Succession Planning from the Boardroom to the Bedside (C715)
Wednesday, October 7, 2015
11:30 am – 12:30 pm
2015 ANCC National Magnet Conference
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Baptist Health Jacksonville Florida

Objectives

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

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
Succession Planning from the boardroom to the bedside

Components of an effective succession model:

- Early identification of potential nursing leaders as early as high school and college
- 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 succession planning from the boardroom to the bedside
- Recognize overarching importance of mentoring and coaching at every stage of development


TL 6: The CNO advocates for organizational support of ongoing leadership development for all nurses, with a focus on mentoring and succession planning.

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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
Compelling Circumstances lead to Innovation

- Executive Development
- Advisory Board Fellowships
- Strategic Leaders
- System Teams
- Formal Education, Leadership Courses
- Emerging Leaders
  - ExCEL Program
  - Shared Governance
Meet Abby

- Embedded video

Professional Staff Development

- Formal Development
- Clinical Coach Training
- New Nurse Residency
- ExCEL

Professional Development

- >10 years
- 600+ current
- 50-70% retention
- Bonuses up to $3500
- (FY 14 $350,000)
Professional Development

- RN to BSN, MSN cohorts
- DNP, PhD
- New: CNL cohort
- Tuition Assistance
- Scholarship Assistance
- Conference Support
- Encouragement for professional organizations

Professional Development

- Former preceptors
- Two days training
- ~600 people
Professional Development

• New: 300/year
• 12 months
• General and specialty

Formal Leadership Positions

Assistant Nurse Manager
Nurse Manager
Specialty Practice
Director
Nurse Exe

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

- Embedded video

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

- Embedded video
Opportunities open to all nurses

- Community Service
- Community Boards
- United Way Campaign Leadership
- System Projects

Every nurse Executive on Community boards

- Acuity system, Staffing model, Value enhancement teams

- Unit, hospital and system Opportunities $1 million $350,000 from nurses

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”

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

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

<table>
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<th>Category</th>
<th>% Fav</th>
<th>vs U.S. RN Norm</th>
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<td>Professional Development</td>
<td>80</td>
<td>+10</td>
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<tr>
<td>Clinical Autonomy</td>
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<td>Leadership Access and Responsiveness</td>
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<td>RN-to-RN Teamwork and Collaboration</td>
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<td>Interprofessional Relationships</td>
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<tr>
<td>Fundamentals of Quality Nursing Care</td>
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Nurse Satisfaction Score: 77% +5

Statistically Significant Difference (+)
RN Turnover (FT/PT)

Total Hospital Acquired Pressure Ulcers (HAPU)

Catheter Associated Urinary Tract Infections (CAUTI)
Public Perception:
2014\(^1\) NRC Consumer Preference

<table>
<thead>
<tr>
<th></th>
<th>Best Doctors(^2)</th>
<th>Best Nurses(^2)</th>
<th>Image / Reputation(^2)</th>
<th>Overall Quality(^2)</th>
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\(^1\) Data collected from Oct 13 to Jul 14
\(^2\) Consumer Choice measure

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.”
