

Improving Skills to Empower Front-Line Nurses

Execution: Getting Things Done When You Are Not In Charge



Improvement Skills to Empower Front-Line Nurses

A Series of Three Audio Conferences

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3 PM ET

“Execution: Getting Things Done When You Are Not In Charge”

Julie Kliger, MPA, BSN, RN
Principal, The Altos Group, LLC

www.thealtosgroup.com

julie@thealtosgroup.com

510.551.3330

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Improvement Skills – Summary

- **Building Will:** “Unleashing joy in nursing professionalism”
- **Generating Ideas:** “Pushing change from where you stand”
- **Execution:** “Getting things done when you are not in charge”



Summary of Tools

- “3 P’s” **P**rofessional Efficacy, **P**atient Advocates, **P**roven Practices
- “3 C’s” **C**ommunication, **C**are Management, **C**ritical Thinking
- Job, career or calling
- Do something “scary”/challenging daily
- Small “I” leadership = change agent
- Change tactics
- 10 reasons why people resist change
- EIEIO-Techniques for positive conversations
- CAN-DO (“C” situation, Assess, Negotiate, Decide, “O” close the loop)



**Improving Skills to Empower Front-Line Nurses
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- Segment 1: ***Ten Drivers for Getting Things Done When You Are Not In Charge***
- Segment 2: ***Who and How: Stakeholders and Influencing from the Front Lines***
- Segment 3: ***Your questions, comments***

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**10 Drivers for Getting Things
Done When You Are Not In
Charge**

Segment 1

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10 Drivers for Getting Things Done When Not In Charge

Driver	Rationale/Explanation
1. Have an end point (goal)	1. Use visioning statements. Remember all change starts by having a clear end in mind (e.g.; want to have lactate results considered a critical lab value)
2. Find people who can help identify and solve the problem	2. Allies from other disciplines very important. Remember to include those who have formal authority. Solutions can be developed locally
3. Collect usable data (observational is fine)	3. Helps express the pain in the system. Can be informal, observational data (e.g., the number of times the phone rings on the unit in one hour when the callers want a nurse)
4. Roll-up project to a larger purpose	4. Remember change equation (C>P×V×SS). People need to engage at the “calling” level, (e.g., why are we here?..)
5. Communicate a clear message for change	5. Focus message to stakeholders (e.g., “medication errors are big and dangerous and as nurses we own the problem”). Tie it to the larger purpose

Everyday Leadership, Julie Kliger

10 Tips for Getting Things Done When Not In Charge...con't

Driver of Change	Rationale/Explanation
6. Meet with people to communicate need for change	6. Use change equation to explain rational for end point (goal) . Use stakeholders to help influence
7. Ask “why” often (especially if your request for change is met with a “no thanks”)	7. Asking “why” several times helps get to root cause of concern. Positive Conversations skills can help. Strong relationships help here too
8. Ask “what would you need from me to...” (especially if your request for change is met with a “can’t do that..”)	8. Focus request so you can understand their issue/concern. (E.g., asking pharmacist to stock antibiotics ask “what would you need from me/the unit to be able to safely store antibiotics on the unit?”)
9. Do the work and follow-through	9. Being accountable wins friends. Others are counting on you doing what you say
10. Communicate progress and outcomes. Recognize others	10. Small wins give people energy. Nothing is as powerful as success so share it.

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10 Drivers for Getting Things Done When Not In Charge <i>example: getting lactate as a critical lab value or getting POC lactate device in the ED</i>	
Driver	Suggestions
1. Have an end point	1. Nurses wanted to have lactate lab results called to the unit as a critical value to ensure timely response to the value or have a POC device in the ED
2. Find people who can help identify and solve the problem	2. Nurses worked with physicians, CNO and ED RNs who were “on board” with idea. Lab Director not on board. Nurses, MDs and CNO decided to call a meeting with Lab
3. Collect usable data (observational is fine)	3. Nurses collected TAT for lactate results, % of results currently “lost” in system,
4. Roll-up project to a larger purpose	4. Nurses explained to stakeholders that the ED was improving care by initiating early recognition of sepsis; they reminded stakeholders that ½ of in-patient deaths are due to sepsis (and that it is expensive)
5. Communicate a clear message for change	5. Nurses used “larger purpose” as part of message and that “providing best known care” was a mission-critical belief the hospital held. elevated lactate important in early recognition sepsis

10 Tips for Getting Things Done When Not In Charge...con't <i>example: getting lactate as a critical lab value or getting POC lactate device in the ED</i>	
Driver of Change	Example of Driver in action
6. Meet with people to communicate need for change	6. Once nurses had enough buy-in from ED MDs and other nurses, they asked for a meeting with the lab director and CNO, CMO to present their case
7. Ask “why” often (especially if your request for change is met with a “no thanks”)	7. CNO, EDMDs and CMO on board but Lab Director not. Nurses asked “why” and he felt lactate to be non-specific measurement and was not convinced of accuracy of POC device
8. Ask “what would you need from me to...” (especially if your request for change is met with a “can’t do that..”)	8. Lab Director (when asked) needed external validation of POC device and evidence of lactate as a critical lab value as part of the community standard
9. Do the work and follow-through	9. Nurses identified two other hospitals that had verified and validated POC devices and they queried local hospitals and found out that they were the only hospital in area not calling lactate as a critical lab value
10. Communicate progress and outcomes	10. Lactates above “4” are called as a critical value. The nurses sent thank you cards to everyone at the meeting

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***Who and How: Stakeholders
and Influencing from the Front
Lines***

Segment 2

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Stakeholder

Defined: Any person, group or organization who can be positively or negatively impacted by, or cause an impact on, the actions or activities proposed

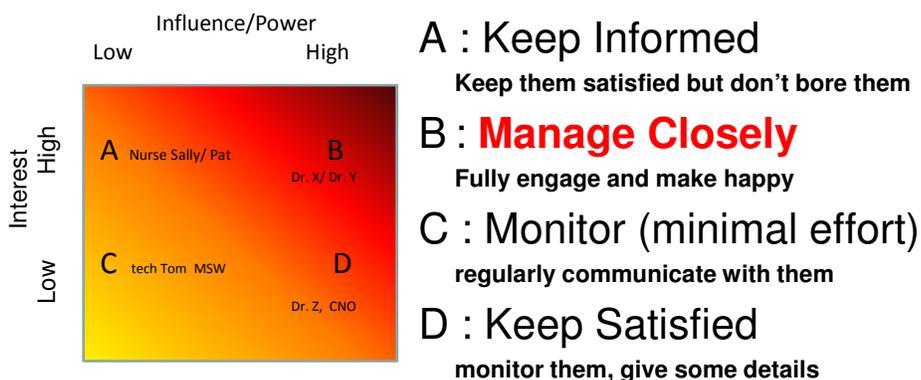


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Stakeholder analysis

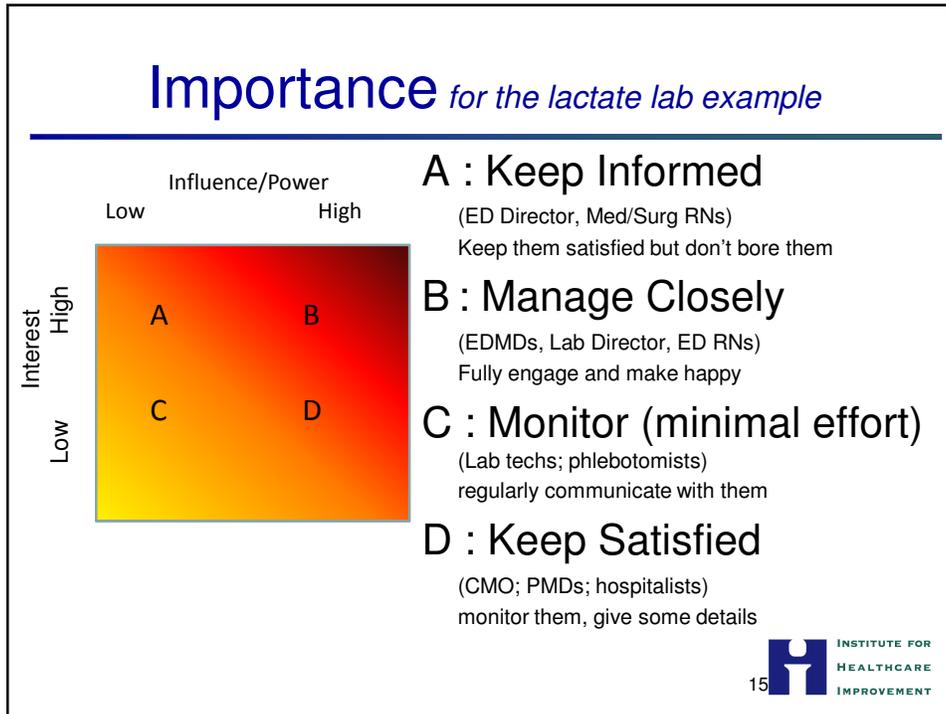
- **Aim:** Identify the stakeholders and assess how they are likely to be impacted by the project. *You can do an analysis for each step/phase in the project*
- **Goal:** develop cooperation between the stakeholder and you (or the project team) and, ultimately, assuring successful outcomes for the project.

Importance



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Authority versus Influence:

- **Authority usually comes with position, title, or a leadership role and can be exercised directly** when you want or need to control the allocation of resources, settle disputes, hire, fire, and promote individual employees. (e.g. Formal power)
- **Influence is the ability to produce an effect without the apparent use of authority.** With influence you encourage people to do what you want them to do without exertion of force, compulsion, or direct command. Instead, you rely on the process of mutual agreement, involvement, and buy-in and in being a change agent. (e.g. Informal power)
- **Both are sources of power**

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Always have some mix of Influencing strategies that appeal to the Heart and Head

<u>Head</u>	<u>Heart</u>
<ul style="list-style-type: none"> • Facts • Statistics • Logic • Rules 	<ul style="list-style-type: none"> • Values • Friendliness • Coalition • Pressure

Communicate!

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Using Your Influence

Sources you have	Accessing your influence
Small "I" Leadership	Seeing self as Change Agent; Nursing DNA/RNA; Seeing work as a calling ; Credibility/Integrity
Networks(Collaboration, cooperation, alliances)	Develop and use information sources; understand stakeholders; use good-will; mix heart and head when communicating
Currency of information	Gain knowledge/information about your patient, unit, project ; know how to talk about it (strategic communication)
Positive relationships (Communal authority)	Good working relationships; positive reputation Big balance in "good will bank"; access to more information; Greater reach of contacts
Change Equation	Way to see the world differently; Knowledge regarding our "pain"; Vision for a better tomorrow Solutions and ideas; Willingness to engage/help
Positive Conversations™	CAN-DO model to use; Skill to have important conversations; Moral appeal to improve care delivery; Integrity with others

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Segment 3: Your Questions

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10 Drivers for Getting Things Done When Not In Charge *example: decreasing distractions on a medical/surgical unit while administering medications by reducing the need to answer calls during a “protected hour”*

Driver	Suggestions
1. Have an end point	1. Nurses wanted to not be interrupted from the time they walked into the med room until administration of medication
2. Find people who can help identify and solve the problem	2. Nurses worked with ward clerks to triage all calls during one hour in the morning. Call scripts were developed for each “type” of caller (e.g. slightly different for family member. See example)
3. Collect usable data (observational is fine)	3. Nurses collected how many calls came into the unit between 8-9am. They logged anywhere between 24-30 with about 2/3 rd looking for “the nurse.” they also evaluated number of MDs on unit
4. Roll-up project to a larger purpose	4. Ward clerks were eager to engage. Callers needed to understand that medication administration deserved respect, which meant zero interruptions
5. Communicate a clear message for change	5. Nurses used “larger purpose” as part of message to callers that patient safety was their number one goal and they had an active part in producing safe care

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10 Tips for Getting Things Done When Not In Charge...can't *example: decreasing distractions on a medical/surgical unit while administering medications by reducing the need to answer calls during a “protected hour”*

Driver of Change	Example of Driver in action
6. Meet with people to communicate need for change	6. Ward clerks continue to use call scripts for all calls. Nurses attended medical staff meetings to display data about error rates on units. Nurses also talked with MDs one-to-one while on unit
7. Ask “why” often (especially if your request for change is met with a “no thanks”)	7. Second stakeholder group nurses worked with were MDs to not interrupt nurses during this protected hour. Not all MDs wanted to adjust rounding times, which often occurred at same time with medication delivery.
8. Ask “what would you need from me to...” (especially if your request for change is met with a “can’t do that..”)	8. MDs identified specific pieces of information they needed to avoid interrupting the nurses and adjusted the rounding times—or waited.
9. Do the work and follow-through	9. Nurses presented unit-level data on improvements in error rates at every monthly meeting the hospital held and to BOD
10. Communicate progress and outcomes	10. Nurses communicated improvements in error rates on unit, at meetings, with patients

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Importance *for medication example*

Influence/Power

Low High

A : Keep Informed
(CNO, ancillary staff; pharmacist)
Keep them satisfied but don't bore them

B : Manage Closely
(ward clerks, nurses, unit manager)
Fully engage and make happy

C : Monitor (minimal effort)
(Lab techs; phlebotomists)
regularly communicate with them

D : Keep Satisfied
(PMDs; hospitalists)
monitor them, give some details

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Goal Based Communications Telephone Triage

Pharmacy	Ask if there is something you can help with, answer, or pass on to the RN. They may just need an order re-scanned.
Radiology/Procedures	Try to see if you can answer the questions first. Are they just checking to see if patient has req or how patient travels or that they are coming up.
Physician	Ask if there is something you can help with, answer, or pass on to the RN. If an RN is needed, see if charge is available first. Otherwise, forward call to RN.
Blood Bank	See if you can answer the question or relay a message. If an RN is needed, check if charge available, if not forward call to bedside RN.

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Negotiation Skills: Getting to YES!

- Focus on interests, not positions
 - Ask for information, listen, and acknowledge
- Separate the people from the problem
 - “You and me against the problem”
- Invent options for mutual gain
 - Questions prefaced by “how”, “why”, “why not”, “what”, or “who”
- Use objective criteria
 - Act as if you believe opponent’s position is fair - and then ask why it is so

Source: Roger Fisher and William Ury, *Getting to Yes*

Negotiation Skills: Focus on Interests

- Ask why?
- Ask why not? Think about their choice
- Realize that each side has multiple interests
- Most powerful interests are basic human needs
- Brainstorm and make a list
- Don’t make it personal

Source: Roger Fisher and William Ury, *Getting to Yes*

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More Tips for Negotiating

- If you're going to compromise, let people know you're doing it and do it generously and with enthusiasm
- If you're winning something, keep it quiet
- Find and build on points of agreement
- To solve problems, you need to enlarge the pie. This means talking about additional interests
- Ask yourself: are you steward for the whole organization, or just your interests?

Source: Susan Ashford, University of Michigan Business School



Suggested Reading

- Potter, John, Power and Influence, Free Press, NY, 1985, particularly Chapter 4.
- Leadership Akido, John O'Neil (Harmony, 1997)
- Emotional Intelligence, Daniel Goleman (Bantam, 1995)
- The Origins of Virtue, Matt Ridley (Penguin, 1996)
- Getting to Yes: Negotiating Agreement Without Giving In, Roger Fisher, William Ury (Penguin, 1983)

