



Indiana University Health

The Future of Nursing: Transforming Leadership in the Clinical Setting

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Indiana University Health

Indiana University Health is Indiana's most comprehensive healthcare system.

A unique partnership with Indiana University School of Medicine, one of the nation's leading medical schools, gives patients access to innovative treatments and therapies.

IU Health is comprised of hospitals, physicians and allied services dedicated to providing preeminent care throughout Indiana and beyond.

Learner Objectives

- Identify changes in nursing leadership necessary to prepare and enable nurses to lead change to advance health.
- Recognize strategies and techniques that are being used to transform nursing leadership.

Institute of Medicine: Future of Nursing

The Future of Nursing:
LEADING CHANGE, ADVANCING HEALTH

A collage of five images illustrating healthcare and nursing. Top left: A male nurse in green scrubs with a stethoscope. Top right: A family (mother, child, father) looking at a computer screen. Middle right: A female nurse in blue scrubs working at a computer workstation. Bottom left: A classroom or lecture hall with students and a screen. Bottom right: A surgical team in an operating room.

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Institute of Medicine: Blueprint for the Future



IOM Key Messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic preparation.
- Nurses should be full partners, with physicians and other health professionals in redesigning and leading healthcare change.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

IOM Recommendation #1

Remove scope of practice barriers

- IU Health strategies:
 - RN job description revisions
 - Eliminate non-value-added nursing work
 - APN credentialing revisions
 - **Advanced Practice Institute to build CNS competencies**



IOM Recommendation #2

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts

- IU Health strategies:
 - **Board of Trustees: Quality & Patient Safety, Research & Education**
 - Process Improvement
 - Pain
 - System and service line initiatives
 - Local, regional and national improvements

IOM Recommendation #3

Implement nurse residency programs

- IU Health strategies
 - Transition from education to practice initiatives
 - **Residency programs integrating situated coaching**
 - Participation in baccalaureate curriculum review and design
 - Next generation PEP units, RN performance expectations at graduation

IOM Recommendation #4

Increase proportion of nurses with baccalaureate degree to 80% by 2020

- IU Health strategies
 - On-site RN-BSN program
 - Accelerated degree scholarships, shared faculty
 - Tuition reimbursement
 - **2013 policy change: BSN preferred at hire, required within 5 years**

IOM Recommendation #5

Double number of nurses with a doctorate by 2020

- IU Health strategies
 - Establishing structures and processes to capture
 - Tuition reimbursement
 - **2007: 3**
 - **2012: 7**
 - **In process: 1 PhD candidate, 1 PhD student, 3 DNP students**

IOM Recommendation #6

Ensure that nurses engage in lifelong learning

- IU Health strategies
 - On site continuing education
 - Certification reimbursement
 - **Professional organization participation, contributions**

IOM Recommendation #7

Prepare and enable nurses to lead change to advance health

- IU Health strategies
 - **Direct care nurse: point-of-care connections with patients to eliminate readmission**
 - Nurse educators: teach the teachers seminars
 - CNS: enhance competencies (API) to maximize contributions
 - Nurse manager: development, use of AONE tools
 - Nurse leaders: development through Wharton, RWJ, AONE, IONE

IOM Recommendation #8

Build an infrastructure for the collection and analysis of inter-professional healthcare workforce data

- IU Health strategies
 - **Indiana Center for Nursing**
 - **Indiana Action Coalition: Transforming Healthcare**



The Future of Nursing Leadership

Characteristics that will enable
transformational change

Leadership is ...

“Inspiring and catalyzing others to realize shared mission and goals in a complex world that is constantly changing and requiring us to design new ways of doing things.”

(McBride, A.B., 2010)

Leadership Qualities & Characteristics



Personal:

Analytic, creative, resilient, courageous, responsive, self-aware, self-regulating, values-driven

Goal attainment:

Problem analysis and definition, team building, interpersonal and communication effectiveness, resource development

Transformational:

Grasp of complexity, strategic vision, innovation, altering organizational realities, choosing excellence

(McBride, A.B, 2010)

Transformational Leadership Competencies



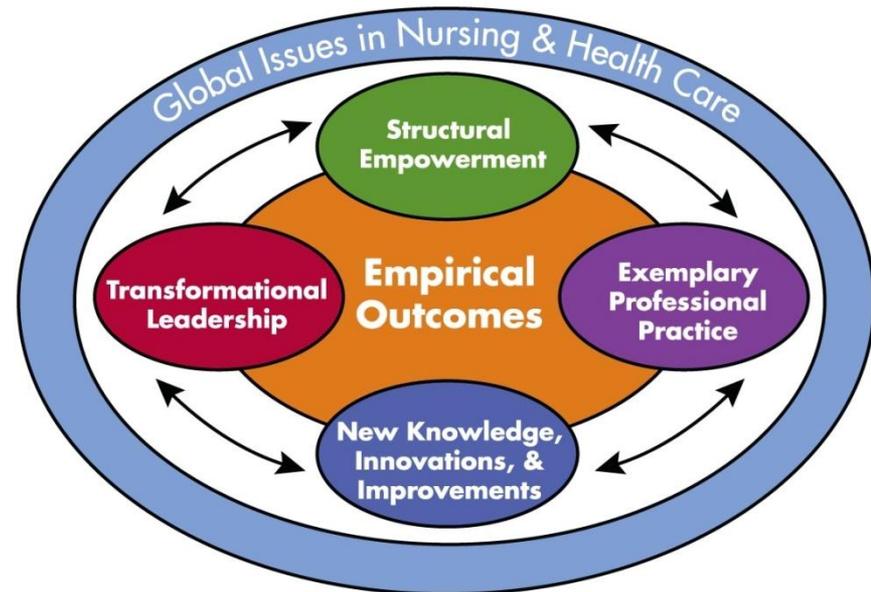
- Create structures to ensure access to information, resources and support
- Create expectation for innovative, dynamic, empowering and accountable behaviors of other leaders and nurses in the system

(AONE, 2011)

Blueprint for Nursing Excellence

- Transformational Leadership
- Structural Empowerment
- Exemplary Practice
- New Knowledge
- Empirical Outcomes

(ANCC, 2008)





Nurse Executive Competencies

- Communication and relationship-building
- Knowledge of the healthcare environment
- Leadership
- Professionalism
- Business skills

(AONE, 2011)



Strategies & Techniques

Situational Leadership

Mindful Organizing

Relational Coordination

Academic-Practice Partnerships

Situational Leadership

Situational Leadership is the method of using different leadership styles depending on the situation, taking employee competence and commitment into account.

(Blanchard, K., 2010)



Situational Leadership: Required Competencies



Diagnosis. Determine the development level of your direct report. The key is to look at competence and commitment.

Flexibility. As your direct reports move from one development level to the next, your style should change accordingly.

Partnering for performance. Partnering opens up communication between you and your direct reports and increases the quality and frequency of your conversations.

Leadership is not something you do to people,
but something you do *with* people.

(Blanchard, K., 2010)

Situational Leadership: Remember Why Change Fails



- Announcing is not the same as implementing
- Concerns with change go unaddressed
- Those asked to change aren't involved
- No compelling reason to make change
- Compelling vision has not been shared about link between change and future
- Early adopters, resisters and informal leaders are not included
- Lack of focus by leaders, causing death by 1,000 initiatives
- Progress is not measured
- No accountability for change implementation
- Failure to respect power of culture to kill change

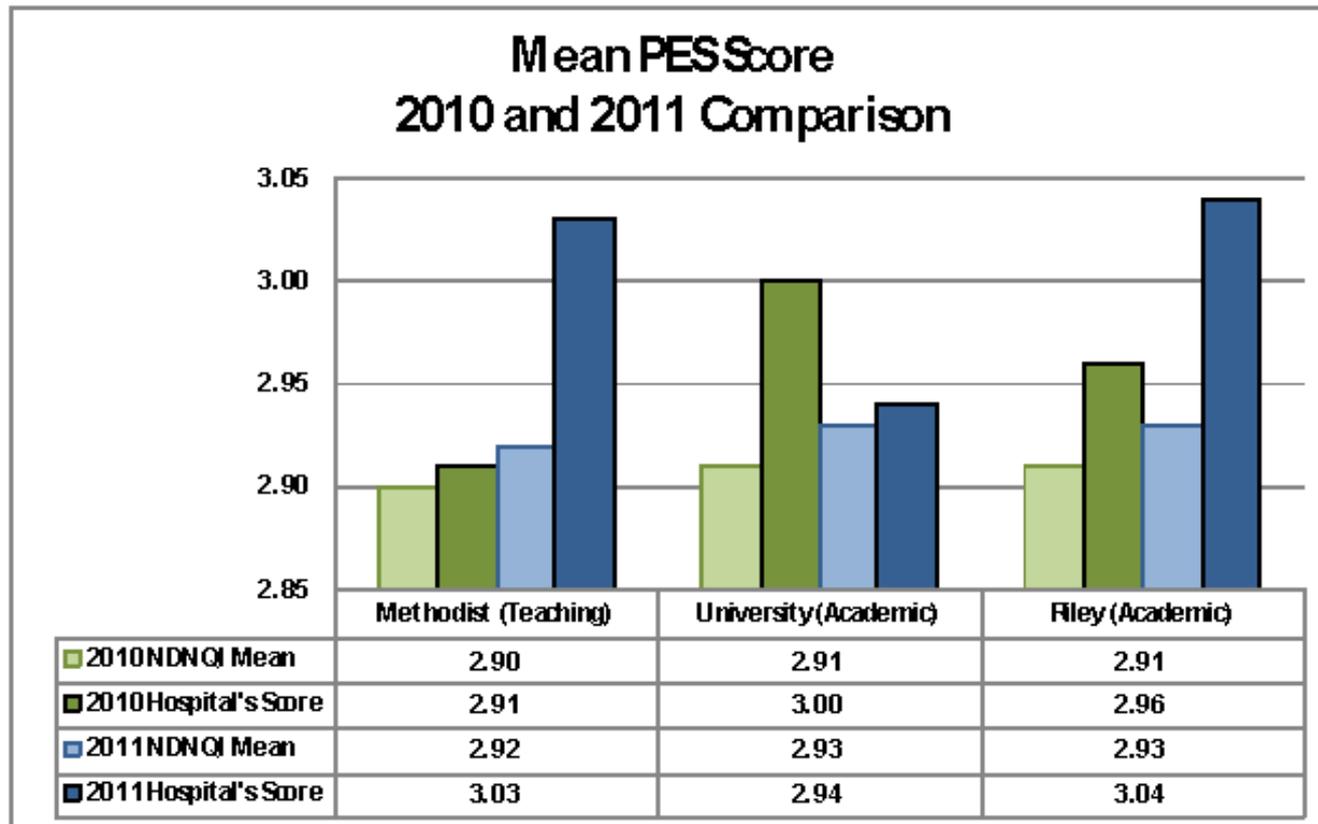
(Blanchard, K., 2010)

Situational Leadership: Exemplars



- A story about medication safety and the second visit from ISMP
 - Starting with a vision (CNE)
 - Appropriate leadership style
 - Partnership for performance (RN-Pharmacy-IT-Facilities)
- A story about intentional rounding
 - Knowing my team's developmental level
 - Knowing whether I needed to direct, coach, support or delegate

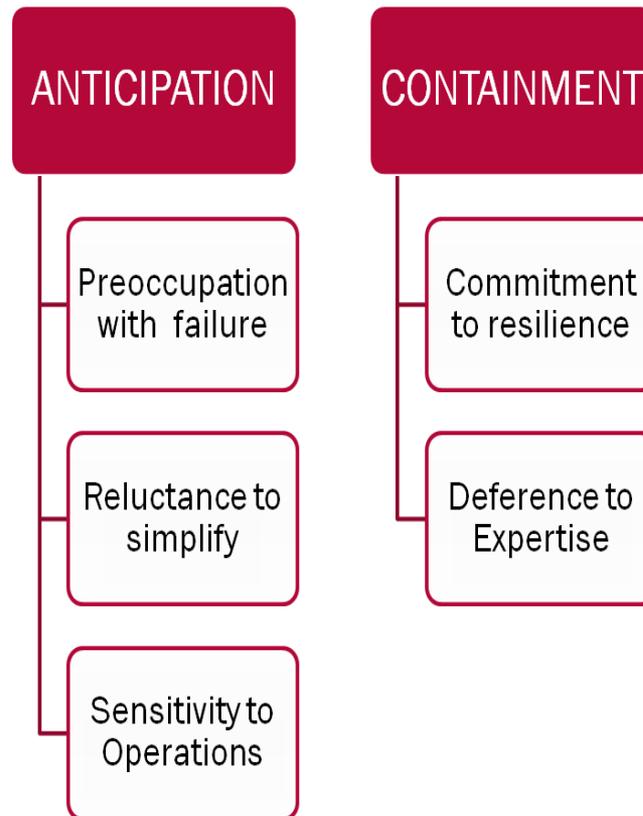
Situational Leadership: Nurse Satisfaction Outcomes



Mindful Organizing

Mindful organizing is a set of behaviors collectively enacted to detect emerging errors and minimize the adverse consequences of unexpected events.

(Vogus, T., 2007)



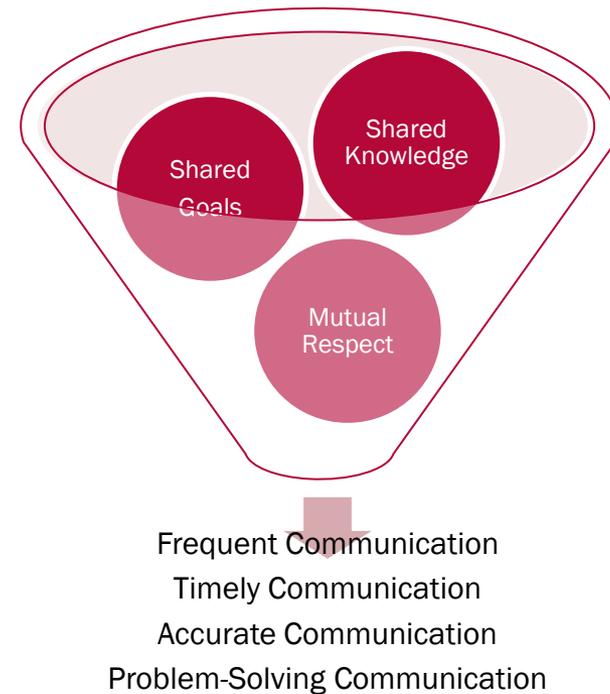
Mindful Organizing: Exemplars

- Nurse-sensitive outcomes
- Perioperative outcomes
- Differences among new nurses receiving situated coaching
- Daily organizational debriefs (Riley)
- Daily nursing debriefs (design phase) to increase hazard anticipation

Relational Coordination

Relational coordination: “A mutually reinforcing process of communicating and relating for the purpose of task integration.”

(Gittell, 2009)



Relational Coordination: 12 Key Practices



1. Select for teamwork
2. Measure team performance
3. Reward team performance
4. Resolve conflicts proactively
5. Invest in frontline leadership
6. Design jobs for focus
7. Make job boundaries flexible
8. Create boundary spanners
9. Connect through pathways
10. Broaden participation in patient rounds
11. Develop shared information systems
12. Partner with suppliers

(Gittell, 2009)

Relational Coordination: Perioperative Exemplar



- Outcomes
 - Decreased case cancellations <1%
 - First case on-time starts (in room) 87% (30-60% in 2009)
 - FTE utilization (OR staff) 7.13% under budget
 - Room turnover 71% < 30 minutes (30% in 2009)
 - Case volumes 8% over budget
 - RN vacancy – 7 positions open (2009 = 29 travelers, 15 Resource Center RN)
 - RN turnover 29% (80% in 2009)
 - Improved surgeon, anesthesiology, RN and CST satisfaction

Academic-Practice Partnerships: Exemplar in Formation



- **What changes can we make that will result in an improvement?**
 - Intentional partnership between IU Health & IU School of Nursing, based on shared knowledge, shared goals & mutual respect
 - The newly defined partnership will be committed to the formation of nurses by nurturing ongoing engagement (life-long learning) in advancing the delivery of quality safe care, regardless of the care setting

Strategies for Success: Academic-Practice Partnerships



- Close gap between education & practice by embedding learning in the workplace (a learning community)
- Promote inter-professional learning & team work
- Promote lifelong learning
- Anticipate, plan for & proactively develop the nursing workforce for accountable care
- Improve patient safety & quality by delivering up-to-date, patient-centered care
- Decrease nursing turnover & associated costs
- Decrease costs from extensive orientation programs

(AACN, 2012)

Academic-Practice Partnerships: Exemplar IUH - IUSON



Mentee	Mentor
Director of Nursing Research and Professional Practice (DNRPP)	Chief Nurse Executive Dean, Indiana University School of Nursing
Facility-based Directors of Nursing Practice and Quality (DNPQ) and Clinical Nurse Specialists	Director, Nursing Research and Professional Practice
Nursing Research and EBP Team	IUSON faculty and CNS team
Nursing Research Direct Care Nurses	CNS
Nurse Directors/Managers	Chief Nurse Executive/NEC designee Evidence-based nursing leadership journal club
Career Advancement Program Partners	CNS team
Nursing staff	CNS team, CPC, NR-EBP representatives, NR-EBP Fellows, unit-based change champions



Thank you for your
time and attention.

What questions can we answer for you?

My e-mail address:

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References

- American Association of Colleges of Nursing (2012). Guiding Principles for Academic-Practice Partnerships.
- American Organization of Nurse Executives (2011). Overview: The AONE Nurse Executive Competencies.
- American Nurses Credentialing Center (2008). Magnet Recognition Program: Application Manual.
- Blanchard, K. (2010). Leading at a Higher Level. Englewood Cliffs, NJ: Prentice-Hall.
- Gittell, J.H. (2009). High Performance Healthcare: Using the Power of Relationships to Achieve Quality, Efficiency, and Resilience. New York, NY: McGraw-Hill.
- Institute of Medicine (2010). The Future of Nursing: Leading Change, Advancing Health. Washington, DC. The National Academies Press.
- McBride, A.B. (2010). The Growth & Development of Nurse Leaders. New York, NY: Springer Publishing.
- Vogus, T. J., & Sutcliffe, K. M. (2007). The Safety Organizing Scale: Development and Validation of a Behavioral Measure of Safety Culture in Hospital Nursing Units. *Medical Care*, 45(1), 46-54.