

When Bad Things Happen to Good Units: Application of the Magnet® Model to Reclaim Clinical Excellence

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Objectives

- Identify three components (transformational leadership, structural empowerment, exemplary professional practice) of the Magnet® Model
- List three positive outcomes (improve staff engagement, increase job satisfaction, and decrease turnover) by applying components of the Magnet® Model to the problem-solving process

About the Hospital

Cook Children's Medical Center



11,615 Admissions in 2014
123,886 ER Visits in 2014

"serves 6 North Texas counties with an additional referral market of 126 counties"

"Cook Children's has grown... to a Health Care System with a service area that covers 47% of the state of Texas..."

Teddy Bear Transport

Cook Children's is supported by one of the largest dedicated pediatric transport programs in the nation.



2648 Children transported to Cook Children's in 2014

About the Unit

4 Pavilion/Epilepsy Monitoring Unit

An exemplary unit that embraced change

- Bedside shift report
- Hourly Rounding
- Fall project
- Radioisotope injections by nurses on the unit
- Interdisciplinary rounds at the bedside

Unit Structure

Medical floor consisting of 10 beds

- RN's, Care Partners, Paramedics (ACT's) Unit Secretary (all reporting to nursing)

Epilepsy Monitoring Unit consisting of 10 beds.

- RN's, Care Partners, Paramedics (ACT's), Epilepsy Monitoring Techs (EEG Techs reporting to the Neurology director who is not a nurse and the rest reporting to nursing)

Both units often shared a charge nurse and a unit secretary.

About the leadership

- Barbara Greer – Unit director
- Tonya Sosebee – Day manager
- Kim Williams – Night Manager



The Story

2012 Nurse Engagement Survey

Revealed low scores in:

- Climate of trust
- Job satisfaction
- Nurse Engagement



Staff relationships with managers
were definitely strained!

So....what happened?

The Perfect Storm



Contributing Factors

Three tenured nurses made significant and repetitive errors, compromising patient safety and engaging in knowingly unsafe behavior, resulting in the termination of two of them and the resignation of the other.

- Falsification of medical records
- Failure to recognize a deteriorating patient
- Dishonest with a family about medication given
- Failure to use barcoding protocol prior to giving medications

Numerous complaints from patient families about care

To top that off....

- Nurse floated from another unit noticed that an armband was taped to a COW instead of on patient. She brought this to the attention of her director, which resulted in a house-wide audit of all units.
- Hospital Information Services staff member had a child admitted to the unit and sent a picture through the hospital Hotline of an armband taped to a COW (this was the second instance of this occurring).

After the nurses were held accountable...

Staff felt that the unit leadership (managers and director) were "out to get everyone"...resulting in a new unit culture that was:

- Distrustful
- Punitive
- Unprofessional staff interactions with each
- Anti-management/leadership



Was a mutiny about to happen?

A handful of staff felt it was their mission to "run off the night manager and get the unit director fired."

Staff began to:

- Request transfers from the unit
- Stop signing up for any extra shifts or overtime
- Call-in (especially the charge nurses on weekends)



This all resulted in the unit managers having to pick up numerous extra shifts.

But...there was hope!!



Several staff on both shifts were loyal to leadership

- Tried to keep morale up
- Did what they could to stop the gossip
- Kept leadership informed

Complicating Factor...

EMU EEG techs was under the leadership of another department/director

- The other department/director was kept aware of the issues
- When any of their staff became engaged in any of the negative activities, their director dealt with it swiftly (nurse and EEG tech engaged)
- Good Manager/Bad Manager (potential to drive a wedge between the two managers)

Magnet® Model

Using three components of the Magnet® Model

- Transformational leadership
- Structural empowerment
- Exemplary professional leadership



Nurse leaders developed strategies to:

- Increase nurse satisfaction
- Decrease unit turnover
- Improve nurse engagement

Taking Back the Unit





Taking Back the Unit

- Both managers met one on one with their individual staff, beginning with those members that were loyal and trying to keep the unit running
- Thanked staff for their hard work and explained to each staff member why specific details of the separations could not be discussed
- Management felt slightly hopeful after meetings

Issues Continued



- Unfortunately, some of the disgruntled staff only told managers what we wanted to hear-they were not honest
- Anonymous calls to HR hotline from staff

This resulted in...

- Employee Relations Director being consulted for guidance
- HR setting up one-on-one meetings with all staff away from the unit



Transformational Leadership

What Characterizes Transformational Leadership?

Lead by Example Have Followers Have a Vision

Set Clear Expectations Risk Failure

Involve Staff at All Levels of Decision-Making

- So...if we were doing these things already, why was it not working now? What had changed?

Staff had lost trust and confidence in the unit's leaders; their judgment and decisions were questioned.

Next Steps



- HR summarized information from their meetings with the staff and met with unit managers, unit director and CNO to go over the details and develop a plan
- Based on information shared, mandatory, formal meetings were scheduled for all staff to address concerns

The Meeting

Safety First!

- Paramount to the quality of care provided and establishment of trust between nursing staff and families
- Policies and procedures in place to protect patient and staff with the expectation that each staff member follows the process each and every time, ensuring the safest care for the patient
- At risk behavior and knowingly unsafe behavior would result in Safe Choices conversations with appropriate measures taken

Trust

- Staff had to trust management had the best interest of the unit, patients, and staff in mind.
- Staff needed to understand that management followed policies and processes for disciplinary actions and were guided by HR on any employee issues.
- Staff would not be privy to details of disciplinary action of others.



We are good now, right?



- Majority of staff were ready to move on...had new staff, some unaware of previous history
- Most of the disgruntled staff had also moved on...still a couple on the unit attempting to keep their agenda of getting night manager and director fired
- HR again met with staff that divulged the "ring leader's" identity

Tough Love

- Unit director and HR met together with the "Ring Leader"... who feigned shock and surprise by the allegations from co-workers
- Choices presented to individual:
 1. Leave the unit
 2. Become part of the solution
 3. Continue on current track and risk termination



A New Beginning

Structural Empowerment

- Leadership is action, not a position (Grossman & Valiga, 2009)
- Leaders need to relinquish control and embrace the strengths of staff, allowing them to make decisions that impact their clinical practice
- Leadership cannot “trump” staff decisions unless there is supporting data unknown to staff
- Staff need to feel their input is contributing value and worth to the unit and organization



Turning the Corner

Truly felt we had “the right people on the bus”
with a common focus...



(Mason, Leavitt, and Chaffee (2007))

Turning the Corner (cont.)



Staff re-engaged in previous activities on the unit

- Volunteered to be on panel interviews for new hires
- Unit based council (UBC) leadership changed
 - Council addressing real issues
 - Peer-to-peer accountability with Care Partners
 - Developed new report form for EMU-saving time and improved communication

Turning the Corner (cont.)

Informal leaders took ownership of creating a positive work environment again on the unit and within the hospital

- Planned staff activities
- Staff made goodie trays for a department monthly spreading good cheer and promoting team work
- Had a treat basket for staff when it was a tough shift

Bringing It All Together



Inspire...Encourage... Empower

- Leadership is not so much about what you do. It's about what you can inspire, encourage, empower, and coach others to do (Gordon, 2010)
- Clear Communication
- Create an environment that allows empowerment to flourish
- Collaboration



Exemplary Professional Practice

The achievement of exemplary professional practice is grounded in culture of safety, quality monitoring, and quality improvement (ANCC, 2015)



Application of components of exemplary profession practice (cont.)

Accountability, Competency, & Autonomy

- Leader rounds
- Charge nurse/leadership safety rounds
- Immediate feedback
- Increased unit-based council participation
- Increased specialty certification
- Development of report sheet for EMU patients

Application of components of exemplary profession practice

Staff & scheduling processes

- Monthly schedule
- Holiday schedule
- Radio-isotope injection schedule



Application of components of exemplary profession practice (cont.)

Quality Care Monitoring & Improvement

Staff performance of monthly audits which included:

- Quality triggers
- Pain audits
- Hand-hygiene audits



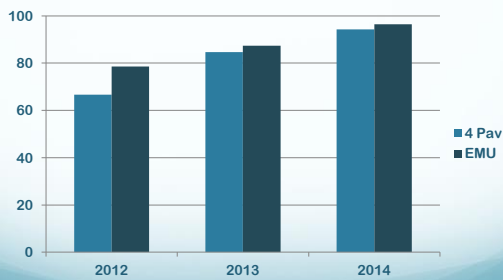
Leadership Involvement

- Attended UBC meetings
- More visible on management days
- Was charge nurse on unit at least weekly
- Acknowledged and acted on requests/suggestions promptly from staff
- Increased recognition on unit

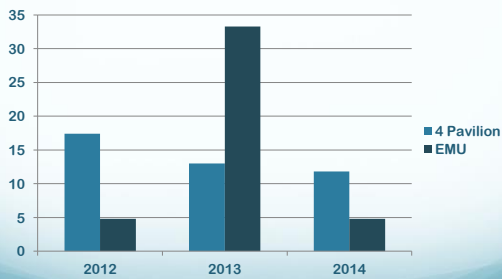
Outcomes

- Staff regained trust and confidence in leadership
- Staff satisfaction improved
- Patient satisfaction improved
- Decrease in staff turnover and RN turnover for floor went to 4.8%
- Nurse engagement scores improved

Patient Satisfaction Scores



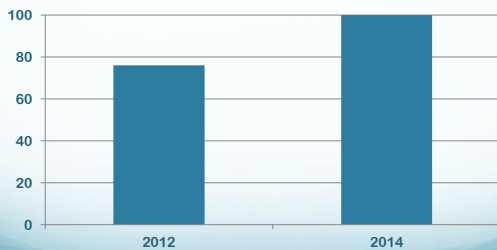
Staff Turnover Rates



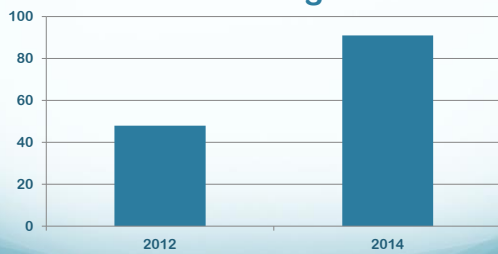


**Engagement survey showed
marked improvement in
nurse engagement with unit
leadership**

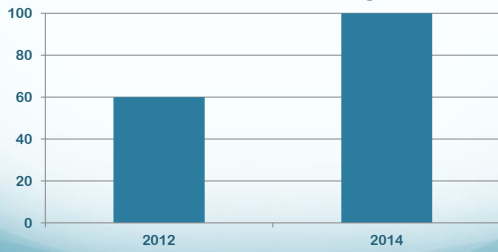
“My work unit works well together.”



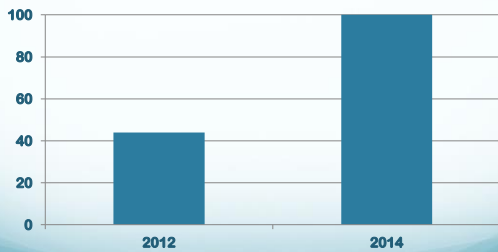
**“Senior management provides an
appropriate level of leadership
and oversight.”**



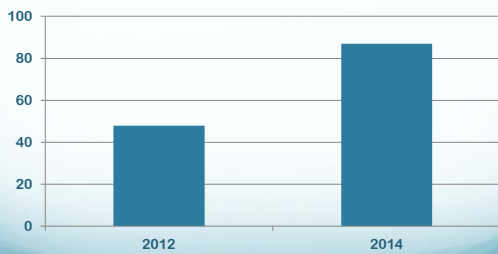
“Employees in my work unit perform difficult work enthusiastically.”



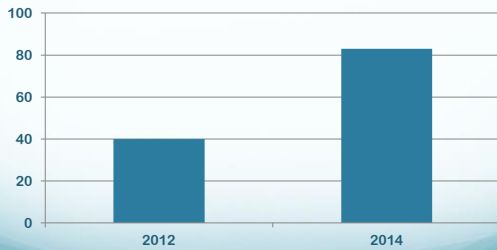
“The person I report to encourages teamwork.”



“I am involved in decisions that affect my work.”



“The amount of job stress I feel is reasonable.”



So...what happened to the “Ring Leader”

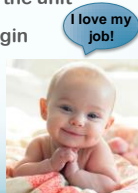
- Was on a downward spiral... taking other staff members with her
- On disciplinary action

So...did she get fired? ...did she resign?

Quite the contrary!

Complete Turnaround!!!

- Immediately changed behaviors
- Became a positive informal leader for the unit
- Stopped unit gossip at the point of origin
- Spearheaded staff social events
- Three years later...still works on the unit and states...
“She wouldn’t even think of leaving.”



Summary

- Leadership must remain engaged...literature shows employees leave a unit or organization because of management (Gordon, 2010)
- Staff need to feel they are empowered to "own their practice"
- Accountability is essential: manager to employee, peer to peer, manager to manager, employee to manager
- Support staff...low performers CAN become change agents

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Questions?