Leadership Development for Clinical Staff Nurses: Program Design

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Learning Outcome

This session will enable the learner to initiate the planning and implementation of a leadership development program for clinical nurses leading shared governance or shared decision-making teams.

Terminology

- Shared Governance
- Shared Decision-Making
- Unit Practice Teams (UPTs)
- Clinical Practice Leadership Team
Why Shared Decision-Making?

The Leadership Paradox

Proximity to Patient  Decision-making Influence
Why Shared Decision-Making?

- Engagement
- Satisfaction
- Quality Outcomes

Assessment:
Identification of practice gaps, learning needs, and outcomes

Assessment: Identification of practice gap & learning needs
Shared decision-making gap analysis

Lack Leadership experience
Lacking re: quality & safety
Communication:
Lack of support & resources
UPT Chairs
Managers
Training
UPT Chairs are not effective

Unwilling to allow autonomy
No training for chairs or managers
Departments work in "silos"
Environment

Resources
Assessment: Outcomes Identification
- Role socialization as organizational leaders
- Team management skills
- Understanding of quality & safety initiatives
- Change process & planning
- Collaboration between chairs & managers
- Interdepartmental relationship building

Assessment: Identification of Key Stakeholders
- Admin
- UPT Chairs
- Quality Improvement Dept.
- Managers
- Professional Development Educators

Planning
Program Development
Planning: Program development
Basic Leadership Principles

Leadership Skills
- Meeting facilitation
- Agendas & Minutes
- Delegation

Leadership Knowledge & Attitudes
- Decision-making
- Ownership
- Accountability

Aligned with our Core Values & Strategic Essentials

Strategic Essentials & Core Values

Strategic Essentials:
- Superior Service
- Superior Quality
- Superior Workforce
- Financial Strength
- Growth

Core Values:
- Customer Service
- Communication
- Commitment
- Creativity
Decision Making Exercise

A staff member has presented the UPT with new research by the Fall Prevention Institute of America that suggests that implementing infrared sensors with motion detection alarms around every bed in the hospital would result in a decrease in patient falls. The system costs $4,000 per bed for installation.

With the group at your table, discuss whether purchasing the new equipment would have a positive, negative, or neutral impact on each of the Strategic Essentials.

Ownership Exercise

Your UPT researched and recommended an evidence-based practice using a new technology for measuring core temperature. It would cost $10,000, but would provide temperature readings faster and more accurately. Your manager called you just prior to your next UPT meeting and stated “I’m sorry, but the capital request for the new thermometers was denied.”

Work with your group to craft a message to your staff that uses the Strategic Essentials to support this decision and shows ownership for it as a staff leader.

Using the Strategic Essentials and Core Values to Hold Others Accountable

- **Accountability:**
  “I observed you doing ‘x.’
  One of our Strategic Essentials is ‘y.’ When you do ‘x,’ it has a negative effect on ‘y.’

- **Recognition:**
  “I observed you doing ‘x.’
  One of our Core Values is ‘y.’ When you do ‘x,’ it has a positive effect on ‘y.’
Planning: Program development
Quality & Safety

Provide a context for the quality & safety initiatives in the organization

- What is QI?
- Value-Based Purchasing
- EBP Resources
- The role of UPT in quality & safety initiatives

Planning: Program development
Leading Change

Theoretical Foundation for Change:
Lewin’s Theory of Planned Change

- Unfreezing
- Transitioning
- Refreezing
- Organizational approach to change

Planning: Program development
Communication & Collaboration

What do you see as the role of the manager related to UPT?

What are our goals for UPT for the coming year?

In what ways do our communication & work styles work well together?

What is your biggest anxiety/concern about UPT?

What are some concrete approaches we can take to working together?

UPT Leadership Development Chair/Manager Collaboration

Conversation Cards

What do you see as the role of UPT and the UPT Chair?
**Evaluation**

**Program Evaluation**
- Communication & work style
- Leading peers through change
- Meeting agendas & facilitation
- View UPT chair as leader in organization
- Role of UPT Chair
- Identification of UPT issues
- Role of frontline staff in QI
- Role of UPT
- Familiar with QI initiatives
- Knowledge of quality & safety

**Level of Agreement**
- Level 0: strongly disagree
- Level 1: disagree
- Level 2: neutral
- Level 3: agree
- Level 4: strongly agree

**Evaluation**

**UPT Functionality**
- 28 UPTs (up from 16 in 2014)
- Consistency of CPLT attendance & participation
- Expanding to other clinical areas
- Interdepartmental Collaboration
- UPT Chair Mentors

**Evaluation**

**Outcomes**
- Cardiology/CU
  - Significant reduction in Falls
- Home Health
  - Improved HCAHPS scores linked to medication communication
- OR
  - Reducing OR SSI as part of SS initiatives
- Behavioral Health
  - Improved process for medication barcode scanning following a med error case review
- Wound Care
  - Creating patient education videos
- ED & Urgent Care
  - Increased rate of QC measurement for lower acuity patients
- Birth Center
  - Process improvement for measuring accurate blood loss
- Endoscopy
  - Standardization of bowel prep and discharge instructions
- Home Health
  - Improved HHCAHPS scores related to medication communication
- Endoscopy
  - Standardization of Bowel Prep and Discharge Instructions
- Birth Center
  - Process Improvement for measuring accurate blood loss
Wrap Up

References


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