming
Inspiration

Geriatric Nursing Leadership Academy

The Geriatric Nurse Leadership Academy (GNLA) Individual Leadership Development project plan was effective in creating a robust leadership continuum. Integration efforts yielded 80% of University Hospitals acute facilities achieving NICHE designation. The project included workforce development across the healthcare continuum; and 3) Advocacy for long-term care nursing with exposure to the nursing profession and interprofessional teamwork with NICHE expansion and creation of ACE team rounds at the University Hospitals.
National Presentations

• GNLA / STTI Conference & Convention 2011
  o Independent Leadership Project (ILP) Poster
  o Special Session Podium presentation

• NICHE Conference Faculty 2011- present
  o Long-term Care (LTC), and
  o Skilled Nursing Facility specialist

• GSA / GNLA 2012
  o Annual Conference presentation

• GNLA / STTI Conference & Convention 2013
  o Mentee / Mentor (ILP) Poster
  o Mentee Special Session Podium presentation

• NICHE Conference Speaker 2014 & 2015
  o System integration
Sustainability of Expanded Scope of Influence

- **Organization**
  - NICHE Exemplar Status
  - UH Case Medical Center
    - Magnet Hospital
    - On-going conference

- **Community**
  - System Expansion
  - Three new facility with geriatric programming

- **Profession**
  - Maintaining focus
  - Defeating adversity
Mentoring Exemplars

Mentor: C. Roscoe-Herbert, DNP, APRN, FGNLA
   • GNLA Cohort II
   • University Hospitals Case Medical Center
   • Adjunct Assistant Professor
     o Case Western Reserve University / School of Nursing

Fellow: Abbey Baum-Beigie, MSN, APRN, FGNLA
   • GNLA Cohort III
   • Bethany Nursing Facility
   • Clinical Instructor
     o Aultman Hospital School of Nursing
Healthcare Impact – Life/Care Quality

Delirium

Geriatric Syndromes:
- Dehydration
- Pressure Ulcers
- Falls
- Poor Pain Control
- Urinary Retention
- Fecal Impaction
- Malnutrition
- Aspiration

A. Baum-Beigie, 2013
Delirium

FINANCIAL IMPACTS:
- Increased length of stay, increased nursing time per patient, higher per day costs (2)

CONSUMER IMPACTS:
- Increased functional decline
- Increased geriatric syndromes, including: pressure ulcers, falls, dehydration, malnutrition, urinary retention, fecal impaction, malnutrition (3)
- Eight fold increase for developing dementia and/or acceleration of dementia severity (4)
- 25 – 33% associated mortality (1)
- Decreased patient and family satisfaction

EDUCATION

A. Baum-Beigie, 2013
Regional Expansion Initiatives

- Newly acquired facility inclusion
  - (3) hospitals
- Geriatric nursing specialization
  - NICHE designation
- Expanding UH care standards
  - Older Adults
GNLA Impact Relationships

Future of global leadership

- IOM Report
- San Juan, Puerto Rico

Advancements in care of older adults

- National -- Conference presentations
- Local -- curriculum development
  - APRN (Advanced Practice Registered Nurse) Orientation
  - President–Elect / Co-Chair APRN Council
Extending Geriatric Nurse Leadership into Global Arenas
Claudia J. Beverly, PhD, RN, FAAN
Our Goal

Healthy Aging for Older Adults
Key to Effective Leadership

Leadership and Engagement in International Health Care Delivery System and Policy Arena
Extending Leadership into Global Arenas

Geriatric Nursing Leadership is critical throughout the world and in every country

- Legislative and government processes differ in each country
- Generate excitement and the need to know
- Know the health care delivery system and think broadly about the nurses role
Value of Behavioral Leadership Development

Personal Leadership Development

- Know thyself
- Leaders are born or are they made
- Self assessment
- Competencies
  - Social and emotional
  - Theoretical basis for leadership
Develop Cadre of Nursing Leaders Globally
Impact of Nursing Leaders on Health Systems

• Health care is global

• Major population needs
  o World is aging
  o Mothers and babies
  o Eradicate diseases
  o Provide intervention

• Systems of care
Examine leadership roles critical to lead interprofessional teams that provide quality of care for older adults and their families across health care settings.
The Role of Gerontological Nurses in Shifting the Focus

• Two real stakeholders in older adult health
  • Older adults
  • Caregivers

• Gerontological Nurse Leaders must move health care forward in the areas of:
  o Primary care
  o Prevention
  o Chronic care management
  o Transitional care
Leaders

- Set aside individual concerns
- Pursue goals that are important for the welfare of society

Innovation
Where Do We Go From Here
For more information or questions contact: leadership@stti.org