



CHRISTUS[®] SANTA ROSA
Health System

An Innovative Strategy to Lead Clinical Practice Change to Achieve Quality Outcomes

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Disclosure

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Learner Objectives:

The learner will be able to describe the clinical leadership professional development program and delineate the strategy and examples.

Financial Sponsorship: Dr. Parsons served as the consultant to develop and teach the program.

Driving Forces for Change

- System on the Magnet Journey
- Need to empower Directors to lead change
- Need for new approaches that empowers all staff to own their practice
- Need to achieve and sustain quality patient care outcomes in every unit & every facility

Purpose

To delineate the clinical leadership professional development program, innovative clinical microsystem change methodology, and outcomes.

Expected Outcomes

Each Director participating in the seminar and coaching program will self-report:

- 1) Increased confidence in empowerment, greater use of transformational leadership behaviors & enhanced trust in peers and management.

AND will:

- 2) Lead a successful practice change project to achieve quality outcomes & present to system leaders.

Stakeholder Engagement

Consultations with Regional Chief Nursing Officer (CNO) Council, Chief Executive Officer, and Nursing Directors for problem identification and the opportunity to participate in clinical leadership development.

Educational Program Design Informed By:

- Bridges, W. (2009). *Managing transitions: Making the most of change, 3rd ed.* Philadelphia: Da Capo Press.
- Covey, S. R. & McChesney, C. (2012). *The 4 Disciplines of Execution*, Grand Haven, MI: Brilliance Audio.
- Covey, Stephen M. R. (2006). *The speed of trust: The one thing that changes everything.* New York: Free Press.
- Grenny, J., Patterson, K., Maxfield, D., & McMillan, R. (2013). *Influencer: The new science of leading change, 2nd ed.* New York: McGraw Hill.

Educational Program Design Informed By:

Kouzes, J., & Posner, B. (2012). *The leadership challenge: How to make extraordinary things happen in organizations, 5th ed.* San Francisco: Jossey-Bass

Parsons ML; Cornett P. Leading Change for Sustainability Nurse Leader 2011 Aug; 9 (4):36-40.

Parsons ML; Cornett P. Sustaining the Pivotal Organizational Outcome: Magnet Recognition Journal of Nursing Management 2011 Mar; 19(2):277-286.

Seminar Sessions and 1:1 Coaching

Ten (10) group seminar sessions:

- Discussions of the content material and
- Identification of unit quality metrics and top opportunities for improvement.

Four (4) 1:1 coaching sessions:

- Focused on design, implementation, and evaluation of a practice change.

Program Culmination and Presentations

- 1) One-on-one Director coaching for individual presentations
- 2) Two (2) seminar group practice presentations for individual presentations
- 3) Individual presentations of practice change projects to CNO Council and other invited leaders

Method for Microsystem Practice Change

- 1) Clearly identify the opportunity for improvement (clinical problem):** Current metric and outcome expected
- 2) Engage all involved stakeholders:** Engage the multitude of different healthcare providers

Method for Microsystem Practice Change

3) Evidence: The best practice and source informing the specific practice change

4) The Specific Nursing Practices

(What the staff is **TO DO by Role**) is clearly delineated

Method for Microsystem Practice Change

5) Steps for Practice Implementation including:

- The communication steps;
- Staff development that is needed; and
- The facilitators and barriers to implementation are addressed.

Method for Microsystem Practice Change

- 6) **Concurrent Practice Monitoring:** Practices monitored per shift (the practice scorecard) & the follow-up steps.
- 7) **Cadence of Accountability:** Expectations communicated (verbally and in writing) to staff & leaders with follow-up to assure new practices are implemented.
- 8) **Clinical Outcome Results**

Microsystem Clinical Practice Change Projects

- Maintaining Blood Glucose Levels Following Cardiac Surgery Anesthesia Time for 18 – 24 Hours
- Improving Patient Satisfaction Through Shift Handovers
- Avoiding Adverse Events By Assuring The Correct Breast Milk is Administered to the Correct Baby in the Newborn Intensive Care Unit

Mesosystem

Clinical Practice Change Projects

- Improving Family Satisfaction Through Face to Face Handovers from the Post-Anesthesia Care Unit to the Surgical Unit

Macrosystem Clinical Practice Change Projects

- Improving Patient Safety Through Assuring Use of the New Universal Pre-Operative Computerized Checklist
- Eliminating Patient Falls Facility-Wide Through a Comprehensive Practice Review and Implementation
- Preventing Venous Thromboembolism (VTE) Through Achieving Compliance with Required VTE Practices

Common Issues for Sustainability

Near Term

- *Clinical Practices* not consistently implemented within and across all shifts
- *Unit Management* not consistently holding staff accountable

Common Issues for Sustainability

Long Term

Need for Infrastructure Support Systems for New Clinical Practices:

- Clinical Documentation Systems,
- Clinical Staff Onboarding Programs, and
- System Policies and Procedures

Participant Evaluation

Instruments

Empowerment – Behavioral, Verbal, Outcome

Cronbach's Alpha ($\alpha = .83, .87, .90$)

(Irvine, Leatt, Evans, & Baker, 1999)

Trust in Peers and Management (Cook & Wall, 1980)

Cronbach's Alpha ($\alpha = .82, .90$)

Transformational Leadership Skills

Cronbach's Alpha ($\alpha = .79, .83, .88$)

(Heuston & Wolf, 2011)

Participant Program Outcomes

Demographics:

Seven participants completed the program and the survey

Mean Age = 45 years

Mean time at CSRHS = 11.5 years

Mean time in their unit = 5 years

Pre-to-Post Participant Results

- Increases in behavioral and outcome empowerment
- Increases in peer and management trust
- Increases in transformational leadership skills
 - Challenging, Encouraging, Enabling, Inspiring, and Modeling Strengths

Participant Program Evaluation

- Across the 10 sessions, participants consistently rated that the objectives were “almost completely” or “completely” achieved
- Further, all participants rated the objectives as relevant to the program purpose, and rated teaching strategies/methods as effective

Spread & Sustainability

- Presentations to the CNO Council and in each facility
- Program continued the 2nd year for a new group of Nursing Directors with similar results

Key Lessons Learned

- The Support of Each Facility CNO
- Integration of the Change Method into Governance of Practice at All Levels
- Leaders and Staff Must Own Their Practice
- Rigor of Change Leadership is Not Simple and Requires a Willingness to Use a Comprehensive Approach to Achieve and Sustain Outcomes

Conclusion

This program's success contributes to a healthcare organization's human capital to achieve quality practice and value-driven care.

Q & A

Your Questions