Title:
Gerontological Nursing Leadership Academy: A Nurses’ Leadership Journey to Improve Care for Older Adults

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Session Title:
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References:


Abstract Summary:
Describe the impact that participating in a GNLA fellowship has on the following 3 domains: Individual Leadership Development, expanded scope of influence at the state and national level, and leading an interprofessional team project to expand the Hospital Elder Life Program to 2 units.

Learning Activity:

<table>
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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>1) Discuss key Exemplary Leadership Practices from Kouzes-Posner Leadership Challenge addressed during my Gerontological Nursing Leadership Academy Fellowship.</td>
<td>-Review Exemplary Practices from Kouzes-Posner Leadership Challenge -Discuss how results from Leadership Practice Inventory helped to guide individual leadership goals - Discuss changes in Exemplary Practices that were accomplished through the GNLA Fellowship.</td>
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<td>2) List outcomes from each of the Gerontological Nursing Leadership Academy Fellowship domains: Individual Leadership</td>
<td>I. Individual Leadership Development a. Discuss goals on ILDP b. Discuss outcomes achieved through ILDP II. Interprofessional</td>
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Development, Interprofessional Team Leadership Project, and Expanding scope of influence

Team Leadership Project
a. Discuss disciplines represented
b. Describe Hospital Elder Life Program
c. List process and clinical outcomes achieved by interprofessional team project

Expanded scope of influence
- List new collaborations at organizational, state, and national levels

Abstract Text:

As the US population ages, healthcare organizations must provide care that is safe, timely, effective, efficient, equitable, and person-centered to a growing vulnerable and complex patient population. To achieve these value-based metrics nurses need to be equipped with both evidence-based geriatric knowledge and leadership behaviors to drive transformational practice change across the care continuum. The Gerontological Nursing Leadership Academy (GNLA) prepares nurses to be these leaders of the future through a fellowship that focuses on three domains: Individual Leadership Development, Advancing Nursing Practice through leading an Interprofessional Team Project, and Increasing Scope of Influence and Impact.

The foundation of GNLA leadership curriculum is the five domains in the Kouzes-Posner’s Leadership Challenge Model. Here we report the two KP domains primarily targeted in my Individual Leadership Development Plan (ILDP): Inspiring a Shared Vision and Challenge the Process. To develop the leadership skills required for these domains, the goals of my ILDP were to: 1) Communicate system value and return on investment, 2) Facilitate healthy confrontation and creative conflict, and 3) Elicit interprofessional team member feedback regarding the impact of my verbal and non-verbal communication. Multiple leadership behaviors have been transformed through the feedback provided by leadership observers and coaching from my faculty advisor and leadership mentor. One ILDP outcome measure is the comparison of scores pre- vs mid-fellowship on a self-rated Leadership Practices Inventory. From May 2016 to February 2017, my scores in the categories of Inspiring a Shared Vision and Challenge the Process have increased by 10 and 7 points, respectively, demonstrating improvements in behaviors. These scores validate the key outcomes I have experienced from the ILDP which include increased confidence when communicating with physician and system leaders, an awareness of both verbal and non-verbal cues, and improvement in facilitation skills. Through use of the ILDP during the fellowship time period to date I have established new collaborative relationships with 15 health system leaders: 6 physicians, 4 directors in outpatient areas, 2 in Center for interprofessional Practice and Education, 1 in School of Nursing, 1 Director of Strategy & Business Development, and 1 Learning Development Officer.

The second domain of the fellowship provides a venue to implement the leadership behaviors identified in the ILDP by leading an interprofessional team project. The project expanded the Hospital Elder Life Program (HELP) to two units within UAB Hospital. Hospital Elder Life Program is an evidence-based program that prevents the development of delirium and functional decline in hospitalized older patients. This program uses a multicomponent intervention that includes use of trained volunteers to intervene on known risk factors for delirium. The HELP Program has been shown to reduce incident delirium in hospitalized at-risk patients by 40% (Inouye, 1999). This project has provided the opportunity to focus on behaviors related to Model the Way, Inspire a Shared Vision, and Encourage the Heart.

The interprofessional team has 19 members from the following disciplines: nursing, directors, nutrition, occupational therapy, ACE coordinator, manager, educator, informatics, volunteer coordinator, and marketing. The interprofessional team has been instrumental in the development of implementation processes, clinical and process measures to evaluate outcomes, community partnerships, and solutions to barriers identified during expansion of the HELP program. The process measure achieved include a streamlined volunteer application process, more comprehensive data management, volunteer walking...
component approved by risk management and hospital leadership, and electronic process to identify eligible HELP patients. There have been four new community partnerships established to assist with the recruitment of HELP volunteers. The clinical outcomes being measured include ambulation frequency in a 24 hour period of time, ability to perform basic activities of daily living at admission and discharge, delirium incidence, quality of sleep and appetite in hospital compared to home, and length of stay.

The third domain is designed to expand fellows’ scope of influence within their organization as well as at community, regional, and national levels. The fellowship has allowed me to establish new connections to system level leaders within my organization as evidenced by the invitation to serve on three new system-level teams. Partnerships have been expanded into the community with the Alzheimer’s Association and the Alabama Hospital Association’s Quality Task Force. My national scope of influence has also increased through the invitation to serve on a GSA Multi-modal Analgesia in Elderly Workgroup and a Geriatric for Specialists initiative. The GSA Multi-Modal Analgesia in Elderly Workgroup consisted of eight healthcare providers from across the country that created a proposal for the utilization of multi-modal analgesia in the elderly. The Geriatrics for Specialist is a collaborative between two different health systems from across the country that is creating a venue to identify and address educational needs of Advanced Practice Providers related to caring for older adults.

This fellowship has transformed the behaviors and interactions that I utilize when leading teams. Programs such as the Gerontological Nursing Leadership Academy have an essential role in ensuring that healthcare providers are prepared to lead initiatives that impact care delivered to patients.