

**THE IMPACT OF CHARGE NURSE TRANSFORMATIONAL LEADERSHIP
WORKSHOPS IN REDUCING PATIENT FALLS**

by

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Abstract

Hospitals are challenged with decreasing patient falls and falls with injuries. This can result in a financial penalty set by the Centers for Medicare and Medicaid (CMS). There is a greater financial impact for hospitals classified as a safety-net organization with a higher payor mix of Medicare and Medicaid. Charge nurses are important in reducing patient falls and are responsible for endorsing an environment of accountability. A leadership workshop improves knowledge, develops leaders, and changes a unit and organizations culture.

Fall rates between 3.87 falls to 13.70 falls per one-thousand patient days were initially noted on one unit. Four charge nurses were recruited to participate in two workshop sessions that utilized a transformational leadership framework. Fall data was monitored for a 30-day period with no occurrence of falls as evidence by risk reporting, fall trending reports, and internal nursing scorecard results that use CMS benchmarks.

Key words: charge nurse, nursing leadership, transformational leadership, leadership development, patient falls

The Impact of Charge Nurse Leadership Workshops in Reducing Patient Falls

Introduction**Problem Description**

The Institute of Medicine (IOM) has endorsed a recommendation that registered nurses must be prepared to front-run change in healthcare (Sherman, et al., 2011). To accomplish this goal, beyond nursing degrees, competencies and development must be available for charge nurses. Charge nurses serve as front-line nursing leaders and also act as mediators between middle management, physicians, staff, and patients. The role of the charge nurse is vital to the department of nursing as well as nursing units. Charge nurses are notably important for role modeling, accountability, and in achieving positive patient outcomes that have an effect on a hospital's financial returns (Normand, et al., 2014). By having involvement in fall prevention and transformational leadership development workshops, charge nurses will have the skills to progress patient outcomes especially in reducing the incidence of patient falls.

The Agency for Healthcare Research and Quality (AHRQ) researches and distributes evidence based practices to progress patient care and patient outcomes (AHRQ, 2013). AHRQ notes in 2013 that up to 51% of patient falls followed injuries (AHRQ, 2013). A large number of falls do not result in grave impairment but those that do require a longer than normal hospital stay. Annually an estimated 700,000 to 1 million patient falls occur during hospitalization (Butcher, 2013). Falls with injury cost hospitals over \$43 billion dollars so lessening the incidence of falls and falls with injury is important to healthcare organizations. The Joint Commission authorizes and endorses various healthcare organizations worldwide and reports that over 11,000 falls that happen during hospitalization lead to death (Joint Commission, 2015). Fall injuries that transpire in hospitals not only result in patient inactivity but on average six (6)

additional days is added to a patient's hospital stay. This becomes a financial burden on the organization but more importantly frustration for the patient and their family.

Available Knowledge

There are a number of national and state ordinances that hospitals must follow and linked with reimbursement or financial penalties if requirements are not met. The Centers for Medicare and Medicaid (CMS) is a national agency that regulates Medicare and Medicaid health coverage. Falls with injury are listed as a hospital acquired condition by CMS and is not reimbursed (Butcher 2013). Hospital acquired conditions are serious events that directly effect a patient during the hospital stay. As of 2014, hospitals that have a high occurrence of acquired conditions will have Medicare payment cuts of at least 1 percent which will have a critical effect on the financial stability of the organization (Butcher, 2013). This can be substantial for organizations considered as a safety-net which has a higher Medicare and Medicaid payer mix.

A data catalog that assesses and calculates the quality of nursing and includes benchmarking patient falls is known as the National Database of Nursing Quality Indicators (NDNQI). NDNQI observes the connection between patient outcomes and nursing care provided which is known as nurse sensitive indicators (NDNQI, 2010). Three traits of nurse sensitive indicators are structural, process, and outcomes. Examples of both process and outcome indicators are patient falls which is also defined by NDNQI as a drop with or without injury to the floor which includes assistance to the floor by the staff.

Preventive measures must be in place to reduce the incidence of falls. To make sure preventive measures occur there must be engaged frontline leadership also known as charge nurses. Since patient falls are nurse sensitive indicators and linked to fewer reimbursements from CMS, organizations are looking at care delivery methods and how nurse leader engagement and development can reduce the incidence of patient falls. This project will use evidence to develop

fall prevention transformational leadership workshops that result in positive patient outcomes, particularly in reducing the incidence of falls.

A literature search was guided by Google search engine using Google Scholar and Capella University's electronic library portal. Database searches outside of Google Scholar included the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, PubMed Central, and Ovid Nursing Full Text Plus. A total of twenty peer review articles were selected and directly reflected the DNP project.

The reviewer noted that eight of the articles had Deming's cycle, Transformational Leadership, Caring theory, and Donebedian (Caillier, 2014; Duygulu & Gulumserk, 2011; Homer, 2013; Krugman et al., 2013; Normand et al., 2014; Tomlinson, 2012; Wojciehowski et al., 2011; Wong et al., 2013) frameworks. Six articles had no defined framework. The design methods were diverse and ranged from randomized trails, to surveys, to qualitative methods. One study used a mixed method approach and found a correlation between charge nurse leadership performance stages and positive patient outcomes that included infection rates and patient injuries (Agnew et al., 2014). Frumenti and Kurtz (2014) applied a process improvement framework with transformational leadership as the design. Nurse managers were recruited to participate. After implementing specific nursing interventions, the authors discovered a relationship with a transformational leadership style and positive patient outcomes specially with decreasing hospital acquired pressure ulcers.

Seven of the articles used a qualitative design (Cathro, 2016; Eggenburger, 2012; Homer, 2013; Patrician et al., 2012; Ploeg et al., 2010; Tomlinson, 2012). Eggenburger (2012) guided a qualitative study and noted how charge nurses built trust by serving as a role model, providing visibility, and moving nurses towards positive patient outcomes. Another qualitative study observed the use of a transformational leadership training model that cultivated charge

nurse competency and improved patient outcomes. (Wojcichowski et al., 2011).

Eleven studies were chosen that had key words of leadership and patient outcomes. There was a noted correlation between nursing leadership at all levels and positive patient outcomes. Reviewing studies related to charge nurse training, there was a statistically significant increase in charge nurses that attended training classes or workshops which improved the leadership styles and job performance. Sherman et al., (2011) applied an experimental design with four hundred (400) charge nurses from southern Florida. After workshops were organized, charge nurse improved their competency and reported a desire to become a unit manager. It was also noted how charge nurses play an important role in organizational transformation.

Rationale

The theory of transformational leadership was communicated in 1978 by James MacGregor Burns. Burns outlined this type of leadership as leaders and followers constantly moving towards a greater level of performance in the workplace (Caillier, 2014). Hutchinson and Jackson (2013) saw transformational leaders as self-motivated, assured, emotionally intelligent, inspiring, as well as associating with success. The authors also discovered a connection with transformational leadership and positive patient outcomes.

The Iowa model, which was developed by Marita Titler at the University of Iowa Hospitals, was designed to provide a template for nurses to use research that improves patient care (Doody & Doody, 2011). It is a structured plan with steps that range from identifying a knowledge-focus trigger or a problem-focus trigger, to the application, and verification of the practice change (Doody & Doody, 2011).

A problem or a trigger that is identified by a clinician or project manager is categorized as either knowledge-focused or problem-focused. Problem-focused triggers are introduced from quality improvement data or risk reports whereas knowledge-focus triggers are drawn from

guidelines, new research or national standards (Doody & Doody, 2011). Since fall data is collected from risk reporting, the incidence of falls is grouped as a problem-focused trigger.

Specific Aim

Once the problem is identified it is important to determine if resolving the problem is beneficial to the organization. In this case, the project manager will examine if using fall prevention transformational leadership workshops reduce the incidence of falls. The workshops provide growth and leadership development for the nurse manager's successor and reducing the incidence of falls improves the organization's bottom line.

Methods

Context

The participating healthcare organization is located in the Midwest. There is a total of 674 beds and bassinets divided between two campuses which are in the same county and within a 20-minute driving span. The participating hospital for this project is a safety-net hospital.

A quality improvement plan was designed to engage frontline leaders and reduce the incidence of falls at the participating campus. Quality improvement is a structured and recurrent process that displays measurable progress. The drive behind quality improvement is to improve patient and organizational outcomes as well as to promote professional growth. A number of quality improvement processes exist such as Six Sigma and PDCA. PDCA which is also known as Deming's cycle was utilized for this project and consist of four phases that include plan, do, check, and act (Gorentlo & Moran, 2010).

Following review of the literature, the project manager met with the director of nursing quality and regulation and was provided year-to-date fall data for 2016. The project manager reviewed all inpatient adult fall rates and nursing fall huddle compliance reports for both campuses. It was noted that one inpatient unit which also had consistent unit staffing had fall rate

variability. The fall rate benchmark set by the Centers of Medicare and Medicaid is currently less than or equal to 3.58 falls per one thousand patient days. At the time of the review it was noted that this unit had patient falls for six out of ten months with fall rates ranging from 3.87 falls per one thousand patient days to 13.70 falls per one thousand patient days which were above the CMS benchmark. The month of November fall rates were pending however it was noted that a fall had occurred during that month (Appendix A). Fall huddle compliance reporting was at 100% for this unit which was at benchmark (Appendix A). The project manager met with the unit manager to discuss the project, review current CMS results, along with fall huddle compliance reports.

Interventions

The second phase of PDCA is the implementation phase which is also known as the do phase. After receiving buy-in from the unit manager regarding the project, primary charge nurses from the unit were recruited to participate. To participate, charge nurses must be registered nurses that serve as a charge nurse at least 30% of the work scheduled time. The charge nurse must have at least two years of nursing experience with at least one year on the current unit worked. The unit is a 12-bed medical surgical telemetry unit with a number of patients admitted having an orthopedic related diagnosis.

Recruited charge nurses met with the project manager to discuss the project, and complete a participant informed consent. Participants were given time to review the consent and receive clarification regarding the consent or to answer any additional questions regarding the project. After signing the consent, participants completed a research questionnaire. The purpose of the questionnaire was to gain information regarding the charge nurse experience and skills.

Four charge nurses who work various shifts participated in the project. All participants were bachelor's prepared nurses. In addition one charge nurse was board certified in medical-

surgical nursing. Experience as a registered nurse ranged from two to nine years, whereas experience as a charge nurse ranged from 1.5 years to 7 years. Participants had worked on the current unit from 2 years to 7 years and worked at the organization between 2 years to 11 years. Two charge nurses had previous charge nurse roles on other units in the organization with one charge nurse having experience as a charge nurse on another unit as well as at another organization. Three out of four charge nurses were aware of the incidence of falls on the current unit. No participant was a member of the organizations fall committee.

Study of the Interventions

Charge nurses attended two workshops that lasted 90-120 minutes. In the first workshop an overview of participant's responsibilities, baseline fall rates, and baseline fall huddle report data was discussed. The workshops also included a review of the organization's evidence based fall prevention protocols; using transformational leadership as a charge nurse; case studies; and financial and legal aspects of falls.

Following each workshop, a lead charge nurse worked with the other three charge nurses to review learnings of the day and interventions to take back to the team. It was expected that charge nurses would utilize a transformational leadership style that works closely with the shift team on preventive fall measures.

Findings

During the third phase of Deming's cycle also known as the check phase, the researcher examined the effectiveness of the project by monitoring daily fall alert reports for the participating unit. The last phase of the Deming's cycle is to review if the plan has worked. For this project there were no falls reported since the implementation of the project (Appendix B).

Following the workshops all charge nurses voiced the importance of the workshop contents and requested that this information is shared with all charge nurses throughout the

organization. The project manager monitored daily risk reporting fall alerts, monthly fall data, and fall huddle reports. Although the study was for a 30-day period, there has been a significant reduction in patient falls with no falls occurring since the project implementation.

The project manager noted another inpatient unit that reported a number of falls within the past eleven months. Out of eleven months, ten months were noted to have patient falls. This unit has seen high nursing turnover and has most recently hired a new unit manager. Although a number of months had fall rates below benchmark, patient falls occurred monthly during past six months. Fall rates ranged from 1.58 falls per one-thousand patient days to 6.61 falls per one-thousand patient days. Conducting fall prevention transformational leadership workshops would benefit this unit.

Discussion

As with any project limitations exist. Although other units had high incidence of falls, only one unit was chosen to participate in the project. This unit also had the most consistent staffing. Though the unit has not had a patient fall in the past 60 plus days since the implementation of the study, the project was only conducted for a 30-day period. The project manager would need to monitor for continued compliance before house wide implementation. There were also a number of general studies related to transformational leadership and patient outcomes but limited to include or discuss patient fall outcomes. The organization also submits individual unit fall data to NDNQI. At the time completion of this project, NDNQI results had not been reported.

Conclusion

Patient falls have been defined as a nurse-sensitive indicator and necessitate nursing intervention tactics to prevent an incidence. CMS has designated falls with injuries as a hospital acquired condition. Hospital acquired conditions result in a financial penalty that will critically

affect the financial strength of hospitals. This can prove to be devastating to a safety net hospital that has a significant number of Medicare and Medicaid patient populations. Since nursing drives nurse sensitive outcomes, there must be interventions that reduce the incidence of falls in hospital settings.

The Institute of Medicine looks to nursing to guide healthcare change. To achieve this, there must be development especially for the front-line leader or charge nurse. It has been noted that charge nurses play an important role in organizational transformation and serve as the succession plan for nursing managers.

Engaging in transformational leadership has proven to improve patient outcomes. Following fall prevention transformational leadership workshops, charge nurses have developed a skill to partner with their team to decrease the frequency of patient falls. This skill can be applied to other patient outcomes such reducing the incidence of hospital acquired wounds or infections. This project also proved to be an economical way to decrease penalties and litigations that have been put upon organizations that experience falls or falls with injuries.

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APPENDIX A

Table 1

Fall rates (CMS benchmark, 3.85 per one-thousand patient days)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV
0.00	4.98	3.87	6.33	0.00	13.70	4.52	0.00	0.00	8.66	4.67

Fall huddle compliance report (Benchmark 100%)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT
No Falls	100%	100%	100%	No Falls	100%	100%	No Falls	No Falls	100%

*Red notes non-compliance

APPENDIX B

Baseline results

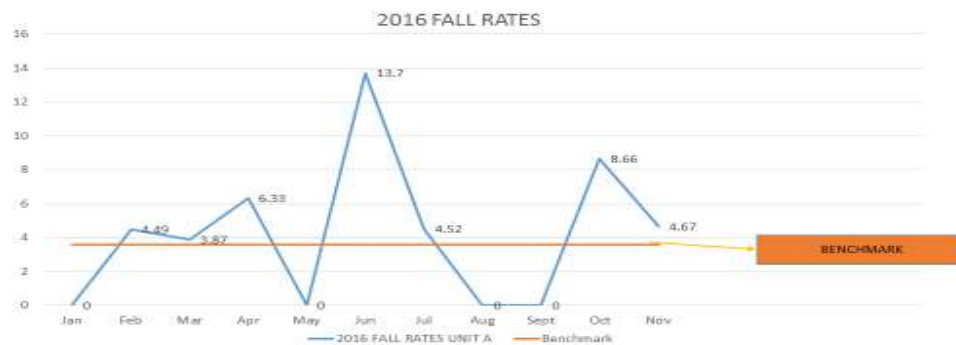


Figure 1. Baseline fall rates for 2016 prior to project implementation

Post-implementation



Figure 2. Post implementation fall rate results

STATEMENT OF ORIGINAL WORK**Academic Honesty Policy**

Capella University's Academic Honesty Policy ([3.01.01](#)) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy ([3.03.06](#)) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy ([3.01.01](#)) and Research Misconduct Policy ([3.03.06](#)), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Learner name and date	<u>Jeannette White 1/23/2017</u>
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