Gerontological Nursing Leadership Journey: Passion for Advancing Professionalism, Excellence, and Transitional Care for Older Adults

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INDIVIDUAL LEADERSHIP DEVELOPMENT

Goals

Model the Way
• Aligned actions with shared values
• Lead by example

Inspire a Shared Vision
• Enlisted others in a common vision
• Encouraged innovation, creativity, and improvements

Challenge the Process
• Seized initiatives and sought innovative ways to improve
• Experimented, took risks, and generated small wins

Enable Others to Act
• Fostered collaboration by building trust and relationships
• Strengthened others by increasing self-determination

Encourage the Heart
• Recognized the contributions of others
• Coached others and celebrated victories

Outcomes
• Achieved deeper insight and improved leadership attributes
• Moved from a management style to that of a leader and facilitator in the healthcare setting
• Increased poise and confidence locally and nationally

INTERPROFESSIONAL TEAM LEADERSHIP PROJECT

Background – Substandard handoff communication practices during transitions of care can lead to adverse events, gaps in care, delays, readmissions, and decreased satisfaction.

Purpose – To develop and implement an evidence-based bidirectional nurse to nurse interfacility handoff for patients transitioning from acute to post-acute utilizing an interprofessional team

Methods – 5 Phases
1. Design handoff process with sending & receiving nurse
2. Build standardized process
3. Learning course development & deployment
4. Implementation of handoff process
5. Measure process and outcome metrics

Outcomes – 3 Metrics
1. Satisfaction of receiving nurse pre- and post-implementation
2. Increased knowledge of the handoff process pre- and post
3. Percentages of readmissions pre- and post-implementation

Implications for Advancing Interprofessional Practice in Caring for Older Adults – Improved handoff communication to prevent readmissions, decrease adverse events, and improve satisfaction of sending and receiving nurses.

EXPANDED SCOPE OF INFLUENCE

Gap Analysis, Goals, and Outcomes
• Leadership focused at local organizational level
• Goal to expand scope at all levels

Organization
• Expanded scope of leadership with Sanford Health improvement initiatives: Decrease length of stay, decrease costs, decrease readmissions, improve relationships with post-acute providers
• Secured funding for 16 nurses for online preparation for Care Coordination and Transition Management certification

Community
• Co-facilitator of the Sanford Skilled Nursing Facility Collaborative
• Shared best practices with the Great Plains Quality Innovation Network

Profession
• Selected as member of the national AMSN and AAACN Care Transition Hand-Off Tool Task Force
• Bylaws Chairperson of South Dakota Organization of Nurse Executives
• Poster presentation: University of South Dakota & University of Sioux Falls Evidence Based Practice Conference
• Podium presentations: DNP EBP project for local Sigma Theta Tau; DNP EBP Project at the University of Iowa Evidence-Based Conference

Hill-Rom

Sigma Theta Tau International Honor Society of Nursing