Title:
The Utilization of a Nurse Manager Audit Toolkit to Re-Envision the Nurse Manager Role

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Abstract Summary:
Nurse Managers are recognized as the linchpins of an organization in sustaining improvement. To support managers in sustaining improvement, a deeper understanding of the work managers do was required. A nurse manager audit toolkit was utilized and results were analysed to realign their role with the priorities of the organization.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>The learner will be able to envision how to restructure the manager role</td>
<td>Demonstrate how to use the toolkit to audit the nurse manager role</td>
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<td>The learner will be able to identify tools to audit the manager activities</td>
<td>Discuss specific strategies to support the Nurse Manager role.</td>
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Abstract Text:
Managers are recognized as the lynchpins in sustaining organizational improvements. Over time, healthcare has evolved placing increased demands on the manager role. Factors influencing the scope of the role include increasing unit transparency and accountability, added corporate projects and protocols, increased focus on quality standards, Rising patient acuity and demand, and heightened use of technology. Managers are being pulled in different directions between operations and clinical tasks and
have less time to focus on clinical leadership activities. A nurse unit manager role toolkit was utilized to re-envision the nurse manager role in a pilot group of managers in a large ambulatory portfolio (The Advisory Board Company, 2015).

This was a two stage process and included restructuring the role and ensuring strategic prioritization. In the first stage, the group began by clarifying the role expectations of the manager and the executive. Using the toolkit, the first step was establishing the priority manager and executive areas of accountability. Once these had been identified a manager time audit was performed and results were compiled to identify the current state. Both these tools were key in determining the gaps between the current state and the ideal state and highlighted key areas to focus on when re-envisioning the role to meet organizational priorities. To do this in a systematic way, involved understanding manager activities to identify how to offload, delegate and eliminate low value tasks to allow managers to focus on more high value activities. Manager feedback was also incorporated to understand these activities.

In the second stage, ensuring strategic prioritization was imperative. This included securing daily efficiency gains such as strategies in delegating non-managerial work and developing expert partnerships. Protecting the important from the immediate was achieved with enhancing real time transparency and structuring each day around priorities. The toolkit was helpful in restructuring the manager role to allow managers to focus on more clinical leadership activities especially those which align with the strategic directions of the organization. Early results of the re-envisioning process are promising and will be shared. The limitations of a unit manager toolkit and the target audience for use will be discussed.