

Innovations in Leadership Development: Improving Organizational Safety Culture

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Objectives:

Examine the knowledge, skills and attitudes for the QSEN quality and safety competencies to transform education and practice

Apply experiential learning theory to develop leadership to integrate quality and safety in education and practice to improve outcomes

Communication continues to be the major issue in health care

Process breakdowns and EBP are challenges

We have complex and unreliable systems

What are the leadership challenges in keeping patients safe?





QSEN: Professional Identity
Formation with a Mindset for
Quality and Safety

What do you need to
know?

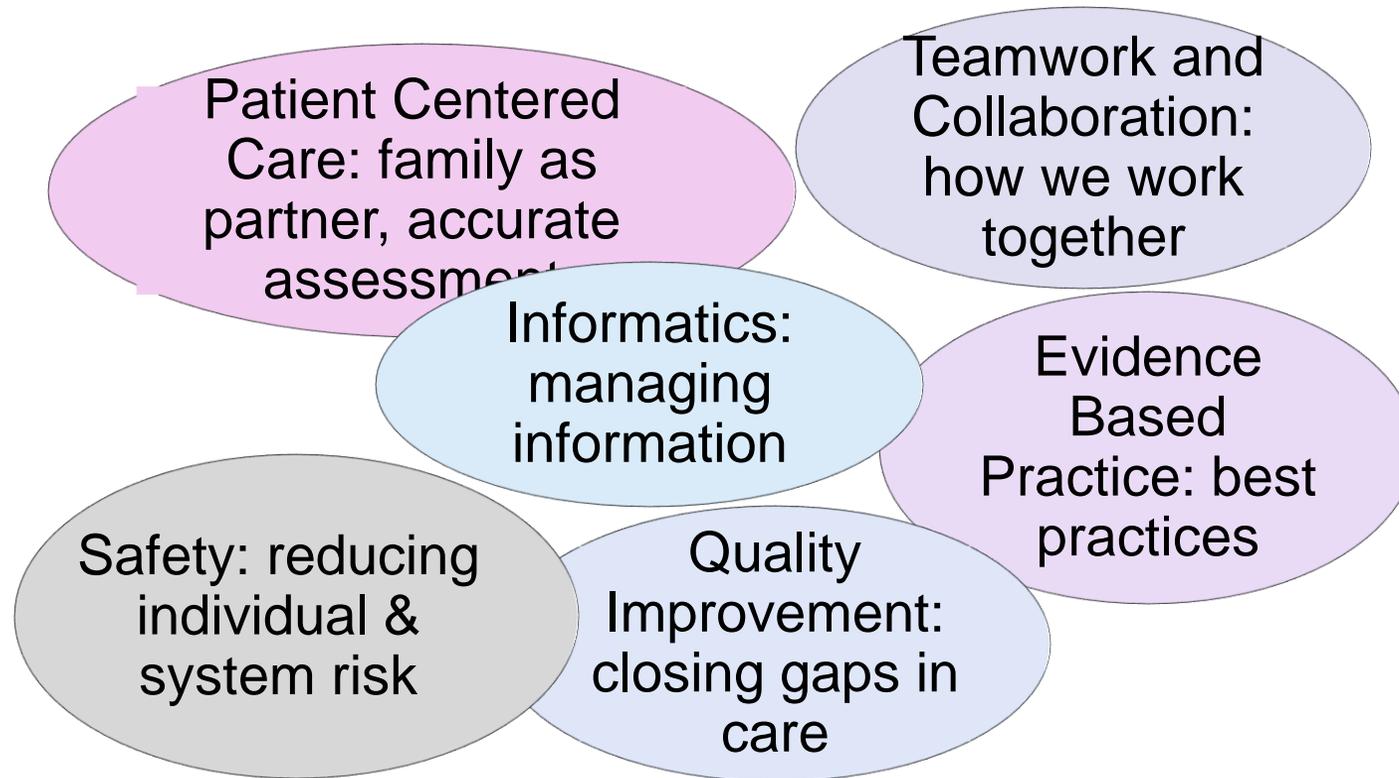
What do you need to do?

What attitudes guide
actions?

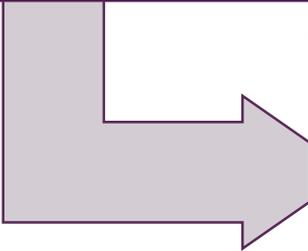
Competency

- Knowledge
- Skills
- Attitudes

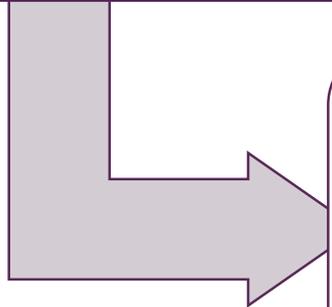
Goal: Integrating these six competencies (162 KSAs) into nursing education and practice



Variations in outcomes are related to systems of care rather than individual patient characteristics



Shift from individual to system focus and analysis to lead to improvement



From Blame to Accountability

New perspectives: A systems approach to quality and safety:



Situated learning: applying in context

Story:

- Powerful change agent ties actions and outcomes
- See personal domain in health care
- Examine multiple perspectives

Narrative pedagogy

- Experiential learning theory
- Apply knowledge and experience to real life situations—situated context

It was Monday morning and the Senior Leadership Team had assembled for their weekly meeting. On the agenda was the monthly review of the previous month's results from the various measurement surveys they used to track satisfaction metrics across the hospital's various units and departments. Kelly Webb, the CNO, walked over to the coffee station in the corner of the Executive Board Room and nodded hello to Geoff Walters, the VP of Clinical Improvement, and quietly tossed out a well-known caveat about the meeting about to start.

“Time to face the firing squad again. Hope I'm not in his sights today.”

“We all are. We always are,” smirked Geoff. “That's why we get the fancy parking spots.” Kelly chuckled and taking her seat, enjoying the hot fresh coffee of the 11th floor.

Brian Osgood, CEO and President of the hospital, called the meeting to order. “Hello everyone. Hope we all had a great weekend?” The speed at which he continued made it quite apparent that this was going to be a blistering morning for somebody, maybe all of them. “I was lucky to only have four patients call me at home with various inane problems that could have been easily addressed here.”

He was adamant that every patient at the hospital receive a welcome letter from him that included his home phone number insisting they call him for any issue that can't be resolved by his staff. He regularly used those calls to “light a fire” under his leadership team to keep their eyes on the ball – the hospital's newly established target for patient satisfaction scores.

“But we'll get to that later,” he continued. “First item on today's agenda is another constant disappointment ... the lackluster improvement of our patient sat scores concerning nurse communication with patients. Last month was our

“Kelly, didn’t your team come up with a plan last month for getting the nurses on board with how important it is to establish a good line of communication with patients. Or in the least, create the appearance of good communication?”

Kelly started to respond, but realized Brian was not finished. “Teamwork starts at the top, and if your team is not delivering results, I want to know what you’re going to do about it.” Waiting an extra pause to make sure he was finished, Kelly responded. “We’ve reached out to all the Nurse Managers, met with them individually and as a group to address this specific issue. And we’ve been rounding on our units and keeping it top of mind with the nursing staff.”

“That was last month,” interrupted Dr. Taylor, the Chief Medical Officer. “What will you do different starting now?”

“This score is a leading indicator,” added Petra Eisenberg, VP of Clinical Safety. “It’s got to be addressed immediately because the impact cascades across the entire hospital. Nurses who don’t communicate well with patients are not only a satisfaction issue, they’re a safety concern.”

Kelly bit her lip. She’d been the target at this table before, and probably would again. But she was baffled by this attack on her team and this metric. Scores for noise and cleanliness were even worse and declining, but bringing that up would look like she was trying to deflect the matter. “If I may ...” spoke up Dr. Harris Turner, director of an influential physician group. Kelly nodded to him, “Thank you, Kelly.” He then turned his head to address the entire table. “I have been coming to these weekly leadership meetings for several months now. At first I was unsure of how the team dynamic worked up here on the 11th floor. But after being witness to several of these ... discussions..., I am very concerned about the direction and impetus of this conversation.”

Dr. Turner was speaking in a deliberate and measured tone that took the room by surprise and enabled him to continue uninterrupted. While he was new in his post as Director of the hospital's largest physician group, he was a stately presence within the organization. He rarely spoke, but when he did, others always listened. "No one person is ever truly responsible for the performance of a team, let alone what may or may not be experienced by all our patients. The entire leadership team, myself included, are responsible along with departmental and unit managers, and the frontline staff. We all comprise the ability of this hospital to perform, and in so doing, we're all complicit in how that performance is measured by those we serve."

Kelly was starting to feel a little buoyant as she noticed a few heads nodding in agreement with Dr. Turner's comments. "I must say that I am very uncomfortable with the tone these meetings so quickly take. I am honestly left wondering what we actually accomplish when the bulk of our time is spent identifying the responsible party instead of the solution. I would like to suggest that we "walk the talk" that was said earlier about 'Teamwork starting at the Top'. Let's discuss how the talented people around this table can work together on this issue and perhaps have that new dynamic work its way down into the ranks by example, instead of exclamation."

All eyes were on the CEO.

Reflective practice:1-2-4-All

What stands out in this story? What are your concerns? Why, what supports your concerns?

How would you characterize the leadership styles of the main characters, particularly Nurse CEO Kelly Webb?

Considering the points about mindfulness as a part of caring science, how could a mindful approach guide Kelly's response?

Discuss application of the QSEN competencies: patient centered care, evidence based practice, teamwork and collaboration, quality improvement, safety and informatics?

If the principle characters in the story applied principles of wisdom leadership, what might change in the story?

What are examples or opportunities for reflection before action, reflection in action, reflection on action?