Culture Transformation Through Development of Microsystem Clinical Leadership

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Regional Chief Nursing Officer
Ascension Michigan

Objectives

Discuss the process of assessment, planning and implementation of a leadership development program in a US healthcare system, focused on both changing individual skills of the microsystem leaders and organizational culture

Describe the barriers encountered, as well as the counter measures employed

Discuss the outcomes and lessons learned from system-wide leadership development
The Organization
Ascension Michigan

“Great leaders gain authority by giving it away.”

James B. Stockdale
Assessment of Culture and Need

Beginning with the End in Mind

Microsystem Leadership critical to every goal:
• Safety and Quality of patient care
• Stable and engaged workforce to deliver patient care
• Efficient delivery of patient care
• Fulfillment of the mission of the organization

Assessment of Culture and Need

Methods

• Interviews
• Focus groups (e.g. nurses with >20 years experience)
• Education needs assessment
• Work Environment Survey 2016 (NDNQI)
• Analysis of span of control (managers with >100 direct reports)
• Records of education program attendance in recent years
Assessment of Culture and Need
Findings

- Little leadership development training in past 4 years
- Limited training in LEAN process improvement
- Relationship, coaching, mentoring, and emotional intelligence skills deficient. Defaulting to autocratic, knowing/telling, even bullying behaviors
- Unstable workforce with nursing turnover of >28% annually, some units with >40%
- Shared decision-making structures - <21% of departments with active, engaged staff
- Stagnant quality improvement, with mediocre outcomes
- 38 managers with >100 direct reports, 19 with >200
- Little understanding of changes in healthcare, with no sharing of that changing context with staff

Planning Framework

- **Competencies for Nurse Executives (AONE)** – Behaviors for nurse leaders: communication and relationship-building, knowledge of the healthcare environment, leadership, professionalism, and business skills
- **Link with LEAN improvement methods** (Key Process Indicators, daily huddles, etc.) – with added focus on self-awareness, developing relationships, engagement, shared decision-making, emotional intelligence, retention of staff
- **Unlearning of old behaviors**, as well as acquisition of new leadership behaviors
- Focus on **patient care** and achieving best patient and nurse outcomes (Kutney-Lee, et al, 2016)
Planning

AONE Leadership Competency Model

Implementation

Phase I – June-November 2017

Didactic/experiential learning:
- Rounding, listening, feedback
- Shared decision-making
- Retention strategies for all generations
- Emotional intelligence
- Coaching for improved performance
- Crucial Conversations

Mentoring
Implementation
Dealing with the Barriers

• Senior Leader Support – Sensemaking to connect leader development to desired outcomes
• Financial investment – Maximizing internal resources
• Lack of role models – Creating the expectation/role model cascade
• Unlearning behaviors – Naming behaviors as they surface
• Reinforcement/Sustainability – Ensure nothing reinforces the “old” behaviors
  • Embed expectations in job descriptions
  • Embed measurement in performance review system, compensation
  • Recognition program

• The need to stay the course...

Implementation
Recognizing desired behavior

Starfish Award for Nurse leaders –
Intended to recognize and reward Nurse Leaders for behaviors that promote:
1. Empowerment of staff in decision-making
2. Development of skills and excellence in staff members
3. Intentional succession planning and career progression of individuals
Results
Outcomes

- Work Environment Survey
- Quality improvement
- Patient Experience
- Turnover

Results
Work Environment Survey

<table>
<thead>
<tr>
<th>Unit</th>
<th>Mean Response Rate</th>
<th>Mean Practice Environment Scale (Score 1-4)</th>
<th>Mean (2017)</th>
<th>Mean (2016)</th>
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<td>Mean Practice Environment Scale</td>
<td>ND 81% 71%</td>
<td>Mean 2017 2016</td>
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<td>2.97 2.85</td>
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### Patient Experience

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<td>Patient Experience</td>
<td>HCAHPS Overall</td>
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### Staff Turnover

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<td>Model Community Nursing Turnover</td>
<td>26.70%</td>
<td>22.50%</td>
<td>28.10%</td>
<td>21.80%</td>
<td>32.80%</td>
<td>30.70%</td>
<td>27.60%</td>
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### Case Study #1 – Nurse Manager

Manager 4 years  
No leadership development other than graduate school  
Role models taught stern, bullying, teller style  
Turnover – 34% in 2016  
CLABSI – 2.1/1000 line days

**Results:**  
- Staff actively engaged in shared decision-making structure  
- Turnover – 27%  
- CLABSI – 0 incidences over past 9 months  
- Manager revealed that she was intending to leave organization, now in succession plan to become a director
Results

Case Study #2 – Leader Behavior During Planned Change

Downturn in revenue, requiring reduction of staffing in multiple hospitals, clinics, and ambulatory services

Results:
• Leaders engaged the staff in looking at waste in processes, opportunities for improvement, ideas for new models of care
• Discussions with staff included changes in healthcare environment
• Staff input influenced the plans for how the new staffing targets would be met
• Staff engaged in helping to implement and monitor the outcomes of the changes

Results

Lessons Learned

• Investment in leadership development yields a strong ROI
• Retention of staff and leaders results in the building of momentum in improvement and satisfaction
• Focus on self-awareness, presence, relationship-building, leadership behaviors in a shared decision-making environment, emotional intelligence creates capacity for the organization to deal with potentially disruptive challenges
• Must deal with the leaders at all levels adopting the new leadership behaviors
• Mentoring accelerates and reinforces the learning and behavior change
Questions

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