# Succession Planning from the Boardroom to the Bedside (C715)

Wednesday, October 7, 2015 11:30 am – 12:30 pm

> 2015 ANCC National Magnet Conference Diane Raines, DNP, RN, NEA-BC Sr. Vice President, Chief Nursing Officer Baptist Health Jacksonville Florida

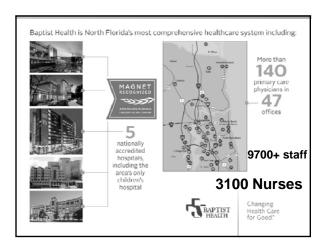


Changing Health Care for Good."

# **Objectives**

- Discuss the elements of a comprehensive program for succession planning
- Describe measures of success when evaluating a succession planning program





Baptist Health is North Florida's most comprehensive healthcare system including:

Specialty care physician practices, including behavioral health, cardiology and neurosciences

Home health care

Geriatric care, occupational health, urgent care, rehabilitation services, pastoral care and more

Baptist is Jacksonville's most preferred healthcare provider since 1990\*.

\*\*Based on the National American Corporation Health Care Market Guide.\*\*

Changing Health Care Good!\*

Nursing by the Numbers....

3,000+ RNs

87% in patient care

67% BSN or Graduate Degree

31% Specialty Certified

41.5 Average Age

10% male

BAPTIST HEALTH

#### It's no secret

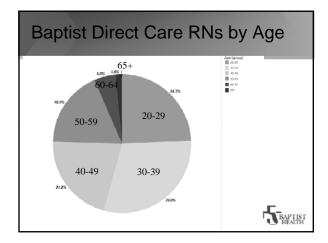
555,100 RNs projected to leave labor force by 2020

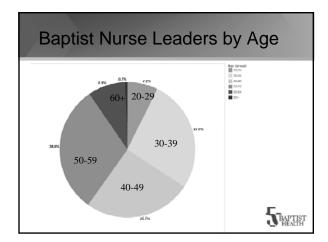
Global and National Nursing Shortage

Chaos and uncertainty in healthcare make leadership less desirable 53% of nurses are over 50

4 of the IOM Future of Nursing recommendations involve preparing nurses to lead







# In the Literature

Components of an effective succession model:

- Succession Planning from the s
- boardroom to the bedside

  Acknowledging staff nurse leadership responsibilities inherent in patient care
- Incorporate professional development and leadership training for staff nurses and nurse leaders at all levels



#### In the Literature

- Recognize and accommodate the need for
- Sweression Planning from the
- Becognize overarching importance of mentoring and coaching at every stage of development

Griffith, M. B. (2012). Effective succession planning in nursing: a review of the literature. *Journal of nursing management*, *20*(7), 900-911.





© 2013 American Nurses Credentialing Center. All rights Reserved. Reproduced with the Permission of the American Nurses Credentialing Center. TL 6: The CNO advocates for organizational support of ongoing leadership development for all nurses, with a focus on mentoring and succession planning.

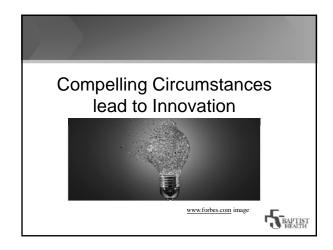
2014 Magnet Application Manual

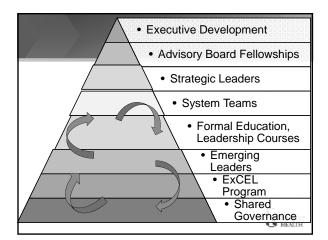


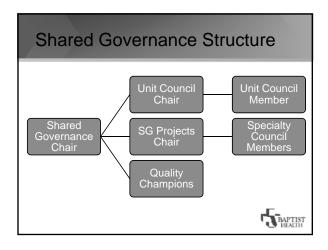
# If it's so good, why isn't everybody doing it?

- Competition for attention
- · Competition for dollars
- Takes time to create an authentic culture where people believe the extra effort to develop is worth the time

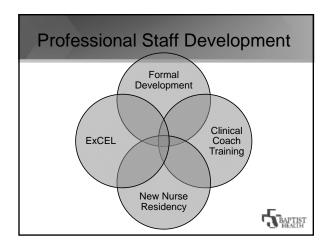


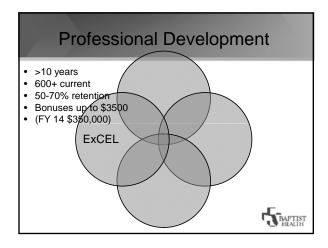






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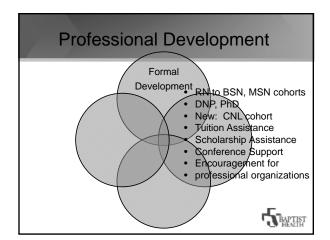
### **ExCEL Nurses are Everywhere**

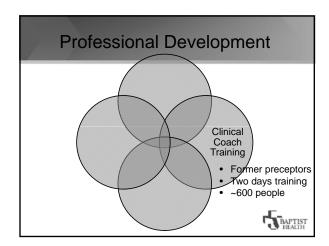
EMR Superusers Emerging Leaders
Collaborative Culture of Safety Champions

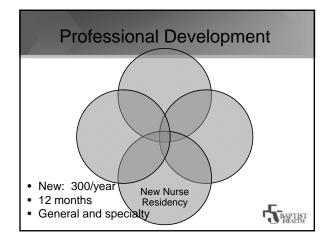
Magnet Councils Caring Council
Clinical Coaches
Fall Prevention Champions
WOUND CARE CHAMPIONS

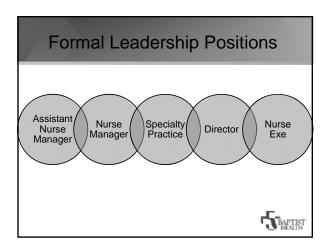
Patient Experience Teams
EBP Projects

5 NATION









# Formal Leadership Programs

#### **Emerging Leaders-**

- high potential and beginning leaders
- Year-long with classroom, mentor and system project
- Taught by LD and senior leaders
- 11 years
- Interdisciplinary
- 79 nurses
- 30% promoted, 20% in same role with expanded responsibilities



# Formal Leadership Programs

#### Strategic Leaders-

- high performing, high potential managers
- Two years' long
- Formal performance coach
- Mentor

- 2 years
- Interdisciplinary
- 6 nurses
- 66% promoted,



#### Meet Amber

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# Formal Leadership Programs

#### Advisory Board Executive Fellowship-

- high performing, high potential directors
- Two years' long
- Didactic (in Washington), mentor, major project
- 10 years
- Interdisciplinary
- 12 nurses
- 50% in expanded rolls



# **Nurse Executive Development**

- Support for DNP/PhD -5 nurse executives have DNP
- Executive development program -2 completed Wharton Johnson & Johnson Executive Fellowship
- Support for other formal education-MBA and conferences
- · Professional Coaching
- · Mentors in executive team



# **Nurse Executive Development**

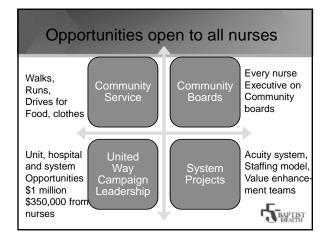
- All non-voting members of hospital or health system boards
- Non-voting members of medical staff executive committees
- CNO member of system executive team
- Nurse Executives members of hospital and system senior leadership team
- Hospital nurse executives have system level responsibilities—case management, infection prevention, etc.

#### A Nurse Executive Shares

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## Risks or Barriers to Successful Development

- Supervisor doesn't want to lose his "best people" so may not be supportive with time for projects or encouragement of candidate
- Supervisor doesn't want to have staff member "leapfrog" her
- Candidate not quite ready for opportunity offered and it leads to stress or lack of success
- A "good nurse" may not have the desire or be a fit for a "good leader"

   RAPTIST

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## Risks or Barriers to Successful Development

- · Financial or time resources are constrained
- Candidate you've invested in gets recruited away if opportunity presents itself first outside the organization
- Candidate is "too valuable" where he is, leaving a gap when promoted



#### Grow or Hire?

There are times when it is desirable to go outside the organization for leaders:

- When you don't have a candidate that is ready for particular position and you don't believe they can make the stretch work yet
- When you are seeking diversity that you don't have internally ready
- When you have an external candidate that is far superior to your internal candidate for a particular role BAPTIST

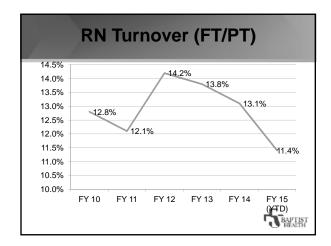
#### Measures of Success

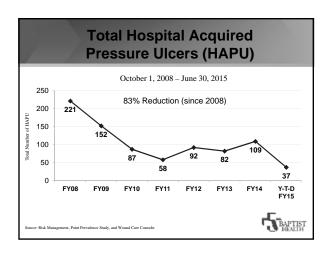
- Has the organization improved?
- Has it met its goals and objectives?
- Are good people being recruited and retained?
- Is the quality of care improving?
- Is the culture, commitment and vision of the organization being maintained and strengthened?
- Are there capable, motivated, prepared leaders ready to step up?

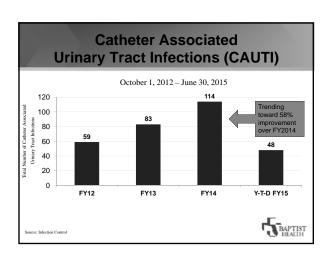
Griffith, 2012, p 901-902



# Nurse Engagement: Magnet categories vs U.S. RN Norm % fav 80 9\* 6\* 5\*







#### **Public Perception:** 2014 NRC Consumer Preference Overall Quality<sup>2</sup> **Baptist** 33.2 36.8 35.4 33.6 38.4 Hosp A 21.4 23.9 19.8 21.7 21.3 Hosp B 18.3 11.8 21.7 18.8 9.0 Hosp C 7.6 10.3 6.2 8.7 10.5 Ę.8.5 Hosp D 9.0 6.9 6.7 6.4 NATIONAL RESEARCH <sup>1</sup> Data collected from Oct 13 to Jul 14 <sup>2</sup> Consumer Choice measure BAPTIST HEALTH

# Putting it all together

• Embedded video



"A leader's lasting legacy will not be measured by the buildings we build, the institutions we establish or what our team accomplished. Leaders will be judged by how well the people they invest in carry on after they are gone."

Maxwell, J. (2007). The 21 Irrefutable Laws of Leadership



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