# Nurse Executive Exam

## Flashcard Study System

Nurse Executive Test Practice Questions & Review for the Nurse Executive Board Certification Test


MOMETRIX TEST PREPARATION

Discuss federal and state laws: Family and Medical Leave Act (FMLA).

## Structures and Processes

The ***Family and Medical Leave Act*** (FMLA) (1993) is a federal law that requires employers with 50 or more employees to provide unpaid leave and job-protected time off up to 12 weeks during any 12-month period for medical and family reasons to fulltime and part-time employees who have worked more than 1,250 hours within the previous year. During leave time, the employer must continue the same benefits and insurance coverage and must maintain the position or provide another that is approximately equal in salary, benefits, and area of responsibility. Leave may be used to care for a newborn, adopted, or fostered child; sick spouse; child; or parent; and for adverse health conditions that prevent the employee from carrying out work functions. FMLA allows extended leave up of up to 26 workweeks in a 12-month period to care for a service member's spouse, parent, or children.

# Structures and Processes



Discuss federal and state laws: American with Disabilities Act (ADA).

## Structures and Processes

The 1992 ***Americans with Disabilities Act*** is civil rights legislation that provides the disabled, including those with mental impairment, access to employment and the community. While employers must make reasonable accommodations for the disabled, the provisions related to the community often apply to all ages. The ADA covers not only obvious disabilities but also disorders such as arthritis, seizure disorders, and cardiovascular and respiratory disorders. Communities must provide transportation services for the disabled, including accommodation for wheelchairs. Public facilities (schools, museums, physician's offices, post offices, restaurants) must be accessible with ramps and elevators as needed. Telecommunications must also be accessible through devices or accommodations for the deaf and blind. Compliance is not yet complete because older buildings are required to provide access that is possible without "undue hardship," but newer construction of public facilities must meet ADA regulations.

# Structures and Processes



Discuss federal and state laws: Fair Labor Standards Act (FLSA).

## Structures and Processes

The ***Fair Labor Standards Act*** (FLSA) establishes standards for minimum wage, required record keeping, overtime pay, and standards for child labor. These standards apply to all workers of covered enterprises although there are exemptions. As of July 24, 2009, the federal minimum wage was $7.25 per hour. Workers must receive overtime pay at the rate of 1.5 times usual rates for work in excess of 40 hours/week. People employed in businesses where they earn more than $30 per month in tips must be paid directly at a rate of at least $2.13 per hour. The FLSA also outlines which workers may be paid at a rate lower than the minimum wage. These include student learners and impaired/disabled workers whose disability interferes with productivity. Hospitals and residential care facilities may have a partial exemption from overtime pay in that they may have a 14-day work period instead of 7 but must pay overtime for hours worked over 8 in one day or 80 hours in 14 days.

# Structures and Processes



Discuss federal and state laws: Wage and hour laws.

## Structures and Processes

**Wage and hour laws** include:

- *Fair Labor Standards Act*: Establishes standards for minimum ways, record keeping, overtime pay, and standards for child labor.
- *Family and Medical Leave Act:* Requires unpaid time off and job protection for up to 12 weeks for medical or family reasons.
- *Davis-Bacon Act:* Requires contractors and sub-contractors in public works projects to be paid prevailing wages.
- *Walsh-Healy Public Contracts Act:* Establishes overtime wages and minimum wage for government contracts worth more than $10,000 for manufacturing or supplying goods or equipment.
- *Contract Work Hours and Safety Standards Act:* Requires contractors and subcontractors on federal projects worth over $100,000 to pay overtime of 1.5 times hourly wages for hours over 40/week and prohibits unsanitary or unsafe working conditions.
- *McNamara-O'Hara Service Contract Act:* Requires contractors and subcontractors on prime contracts over $2500 to pay workers prevailing wages and benefits and minimum wage or better on contracts of less than $2500.
- *Federal Wage Garnishment Law:* Sets limits on the amount of a worker's wages that can be garnished and protects workers from being fired for having wages garnished.

# Structures and Processes



Discuss federal and state laws: Equal employment opportunities.

## Structures and Processes

The **Equal Employment Opportunity Commission** enforces federal laws against discrimination in employment for employers with at least 15 employers or at least 20 employers in age-discrimination cases. The EEOC investigates, provides guidance, and enforces a number of laws:

- *Civil Rights Act* (1964), Title VII, including Pregnancy Discrimination Act: Employers cannot discriminate based on race, color, gender, pregnancy, religion, and national origin.
- *Civil Rights Act* (1991), Sections 102 and 103: Amends previous laws to allow jury trials and punitive and compensatory damages.
- *Equal Pay Act* (1963): Males and females must receive equal pay for equal work.
- *Age Discrimination in Employment Act* (ADEA) (1967): Law provides protection against age discrimination for those 40 or older.
- *Americans with Disabilities Act* (ADA) (1990): Law prevents discrimination in private sector and state and local levels against qualified individuals with disabilities and requires reasonable accommodations.
- *Rehabilitation Act* (1973), Sections 501 and 505: Law is similar to ADA but applies to discrimination against those with disabilities in the federal government.
- *Genetic Information Nondiscrimination Act* (GINA) (2008): Employers cannot discriminate based on genetic information.

# Structures and Processes



Discuss federal and state laws: Occupational Safety and Health Administration (OSHA).

## Structures and Processes

The **Occupational Safety and Health Administration** (OSHA) requires that safeguards to prevent occupational exposure and incidents be a part of infection control policies. Additionally, the FDA has requirements related to the safety of medical devices. Some states have regulations that are more restrictive than those of OSHA. Important elements include:

- An exposure control plan that outlines methods to reduce staff injury/ exposure.
- Use of universal precautions at all times with all individuals.
- Planning work practices to minimize danger and using newer and safer technologies as they become available, such as needles engineered to prevent injury.
- Sharps disposal methods that prohibit bending, recapping, shearing, breaking, or handling contaminated needles or other sharps. Scooping with one hand may be used if recapping is essential.
- Workers must be trained in use of universal precautions and methods to decrease exposure.
- Procedures for post-exposure evaluation and treatment must be part of exposure control plan.
- Immunization with Hepatitis B vaccine available to healthcare workers.

Discuss federal and state laws: Workers' compensation.

## Structures and Processes

The primary focus of **Workers' Compensation**, a type of insurance, is to return people to work as quickly and safely as possible. Worker's Compensation is intended for those who are injured on the job or whose health is impaired because of their jobs. Worker's Compensation provides 3 different types of benefits: cash to replace lost wages, reimbursement for medical costs associated with the injury, and death benefits to survivors. Worker's Compensation laws may vary somewhat from one state to another. Workman's Compensation data are not available on a national basis, and criteria for data collection may vary from state to state along with state regulations, but even limited (statewide) data may provide an estimate of the frequency and severity of particular occupational injuries as well as associated costs. The data may help guide institution of work safety measures and development of safety training. The employer is, with few exceptions, immune from further liability because accepting benefits generally incudes waiving the right to sue.

# Structures and Processes



Discuss federal and state laws: OBRA.

## Structures and Processes

The ***Omnibus Budget Reconciliation Act*** (OBRA) of 1987 contains the 1990 Nursing Home Reform Amendments (NHRA). These amendments establish guidelines for nursing facilities (such as long-term care facilities). Provisions include:

- Complete physical and mental assessment of each patient on admission and annually and with change of condition.
- Requirement for 24 hours nursing with RNs on duty for at least one shift.
- Nurse aide training is mandated as well as regular inservice and state registry of trained/qualified aides.
- Rehabilitative services must be available.
- Physicians/physician's assistant/nurse practitioner must visit every 30 days for the first 3 months and then every 90 days.
- Outlawing/Discouraging Medicaid discrimination.
- Requirement for independent monitoring of psychopharmacologic drugs.
- Recognition of patients' rights.
- Survey protocols to assess patient care and patient outcomes.
- State sanctions to enforce nursing home regulations.

Discuss federal and state laws: *Older Americans Act* (OAA).

## Structures and Processes

The **Older Americans Act** (OAA) (Title III) of 1965 (amended in 2006) provides improved access to services for older adults and Native Americans, including community services (meals, transportation, home health care, adult day care, legal assistance, and home repair). The OAA provides funding to local area agencies on aging (AAA) or state or tribal agencies, which administer funding. These local agencies can assess community needs and contract for services. One of the programs that is commonly supported with funds from the OAA is meals-on-wheels. Low cost adult day care is also offered in some communities. The OAA includes the National Family Caregivers Support Act, which provides services for caregivers of older adults. The OAA also provides grants for programs that combat violence against older adults and others to provide computer training for older adults. Additionally, the OAA mandates that each state have an ombudsman program. Ombudsmen provide services to residents of nursing homes and other facilities to insure that care meets state standards.

# Structures and Processes



Discuss federal and state laws: EMTLA.

## Structures and Processes

The ***Emergency Medical Treatment and Active Labor Act*** (EMTALA) is designed to prevent patient "dumping" from emergency departments (ED) and is an issue of concern for risk management, requiring staff training for compliance.

- Transfers from the ED may be intrahospital or to another facility.
- Stabilization of the patient with emergency conditions or active labor must be done in the ED prior to transfer, and initial screening must be given prior to inquiring about insurance or ability to pay.
- Stabilization requires treatment for emergency conditions and reasonable belief that, although the emergency condition may not be completely resolved, the patient's condition will not deteriorate during transfer.
- (Not applicable to older adults) Women in the ED in active labor should deliver both the child and placenta before transfer.
- The receiving department or facility should be capable of treating the patient and dealing with complications that might occur.
- Transfer to another facility is indicated if the patient requires specialized services not available intrahospital, such as to burn centers.

# Structures and Processes



Discuss labor relations: Collective bargaining.

## Structures and Processes

**Collective bargaining** is a process involving negotiations, usually about salary and working conditions, between the administration of an organization and representatives of a group of employees, often those represented by a labor union (such as the United American Nurses). The negotiated terms of the agreement reached are outlined in a collective bargaining agreement. Both federal and state laws govern collective bargaining. In collective bargaining, each side usually has a team of 5 to 7 members that meet around a bargaining table. The existing contract is usually used as a starting point. Types of bargaining include:

- Distributive: A competitive process in which one side wins and the other loses (zero-sum, win-lose). May lead to compromise or stalemate.
- Integrative: A collaborative process (win-win). The parties involved bargain jointly, trying to solve problems. Integrative bargaining is most successful if the parties have developed trust.
- Mixed: Combines some aspects of distributive and integrative.

# Structures and Processes



Discuss labor relations: Contract negotiations.

## Structures and Processes

**Contract negotiations** usually entail two teams (administrative and personnel) meeting to reach agreement. Preparation for contract negotiations includes:

- Reviewing notes and reports from the previous contract negotiations, including tactics used, key issues, and key stakeholders.
- Developing a contract bargaining unit/team.
- Gathering data, including key labor costs, average work hours, income vs expenses, and paid leave costs.
- Comparing current data with data from previous negotiation.
- Developing a bargaining strategy.
- Prioritizing issues for negotiation, anticipating options, and determining bottom-line expectation.
- Making a plan.
- Creating a schedule for meetings.

During negotiations, it's important to control the meeting as much as possible and to deal with facts and avoid expressing feelings or emotions. Negotiations often start with statements from both sides, indicating what they hope to accomplish though negotiations; however, team members should generally avoid giving the best offer first but should leave room to negotiate.

# Structures and Processes



Discuss labor relations: Grievances and arbitrations.

## Structures and Processes

**Grievances** are disputes about the terms of employment (administration, violation, understanding) (AKA contract dispute) that may occur between administration and personnel who are in a collective bargaining relationship. Grievance processes may vary depending on the collective bargaining contract; however, grievances are usually submitted in writing to an immediate supervisor. If the grievance is not resolved, it is taken to the next level in the chain of command. If again there is no resolution, then the issue is referred for **grievance arbitration**, which is a formal procedure in which an impartial third-party arbitrator holds a hearing to consider both sides of the dispute. The decision that the arbitrator makes based on evidence is binding to both parties of the dispute. The arbitrator is selected from a list of arbitrators and paid in accordance to contract stipulations with both parties usually sharing costs.

# Structures and Processes



Discuss labor relations: National Labor Relations Board (NLRB).

## Structures and Processes

The **National Labor Relations Board (NLRB)**, an independent federal agency, protects workers' right to organize and have labor unions in the private sector as their bargaining representatives and prevents unfair labor practices. The NLRB has statutory jurisdiction over almost all private sector jobs, whether unionized or not, including non-profits and interstate commerce The NLRB has 32 regional offices. Functions include:

- Providing framework for organizing and conducting elections to certify or decertify labor unions.
- Investigating charges of unfair labor practices after a complaint is filed at a regional office.
- Facilitating settlements between disputing parties.
- Adjudicating cases (40 administrative judges and a board).
- Enforcing compliance through the US Court of Appeals.

Employers are prohibited from discouraging workers from unionizing or interfering with the process. Additionally, employers must post a notice of employee rights. Employees have the right to choose union representation or to reject union representation.

# Structures and Processes



Discuss resource utilization: Cross training.

## Structures and Processes

**Cross training** is a method employed by many organizations to increase the efficiency and proficiency of staff and to alleviate inadequate staffing resulting from employee absenteeism. When cross training is properly utilized and implemented, staff members are trained to perform more than one job. Generally, staff members who perform similar jobs are trained to cover each other's duties and positions in the event of unexpected illness or vacations. However, knowledge can fossilize, so the manager must rotate staff members to keep them proficient. In the event of an employee termination, cross training empowers the facility to do a thorough search for a new employee while the tasks of the unfilled position are still being completed. The nurse executive often uses an accordion schedule that automatically compresses down to accommodate multiple absences on the unit without compromising essential individual care.

# Structures and Processes



Discuss resource utilization: Job descriptions.

## Structures and Processes

A **job description** should describe the duties, responsibilities, and skills required for a position. The job description usually begins with the job title, place of employment, and a brief description of the position. If appropriate, there may be a statement indicating to whom the person reports and a statement about the scope or territory encompassed in the position. This is followed by a listing of the job responsibilities. When creating the job description, a list of job duties should be created and then prioritized and condensed into 10 to 15 bulleted items. The list should avoid specific targets, such as “reduce infections by 50%.” The job description should also include requirements, such as academic preparation and work experience, and benefits (vacation, sick time, retirement plans). The salary range should be included as well as any collective bargaining agreements. Language should be unbiased (avoiding “he/she”). If the job listing is to be placed online, then including key words is essential.

# Structures and Processes



Discuss principles associated with human resources: Employee assistance and counseling.

## Structures and Processes

An **employee assistance program** (EAP) is part of the benefit package offered employees in many organizations. The purpose of the program is to assist employees with personal or work-related problems that interfere with their ability to carry out their jobs. While EAPs vary, they usually include counselling services and referrals. Supportive services may be available for PTSD, workplace violence, substance abuse, domestic violence, occupational stress, emotional stress, financial issues, legal concerns, and life events (births, deaths, illness, disability). Participation in an employee assistance program is usually voluntary and free of cost (although there may be costs associated with referrals), and participation remains confidential in order to encourage those with problems to take advantage of the program. With some programs, the services are also available to immediate family members. EAPs are available in federal and state agencies as well as in the private sector.

# Structures and Processes



Discuss principles associated with human resources: Compensation.

## Structures and Processes

A number of decisions must be made when determining **compensation** for a position, and the extent and cost of benefits must always be considered as part of the compensation package. Salary may be somewhat dependent on supply and demand but should reflect industry and/or geographic standards. The salary should be included in the job description. The four usual choices are:

- Salary in exact dollar amounts: This is clear and unbiased but leaves no room for negotiation or reward for experience or special skills.
- Salary range: A rubric should clearly outline the requirements for each level of the salary range (such as years of experience, continuing education, special skills) to avoid bias.
- Incentive compensation: A bonus at hire or higher than usual salary range may be provided in order to attract candidates when there is a shortage of eligible hires.
- Negotiable salary: This can result in wide ranges of salaries for similar positions and can appear biased.

# Structures and Processes



Discuss principles associated with human resources: Benefits.

## Structures and Processes

Job **benefits** may vary widely, but are often as important as salary in determining whether a person chooses employment. Benefits can include:

- Leave time: May include holiday time (usually 8 to 10 days per year) sick time (usually 8 to 10 days per year) and vacation time (usually 5 to 20 days) or a combination of paid time off that can be utilized for either vacation or sick days.
- Insurance coverage: An organization may have group insurance policies available that the employees can pay for or may provide all or part of the cost of insurance. Insurance may include health, dental, eye coverage, and long-term care and may cover only the individual or the individual and immediate family.
- Childcare: Reimbursement for cost or on-site childcare facility.
- Retirement policy: May include profit-sharing plans, traditional pensions, 401K plans with employer contribution, stock ownership, and stock bonus plans.
- Student loan forgiveness: Often offered as hiring incentive.
- Transportation: May provide transportation to work or transit passes.
- Credit unions.
- Employee assistance programs.

# Structures and Processes



Discuss principles associated with human resources: Coaching and performance management.

## Structures and Processes

**Performance management** is the process by which performance is assessed in order to ensure that goals are met effectively. Performance management may be directed at an individual, group, or the organization as a whole. There are three primary steps to performance management:

- Developing a performance plan: Review the job description with the individuals and develop 3 to 5 goals with the expected outcomes, measurements, and timeframes delineated.
- Coaching: This includes providing ongoing feedback, both positive and negative, to help guide goal attainment. Coaching requirements may vary widely among different individuals, but a coaching plan should include the frequency of required meetings. Coaching should focus on priorities, behaviors, and work, and corrections should be provided in a position manner.
- Assessing: Assessment depends on the performance plan and the coaching but should be carried out at least annually with all items in the assessment completed jointly with the individual being assessed.

# Structures and Processes



Discuss organizational culture: Just culture.

## Structures and Processes

While it is common practice to blame the individual responsible for committing an error, in a **just culture**, the practice is to look at the bigger picture and to try to determine what characteristics of the system are at fault, leading to the error. For example, there may be inadequate staffing, excessive overtime, unclear orders, mislabeling, or other problems that contribute. A just culture considers the need to change the system rather than the individual and differentiates among the following:

- Human error: Inadvertent actions, mistakes, or lapses in proper procedure: Management includes considering processes, procedures, training, and/or design to determine the cause of the error and consoling the person.
- At-risk behavior: Unjustified risk, choice. Management includes providing incentives for correct behavior and disincentives for incorrect, and coaching the person.
- Reckless behavior: Conscious disregard for proper procedures. Management includes remedial action and/or punitive action.

# Structures and Processes



Discuss organizational culture: Transparency.

## Structures and Processes

Qualities that are essential to **transparency** in an organization are information disclosure, clarity, and accuracy. Everyone in the organization should be provided full information and encouraged to have input into what works and what doesn't work within the organization. The administration should welcome questions and reward honesty in those coming forward with concerns. Transparency can include being open about salaries, ownership, and transactions. A transparent organization often has formal shared governance or partnership councils to facilitate sharing of ideas and participation at all levels. Senior administrative support is critical to transparency as mechanisms for dissemination of information must be instituted and leaders prepared to respond to questions. The organization must be open about cost-benefit analyses and return on investment and should provide people with both positive and negative updates. Administrators should conduct employee rounding on a regular basis to encourage participation and may have communication boards to share information readily.

# Structures and Processes



Discuss organizational structure: Chain of command.

## Structures and Processes

The Joint Commission has established leadership standards that apply to healthcare organization's and help to establish management's **chain of command** and accountability. Under these standards, leadership comprises the governing body, chief executive officer, nurse executive, and senior managers, department leaders, leaders (both elected and appointed) of staff or departments, and other nurse leaders as well as team members and support staff. The governing body is ultimately responsible for all patient care rendered by all types of practitioners (physicians, nurses, laboratory staff, and support staff) within and under the jurisdiction of the organization, so this governing body must clearly outline the line of authority and accountability for others in management positions. At each level of management, performance standards and performance measurements should be established so that accountability becomes transparent based on data that can be used to drive changes when needed to bring about improved outcomes.

# Structures and Processes



Discuss organizational structure: Organizational chart/committee structure.

# Structures and Processes

An **organizational chart** is a diagram that shows the structure of an organization, indicating the relationship of one unit or department to another and showing the chain of command. The three most common types of organizational charts are hierarchical with the position of power at the top and those below in descending order. In the matrix format, management may be listed at the top but then each different department or unit listed on an equal basis. The horizontal format is similar to the matrix but the chain of command is very limited and department managers are fairly autonomous. **Committee structure** varies from one organization to another but typically includes an executive committee and a number of subcommittees with responsibility for projects, departments, or concerns. *Ad hoc* committees are temporary committees formed to carry out a specific project or task as opposed to standing committees, which are permanent.

# Structures and Processes



Discuss organizational structure: Span of control.

## Structures and Processes

**Span of control** indicates the number of individuals a person supervises or receives reports from within an organization. This term is most useful in a hierarchical organization with a clear chain of command because the supervisory role is often more difficult to delineate in a nonhierarchical structure, such as one with multiple cross-functional teams. A wide span of control (large number of subordinates) is common when workers are involved in routine work because the need for supervision is minimal. However, with very complex tasks, a narrow span of control is usually necessary. The spans of control may vary from department to department in an organization, so viewing the span of control in terms of an average may be misleading. Factors to consider when determining the span of control include the size of the organization, the skills of the workers, the culture of the organization, and the training and responsibilities of the supervisors.

# Structures and Processes



Discuss participating in developing and modifying administrative policies and procedures.

## Structures and Processes

**Policies and procedures** should be developed according to the mission statement of the organization. A policy is a formal guideline that aids in decision-making and promotes consistency in actions. Policies should be written in a way that is understandable and broad and general enough in wording that they can apply to all staff members. Policies should be developed by an interdisciplinary team with input from all stakeholders and then approved by the board. Policies are usually collected in a manual and/or presented online. Procedures, on the other hand, are detailed step-by-step directions for carrying out a process. Procedures should be developed after research on best practices. Procedures usually begin with a statement of purpose, identification of the persons who will carry out the procedure, and a list of necessary supplies and/or equipment, and the steps to the procedure. Procedures may be specific to one unit, such as the procedure for administering chemotherapy.

# Structures and Processes



Discuss implementing and enforcing administrative policies and procedures: Monitoring compliance.

## Structures and Processes

In order to effectively **monitor compliance** to administrative policies and procedures, it is first necessary to educate the staff about the policies and procedures to ensure that there is general understanding of their purposes, and administration must clearly state that policies and procedures must be followed. Staff members should be encouraged to notify administration if they feel a policy or procedure needs revision. Compliance monitoring should occur at all levels in the chain of command through observation and both formal and informal interviews and discussions. Compliance monitoring must include steps in dealing with noncompliance, and the staff members should be aware of these steps. Noncompliance is usually initially dealt with through re-education but there should be more serious consequences for continued noncompliance, especially if this noncompliance can increase risk to the organization or patients.

# Structures and Processes



Discuss providing feedback on effectiveness of administrative policies and procedures.

## Structures and Processes

**Policies and procedures** should be reviewed at least on an annual basis to determine if they still reflect organizational needs and current practice. While policies are usually reviewed by interdisciplinary teams, it's also important to seek feedback from staff members throughout the organization and to engage staff in policy review by keeping them informed of the process and actively soliciting input through postings, meetings, emails, and other means of communication. Review of procedures should begin with research to determine if the current procedures are evidence-based and continue to demonstrate best practices. Feedback (interviews, surveys, questionnaires) should be obtained from those utilizing the procedure, such as staff at a unit level, to determine if the procedure is followed as written, if it has been modified in practice, or if it has been superseded by newer practices for which there is yet no formal written procedure.

# Structures and Processes



Discuss evaluating the effectiveness of roles based on changing needs in the health care environment: New or expanded job descriptions.

## Structures and Processes

At one time roles changed very little over the years, but with rapid changes in healthcare, this is no longer the case. **New or expanded job descriptions** are commonplace. For example, nurses now must be computer literate in order to utilize electronic health records and other technology. New job descriptions should be developed when there are significant changes in a job while expanded job descriptions may be developed if there are simple additions. New job descriptions are needed when there are changes in the skills needed, experience, or qualifications for a position. Those writing the job description should review other job descriptions for comparable internal or external positions and solicit input from key stakeholders, such as unit supervisors and staff members. Accurate job descriptions are essential in order to recruit the best candidates; additionally, job descriptions can be used to guide training, orientation programs, and performance evaluation.

# Structures and Processes



Discuss evaluating the effectiveness of roles based on changing needs in the health care environment: Professional development.

## Structures and Processes

**Professional development** is essential to keep up with roles based on changing needs in the healthcare environment. The individual needs to identify needs and then prioritize them and make a plan, carry out the activities outlined in the plan, and evaluate outcomes. Professional development activities may include:

- Specialized training (task oriented): This may include training for specific tasks, such as cardiac monitoring. Specialized training may be conducted in-house through job shadowing and peer training.
- Continuing nursing education: Courses may be state mandated or selected according to need and interest to further knowledge and skills.
- Academic progression: This may include bridge programs, BSN, MSN, and doctorate in nursing practice or other degree programs, such as management.
- Certification: Application for certification usually requires some combination of academic work and experience as well as passing a certification exam.
- Research: Active clinical or other research is a valid learning experience. The results of research may be published or presented at conferences.

# Structures and Processes



Discuss basic financial and budgeting principles. Financial management.

## Structures and Processes

Developing and managing a budget for a department requires an understanding of **financial management**. Management must not only include developing and assignment budget items but monitoring expenditures, analyzing, and reporting. Financial planning is a part of strategic planning in which the department demonstrates how resources will be allocated, usually for a one-year period. Financial planning should be based on the best utilization of costs in relation to revenues/outcomes. Objectives include:

- Developing a quantitative record of plans.
- Allowing for evaluation of financial performance.
- Controlling costs.
- Providing information to increase cost awareness.

The budget should be linked to daily operations and integrated with strategic vision, mission, goals, and objectives. Those with vested interests in the budget should participate in planning. Monitoring should be ongoing to allow for feedback and modifications as necessary.

# Structures and Processes



Discuss basic financial and budgeting principles: Managing the budget.

## Structures and Processes

**Managing the budget** once it is developed and established must be done on an ongoing basis to ensure that financial targets are met in relation to strategic goals. Management includes:

- Accountability: The budget team should include management/directors with an expectation of excellence.
- Controlling expenses: This is especially important for departments that do not produce income directly.
- Monitoring costs in relation to best practice benchmark: One goal of budget management should be to strive to match benchmarks.
- Developing corrective action plans: Any variances in the budget should be accounted for within a week and corrective actions taken.
- Utilizing a balanced scorecard: Various measurements, both quantitative and qualitative, should be used to manage cost containment strategies.
- Recognizing quality: Rewards for achieving benchmarks should be built in to the budgeting process. In some cases, this may be a bonus.

# Structures and Processes



Discuss basic financial and budgeting principles: Revenue cycle.

## Structures and Processes

The **revenue cycle** begins with patient admission and ends with receipt of revenue, and revenue cycle management includes all those processes involved in capture (assigning a billable cost) and reimbursement for services provided. The revenue cycle process includes:

- Pre-registration/Registration: Information is gathered regarding responsible parties, such as Medicare, insurance company, and individual. Patient is assigned an identifier.
- Billable services: Services are provided to the patient.
- Coding: Services are assigned the appropriate diagnostic and billing codes. Accurate coding is essential and is dependent on documentation of the healthcare provider.
- Chargemaster: This must be updated routinely so that the charges are accurate and appropriate.
- Capture: Charges documented into billable form.
- Submission: Claims are submitted to insurance companies or individuals for collection.
- Appeals/Resubmissions: Claims that are denied are reviewed, corrected, and resubmitted as appropriate.
- Remittance: Payment is received and posted.
- Collection: Unpaid bills are referred for collection.

# Structures and Processes



Discuss basic financial and budgeting principles: Supply and labor expenses (inventory).

## Structures and Processes

**Inventory** is stock of materials or equipment on hand. Inventories should be done at least once a year or more often. In many cases, reordering is done when inventory of a particular item drops to a certain pre-established count. Just-in-time ordering, however, waits until inventory stock is almost depleted as a cost saving measure. These types of automatic reordering of supplies are easier with computerized inventories. In some cases, departments have open accounts that can be used for small purchases without bidding. For larger purchases (especially in public institutions), the nurse should state exactly (including brand names when appropriate) those items to be purchased on a bid form. Then, the bids are sent to prospective bidders (at least 3) in a competitive bid process. Organizations vary in what bids are acceptable. Some only accept the low bid, others the best bid (such as those supplying brand names rather than substituting with generic). Many organizations have private purchase plans that allow them to purchase directly without bids or lease equipment, which is less expensive initially.

# Structures and Processes



Discuss basic financial and budgeting principles: Supply and labor expenses (overtime).

## Structures and Processes

**Overtime** is always costly to an employer, because the federal *Fair Labor Standards Act* (FLSA) requires that an employee who works more than 40 hours per week be paid 1.5 times his/her regular hourly wage. Therefore, authorizing overtime on a frequent basis may cost the organization more money than if it hires another part-time employee (PTE) or full-time equivalent (FTE). Regularly exceeding the staffing budget increases the likelihood of the manager receiving a poor performance appraisal. Overworked employees are more likely to be injured or produce errors and are often inefficient. To minimize overtime, staff should be large enough to accommodate all of the organization's needs. On-call employees should be designated for unscheduled absences. Job descriptions, quality assurance (QA) analyses, and time-motion studies can be used to accurately estimate task completion times and to properly schedule staff.

# Structures and Processes



Discuss basic financial and budgeting principles: Return on investment and depreciation.

## Structures and Processes

**Return on investment** (ROI) is a method used to determine profitability, expressed as a percentage. The basic formula is:

- Net profit/total cost of investment X 100
- $200,000/$120,000 = 1.66 X 100 = 167% ROI

Hospitals often run a narrow profit margin (2% average). Because of this, projected ROI is often calculated prior to investment. For example, if the hospital is considering investing in new equipment, profits would be projected over the expected life of the equipment, and costs for the equipment, maintenance, training, and upgrades would be estimated to determine if the ROI were favorable.

**Depreciation** is the annual reduced value of fixed assets, such as equipment and materials. Depreciation is used for income tax and accounting purposes and when calculating net income. Depreciation is based on the expected useful life of the asset, the salvage value, and the method used to calculate the depreciation (accelerated or steady over the expected useful life).

# Structures and Processes



Discuss basic financial and budgeting principles: Productivity.

## Structures and Processes

**Productivity** is the measure of output produced using a specific quantity of inputs. While the term is often applied to manufacturing, it can also be applied to healthcare:

- Input/Output = Productivity
- Costs/Work hours = Productivity
- Nursing hours/hospital patient days = Productivity
- Nursing staff/hospital census = Productivity

The production process can include marginal productivity (adding additional input to gain additional output), economies of scale (increasing inputs and volume in order to decrease item/unit cost), and short run distinctions (times with limited change in inputs), long-run distinctions (times when all inputs change) and substitution (replacing inputs with lower cost inputs). Economic evaluation of productivity is carried out through cost analysis, cost-benefit analysis, cost-effectiveness, and cost utility analysis. An organization's charges (revenue) must exceed costs for the organization to remain viable. Additionally, cost minimization may be carried out to determine which of two alternatives is most effective.

# Structures and Processes



Discuss basic financial and budget principles: Supply and labor expenses (Cost allocation).

## Structures and Processes

One type of cost analysis involves **cost allocation.** With almost all expenditures, there are *direct* costs and *indirect* costs. A direct cost might be the salary of a team leader while indirect costs are those related to accounting, and human resources. To determine cost allocation, the budget must be formatted to determine unit cost or cost per unit of service, so line item budget format is used. Direct costs must be determined as well as indirect costs. Generally, direct costs benefit just one department or service while indirect costs are shared costs, such as the cost of custodial services. Thus, a percentage of the indirect cost is allocated, based upon the utilization. For a simplified example, if team leaders represent 5% of total employees, then 5% of indirect employee costs would be allocated to this line item. However, there may be many departments and services involved in indirect costs, and to arrive at a true unit cost, all of these costs must be accounted for.

# Structures and Processes



Discuss basic financial and budgeting principles: Cost-benefit analysis.

## Structures and Processes

A **cost-benefit analysis** uses average cost of an event and the cost of intervention to demonstrate savings. For example, according to the CDC, a surgical site infection caused by *Staphylococcus aureus* results in an average of 12 additional days of hospitalization and costs $27,000. (In actuality, the cost may vary widely from one institution to another; so local data may be used.) For example, if an institution were averaging 10 surgical site infections annually, the cost would be: 10 x $27,000 = $270,000 annually.

If the interventions include new software ($10,000) for surveillance, an additional staff person ($65,000), benefits ($15,000) and increased staff education, including materials ($2000), the total intervention cost would be: $10,000 + $65,000 +$15,000 + $2000 = $92,000.00. If the goal were to decrease infections by 50% to 5 infections per year, the savings would be calculated: 5 x $27,000 = $135,000. Subtracting the intervention cost from the savings: $135,000 - $92,000 = $43,000 annual cost benefit.

# Structures and Processes



Discuss reimbursement methods: Payor systems.

## Structures and Processes

Payors are those that reimburse for healthcare services and most often include individuals, insurance companies, the government, and employers. Healthcare **payor systems** include:

- Self-pay: The individual pays out-of-pocket for care, usually at non-discounted prices.
- Charity care: No payment is received.
- Health maintenance organization (HMO): Provides health care on capitation basis with members paying set fees to receive all services.
- Prospective payment system (PPS): Payment according to the specific type of patient.
- Preferred provider organization (PPO): Healthcare services provided to a group of individual based on a negotiated fee. Patients must usually choose physicians within a network to avoid increased costs.
- Point-of-service organization (PSO): Members can receive lower cost coverage if using in-network providers or may pay more to use out-of-network providers.
- Medicare/Medicaid: Includes different options, such as pay-for-performance, prospective payment, PPO, and HMO.

# Structures and Processes



Discuss reimbursement methods: Pay for performance.

## Structures and Processes

**Pay-for-performance** (P4P) is a general term referring to programs that provide monetary incentives for hospitals and healthcare providers to improve the quality of care. Medicare's value-based purchasing program is an example of a P4P program, but there are also many other private and public P4P programs. Pay-for-performance programs are usually based on four types of quality measures:

- Performance: Based on carrying out practices demonstrated to improve health outcomes.
- Outcomes: Based on achieving positive outcomes (but does not always consider social or other variables that the healthcare provider cannot control).
- Patient experience (satisfaction): Based on patient's perceptions of care received and their satisfaction.
- Structures/Technology: Based on facilities and equipment used for care, and may reward some types of upgrades, such as an upgrade to an electronic health record.

Some pay-for-performance programs focus on cost savings and, for example, reward physicians who lower the cost of care, such as by ordering fewer or less expensive tests.

# Structures and Processes



Discuss reimbursement methods: Payment bundling.

## Structures and Processes

**Payment bundling** is a method of reimbursement in which all healthcare providers engaged in an episode of care are reimbursed through one payment rather than billing separately for services so that the group is essentially responsible for the patient rather than the individual. The CMS Innovation Center developed the Bundled Payments for Care Improvement Initiative as a method to improve care and reduce costs. There are 4 models being tested and two phases of implementation:

- Model 1: Medicare pays discounted rate based on IPPS but physicians paid separately for acute hospital stay.
- Model 2: Fee-for-service payments are made and then retrospectively reconciled against target costs projected by CMS and additional revenue paid or money recouped for hospitalization and post-acute care for up to 90 days.
- Model 3: Payment similar to model 2 but episode of care begins with post-acute care services (including SNF, rehabilitation center, and HHA care) initiated within 30 days of discharge and for up to 90 days.
- Model 4: Prospective bundled payment made for acute hospital stay.

# Structures and Processes



Discuss reimbursement methods: Value-based purchasing.

## Structures and Processes

**Value-based purchasing** is CMS's incentive program to improve the quality of care by rewarding acute-care hospitals that demonstrate quality care. Incentive payments are paid each year in addition to fee-based payments based on performance and improvement in different measures. Hospital performance is assessed based on sets of measures in specific domains (such as "Clinical Process of Care"). There are a number of measures (such as "fibrinolytic therapy within 30 minutes of hospital arrival") for each domain. Threshold is the 50% rate for hospitals and benchmark is the mean of the top decile. Improvement on measures is scored as 9 if equal to or above benchmark, 0 if at or below threshold rate, and 0 to 9 if between threshold and benchmark. Consistency is scored similarly but with 20 points if all dimension rates are above benchmarks, 0 if at or threshold, and 0 to 20 if between. These points are totaled to make the total performance score (TPS).

# Structures and Processes



Discuss contractual agreements: Vendors.

## Structures and Processes

**Vendors** should produce evidence of effective implementation of programs with similar organizations, should provide a product history that includes the frequency of upgrades and the compatibility with previous equipment/software versions, and should provide product, maintenance, and service upgrades. A *request for information* may be sent to vendors initially to facilitate comparison. Internet searches, networking, and conference attendance may also provide information. In some cases, writing a Request for Proposal (RFP), which outlines the needs of the organization, can be given to a vendor, but most vendors will no longer provide a customized response: however, the evaluation team should prepare such an outline to use as a guide and checklist during the evaluation process. A number of vendor contracts should be reviewed prior to completing the contract and legal advice sought. Contracts should include provisions for delivery and installation, training, support, liabilities, prices, payment terms, program modifications, and confidentiality.

# Structures and Processes



Discuss contractual agreements: Materials.

## Structures and Processes

Cost-cutting measures are critical to the survival of healthcare organizations, as reimbursements have fallen while expenses have increased. Healthcare organizations have utilized various strategies to decrease the costs of materials and supplies obtained through **contractual agreements.** About three-quarters of purchases by hospitals for materials and supplies are now done through contracts with group purchasing organizations (GPOs). These GPOs aggregate purchase orders in order to buy in large volumes that are lower in cost with savings to healthcare organizations usually ranging from 10 to 15%. GPOs do not directly purchase materials but negotiate the contracts under which the healthcare organizations purchase. Contracting with a GPO also reduces the number of staff and time needed for purchasing, resulting in further cost savings. Healthcare organizations often also use other strategies, such as conducting price comparisons to determine the most cost-effective choice, limiting the number of vendors with whom they contract for materials, and limiting brand names to increase purchase volume.

# Structures and Processes



Discuss contractual agreements: Staffing.

## Structures and Processes

**Contract employees** are employed for a specified period of time, sometimes as short as one day. Generally, they are contracted through an employment agency when a hospital or healthcare organization is short-staffed. In some cases, a hospital may contract with an individual directly for a specific short-term or long-term project.

**Traveler workers** include nurses, physicians, and therapists. Travel nurse agencies have proliferated, and costs are usually higher than when hiring locally. Typically, a traveling healthcare provider works under contract for a limited period of time, such as 4 to 12 weeks although some assignments may last up to 2 years. Most agencies require 1 to 2 years nursing experience for hire as an RN. Nurses may have to relicense if moving to another state unless it is part of the Nurse Licensure Compact. The hospital pays the agency, which in turn pays the nurse, so the nurse is not an actual employee of the hospital and not eligible for benefits provided direct employees.

# Structures and Processes



Discuss principles of staffing workload: full-time equivalents (FTE).

## Structures and Processes

The Health Care Reform law has established a method of determining **full-time equivalency** (FTE) for employees as part of the determination for tax credits. Employers and accrediting agencies also use FTE when reviewing staffing levels and cost-effectiveness. FTE hours are 2080 annually (40 hours X 52), so to determine the number of FTE employees, the hours of all employees are totaled and then divided by 2080, excluding seasonal workers who work fewer than 120 days during the year (although this usually does not apply to healthcare). Note that only 2080 hours may be counted for any one employee, so hours exceeding this limit are eliminated. For example, if 1 employee worked 2200 hours, 4 employees worked 2080 hours each, 4 worked 1040 hours each, and 1 worked 800 hours, the calculation is:

- 5 x 2080 = 10,400
- 4 x 1040 = 4,160
- 1 x 800 = 800
- 10,400 + 4160 + 800 = 15,360
- 15,360/2080 = 7.38

Numbers with decimals are rounded down (not up) to the whole number, so this employer has 7 FTE employees. Note: employees working fulltime at 36 hours per week are counted as 0.9 FTEs.

# Structures and Processes



Discuss principles of staffing workload: Hours per patient day.

## Structures and Processes

**Nursing hours per patient day** reflect the amount of nursing care necessary per patient in a 24-hour period. The first calculation is the average patient census, which is usually based on the midnight census and historical and current trends. Nursing hours per patient day calculates only productive hours (those in which the nurse is available for patient care) rather than nonproductive hours (such as sick days). For example, if there are 20 average patients on a unit and 6 staff members during the day shift, 4 in the afternoon, and 4 in the night shift for a total of 14 staff members each working 8 hours, this equals 112 productive hours:

- 112 hours /20 patients = 5.6 nursing hours per patient day.

Productive hours may vary depending on the benefits package, but it is usually about 80%. So, if a FTE nurse is paid for 2080 hours but has only 80% productive hours, the person is only actually available for patient care for 1664 hours:

- 2080 X 0.80 = 1664 hours.

# Structures and Processes



Discuss developing a budget: Types of budgets.

## Structures and Processes

A departmental budget is part of a larger organizational budget, so an understanding of the different **types of budgets** utilized in healthcare management is helpful:

- Operating budget: This budget is used for daily operations and includes general expenses, such as salaries, education, insurance, maintenance, depreciation, debts, and profit. The budget has 3 elements: statistics, expenses, and revenue.
- Capital budget: This budget determines which capital projects (such as remodeling, repairing, and purchasing of equipment or buildings) will be allocated funding for the year. These capital expenditures are usually based on cost-benefit analysis and prioritization of needs.
- Cash balance budget: This type of budget projects cash balances for a specific future time period, including all operating and capital budget items.
- Master budget: This budget combines operating, capital, and cash balance budgets as well as any specialized or area-specific budgets.

# Structures and Processes



Discuss operational budgets.

## Structures and Processes

Most departmental budgets will be **operational**, but there are a number of different approaches that can be used:

- Fixed/forecast: Revenue and expenses are forecast for the entire budget period and budget items are fixed.
- Flexible: Estimates are made regarding anticipated changes in revenue and expenses and both fixed and variable costs are identified.
- Zero-based: All cost centers are re-evaluated each budget period to determine if they should be funded or eliminated, partially or completely.
- Responsibility center: Budgeting is for a cost center (department) or centers with one person holding overall responsibility.
- Program: Organizational programs are identified, and revenues and costs for each program are budgeted.
- Appropriations: Government funds are requested and dispersed through this process.
- Continuous/rolling: Periodic updates to the budget, including revenues, costs, volume, are done prior to the next budget cycle.

# Structures and Processes



Discuss capital budgets.

## Structures and Processes

**Capital budgets** are dependent on the strategic plan of the healthcare organization, which usually outlines goals for about a 5-year period, and these goals should include capital projects that have been proposed and approved. Capital projects include land and other long-term assets, such as buildings, IT systems, vehicles, remodeling, and major equipment purchases. The strategic plan should outline sources of funding and total projected costs as the costs are the basis for budget development. Part of developing a capital budget is to determine if the projected project is cost-effective and will generate adequate return on investment. Important considerations include possible alternatives, available resources, risk factors, and data regarding costs and benefits. Different from operational budgets (which are usually annual), a capital budgets may last for the duration of a project, and this in some cases can be 3 to 4 years or even longer.

# Structures and Processes



Discuss analyzing variances and managing a budget: Budget variances.

## Structures and Processes

**Budget variance** is the difference between the budgeted expense or revenue and actual expense or revenue, and this can result in cost overruns that are prohibitive, so planning must consider all possible scenarios, such as increased equipment, supply, insurance, and labor costs. Budget variance analysis is done for both capital and operational budgets. In budgeting, a positive variance is usually indicated by the letter F and a negative variance by the letter U or A. Cost variance may relate to materials, labor, sales, or production overhead. Analyses may include:

- Net present value (difference between inflow and outflow): Determines if the projected revenue exceeds projected costs.
- Throughput analysis: Assesses the ability of a project to increase throughput through bottlenecks in the organization.
- Discounted cash flow (Future cash flows estimated and discounted to present time value): Evaluates initial and ongoing costs as well as revenue.
- Payback: Assesses how long it will take to recoup expenses (initial costs/average yearly revenue).
- Internal rate of return: Assessment of the cash flow stream.

# Structures and Processes



Discuss efficient resource utilization: Contractual agreements and outsourcing.

## Structures and Processes

Increasingly, healthcare organizations have been using **contractual agreements and outsourcing** as a method of cost cutting. Outsourcing has been commonly used for services unrelated to direct patient care, such as food services, housekeeping, and supply management. As the emphasis on data collection has increased along with the change to electronic health records, healthcare organizations have begun to outsource IT services rather than to set up their own departments and hire staff because outsourcing requires less capital expenditure. More recently, outsourcing has moved into areas of direct patient care, such as emergency department physicians, anesthesiologists, hospitalists, imaging services, and dialysis services. When providing services to a hospital, these healthcare providers work for the agency that assigned them rather than for the hospital. These services are often vital to the organization but do not involve positions in which a long-term relationship with a patient is important (such as with primary care physicians).

# Structures and Processes



Discuss determining appropriate staffing workload.

## Structures and Processes

**Staffing workload** can depend on the numbers of staff and patients, the nursing hours per patient day, the type of unit, and the acuity level of the patients. The nurse patient ratio will, therefore, vary. For example, the nurse-patient ratio in ICU may be 1:1 or 1:2 but may be 1:5 on a general medical-surgical unit. The skill mix will also affect the workload. If staff is 100% RNs and the model is primary care, then the RN can manage fewer patients than if the skill mix includes LVNs and UAP to whom the RN can delegate tasks. Staffing may be done according to patient acuity. This requires assigning scores to patients based on various factors, including diagnosis, complications, and complexity of care, often using a software program. Patients with higher scores require more intense nursing than those with lower scores so staffing levels on a unit may vary widely, requiring a large group of float nurses.

# Structures and Processes



Discuss legal issues: Fraud.

## Structures and Processes

**Fraud** is misrepresentation done for unauthorized self-benefit while abuse is conduct that is below acceptable standards and results in fraudulent reimbursement, such as for non-medically necessary services. According to CMS, the types of healthcare fraud include: Theft of medical identity: Can include misusing another person's medical identity number to obtain services or supplies or stealing a doctor's identifiers to obtain unlawful prescriptions or supplies.

- Billing for unauthorized or unnecessary materials or services: States define "medical necessity," and healthcare organizations must meet this definition for billing purposes.
- Billing for materials or services not actually provided: This is always a fraudulent act and may involve false records.
- Upcoding: Intentional or unintentional coding for materials or services reimbursed at a higher rate.
- Unbundling: Billing separately for services/materials that should be bundled in order to gain increased reimbursement.
- Kickbacks: Receiving payment for referring patients for healthcare services.

# Structures and Processes



Discuss legal issues: Whistle-blowing.

## Structures and Processes

**A whistleblower** is an individual who exposes illegal or unethical practices of an organization in order to facilitate change. The whistleblower may bring forth charges internally, such as by reporting to a supervisor, or externally, such as by reporting to a government agency or the media. Whistleblowers are protected under numerous federal (up to 20 different statutes) and state laws, which are sometimes contradictory and often confusing. Different laws apply to different occupations and subject matter. Depending upon the statute under which a person is acting as a whistleblower, different time limits for filing a complaint exist, so it's imperative that whistleblowers understand the laws that apply to them. In most cases, OSHA's Office of the Whistleblower Protection Program usually enforces statutes as delegated by the Secretary of Labor. Reprisals against whistleblowers, while illegal, are not uncommon, so individual often risk their jobs and reputations when trying to do the ethical thing.

# Structures and Processes



Discuss legal issues: *Health Insurance Portability and Accountability Act* (HIPAA).

## Structures and Processes

The ***Health Insurance Portability and Accountability Act*** (HIPAA) addresses the rights of the individual related to privacy of health information. The nurse must not release any information or documentation about an individual's condition or treatment without consent, as the individual has the right to determine who has access to personal information. Personal information about the individual is considered protected health information (PHI), and consists of any identifying or personal information about the individual, such as health history, condition, or treatments in any form, and any documentation, including electronic, verbal, or written. Personal information can be shared with spouse, legal guardians, those with durable power of attorney for the individual, and those involved in care of the individual, such as physicians, without a specific release, but the individual should always be consulted if personal information is to be discussed with others present to ensure there is no objection. Failure to comply with HIPAA regulations can make a nurse liable for legal action.

# Structures and Processes



Discuss legal issues: Corporate compliance.

## Structures and Processes

Healthcare **corporate compliance** requires adherence to state and federal regulations, legal standards, and ethical standards. Issues of concern for compliance include:

- Privacy and Security concerns of HIPAA, HITECH, including conducting audit trails.
- Accountability standards: Discipline, confidentiality, privacy policies.
- Regulatory requirements: Include *ADA, CMS, CLIA, EMTLA, OSHA, EEOC, Anti-Kickback Statute, Stark Law* (limiting referrals by physicians), *Fair Labor Standards Act, Family* and *Medical Leave Act*, and *Federal Wage Garnishment Law.*
- Record retention policies and practices.
- Screening/Employment standards and practices, including appropriate interviewing (hiring and exit).
- Third-party due diligence: Vendors, contractual agreements.
- Communication of regulatory requirements and education in compliance issues.
- Risk assessment or organization related to compliance.
- Compliance audits (internal and external).
- Investigations and disclosures of non-compliance.
- Government sanctions lists: Including country-specific lists as well as terrorism and narcotics sanctions lists. OIG exclusions of individuals.
- Organizational transparency and culture of compliance.

# Structures and Processes



Discuss legal issues: Electronic access and security.

## Structures and Processes

HIPAA mandates and **privacy and security rules** (CFR, Title 45, part 164) to ensure that health information and individual privacy is protected:

- Privacy rule: Protected information includes any information included in the medical record (electronic or paper), conversations between the doctor and other healthcare providers, billing information, and any other form of health information. Procedures must be in place to limit access and disclosures.

- Security rule: Any electronic health information must be secure and protected against threats, hazards, or non-permitted disclosures, in compliance with established standards. Implementation specifications must be addressed for any adopted standards. Administrative, physical, and technical safeguards must be in place as well as policies and procedures to comply with standards. Security requirements include: limiting access to those authorized, use of unique identifiers for each user, automatic logoff, encryption and decryption of protected healthcare information, authentication that healthcare data has not been altered/destroyed, monitoring of logins, authentication, and security of transmission. Access controls must include unique identifier, procedure to access system in emergencies, time out, and encryption/decryption.

# Structures and Processes



Discuss legal issues: Harassment.

## Structures and Processes

**Sexual harassment regulations** include:

- The 1964 *Civil Right Act* (Title VII) prohibited gender discrimination and sexual harassment by employers.
- The 1972 Education Amendments (Title IX) extended protection to education institutions.
- The 1980 Equal Employment Opportunity Commission (EEOC) defined sexual harassment as quid pro quo (expecting something in return for a favor) or hostile work environment (unwelcome advances or conduct.
- The 1991 *Civil Rights Act* allowed victims to obtain punitive/compensatory awards if subjected to sexual harassment.
- Additionally, many state laws have requirements regarding sexual harassment, and protection has been extended to same gender harassment.

Sexual harassment includes unwelcome verbal advances (comments, asking for dates), personal comments (appearance, lifestyle, body), offensive behavior (bullying, leering), offensive materials (jokes, posters, videos, emails), and unwelcome physical contact (touching, hugging, kissing, molesting). Sexual harassment in the healthcare industry is high, with studies showing that offenders are most often physicians, but co-workers, supervisors, and patients also commit sexual harassment. Healthcare providers may be legally and financially liable for harassment.

# Structures and Processes



Discuss legal issues: Malpractice.

## Structures and Processes

Advance practice nurses are usually insured for **malpractice** at a higher rate than for registered nurses because their scope of practice is much wider. A nurse may be sued individually or as part of a medical group to which the nurse is associated. Because a suit is a civil matter, loss of judgment may not be reported to the state board of nursing. If a charge of negligence is brought to the attention of the board, the board may initiate an investigation and disciplinary action. Negligence may involve a number of failures, such as not referring an individual when needed, incorrect diagnosis, incorrect treatment, and not providing the individual/family with adequate or essential information. Once a nurse has established a duty to an individual—by direct examination or even casual or telephone conversation that involves professional advice—the nurse may be liable for malpractice if he/she does not follow up with adequate care.

# Structures and Processes



Discuss legal issues: Negligence.

## Structures and Processes

Risk management must attempt to determine the burden of proof for acts of **negligence**, including compliance with duty, breaches in procedures, degree of harm, and cause. Negligence indicates that *proper care* has not been provided, based on established standards. *Reasonable care* uses rationale for decision-making in relation to providing care. State regulations regarding negligence may vary but all have some statutes of limitation. There are a number of different types of negligence:

- Negligent conduct indicates that an individual failed to provide reasonable care or to protect/assist another, based on standards and expertise.
- Gross negligence is willfully providing inadequate care while disregarding the safety and security of another.
- Contributory negligence involves the injured party contributing to his/her own harm.
- Comparative negligence attempts to determine what percentage amount of negligence is attributed to each individual involved.

# Structures and Processes



Discuss legal issues: Genetic Information Nondiscrimination Act.

## Structures and Processes

The ***Genetic Information Nondiscrimination Act*** (2009) prohibits employers from using genetic information (genetic tests of the individual or individual's family members) to make decisions about employing individuals. This act is under the jurisdiction of the Equal Employment Opportunity Commission (EEOC). Covered entities (such as employers, employment agencies, labor-management training programs, and apprenticeship programs) cannot purchase or use genetic information in decision-making. Information obtained indirectly, such as by overhearing comments, cannot be used as well. No genetic information can be used in employment decisions. This act also provides protection for the individual with a genetic disorder by prohibiting any type of harassment, such as making derogatory comments about the individual's disorder. DNA testing for law enforcement is allowed under the act, but the information can only be used for legal proceedings. Covered entities must keep all genetic information confidential regardless of how the information was obtained.

# Structures and Processes



Discuss consumer-driven health care: Public reporting.

## Structures and Processes

**Public reporting** is making performance measures about healthcare providers public. This may be as simple as providing a dashboard in-house so that staff members can assess the quality of care, but public reporting is also supported and mandated by federal and state agencies. About 50% of states require some public reporting. The Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) have both developed quality measures and report on aggregate state and national data. CMS also publishes provider-specific comparative data about hospitals, physicians, HHAs, kidney dialysis centers, and nursing homes. The Hospital Compare website provides measures focusing on specific aspect of care in all acute hospitals in the United States and reports data derived from patient surveys. The Affordable Care Act requires public reporting of some performance measures. Additionally, some private agencies and organizations, such as Leapfrog and the National committee for Quality Assurance, also do some public reporting with comparisons based on performance measures.

# Structures and Processes



Discuss consumer-driven health care: Community Health Needs Assessment (CHNA).

## Structures and Processes

A **community health needs assessment** evaluates the existing services and need for additional services. Steps include:

- Assessment of community demographics to identify underserved populations, such as the homeless, gay or lesbians, or ethnic minorities. This assessment may include review of rates of unemployment to help to determine insurance coverage.
- Assessment of consumer's involvement in leadership roles in providing mental health services, such as those on boards, those providing mental health care, and those actively involved in community mental health agencies.
- Assessment of services to determine availability (psychiatrists, mental health agencies, outreach programs, half-way houses), affordability (fee-based, insurance), and access (location, transportation) as well as to identify areas that are inadequate.
- Assessment of barriers to people receiving needed care, including child-care, lack of insurance, hours of service, language barriers, discrimination, and inadequate training of staff.

# Structures and Processes



Discuss consumer-driven health care: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

## Structures and Processes

**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** is a national standardized survey of patients' opinions of their hospital care. HCAHPS (a 32-item survey) was developed by the HCAHPS consortium and the AHRQ and was endorsed by the National Quality Forum. Hospitals that are subject to the Inpatient Prospective Payment System (IPPS) must collect surveys and submit data in order to receive full reimbursement from CMS. Non-IPPS hospitals may voluntarily participate. The Affordable Care Act included HCAHPS as part of payment calculation for Value-Based Purchasing programs. Eleven HCAHPS measures are reported on the *Hospital Compare* website. The surveys are completed by patients who were recently discharged and include questions about how often patients experienced a specific aspect of care and how satisfied they were with the care received. Hospitals may add additional survey questions to the core questions to gather specific data about areas of concern. The surveys can be completed by mail, telephone, mail with telephone follow-up, or interactive voice recognition.

# Structures and Processes



Discuss consumer-driven health care: Healthgrades.

## Structures and Processes

**Healthgrades** is a private company that has amassed information about over 3 million healthcare providers, including hospitals, physicians, and other healthcare providers. Hospitals are ranked according to mortality and complication rates, and physicians are ranked according to the complication rate at the hospital with which they are affiliated as well as their experience and patient satisfaction. Healthgrades utilizes data from Medicare and other sources, most available to the public. Heathgrades utilizes a star ranking system for healthcare providers with one star indicating quality of care is less than predicted, three stars indicating predicted level of care, and five stars indicating a better level of care than predicted. Consumers can go to the website and search for physicians, hospitals, and dentists and can search by medical specialty. For example, if researching a specific hospital, the link immediately shows the percentage of patient who would “definitely recommend” the hospital with links to the item results of patient surveys.

# Structures and Processes



Discuss emergency planning and response.

## Structures and Processes

**Disaster/emergency response plans** should be in place for the facility based on the Hospital Emergency Incident Command System (HEICS), which provides a model for management, responsibilities, and communication. Disasters can include a multi-casualty influx of individuals from a community emergency, such as a train accident; an epidemic; fire or other internal hospital problem requiring evacuation; or inadequate staffing to safely treat ED individuals. Plans should include/address:

- Readily available information and disaster preparedness drills.
- Activation of the plan, including the individual(s) responsible.
- Chain of command.
- Facility damage assessment, usually conducted by plant safety officer.
- Hospital/ED capacity to receive individuals.
- Triage, including in community and in the ED.
- Transfer protocols for distributing individuals to other facilities.
- Staffing, including telephone tree to notify staff to report to facility.
- Intra- and Inter-facility communication and communication with pre-hospital EMS personnel.
- Supplies on hand and methods to obtain added supplies.
- Delineation of receiving and treatment areas.

# Structures and Processes



Discuss planning and responding to internal and external disasters.

## Structures and Processes

**Disaster planning** should include plans for both internal and external disasters. Six critical elements of preparation include:

- Communication plans: includes phone trees or other notification systems and external notification of community agencies/resources.
- Essential supplies: IVs, dressing supplies, essential medications should be stockpiled.
- Staff roles and responsibilities: Staff members should be trained in disaster preparedness and understand their roles and responsibilities.
- Power/Utilities: Backup systems should provide power for up to 96 hours.
- Clinical patient care: Plans for provision of care under varying circumstances, including alternate plans.

Internal disasters, such as fires, flooding, storm damage, and terrorist attacks, often result in the evacuation of patients and the need for transportation services to transfer patients while external disasters, such as hurricanes, tornadoes, terrorist attacks, floods, pandemics, and transportation disasters, more often result in a large influx of patients and the need to discharge non-critical patients to make room for new patients.

# Structures and Processes



Discuss planning and responding to health and public policy issues.

## Structures and Processes

The nurse executive must be informed of **current health and public policy issues** in order to respond effectively and to develop future plans. This requires almost constant review of accreditation and reimbursement guidelines and current trends in order to plan for immediate needs and for at least 3 to 5 years into the future. Resources include healthcare and government websites, journals, CDC reports, news outlets, and conference presentations. The nurse executive should review demographic statistics, such as aging statistics, and those involving new and developing diseases, such as Zika infections, that may impact healthcare needs. Additionally, the nurse executive should consider global issues, such as outbreaks of avian flu and the possible effects of global warming. Planning must also consider workforce issues, such as the shortage of nurses or the need for more flexible working conditions.

# Structures and Processes



Discuss assessing, addressing, and preventing legal issues: Violations, fraud, harassment, and whistleblowing.

## Structures and Processes

Critical to **assessing, addressing, and preventing legal issues**, such as violations, fraud, harassment, and whistleblowing, are the following:

- Organizational transparency: The more open an organization and the more people with access to data, the less likely violations will go unnoticed.
- Compliance monitoring: Monitoring must be a continual ongoing process that involves all staff members rather than just the compliance officer.
- Non-punitive reactions to negative reports: Whistleblower or those who provide negative reports about legal issues should be rewarded rather than punished to encourage others to come forward.
- Mechanism for reporting problems: Confidentiality must be ensured to those reporting problems, and different mechanisms should be provided (hotline, email, reporting forms).
- Staff education/training: Staff must be educated about legal issues, such as sexual harassment, as part of orientation programs and then on an annual basis with updates or changes in policies or regulations shared immediately in various forums.
- Administrative leadership: Administration must set the standards for the organization.
- Zero-tolerance policies: Clear policies regarding sexual harassment, workplace violence and bullying should be in place.

# Structures and Processes



Discuss assessing, addressing, and preventing legal issues: Breaches of *Health Insurance Portability and Accountability Act* (HIPAA).

## Structures and Processes

**HIPAA Breach Notification Rule** requires covered entities to report any breaches in protected health information:

- Individuals: Notification by standard mail or email (if the individual has agreed) as soon as possible but no later than 60 days after the breach. If lacking contact information for 10 or more individuals, notice must be placed on the organization's website for 90 days with a tollfree telephone number or notice provided in print or broadcast media. For fewer than 10 individuals, alternate notification, such as by telephone, is permitted. Individual breaches are reported to the HHS Secretary annually.
- 500 or more individuals: In addition to individual notification, notice must be given in prominent media outlet serving the affected states no later than 60 days after the breach. The HHS Secretary must be notified electronically within 60 days after the breach. If the breach affected fewer then 500 individuals, the HHS Secretary must be notified within 60 days of the end of the calendar year in which the breaches occurred.

# Structures and Processes



Discuss assessing, addressing, and preventing legal issues: Corporate compliance.

## Structures and Processes

The Office of Inspector General of HHS issues **corporate compliance** guidance for different types of healthcare organizations, such as nursing facilities, hospitals, and hospices, to assist these organizations in complying with applicable statutes and reducing fraud and abuse. For example, organizations must monitor compliance with HIPAA Privacy and Security Rules and must ensure that CMS billing is accurate as submission of claims to federal agencies is a high-risk area. Because compliance issues are so broad and complex, the organization should have a compliance officer with expertise in compliance to review all compliance issues and ensure that the organization complies with state and federal regulations, organizational rules, and standards of conduct. The compliance officer should serve as a resource person for other staff members' questions related to compliance and should assess the strengths and weaknesses of the organization and develop plans for correction and education when indicated.

# Structures and Processes



Discuss assessing, addressing, and preventing legal issues: Electronic access and security (HITECH).

## Structures and Processes

The *American Recovery and Reinvestment Act* (2009) (ARRA) included the ***Health Information Technology for Economic and Clinical Health Act*** (HITECH). Security provisions include:

- Individuals and HHS must be notified of breach in security of personal health information.
- Business partners must meet security regulations or face penalties.
- The sale/marketing of personal health information is restricted.
- Individuals must have access to electronic health information.
- Individuals must be informed of disclosures of personal health information.

HITECH provides incentive payments to Medicare practitioners to adopt EHRs. Additionally, HITECH provides penalties in the form of reduced Medicare payments for those who do not adopt EHRs, unless exempted. HIPAA and the HITECH Act require that clinical data that is to be transmitted over the Internet must first be encrypted in order to protect confidentially and protected health information (PHI). Patient health records often contain not only health information but also other identifying information, such as address, telephone number, birthdate, social security number and sometimes even credit card numbers.

# Professional Practice



Discuss healthcare delivery models and settings: Accountable care organization (ACO).

# Professional Practice

**Accountable care organizations (ACOs),** established per the *Affordable Care Act*, are groups of physicians, hospitals, and other healthcare providers who voluntarily establish partnerships or agreements to provide care to Medicare patients. The purpose of ACOs is to improve delivery of quality care while saving healthcare costs. ACOs avoid duplication of services through coordination of care. Medicare shares healthcare savings generated to participating providers. The different types of ACOs include:

- Shared savings program: Payment is made for participants under fee-for-service who meet performance standards while lowering costs.
- Advance payment model: This is a supplementary program to the shared savings program. Participants receive monthly upfront payments to invest in staff and infrastructure needs to better meet goals.
- Pioneer model: Original model available to those who had already established groups. Shared savings and payments were generally higher than in current plans. No longer accepting applicants.

# Professional Practice



Discuss healthcare delivery models and settings: Patient-centered medical home (PCMH).

# Professional Practice

A **patient-centered medical (PCMH)** is a program of patient care in which initial contact is with a primary physician who coordinates care in partnership with the patient/family and other healthcare providers to ensure that the patient's needs are met. Essential characteristics of a patient-centered medical home include:

- Access: Patient able to make appointments for same-day visits, and extended hours and patient portals available. Group and e-visits may be options.
- Comprehensive services: Patient has access to care for acute and chronic conditions as well as a range of diagnostic, preventive, and therapeutic services.
- Effective patient care: Physician is capable of managing needs of the target population.
- Patient care coordination: Physician manages coordination of care from all healthcare providers.
- Team care: Practice-based.
- Safe, quality provision of evidence-based care.

# Professional Practice



Discuss healthcare delivery models and settings: Nurse-led clinic.

## Professional Practice

**Nurse-led clinics** are generally outpatient clinics that are run under the management and supervision of an advanced practice nurse, such as a nurse practitioner or certified nurse specialist. Nurse-led clinics are often part of hospital outpatient services and public-health services but may also be run as independent practices. While state scope of practice laws may vary somewhat, in most cases advance practice nurses may provide some diagnostic and therapeutic services. The focus of care in many nurse-led clinics is management of chronic disease and preventive care. Nurse-led clinics often partner with other healthcare facilities, such as hospitals or laboratories. Some nurse-led clinics also have doctors on call or available at specified times or for referrals. Many nursing schools support nurse-led clinics to provide quality care as well as learning opportunities for student nurses. Nurse-led clinics are especially valuable in areas with a shortage of primary care physicians.

# Professional Practice



Discuss healthcare delivery models and settings: Telehealth.

# Professional Practice

**Telehealth** is providing health care and monitoring to individuals at a distance utilizing telecommunications and information technologies. Telehealth may include two-way video conferencing for interviewing, diagnosing, monitoring and treating. Store-and-forward telehealth technology stores data (such as BP and heart rate) and transmits it electronically at specified times or under specified conditions (such as sending an ECG when tachycardia occurs). The aging population is a reason for the increasing trend of utilizing teleheatlh technologies as a preventive measure (monitoring patient's conditions) and to reduce the need for hospitalization. Other reasons include the increasing cost of healthcare and hospitalization, a more educated populace that wants to be involved in its own healthcare, the shortage of nursing and other healthcare personnel, and the increase (tied to the aging population) of chronic illnesses. If an outpatient facility plans to establish a telehealth program to provide medical consultation and services to multiple states, the first consideration is state laws and regulations, as these may vary considerably.

# Professional Practice



Discuss healthcare delivery models and settings: Ehealth.

## Professional Practice

**Ehealth** (electronic health) is an emerging specialty that refers to the use of information technology in the care and treatment of patients. Ehealth is usually associated with the use of the Internet but in some cases may only refer to the use of computers and computer systems as definitions vary somewhat. Ehealth includes the use of:

- Electronic health records.
- CPOE and CDSS systems.
- Mobile health applications.
- Telemonitoring.
- Teleheatlh services.
- Virtual health care.
- Integrated networks.
- Mobile devices, such as tablets and smart phones.

CMS has an ehealth initiative that aligns health IT with industry electronic standards as part of the plan to promote the use of electronic health records throughout the healthcare industry. Health information exchanges (HIEs) are utilized to facilitate the secure exchange of information, always a concern in ehealth. Ehealth has shown a rapid growth but is impacted by shortage of trained personnel, high maintenance costs, and budgetary constraints.

Discuss healthcare delivery models and settings: Inpatient.

## Professional Practice

**Inpatient healthcare delivery** occurs when a patient is formally admitted to a hospital, such as a general medical-surgical hospital or critical access hospital. Inpatient status is an important consideration for reimbursement by Medicare and Medicaid and insurance carriers. Patients may be held in the hospital without being admitted, such as when held overnight in the emergency department for observation, but these patients are considered outpatients because they have not been admitted as inpatients. Patient census counts are for 24-hour periods beginning at 12:01 AM. Because census may vary during the day, the hospital designates a specific time for daily census. Each patient counted during census represents one inpatient service day. The bed count days are the number of available inpatient bed in a specified period:

- Number of inpatient service days for specified period/Number of inpatient bed count days for same periods X 100 = inpatient bed occupancy rate.

Length of stay (LOS) is calculated for each patient when the patient is discharged, as LOS is especially important for Medicare reimbursement.

# Professional Practice



Discuss healthcare delivery models and settings: Ambulatory care.

# Professional Practice

**Ambulatory care** is healthcare that is delivered to patients on an outpatient basis at a physician's office, clinic, urgent care center, surgery center, dialysis center, or hospital. In most cases, this type of care requires the patient to travel to the site of delivery and to return home without staying the night although some dialysis centers may provide overnight dialysis, and some testing, such as for sleep apnea, may occur during the night. Outpatient services are reimbursed differently from inpatient services and are usually less costly than those provided for inpatients, so the use of ambulatory care is considered a cost-saving method. Primary care physicians often provide ambulatory care in private medical practices or as employees of ambulatory care organizations, such as HMOs. Some hospital-based services are considered part of ambulatory care, including emergency department services, diagnostic and therapeutic services (such as radiation therapy), and outpatient surgical services.

# Professional Practice



Discuss healthcare delivery models and settings: Home health.

# Professional Practice

**Home health care** is the provision of intermittent care in the patient's home for patients who are essentially homebound. Intermittent care is fewer than 7 days a week or fewer than 8 hours per day over 21 or fewer days during an episode of care, which is 60 days. Most of the care that can be provided in a skilled nursing care can also be provided by a home health agency. The patient's physician must certify that the patient is in need of services and is homebound but is expected to show improvement with treatment. Services include:

- IV therapy.
- Nutritional therapy and counselling.
- Social worker services.
- Occupational, speech, and physical therapies.
- Case management.
- Home health aide services for assistance with personal care.

Patients with original Medicare receive full reimbursement for HH care but pay 20% of Medicare-approved costs for durable medical equipment. The home health agency must be Medicare-certified.

# Professional Practice



Discuss healthcare delivery models and settings: Rehabilitation.

## Professional Practice

**Rehabilitation centers** may be separate departments that are part of acute, subacute, or skilled nursing facilities. In some cases, separate rehabilitation centers focus solely on rehabilitation and improving a patient's ability to function and remain as independent as possible. There is a wide variety of rehabilitative programs, including stroke and brain injury programs, cardiac health programs, and physical therapy for those with bone or muscle injuries. For example, older adults may receive rehabilitative physical therapy to strengthen muscles and improve mobility after a hip fracture. Comprehensive rehabilitation programs usually offer speech and occupational therapists. Depending upon the need for rehabilitative care, individual patients may need only a few hours of outpatient care or months of inpatient care. Increasingly, rehabilitative treatment utilizes computerized technology to assist patients. Insurance, Medicare, and Medicaid usually cover the costs of rehabilitative care that is indicated to improve functionality or prevent further deterioration.

# Professional Practice



Discuss healthcare delivery models and settings: Skilled nursing facilities.

# Professional Practice

**Skilled nursing facilities** (SNF, nursing homes) provide both medical care (medications, treatment), and personal care (bathing, dressing, meals, activities) and are licensed by the state. Patients with insurance or Medicare may be transferred to a skilled nursing facility after acute hospitalization, usually for periods ranging from a few days up to 6 weeks, depending upon condition and progress. SNFs usually provide physical therapy and occupational therapy and may include respiratory therapy as well. The goal of SNF care is to provide transitional care between the hospital and the home environment. In some cases, patients who cannot be cared for at home and require medical care may remain in the SNF until death. Some patients have long-term care insurance that will pay for this although Medicare will not. State Medicaid programs may pay if certain restrictions (income, condition, age) are met. Others pay privately, with costs usually ranging from about $4000-$10,000 monthly.

# Professional Practice



Discuss healthcare delivery models and settings: Residential care facilities.

## Professional Practice

**Residential care facilities** (a type of assisted living/group home) vary from state to state, but a typical such facility may be a large home with 2-6 or more patients, cared for by a person (often non-medical) licensed by the state. Depending upon the number of patients, nurse aids may be available to assist patients. Residents receive assistance with bathing and dressing as needed and are provided meals and activities. Patients are usually required to be ambulatory, but this may vary according to the facility and the state regulations. Usually, residential care facilities do not provide medical care, so patients needing treatments (other than assistance with taking medications or minor treatments) are seen by home health agency nurses. In some cases, Medicaid may provide payment to house older adults in residential care facilities, but the pay rate is low, so finding a residential care facility that accepts Medicaid can be difficult. Costs range from $500/month to many thousands of dollars for luxury facilities.

# Professional Practice



Discuss healthcare delivery models and settings: Assisted living facilities.

## Professional Practice

**Assisted living facilities** comprise a wide range of options, from residential care facilities that house 2-3 patients in a home setting to large facilities with dozens or even hundreds of patients. Typically, nurses are not on duty and medical assistance is therefore limited. Services usually offered include staff on duty 24 hours a day to provide assistance if needed, meal service (2-3 meals daily), and sometimes cleaning, activities, and transportation services. Costs vary widely ($500/month to $10,000/month). The goal of assisted living is to allow the patient to remain as independent as possible within his/her physical/cognitive abilities. Residents often have individual apartments. Assisted living is usually limited to those with mild to moderate functional impairment, but licensure varies somewhat from state to state. Those facilities focusing on patients with Alzheimer's disease may have further requirements, such as provision of a safe environment that prevents patients from wandering away from the facility.

# Professional Practice



Discuss healthcare delivery models and settings: Respite care.

## Professional Practice

**Respite care** is provided to serve the caregiver rather than the patient although in some cases, such as with older adults, the caregiver may be an older adult as well. Respite care is provided in a number of different ways. Under Hospice, the patient may be admitted to a skilled nursing facility for up to 5 days, but with other programs, a nurse aide may be provided to stay with the patient for a few hours while the caregiver leaves the home, or the caregiver may be provided money to hire help in the home. Most respite programs are intended for those providing long-term care for those with chronic or terminal diseases or those with dementia, usually related to Alzheimer's disease. Caregivers can easily feel overwhelmed with the constant need to provide care, especially if patients are up at night (as often occurs with Alzheimer patients) or can never be left unattended for safety reasons.

# Professional Practice



Discuss healthcare delivery models and settings: Acute and subacute care.

# Professional Practice

**Acute care** is usually provided in a hospital where diagnostic procedures (MRI, CT, lab, X-ray) and the ability to use high technology for monitoring are readily available. Patients admitted to acute care facilities are usually acutely ill and require 8-9 hours of skilled nursing care daily. Physicians and highly skilled nursing staff are available for patients around the clock. **Sub-acute** care provides a level of care between that of an acute hospital and a skilled nursing facility although skilled nurses are available around the clock. Sub-acute patients usually require 4-6 hours of skilled nursing care daily but may receive intensive therapy. In some cases, sub-acute units may be attached to an acute hospital or SNF, or they may be completely separate facilities. Most sub-acute units do not offer monitoring or sophisticated diagnostic equipment, so patients often have chronic (rather than acute) disorders, such as AIDS, head trauma, and neuromuscular diseases.

# Professional Practice



Discuss laws, regulations, and accrediting bodies: The Joint Commission.

## Professional Practice

**The Joint Commission** is the primary accrediting agency for healthcare programs in the United States. The Joint Commission establishes accreditation standards for various types of healthcare programs, establishes general competencies for healthcare practitioners, and issues annual National Patient Safety Goals. Standards for accreditation are, for the most part, performance based and focus on measures of processes and outcomes and issues related to patient care and safety. Comparative performance measure data, such as core measures, are integrated into the accreditation process. Most surveyors assess compliance based on the following:

- Document review to validate compliance.
- Onsite inspections and observations.
- Interviews of staff.
- Review of standards implementation measures.
- Review of medical records.
- Assessment of service and support systems of the organization,
- Integration of performance measure data.
- 

The surveyors may recommended denial of accreditation if conditions exist that pose a threat to staff, public, or patients, but the organization may request the opportunity to demonstrate compliance through documentation or interviews; and, in some cases, a second survey may be conducted.

# Professional Practice



Discuss laws, regulations, and accrediting bodies: Centers for Medicare and Medicaid Services (Original Medicare).

# Professional Practice

**Medicare**, a federal health insurance program for those who have Social Security or bought into Medicare, provides payment to private healthcare providers, such as physicians and hospitals, but limits reimbursement. Physicians receive 80% of usual customary and reasonable (UCR) fees if they accept Medicare assignment. If they do not, they can charge up to 115% of what Medicare allows. Individuals are responsible for the remaining 20% or up to 115% if the physicians do not accept Medicare. Parts include:

- Medicare A*:* Hospital insurance covers acute hospital, limited nursing home care and/or home health care as well as hospice care for the terminally ill. There is no premium for this part.
- Medicare B: Medical insurance covers physicians, CNSs, laboratory, physical and occupational therapy. Individuals must pay an annual deductible as well as monthly payments.
- Medicare D: Prescription drug plan covers part of the costs of prescription drugs at participating pharmacies. Medicare D is administered by private insurance companies, so monthly costs and benefits vary somewhat.

# Professional Practice



Discuss laws, regulations, and accrediting bodies: Medicare programs.

## Professional Practice

**Medicare** has made a number of modifications to allow Medicare patients to access different types of programs in addition to typical pay-for-service care and managed care through HMOs:

- Prospective payment system *(*PPS) pays a set amount for patient care, depending upon diagnosis (diagnosis-related group or DGR).
- Preferred provider organization (PPO) provide discounted rates for those on Medicare who choose healthcare providers from a list of those who have agreed to accept Medicare assignment.
- Private insurance pay-for-service Medicare plans are contracted by Medicare and may provide more benefits, but the patient may be required to work individually with the insurance company to determine benefits and may be assessed an additionally monthly fee.
- Specialty plans are being developed in different areas, some focusing on increased preventive care.

# Professional Practice



Discuss laws, regulations, and accrediting bodies: Centers for Medicare and Medicaid Services (Medicaid).

## Professional Practice

**Medicaid** is a combined federal and state welfare program authorized by Title XIX of the Social Security Act and regulated by the Centers for Medicare and Medicaid Services (CMS) to assist people with low income with payment for medical care. This program provides assistance for all ages, including children. Older adults receiving SSI are eligible as are others who meet state eligibility requirements. The Medicaid programs are administered by the individual states, which establish eligibility and reimbursement guidelines, so benefits vary considerably from one state to another. Older adults with Medicare are eligible for Medicaid as a secondary insurance. Expenses that may be covered for adults include inpatient and outpatient hospital services, physician payments, nursing home care, home health care, and laboratory and radiation services. Adults who are legal resident aliens are ineligible for Medicaid for 5 years after attaining legal resident status. Some states pay for preventive services, such as home and community-based programs aimed at reducing the need for hospitalization.

# Professional Practice



Discuss laws, regulations, and accrediting bodies: *Nurse Practice Act.*

# Professional Practice

Each state has its own ***Nurse Practice Act*****,** which is administered by the state Board of Nursing. The *Nurse Practice Act* outlines requirements for licensure and certification and delineates the scope of practice of nurses, including duties and delegation. Typically licensure is granted to those who complete an accredited LVN/LPN or RN program and pass the nursing exam (NCLEX) or receive endorsement because of licensure in another state. RN programs may be 3-year hospital-based programs, associate degree or bachelor's degree. Foreign-trained nurses may need to meet special requirements that are determined by the state Board of Nursing and included in the *Nurse Practice Act*. The *Nurse Practice Act* of each state provides the requirement for advanced practice certification and the professional designation. Additionally, the Nurse Practice acts outline the requirements for relicensing or recertification, often including the need for continuing education. The *Nurse Practice Act* also includes provisions for disciplinary action.

# Professional Practice



Discuss laws, regulations, and accrediting bodies: NCSBN Model Act.

# Professional Practice

The National Council of State Boards of Nursing (NCSBN) **Model Act/Rules and Regulations** (2012, 2014) provides an exemplary model act that boards of nursing can use when reviewing and/or updating current state nursing legislation. Because nursing is governed by state legislation, some laws and regulations vary from state to state, and this model is an attempt to help state boards of nursing to develop rules and regulations that are more consistent with other states. The Model Act reflects current best practices. The Model Act outlines the scopes of practice of the RN, LPN/LVN, APRN, and UAP. Additional topics include discipline and proceedings. For example, this section describes the authority of the Board of Nursing I taking action against nurses, accountability standards, grounds for discipline, procedures, and immunity and protection from retaliation, practice remediation programs, reporting guidelines, and emergency actions.

# Professional Practice



Discuss standards of nursing practice: Clinical practice guidelines.

# Professional Practice

**Evidence-based clinical practice guidelines** for such things as standing medicine orders or antibiotic protocols are in common use, but decisions are often made based on studies that lack internal and/or external validity or on expert opinion colored by personal bias, so the process of establishing evidence-based clinical practice guidelines should be done systematically. Including those who are resistive to the process often helps to facilitate the establishment of guidelines, but it's important that decisions be made on solid evidence as much as possible. Simply dispensing evidence-based practice guidelines often does not change practice, so consideration must be given to implementation. Decisions must be made as to whether the use of the guidelines is mandatory as standing orders and to what degree individual practitioners can choose other options. Guidelines that are too rigid may be counter-productive. In some case, establishing guidelines may affect cost-reimbursement from third-party payers.

# Professional Practice



Discuss standards of nursing practice: Clinical pathways.

# Professional Practice

**Clinical pathways** are diagnosis-, procedure-, or condition-specific care plans developed for multi-disciplines, outlining steps in care and expected outcomes. The pathways outline goals in individual care as well as the sequence and time of interventions to achieve those goals. They may be developed for physician care or nursing care. Increasingly critical pathways are being developed as a method to improve and standardize care and decrease hospital stays. There are two basic types of pathways:

- Guidelines: These do not require documentation to verify that the pathway has been followed but serve as guides for individual care. The pathway may be in the form of a flow sheet, with different paths to follow depending upon individual's outcomes.
- Integrated care plan/pathway: These require dates, signatures, and documentation to show that the steps have been carried out and to indicate specific outcomes.

Pathways should be based on best practices, and effectiveness should be monitored and evaluated to determine if modifications are needed.

# Professional Practice



Discuss standards of nursing practice: ANA Scope and Standards of Practice.

# Professional Practice

The American Nurses Association (ANA) is a national professional nursing organization that outlines and publishes ***Nursing: Scope and Standards of Practice*** (2015) and *The Code of Ethics for Nurses*. Nursing is charged with protecting, promoting, and optimizing health and preventing injury and illness as well as alleviating suffering. The scope of practice refers to who, what, when, where, how, and why nursing care is provided. The standards of practice refer to the duties and competencies that all nurses are expected to perform within expected parameters. The first 6 standards refer to the nursing process: (1) assessment, (2) diagnosis, (3) outcomes identification, (4) planning, (5) implementation, and (6) evaluation. The remaining 11 standards refer to professional performance: (7) ethics, (8) culturally congruent practice, (9) communication, (10) collaboration, (11) leadership, (12) education, (13) evidence-based practice/research, (14) quality of practice, (15) professional practice evaluation, (16) resource utilization, and (17) environmental health.

# Professional Practice



Discuss establishing staffing models: Primary care nursing.

# Professional Practice

**Primary care nursing** is a holistic staffing model in which one nurse is assigned as a primary nurse responsible for 24-hour a day care during the patient's hospitalization with associate nurses providing care when the primary nurse is not there. This model of care developed in the 1960s and 1970s as a method to ensure more holistic care. The primary nurse develops the plan of care with the patient and coordinates all aspects of care, serving much like a case manager. Additionally, the primary care nurse usually provides some direct care while on duty while some tasks are delegated to other nurses or UAP. Because primary care nursing is time-intensive, the caseload needs to be small (usually 3 to 4 patients). If the caseload is too large, then some of patient's needs may not be met. Patients are usually matched with the primary care nurse based on the nurse's skills and the patient's need rather than on geographic proximity on the unit.

# Professional Practice



Discuss establishing staffing models: Team nursing.

## Professional Practice

**Team nursing** is a staffing model in which a team of workers cares for a group of patients. Team nursing developed in the 1950s in response to a shortage of RNs. The team is led by a team leader, who is generally an RN. The team may include other RNs but is most often comprised of LVNs and UAPs. The team leader provides some care but delegates other aspects of care to members of the team. The duties are delegated according to the skills and expertise of the team members. The team leader remains ultimately responsible for supervision and for the care of the patients. This model of care is more cost-effective than some others because the percentage of RNs in the skill-mix tends to be lower, but RNs in the team other than the team leader may not be able to fully utilize their skills.

# Professional Practice



Discuss establishing staffing models: Modular nursing.

## Professional Practice

**Modular nursing** is a recent staffing model that is an evolution of team nursing. With this model, a group of nurses provides care for a number of patients who are grouped geographically in a modular unit or district so that they are in close proximity. For example, a unit of 40 patients may be divided into 3 or 4 modules with sub-stations so that the team of nurses has easy access to patients. Patients may be placed in modules based on acuity. The same team of nurses is assigned to the same module to provide for consistency of care and development of cohesion as a team. The team is led by an RN but may include other RNs, LVNs, CNAs, and patient care technicians (PCTs) depending on the number of patients in the module. Modular nursing is more cost-effective than primary care nursing and is a response to the shortage of RNs. Hourly rounding is usually a component of modular nursing.

# Professional Practice



Discuss establishing staffing models: Total patient care.

## Professional Practice

**Total patient care** is a staffing model that developed in the 1990s. With total patient care, an RN is assigned to a small number of patients and provides care for the patients without assistance of other nursing personnel, such as CNAs, during the time the nurse is on duty. Unlike primary nursing, the nurse is not responsible for the patient 24 hours a day. The nurse is, however, responsible for all aspects of patient care, including administering medications, treatments, bathing, and toileting, during the time the nurse is caring for the patient. Because this staffing model is time-intensive, the nurse-patient ratio is usually quite low. Total patient care is a model often used in ICU and NICU where patients need almost constant attention of the RN, but it is used less frequently in other units because the costs are high, and care tends to focus on current needs rather than future goals.

# Professional Practice



Discuss establishing staffing models: Functional nursing.

# Professional Practice

**Functional nursing** is one of the first staffing models used in nursing and remained common until the 1960s and is still in use in some facilities. With functional nursing, care is divided into different tasks and different nurses are assigned to these tasks. For example, medications may be passed by one nurse and treatments carried out by another while bathing and personal care may be done by a CNA. Under this model, nursing care is efficient but impersonal and fragmented with little attempt to gain a holistic understanding of the patient and the patient's needs. Nurses tend to be very task oriented as they have narrow responsibilities. Nurses providing care document separately and report to a head nurse who makes assignments and is usually the individual that communicates with physicians and provides the hand-off reports at the end of shifts, based on input from those providing care, even though the head nurse usually has little actual contact with patients.

# Professional Practice



Discuss establishing staffing models: Patient-centered care.

# Professional Practice

**Patient-centered care** is a staffing model used in acute care. Patients are aggregated not by diagnoses but by a similar need for care and services. Key elements of patient-centered care include the use of protocols or clinical pathways for clinical processes while customizing the nursing care plan according to the patient's needs and wishes. Staffing needs may vary according to the acuity level of the aggregate. Additionally, cross-training of staff is critical to ensure that staff members can assume different roles and have flexibility. While training adds value, it can also be time-consuming and costly, especially initially. All staff members, even housekeeping, are considered caregivers who must consider the needs, goals, and safety of the patient. Therefore, training must extend to all departments. Communication with the patient should be open and honest with the patient having ready access to the health record.

# Professional Practice



Discuss establishing staffing models: “12-bed hospital.”

## Professional Practice

The **"12-bed hospital"** is a staffing model that is similar in some ways to modular nursing. Within a larger hospital, smaller 12 to 16-bed "hospitals" are created so that patients feel as though they are in a small hospital even though they have access to diagnostic and therapeutic services often only provided by large hospitals. Staffing includes an RN who serves as patient care facilitator for the mini-hospital and is accountable for patient care 24 hours a day (similar to primary care). Staff members on the interdisciplinary team are generally assigned permanently to the unit in order to provide continuity. The makeup of the team may vary depending on the acuity of the patients. The patient care facilitator serves as a mentor and educator to the interdisciplinary team in the unit in order to meet the performance goals. The patient care facilitator meets regularly with all team members and with patients and families.

# Professional Practice



Discuss establishing staffing models: Nurse-patient ratios.

## Professional Practice

**Nurse-patient ratios** refer to the number of patients assigned to a nurse. For example, if one nurse is assigned responsibility for 4 patients, the ratio is 1:4. Ratios are an area of concern because studies have consistently shown better outcomes for patients with lower nurse-patient ratios. However, the lower the ratio, the higher the costs. Only the state of California currently has mandated nurse-patient ratios. The California law, often cited as a model, requires a 1:1 ratio in the operating room and for trauma patients in the ER, 1:2 in ICU, NICU, post-anesthesia recovery, labor and delivery, and ICU patients in the ER. Ratios in other areas range from 1:3 to 1:6 (the maximum). A number of other states require staffing committees to establish staffing policies, and some states require public reporting of nurse-patient ratios even though they do not mandate the ratios, so the nurse executive must be familiar with state requirements.

# Professional Practice



Discuss establishing staffing models: Acuity.

## Professional Practice

In the **acuity-based** staffing model, patients are assigned acuity levels, often by a point system. Various methods of assigning points are utilized. The nursing workload management system (NWMS) is a patient classification system (PCS) that provides automated collection of data (based on predetermined criteria) to indicate acuity level. The NWMS evaluates the patient holistically, including symptomology, conditions, coping ability, and adherence. The Patient Intensity for Nursing Index (PINI) is a classification system that considers both patient acuity and the need for nursing intervention. Each dimension has 10 different items that are scored on a scale of one to four. The acuity system used should facilitate the five rights of staffing (1) right number of staff, (2) right skills, (3) right location, (4) right time, and (5) right patient assignments. Those patients with the highest scores require the most nursing care, so staffing is adjusted to reflect these needs. Acuity-based staffing may require more flexibility than other models because more nurses may be assigned to serve as float nurses.

# Professional Practice



Discuss principles of staffing workload: Skill mix.

# Professional Practice

**Skill mix** is the proportion of RNs providing direct patient care (as opposed to indirect care, such as that of supervision) to total other direct care nursing staff (such as LVN/LPNs and UAP), expressed as a percentage. Skill mix is an important consideration in staffing. If, for example, a unit has 50 FTE staff budgeted with 35 RNs, 8 LVNs, and 7 UAP, the RN skill mix would be 70%:

- 35/50 = 0.7 X 100 = 70%

If the skill mix is too low, it may have an adverse effect on patient outcomes and nursing and patient satisfaction, but if it is too high, the costs may be prohibitive. Staffers must attempt to provide a skill mix that is appropriate for the needs of the unit. For example, a critical care unit is likely to require a different skill mix than a general post-operative unit.

# Professional Practice



Discuss designing workflows based on care delivery model and population served.

## Professional Practice

When designing **workflows** based on care delivery model and population served, the designer must have a clear understanding of both. Workflow design (or redesign) should begin with the following:

- Observations of staff members engaged in routine activities.
- Review of information systems requirements and problems.
- Current workflow maps or practices.
- Interviews with staff members.
- Identification of problems in workflow (from observations and interviews).
- Workarounds in common use.
- Patterns of communication and miscommunication, including information transfer.
- Response to problems/roadblocks.

Once all the data has been gathered, workflow mapping can begin. The first areas to concentrate are reducing redundancies (which can be time-consuming and expensive), reducing workarounds (which can be safety concerns), and finding solutions to problems and roadblocks. Workflow design may begin with simple sketches and diagrams done manually, but workflow design software applications are usually used for workflow mapping.

# Professional Practice



Discuss Workflow mapping.

## Professional Practice

Workflow includes the actual steps involved in completing a process. These steps may not be those indicated in a procedure manual or even reported. In order to create a **workflow map**, it's necessary to actually observe processes and interview more than one person carrying out the processes because practices may vary somewhat. A workflow map is a flow chart that begins with the first step in the process and ends when the process is completed with arrows connecting the actions. Each step is represented in the chart and labeled with the action and the person carrying out the action (RN, clerk, physician, CNA, laboratory technician). There may be alternate paths in the workflow map. For example, if lab results are positive, actions may be required (such as reporting to the physician) that are not if the results are negative. Workflow mapping is especially useful or performance improvement projects because it helps to identify redundant or time-consuming actions that can be improved.

# Professional Practice



Discuss designing workflows based on care delivery model and population served: Interdisciplinary team.

# Professional Practice

**Interdisciplinary teams,** teams comprised of representatives from various departments, are an integral part of healthcare delivery; so effective workflow is an important factor in their effectiveness. Issues to consider when designing or redesigning workflow include:

- The purpose of the interdisciplinary team: Can include direct patient care, leadership, peer review, information management, and assessment.
- The composition of the teams: The number of individuals and the departments represented.
- The number of teams: One or many.
- Status differences (such as physician and housekeeper): How this affects power, roles, interactions, and decision-making.
- Communication links and patterns: How members communicate with each other and with those outside of the team. Usual forms of communication (face-to-face, telephone, email).
- Team leadership: Collaborative, status-based, rotating.
- Responsibilities: Individual and team responsibilities and the way in which they are delegated and managed.
- Approach to responsibilities: Collaborative, sequential, or parallel.
- Conflicts: Disagreements, resentments, and discontents.

# Professional Practice



Discuss professional practice model: Interdisciplinary collaboration.

# Professional Practice

**Interdisciplinary collaboration** is absolutely critical to nursing practice if the needs and best interests of the individuals and families are central. Interdisciplinary practice begins with the nurse and physician but extends to pharmacists, social workers, occupational and physical therapists, nutritionists, and a wide range of allied healthcare providers, all of whom cooperate in diagnosis and treatment, but state regulations determine to some degree how much autonomy a nurse can have in diagnosing and treating. While nurses have increasingly gained more legal rights, they have also become more dependent upon collaboration with others for their expertise and for referrals if the individual's needs extend beyond the nurse's ability to provide assistance. Additionally, the prescriptive ability of nurses varies from state to state, with some requiring direct supervision by other disciplines (such as physicians) while others require particular types of supervisory arrangements, depending upon the circumstances.

# Professional Practice



Discuss designing workflows based on care delivery model and population served: Case management.

## Professional Practice

The **case manager** supervises and manages all aspects of care to ensure continuity. Within an acute, sub-acute, or skilled nursing facility, the case manager may chair the interdisciplinary team to ensure that the needs of the patient are communicated and that all member of the team are focused on similar goals. The case manager is responsible for screening patients from the time of admission (or before admission in some cases) and assisting with planning for discharge. As the patient moves back into the community, the case manager needs to consider the social support services (home health care, transportation, meals-on-wheels) that are needed for the person to remain as independent as possible and to function safely. Case managers are involved in all aspects of patient care, across many disciplines:

- Assessing plan of care
- Coordinating treatment and providing continuity
- Providing continuous assessment includes evaluating for variances to critical pathways
- Completing evaluation and discharge planning
- Doing post-discharge assessment

# Professional Practice



Discuss designing workflows based on care delivery model and population served: Models of case management.

## Professional Practice

There are a number of **models for case management** that can be utilized to integrate the outcome of utilization management assessment into the performance improvement process:

- Type of provider care: Includes self-care (patient provides own care), primary care (patient and primary care physician), episodic care (patient, primary care physician, and specialist as well as the case manager), and brokered care (involves community, government, or private services).
- Focus of care: The focus may be on cost containment, common to managed care programs, where service depends upon the program's benefits and criteria for medical necessity and there is little or no direct contact with patient or family. The focus may also be on coordination of care and this involves direct patient and family contact and individualized assessment and intervention.
- Professional discipline: Case management may be done by nursing, social workers, psychiatrists, or other specific disciplines, depending upon the goals of case management.

# Professional Practice



Discuss designing workflows based on care delivery model and population served: Disease management.

## Professional Practice

**Disease management** can become quite complex in terms of services required. For example, if a patient comes to the emergency department with a fractured hip, by the time the patient has been discharged, the patient may have used the following services: ED, imaging, laboratory, admissions, anesthesiology, surgery, pharmacy, nursing, physical therapy, occupational therapy, nutritional services, transportation services, case management, and discharge planning. Disease management in terms of care of chronic diseases poses similar concerns, but services may include those available in the community and the focus may be on maintenance and prevention. Part of workflow design is to determine how these different services interrelate and how to effectively coordinate services while preventing roadblocks that interfere with throughput. A major problem when multiple services are utilized is that redundancies are common, so identifying these is essential to improving cost-effectiveness and throughput.

# Professional Practice



Discuss designing workflows based on care delivery model and population served: Throughput.

## Professional Practice

**Throughput** is almost always a concern when designing workflow. **Throughput** refers to the maximum amount of data, information, or materials that can pass through a process or system. The term has been most commonly used to refer to data processing, and this use applies to the efficiency of the electronic health record, CPOE, CDSS, and other data processing and storage systems. Additionally, the term has evolved to include other healthcare processes. In order to accurately measure throughput, a baseline or benchmark must be established for the sake of comparison. This benchmark may be internal or external, depending on the process. Reference to throughput is often made when setting goals and targets. For example, a goal may be to increase utilization of an outpatient clinic in order to maximize return on investment and the target an increased throughput of 15% with the benchmark the average number of patients in the previous months.

# Professional Practice



Discuss designing workflows based on care delivery model and population served: Staffing assignment and scheduling.

## Professional Practice

**Staffing assignment and scheduling** can be quite complex. A number of factors must be considered:

- Mix of part-time and full-time staff
- Hours: 8 hours a day/40 hours a week, 12 hours a day/36 hours a week, 10 hours a day/4 days a week, or some mixture
- Staffing model, such as acuity-based, primary care, total-patient care
- Nurse-patient ratios for different departments
- Specific requests and limitations, such as the inability to work certain days or a desire to work only weekends
- Shifts: three traditional 8-hour shifts or two 12-hour shifts

Most work schedules cover a 4- to 6-week period. Weekly predictable work schedules (such as Monday through Friday) repeat the same pattern of shift hours and days, but they can be problematical when factoring in vacation time or special requests. Rotation schedules in which days vary to accommodate rotating weekend coverage may entail different workdays over a two- to four-week period, which then repeats. When building the schedule, inflexible scheduling (requested days off, requested workdays) should be attended to first.

# Professional Practice



Discuss designing workflows based on care delivery model and population served: Models of scheduling.

## Professional Practice

There are three common **models of scheduling**

- Decentralized: In this case, the schedule is developed by each unit manager, separate from all of the other units. This model depends on a stable list of employees for each unit and is problematical with acuity-based patient care that requires increased floating and different levels of staffing depending on needs.
- Self-scheduling: Each nurse develops his or her own schedule, often in cooperation and consultation with other staff members to ensure adequate coverage. This scheduling encourages autonomy, but issues can arise if, for example, weekend coverage is inadequate or if those with seniority always want first choice.
- Centralized: The advantage to centralized scheduling is that the coordinator can look at the whole picture and assign staff as needed, often with the help of software programs. The disadvantage is that the coordinator may not always understand the distinct needs of each unit and staff members may feel they have little or no input.

# Professional Practice



Discuss developing policies and procedures that ensure regulatory compliance with professional standards and organizational integrity: Legal and regulatory requirements.

# Professional Practice

**Legal and regulatory requirements** should be integrated into all nursing activities because the provision of medical care is increasingly governed by state, federal, and accreditation regulations and requirements. Healthcare organizations must meet regulatory standards for reimbursement from Medicare and Medicaid. Accreditation agencies, such as the Joint Commission, have had a profound influence on performance standards. Nursing personnel must stay abreast of changes in standards associated with the primary regulatory and accrediting agencies and should have a clear understanding of how these standards relate to quality outcomes. Healthcare providers at all levels must be updated when changes occur, and processes and practices may need to be changed. Documentation requirements may also change, and failure to understand new requirements may adversely affect reimbursement. Additionally, since the Joint Commission now conducts unannounced surveys, nursing staff must be aware of and constantly compliant with accreditation standards.

# Professional Practice



Discuss developing policies and procedures that ensure regulatory compliance with professional standards and organizational integrity: Policies, procedures, and working standards.

# Professional Practice

**Changes in policies, procedures, or working standards** are common and the nurse executive is responsible for educating the staff about changes, which should be communicated to staff in an effective and timely manner:

- Policies are usually changed after a period of discussion and review by administration and staff, so all staff should be made aware of policies under discussion. Preliminary information should be disseminated to staff regarding the issue during meetings or through printed notices.

- Procedures may be changed to increase efficiency or improve patient safety often as the result of surveillance and outcomes data. Procedure changes are best communicated in workshops with demonstrations. Posters and handouts should be available as well.

- Working standards are often changed because of regulatory or accrediting requirements, and this information should be covered extensively in a variety of different ways (discussions, workshops, handouts) so that the implications are clearly understood.

# Professional Practice



Discuss professional practice models: Massachusetts General Hospital professional practice model.

# Professional Practice

The **Massachusetts General Hospital professional practice model** is a patient-centered model with 9 elements to ensure cohesive and effective interdisciplinary care of the patient:

- Patient centeredness: Relationship-based care with importance of continuity of care and patient advocacy stressed
- Vision and values: Direct the provision of care
- Standards of nursing practice: State Nurse Practice Act and other national standards serve as guides
- Narrative culture: Shared stories
- Professional nursing development: Includes thorough orientation and ongoing education as well as internal and external consultation with nurse expert and ready access to clinical reference materials
- Clinical recognition and role advancement: Flexible staffing based on acuity and volume, encouragement and support for role advancement and lifelong learning
- Collaboration in decision-making
- Research
- Interdisciplinary teams that demonstrate innovation and entrepreneurship

In this model, the ultimate responsibility and accountability for patient care rests with the RN with standards guided by the state Nurse Practice Act other national standards.

# Professional Practice



Discuss professional practice models: Relationship-based care (Koloroutis).

# Professional Practice

**Relationship-based care** (Koloroutis) is a professional practice model that is intended to transform care by focusing on three primary relationships of the nurse or care provider: (1) patients and families, (2) self, and (3) colleagues. This model supports the idea that establishing positive relationships and effective modes of communication can positively affect patient outcomes. Healthcare providers actively engage with and support patients and family members. Patient care is provided by designated healthcare providers (including RN and physician) to ensure continuity of care. Healthcare providers should have the knowledge and tools to handle stress and to recognize their own needs, including finding a good life/work balance. Novice staff members should be mentored in order to improve their skills and level of confidence, and patients and family should participate collaboratively in their plans of care. Open communication and respect among all members of the team are essential for provision of care.

# Professional Practice



Discuss professional practice models: Synergy.

# Professional Practice

The **synergy model** of nursing practice, developed by the ACCN for nursing certification, places the needs of the patient as a central focus and defines the relationship between 8 patient characteristics and 8 nurse competencies. These competencies and characteristics are evaluated on a scale (1-5). Patient characteristics include resiliency, vulnerability, stability, complexity, resource availability, participation in care, participation in decision-making, and predictability. Nurse competencies include clinical judgment, advocacy, caring practices, collaboration, systems thinking, response to diversity, clinical inquiry, and facilitation of learning. The system or healthcare environment is the third element of the model. It provides support for the needs of the patients and empowers and nurtures the practice of nursing, caring, and ethical practice. All three of these systems are essential for synergy. The needs of the patient are the driving force for nurse competencies and both are dependent on the healthcare system. When the needs, competencies, and system complement each other, synergy is achieved, and outcomes for the nurse, the patient, and the system are optimized.

# Professional Practice



Discuss professional practice model: Human Caring (Watson).

## Professional Practice

**Jean Watson** developed the **philosophy of human caring** in 1979. Watson focused on transpersonal caring, which views the individual holistically from the perspective of the interrelationship among health, sickness, and behavior with a nursing goal to promote health and prevent illness. Watson's theory encompasses 10 caritas (methods of caring) the nurse can employ during caring occasions (opportunities to provide care) and caring moments (actions). The 10 caritas include:

- Having loving kindness and equanimity.
- Being present and sustaining the spiritual beliefs of individual and self.
- Cultivating personal spiritual practice.
- Developing and maintaining a caring relationship.
- Supporting both negative and positive feelings of the individual.
- Being creative in caring.
- Providing teaching-learning experiences within the individual's frame of reference.
- Creating a physical and spiritual healing environment.
- Providing for basic human needs.
- Being open to spiritual concepts related to life-death of self and the individual.

# Professional Practice



Discuss professional practice model: Peplau.

# Professional Practice

**Hildegard Peplau** developed the **interpersonal relations model of nursing** in 1952, focusing on the quality of nurse-client interaction. Peplau believed that individuals deserved human care by educated nurses and should be treated with dignity and respect. She also believed that the environment (social, psychosocial, and physical) could affect health in a positive or negative manner. Peplau viewed the nurse as a person who could make a substantial difference for the individual and who acts as a "maturing force." The nurse can focus on the way in which individuals react to their illness and can help individuals to use illness as an opportunity for learning and maturing through the nurse-client interactions. The nurse helps the individual to understand the nature of his/her problem and to find solutions. Peplau's theory stresses the importance of collaboration between the client and the nurse. The nurse-client relationship is viewed as a number of overlapping phases: orientation, identification of problem, explanation of potential solutions, and resolution of problem.

# Professional Practice



Discuss professional practice model: Orem.

# Professional Practice

**Dorothea Orem** developed a **general theory of nursing** in 1959. Orem believed that the goal of nursing was to serve patients and assist them to provide self-care through 3 steps: identifying the reason a patient needs care, planning for delivery of care, and managing care. Orem's theory is actually a collection of 3 theories:

- Self-care: There are two agents, the self-care agent (individual) and dependent care agent (other caregiver). There are 3 categories of needs, consisting of universal needs (food, air), developmental needs (from maturation or events), and health needs (from illness, injury).
- Self-care deficit: This occurs if the self-care agent cannot provide for his/her own care. Nursing assists through 5 means: Providing care, guiding, instructing, supporting, adjusting environment to aid patient in self-care.
- Nursing systems: Actions to meet patient's self-care needs may be completely compensatory (patient dependent), partly compensatory (patient can provide some self-care), or supportive (patient needs assistance or support to provide self-care).

# Professional Practice



Discuss professional practice model: Differentiated nursing practice.

# Professional Practice

**Differentiated nursing practice** is a professional practice model in which responsibilities for patient care are differentiated according to level of education, competence, and/or clinical expertise. This model initially promoted the development of associate degree programs of nursing with the concept that the AS-prepared nurse would provide patient care under supervision of a BSN. Most differentiated nursing practice is currently based on education alone with a hierarchy that begins with the APN, then to the BSN, to the AS RN, the LPN/LVN, and the UAP. In actuality, differentiated nursing practice is in common use even if not stated formally by an organization. Differentiated nursing practice makes the best use of the knowledge and skills of the nurses and can be most cost-effective, but the mindset that "a nurse is a nurse" despite differences in educational preparation has been difficult for the profession to overcome.

# Professional Practice



Discuss professional practice model: Orlando.

# Professional Practice

**Ida Jean Orlando** developed the **nursing process theory** of nursing in the late1950s and published them in 1961 in *The Dynamic Nurse-Patient Relationship,* based on her observations of what comprises good or bad nursing care. She theorized that the nursing process includes:

- The behavior of the patient: Behavior is an indication of need, which may be expressed directly or through actions.
- The nurse's reaction: The nurse must evaluate the needs of the patient based on perception and evaluation of this perception, exploring with the patient the meaning of the patient's behavior.
- The subsequent nursing actions: Actions are based on the nurse's determining the nature of the patient's real needs (which may be different than expressed) and finding the appropriate action to meet the need. When the patient's needs are met, this decreases the distress of the patient and improves his/her sense of well-being.

# Professional Practice



Discuss professional practice model: Leininger.

# Professional Practice

**Madeleine Leininger** developed the **theory of culture care diversity and universality** in 1974, based on anthropological concepts. Transcultural nursing considers cultural issues as central to providing care and promotes study of cultural differences in relation to people's beliefs about illness, behavioral patterns, and caring behavior as well as nursing behavior. Leininger recognized that response to illness is often rooted in cultural beliefs and traditions. Based on research, the goal is to identify and provide care that is both culture-specific (fitting the needs of a specific cultural group based on their belief systems and behavior) and universal (based on belief systems and behavior that hold true for all cultures). Nurses are expected to assess and analyze to determine the most appropriate approach to care, considering not only the needs of ethnic or minority populations but also gender issues. The transcultural theory tries to find ways to accommodate traditional belief systems with modern medicine and to prevent cultural conflict.

# Professional Practice



Discuss role delineation: Credentialing and Privileging.

# Professional Practice

**Credentialing** is the process by which a person's credentials to provide patient care are obtained, verified, and assessed in accordance with organizational bylaws, which may vary from one organization to another. **Privileging** follows the credentialing process and grants the individual authority to practice within the organization. Decisions regarding credentialing and privileging are usually done by members of a credentials committee although some organizations use Internet services to verify credentials. Part of credentialing and privileging is to determine what credentials are necessary for different positions, based on the following:

- Professional standards, such as those of the American Nurses Association
- Licensure
- Regulatory guidelines, such as state requirements
- Accreditation guidelines

Other considerations include best practices, economic considerations, malpractice insurance coverage, disciplinary actions, and organizational needs. Policies for privileging should be in place to allow for temporary staff privileges for special circumstances or for emergencies. State regulations may vary from one state to another.

# Professional Practice



Discuss role delineation: Credentialing and privileging (core criteria).

# Professional Practice

There are many considerations for **credentialing and privileging**. Some of the considerations are internal organizational considerations that do not involve the quality of the applicant. However, some considerations focus only on the applicant. There are 4 primary **core criteria**:

- Licensure: This must be current through the appropriate state board, such as the state board of nursing.
- Education: This includes training and experience appropriate for the credential and may include technical training, professional education, residencies, internships, fellowships, doctoral and post-doctoral programs, and board and clinical certifications.
- Competence: Evaluations and recommendations by peers regarding clinical competence and judgment provide information about how the person applies knowledge.
- Performance ability: The person should have demonstrated ability to perform the duties to which the credentialing/privileging applies.

# Professional Practice



Discuss role delineation: Certification.

# Professional Practice

**Certification** is a form of professional credentialing that is part of role delineation and is voluntary on the part of the nurse but represents increased education and/or clinical expertise. Certification may be acquired from a large number of different organizations and is monitored by the American Board of Nursing Specialties. ANCC, for example, offers a wide range of certificates for nurse practitioners and clinical nurse specialists, such as Adult Care Nurse Practitioner, as well as specialty certifications, such as Ambulatory Care Nursing and Cardiac-Vascular Nursing. Some certification boards provide only one type of certification. For example, the Certification Board of Infection Control and Epidemiology, Inc., provides only the Certification in Infection Control (CIC). Each certification has specific requirements that may include educational preparation/degree, clinical experience, and passing a certifying exam. Certification is for a specified period of time and various requirements are in place for recertification, such as completing continuing nursing education and employment in the area of certification.

# Professional Practice



Discuss professional practice standards: Nurses’ Bill of Rights.

# Professional Practice

The **ANA Nurses' Bill of Rights** is not a legal document, so it cannot provide legal protection, but lists expected professional rights that organizations can use as a basis for a sound nursing policy. According to the Nurses' Bill of Rights, nurses have a right to:

- Practice their profession in such a way that allows them to fulfill societal and patient obligations.
- Practice in a healthcare environment that permits them to practice in accordance with professional standards and their scopes of practice.
- Practice in an ethical healthcare environment that supports the *Code of Ethics for Nurses with Interpretive Statements.*
- Serve as advocates for themselves and their patients without concern for retribution.
- Receive fair compensation commensurate with education, experience, and expertise.
- Practice in a safe work environment.
- Engage in negotiation regarding the conditions of employment individually or collectively.

# Professional Practice



Discuss employment performance feedback: Performance appraisal.

## Professional Practice

**Performance appraisal** is used to confirm hiring, promote, train, or reward staff. It may be done at some point in the first 6 months of employment and on an annual basis and should be primarily based the person's job description, which should include expectations and goals related to performance. The written appraisal should indicate compliance with performance expectations. The appraisal may include a rating scale, checklist, productivity studies, and narrative. The appraisal should be discussed with the individual so the person is able to respond to the feedback received. As part of the appraisal process, the individual should establish new goals, based on findings from performance improvement measures and related to strategic plans of the organization. Performance appraisal evaluation standards include:

- Clear objective standards.
- Criteria for promotions and pay raises.
- Conditions for termination.
- Time allowed and procedures to correct deficiencies.

# Professional Practice



Discuss developing clinical staff: Orientation.

## Professional Practice

When developing an **orientation program**, the nursing professional development specialist should first meet with department administrators to gain valuable insight and information, to show respect for their positions and experience, and to gain cooperation. However, the specialist cannot depend solely on the administrators' suggestions but should follow up with various types of needs assessments, including literature research, observation, interviews, surveys, and reviews of similar orientation programs. Expected outcomes should be identified in the process. Some orientation programs are primarily classroom based with reviews of policies, procedures, and equipment, but many nurses feel overwhelmed when orientation ends, especially new graduates who may lack the experience necessary to work autonomously. For that reason, orientation often includes an ongoing mentoring program to provide support for nurses and the opportunity to benefit and learn from the expertise of others. Formal mentoring programs usually establish one-on-one mentoring relationships rather than the more informal mentoring that occurs when one nurse assists another.

# Professional Practice



Discuss developing clinical staff: Continuing education.

# Professional Practice

**Continuing education** is that education and training required to remain current in the nursing profession and is an obligation of all those in the field of nursing. Employers may require continuing education for employment and may, in some instances, specify the specific course or type of courses. Continuing education requirements for renewal of an RN license (regardless of the type of program) are established by individual states and vary widely. Some states require no continuing education. Other states require a minimum number of units (one contact hour per unit), often 20-30 units for each licensing period, typically every 2 years. Some states specify certain courses that must be taken for license renewal, such as End-of-Life or HIV/AIDS. Providers of continuing education courses must be approved by state boards of nursing to ensure they meet minimum standards. Continuing education courses may be delivered in traditional classroom settings, via the Internet, or with self-study written/video/audio materials.

# Professional Practice



Discuss developing clinical staff: Evaluating activities for continuing education credits.

## Professional Practice

When **evaluating activities for continuing education credits**, the activities should first be evaluated to determine if they meet the ANCC provider design criteria. Continuing education should:

- Address gaps in professional practice.
- Include a nurse planner in the planning process.
- Be based on needs assessment.
- Identify one or more learning outcomes.
- Use appropriate teaching strategies.
- Base information on evidence-based practice.
- Evaluate learning outcomes.
- Be free of commercial influence.

The nurse planner should determine what the target audience is for the CNE, and develop the learning outcomes. Educational content may be selected by the nurse planner or other presenter, but the nurse planner is responsible for ensuring content is evidence-based and involves learner engagement.

# Professional Practice



Discuss developing clinical staff: Competency validation.

## Professional Practice

The first task in **competency validation** is to select the criteria that will be used to determine competency. Criteria may be selected by review of certification requirements, literature, course content, and job descriptions. The nursing professional development specialist should develop a rubric that lists expected competencies and a range of possible scores (such as 1 to 4) indicating the degree of competence with explanations for each score. In some cases, if specific tasks are part of the competency validation, then a checklist should be prepared to guide the individual and to ensure that all tasks are completed as part of the individual's evaluation. Then, the person responsible for completing the competency validation should be selected. In some cases, the individual may be asked to do a self-evaluation; otherwise, the competency validation should be completed in collaboration with the individual.

# Professional Practice



Discuss developing clinical staff: Peer review.

# Professional Practice

**Peer review** is an intensive process in which an individual practitioner is reviewed by like practitioners. It may be used for an individual practitioner and individual or a group of individuals and often relates to data found as part of root cause analysis, infection control, or other surveillance measures. Peer review is usually conducted within the specified department by a committee. A ranking system is usually used to indicate compliance with standards:

1. Care is based on standards and typical of that provided by like practitioners.
2. Variance may occur in care, but outcomes are satisfactory.
3. Care is not consistent with that provided by like practitioners.
4. Variance resulted in negative outcomes.

In some cases, this ranking system is not used and is replaced with a series of questions, with affirmative answers indicating cause for concern.

# Professional Practice



Discuss developing clinical staff: Planning.

## Professional Practice

**Planning** for the development of clinical staff begins with assessment of the current status of staff, including issues such as skill mix, empowerment, diversity, and motivation. The nurse executive must assess the needs of the organization as well in terms of current staffing and levels of education as well as review patient data. The nurse executive should also project future needs in order to determine the focus of staff development. Once a list of needs is compiled, the nurse executive can work with staff development nurses to develop programs that meet those needs. For example, if the skill mix shows a shortage of RNs, the organization may partner with a nursing degree program to provide a bridge program for LVNs/LPNs to advance to BSNs. If patient data show high rates of infection, then training may focus on infection control. Employees should be encouraged to establish personal goals, and staff development should assist the employees in attaining those goals.

# Professional Practice



Discuss developing clinical staff: Lifelong learning.

# Professional Practice

**Life-long learning** is the ongoing pursuit of knowledge often simply for the sake of learning. Life-long learning is almost always a voluntary type of education in which the individual utilizes a variety of resources—including books, magazines, workshops, conferences, videos, continuing education courses, and academic classes—to stay current in one or more fields of study or just in general knowledge to keep informed. For example, many universities and adult schools now offer programs geared to the interests of older adults. Planning for academic progression, on the other hand, requires more formal education and involves further academic studies in order to advance in one's career. For example, an RN with an AS degree may enroll in a bridge program to receive a BS in nursing and then may work and apply to graduate school to work toward an MS or doctorate degree.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Shared governance.

## Professional Practice

**Shared governance** implies shared decision making, but this can be realized in different ways. A common form of shared governance is for the administration to allow autonomous decision making by specific departments, teams, or groups within an organization regarding issues that apply to them or are within their area of expertise. For example, a unit team may have the authority to establish work schedules for that unit only, and members of a professional development team may be able to make decisions regarding professional development activities. In some cases, shared governance committees communicate with administration and can affect decision-making but do not make the final decision. Members of shared governance teams or groups may be tasked with specific duties, such as developing new policies or procedures related to evidence-based best practices. Shared governance has primarily involved nursing personnel in most organizations.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Partnership council.

## Professional Practice

**Partnership councils** represent an evolution of shared governance, which focuses primarily on nursing. Partnership councils have members from all levels and areas within an organization. Thus, a partnership council may include all disciplines, such as nursing, laboratory, and housekeeping, and all departments. Partnership councils usually exist at different levels in an organization, so there may be department or unit partnership councils as well as a central partnership council that serves as an advisory board and shares decision making with administration. Usually one member (most often a chairperson) of each unit or department partnership council becomes a representative on the central council so that communication moves both horizontally and vertically. This type of sharing of information and ideas helps to promote decision-making that considers the system needs as well as the unit needs.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Staff accountability.

# Professional Practice

The nurse has an obligation to report ethical and standards of care violations and to intervene to ensure safety of the patient. This **accountability** is outlined by state boards of nursing, professional organizations, and accrediting agencies. The nurse must report suspected or observed diversion of drugs, any type of abuse (physical, emotional, sexual, financial), falsification of patient records, neglect of patients, narcotic offenses, and arrests, indictments, and/or convictions for criminal offenses. Each facility should have policies in place for reporting, but the usual procedure is to report to the immediate supervisor and file an incident report; however, the nurse can file a complaint directly with the board of nursing, especially if the matter is serious. The written report is essential in the event that the nurse should experience reprisals. After filing a report, the nurse should follow up to determine if action has been taken. With ethical dilemmas, a report may be made to the bioethics committee. Violations may result in disciplinary action, mentoring, or loss of license.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Chain of command and accountability.

## Professional Practice

The Joint Commission has established leadership standards that apply to healthcare organization's and help to establish management's **chain of command** and accountability. Under these standards, leadership comprises the governing body, chief executive officer and senior managers, department leaders, leaders (both elected and appointed) of staff or departments, and the nurse executive and other nurse leaders. The governing body is ultimately responsible for all patient care rendered by all types of practitioners (physicians, nurses, laboratory staff, and support staff) within and under the jurisdiction of the organization, so this governing body must clearly outline the line of authority and accountability for others in management positions. At each level of management, performance standards and performance measurements should be established so that accountability becomes transparent based on data that can be used to drive changes when needed to bring about improved outcomes.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Accountability and delegation.

# Professional Practice

**Personal accountability** is the obligation to assume responsibility for one's own acts. This includes understanding the legal ramifications of actions, including supervision. Accountability is an issue in delegation, because the person who delegates is personally accountable for the appropriateness of delegation and the subsequent supervision of the delegated task. The 5 rights of delegation include:

- Right task: The nurse should determine an appropriate task to delegate for a specific individual.
- Right circumstance: The nurse has considered the setting, resources, time factors, safety factors, and all other relevant information to determine the appropriateness of delegation.
- Right person: The nurse is in the right position to choose the right person (by virtue of education/skills) to perform a task for the right individual.
- Right direction: The nurse provides a clear description of the task, the purpose, any limits, and expected outcomes.
- Right supervision: The nurse is able to supervise, intervene as needed, and evaluate performance of the task.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Critical thinking (skills).

## Professional Practice

Effective **critical thinking** requires a number of different skills:

| | |
|---|---|
| Interpretation | Ability to understand data and explain, knowledge of theories and applications. |
| Analysis | Ability to investigate based on objective and subjective data and to consider various methods to solve problems. |
| Evaluation | Ability to assess information obtained regarding reliability, credibility, and validity and to determine if the information is relevant. The person should consider how bias may affect decision-making. |
| Inference | Ability to arrive at a conclusion based on evidence and sound reasoning. |
| Explanation | Ability to explain conclusions and decisions using sound rationale. The person should be able to outline the steps taken to arrive at a conclusion. |
| Self-regulation | Ability to monitor personal thinking and to reflect on processes engaged in to reach conclusions. The person should be able to self-correct errors in thought processes. |

# Professional Practice



Discuss creating a professional environment for empowered decision making: Critical thinking (standards).

## Professional Practice

Paul and Elder (2001) identified a number of standards that must be applied **critical thinking**:

- Clarity: Reasoning should be transmittable from one medium of communication to another, so concepts must be clearly elaborated.
- Accuracy: Data and information must be accurate in order to reach the correct conclusion.
- Precision: One should anticipate what information others will need and provide detailed and clear information, proceeding from both the general to specific and specific to general.
- Relevance: All pertinent data should be collected and insignificant data omitted.
- Depth: One should avoid dealing with issues superficially.
- Breadth: Situations and data should be considered from various perspectives.
- Logic: Assumptions must be valid and conclusions based on evidence.
- Significance: Information should be judged on whether it is significant or peripheral.
- Fairness: One should be open to new ideas and viewpoints.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Critical thinking (steps to problem-solving).

# Professional Practice

**Problem solving** to anticipate or prevent recurrences of problems involves arriving at a hypothesis, testing, and assessing the data to determine if the hypothesis holds true. If a problem has arisen, taking steps to resolve the immediate problem is only the first step if recurrence is to be avoided:

- Define the issue: Talk with the patient or family and staff to determine if the problem is related to a failure of communication or other issues, such as culture or religion.
- Collect data: This may mean interviewing additional staff or reviewing documentation, and gaining a variety of perspectives.
- Identify important concepts: Determine if there are issues related to values or beliefs.
- Consider reasons for actions: Distinguish between motivation and intention on the part of all parties to determine the reason for the problem.
- Make a decision: A decision on how to prevent a recurrence of a problem should be based on advocacy and moral agency, reaching the best solution possible for the patient, family, or staff.

# Professional Practice



Discuss creating a professional environment for empowered decision making: Civility.

# Professional Practice

**Civility** is treating others with respect and consideration. Lack of civility is an increasing problem in the workplace. Complaints of rudeness, insults, being ignored, and unfair treatment are common between different professional groups (such as physicians and nurses) as well as between members of the same profession (such as nurses) and can result in a toxic work environment and increased staff turnover. Steps to creating a civil organizational culture include:

- Recognizing the problem: Observations and surveys may help to discover the perception of the extent of incivility.
- Establishing clear behavioral and communication codes of conduct that apply to all members of the organization. Unacceptable behavior (hazing, eye rolling, sarcasm, lateral violence, and other negative behaviors) should be clearly outlined.
- Modeling civil behavior from the top down.
- Training organization members at all level in communication strategies and conflict resolution.
- Addressing offenders: A zero-tolerance policy should be in place.

# Professional Practice



Discuss recruiting staff.

## Professional Practice

In a time of nursing shortage, **recruiting staff** can be challenging, so it's important for the recruitment officer to ensure that the organization is competitive. Recruitment considerations include:

- Emphasis on quality: Advertisements should stress the organization's efforts at quality improvement and high standards of care.
- Orientation program: Extended orientation programs that include mentoring and special programs for new graduates are especially attractive.
- Partnership with nursing schools: Graduate nurses often seek employment in hospitals in which they have trained because they know the staff and are familiar with the organizational culture.
- Welcoming culture: Engage key stakeholders throughout the organization in providing a supportive environment for new hires.
- Competitive salary/benefit packages: Recruitment bonuses may also benefit recruitment efforts.
- Flexible work schedules: 8 to 12 hours shifts.
- Role advancement: Incentive and support should be available for continuing education and career advancement.
- Employee assistance program: These programs suggest a caring environment.

# Professional Practice



Discuss recognizing staff.

## Professional Practice

**Recognizing staff** for their achievements or expertise is a form of positive reinforcement. While salary increase and job promotion are the primary methods of indicating appreciation for staff, because of the costs involved, these forms of recognition are limited. However, staff recognition can be carried out in a number of other ways:

- Ask staff members to report on their achievements to upper management or the Board of Directors.
- Provide acknowledgment through various means, such as "Employee of the month."
- Establish a staff appreciation program.
- Verbally praise employees' efforts.
- Award certificates of achievement.
- Provide a suggestion box.
- Ask staff for nominations for employee awards.
- Write a letter of appreciation to worthy employees.
- Ask employees to serve on advisory or other committee.
- Ask employees with expertise to mentor other staff members.
- Establish a formal employee recognition program with annual awards.
- Establish professional weeks of recognition, such as "Nurse's Week" in the organization.

# Professional Practice



Discuss retaining staff.

## Professional Practice

Nursing has been plagued with shortage of personnel, which poses a risk to patient care, and high rates of turnover with attendant costs in orienting and training new staff. **Retention** is, therefore, a critical concern. Retention estimates can be made through assessing potential retirements and conducting a staff satisfaction survey to identify problem areas. Key elements to staff retention include:

- Providing competitive salaries and benefits
- Establishing thorough orientation program, including mentoring
- Developing support and preceptor programs for new graduate nurses
- Providing flexible work schedules
- Offering health and wellness programs
- Ensuring adequate staffing
- Providing staff training and career development programs
- Hiring recently-retired staff consultant or part-time work
- Offering educational incentives, such as tuition assistance, to promote advancement and certification
- Encouraging collaboration and team building as well as nursing autonomy and decision-making
- Recognizing professional excellence

# Professional Practice



Discuss providing internal customer service.

## Professional Practice

**Internal customer service** is directed at those who are members of the healthcare organization rather than those being served by the organization although maintaining good internal customer service can, in turn, affect the quality of external customer services. The goal of internal customer service is to provide the customers with the things they need and want in order to carry out their jobs effectively. Important factors in internal customer service include:

- Treat all staff with respect.
- Set standards for service.
- Educate all levels in the chain of command so they remain up-to-date.
- Carry out fair and equitable performance evaluation process with input from staff members.
- Remain available to staff.
- Maintain open channels of communication.
- Encourage empowerment.
- Develop a reward system to acknowledge achievements.
- Anticipate needs before they become acute.
- Seek feedback from staff members about internal customer service

# Professional Practice



Discuss providing external customer service.

## Professional Practice

**External customer service** involves interpersonal communication with a customer (such as a patient or vendor) to attend to the person's needs. This communication may be face-to-face or via telephone, email, Internet chat, or text messaging. For face-to-face and telephone communication, the customer service individual must have strong verbal communication skills. For email, Internet chat, or text messaging, the individual must also have good typing and grammar skills. The customer service individual should be knowledgeable about the needs of customers, have up-to-date information, and understand the level of authority needed to respond to customers' needs. In all cases, the individual must exhibit patience and have a good understanding of behavioral psychology in order to assess the customer's emotional status. It's important for the individual to listen attentively to customers and to use positive language in response. The individual must also have good time management skills in order to avoid wasting time with customers.

# Professional Practice



Discuss service recovery.

## Professional Practice

**Service recovery** is important in healthcare. One patient may have to wait a short period for a procedure (minor problem) while another patient may develop a life-threatening postoperative infection (major problem). In both cases, the goal of service recovery is to retain the good will of the patient and to continue the relationship despite the problems that occurred. While patients may not complain directly to the healthcare providers, they often share their discontent with family and friends and increasingly on social media. When a problem occurs, the best course of action is to immediately acknowledge the problem and apologize. Apologizing is not the same as assuming blame, a concern sometimes expressed by healthcare providers: "I know you had to wait longer than expected, and I'm sorry for your inconvenience." Even if there is no fault, denying a problem or making excuses for it usually only increases resentment. The problem should be rectified if possible and, when appropriate, some type of compensation offered.

# Professional Practice



Discuss creating a vision for professional nursing practice that promotes patient-centered care.

# Professional Practice

**Patient-centered care** is a model of nursing care in which the values and norms of the patient (and often the family) are respected and considered when providing care. Patient-centered care considers the patient's experience of care; that is, the patient's perception of communication, patient care, and the patient's condition and disease. Another important consideration is the patient's partnership in the planning and provision of care. The patient (and family) should be actively engaged in decision-making. The elements of patient-centered care include:

- Leadership commitment, including the Board of Directors and physicians.
- Patient rounding.
- Staff engagement.
- Open communication.
- Collaboration with patient.
- Patient/Family feedback, focus groups, surveys, patient/family advisory councils.
- Standards of service with clear outline of expectant behavior and inclusion of patient-centered/family-centered language.
- Performance appraisal that includes commitment to patient/family-centered care.

# Professional Practice



Discuss creating a vision for professional nursing practice that promotes family centered care.

## Professional Practice

**Family-centered care** focuses on the needs and desires of the family and is a partnership model in which the family collaborates actively in the plan of care, such as when parents work with healthcare providers to determine the best course of treatment and care for their child or when adult children of an patient with Alzheimer's disease help to develop a plan of care. Important elements of family-centered care include:

- Open communication and sharing of information.
- Showing respect for diversity.
- Honoring preferences for care.
- Working in a collaborative manner.
- Recognizing that provision of care can be flexible.
- Accommodating psychosocial needs.

In the inpatient environment, family-centered rounds should be done at the bedside with both physicians and nurses while the family is present and can contribute. In the outpatient environment, which is quite varied, family should be included in all aspects of care, such as collaborating with the case manager or discussing care options with the emergency department staff.

# Professional Practice



Discuss communication principles: Active listening.

## Professional Practice

**Active listening** requires more than passively listening to another individual. Active listening includes observing the other individual carefully for non-verbal behaviors, such as posture, eye contact, and facial expression, as well as understanding and reflecting on what the person is saying. The listener should observe carefully for inconsistencies in what the individual is saying or comments that require clarification. Feedback is critical to active listening because it shows the speaker that one is paying attention and showing interest and respect. Feedback may be as simple as nodding the head in agreement but should also include asking questions or making comments to show full engagement. Listening with empathy is especially important because it helps to build a connection with the speaker. The listener should communicate empathy with words: “You feel (emotion) because (experience),” because the speaker may not be sensitive to what the listener is comprehending.

# Professional Practice



## Discuss communication principles: Reflective communication.

## Professional Practice

**Reflective communication** utilizes techniques to assist individuals to understand their personal thoughts and feelings by directing actions, feelings, and thoughts back to the individual. For example, if a person asks, “Do you think I should…,” a reflective comment is “Do you think you should….” However, this type of reflective comment should be used sparingly. A better choice is often to reflect on what is implied. For example, if a person complains that his boss is unfair and shows favoritism, a reflective comment would be: “This makes you feel angry and upset.” Reflection helps speakers to recognize their feelings, as they may not realize the impact that the feelings are having on attitude and behavior. Reflection also helps individuals accept the feelings they are having and find ways to work through them.

# Professional Practice



Discuss communication principles: Two-way communication.

## Professional Practice

**Two-way communication** is a process of interpersonal communication in which both parties participate and provide information. Examples of two-way communication include telephone conversations, amateur radio, in-person conversations, instant messaging, and chat rooms. Two-way communication incorporates the sender-receiver feedback loop because feedback is a critical component of communication, assuring the sender that the message was received as intended. In business communication, two-way communication occurs when a message receives a response (feedback). This is the most common type of business communication. Two-way communication tends to be more accurate than one-way communication but is more time-consuming and less orderly; however, two-way communication allows for corrections and modifications and results in greater understanding. Two-way communication may be horizontal (such as between two nurses). Communication may also be classified as downward or vertical (such as between the nurse executive and subordinates).

# Professional Practice



Discuss communication principles: Selecting appropriate communication methods.

## Professional Practice

**Selecting appropriate communication methods** requires a number of steps:

- Consider the purpose of the communication.
- Identify the person or persons who will be the recipients and obtain or consider information about them, what influences them, and how best to reach them.
- Consider the message to be conveyed and the best way to communicate so that the message is received as intended.
- Determine whether the communication is intended as one-way or requires feedback. Choose an interactive channel if feedback is desired.
- Determine the cost or effort involved in communicating through the chosen channel.
- Develop the correct format for the communication (letter, FAX, email), using or developing a template as is appropriate.
- Complete the message and carry out the communication using the channel selected.
- Monitor feedback if appropriate.
- Respond to feedback if indicated by comments.

# Professional Practice



Discuss communication principles: Sender-receiver feedback loop.

## Professional Practice

The communication process, which includes the **sender-receiver feedback loop,** is based on Claude Shannon's information theory (1948) in which he described 3 necessary steps: (1) encoding a message, (2) transmitting through a channel, and (3) decoding. The resultant communication process begins with the sender, who serves as the encoder and determines the content of the message. The medium is the form the message takes (digital, written, audiovisual), and the channel is the method of delivery (mail, radio, TV, phone). The recipient (receiver) who acts as the decoder determines the meaning from the message. Feedback helps to determine whether or not the communication is successful and the message understood as intended. This process is referred to as the send-receiver feedback loop. Context is the environment (physical and psychological) in which the communication occurs, and interference is any factor that impacts the communication process. Interference may be external, (such as environmental noise) or internal (such as emotional distress or anxiety).

# Professional Practice



Discuss communication principles: Conducting an interview (hiring).

## Professional Practice

Prior to conducting an **interview for hiring**, it's important to review the job description and the applicant's work history. Questions should be prepared prior to the interview. In some cases, those hiring are required to ask all applicants the exact same questions although clarification questions may be asked in addition to the core questions. Questions must conform to state and national laws and must be job related. For example, the interviewer cannot ask about the person's age or ethnic background. Interviews should be conducted in a quiet and comfortable setting that ensures privacy. Interviews often begin with background questions that relate to the applicant's work experience and résumé and then move on to specific questions about skills and knowledge related to the position. Typical other questions include those about the individual's greatest strength, greatest weakness, future goals, educational goals, and (if applicable), leadership style.

# Professional Practice



Discuss communication principles: Interviewing (motivational).

## Professional Practice

**Motivational interviewing** (Miller, 1983) aims to help people identify and resolve issues regarding ambivalence regarding change and focuses on the role of motivation to bring about change. MI is a collaborative approach in which the interviewer assesses the individual's readiness to accept change and identifies strategies that may be effective with the individual.

# Professional Practice



List the elements, principles and strategies of the communication principle: Interviewing (motivational).

## Professional Practice

Interviewing:

| Elements of MI | Principles of MI | Strategies |
|---|---|---|
| · **Collaboration** rather than confrontation in resolving issues.<br>· **Evocation** (drawing out) of the individual's ideas about change rather than imposition of the interviewer's ideas.<br>· **Autonomy** of the individual in making changes. | · **Expression of empathy:** Showing understanding of individual's perceptions.<br>· **Support of self-efficacy:** Helping individuals realize they are capable of change.<br>· **Acceptance of resistance:** Avoiding struggles/conflicts with patient.<br>· **Examination of discrepancies:** Helping individuals | · **Avoiding Yes/No questions:** Asking informational questions.<br>· **Providing affirmations:** Indicating areas of strength.<br>· **Providing reflective listening:** Responding to statements.<br>· **Providing summaries:** Recapping important points of |

| | | |
|---|---|---|
| | see discrepancy between their behavior and goals. | discussion.<br>· **Encouraging change talk:** Including desire, ability, reason, and need. |

# Professional Practice



Discuss communication styles: Persuasive.

## Professional Practice

The purpose of the **persuasive communication** is to convince people to do or believe something, a crucial skill in the healthcare environment. The essential steps to persuasive communication include:

- Understanding the audience: The message should be directed at the needs of the listeners and should be presented in language appropriate to their levels of education and experience, avoiding excess data and statistics.
- Getting attention: The speaker should begin with an anecdote or interesting information to get people's attention rather than immediately launching into the direct purpose of the communication.
- Establishing credibility: The speaker should outline authority or expertise.
- Outlining benefits: The listener's biggest concern is often how something will affect them personally, so explaining how they will benefit is crucial.
- Using appropriate body language: This may vary according to audience, but should generally include making frequent eye contact, smiling, avoiding closed body positions (arms folded), and using a persuasive tone of voice.

# Professional Practice



Discuss communication styles: Assertive.

## Professional Practice

**Assertive communication** occurs when the individual expresses opinions directly and actions correlate with words. Assertive communicators are respectful of others and not bullying but firm and honest about opinions. They frequently use "I" statements to make their point: "I would like. . ." Communication usually includes cooperative statements, such as "What do you think?" and distinguishes between fact and opinion. Assertive communicators often engender trust in others because they are consistent, honest, and open in communicating with others. The assertive communicator feels free to express disagreement and anger but does so in a manner that is nonthreatening and respectful of others' feelings. Assertive communication requires a strong sense of self-worth and the belief that personal opinions have value. Assertive communicators tend to have good listening skills because they value the opinions of others and feel comfortable collaborating.

# Professional Practice



Discuss communication styles: Passive.

## Professional Practice

**Passive communication** occurs when the individual does not express an opinion directly or verbally but may communicate in a non-direct or non-verbal manner. The passive communicator may be non-committal and submissive, often contributing little to a conversation and unwilling to take sides in a conflict. The person may believe that personal opinions are not important and may avoid direct eye contact and appear nervous and fidgety if confronted. The individual may show signs of anxiety, such as wringing hands and crossing the arms. The passive communicator may respond inappropriately when angry, such as by laughing, and may believe that disagreeing with another person will be upsetting to that person or result in conflict, which the communicator wants to avoid. The passive communicator benefits by rarely being blamed for failures (since the person took little part in decision making) and by avoiding conflict (at least short-term).

# Professional Practice



Discuss communication styles: Aggressive.

## Professional Practice

**Aggressive communication** has some of the same characteristics as assertive communication but lacks the respect for others. The aggressive communicator expresses opinions directly and forcefully but does not want to hear the opinions of others and may denigrate those who speak up or disagree. The aggressive communicator often bullies others into agreement but is usually disliked, and this can increase social anxiety and resentment, leading to further aggression. The aggressive communicator may use sarcasms or insults and may frequently interrupt or talk over other speakers and may intrude on others' personal space. They often believe they are superior to others or more intelligent and may take an aggressive stand (standing upright, feet apart, hands on hips). Hand gestures may include making fists and pointing fingers at others. Benefits of aggressive communication are being in control, getting one's own way, and feeling powerful.

# Professional Practice



Discuss communication styles: Passive-aggressive.

## Professional Practice

A key aspect of **passive-aggressive communication** is negativity, which influences people's thoughts and communication strategies. These communicators often appear quite passive but are angry and resentful. They may appear to be in agreement or cooperating while obstructing or undermining communication efforts. They often complain to others about what someone has said or done but fail to confront the person directly; however, they tend to be loners with few friends, and this results in increasing feelings of powerlessness. Passive aggressive communicators attempt to get their way indirectly by convincing others to support their positions. Facial expressions may be at odds with words, and they may make sarcastic comments meant to belittle the other person. If others don't agree with their positions, passive-aggressive communicators may resort to sabotage but often deny there is a problem and cannot acknowledge their underlying anger.

# Professional Practice



Discuss cultural aspects of communication: Hmong and Mexican.

## Professional Practice

Hmong and Mexican:

| **Cultural aspects of communication** | |
|---|---|
| **Hmong** | · The eldest male in the family makes the decisions for the family and is deferred to by other family members, so the nurse should ask who should receive information about the patient.<br>· Communication should be polite and respectful, avoiding direct eye contact, which is considered rude.<br>· Disagreeing is considered rude so "Yes" may mean "I hear you" and NOT "I agree with you." |
| **Mexican** | · Mexican culture perceives time with more flexibility than American, so if patients/family need to be present at a particular time, the nurse should specify the exact time (1:30 PM) and explain the reason rather than saying something vaguer, such as "after lunch."<br>· People may appear to be unassertive or unable to make decisions when they are simply showing respect to the nurse by being deferent.<br>· In traditional families, the males make decisions, so a woman way wait for the husband or other males in the family to make decisions about treatment or care. |

# Professional Practice



Discuss cultural aspects of communication: Middle Eastern and Asian.

# Professional Practice

Middle Eastern and Asian:

| **Cultural aspects of communication** | |
|---|---|
| **Middle Eastern** | · In Middle Eastern countries, males make decisions, so issues for discussion or decision should be directed to males, such as the spouse or son, and males may be direct in stating what they want, sometimes appearing demanding.<br>· Middle Easterners often require less personal space and may stand very close.<br>· If a male nurse must care for a female patient, then the family should be advised that *personal care* (such as bathing) will be done by a female while the medical treatments will be done by the male nurse. |
| **Asian** | · Asian families may expect the nurse to remain authoritative and to give directions and may not question.<br>· Disagreeing is considered impolite. “Yes” may only mean that the person is heard, not that they agree with the person. When asked if they understand, they may indicate that they do even when they clearly do not so as not to offend the nurse.<br>· Asians may avoid eye contact as an indication of respect. |

# Professional Practice



Discuss negotiation concepts and strategies: Negotiation approaches.

## Professional Practice

**Negotiating** may be a formal process (such as negotiating with administration for increased benefits) or informal process (such as arriving at a team consensus), depending on the purpose and those involved.

# Professional Practice



Discuss Approaches to negotiation.

## Professional Practice

Approaches to negotiation:

| **Approaches to negotiation** | |
|---|---|
| Competition | In this approach, one party wins and the other loses, such as when parties feel their positions are non-negotiable and are unwilling to compromise. To prevail, one party must remain firm, but this can result in conflict. |
| Accommodation | One party concedes to the other, but the losing side may gain little or nothing, so this approach should be used when there is clear benefit to one choice. |
| Avoidance | When both parties dislike conflict, they may put off negotiating and resolve nothing so that the problems remain. |
| Compromise | Both parties make concessions in order to reach consensus, but this can result in decisions that suit no one, so compromise is not always the ideal solution. |
| Collaboration | Both parties receive what they want, a win-win solution, often through creative solutions, but collaboration may be ineffective with highly |

competitive parties.

# Professional Practice



Discuss negotiation concepts: Distributive (win-lose) and integrative (win-win) bargaining.

# Professional Practice

**Negotiation** is a transaction between two parties to reach a solution to a conflict, such as a contract disagreement. The two primary postures for negotiating include:

- Distributive bargaining: This is a contentious win-lose focus in which the parties begin with apparently irreconcilable differences. If one party assumes this posture, the other party is likely to follow suit, resulting in prolonged and difficult negotiations. In this situation, the belief is usually that there are limited resources, and each party wants a bigger share than the other. If one wins, the other loses. Parties often overstate demands to have negotiation room.
- Integrative bargaining: This is a win-win focus in which the parties' desires are not mutually exclusive, so both parties may be able to achieve objectives to some degree. Parties often collaborate on identifying problems and reaching solutions and tend to be more realistic about demands.

# Professional Practice



Discuss negotiation concepts: Types of strikes.

## Professional Practice

One of the primary negotiation tactics when parties to a negotiation cannot reach an agreement is for one party (employees) to declare a strike, a right protected under the *Landrum-Griffin Act*. **Types of strikes** include:

- Unfair labor practice: With this type of strike in response to unfair labor practices, the NLRB will become involved, and the organization must take care to not interfere with the employees' right to strike. Participants are general protected from losing employment.
- Unprotected: These include sit-down strikes, slow-downs, sickouts, partial walkouts, and strikes in violation of federal law. The law provides no protection, and participants may lose their jobs.
- Economic: This involves striking in support of bargaining demands, and the law provides limited protection from loss of jobs.
- Sympathy: Strikes in support of other workers who are on strikes. The law may or may not shield the participants from loss of jobs, depending on the circumstances.

# Professional Practice



Discuss communication processes that support safe patient care: Documentation.

# Professional Practice

**Documentation** is a form of communication that provides information about the healthcare individual and confirms that care was provided. Accurate, objective, and complete documentation of individual care is required by both accreditation and reimbursement agencies, including federal and state governments. Purposes of documentation include:

- Carrying out professional responsibility
- Establishing accountability
- Communicating among health professionals
- Educating staff
- Providing information for research
- Satisfying legal and practice standards
- Ensuring reimbursement

While patient documentation focuses on progress notes, there are many other aspects to charting. Doctor's orders must be noted, medication administration must be documented on medication sheets, and vital signs must be graphed. Flow sheets must be checked off, filled out, or initialed. Admission assessments may involve primarily checklists or may require extensive documentation. The primary issue in malpractice cases is inaccurate or incomplete documentation. It's better to over-document than under, but effective documentation does neither.

# Professional Practice



Discuss communication processes that support safe patient care: Handoffs or hand-overs (SBAR).

# Professional Practice

The **SBAR (situation-background-assessment-recommendation)** tool is a systematic method of communication that is especially useful during hand-off procedures because it helps the nurse to organize information and present it clearly. Hand-off procedures should be documented and adequate time allowed for communication, including questions from the receiving party. The primary purpose for using the SBAR method for hand-off procedures is to promote patient safety by ensuring that all pertinent information is conveyed during hand-off:

- Situation: Name, age, MD, diagnosis
- Background: Brief medical history, co-morbidities, review of lab tests, current therapy, IV's, VS, pain, special needs, educational needs, discharge plans
- Assessment: Review of systems, lines, tubes, and drains, completed tasks, needed tasks, future procedures
- Recommendations: Review plan of care, medications, precautions (restraints, falls), treatments, wound care.

Organizations utilizing SBAR should have guidelines that advise staff exactly what should be covered in each element and a worksheet the providers can utilize to organize information.

# Professional Practice



Discuss communication processes that support safe patient care: Bedside reporting.

# Professional Practice

**Bedside reporting** is done at the end of shift to provide hand-off information to oncoming staff. Patients should be advised about the policy for bedside reporting and encouraged to participate by commenting and asking questions and should be advised that others of their choosing may also be present, such as family members. Bedside reporting should include:

- Introductions: The outgoing nurse should introduce the oncoming nurse to the patient.
- Review of medical record and update about the patient's condition and treatments. The reporting nurse should use a checklist or the SBAR format to ensure that all pertinent information is covered.
- Review of laboratory and/or imaging findings.
- Review of mediations administered and scheduled.
- Physical examination that includes checking IVs, wounds, dressings, and skin condition.
- Environmental examination that checks for safety concerns.
- Questioning the patient about concerns and personal goals.

# Professional Practice



Discuss communication processes that support safe patient care: Incident reporting.

## Professional Practice

**Incident report** review is part of risk management because incidents represent a failure in the system. Incident reports may be filled out by individuals who are involved in the incident or observed the incident. Increasingly, incident reports are generated by electronic data that indicates an error occurred, such as in medication administration. Incident report reviews are less comprehensive and time-consuming and more cost-effective than retrospective medical record reviews but can yield valuable information, so providing staff incentives for reporting and confidentiality are important. Currently, studies indicate that incidents are grossly underreported in healthcare organizations; so one part of review is to determine if incidents are being accurately reported in order to more effectively identify patterns or trends. This may require interviews with physicians and staff. A review looks at the incident in terms of process steps and determines where in the process an error occurred in order to establish a plan for improvement.

# Professional Practice



Discuss communication processes that support safe patient care: Reporting sentinel events.

## Professional Practice

**Sentinel events** are defined by the Joint Commission as a death or serious physical injury that is unexpected. This death or injury could be related to many things, including surgery on the wrong body part, suicide, or infection. An infection is considered a sentinel event if it is determined that the death or injury would not have occurred without the infection. Each case must be dealt with individually, and, if defined as sentinel, a root cause analysis is done to gather evidence to identify what contributed to the problem. Once a root cause has been determined, an action plan that identifies all the different elements that contributed to the problem is recommended and instituted. The theory is that finding the root cause can eliminate the problem rather than just treating it. Thus, finding the source of an infection would be more important than just treating the infection. Reporting sentinel events to the Joint Commission is recommended but not required. When reported, the event is added to the JCs Sentinel Event Database.

# Professional Practice



Discuss communication using verbal methods: Written.

# Professional Practice

**Written communication** includes a wide range of choices in which the written word can be utilized. Written communication is most often used for formal proposals, advertisements, brochures, and letters. Contracts are almost always completed in hardcopy written form. However, email messages and documents are now often taking the place of hardcopy written documents because of less cost and more rapid communication. When utilizing written communication, the writer must consider the purpose of the communication and the structure of the document and the style in which is it written. Templates may be used for structure, but style and content depends on the writer. The information should be well organized with key points clearly outlined and supporting facts included. The introduction should create interest and the conclusion should provide a summary or suggestion for the future. The style of the writing should be appropriate for the recipient and may range from very formal to very informal. Paragraphs should be short, especially for online communications.

# Professional Practice



Discuss communication using verbal methods: Scripting.

## Professional Practice

**Scripting** (a pre-written message) is a method used to ensure that communication is consistent among different individuals, such as when staff members are orienting patients. When creating a script, the first step is to determine the purpose and the message the script should convey. Generally, the first words of the script will focus on the topic and the purpose, “Mrs. Smith, we need to review your preparation for the colonoscopy.” The script may explain the value to the individual and end with a summary. Scripts are particularly helpful for telephone triage or when responding to customer service requests. In most cases, the script should serve as a guideline rather than a narrative that should be memorized and recited verbatim or read although script users should practice and engage in roleplaying in order to become adept at staying on script as much as possible.

# Professional Practice



Discuss communication using verbal methods: Mail, email, telephone, and smartphone.

## Professional Practice

**The communication vehicle** should best meet the communication needs:

- Mail: Use to add a personal touch to messages and to deliver documents securely. Mailings can reach large populations although cost may be relatively high.
- Email: Allows for fast communication and mass mailings at little cost, but emails are often screened and may be ignored if the receiver doesn't know or recognize the sender. Documents can be easily transmitted through email as text or PDF files.
- Telephones (Landline): Use when interaction and discussion is needed or for personal appeals. The system should include voice mail. This is a relatively inexpensive form of communication, but the ubiquitous use of voice mail often means delays in actual communication.
- Smartphones: Use when rapid communication by phone, email, or messaging is needed as well as Internet access. This is especially useful when the person is mobile.

# Professional Practice



Discuss communication using verbal methods: Video/web conferencing, Internet/webpages.

# Professional Practice

**The communication vehicle** should best meet the communication needs:

- Video/Web conferencing: This is valuable when participants cannot otherwise meet face to face and can save money associated with travel expenses. This vehicle allows participants to communicate both verbally and non-verbally.
- Internet/Webpages: Internet communication can be synchronous or asynchronous and allows for the presentation of information (such as on a webpage) as well as verbal communication (such as with messaging).
- Social media: These provide the opportunity to share professional or organizational information (such as with LinkedIn and Facebook). Twitter may be used to communicate short messages, and the messages should contain hashtags so interest can be assessed.
- FAX: This allows transfer of documents or images quickly and may be used, for example, to send an agenda prior to a meeting or to send documents that must be reviewed. Almost any type of document can be scanned and faxed.

# Professional Practice



Discuss communication using verbal methods: Spoken.

## Professional Practice

**Verbal (spoken) communication** can vary from very formal (such as a conference presentation) to very informal (such as a chat with a friend), but every aspect of the communication process has meaning—the words, the posture, the tone of voice, the expression on the face, silence times, and the general appearance. The communication of the same words will be very different if heard over the phone, read in an email, or heard face-to-face. In any professional communication, formal or informal, the individual should come prepared and should have some idea of what to say although memorizing word-for-word is not advisable because communication should appear spontaneous even when it is not. The average person speaks about 200 words per minute and each sentence is a new creation; so, without planning, the message can easily become muddled. For formal presentation, brief outline notes or presentation software may be helpful to keep focused on the topic.

# Professional Practice



Discuss communication using non-verbal methods. Eye contact, and tone.

# Professional Practice

**Non-verbal interpersonal communication** can convey as much information as verbal communication, both on the nurse's part and the patient's. Non-verbal communication is used for a number of purposes, such as expressing feelings and attitudes, and may be a barrier to communication or a facilitator. While there are cultural differences, interpretation of non-verbal communication can help the nurse to better understand and promote communication:

- Eye contact: Making eye contact provides a connection and shows caring and involvement in the communication. Avoiding contact may indicate someone is not telling the truth or is uncomfortable, fearful, ashamed, or hiding something.
- Tone: The manner in which words are spoken (patiently, cheerfully, somberly) affects the listener, and when the message and tone don't match, it can interfere with communication. A high-pitched tone of voice may indicate nervousness or stress.

# Professional Practice



Discuss communication using non-verbal methods: Touch, gestures, and posture.

# Professional Practice

Elements of **non-verbal interpersonal communication** include:

- Touch: Reaching out to touch an adult's hand or pat a shoulder during communication is reassuring but hugging or excessive touching can make people feel uncomfortable. People may touch themselves (lick lips, pick at skin, scratch) if they are anxious.
- Gestures: Using the hands to emphasize meaning is common and may be particularly helpful during explanations, but excessive gesturing can be distracting. Some gestures alone convey message, such as a wave goodbye or pointing. Tapping of the foot, moving the legs, or fidgeting may indicate nervousness. Rubbing the hands together is sometimes a self-comforting measure. Some gestures, such as handshakes, are part of social ritual. Mixed messages, such as fidgeting but speaking with a calm voice may indicate uncertainty or anxiety.
- Posture: Slumping can indicate lack of interest or withdrawal. Leaning toward the opposite person while talking indicates interest and facilitates interaction.

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Team building.

## Professional Practice

Leading, facilitating, and participating in performance improvement teams requires a thorough understanding of the dynamics of **team building:**

- Initial interactions: This is the time when members begin to define their roles and develop relationships, determining if they are comfortable in the group.
- Power issues: The members observe the leader and determine who controls the meeting and how control is exercised, beginning to form alliances.
- Organizing: Methods to achieve work are clarified and team members begin to work together, gaining respect for each other's contributions and working toward a common goal.
- Team identification: Interactions often become less formal as members develop rapport, and members are more willing to help and support each other to achieve goals.
- Excellence: This develops through a combination of good leadership, committed team members, clear goals, high standards, external recognition, spirit of collaboration, and a shared commitment to the process.

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Group types.

## Professional Practice

**Groups** can be classified according to form:

- Homogeneous: Members chosen on a selected basis, such as ED staff.
- Heterogeneous: An assortment of individuals with different roles, ages, and genders.
- Mixed: A group that shares some key features, such as the same profession but differs in age or gender.
- Closed: A group in which new members are excluded.
- Open: A group in which the members and leaders change.

Groups can also be classified according to purpose:

- Task: Emphasis on achieving a particular assignment.
- Teaching: Developed to inform, such as teaching the rules of the unit.
- Supportive/Therapeutic: Assisting those who share the same experience to learn mechanisms to cope and to overcome a problem, such a staff suffering from stress.

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Team structure.

## Professional Practice

The appropriate **team structure** is very important in performance improvement because creating a team does not in itself assure teamwork. The team must be comprised of individuals whose skills complement each other and who have a shared purpose because outcomes will depend on the collaborative efforts of the group rather than individuals within the group. Accordingly, the collective team is accountable for outcomes rather than individuals. When creating teams, the team structure, important elements must be considered:

- Size: Teams of fewer than 10 members are most effective.
- Skills: Team members should have complementary skills that encompass technical, problem solving, decision making, and interpersonal.
- Performance goals: Teams should be allowed a degree of autonomy in producing action plans for performance improvement, based on strategic goals and objectives.
- Unified approach: The teams should be created according to the model of performance improvement, but should have some flexibility in working together.
- Accountability: The team members are collectively accountable rather than individually.

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Performance improvement team.

## Professional Practice

A **performance improvement team** is a group of people working together to achieve a goal. Performance improvement activities almost always involve a team or teams of staff because of the complexity of healthcare organizations. Rarely is one department solely responsible for outcomes, except in very specialized work. In determining the composition of teams, tracer methodology, a method that looks at the continuum of care a patient receives from admission to post-discharge, may be helpful for teams that will be involved in clinical action plans to ensure that all groups that participate in care are represented in the team. Teams require considerable commitment in terms of training and time. Reasons for forming teams include:

- To improve outcomes through common purpose.
- To utilize staff expertise and various perspectives.
- To facilitate participative management style.
- To improve acceptance of processes that impact work practice.
- To manage complexity, where many participants are involved in outcomes.
- To increase organization-wide acceptance.
- To combat resistance.

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Interdisciplinary teams.

## Professional Practice

**Interdisciplinary teams** (sometimes referred to as cross-functional) comprise individuals from various skill levels or disciplines who work together to accomplish one or more functions. In some cases, interdisciplinary teams may be *ad hoc,* operating for a short time to accomplish specific goals, but other times they become a permanent part of performance improvement. Interdisciplinary teams are most useful when dealing with problems or performance activities that cross disciplines, especially if a broad range of expertise and skills is needed. Selecting team members with the correct mix of abilities is important for success. The roles for the team members should be clearly outlines as well as expected outcomes. Adequate training must be provided to assist cross-functional team member in working together as a unit. Interdisciplinary teams are particularly useful in the following:

- Developing new processes
- Implementing organization-wide performance changes or technology
- Controlling costs and increasing cost-benefit ratio.

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Group process phases.

# Professional Practice

## Group process phases:

| | |
|---|---|
| **1** | **Orientation:** Task is identified and members learn mission, depending primarily on the leader in the beginning but beginning to explore their own roles in the group and accept that change can occur. |
| **2** | **Organization:** Members make group decisions about rules, limits, criteria, and division of labor. Some resistance or fear of change may occur as members doubt the possibility of change, but members gain confidence as work of group becomes better organized. |
| **3** | **Flow of information:** Members become more able to express feelings and opinions and accept their roles in the group as interpersonal conflict lessons and group cohesion increases. |
| **4** | **Problem solving:** Members have a clear idea of task and are able to work collaboratively and interdependently. They feel satisfaction with the group and have confidence regarding reaching goals. However, some members or groups may reach an impasse and decide that goals cannot be met and actively resist change. |

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Group development stages (Tuckman).

# Professional Practice

**Tuckman's** (1965) **group development stages** include:

- Forming: Group director takes more of an active role while members take their cues from the leader for structure and approval. The leader lists the goals and rules and encourages communication among the members.
- Storming: This stage involves a divergence of opinions regarding management, power, and authority. Storming may involve increased stress, and resistance may occur as shown by the absence of members, shared silence, and subgroup formation. At this point, the leader should promote and allow healthy expression of anger.
- Norming: It is at this stage where members express positive feelings toward each other and feel deeply attached to the group.
- Performing: The leader's input and direction decreases and mainly consists of keeping the group on course.
- Mourning: This is most deeply felt in closed groups when discontinuation of the group nears and in open groups when the leader or other members leave.

# Professional Practice



Discuss facilitating collaboration to achieve optimal outcomes: Leveraging diversity.

## Professional Practice

Leveraging diversity is a win-win proposition for the healthcare industry as the country becomes more diverse and the global economy expands. The healthcare industry must attract a more diverse workforce in the face of changing demographics in order to provide culturally competent care. Nurses entering the profession include older adults, ethnic minorities, and males, and policies and standards should reflect these differences. Studies have shown that a diverse workforce tends to be more innovative because of the variety of perspectives. Diversity is especially important in management because a diverse management is more likely to seek out and attract a diverse workforce. The healthcare organization should develop a strategic plan that specifically addresses issues of diversity, and cultural diversity should be incorporated into training and orientation programs. The nurse executive must ensure that diversity is valued and supported and all workers accorded respect and fair treatment without expecting everyone to conform to the same values.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Email.

## Professional Practice

While **emails** tend to be more informal than other written forms of communication, when sent for business purposes, the writer should avoid using overly informal language, slang, swearwords, emoticons, or abbreviations. The writer should never include confidential information in an email and should limit emails to 5 or 6 sentences and one topic only per email. If a longer document must be sent, it should be sent as an attachment. Email format:

- Email address: Avoid using personal email accounts for business purposes.
- Subject line: Short and succinct, such as "Re: Grant proposal."
- Opening greeting and pleasantry: "Good morning, Joan. I appreciate your hard work in . . . ."
- Purpose: "I'm emailing you to. . . ."
- Request: "Could you…?" It's less intimidating to phrase requests in question form.
- Closing: "Thank you," "I'm looking forward to your response," "Let me know if you have any questions."
- Signature: "Sincerely," Gratefully," "Thank you," and sign full name instead of relying on the reader to note the name in the email address.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Role playing.

## Professional Practice

**Role-playing**, a form of simulation, is used often in medical education to teach participants about communication and to help them to practice communication skills. Role-playing activities can be carried out in different manners:

- Fully scripted: All participants are presented with a script to follow verbatim.
- Partially scripted: Participants are given beginning lines only.
- One-sided: One participant is given a script, but other participants are not.
- Scenario only: Participants are provided a scenario that briefly describes their roles and the situation.
- Replay: Participants act out experiences that they have previously had in reality.

In role-playing, participants may explore choices in provision of care and communication strategies. When facilitating role-playing, the leader may begin by participating in a demonstration, especially if the participants are nervous or uncomfortable. The leader should also give positive reinforcement to the participants rather than focusing on negative elements.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Reports.

## Professional Practice

A number of issues must be considered in the **design and delivery of reports**:

- Purpose: The purpose of the report is primary and should be determined first. For example, the purpose may be to update recipients, gain support, indicate problems, or show progress.
- Recipients: Those who need to receive the report must be identified and grouped according to discipline or needs as different individuals or groups may need different reports, some more complex and detailed than others.
- Delivery mode: This is the method of delivery, which may include paper document, email, electronic document, spreadsheet, or PDF file.
- Format: The format may vary from detailed narratives to simplified graphs and illustrations or some combination. Whenever possible, templates should be utilized. Format should include such considerations as color, font, font-size, and white space.
- Size: This refers primarily to the length (pages, kilobytes, megabytes) of the report.
- Frequency: Reports may be issued at different frequency, depending on the recipient and the purpose.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Staff meeting.

## Professional Practice

**Staff meetings** are frequently required in healthcare settings, and preparation for the meeting depends on the type of meeting. The most common types of meetings include: information dissemination, opinion solicitation, and problem solving. The agenda will vary depending on the meeting focus. Most staff meetings are semi-formal. That is, the leader prepares an agenda (which should be distributed prior to the meeting), but all members usually contribute with free flow of questions and answers. Staff meetings vary in size with 4 to 7 participants ideal. The larger the group, usually the more formal the meeting. Meetings should start on time in an environment conducive to discussion, such as sitting around a table. The leader should give an overview of the purpose of the meeting, ask for input or reports from staff members, and then address the primary purpose of the meeting. Most staff meetings last from 60 to 90 minutes, and the leader should monitor the time and keep the discussions on track.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Organization of information for meetings.

# Professional Practice

The organization of information for **meetings** should be given consideration because the information provides an opportunity to not only inform but to involve those receiving the information:

- Agenda: This should be prepared and disseminated (electronically if possible) to all interested parties 2-3 days prior to a meeting. The agenda should be itemized and should include receiving and/or giving reports. Approximate times for discussion of each item may be included on the agenda, especially if there are many agenda items. The agenda for reports to upper management or the governing board should include a summary of results of performance improvement. A dashboard may be utilized for this summary.
- Reports: These should be scheduled early in the meeting to allow for discussion as they may relate to other agenda items. Electronic projection of information (PowerPoint, overhead projection) may aid in presenting complex summaries.
- Minutes: These should be prepared and disseminated within 2-3 days of the meeting and should include brief summaries of each agenda item.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Board meeting presentations.

## Professional Practice

When giving a presentation at **board meetings**, the nurse executive should have a clear understanding of why the board requested the presentation. Prior to the meeting, the nurse executive should gather data and organize the presentation and practice so that the information can be presented in a clear, concise, and interesting manner. The nurse should maintain a professional demeanor and dress appropriately for the meeting. During the presentation, the nurse executive should include visuals of various types. If using presentation software, such as PowerPoint, only one concept should be presented per slide and illustrations should be easily visible throughout the room. The nurse executive should never read the material on a slide. If giving a written report as part of the presentation, an ideal size is 5 pages or fewer. The nurse executive should follow the format of the presentation but be open to questions, as board members often want to clarify information during a presentation rather than when it is completed.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: One-on-one conversation.

## Professional Practice

**One-on-one conversations** provide the nurse executive the opportunity to interact directly with individuals. Because one-on-one conversations allow equal exchanges, this type of communication has more parity than most other types of communication. While one-on-one conversations may be casual and completely unplanned, especially in a social context, if conducted as part of a leadership role, the nurse executive often has a goal in mind, such as gaining information about the person or a particular issue, so the conversation may be somewhat structured, as the nurse executive may, to some degree, guide the conversation. However, the nurse executive should engage in active listening in order to encourage the other party to communicate and should be prepared that the responses the other party gives may not be what the nurse executive expected or wanted. One-on-one conversations are relatively easy to schedule compared to group meetings and are more personal.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Patient/family council.

## Professional Practice

The Agency for Healthcare Research and Quality (AHRC) provides tools and guidelines for developing **patient/family advisory councils**, which can provide valuable insight into planning, implementing, and assessing care. Patients and families should be provided literature about the patient/family council and the roles of members. An application form should be used to screen applicants regarding why they want to participate and what type of healthcare experiences they have had. An information session should be held in order for applicants to receive an overview of the role of the council. Once council members are selected, they should undergo a more detailed orientation, including the importance of maintaining confidentiality. Additionally, staff members should be educated about the role of the patient/family council and how the council may benefit planning efforts, such as by providing insights into the organization's strengths and weaknesses and feedback on policies.

# Professional Practice



Discuss selecting the appropriate communication method for the audience and situation: Consumer feedback (HCAHPS).

## Professional Practice

**Consumer feedback** is particularly valuable because it assesses the patient's perspective on the healthcare experience. The most commonly used tool for consumer feedback is currently the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, but this survey does not provide data for in-hospital comparisons of one unit with another. However, in-house surveys may also be conducted to obtain such data. Additionally, post-discharge quantitative patient surveys may be used to gather other data as well. These may be conducted through mail, email, or telephone. Another way to obtain consumer feedback is through focus groups in which members of the group respond to a number of questions under the guidance of a facilitator. Patient and family councils can provide valuable insight into the patient/family experience. While these resources can provide valuable data, the best consumer feedback may occur when healthcare providers simply take the time to talk to the patients they are caring for and ask them about their patient experience.

# Professional Practice



Discuss conflict management: Approaches.

# Professional Practice

## Approaches to conflict resolution:

| | |
|---|---|
| Accommodating | One party ceding to the other, usually when the other has more power. |
| Avoiding | Taking steps to avoid dealing with the conflict. |
| Collaborating | Trying to find a solution that pleases both parties. |
| Competing | One party trying to win at all costs. |
| Compromising | Each party ceding something in return for harmony. |
| Confronting | Using “I” messages and assertive problem-solving. |
| Forcing | One party issuing orders to force a solution. |
| Negotiating | Similar to collaborating with back and forth bargaining. |
| Reassuring | Attempting to make everyone happy. |
| | Trying to find a solution that works for everyone using |

| | |
|---|---|
| Problem-solving | a step-by-step approach. |
| Withdrawing | One party withdrawing from the conflict, leaving the conflict unresolved. |

# Professional Practice



Discuss conflict management: Steps to conflict resolution.

## Professional Practice

Conflict is an almost inevitable product of teamwork, and the leader must assume responsibility for **conflict resolution.** While conflicts can be disruptive, they can produce positive outcomes by forcing team members to listen to different perspectives and opening dialogue. The team should make a plan for dealing with conflict resolution. The best time for conflict resolution is when differences emerge but before open conflict and hardening of positions occur. The leader must pay close attention to the people and problems involved, listen carefully, and reassure those involved that their points of view are understood. Steps to conflict resolution include:

- Allow both sides to present their side of conflict without bias, maintaining a focus on opinions rather than individuals.
- Encourage cooperation through negotiation and compromise.
- Maintain the focus, providing guidance to keep the discussions on track and avoid arguments.
- Evaluate the need for renegotiation, formal resolution process, or third party.
- Utilize humor and empathy to diffuse escalating tensions.
- Summarize the issues, outlining key arguments.
- Avoid forcing resolution if possible

# Professional Practice



Discuss conflict management: Ethical and clinical conflicts.

# Professional Practice

**Ethical and clinical conflicts** among patients and their families and healthcare professionals are not uncommon. Issues frequently relate to medications and treatment, religion, concepts of truth telling, lack of respect for patient's autonomy, and limitations of managed care or incompetent care. Additionally, healthcare providers are in a position to easily manipulate patients/families by providing incomplete information to influence decisions, and this can give rise to ethical conflicts. Facilitation involves questioning and listening, acknowledging each person's perspective while sharing different viewpoints:

- Open communication is critical to solving conflicts. Asking what steps could be taken to resolve the conflict or how it could be handled differently often leads to compromise because it allows for exchange of ideas and validates legitimate concerns. Sharing cultural perspectives can lead to better understanding.
- Advocacy for the patients/families must remain at the center of conflict resolution.

# Professional Practice



Discuss conflict management: Positive and negative aspects of conflict.

## Professional Practice

Some type of **conflict** is usually inevitable in any group of individuals, and it should be viewed as an opportunity for reflection rather than a failing. In fact, there are both negative and positive effects of conflict:

- Negative: Conflict can result in impaired communication and resentment and can damage the cohesiveness of a group of individuals, especially if people begin to take sides. Heated disagreements can escalate to fighting and aggressive behavior, and this can hinder performance.
- Positive: Conflict can result in new ideas and improved decision-making. Conflict can also result in increased creativity as individuals search for answers to the conflict and may bring about awareness for a need for better communication. Conflict can also result in increased interest and can provide a means of release of tension.

Conflict is best dealt with openly because unresolved conflicts can begin to mushroom into serious problems.

# Professional Practice



Discuss conflict management: Levels of conflict.

## Professional Practice

There are two primary **levels of conflict**:

- Intrapersonal: This type of conflict occurs within the individual, often when there are two competing needs or unmet needs. This can occur if a nurse is unhappy with an assignment or feels unable to provide the type of care desired because of job restrictions or inadequate staffing. This can manifest as withdrawal or anger.
- Interpersonal: This type of conflict occurs between or among individuals or groups. A typical example is a disagreement between a nurse and a doctor or between two nurses over issues of patient care or personal matters. Subtypes of interpersonal conflict include intragroup, intergroup, and inter-organizational conflicts, such as disagreement between two departments and between nurses and doctors. A group may be splintered by different opinions Intergroup and inter-organizational conflict may be difficult to resolve, especially if many people are involved, because of competing interests and may require mediation.

# Professional Practice



Discuss conflict management: Types of conflict.

## Professional Practice

The three primary **types of conflict** include:

- Relationship: This is characterized by interpersonal conflicts that revolve around personal feelings and discord, such as a disagreement between two individuals. When relationship conflict is present, this can have a profoundly negative effect on team satisfaction and function, especially because people tend to become polarized, supporting one position or the other.
- Task: This is characterized by differences of opinions in how to accomplish a task, and it can result in heated discussions, but it rarely degenerates into negativity in the same way that relationship conflict does. Resolution should be evidence-based as much as possible.
- Process: This is characterized by differences of opinion about who is responsible for accomplishing a task. For example, group members may disagree about who is responsible for ordering supplies. This type of conflict is usually the easiest to resolve by compromise.

# Professional Practice



Discuss conflict management: Defensive mode.

## Professional Practice

The **defensive mode of conflict management** focuses on avoiding open conflict even though the underlying problem may remain unresolved. Defensive strategies may be used if more proactive strategies (such as compromise) have failed or to initially defuse a situation until other strategies can be employed. Defensive measures include:

- Separating the parties to the conflict: This can mean assigning them to different teams or to different shifts or work schedules with different days off in order to avoid contact between those in conflict.
- Avoiding/Suppressing conflict: The parties in conflict may choose to avoid discussing the issue or problems or may be advised to do so by supervisory personnel.
- Ignoring the conflict: The parties in conflict may agree to disagree and to set the conflict aside and deal with other issues.
- Providing an indirect solution: An organizational change may eliminate the basis for the conflict.

# Professional Practice



Discuss conflict management: Organizational conflict.

# Professional Practice

**Conflict within an organization** can occur for a number of reasons:

- Power conflicts: One party holds more power (such as physicians vs nurses, administrators vs staff) and exercises this power, resulting in resentment and/or disagreement.
- Impaired communication: Parties may have a misunderstanding or may hold opposing views and are unable to discuss problems dispassionately.
- Different goals: Parties may have different goals, especially if the organizational goals are not clearly defined. Parties may have difference of opinions over general organizational policies.
- Resource allocation: Competition for the same or limited resources may lead to ongoing discord, especially if it appears that resources are allocated unfairly.
- Role conflict: Parties may suffer from role overload, the feeling that they are burdened with doing jobs that should be done by others. Parties may also have differing ideas about what roles entail.
- Interpersonal conflicts: Conflicts between individuals over personal matters can have broad impact. Sometimes, personal behavior by an individual is disturbing or upsetting to others.

# Leadership



Discuss key elements of a healthy work environment.

# Leadership

According to the ANA, a **healthy work environment** has three elements:

- Safety: This includes not only environmental safety (fire escapes, good air quality, adequate lighting and heating) but also physical safety and freedom from bullying, violence, and physical and emotional abuse. Healthcare workers should have adequate training in using isolation precautions and the proper equipment, such as lifts.
- Empowerment: Healthcare workers should have autonomy commensurate with their position and training and should participate in decision making through some type of shared governance. Leaders should provide opportunities for learning and growth and provide the necessary resources. Training and mentoring programs increase professional development.
- Satisfaction: Healthcare workers should have high rates of job satisfaction. Factors that directly related to job satisfaction include adequate wages, reasonable workload, and good scheduling of work hours. Flexible working schedules and a supportive non-punitive environment contribute to positive attitudes toward work.

# Leadership



Discuss leadership concepts, principles, and styles: Pervasive leadership.

# Leadership

Central to the concept of **pervasive leadership** is the idea that everyone has leadership potential and influence over others to some degree. Pervasive leadership recognizes the power found in groups and allows them a greater degree of autonomy in making decisions and solving problems rather than their having to wait for a central authority to make decisions. Pervasive leadership is also concerned with relationships that occur among fellow workers and how that can strengthen an organization. Pervasive leadership aims to provide all workers with the tools they need to become better leaders through mentoring, role modeling, and training so there is less reliance on the chain of command so that decisions are often made from the bottom up instead of the top down. Leaders actively share power with staff members and freely share data in order to ensure that staff members are well-informed and understand the needs of the organization.

# Leadership



Discuss leadership concepts, principles, and styles: Servant leadership.

# Leadership

**Servant leadership** (Greenleaf, 1970) is a form of leadership in which leaders' first priority is to be servants in the sense of serving others rather than simply leaders concerned with profitability. Servant leaders consider the needs of the organization and the individuals and determine how best to meet these needs and encourage growth and wellbeing. These leaders provide support and encouragement to workers and exhibit skills in listening, empathy, and persuasion. The focus is on collaboration and participation at all levels in an organization. The concept of servant leadership can apply to individual leaders or to the organization as a whole. However, applying the principles of servant leadership to an organization often requires an extended period of time and may necessitate changes to the mission, vision, and strategic plan because a change in organizational mindset rarely occurs easily or rapidly.

# Leadership



Discuss leadership concepts, principles, and styles: Situational leadership.

# Leadership

**Situational leadership** (Blanchard and Hersey) is a leadership style that is flexible and changes according the situation and the skills and needs of the workers. The four behavior types of situational leaders are:

- S1 (Telling): Leader in charge with one-way communication.
- S2 (Selling): Leader in charge with two-way communication and provision of social and emotional support.
- S3 (Participating): Leader utilizes shared decision making for aspects of tasks.
- S4 (Delegating): Leader involved but no longer responsible for tasks.

The qualities needed of a situational leader include:

- Diagnostic ability: Able to look at a situation and determine what is needed and to understand the people involved, including the amount of direction and supervision needed and learning readiness.
- Adaptability: Able to adapt behavior to the needs of the particular situation and to provide the needed social and emotional support.
- Communicative ability: Able to communicate with others in ways that they can understand and relate to, changing the style of communication as needed for different audiences/populations.

# Leadership



Discuss leadership concepts, principles, and styles: appreciative inquiry.

# Leadership

**Appreciative inquiry** begins with the premise that there is positive in all individuals and organizations, so the focus is to use questioning to find out what talents and insights individuals have and what in the organization is working well and building from that rather than a focus on identifying what is wrong and problem solving. The five major principles include:

- Constructionist: Belief creates reality and interaction constructs situations and organizations.
- Simultaneity: Questions themselves promote change.
- Poetic: People's words create the life of the organization and cause emotions.
- Anticipatory: People act currently in accordance to their beliefs about the future.
- Positive: Change necessitates social cohesion and positive sentiments.

The processes involved in appreciative inquiry include discovering (finding processes that are successful), dreaming (imagining processes that will be successful in the future), designing (developing processes that are effective), and deploying (implementing).

# Leadership



Discuss change management theories: ADKAR.

# Leadership

**ADKAR** is the acronym representing the five steps that individuals must go through in order to facilitate change within a group. Change must occur on both the organizational and individual levels. Steps include:

- Awareness: The individuals must understand the need for change based on communication of needs by the organization by the key leaders.
- Desire: The individuals must overcome resistance and fear of change and participate in the process of change with an understanding of how they will benefit.
- Knowledge: The individuals must receive education and hands-on training in order to understand the processes of change once they have achieved awareness and desire for change.
- Ability: Through coaching and practice, the individuals gain the skills necessary to effectively implement change.
- Reinforcement: Feedback, corrections, and recognition help to maintain change and to prevent workers from reverting to previous methods or developing work-arounds.

# Leadership



Discuss change management theories: Change (Lewin).

# Leadership

**Change theory** was developed by Kurt Lewin and modified by Edgar Schein. This management theory is based on 3 stages:

- Motivation to change (unfreezing): Dissatisfaction occurs when goals are not met, but as previous beliefs are brought into question, survival anxiety occurs, but sometimes learning anxiety about having to learn different strategies causes resistance that can lead to denial, blaming others, and trying to maneuver or bargain without real change.
- Desire to change (unfrozen): Dissatisfaction is strong enough to override defensive actions and the desire to change is strong, but must be coupled with identification of needed changes.
- Development of permanent change (refreezing): The new behavior that has developed becomes habitual, often requiring a change in perceptions of self and establishment of new relationships.

# Leadership



Discuss change management theories: Six phases of planned change (Havelock).

# Leadership

Havelock (1973) developed a theory called the **Six Phases of Planned Change** in which he proposed that change can be planned and carried out in a series of sequential phases. Havelock recognized that resistance is an integral part of the change process. The change agents should:

- Build relationship with the system: The change agent must understand the system as it is and the dynamics and organizational culture.
- Diagnose problems: The organization must determine if change is indicated.
- Obtain necessary resources: The organization recognizes the need for change and begins to determine the resources needed to carry out the change.
- Select a solution: Different options are explored and one or more chosen.
- Garner acceptance: Resistance is often a factor at this phase, so careful monitoring of compliance is essential.
- Stabilize the change and facilitate self-renewal: Ongoing monitoring is necessary.

# Leadership



Discuss change management theories: Seven phases of planned change (Lippitt, Watson, and Westley).

# Leadership

Lippitt, Watson, and Westley (1958) developed the **seven phases of planned change** in which they proposed that change can be planned and carried out in a series of seven sequential steps:

- The organization becomes aware of the necessity of change.
- The change agent and the organization establish a relationship and the organization's motivation and capacity to make changes are assessed.
- The necessary change is identified and defined and the change agent's motivation assessed.
- The goals are established for bringing about change and options for achieving change are explored.
- The plan is outlined and implemented and the role of the change agent defined.
- The change is accepted by participants and stabilized across the organization.
- The parties to the change redefine their relationships based on new dynamics.

# Leadership



Discuss change management theories: Force-field analysis (Lewin).

# Leadership

**Force field analysis** was designed by Kurt Lewin, a social psychologist, in order to analyze both the driving forces for change and the restraining forces:

- Driving forces: These are forces responsible for instigating and promoting change, such as leaders, incentives, and competition.
- Restraining forces: These are forces that resist change, such as poor attitudes, hostility, inadequate equipment, or insufficient funds.

Force field analysis is useful when discussing variables related to a proposed change in process. Steps include:

- List the proposed change at the top and then create two subgroups (driving forces and restraining forces) below, separated by a horizontal line.
- Brainstorm and list driving forces and opposed restraining forces. (When driving and restraining forces are in balance, this is usually a state of equilibrium or the status quo.)
- Discuss the value of the proposed change.
- Develop a plan to diminish or eliminate restraining forces.

# Leadership



Discuss change management theories: 8-step (Kotter).

# Leadership

**Kotter's change management** theory consists of 8 steps that correspond to three main goals. Because one step needs to be completed before the next, no step can be effectively omitted, and the process can be time-consuming, although effective:

Creating a climate in which change is welcome:

1. Develop a sense of urgency in order to motivate change.
2. Create a strong coalition team with a mix of skills.
3. Develop a shared vision taking multiple factors into account.

Engaging the organization and enabling change:

4. Communicate the vision and need for change to stakeholders.
5. Empower individuals in the organization to enable change.
6. Focus on the accomplishment of short-term goals initially.

Implementing change and taking steps to ensure sustainability:

7. Persist in building change.
8. Incorporate and institutionalize change.

# Leadership



Discuss change management theories: Transtheoretical (stages of change).

# Leadership

The **Transtheoretical Model** focuses on changes in behavior based on the individual's (not society's or other's) decisions and is used to develop strategies to promote changes in health behavior. This model outlines stages people go through changing problem behavior and having a positive attitude about change. **Stages of change:**

· Precontemplation*:* The person is either unaware or under-informed about consequences of a problem behavior and has no intention of changing behavior in the next 6 months.

· Contemplation: The person is aware of costs and benefits of changing behavior and intends to change in the next 6 months but are procrastinating and not ready for action.

· Preparation: The person has a plan and intends to instigate change in the near future (£1 month) and is ready for action plans.

· Action: The person is modifying behavior change occurs only if behavior meets a set criterion (such as complete abstinence from drinking).

· aintenance: The person works to maintain changes and gains confidence that he/she will not relapse.

# Leadership



Discuss change management theories: Accelerated rapid-cycle change.

# Leadership

The **accelerated rapid-cycle change approach** is a response to rapid changes in healthcare delivery and radical reengineering. There are 4 areas of concern:

- Models for rapid-cycle change: The goal is doubling or tripling the rate of quality improvement by modifying and accelerating traditional methods. Teams focus on generating and testing solutions rather than analysis.
- Pre-work: Assigned personnel prepare problem statements, graphic demonstrations of data, flowcharts, and literature review. Team members are identified.
- Team creation: Rapid action (also sometimes rapid acceleration or rapid achievement teams (known as RATs) are created to facilitate rapid change.
- Team meetings and work flow: Meetings/work done over 6 weeks:
    - Week 1: Review information, clarification of quality improvement opportunities and identification of key customers, waste, and benchmarks.
    - Week 2: Review customer requirements and cost/benefit analysis of solutions with testing of data.
    - Week 3: Complete design of solution, plan implementation, and pilot tests.
    - Week 4-5: Test, train, analyze, and make changes as needed.
    - Week 6: Implement program.

# Leadership



Discuss change management theories: McKenzie 7S framework.

# Leadership

The **7-S Framework** (McKenzie) includes 7 different steps to carry out in the process of change, stressing the importance of coordination. The steps are arranged in a circle around shared values (center) rather than a hierarchical arrangement, so a weakness in one area may impact all areas:

- Strategy: Plan and steps the organization is taking to accomplish future goals. Strategy should be the first step in bringing about change.
- Structure: The classic organization, including the chain of command and other relationships.
- Systems: All of the processes in the organization that indicate how work is accomplished.
- Shared values: The overall goal of the organization, social missions, and reputation.
- Style: The culture of the organization and codes of conduct.
- Staff: The workforce and talents of the organization, models for hiring, and turnover, development.
- Skills: The organizational and individual skills available and lacking.

# Leadership



Discuss change management theories: Nudge theory.

# Leadership

**Nudge theory** (Sunstein and Thaler), originally an ethical concept, depends on "nudging" (inspiring, motivating) individuals in an organization to change. Nudge theory was developed about the idea that leaders should design choices that help people to make better choices and lead to the change desired rather than mandating change. For example, the organization may provide nutritious snacks rather than high-caloric fast foods in company vending machines to promote better health. Nudge interventions are indirect rather than direct and should be non-judgmental and allow some free choice. Heuristic elements of the theory include:

- Anchor/Adjust: Beginning with an anchoring fact that is well-known as a bridge to the unknown.
- Availability: The perception of how common or familiar something is.
- Representativeness: The degree to which something is similar to a stereotype.
- Framing: Positive or negative presentations.
- Mindlessness: Making of emotional rather than rational decisions.
- Conforming: Following the lead of others.
- Priming: Preparation that takes place.
- Temptation: Greed guiding choices.
- Feedback: Influences action.

# Leadership



Discuss change management: Bridge’s transition model.

# Leadership

**Bridge's transition model** focuses on the transitions people go through in the process of change, transitions that involve mindset. The stages of transitions that people experience are:

- Ending, losing, letting go: When presented with change, people are often resistive and experience various emotions, such as fear and denial, when they have to face the end of something with which they are familiar and comfortable. It's important to listen and communicate about the changes and how it will affect them.
- Neutral zone: This is the bridge stage during which people may feel anxious and resentful, especially as caseloads may increase or change; however, this is also a time of creative energy. Leaders should provide feedback and encouragement and remind them of goals.
- New beginning: People have begun to accept and feel positive about change and can benefit from rewards and celebration.

# Leadership



Discuss coaching.

# Leadership

**Coaching** is an important part of precepting. Coaching can include specific training, providing career information, and confronting issues of concern. While individual safety is the primary consideration, coaching should be done in a manner that increases learner confidence and ability to self-monitor rather than in a punitive or critical manner. The nurse executive must develop confidence in his/her own ability to be assertive and confront issues directly in order to resolve conflicts and promote collaboration. Effective methods of coaching include:

- Giving positive feedback, stressing what the student is doing right.
- Using questioning to help the student recognize problem areas.
- Providing demonstrations and opportunities for question/answer periods.
- Providing regular progress reports so the student understands areas of concern.
- Assisting the student to establish personal goals for improvement.
- Providing resources to help the student master material.

# Leadership



Discuss mentoring.

# Leadership

The most common **model for mentoring** is that of a partnership with the mentor providing the expertise and the mentee utilizing this expertise through learning, action, and reflection. There are a number of steps involved in the mentor-mentee relationship:

- Mentor selection: In some cases, a formal mentor program may be in effect at an institution, but in other cases the mentee may need to identify a candidate for mentor, based on mutual respect. Generally, a mentor should not be a direct supervisor as this can present conflicts. The mentor may be a peer or a nurse in advanced position.
- Determine expectations: Ground rules should be established, such as when and how frequently to meet.
- Competency development: The mentee works toward specific goals in learning with the guidance of the mentor.
- Guidance gives way to consultation: As the mentee gains confidence and skills, the mentor provides assistance on request, providing the mentee more independence.
- Mentorship resolves.

# Leadership



Discuss precepting.

# Leadership

The nurse is often in the position of having many roles in clinical practice, including educating others and serving as a **preceptor** for graduate students who are studying to enter the field. While mentoring may entail a long-term relationship, precepting is usually a time-limited arrangement related to a term of study, such as a semester, orientation period, or a clinical rotation. The nurse must balance responsibilities and ensure that he/she is able to provide adequate clinical supervision and guidance to the student on a daily basis. This may require coordinating schedules and planning carefully to ensure all responsibilities can be met. The nurse preceptor helps the student to understand his/her impact on the spheres of influence (individual/client, nurse and nurse practice, and organization/system) by including the student in all nursing activities. The preceptor may engage in shared care as well as direct supervision in order to improve the student's skills.

# Leadership



Discuss emotional intelligence: Salovey and Mayer.

# Leadership

Salovey and Mayer developed the concept of **emotional intelligence** based on ability. Emotional intelligence is the ability to understand and manage one's own emotions as well as the ability to recognize and understand the emotions of others. Emotional intelligence is the understanding of how emotions affect behavior, a valuable skill in leaders. The four types of abilities involved in emotional intelligence include the ability to perceive, use, understand, and manage emotions. Individuals with emotional intelligence know the types of emotions that will be triggered personally by an event and have the ability to manage and use these emotions to enhance decision-making. They also can identify the emotions of others through observation of facial expressions, actions, words, and tone of voice. Individuals with emotional intelligence tend to have better social skills and workplace relationships because they have an innate understanding of how to respond to workers, to recognize their concerns, and to motivate them.

# Leadership



Discuss emotional intelligence: Gardner.

# Leadership

In the 1980s, Howard Gardner developed the **Theory of Multiple Intelligences**, which states that there are at least seven categories of "intelligences" that people use to comprehend the world about them and to learn. Gardner proposed that teaching that engages multiple intelligences is more effective than teaching focused primarily on linguistic or logical/mathematical intelligences (those most commonly addressed in education). Learners should be assessed to determine their personal intelligence strengths, and teaching should address the learners' preferences:

- Linguistic: Ability to use and understand language, written or spoken.
- Logical/mathematical: Ability to utilize deductive and inductive reasoning, numbers, and abstract thinking.
- Visuospatial: Ability to visualize and comprehend spatial dimensions.
- Body/kinesthetic: Ability to control physical action.
- Musical/rhythmic: Ability to create/appreciate musical forms.
- Interpersonal: Ability to communicate and establish relationships with others.
- Intrapersonal: Ability to utilize self-knowledge and to be self-aware.

# Leadership



Discuss emotional intelligence: Petrides (Trait)

# Leadership

The **trait model of emotional intelligence** (Petrides, 2009) suggest that emotional intelligence is not an ability but rather an aspect of personality that includes emotional traits and emotional self-perceptions. This model does not provide for scientific measures to determine emotional intelligence but depends on personal insight and reporting. Petrides has developed a number of questionnaires, known as TEIQues (adult, child, long-form, short form questions), which cover 15 “facets” or character traits: adaptability, assertiveness, emotion perception (personal, other), emotion expression, emotion management (others), emotion regulation, impulsiveness, relationships, self-motivation, social awareness, stress management, empathy, happiness, and optimism. Individuals score depending on how they perceive themselves in relation to these traits. For example, an individual would score high on adaptability if the responses to questions indicate the person is flexible and able and willing to adapt to changes. The trait model of emotional intelligence suggests that behavior results from personality, which influences beliefs, values, and attitudes.

# Leadership



Discuss emotional intelligence: Goleman.

# Leadership

Goleman expanded on Salovey and Mayer's concept of **emotional intelligence** and proposed a mixed model (ability and traits). According to Goleman, emotional intelligence requires self-awareness, self-regualtion, social skills, empathy, and motivation with each of these characteristics requiring a number of emotional competencies, which Goleman determined were learned rather than innate. Proponents of this view of emotional intelligence promote "social and emotional learning" (SEL), beginning in elementary school where children are encouraged to identify their emotions and feelings and understand how these emotions impact their behavior. SEL is one method used to reduce bullying and violence in schools. Concepts of emotional intelligence have been increasingly applied to the field of business, including healthcare, with considersations of emotional intelligence used in hiring, recognizing, and developing leadeers in an organization.

# Leadership



Discuss sources of influence and power.

# Leadership

Sources of **influence and power** within an organization may differ from the chain of command. The different types of power include:

- Positional: Most closely corresponds to the chain of command because it refers to legitimate power derived from a supervisory position, but the degree of power varies according to where the person lies in the hierarchy and the number of subordinates.
- Expert: Related to an individual with necessary knowledge and skills. This person may wield considerable power if the knowledge and skills are critical, but the power is only within the framework of the person's expertise.
- Referent: Based on charisma and the ability to influence others. Those with referent power may wield influence and power far beyond that expected by those in their positions.
- Coercive: Based on behavioral tactics, which can include coercion and bullying as well as withholding rewards.
- Reward: Associated with the ability to grant rewards, such as salary increases or gifts.

# Leadership



Discuss self-reflection and personal leadership evaluation.

# Leadership

**Personal leadership evaluation** should involve both self-reflection and assessment with a leadership self-assessment tool. Self-reflection is a method of looking inward and thinking about one situation to examine thought processes, biases, and motivations. Self-reflection usually involves asking the self a series of questions: “Why did I say that?” “What was my reaction to the response?” “Why did I react that way?” “How could I have handled the situation better?” Self-reflection can be carried out in different ways, such as by internal dialog or by journaling. Honesty is a critical element in self-reflection. Personal leadership evaluation is more structured and formal and often begins with a questionnaire that lists a number of attributes, such as “I am able to articulate the organization’s mission and vision statements to others,” and then asks the person to rate how true the statement is using a Likert scale.

# Leadership



Discuss Integrating diversity and sensitivity into the work environment: Role of leadership.

# Leadership

The nurse executive's goal of **integrating diversity and sensitivity** into the work environment should be for employees to be accepting of differences rather than being judgmental or trying to change them. Diversity in the workplace refers to both an increasingly culturally diverse patient population and a culturally diverse workforce. The nurse executive should complete a personal cultural audit in order to better understand personal biases and feelings. The nurse executive must make clear support for embracing diversity by including it in the vision and mission of the organization and should take active leadership in designing services in response to the needs of diverse patients and conducting outreach to attract employees that culturally mirror the population served. The nurse executive should serve as a role model for the staff and should promote education programs, including mentoring, that outline patient care considerations for different cultural groups so that employees are more sensitive to cultural issues.

# Leadership



Discuss integrating diversity and sensitivity into the work environment: Organizational commitment.

# Leadership

**Acceptance and responsiveness to diversity** requires an organizational commitment with ongoing inservice and training to assist staff. This may include:

- Multicultural advisory committees with community representatives to provide insight and determine areas for research or outreach to diverse groups.
- Mentors or consultants who can provide guidance to staff dealing with issues of diversity.
- Adaptation of patient/family materials for diverse groups, including patient information materials and surveys. These should be culturally appropriate and in various languages for those who are not proficient in English.
- Strategies to hire, retain, and promote a staff that is diverse and representative of the community.
- Training on how to work with interpreters.
- Integrating cultural content throughout training curriculum, with specific information about cultural attitudes toward intimacy, sexuality, end-of-life, mental and physical illness, drug use, and health in general. Including representative of diverse groups for presentations, group or panel discussions is particularly helpful.

# Leadership



Discuss change management: Primary functions.

# Leadership

The five **primary functions in change management** include:

- Making a plan: This includes determining desired goals and outcomes and deciding who will implement the plan and how those affected by the plan will participate. The change agent should also assess support and resistance to better plan how to proceed with the plan. The plan should be formalized in writing.
- Organizing: Decisions must be made about how to achieve goals and reach desired outcomes. Necessary resources must be identified and secured and cost-benefit analyzed.
- Implementing: The change agent should be prepared for the unexpected and modify the plan as indicated, understanding that a change in one part of a system affects all related systems.
- Assessing: This is an ongoing process that must continue throughout implementation and after to ensure that the outcomes are achieved.
- Obtaining feedback: Both positive and negative feedback should be encouraged.

# Leadership



Discuss building effective relationships: Listening.

# Leadership

When building effective relationships, **listening** is more than simply hearing. While listening to the words of others, such as in one-on-one conversations, is important, listening to unspoken sentiments is equally important. The nurse executive must be on alert for the undercurrents in an organization that may indicate support or resistance. This means attending to the way in which communication occurs (directly, indirectly) and the tone of the communication. The nurse executive should avoid focusing on internal thoughts when listening to others and should listen without carrying out other tasks because speakers know when the listener is not fully engaged, eroding trust. The nurse should maintain eye contact and engage in active listening. The nurse executive should make time in the work schedule for others, should utilize questioning to encourage others to speak, and should listen to all levels of employees, individually and in groups, so that employees feel valued.

# Leadership



Discuss building effective relationships: Presence.

# Leadership

**Leadership presence** is the way in which the leader is perceived by others in the organization, positively or negatively. The nurse executive should use various strategies to convey a positive presence:

- Remain positive and friendly: The nurse executive should convey positivity as much as possible to set the tone for the organization. The executive leader can be friendly and approachable while retaining respect.
- Utilize active listening: Employees want to feel that their opinions are listened to and acknowledged. The nurse executive should aim to listen about 4 times more than to speak.
- Maintain professional appearance.
- Share credit: The nurse executive should make a point of recognizing and rewarding employees for their contributions to the organization.
- Provide feedback: Employees should know where they stand and should receive prompt, honest, and fair feedback.
- Engage in conversations: The nurse executive should take time occasionally to step out of the leadership role and simply converse with employees.
- Solve problems: The nurse executive should assess problems and deal with them promptly.

# Leadership



Discuss building effective relationships: Characteristics of communication.

# Leadership

**Characteristics of communication** include:

- Process: Communication is a complex dynamic process that is bi-directional and involves both verbal and non-verbal interactions.
- Symbolic: Communication always uses symbols of some type to transmit thoughts and ideas. Almost anything can become a symbol to transmit information: images, words, appearance, color, tone of voice. The same symbol may transmit something very different to different receivers, who translate the symbol received into meaning.
- Receiver-based: Communication occurs with the receiver when meaning is attached to symbol. All behavior communicates whether intended or not.
- Irreversible: Once communication occurs, it cannot be withdrawn or reversed. Correction of unintended communication may communicate a different message but the original remains.
- Unrepeatable: An original communication can never be repeated in the exact same way because the communication process is dependent on the receiver.

# Leadership



Discuss building effective relationships: Networking

# Leadership

**Networking**, creating a network of contacts throughout the mental health industry and healthcare community, not only helps a nurse to find employment but also provides valuable professional resources. Networking should begin with professors and instructors while still a student through demonstration of competence. The nurse can cooperate with others involved in clinical tasks or research, gaining experience and credibility. Those involved in sales of medications and equipment are resources that can provide the nurse with current trends and changes. One of the most effective ways to network is to become involved in national organizations, such as the American Nurses Association and to participate in conferences through attendance and conference presentations. The nurse executive should make an effort to maintain periodic contact with those in an informal network by telephone, mail, or email.

# Leadership



Discuss succession planning.

# Leadership

The first step in **succession planning** should be to describe the behaviors, skills, and leadership qualities necessary for the role. The next steps include outlining the needs of the organization and developing a formal written succession plan. An organization should have plans in place for both emergency succession and planned. An internal candidate is usually selected for emergency succession because of the need for someone to immediately step into the position and to be familiar with the organizational structure and current demands of the position. The chosen candidate usually fulfills the position on a temporary basis until planned succession can occur. Plans for succession should always be in place so that transitions are not disruptive to the organization. Planned succession may focus on both internal and external candidates, depending on the needs of the organization.

# Leadership



Discuss creating an environment to engage and empower employees.

# Leadership

Power is the ability to take action even when others are resistant, but **empowerment** refers to a psychological state in which one feels that personal competence is recognized and valued and that the person is allowed and encouraged to exercise power. Empowerment includes self-determination about aspects of work and recognition by others of competence and the impact of the person's decisions. Empowerment requires that the nurse executive share power to some degree. According to Kanter (1977), the three structures that are essential for empowerment are:

- Opportunity: Includes opportunities for advancement, job enrichment.
- Power: Derives from access to information and necessary resources and administrative support.
- Proportion: The social composition of the employee workforce, including ethnic minorities.

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All employees should have access to education and training that promote empowerment. In the relational approach to empowerment, power is decentralized and authority delegated. In the motivational approach, there is less actual sharing of power, but the focus is on encouraging and training employees to utilize problem-solving approaches and to increase self-efficacy.

# Leadership



Discuss strategic planning principles: Alignment of nursing's strategic plan with the organizational plan.

# Leadership

**Alignment of nursing's strategic plan with the organizational plan** should begin early in the development stage. For example, if part of the organizational plan is to increase labor productivity in order to reduce costs, and the nursing strategic plan includes decreasing the nurse-patient ratio, then the objectives that are developed for the strategic plan should align these two concerns, such as by reducing overtime and/or changing the staffing model in order to compensate for the increased costs of reducing the nurse-patient ratio. The nursing strategic plan cannot be successful it if it at odds with the organizational plan, especially if resources are needed for implementation. The strategic plan should be developed by nursing but in collaboration with organizational leaders, including those from human resources and finance, and should be based on thorough assessment of needs, including gap analysis, surveys, and input from nursing staff at all levels.

# Leadership



Discuss strategic planning principles: SWOT analysis.

# Leadership

**SWOT analysis** is commonly used to help determine an organization's strengths and weaknesses and as part of strategic planning; however, SWOT analysis can be used for any type of decision-making as it provides a good overview of the organization and helps to provide an outline of different factors affecting decisions. SWOT analysis is often done as part of market planning as preparation for carrying out a marketing program. SWOT analysis considers the strengths and weaknesses of the internal environment and the opportunities and threats of the external environment:

| **Internal environment** | | **External environment** | |
|---|---|---|---|
| **Strengths** | **Weaknesses** | **Opportunities** | **Threats** |
| Financial stability<br>Programs, services<br>Staff persons<br>Client/Staff satisfaction | Increasing costs<br>Outdated equipment<br>Ineffective programs<br>Marketing | Increased population<br>New programs<br>New markets<br>Stakeholders | Low reimbursement<br>Regulations<br>Competition<br>Political changes |

# Leadership



Discuss strategic planning principles: Components of strategic planning (organization-wide).

# Leadership

**Organization-wide strategic planning** requires that an organization look at needs of the organization, community, and customers and establish goals for not only the near future (2-4 years) but into the extended future (10-15 years). Strategic planning must be based on assessments, both internal and external, to determine the present courses of action, needed changes, priorities, and methodologies to effect change. The focus of strategic planning must be on development of services based on identified customer needs and then the marketing of those services. Organization-wide strategic planning includes:

- Collecting data and doing an external analysis of customer needs in relation to regulations and demographics
- Analyzing internal services and functions
- Identifying and understanding key issues, including the strengths and weaknesses of the organization as well as potential opportunities and negative impacts
- Developing revised mission and vision statement that identifies core values
- Establishing specific goals and objectives

# Leadership



Discuss strategic planning principles: Strategic quality planning.

# Leadership

**Strategic quality planning** to promote performance improvement must begin at the top level of management with a commitment to effecting change at all levels and to providing the financial resources that make these changes possible. This entails beginning with a clear definition of quality as it applies to customers and relating this to mission and vision statements, goals and objectives. Plans must be made to redesign processes in order to achieve quality and to modify measures of organizational performance to ensure compliance. Total quality management should be at the center of all planning, and an organization-wide model for quality performance should be used that includes at least the following:

- Assessment
- Planning
- Implementation
- Evaluation of continuous improvement

The planning process should be documented with preparation of an action plan that ensures ongoing evaluation of progress.

# Leadership



Discuss strategic planning principles: Customers' needs and satisfaction.

# Leadership

**Patient/customer satisfaction** is usually measured with surveys given to patients upon discharge from an institution or on completion of treatment. One problem with analyzing surveys is that establishing benchmarks can be difficult because so many different survey and data collection methods are used that comparison data may be meaningless. Internal benchmarking may be more effective, but the sample rate for surveys may not be sufficient to provide validity. As patients become more knowledgeable and demand for accountability increases, patient satisfaction is being used as a guide for performance improvement although patient perceptions of clinical care do not always correlate with outcomes. The results of surveys can provide feedback that makes healthcare providers more aware of customer expectations. Currently, surveys are most often used to evaluate service elements of care rather than clinical elements. Analysis includes:

- Determining the patient/customer's degree of trust.
- Determining the degree of satisfaction with care/treatment.
- Identifying needs that may be unmet.
- Identifying patient/customer priorities.

# Leadership



Discuss strategic planning principles: Vision statement

# Leadership

An organizational **vision statement** requires analysis of both internal and external customer-supplier relationships in arriving at a statement about what the organization intends to become. The vision statement is the commitment that the organization is making. The vision statement should include future goals rather than focusing on what has already been achieved. The vision statement is usually stated in one sentence or a short paragraph:

- Hospital X will be the leader in providing sustainable quality patient-centered care to the community to improve the physical and mental health of community members.

The vision statement is often followed by an explanation of terms, so that such concepts as “sustainable” and “patient-centered” are clarified to explain the reason for including the terms in the vision statement. For example, if “sustainable” is part of the vision statement, then the explanation should include the need to function within budget constraints while providing optimum care.

# Leadership



Discuss strategic planning principles: Mission statement.

# Leadership

The **mission statement** of an organization usually reflects the current status of the organization and describes, in broad terms, the purpose of the organization and its role in the community. The mission statement should be developed in response to data and program analysis and with input from all members of the organization. The mission statement should identify the organization or program, state its function, and outline the purpose and strategy of the program:

- The mission of X Hospital, a collaborative group of professionals, physicians, administrators, nurses, and support staff, is to promote health and safety of patients, visitors, and staff and provide outstanding quality health care services to the community.

The mission statement should in some way include a commitment to quality and patient care as well as the need to serve the community. In many cases, the mission statement is followed by detailed explanations that may include statements of organizational values, philosophy, and history.

# Leadership



Discuss strategic planning principles: Goals and objectives.

# Leadership

The development of **goals and objectives** is done in support of the mission and vision statements and should be completed at the same time to determine if the mission and vision statements can be realized and to explain how that will happen.

Goals should be achievable aims, essentially end results, developed for specific units of the organization or the organization in general, focusing on improving performance. One example of a specific goal is: *reduction in surgical site infections by 30%.* In healthcare quality management, the goals must be based on knowledge about functions and processes within the organization and prioritized accordingly as part of achieving positive patient outcomes.

Objectives are the measurable steps taken to achieve goals. In the case of infections, an example of an objective might include: *Infection control professional will audit antibiotic use, and physician internal medicine committee will establish antibiotic prophylaxis protocol within 6 months.* Objectives should be measurable and should include a timeline and identification of responsibility for achieving the objective.

# Leadership



Discuss new program development: Proposals.

# Leadership

When making a **proposal** for new program development, the first step is to determine whether there is a guide for the proposal format. If so, it must be followed exactly or the proposal may be rejected. In some cases, a letter of inquiry should be submitted prior to the proposal. In general, proposals include an abstract, a narrative proposal, and a budget. The proposal should explain the purpose of the program and the need. The proposal should also outline exactly how the need will be met and by whom and should present an estimated timeline and benchmarks. The proposal should explain how the project management will be carried out and should identify responsible individuals. The projected budget should cover personnel costs (salaries, benefits) and non-personnel costs (contract fees, consultant fees, equipment, travel, and miscellaneous).

# Leadership



Discuss new program development: Pro forma.

# Leadership

A ***pro forma*** is a financial statement that outlines expenses associated with a new program. The pro forma, usually presented in a spreadsheet, is the projected revenue and expenses for the first year (or beyond) and should include the following:

- Net Revenue: Includes total income minus bad debts and discounts (such as for PPOs, HMOs, and third-party carriers).
- Expenses: Includes salary expenses (salaries and benefits) and non-salary expenses, such as for clinical supplies, equipment, office supplies, service agreements, insurance, capital expenses (remodeling), telephone, utilities, entertainment, travel, training, rent/lease costs, depreciation, and taxes.
- Direct expense: Total of salary and non-salary expenses.
- Contribution margin: The total net revenue less the direct expense.
- Indirect expenses: Overhead or other costs.
- Total cost margin: Contribution margin less the indirect cost.
- The **pro forma** should include the metrics that will be used for the items in the spreadsheet, and should be as accurate as possible using current information as well as future projections.

# Leadership



Discuss new program development: Business plans for elements Executive summary, Product/Service, Management, Market Survey, Marketing strategies.

# Leadership

## Elements of a business plan:

| | |
|---|---|
| Executive summary | Outline all the key elements to the business proposal, including the customer, product/services, goals, risks, opportunities, costs, management, and timeline. |
| Product/ Service | Provide a detailed description but avoid being overly technical, including the ways in which this product/service compares to others. Note the need for patents, licenses, or any regulatory requirements. |
| Management | Explain the hierarchy and division of duties, including explanation of professional experience and education. |
| Market Survey | Discuss similar products/services, target groups, and projected market volume. |
| Marketing strategies | Explain placement, promotion, and pricing |

# Leadership



Discuss new program development: Business plans for elements Organization, Timeline, Risk factors, Appendices.

# Leadership

## Elements of a business plan:

| | |
|---|---|
| Organization | Describe structure of business, provide flow charts, and describe production capability, costs, quality assurance methods, and inventory (if appropriate). |
| Timeline | Describe the timeline for implementation from beginning to fully operational business. |
| Risk factors | Describe both opportunities from gain and risk factors that may impact product/sales and methods to deal with risk factors. |
| Appendices | Provide samples of forms and any additional information that is necessary. |

# Leadership



Discuss new program development: Marketing.

# Leadership

The first task in the development of a **marketing strategy** is to determine the objectives and the target market. Market research may involve literature review, surveys, questionnaires, market analysis, and focus groups. The target market may be segmented according to various demographics with each segment requiring a different approach. The marketing plan should include different marketing strategies: advertisements (print, TV, radio), direct marketing, trade shows/conferences. SWOT analysis is often done to determine the strengths and weaknesses of an organization as part of the marketing plan. If a product is involved, then product research must be conducted. Benchmarking through tracking such as by using web analytics to determine traffic on a website or by list splitting (different versions of a mailer sent to different populations), can help to provide useful data. In some cases, the best initial marketing strategy may to utilize a market research agency to gather information.

# Leadership



Discuss trends that effect nursing practice and the healthcare environment: Key trends.

# Leadership

The professional development nurse should monitor **key trends** in nursing, health care, and other disciplines and incorporate them into educational programs and activities. Key trends across the disciplines include:

- Use of miniaturized or portable medical devices and robotic-assisted surgical devices.
- Social networking, Internet access and research, and need for IT specialists.
- Nursing involvement in information technology and systems analysis.
- Utilization of home health care and decreased length of hospital stay.
- Focus on wellness, nutrition, and preventive care.
- Focus on sustainability, recycling.
- Individualized patient care.
- Flexible working hours and cost containment methods.
- Specialization, certification, and interprofessional education.
- Gender, racial, and ethnic diversity among staff and patients.
- Focus on teamwork and interdisciplinary teams.
- Focus on patient satisfaction and patient outcomes.

# Leadership



Discuss communicating and building consensus and support for the strategic plan.

# Leadership

If the nurse executive wants to communicate and build **consensus and support for the strategic plan**, then communication must begin prior to development of the plan. Even though the strategic plan is usually developed at the executive level, all members of an organization should be asked for input to the planning process because the staff members will ultimately determine the success of the plan and are often the most impacted. For example, if expanding services is one of the goals of the plan, then this may require extra responsibilities for existing staff. Benefits to the plan should be stressed as well as concerns. The nurse executive should outline the strategic plan to key stakeholders and department heads and engage them in the process of building support for the plan among all staff members. A reporting system should be in place, such as a dashboard, so that progress can be charted and observed.

# Leadership



Discuss establishing baselines for processes: Measuring current performance.

# Leadership

**Measuring current performance** requires establishing benchmarks against which progress can be charted. Whatever the process is going to be, the current process must be accurately traced and outlined. A baseline may be established by measuring where an organization is at a point in time or period of time, such as the number of readmissions averaged each month in the previous year. State or national data may also be used to establish benchmarks. Sources for this data include Hospital Compare, Becker's Hospital Review, CMS, AHRQ, Healthcare Effectiveness Data and Information Set (HEDIS), and National Committee for Quality Assurance. Insurance companies may also provide data. A healthcare organization may also use local data, such as from similar hospitals in the same area, to set benchmarks. Once metrics are chosen, the frequency of measurement and the responsibility for measuring must be determined.

# Leadership



Discuss evaluating processes and outcome measures over time.

# Leadership

**Measuring and monitoring** of a project are ongoing procedures that evaluate progress toward objectives and indicate any deviations so that corrections can be made. Processes vary according to the knowledge area of the project. For example, costs should be compared to the forecast budget and any change requests to determine if there are cost overruns. Activities on the timeline should be assessed to determine if they are on schedule, ahead of schedule, or behind schedule. Risks should be assessed and managed. Changes should be assessed through integrated change control and all change requests documented as well as their approval or rejection. Quality control measurements should be carried out and any defects noted and corrected. Performance of team members should be monitored. Any changes in the scope of a project should be noted and the project plan updated. Performance reports should be completed as scheduled and disseminated to the proper individuals or agencies.

# Leadership



Discuss project management to support/achieve the plan: Elements of the project plan - Purpose, Scope, Requirements, Schedule of activities, Finances, Quality control, Resources, Stakeholders.

# Leadership

**Elements of the project plan** include plans for and management of:

- Purpose: What will be achieved by the project
- Scope: General work to be done and/or end product, department involvement/responsibilities
- Requirements: Agreed upon documentation, agreements, tracing, and reporting
- Schedule of activities: Includes activities, milestones, products, and timeline
- Finances: Explanation of budget, financial resources, payroll, potential unexpected expenses
- Quality control: Monitoring, reporting, and correcting for quality issues
- Resources: Materials, staff, equipment, finances needed to complete the project and expected utilization of resources
- Stakeholders: Identification of stakeholders, prioritizing stakeholders, methods of communication with and management of stakeholders

# Leadership



Discuss project management to support/achieve the plan: Elements of the project plan - Risks, Communications, Purchasing, Change.

# Leadership

**Elements of the project plan** include plans for and management of:

- Risks: Anticipating and identifying risk factors, methods to manage and respond to risks and reduce liability
- Communications: Plans for internal and external communication, including public relations
- Purchasing: Vendors, cost-comparison, methods of purchase, timeline for purchase, inventory
- Change: Requirements for and response to change in plans

# Leadership



Discuss project management to support/achieve the strategic plan: Development of the timeline (GANTT).

# Leadership

A **Gantt chart** is used for developing improvement projects to manage schedules and estimate time needed to complete tasks. It is a bar chart with a horizontal time scale that presents a visual representation of the beginning and end points of time when different steps in a process should be completed. Gantt charts are a component of project management software programs. The Gantt chart is usually created after initial brainstorming, and creation of a time line and action plans. Steps to creation of a Gantt chart include:

- List the name of the process at the top
- Create a chart with a timeline of days, weeks, months (as appropriate for process) horizontally across the top.
- List tasks vertically on the left of the chart.
- Draw horizontal lines/bars with from the expected beginning point to the expected end point for each task. These may be color-coded to indicate which individual/team is responsible for completing the task.

# Leadership



Discuss project management to support/achieve the strategic plan: Development of the timeline (Critical path, critical chain, and PERT).

# Leadership

**Critical path method** is a network diagramming technique used to estimate the total duration of a project. The project manager develops a diagram that shows all of the primary paths with estimated duration of time for each and then identifies the longest path through the network design. This, in turn, provides the earliest time by which the project can be completed. Slack or float refers to amount of delay time that an activity can be delayed without impacting the overall completion time. **Critical chain scheduling** involves identifying constraints and scheduling accordingly. Critical chain scheduling builds in a time buffer for project completion and discourages multitasking, favoring completion of one task before beginning another. **Program Evaluation and Review Technique (PERT)** is a technique utilized for project time management. PERT is used to estimate times when the duration of individual activities is uncertain. PERT achieves probabilistic time estimates by taking into consideration optimistic, most likely, and pessimistic time estimates.

# Leadership



Discuss project management to support/achieve the strategic plan: Implementation.

# Leadership

Strategic plans begin on paper but are implemented in practice, and **implementation** can often be more difficult than writing the plan because of the complexity of dealing with many different stakeholders. Implementation of a strategic plan involves a series of steps:

- Identify goals: Long-term and short term. Determine processes and procedures needed to implement plan.
- Create a guide: Prioritize and organize processes and procedures and explain how implementation will be coordinated through different departments or units.
- Engage staff: Communicate openly and set performance goals in relation to the strategic plan. Explain benefits as well as problems that may occur.
- Align budget to the plan: Modify budgets as necessary.
- Conduct small tests of change/pilot studies: Practice implementation and test in small increments before rollout.
- Roll out: Staff well prepared and trained in advance.
- Monitor and measure: Ongoing process throughout implementation.
- Modify: Evaluate and modify as indicated.

# Leadership



Discuss project management to support/achieve the strategic plan: Monitoring action plans.

# Leadership

Monitoring is an essential part of program evaluation and should be an ongoing process throughout the life of a program. **Monitoring principles** include:

- Monitoring should compare current status with baseline data. Baseline data should be used to set targets for improvement.
- Monitoring should determine whether or not progress is being made.
- Monitoring should be planned as an integral part of every program.
- Monitoring and evaluating should be planned together at the same time.
- Information derived from monitoring should be utilized in making decisions.
- The methodology for monitoring should be clearly outlined and followed consistently.
- Monitoring should be carried out in a manner that protects confidentiality.
- Monitoring should assess all primary stakeholders.
- Monitoring should be scheduled on a routine basis.
- A monitoring matrix should be developed to facilitate monitoring.
- Resources for monitoring should be separate from other program resources.

# Leadership



Discuss project management to support/achieve the strategic plan: Performance measures.

# Leadership

The purpose of program evaluation is to determine if the program is working effectively by assessing whether objectives are being met. As part of program evaluation, **performance measures** are carried out to evaluate measurable outcomes. Different approaches to program evaluation include:

- Process: The purpose is to determine if the program is operating as planned and generally looks at activities and whether the program meets regulatory requirements and professional standards.
- Outcome: The purpose is to determine the effectiveness of the program by assessing whether the outputs and outcomes of a program are as intended or whether there are unexpected results.
- Impact: The purpose is to attempt to determine the effectiveness of the program by assessing the difference between the outcomes and what would likely have occurred without the program.
- Cost-benefit/Cost-effectiveness: Cost-benefit analysis looks at all costs and benefits associated with the program to determine whether or not there is benefit. Cost-effectiveness analysis, on the other hand, looks at the cost effectiveness of individual aspects of the program.

# Leadership



Discuss ethical principles: Autonomy and justice.

# Leadership

**Autonomy** is the ethical principle that the individual has the right to make decisions about his/her own care. In the case of children, the child cannot make autonomous decisions, so the parents serve as the legal decision maker. The nurse must patients and parents fully informed so that they can exercise their autonomy in informed decision-making.

**Justice** is the ethical principle that relates to the distribution of the limited resources of healthcare benefits to the members of society. These resources must be distributed fairly. This issue may arise if there is only one bed left and two sick patients. Justice comes into play in deciding which patient should stay and which should be transported or otherwise cared for. The decision should be made according to what is best or most just for the patients and not colored by personal bias.

# Leadership



Discuss ethical principles: Beneficence and nonmaleficence.

# Leadership

**Beneficence** is an ethical principle that involves performing actions that are for the purpose of benefitting another person. In the care of a patient, any procedure or treatment should be done with the ultimate goal of benefitting the patient, and any actions that are not beneficial should be reconsidered. As a patient's condition changes, procedures need to be continually reevaluated to determine if they are still of benefit.

**Nonmaleficence** is an ethical principle that means healthcare workers should provide care in a manner that does not cause direct intentional harm to the patient:

- The actual act must be good or morally neutral.
- The intent must be only for a good effect.
- A bad effect cannot serve as the means to get to a good effect.
- A good effect must have more benefit than a bad effect has harm.

# Leadership



Discuss ethical principles: Ethical framework - Identification of issues, Values clarification, Influences and Barriers, Principles.

# Leadership

An **ethical framework** may facilitate decision-making in complex healthcare situations:

| **Ethical framework** | |
|---|---|
| Identification of issues | Objectively describe the ethical issue, acknowledging emotional biases. |
| Values clarification | Determine if decision-making is impacted by personal values or the values of others and whether there is conflict in these values. |
| Influences and Barriers | Consider medical condition, risk factors, socioeconomic status, religion, support systems and barriers, such as conflicts, differing professional assessments, regulations, and control issues. |
| Principles | Utilize and apply ethical principles (autonomy, beneficence, nonmaleficence, justice, privacy, confidentiality, veracity, and fidelity). |

# Leadership



Discuss ethical principles: Ethical framework - Alternative solutions, Conflict resolution, Implementation, Assessment.

# Leadership

An **ethical framework** may facilitate decision-making in complex healthcare situations:

| **Ethical framework** | |
|---|---|
| Alternative solutions | Explore alternate solutions, considering pros and cons, ethical issues, and outcomes. |
| Conflict resolution | Utilize collaboration, compromise, and/or accommodation rather than coercion or avoidance in reaching a solution. |
| Implementation | Select and carry out a solution that is defensible as an ethical decision. |
| Assessment | Assess the process of reaching an ethical solution and the outcomes. |

# Leadership



Discuss ethical principles: Bioethics.

# Leadership

**Bioethics** is a branch of ethics that involves making sure that the medical treatment given is the most morally correct choice given the different options that might be available and the differences inherent in the varied levels of treatment. In the clinical unit, if the patients, families, and the staff are in agreement when it comes to values and decision-making, then no ethical dilemma exists; however, when there is a difference in value beliefs between the patients/families and the staff, there is a bioethical dilemma that must be resolved. Sometimes, discussion and explanation can resolve differences, but at times the institution's ethics committee must be brought in to resolve the conflict. The primary goal of bioethics is to determine the most morally correct action using the set of circumstances given.

# Leadership



Discuss ethical principles: Environmental ethics.

# Leadership

**Environmental ethics** focus on the belief that human beings have an ethical obligation to the environment and that ethical considerations should be applied to the environment as well as to living things. This includes such things as consideration of the carbon footprint of not only individuals and groups but organizations and governments. Environmental ethics focuses on protection of the environment and prevention of damage and recognizes that all things, living and nonliving, are related and affect each other, negatively or positively. Environmental ethics extends moral standings to animals as well. When applying environmental ethics to healthcare organizations, considerations include:

- Reducing waste and recycling materials
- Reducing heating/cooling use through better construction practices
- Providing appropriate waste management
- Using environmentally friendly materials in construction
- Identifying alternative products to those that contain toxins or harmful substances
- Preventing downstream pollution from medical waste

# Leadership



Discuss ethical principles: Model for ethical decision making.

# Leadership

It's important for nurses to avoid making decisions solely based on their beliefs that they know what is best for individuals. In 1998, Chally and Loriz developed the **Model for ethical decision making** for nurses to use when faced with ethical dilemmas or choices. Steps to ethical decision making include:

- Clarifying the extent/type of dilemma and who is ultimately responsible for making the decision.
- Obtaining more data, including information about legal issues, such as the obligation to report.
- Considering alternative solutions.
- Arriving at a decision after considering risk/benefits and discussing it with the individual.
- Acting on the decision and utilizing collaboration as needed.
- Assessing the outcomes of the decision to determine if the chosen action was effective.

# Leadership



Discuss business ethics: Corporate compliance.

# Leadership

The federal government establishes annual **corporate compliance** programs for healthcare through the Office of the Inspector General (OIG). The organization must develop an individual compliance plan. Compliance plans are mandated by the Affordable Care Act for those receiving CMS reimbursement. The compliance plan should establish internal controls so that the organization does not violate state or federal rules, laws, or regulations, such as by carrying out fraudulent billing practices. Corporate compliance includes developing written standards of conduct and policies and procedures to ensure adherence. A chief compliance officer must be responsible for monitoring compliance. All staff members should be educated about compliance issues, and a process should be in place (such as a hotline) to receive complaints. A system should be in place to respond to any complaints and to ensure confidentiality. Audits and various methods of assessment of compliance should be carried out routinely, and any problems addressed promptly.

# Leadership



Discuss business ethics: Privacy.

## Leadership

The ***Privacy Act*** (1974) limits the type of information about employees that federal agencies can collect and keep in personnel files, but non-governmental entities have no such federal restrictions although individual states may have imposed similar restrictions. According to the *Privacy Act* and some state laws, individuals have a right to access their personnel files and letters of reference although the processes for doing so may vary. Information that is collected should be job related only, and information in personnel files should be kept confidential as should all personally identifiable information. Generally, emails, telephone calls, and computer usage in a healthcare organization should have no expectation of privacy, but procedures for monitoring and restrictions of use should be clearly outlined as well as the reasons, such as to prevent workplace harassment, unlawful sharing of information about patients, and liability, as well as to increase productivity.

# Leadership



Discuss the ANA’s Nursing Code of Ethics.

# Leadership

The American Nurse Association (ANA) developed the **Nursing Code of Ethics**. There are 9 provisions:

1. The nurse treats all individuals with respect and consideration, regardless of social circumstances or health condition.
2. The nurse's primary commitment is to the individual regardless of conflicts that may arise.
3. The nurse promotes and advocates for the individual's health, safety, and rights, maintaining privacy, confidentiality, and protecting them from questionable practices or care.
4. The nurse is responsible for his/her own care practices and determines appropriate delegation of care.
5. The nurse must retain respect for self and his/her own integrity and competence.
6. The nurse participates in ensuring that the healthcare environment is conducive to providing good health care and consistent with professional and ethical values.
7. The nurse participates in education and knowledge development to advance the profession.
8. The nurse collaborates with others to promote efforts to meet health needs.
9. The nursing profession articulates values and promotes and maintains the integrity of the profession.

# Leadership



Discuss advocating for patients: the Patients' Bill of Rights.

# Leadership

**Patients' and residents' Bill of Rights** in relation to what they should expect from a healthcare organization are outlined in both standards of the Joint Commission and National Committee for Quality Assurance. Rights include:

- Respect for patient, including personal dignity and psychosocial, spiritual, and cultural considerations.
- Response to needs related to access and pain control.
- Ability to make decisions about care, including informed consent, advance directives, and end of life care.
- Procedure for registering complaints or grievances.
- Protection of confidentiality and privacy.
- Freedom from abuse or neglect.
- Protection during research and information related to ethical issues of research.
- Appraisal of outcomes, including unexpected outcomes.
- Information about organization, services, and practitioners.
- Appeal procedures for decisions regarding benefits and quality of care.
- Organizational code of ethical behavior.
- Procedures for donating and procuring organs/tissue.

# Leadership



Discuss advocating for patients: Access.

# Leadership

Challenges facing patients in regard to healthcare include quality issues, costs of care, and **access to care**. Two primary issues related to access are:

- Insurance coverage: Even with the Affordable Care Act, many people remain uninsured or underinsured. Employer-provided insurance coverage is becoming less common as the costs switch to the employees. While insurance companies and CMS negotiate fees, private individuals without insurance are usually billed full price—although in many cases healthcare providers are not able to collect.
- Geographic location: Access is more readily available in urban areas than in rural and in wealthy areas than in poor. People may have to travel long distances for medical facilities, healthcare providers, and medical services.

Expanding insurance coverage is one answer, but access can still be limited. Another answer is the development of increased numbers of nurse-managed health centers and decentralized disease-specific ambulatory care centers (sometimes mobile).

# Leadership



Discuss advocating for patients: Safety (MedWatch).

## Leadership

The FDA maintains and regulates procedures and recall regarding contaminated equipment and supplies on a website entitled **MedWatch** (http://www.fda.gov/medwatch/index.html) to provide safety information for drugs and medical equipment. MedWatch provides electronic listing service to medical professionals and facilities for the following:

- Medical product safety alerts.
- Information about drugs and devices.
- Summary of safety alerts with links to detailed information.

The *Safe Medical Practices Act* (1990) requires manufacturers and medical device user facilities to report problems with medical devices, including deaths or serious injuries (defined as requiring medical or surgical intervention), within 10 working days. Facilities must also file semiannual reports on January 1 and July1. User facilities must maintain records for 2 years and must develop written procedures for identification, evaluation and submission of medical device reports (MDR). MedWatch provides:

- Reporting forms (downloadable) for voluntary and mandatory reports
- Recall and safety information about recalls, market withdrawals and safety alerts, organized by months and years.

# Leadership



Discuss advocating for staff: Healthy work environment.

# Leadership

The nurse executive should be a strong **advocate for a healthy work environment**. A healthy work environment is one in which the nurse executive considers both physical and psychological needs. Physical considerations include:

- Air quality: No smoking policies and adequate filtering and air exchanges.
- Temperature: Heating and air-conditioning to maintain safe and comfortable temperature.
- Hazards: Policies for handling, storing, and disposing of hazardous waste materials.
- Safety: Lifts to move patients, safety rails, fire alarms and fire extinguishers, adequate maintenance of equipment and facility.

Psychological considerations include:

- Fair and equitable treatment of staff: Equity in pay, fair and adequate scheduling, open-door policy, grievance procedures.
- Protection from lateral violence, bullying: No tolerance policies in place, staff education.
- Staff empowerment: Shared decision-making, self-determination, consultation, and collaboration.
- Well-being: Incentives and rewards, emotional support, employee assistance programs.

# Leadership



Discuss advocating for staff: Equipment

# Leadership

**Equipment** is costly, but staff members must have the equipment they need in order to do their jobs well and safely. For example, lifts should be available to move patients in order to prevent back injuries. There are a number of issues to consider in relation to equipment: cost of equipment, use, life expectancy, and benefits. New equipment and upgrades are constantly available, but the nurse executive must consider if they are simply new or better; and, if better, in what way? Does the equipment, for example, save time, reduce discomfort, increase safety, or prevent injury? How easy is the equipment to use? How much training is involved? What future costs may be incurred (such as for upgrades and service contracts)? Before a major investment in new equipment, a pilot study should be conducted with the equipment. The nurse executive should consider standardization of equipment whenever possible because that makes training easier and buying in bulk is often a cost-saving measure.

# Leadership



Discuss advocating for staff: Staffing.

# Leadership

**Staffing management** involves both clinical staff (such as nurses) and nonclinical staff (such as housekeeping staff and office personnel). Issues include:

- Workforce size and distribution, including full-time equivalent staff members (one or a combination of more than one staff member who works 80 hours in 14 days) needed
- Educational resources (training programs), availability of trained personnel (including professional staff and support staff)
- Staff training and ongoing need for staff development and opportunities for certification or advancement
- Demographics: Population (age, economic levels, ethnic backgrounds, lifestyles) affects the need for care
- Incentives for career advancement, including increases in income, promotion, and certification
- Staff turnover/burnout and ongoing need for recruitment
- Organizational structure
- Financial resources available
- Cost-effective staffing, billable provision of care
- Reimbursement (Medicare, Medicaid, health insurance, private pay)
- Supervision/feedback
- Strategies for staffing (organization-wide)

# Leadership



Discuss advocating for the nursing profession: Professional organizations.

# Leadership

When advocating for the nursing profession, the nurse executive should become an active member in **professional organizations**, such as the American Organization of Nurse Executives and the American Nurses Association (both national and state organizations). Professional organizations are often leaders in lobbying for laws to support healthcare organizations and the role of nurses. The nurse executive can be active on many levels, from attending conferences in order to gain information to giving presentations to serving on committees and boards of the professional organization. Participation in professional organizations is invaluable in establishing networking systems and becoming more aware of issues affecting nursing practice. As a nursing advocate, the nursing executive should promote the rights of others, facilitate innovative changes to the system, promote self-determination, promote autonomy, leverage diversity, and ensure others are treated with respect.

# Leadership



Discuss advocating for the nursing profession: Promoting education.

# Leadership

An important aspect of advocating for the nursing profession is **promoting education**. Steps the nurse executive can take to promote education include:

- Flexible scheduling: Staff members are more likely to enroll in educational programs if they are allowed to schedule work time around their class schedules so that they don't lose income while studying.
- Incentives: Paying staff members for class time, paying tuition, or reimbursing for tuition costs in return for a commitment to remain employed for a specified period of time or after they have done so can encourage education and help retain staff.
- Rewards: This can include salary increase and/or public recognition of achievements.
- Continuing nursing education: The organization can become a provider of CNEs.
- Partnerships/Agreements: The nurse executive can collaborate with institutions of higher learning to establish classes for staff, such as an onsite BSN bridge program.

# Leadership



Discuss advocating for the nursing profession: Lifelong learning.

# Leadership

**Life-long learning** is the ongoing pursuit of knowledge often simply for the sake of learning. Life-long learning is almost always a voluntary type of education in which the individual utilizes a variety of resources—including books, magazines, workshops, conferences, videos, continuing education courses, and academic classes—to stay current in one or more fields of study or just in general knowledge to keep informed. For example, many universities and adult schools now offer programs geared to the interests of older adults. **Planning for academic progression**, on the other hand, requires more formal education and involves further academic studies in order to advance in one's career. For example, an RN with an AS degree may enroll in a bridge program to receive a BS in nursing and then may work and apply to graduate school to work toward an MS or doctorate degree.

# Leadership



Discuss advocating for the nursing profession: Information regarding certifications.

# Leadership

Information about **certifications** can be obtained from a number of different sources:

- State Boards of Nursing: Each state outlines the type of certifications recognized for advance practice nurses and provides the scope of practice.
- Books: Career-related nursing books are widely available regarding all different types of certifications.
- Journals: Nursing journals often have career-related articles and/or articles of interest to those with specific certifications. Other journals are aimed at those with certification in a specific field, such as the *Clinical Journal of Oncology Nursing,* and can provide valuable insight into specialized practice.
- State and national professional organizations: Organizations, such as the National Nursing Staff Development Organization, provide information about certification programs, including location of programs, professional resources, and requirements.
- Certification organizations: Organizations that provide credentialing, such as the American Nurses Credentialing Center (ANCC) provide information about obtaining certification, maintaining, and renewing.

# Leadership



Discuss advocating for the nursing profession: Supporting certification and credentialing.

# Leadership

When **coordinating activities that support certification and credentialing**, the professional development nurse must first determine the type of certification and credentialing and the specific requirements of the credentialing organization in order to produce activities that can be counted toward achieving or maintaining certification and credentialing. The nurse must provide oversight to ensure that certification activities are performed effectively and documented as required. Coordinating responsibilities include:

- Providing adequate support system
- Developing educational programs and activities or assisting and supervising others to do so
- Developing educational materials in support of certification/credentialing
- Collecting data regarding certification/credentialing and maintaining records
- Consulting with professionals (such as doctors and nurse specialists) as needed to facilitate activities
- Managing budget for activities
- Initiating programs for quality performance improvement
- Auditing individual records of educational activities and preparing reports
- Communicating with staff personally or via telephone and/or email to

respond to questions regarding activities

Discuss systems theory: Neuman (total-person).

# Knowledge Management

**Betty Neuman** developed the **total-person systems model** of nursing in 1972. The concentric circle of variables (physiological, psychological, sociocultural, spiritual, and developmental) provides defense for the individual and should be considered simultaneously for the individual, who directly interacts with and is influenced by the environment. This model focuses on how the individual reacts to stress through mechanisms of defense and resistance and how this feedback affects that individual's stability. Stressors are environmental forces that may provide negative or positive reactions, affecting the individual's stability. Stressors may be intrapersonal, interpersonal, or extrapersonal. The nurse intervenes to help the individual maintain stability and prevent negative effects. ***Interventions*** include:

- *Primary* (Health promotion, education): Preventive steps are taken prior to reaction to stressor.
- *Secondary*: Goal is to prevent damage of the central core by facilitating internal resistance and by removal of stressor.
- *Tertiary*: Efforts are made to promote reconstitution and reduce energy needs, supporting the client after secondary interventions.

# Knowledge Management



Discuss systems theory: Complex adaptive theory.

# Knowledge Management

According to **Complex Adaptive Theory**, complex systems are interdisciplinary systems with multiple components or agents that depend on interaction and adaptation as part of learning. Adaptive systems are open systems that are able to adapt readily to changes and problems. The original adaptive theory referred to biology, but the model has expanded to encompass families, communities, and organizations. Interactions tend to be rich and non-linear with close associates and with much feedback. Interactions are often random rather than planned. Change is often mutual: Agents change, causing the system to change, and the system changes, causing the agents to change. Adaptive systems are dynamic by nature with interdependent agents acting together to bring about change. Adaptive systems that are self-adjusting are able to avoid chaos even though changes may bring them to the brink. Adaptive systems tend to favor effectiveness over efficiency and are less rule-governed than non-adaptive systems.

# Knowledge Management



Discuss systems theory: Bertalanffy.

# Knowledge Management

**Systems theory,** developed by Ludwig von Bertalanffy in the 1940s, is an approach that considers the entire system holistically rather than focusing on component parts. Bertalanffy believed that all of the elements of a system and their interrelations needed to be understood because all interact in order to achieve goals, and change in any one element will impact the other elements and alter outcomes. There are 4 elements in a system:

- Input: This is what goes into a system in terms of energy or materials.
- Processes: These are the actions that take place in order to transform input.
- Output: This is the result of the interrelationship between input and processes.
- Feedback: This is information that results and can be used for evaluation of the system.

To achieve desired outcomes, every part of the process must be considered. The individual parts added together do not constitute the whole because viewing the parts separately does not account for the dynamic quality of interaction that takes place.

# Knowledge Management



Discuss systems theory: Contingency theory.

# Knowledge Management

**Contingency theory** is a theory of organizational behavior that states that there is no one best method of organizing a company, corporation, or business but that organization is contingent on a number of factors; so what works in one organization may not work in another. Some common contingency factors include the organization size, resources, technology, adaptation to the environment, operations activities, motivating forces, staff education, and managerial assumptions. Contingency theory states that the organization must be designed in such a manner as to fit into the environment. Management should utilize the best approach to achieve tasks. Fielder concluded that leadership should be appropriate for the organizational needs and different organizations require different styles of leadership depending upon contingent factors, such as staff, tasks, and other group variables. Vroom and Yetton concluded that success in decision making is contingent on a number of factors, including information available, acceptance of the decision, agreement or disagreement, and the importance of the decision.

# Knowledge Management



Discuss systems theory: Scientific management theory and motivation theory.

# Knowledge Management

Two traditional organizational behavior theories are Frederick Taylor's **scientific management theory** (1917) and Elton Mayo's **motivation theory** (1933).

- Scientific management theory: Management's role was to plan and control, identifying tasks and then assigning the best person to complete the tasks, utilizing both rewards and punishment as motivating forces. This theory pus the focus on the outcomes rather than on the individuals, but workers are often unmotivated with this structure.

- Motivation theory: This theory requires that managers take a more personal interest in the needs of workers. Mayo (in the Hawthorne experiment) found that workers responded positively to changes in the working environment and were motivated by increased managerial interest and involvement, team work, and improved communication between management and staff in which workers are consulted about decisions.

# Knowledge Management



Discuss systems theory: Management of innovation (Burns and Stalker).

# Knowledge Management

Stalker and Burns in ***The Management of Innovation*** compared mechanistic and organic systems. Their main focus was that there is more than one way of manage an organization because organizations have different cultures and different contexts and products. According to this theory, different organizations require different management structures, and managers should design a system that matches the organizational environment.

| **Mechanistic** | **Organic** |
|---|---|
| · Stable conditions.<br>· Tasks are considered distinct and stable<br>· Tasks differentiated by function.<br>· Tasks defined by supervisors.<br>· Each role has specific responsibilities.<br>· Authority is through hierarchical chain of command.<br>· Communication is vertical. | · Changing conditions.<br>· Tasks are considered as part of the entire situation and change frequently.<br>· Tasks differentiated by knowledge and experience.<br>· Tasks defined through interaction.<br>· Responsibilities are shared.<br>· Authority is shared and decentralized.<br>· Communication is lateral.<br>· Commitment is valued. |

| | |
|---|---|
| · Loyalty and obedience are valued. | |

# Knowledge Management



Discuss systems theory: Learning organization.

# Knowledge Management

A **learning organization** is one in which the organization is constantly transforming itself and facilitates employee education and training (learning). The learning organization is adaptable to change, but success depends on the members of the organization and their learning and empowerment. Members need to embrace lifelong learning. Five disciplines that are part of a learning organization are:

- Personal mastery: The ability of the person to create desired outcomes and to facilitate an environment in which others can do the same.
- Mental models: The mindset of an individual affect the person's decisions and actions.
- Shared vision: Members share their visions of the future with other members of the group.
- Team learning: Members of the organization share knowledge and skills in order to improve the abilities and outcomes of the group as a whole.
- Systems thinking: The organization is viewed holistically as an inter-related collection of departments or units rather than unrelated parts.

# Knowledge Management



Discuss systems theory: Theory X and Theory Y.

# Knowledge Management

In 1960, Douglas McGregor developed 2 conflicting theories. He believed that management needed to assemble all needed components (including people) required for the company's economic benefit:

- **Theory X:** The average worker is unmotivated, dislikes work, is resistive to change, is unintelligent, and does not care about the organization. People work because they have to for money. In this case, management may become coercive, making threats to control or may be permissive, trying to placate unhappy workers so they will become more motivated.
- **Theory Y:** Work can be enjoyable, and workers can be motivated to meet goals if they result in feelings of self-fulfillment, causing workers to seek responsibility. People are basically creative and can exercise ingenuity. Management should seek to align organizational and personal goals to motivate workers, delegating, adding responsibilities, encouraging participative management, and allowing workers to set goals and evaluate their success in meeting goals.

# Knowledge Management



Discuss continuous performance improvement: CQI.

# Knowledge Management

**Continuous Quality Improvement (CQI)** emphasizes the organization and systems and processes within that organization rather than individuals. It recognizes internal customers (staff) and external customers (patients) and utilizes data to improve processes. CQI represents the concept that most processes can be improved. CQI uses the scientific method of experimentation to meet needs and improve services and utilizes various tools, such as brainstorming, multivoting, various charts and diagrams, storyboarding, and meetings. Core concepts include:

- Quality and success is meeting or exceeding internal and external customer's needs and expectations.
- Problems relate to processes, and variations in process lead to variations in results.
- Change can be in small steps.

Steps to CQI include:

- Forming a knowledgeable team.
- Identifying and defining measures used to determine success.
- Brainstorming strategies for change.
- Planning, collecting, and utilizing data as part of making decisions.
- Testing changes and revising or refining as needed.

# Knowledge Management



Discuss continuous performance improvement: TQM.

# Knowledge Management

**Total Quality Management** (TQM) is one philosophy of quality management that espouses a commitment to meeting the needs of the customers at all levels within an organization. It promotes not only continuous improvement but also a dedication to quality in all aspects of an organization. Outcomes should include increased customer satisfaction, productivity, as well as increased profits through efficiency and reduction in costs. In order to provide TQM, an organization must seek the following:

- Information regarding customer's needs and opinions.
- Involvement of staff at all levels in decision making, goal setting, and problems solving.
- Commitment of management to empowering staff and being accountable through active leadership and participation.
- Institution of teamwork with incentives and rewards for accomplishments.

The focus of TQM is on working together to identify and solve problems rather than assigning blame through an organizational culture that focuses on the needs of the customers.

# Knowledge Management



Discuss continuous performance improvement: FOCUS.

# Knowledge Management

**Find, organize, clarify, uncover, start (FOCUS)** is a performance improvement model used to facilitate change:

- Find: Identify a problem by looking at the organization and attempting to determine what isn't working well or what is wrong.
- Organize: Identifying those people who have an understanding of the problem or process and creating a team to work on improving performance.
- Clarify: Determining what is involved in solving the problem by utilizing brainstorming techniques, such as the Ishikawa diagram.
- Uncover: Analyzing the situation to determine the reason the problem has arisen or that a process is unsuccessful.
- Start: Determining where to begin in the change process.

FOCUS, by itself, is an incomplete process and is primarily used as a means to identify a problem rather than a means to find the solution. FOCUS is usually combined with PDCA (FOCUS-PDCA), so it becomes a 9-step process, but beginning with FOCUS helps to narrow the focus, resulting in better outcomes.

# Knowledge Management



Discuss continuous performance improvement: PDCA/PDSA Cycle.

# Knowledge Management

**Plan-Do-Check/Show-Act (PDCA or PDSA) (**Shewhart cycle) is a method of continuous quality improvement. PDCA is simple and understandable; however, it may be difficult to maintain this cycle consistently because of lack of focus and commitment. PDCA may be more suited to solving specific problems than organization-wide problems:

- Plan: identifying, analyzing and defining the problem, clearly defining it setting goals, and establishing a process that coordinates with leadership. Extensive brainstorming, including fishbone diagrams, identifies problematic processes and lists current process steps. Data is collected and analyzed and root cause analysis completed.
- Do: Generating solutions from which to select one or more and then implementing the solution on a trial basis.
- Check/Study: Gathering and analyzing data to determine the effectiveness of the solution. If effective, then continue to *Act*; if not, return to *Plan* and pick a different solution.
- Act: Identifying changes that need to be done to fully implement solution, adopting solution and continuing to monitor results while picking another improvement project.

# Knowledge Management



Discuss continuous performance improvement: Accelerated rapid-cycle change.

# Knowledge Management

**The accelerated rapid-cycle change approach** is a response to rapid changes in healthcare delivery and radical reengineering. There are 4 areas of concern:

- Models for rapid-cycle change: The goal is doubling or tripling the rate of quality improvement by modifying and accelerating traditional methods. Teams focus on generating and testing solutions rather than analysis.
- Pre-work: Assigned personnel prepare problem statements, graphic demonstrations of data, flowcharts, and literature review. Team members are identified.
- Team creation: Rapid action (also sometimes rapid acceleration or rapid achievement) teams (known as RATs) are created to facilitate rapid change.
- Team meetings and work flow: Meetings/work done over 6 weeks:
    - Week 1: Review information, clarification of quality improvement opportunities and identification of key customers, waste, and benchmarks.
    - Week 2: Review customer requirements and cost/benefit analysis of solutions with testing of data.
    - Week 3: Complete design of solution, plan implementation and pilot tests.
    - Week 4-5: Test, train, analyze, and make changes as needed.
    - Week 6: Implement program.

# Knowledge Management



Discuss continuous performance improvement: Juran (QIP).

# Knowledge Management

Joseph **Juran's quality improvement process (QIP)** is a 4-step method, focusing on quality control, which is based on a trilogy of concepts that includes quality planning, control, and improvement. The steps to the QIP process include:

- Defining the project and organizing includes listing and prioritizing problems and identifying a team.
- Diagnosing includes analyzing problems and then formulating theories related to cause by root cause analysis and test theories.
- Remediating includes considering various alternative solutions and then designing and implementing specific solutions and controls while addressing institutional resistance to change. As causes of problems are identified and remediation instituted to remove the problems, the processes should improve.
- Holding involves evaluating performance and monitoring the control system in order to maintain gains.

# Knowledge Management



Discuss continuous performance improvement: Six Sigma.

# Knowledge Management

**Six Sigma** is a performance improvement model developed by Motorola to improve business practices and increase profits. This model has been adapted to many types of businesses, including healthcare. Six Sigma is a data-driven performance model that aims to eliminate “defects” in processes that involve products or services. The goal is to achieve Six Sigma, meaning no more defects than 3.4 to one million opportunities. This program focuses on continuous improvement with the customer’s perception as key, so that the customer defines that which is “critical to quality” (CTQ). Two different types of improvement projects may be employed: DMAIC (define, measure, analyze, improve, control) for existing processes or products that need improvement and DMADV (define, measure, analyze, design, verify) for development of new high quality processes or products. Both DMAIC and DMADV utilize trained personnel to execute the plans. These personnel utilize martial arts titles: green belts, black belts (execute programs) and master black belts (supervise programs).

# Knowledge Management



Discuss continuous performance improvement: Six Sigma DMAIC.

# Knowledge Management

The first model for **Six Sigma is DMAIC** (define, measure, analyze, improve, control) and is used when existing processes or products need improvement, and is utilized in healthcare quality:

- Define costs and benefits that will be achieved when changes instituted. Develop list of customer needs based on complaints, requests.
- Measure input, process, and output measure, collect baseline date, establish costs, and perform analysis, calculate sigma rating.
- Analyze root or other causes of current defects, use data to confirm, and uncover steps in processes that are counterproductive.
- Improve by creating potential solutions, develop and pilot plans, implement, and measure results, determining cost savings and other benefits to customers.
- Control includes standardizing work processes and monitoring the system by linking performance measures to a balanced scorecard, creating processes for updating procedures, disseminating reports, and recommending future processes.

# Knowledge Management



Discuss continuous performance improvement: Lean Six Sigma.

# Knowledge Management

**Lean-Six Sigma,** which combines Six-Sigma with concepts of "lean" thinking, is a method of focusing process improvement on strategic goals rather than on a project-by-project basis. This type of program is driven by strong senior leadership that outlines long term goals and strategies. Physicians are an important part of the process and must be included and engaged. The basis of this program is to reduce error and waste within the organization through continuous learning and rapid change. There are 4 characteristics:

- Long-term goals with strategies in place for 1-3 year periods.
- Performance improvement is the underlying belief system.
- Cost reduction through quality increase, supported by statistics evaluating the cost of inefficiency.
- Incorporation of improvement methodology, such as DMAIC, PDCA, or other methods.

# Knowledge Management



Discuss continuous performance improvement: Lean.

# Knowledge Management

**Lean** is a continuous performance improvement model derived from the production system of Toyota. This model focuses on reduction of waste, insuring that processes are error-proof, and reducing processes and activities that add no value. The types of waste that should be eliminated include: overproducing, waiting time, transportation problems, processes with no added value, excess inventory, motion, and costs of quality. Lean principles include perceiving value of an organization from the perspective of the customer (patient), identifying wasted steps in processes, and identifying the value stream (entire process from beginning to end). Products/Services/Processes should be evaluated to determine if they are value-added, non-value added, or non-value added essential (such as required by regulations). The demand for services derives from the customer, and the organization should aim at perfection through constant improvement. In order to achieve the highest level of service and value, this model includes respect for the employees, quality products and services, and a just-in-time philosophy (right product/service, right patient, right time).

# Knowledge Management



Discuss continuous performance improvement: FADE.

# Knowledge Management

**FADE** is a quality improvement model that was developed by the Organizational Dynamics Institute. FADE has 4 primary steps:

- Focusing: This involves generating a problem list, prioritizing, choosing one problem, and then writing a statement defining the problem.
- Analyzing: This involves collecting data and determining influencing factors in order to establish baseline data for measuring.
- Developing: In this step, solutions are explored, one chosen, and a plan formulated with an implementation plan that identifies a solution to the problem.
- Executing/Evaluating: The plan is executed, and this may involve a pilot program if indicated. The impact and outcomes are assessed and a plan for ongoing evaluation implemented. The organization commits to the plan.

# Knowledge Management



Discuss continuous performance improvement: Root cause analysis.

# Knowledge Management

**Root cause analysis** (RCA) provides information about causes of adverse or sentinel events, but analysis requires careful review to determine if the RCA was done correctly. In many cases, an adverse event is the result of a series of errors or system problems rather than one clearly identifiable process failure. Environmental factors, such as staff reduction and poor floor design, can affect outcomes as can poor communication, so factors that contribute in some way to the event (fatigue, poor design, inexperienced staff) but are not the direct cause must be identified in order to formulate action plans that will improve outcomes. Those reviewing the RCA must be objective, without bias that may influence their interpretation, such as assuming human error rather than systemic error is at fault, and must allow adequate time for decision making. In assessing the root cause, it's also important to consider how retrospective information available from the RCA may differ from information available to those involved in the procedure related to the sentinel/adverse event.

# Knowledge Management



Discuss continuous performance improvement: Is-Is not.

# Knowledge Management

**Is/is not** is a method to identify root causes and make decisions by determining what a problem/event is and what it is not. The purpose of is/is not is to keep the team focused on the immediate problem. Steps include creating a table with the problem at the top and columns for “is” and “is not” and filling in the table by doing the following:

- Identifying what the problem/event *is*: Ask what, why, when, where, how, and how much in relation to the process rather than focusing on the people involved. Create a detailed description of the problem/event.
- Identifying what the problem/event *is not*: Ask about which things could have caused the same problem but did not. Evaluate similar processes in which the problem did not occur.
- Comparing: The two columns of information are examined to determine what distinguishes them, helping to find potential causes
- Identifying changes: Note changes that may have occurred, resulting in the problem, leading to a root cause.

# Knowledge Management



Discuss continuous performance improvement: 5 Whys.

# Knowledge Management

**The 5 Whys** is a method of finding root causes and solving problems that was designed by Taiichi Ohno, of Toyota, Japan. This process requires a team comprised of those who are knowledgeable about the process. Essentially, the team asks "why" in a sequential manner, usually at least five times, as an exercise to narrow the focus and arrive at a consensus about the cause of an event. Steps include:

- Outlining the process in detail with each event ordered in the sequence of events described.
- Asking "why" questions about each step in the sequence of events to try to determine cause. For example:
    - Why did the patient return to the emergency department? Because the doctor failed initially to order an x ray of the injured hand.
    - Why did the doctor fail to order an x ray of the injured hand? Because the x-ray department was understaffed and there was a two-hour delay.
    - Reaching consensus and proposing solutions to improve performance.

# Knowledge Management



Discuss continuous performance improvement: FMEA (Steps 1 to 7).

# Knowledge Management

**Failure mode and effects analysis** (FMEA) is a team-based prospective analysis method that attempts to identify and correct failures in a process before utilization to ensure positive outcomes. Steps in the process include:

| # | Step | # | Step |
|---|---|---|---|
| 1 | Definition: Describe process and scope. | 5 | Identification of potential causes of failures: Root cause analysis. |
| 2 | Team creation | 6 | Listing potential adverse outcomes (to patients). |
| 3 | Description: Flowchart with each step in the process numbered consecutively and substeps lettered consecutively. | 7 | Assignment of severity rating: Adverse outcomes rated on a 1 to 10 scale for severity of failure |
| 4 | Brainstorming each step for potential failure modes. | 8 | Assignment of frequency/occurrence rating: Potential failures rated on a 1 to 10 scale for probability of failure in the prescribed time period. |

# Knowledge Management



Discuss continuous performance improvement: FMEA (Steps 9 to 12).

# Knowledge Management

**Failure mode and effects analysis** (FMEA) is a team-based prospective analysis method that attempts to identify and correct failures in a process before utilization to ensure positive outcomes. Steps in the process include:

| # | Step | # | Step |
|---|---|---|---|
| 9 | Assignment of detection rating: Potential failures rated on a 1 to 10 scale for the probability that they will be identified before their occurrence. | 11 | Reduction of potential failures: Brainstorming. |
| 10 | Calculation of risk priority number (RPN): severity occurrence, and detection ( *S* x *O* x *D*) to find the RPN. | 12 | Identification of performance measures. |

# Knowledge Management



Discuss continuous performance improvement: Tracer methodology.

# Knowledge Management

**Tracer methodology** is a method that looks at the continuum of care a patient receives from admission to post-discharge. A patient is selected to be "traced," and the medical record serves as a guide. Tracer methodology uses the experience of this patient to evaluate the processes in place through documents and interviews. For example, if a patient received physical therapy, surveyors may begin with the following:

- Physical therapists: How do they receive the orders and arrange patient transport? How is the therapy administered? How is progress noted?
- Transport staff: How do they receive requests? How long does transfer take? What routes do they use? How to they transport patients? How do they clean transport equipment? What do they do if emergency arises during transport?
- Nursing staff: How do they notify PT of orders? How do they prepare patients? How do they know the therapy schedule? How do they coordinate PT with the need for other treatments? How do they learn about patient progress?

# Knowledge Management



# Discuss process and outcome measures: Clinical.

# Knowledge Management

Choosing the appropriate **clinical outcomes** for interventions is essential in order to determine progress. Indicators should be quantitative so that data can be analyzed. Data may be acquired through surveys or questions with a Likert scale, direct observation, or the use of instruments that have been previously tested for validity and reliability. The primary factors to consider when determining outcomes include:

- Patients: Outcomes should relate to the patient population. The Nursing Outcomes Classification (NOC) can be used as a starting point for the evaluation of nursing interventions.
- Priorities: When possible, outcomes should be associated with the organization's mission.
- Performance improvement implementing and monitoring team: The makeup of the team may influence the selection of outcomes measures, so an interdisciplinary team can provide differing insights. The team should include an advance practice nurse familiar with the use of data and benchmarks.
- Mandated reporting: Data that is required should be a primary concern, and the public reporting of the data may provide benchmarks for measuring outcomes.

# Knowledge Management



Discuss process and outcome measures: Financial.

# Knowledge Management

The **financial department** of a healthcare organization often contains of wealth of data that can be mined and used when determining baselines and outcome measures. Aside from basic revenue stream (which can provide valuable insight into cost-effectiveness of care provided by an organization and the return on investment for interventions), the financial data contain coding information about diagnoses, treatments, and procedures because this information is utilized in billing. Coding includes ICD-10-CM, ICD-10-PCS, CPT, and MS-DRG. This data can be utilized to determine quantitative outcomes. The data can also provide information about the number of patients, lengths of stay, utilization of services, types of medications and treatments, and readmissions. The data can help to identify co-morbidities and hospital-acquired infections and/or injuries and may be utilized to determine risk adjustments.

# Knowledge Management



Discuss process and outcome measures: Safety.

## Knowledge Management

The healthcare organization must conduct a needs assessment to determine which areas of safety (such as staff safety, patient falls, healthcare infections, sentinel events, complications) require intervention. Outcome benchmarks and baseline rates can be obtained from a variety of sources and from internal assessment and data analysis, including review of incident reports. Sources of information regarding safety benchmarks include:

- CMS and Hospital Quality Alliance per Hospital compare: Readmissions, mortality, complications, care processes, patient experience
- AHRQ Hospital Survey on Patient Safety Culture: Complications, patient safety culture.
- AHRQ: Patient safety indicators.
- HCAHPS: Patient satisfaction.
- CDC: Healthcare-associated infections, access to care.
- CMS: Chartbooks (hospital performance reports).
- The Joint Commission: Sentinel events, patient safety events.
- National Coordinating Council for Medication Error Reporting and Prevention: Medication errors, classifications.
- National Healthcare Quality and Disparities Report: Benchmarks for quality hospital measures derived from data from top-performing states as well as estimated benchmarks. State and national data available.

# Knowledge Management



Discuss process and outcome measures: Patient satisfaction.

# Knowledge Management

Outcome measures for **patient satisfaction** can be obtained from a number of different sources:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): This mandated data reporting of patient satisfaction with care can provide insight into areas of concern and can provide a benchmark for performance improvement.
- Patient surveys: In-house surveys, such as in response to a particular program, may provide unit/department-specific information that can be utilized.
- Interviews: One-on-one interviews with patients and families can provide insight.
- Call lights: Monitoring the number and frequency of call lights and the types of requests can help to determine areas of weakness in provision of care.
- Complaints: Patient complaints should be quantified according to type of complaint to determine if patterns emerge.
- Social media: Social media sites, such as Twitter and Facebook, can be monitored for comments about the organization of provision of care to again determine if patterns emerge.
- Legal actions: Any charges of malpractice or negligence should trigger assessment for performance improvement.

# Knowledge Management



Discuss process and outcome measures: Employee satisfaction.

# Knowledge Management

**Employee satisfaction** is essential to quality healthcare, but direct measurement can be challenging. Different methods of assessing satisfaction include:

- Surveys: While these can yield valuable data, some employees are reluctant to express discontent, especially if they are concerned about the confidentiality of the survey.
- Organizational culture: Indirect assessment of employee satisfaction may be gleaned from consideration of the culture as a whole and the general attitudes (positive or negative) of staff toward the organization.
- Retention rates: High rates of staff turnover are often associated with employee dissatisfaction.
- Sick-time: High rates of sick time often indicate employee dissatisfaction or inadequate safety measures.
- Engagement: Satisfied employees are often engaged and willing to serve on committees and work toward performance improvement projects while dissatisfied employees are more likely to avoid calling attention to themselves.
- Complaints/Conflict: The numbers of complaints and conflicts often directly relate to the degree of satisfaction—the more dissatisfied, the more complaints and conflicts.

# Knowledge Management



Discuss a culture of safety: Risk management.

# Knowledge Management

**Risk management** is an organized and formal method of decreasing liability, financial loss, and risk or harm to patients, staff, or others by doing an assessment of risk and introducing risk management strategies. Much of risk management has been driven by the insurance industry in order to minimize costs, but quality management utilizes risk management as a method to ensure quality healthcare and process improvement. An organization's risk management program usually comprises a manager and staff with a number of responsibilities:

- Risk identification begins with an assessment of processes to identify and prioritize those that require further study to determine risk exposure.
- Risk analysis requires a careful documenting of process, utilizing flow charts, with each step in the process assessed for potential risks. This may utilize root cause analysis methods.
- Risk prevention/avoidance involves instituting corrective or preventive processes. Responsible individual or teams are identified and trained.
- Assessment/evaluation of corrective/preventive processes is ongoing to determine if they are effective or require modification.

# Knowledge Management



Discuss a culture of safety: Accountability.

## Knowledge Management

The nurse has an obligation to report ethical and standards of care violations and to intervene to ensure safety of the patient. This **accountability** is outlined by state boards of nursing, professional organizations, and accrediting agencies. The nurse must report suspected or observed diversion of drugs, any type of abuse (physical, emotional, sexual, financial), falsification of patient records, neglect of patients, narcotic offenses, and arrests, indictments, and/or convictions for criminal offenses. Each facility should have policies in place for reporting, but the usual procedure is to report to the immediate supervisor and file an incident report; however, the nurse can file a complaint directly with the board of nursing, especially if the matter is serious. The written report is essential in the event that the nurse should experience reprisals. After filing a report, the nurse should follow up to determine if action has been taken. With ethical dilemmas, a report may be made to the bioethics committee. Violations may result in disciplinary action, mentoring, or loss of license.

# Knowledge Management



Discuss a culture of safety: Risk stratification.

# Knowledge Management

**Risk stratification** involves statistical adjustment to account for confounding and differences in risk factors. Confounding issues are those that confuse the data outcomes, such as trying to compare different populations, different ages, or different genders. For example, if there are two physicians and one has primarily high-risk patients, and the other has primarily low risk patients, the same rate of infection (by raw data) would suggest that the infection risks are equal for both physicians' patients. However, high risk patients are much more prone to infection, so in this case risk stratification to account for this difference would show that the patients of the physician with low risk patients had a much higher risk of infection, relatively-speaking. Risk stratification is also used to predict outcomes of surgery by accounting for various risk factors (including ASO score, age, and medical conditions). Risk stratification is an important element of data/outcome analysis.

# Knowledge Management



Discuss a culture of safety: Employee engagement.

# Knowledge Management

**Employee engagement** in a culture of safety begins with education about the current status of safety issues, the need for safety, and the benefits to patients and staff from a focus on safety. The nurse executive and others in leadership positions must be committed to change, must allocate adequate resources, and must encourage and reward staff members who report safety concerns or adverse events so that staff are not concerned about reprisals. The nurse executive should acknowledge that healthcare is high-risk because of the nature of the work involved. Steps to engaging employees include:

- Routinely doing safety walk-arounds.
- Developing a system of reporting concerns.
- Carrying out simulations of adverse events and safety problems.
- Sharing safety reports at shift changes.
- Conducting routine safety briefings.
- Assigning one person on each unit to monitor and report safety concerns.
- Educating staff about safety concerns.
- Developing a response team to respond quickly to safety concerns.

# Knowledge Management



Discuss a culture of safety: Employee safety technologies (patient lifts).

# Knowledge Management

The concept of a culture of safety is often viewed as protecting the patient, but the **employees** should be an equal concern as many accidents and safety problems involve employees. According to the Department of Labor Bureau of Statistics, nursing employees experience greater than 35,000 back injuries each year, usually because they are lifting or moving patients; but manually lifting or moving a patient can almost never be done safety, so it is imperative that healthcare organizations institute a no lift policy that requires the use of patient lifts (such as a Hoyer lift). Equipment should be readily available for each unit and in working condition rather than stored in a central location. Staff should be assigned to monitor and service the equipment. Lift teams may be created to assist with the use of lifts but should be able to respond readily when requested. All staff should be trained in the use of lift equipment.

# Knowledge Management



Discuss a culture of safety: Patient safety technologies (bar coding).

# Knowledge Management

Barcode medication administration (BCMA) utilizes wireless mobile units at the point of care to scan the barcode on each unit of medication or blood component before it is dispensed. Scanning ensures the correct medication and dosage is given to the correct patient, eliminating most point of administration medication errors. The BCMA system can also be utilized for specimen collection. This system requires monitoring and input from the pharmacy, as each new barcode must be entered into the system. Additionally, some medications are received in bulk; so, when they are dispensed in unit doses, barcodes must be individually attached. Staff must be trained to ensure that BCMA is utilized properly and consistently. The FDA has required that drug supplies provide barcodes on the labels of medications and other biological product. BCMA increases safety for patients, integrates with the medication administration record, and the information system of the organization, providing data for assessment of performance and performance improvement measures.

# Knowledge Management



Discuss a culture of safety: Radio frequency identification.

# Knowledge Management

**Radio frequency identification** (RFI) is an automatic system for identification that employs embedded digital memory chips, with unique codes, to track individuals, medical devices, medications, and staff. A chip can carry multiple types of data, such as expiration dates, individual's allergies, and blood types. A chip/tag may, for example, be embedded in the identification bracelet of the individual and all medications for the individual tagged with the same chip. Chips have the ability to both read and write data, so they are more flexible than bar coding. The data on the chips can be read by sensors from a distance or through materials, such as clothes, although tags don't apply or read well on metal or in fluids. There are two types of RFI:

- Active*:* Continuous signals are transmitted between the chips and sensors.
- Passive*:* Signals are transmitted when in close proximity to a sensor.

Thus, a passive system may be adequate for administration of medications, but an active system would be needed to track movements of staff, equipment, or individuals.

# Knowledge Management



Discuss a culture of safety: Developing a patient safety program.

# Knowledge Management

Each healthcare organization has unique needs and challenges to face in developing a patient safety program although many components are universally needed. Facilitating development of a **patient safety program** requires planning and taking steps to include the following:

- Identifying a quality professional or interdisciplinary group to manage the safety program.
- Defining the scope of the program, including risk identification and management as well as response to adverse events.
- Providing mechanisms to integrate all aspects of the program into functions organization-wide.
- Establishing procedures for rapid response to medical errors or adverse events.
- Establishing procedures for both internal and external reporting of medical errors.
- Defining and disseminating intervention strategies such as risk reduction, tracking or risks, and root cause analysis.
- Outlining mechanisms for staff support related to involvement in sentinel events.
- Establishing procedures and responsibilities for reporting to the governing board.

# Knowledge Management



Discuss a culture of safety: Components of a patient safety program.

# Knowledge Management

A quality patient safety program must include a number of different components:

- Functional infrastructure with leader, safety officer, teams, and software for tracking and measures.
- Linkage of program goals with strategic goals of the organization.
- Establishment of policies and procedures to reduce and control risk and supportive educational training.
- Reporting system to identify adverse events or incidents.
- Participation in national patient safety initiatives, such as NPSGs, IPSG, IHI 5 Million Lives, and Leapfrog.
- Rapid response procedures to deal with medical errors and sentinel events.
- Adequate data collection procedures to ensure performance measurement, tracking, and data analysis.
- Performance improvement activities directed at specific goals
- Documentation of all processes and procedures and reporting procedures and timelines.

# Knowledge Management



Discuss a culture of safety: Environmental hazards and risks (Initial steps).

# Knowledge Management

Development of a patient safety program must include evaluation and management of **environmental safety hazards and risks**. Environmental safety steps include:

- Preparing a written plan that clearly outlines environmental safety concerns, policies, and procedures
- Identifying security risks, such as infant/child abduction and establishing processes to increase security, such as the use of alarms, identification badges, locks, better lighting, and security officers
- Evaluating power/utility requirements, including emergency power, and maintaining, testing, and inspecting utilities
- Establishing an interdisciplinary team to identify opportunities for improvement and facilitate performance improvement processes
- Completing risk assessment of physical plant, including buildings, grounds, equipment, and related systems, such as electrical, lighting, IT, ventilation, and plumbing
- Establishing a plan for emergency preparedness, including evaluation of areas of vulnerability, preparedness, response, and recovery

# Knowledge Management



Discuss a culture of safety: Environmental safety hazards and risks (ongoing efforts).

# Knowledge Management

A patient safety program must include evaluation and management of **environmental safety hazards and risks**:

- Establishing organization-wide safety policies and procedures, including no smoking policies
- Maintaining the physical plant and monitoring and responding to product recalls
- Handling, storing, and disposing of hazardous wastes, including identifying wastes that are corrosive, ignitable, reactive, or toxic and following state and EPA regulations and educating staff
- Conducting fire safety drills and checking equipment and buildings for fire dangers.
- Monitoring medical equipment, including ensuring routine maintenance, testing and regular inspection
- Establishing a safe environment for staff and patients, including fall prevention strategies, such as installing handrails, contrast strips on stairways, and analyzing work flow to facilitate functions
- Designating individuals to monitor and coordinate environmental safety management and to develop procedures for dealing with threats/problems

# Knowledge Management



Discuss a culture of patient safety: Integrating outcomes of risk management assessment.

# Knowledge Management

Because risk management is concerned with decreasing liability and increasing safety, **integrating the outcomes of risk management assessment** into the performance improvement process requires an organization-wide commitment to reducing risk. The governing board and quality professional must ensure that the risk management assessments are considered when formulating mission and vision statements and strategic goals. During process evaluation and process improvement processes, risk management assessment should be one of the first concerns. An organization-wide early warning system should be in place to screen patients for potential risks and identify the following:

- Adverse patient occurrences (APOs): Those unexpected events that result in a negative impact on the patient's health or welfare.
- Potentially compensable events (PCEs): APOs that may result in claims against the organization because of the negative impact on the patient's health or welfare.

If the organization has set up a method to quickly identify problems, then risks may be minimized.

# Knowledge Management



Discuss creating a culture of continuous performance improvement.

# Knowledge Management

Creating a **culture of continuous performance improvement** requires commitment by the nurse executive and active engagement of all levels of staff in identifying opportunities for performance improvement, which should be a central theme of the organization. The nurse executive should establish a recognition and reward program for those who are active in performance improvement, and should provide continuous feedback about progress, such as through bulletin boards or electronic dashboards. Continuous performance improvement should be reviewed in regular monthly meetings, and the staff should be kept apprised of recommended evidence-based practices. Training regarding performance improvement and problem solving should be provided to staff and staff members encouraged to share their ideas and observations. The nurse executive should identify barriers or constraints and take steps to remedy them and should establish standards of care. Leaders should assume the role of facilitator.

# Knowledge Management



Discuss translating data into information: External benchmarks and internal trending.

# Knowledge Management

**External benchmarking** involves analyzing data from outside an institution, such as monitoring national rates of hospital-acquired infection and comparing them to internal rates. In order for this data to be meaningful, the same definitions must be used as well as the same populations or effective risk stratification. Using national data can be informative, but each institution is different, and relying on external benchmarking to select indicators for infection control or other processes can be misleading. Additionally, benchmarking is a compilation of data that may vary considerably if analyzed individually, further compounded by anonymity that makes comparisons difficult.

**Internal trending** involves comparing internal rates of one area or population with another, such as infection rates in ICU and general surgery, and this can help to pinpoint areas of concern within an institution, but making comparisons is still problematical because of inherent differences. Using a combination of external and internal data can help to identify and select indicators.

# Knowledge Management



Discuss disseminating data at various levels within the organization: Reports.

# Knowledge Management

**Performance productivity reports** are a beginning point in efforts to improve performance. The reports must be analyzed to determine what areas of improvement will have the most impact on meeting goals/outcomes related to strategic goals. After prioritizing needs, the quality professional can use the reports as a basis for improved performance in a number of ways:

- Education and training: Staff should be apprised of the results of the reports because often making people aware of how well they are doing and what areas need improvement can provide an impetus for change. Specific training aimed at improving performance according to needs indicated by the reports should be developed.
- Mentoring: Staff with strong skills should be identified/trained to mentor and assist others in improving performance.
- Resources: Productivity reports often highlight resource needs. Staff must be supplied with the equipment and support they need to achieve performance improvement.

# Knowledge Management



Discuss disseminating data at various levels within the organization: Methods of dissemination (Meetings and presentations).

# Knowledge Management

Methods of **disseminating research and evidence-based practice findings** include:

- Oral/Podium presentations: These are usually formal presentations based on a prepared outline and presented at conferences or other professional gathering. Oral/Podium presentations often involve the use of presentation software.
- Panel discussions: This allows for discussion of various approaches so the pros and cons can be discussed. Remarks may be prepared in advance in some situations.
- Round table discussions: These presentations are usually informal and include 6 to 12 participants. Usually up to a half of the time is spent in discussion, so presentation time is limited.
- Small group/Team/Committee meetings: EB practice findings may be disseminated during grand rounds and clinical rounds as well as at team meetings. Presentations to committee meetings are usually more formal.
- Community meetings: Presentations must be sensitive to cultural issues and consider different levels of health literacy. Presentations should be planned with community members.

# Knowledge Management



Discuss disseminating data at various levels within the organization: Methods of dissemination (media).

# Knowledge Management

Methods of **disseminating research and evidence-based practice findings** include:

- Visual arts: Information may be displayed in the form of posters and illustrations in print as well as online.
- Vodcasts: Information may be shared through vodcasts with limited or open access (such as on YouTube). Vodcasts should be carefully planned and scripted to ensure information is presented effectively. Vodcasts require knowledge of technology and are most likely to maintain attention if limited to about 15 minutes.
- Audio/Podcasts: These can be accessed at any time, so they are convenient but also require knowledge of technology. Podcasts should be limited to about 10 minutes to maintain interest.
- Journal clubs: These may be virtual on on-site and are usually led by a clinician with expertise in the area of study.
- Publishing: Journal articles (print and online) are one of the most effective means of disseminating findings to professionals.
- Media: It's important to consider the audience and their interests. Contacting the media may take time and requires preparation.

# Knowledge Management



Discuss disseminating data at various levels within the organization: Dashboards.

# Knowledge Management

A **dashboard** (also called a digital dashboard), like the dashboard in a car, is an easy to access and read computer program that integrates a variety of performance measures or key indicators into one display (usually with graphs or charts) to provide an overview of an organization. It might include data regarding patient satisfaction, infection rates, financial status, or any other measurement that is important to assess performance. The dashboard provides a running picture of the status of the department or organization at any point in time, and may be updated as desired--daily, weekly, monthly. An organization-wide dashboard provides numerous benefits:

- Broad involvement of all departments.
- A consistent and easy to understand visual representation of data.
- Identification of negative findings or trends so that they can be corrected.
- Availability of detailed reports.
- Effective measurements that demonstrate the degree of efficiency.
- Assistance with making informed decisions.

# Knowledge Management



Discuss disseminating data at various levels within the organization: Balanced scorecard.

# Knowledge Management

The balanced **scorecard** (designed by Kaplan and Norton) is based on the strategic plan and provides performance measures in relation to the mission and vision statement and goals and objectives. A balanced scorecard includes not only the traditional financial information but also includes data about customers, internal processes, and education/learning. Each organization can select measures that help to determine if the organization is on track to meeting its goals. These measures may include:

- Customers: Types of customers and customer satisfaction.
- Finances/business operations: Financial data may include funding and cost-benefit analysis.
- Clinical outcomes: Complications, infection rates, inpatient and outpatient data, compliance with regulatory standards.
- Education/learning: Inservice training, continuing education, assessment of learning and utilization of new skills, research.
- Community: Ongoing needs.
- Growth: Innovative programs.

If the scorecard is adequately balanced, it will reflect both the needs and priorities of the organization itself and also those of the community and customers.

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: Nurse-sensitive indicators.

# Knowledge Management

In 1994, American Nurse Association (ANA) began to investigate the impact healthcare restructuring had on patient care, identifying **nurse-sensitive indicators. Nurse-sensitive indicators** are the elements of care —process, outcomes, and structures—related specifically to nursing. Indicators should be able to be tracked and evaluated and may focus on the following:

- Patient-focused outcomes: Measurable outcomes, such as rate of urinary tract infections, pressure ulcers, falls, patient injuries, patient satisfaction with care (pain control, nursing response, education). These outcomes should improve with increased quality or quantity of nursing care.
- Process of care: Methods used to provide care (such as routine infection control measures) and staff satisfaction. These processes should improve with better education, supervision, mentoring, and feedback.
- Structure: Staffing ratios (such as RN to LVN to CNAs), total hours of nursing care per patient per day, nurse turnover, and nursing education and certification. An improvement in structure often requires increased financial and/or time investment and evidence of cost effectiveness.

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: IHI bundles.

# Knowledge Management

The **Institute of Healthcare Improvements** is a non-profit organization that promotes better and more cost-effective patient care with the goals of preventing needless deaths, pain and suffering, helplessness, excessive waiting, waste, and lack of care. IHI encourages such measures as the use of rapid response teams and medication reconciliation. IHI has developed **bundles**, a group of processes based on evidence-based practices that must be carried out in order to improve patient outcomes. Bundles include 3 to 5 steps, but each step is critical, and all steps should be performed as prescribed, as in the following examples.

| **Sepsis Management** | **Central Line** |
|---|---|
| · Administration of low-dose steroids for septic shock.<br>· Administration of activated drotrecogin alfa.<br>· Maintenance of glucose control above lower limit and less than 150 mg/dL.<br>· Mechanical ventilation: Inspiratory pressure less than 30 cm $H_2O$. | · Proper hand hygiene.<br>· Use of barrier precautions (PPE).<br>· Skin antisepsis with chlorhexidine.<br>· Choosing the optimal site for catheter insertion.<br>· Daily evaluation of catheter and assessment for potential removal. |

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: ORYX indicators.

# Knowledge Management

**ORYX indicators** are measurement requirements of the Joint Commission utilized as part of the accreditation process. Large and small acute hospitals must collect and transmit data for at least 6 core measure sets while critical access hospitals must collect and transmit data on 4 core measure sets. Core measure sets include: Acute Myocardial Infarction, Children's Asthma Care, Emergency Department, Hospital Outpatient Department, Hospital-Based Inpatient Psychiatric Services, Immunization, Perinatal care, Pneumonia Measures, Stroke, Substance Use, Surgical Care Improvement Project (SCIP), Tobacco Treatment, and Venous Thromboembolism. Hospitals with 300 or more live births must report on perinatal care. New guidelines are issued annually. Data is publicly reported to The Joint Commission's website so that the data can be utilized for state and national comparisons.

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: National Patient Safety Goals.

# Knowledge Management

The Joint Commission issues **National Patient Safety Goals** annually for different types of healthcare programs, but the hospital goals are fairly representative:

- Improve accuracy of patient identification: Two identifiers.
- Improve the effectiveness of communication among caregivers: Standards for abbreviations, “read back” for verbal or telephone orders, improved timeline for reporting test results.
- Improve the safety of using medications: Proper labeling, review of drugs with similar names/appearances, reduction in anticoagulation therapy risks.
- Reduce the risk of healthcare-associated infections: WHO or CDC handwashing guidelines and treating healthcare-associated infections as sentinel events.
- Accurately and completely reconcile medications across the continuum of care: Accurate listing of patient’s medications for patient and other providers.
- Reduce the risk of patient harm from falls: Fall reduction program.
- Involve patients actively in their own care as a patient safety strategy: Reporting of safety concerns.
- Identify inherent patient safety risks: Includes risk of suicide.
- Improve recognition and response to changes in a patient’s condition: Immediate response, consultation.

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: Leapfrog.

# Knowledge Management

**Leapfrog** is a consortium of healthcare purchasers/employers providing benefits to millions of Americans. The focus initially was on reducing healthcare costs by preventing medical errors and "leaping forward" by rewarding hospitals and healthcare organizations that improve safety and quality of care. Leapfrog has developed a number of initiatives to improve safety. These initiatives can be valuable tools in assessing and developing a patient safety culture. Leapfrog provides an annual Hospital and Quality Safety Survey to assess progress, releases regional data, and encourages voluntary public reporting. Leapfrog has instituted the Leapfrog Hospital Rewards Program (LHRP) as a pay-for-performance program to reward organizations for showing improvement in key measures. Initiatives include:

- Preventing medical errors: Purchasers of healthcare agree to base purchase of healthcare on 4 principals.
- Educating enrollees about patient safety and providing comparative performance data.
- Recognizing and rewarding healthcare organizations that demonstrate improvement in preventing errors.
- Making health plans accountable for implementing these principles.
- Advocating for these principles with clients by utilizing benefits consultants.

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: Leapfrog initiatives (CPOE, evidence-based hospital referral, and ICU staffing).

# Knowledge Management

**Leapfrog** has developed a number of specific initiatives related to safe practices, including:

- Implementation of computerized physicians order entry (CPOE) system that includes software to detect and prevent errors with a goal of decreasing prescribing errors by more than 50%.
- Evidence-based hospital referral (EHR) requiring referral to hospitals that can demonstrate the best results and experience related to high-risk conditions and surgeries, assessed according to the number of procedures/ treatments they do each year and outcomes data with a goal of reducing mortality rates by 40%.
- ICU physician staffing requiring specially trained specialists (intensivist) with a goal of reducing mortality rates by 40%.

Leapfrog Safe Practices Score assesses the progress a healthcare organization is making on 30 safe practices that Leapfrog has identified as reducing the risk of harm to patients.

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: Magnet Recognition Program.

# Knowledge Management

The American Nurse's Credentialing Center, affiliated with the ANA, developed the **Magnet Recognition Program** to reward hospitals that meet a set of criteria related to excellence in nursing and positive patient outcomes associated with high job satisfaction and low staff turnover. Hospitals must apply for Magnet status and undergo extensive review for compliance. Criteria include:

- Educational requirements: CNO must have MS or doctorate in nursing; 75% of nurse managers must have a degree in nursing (BS or higher) and 100% by 2013.
- Evidence of innovative health care.
- Evidence of improvement in meeting the goal of 26% professional certification of nurses by credentialing agencies.
- Patient outcome data: Includes falls, pressure ulcers, BSI, UTI, VAP, restraint use, pediatric IV infiltrations, and other nationally benchmarked indicators of specific specialties. Data should outperform the mean of the selected national database.
- Patient satisfaction surveys and data: Pain management, education, nursing courtesy and respect, listening, and response time.

# Knowledge Management



Discuss evaluating and prioritizing outcomes of care delivery: Core measures.

# Knowledge Management

The Joint Commission has established **National Quality Core Measures** to determine if healthcare institutions are in compliance with current standards based on CMS quality indicators. The Core Measures involve a series of questions that are answered either “yes” or “no” to indicate if an action was completed. There are now 13 Core Measure sets:

| | |
|---|---|
| · Acute myocardial infarction (MI)<br>· Children’s asthma care (CAC)<br>· Hospital-based inpatient psychiatric services (HBIPS)<br>· Hospital outpatient department measures<br>· Perinatal care (PC) | · Pneumonia measures<br>· Stroke<br>· Surgical care improvement project (SCIP)<br>· Venous thromboembolism (VTE)<br>· Emergency Department<br>· Immunization<br>· Substance use<br>· Tobacco treatment |

For each condition, questions relate to whether or not standard care was provided, such as giving an aspirin for those with acute MI. The data are public and provide useful information about these particular standards, but do not necessarily reflect the overall quality of care, so these measurements alone are not adequate performance measures but must be considered along with other indicators.

# Knowledge Management



Discuss selecting the appropriate continuous performance improvement technique.

# Knowledge Management

Once performance issues are identified, the organization faces a decision about the form that **continuous performance improvement** will take. Many models, such as Total Quality Management (TQM) and Continuous Quality Improvement (CQI) are long-term solutions that require a basic refocusing of the organization, including its vision. Other models, such as Plan-Do-Check-Act (PDCA), focus primarily on the problem at hand and not the overall organization. The organization must decide whether to focus on one issue alone or on multiple issues and whether small changes or organizational changes are needed. The choice of continuous performance technique will depend on the resources (time, staff, equipment, finances) available, the types of performance issues identified, and the organizational culture. There are similar features to all models for performance improvement, and some pilot testing and small tests of change may be indicated in the decision process.

# Knowledge Management



Discuss action planning to address identified quality issues.

# Knowledge Management

**Action planning** is the phase of strategic planning in which specific actions in support of goals are identified. Once the major quality issues or goals are outlined, then action planning is carried out to clarify what will actually be done to achieve those goals. Action planning includes determining objectives and responsibilities for each goal, metrics, and a timeline for evaluation. Objectives should be realistic and attainable and should be written to include who will carry out the actions, the desired outcomes, the measures, the level of proficiency, and the timelines. Objectives should guide the establishment of priorities, plans, assignments, and the allocation of resources. Action planning should also include a plan for communication that identifies who is responsible for carrying out the communication, who needs to be informed about progress, what information needs to be communicated, how often communication should be carried out, and the manner in which communication will be carried out (emails, reports, presentations).

# Knowledge Management



Discuss the Institutional Review Board (IRB).

# Knowledge Management

An **institutional review board** (IRB) is a committee within an institution that is charged with reviewing research projects involving human subjects. The IRB reviews research proposals, approves them, monitors progress, and reviews outcomes. The IRB may conduct a risk-benefit analysis as part of assessment to determine if the research is an advantage to the organization. The primary role of the IRB is to ensure that human subjects do not experience psychological or physical harm as the result of the research, that the research is carried out in an ethical manner, that regulatory guidelines are followed, and that subjects have informed consent and understand their rights. IRBs are regulated by the Office of Human Research Protections (OHRP), which is part of the US Department of Health and Human Services (HHS). The IRB is required to register with the OHRP and to obtain a Federal-wide assurance (FWA) before any research is carried out with federal funds.

# Knowledge Management



Discuss protection of human research subjects: HHS, Title 45 Code of Federal Regulations, part 46.

# Knowledge Management

Protection of human subjects is covered in the **Health and Human Services, Title 45 Code of Federal Regulations, part 46.** This provides guidance for institutional review boards (independent groups that monitor research to ensure it is ethical) and those involved in research, outlining requirements. Institutions engaged in non-exempt research must submit an assurance of compliance (document) to the Office of Human Research Protection (OHRP), agreeing to comply with all requirements for research projects. Subjects cannot be used solely as a means to an end, but research should hold the possibility of benefit to the subject. Risks should be minimal, and selection of subjects should be equitable. Some research populations are granted additional protections because of their vulnerability and susceptibility to coercion; this includes children, prisoners, pregnant women, human fetuses and neonates, mentally disable people, and people who are economically or educationally disadvantaged. When cooperative research projects are conducted involving more than one institution, then each must safeguard the rights of subjects, insuring informed consent and privacy.

# Knowledge Management



Discuss protection of human research subjects: FDA, Code of Federal Regulation, Title 21, Volume 1.

# Knowledge Management

The Food and Drug Administration, Code of Federal Regulations, Title 21, Volume 1, regulates **protection of human subjects** and states that any researcher involving patients in research must obtain informed consent, in language understandable to the patient or the patient's agent. The elements of this informed consent must include an explanation of the research, the purpose, and the expected duration as well as a description off any potential risks. Potential benefits must be described and possible alternative treatments. Any compensation to be provided must be outlined. The extent of confidentiality should be clarified. Contact information should be provided in the event the patient/family has questions. The patient must be informed that participation is voluntary and that he/she can discontinue participation at any time without penalty. Informed consent must be documented by a signed, written agreement.

# Knowledge Management



Discuss research and evidence-based practice techniques: Literature review.

# Knowledge Management

When conducting a **review of literature** about a particular topic, the researcher should survey a wide range of sources. Literature review most often starts with search in a database to obtain journal articles (from juried publications), both those reporting on direct research as well meta-analyses, which combines data and information gleaned from a number of different research projects. Meta-analysis can provide useful insight because research projects often involve small numbers of participants, so the results may not have external validity. The Agency for Healthcare Research and Quality (AHRQ) provides funding for research and publishes results and data in many areas of healthcare. AHRQ also provides the National Guidelines Clearing house, which allows search and links to evidence-based clinical guidelines for healthcare. The Centers for Disease Control and Prevention (CDC) carries out behavioral, diagnostic, vaccine and biomedical research and issues regular publications showing results.

# Knowledge Management



Discuss research and evidence-based practice techniques: Literature research (Boolean).

# Knowledge Management

**Literature research** requires comprehensive evaluation of current (less than or equal to 5 years) and/or historical information. Most literature research begins with an Internet search of databases, which providing listings of books, journals, and other materials on specific topics. Databases vary in content and many contain only a reference listing with or without an abstract, so once the listing is obtained, the researcher must do a further search (publisher, library, etc.) to locate the material. Some databases require subscription, but access is often available through educational or healthcare institutions. In order to search effectively, the researcher should begin by writing a brief explanation of the research to help identify possible keywords and synonyms to use as search words:

- Truncations: “Finan*” provides all words that begin with those letters, such as “finance,” ”financial,” and “financed.”
- Wildcards: “m?n” or “m*n” provides “man” and “men.”
- BOOLEAN logic (AND, OR, NOT):
  - Wound OR infect* OR ulcer
  - Wound OR ulcer AND povidone-iodine
  - Wound AND povidone-iodine NOT antibiotic NOT antimicrobial.

# Knowledge Management



Discuss research and evidence-based practice techniques: SQL.

# Knowledge Management

**Structured query language** (SQL) is a fourth generation programming language (4GL) that differs from 3GLs, such as Java, in that SQL uses syntax similar to human language to access, manipulate, and retrieve data from relational database management systems (RDBMS), which stores data in tables. Both the American National Standards Institute (ANSI) and the International Organization for Standardization (IOS) have adopted SQL as a standard; however, because the language is complex, many vendors do not utilize the complete standard, and this limits portability between vendors without modifications. Despite many available versions, ANSI standards require that basic commands (UPDATE, DELETE, SELECT, etc.) be supported. Language elements of SQL include:

- Clauses: From, where, group by, having, and order by.
- Expressions: Produce scales and tables.
- Predicates: 3-valued logic (null, true, false) and Boolean truth values.
- Queries: The most commonly used SQL operation, require a SELECT statement.
- Statements: Includes the semicolon (to terminate a statement).

# Knowledge Management



Discuss research and evidence-based practice techniques: Steps to critical reading.

# Knowledge Management

There are a number of steps to **critical reading** to evaluate research:

- Consider the source of the material. If it is in the popular press, it may have little validity compared to something published in a juried journal.
- Review the author's credentials to determine if the person is an expert in the field of study.
- Determine thesis, or the central claim of the research. It should be clearly stated.
- Examine the organization of the article, whether it is based on a particular theory, and the type of methodology used.
- Review the evidence to determine how it is used to support the main points. Look for statistical evidence and sample size to determine if the findings have wide applicability.
- Evaluate the overall article to determine if the information seems credible and useful and should be communicated to administration and/or staff.

# Knowledge Management



Discuss research and evidence-based practice techniques: Developing research questions (PICOT).

# Knowledge Management

The **PICOT** format is one method of developing appropriate questions to use in searching quantitative research. This method helps clarify the question and necessary information and to identify key words utilized in searching.

| | | |
|---|---|---|
| **P** | Patient/ Population | List important characteristics: 35-year-old male with low back pain. |
| **I** | Intervention/ Indicator | Explain the desired intervention under consideration: Acupuncture. |
| **C** | Comparison/ Control | List other possible interventions or alternatives: Surgery. |
| **O** | Outcome | Provide the desired measurable outcomes: Decreased pain levels (from 6–7 to 1–2) and increased mobility. |
| **T** | Time | Timeframe (if appropriate) |

This format is then used to formulate a question:

- In a 35-year-old male with low back pain, how does acupuncture compared with surgery affect pain levels and mobility?

Based on this question, then the search may be conducted with the following (including synonyms): (Back pain or sciatica) and (acupuncture

or surgery) and (pain management or pain-free or pain control)

# Knowledge Management



Discuss research and evidence-based practice techniques: Developing study methods and design (Quantitative).

# Knowledge Management

**Quantitative research** includes **experimental designs**, which often include randomized controlled trials, but a number of different designs are possible:

- Two group pretest-posttest: Includes a randomized experimental group with intervention and observation and a randomized control group with observation. Both groups receive a pretest and posttest.
- Two group posttest: Includes randomized experimental group with intervention and randomized control group with posttests only.
- Solomon four group: Includes two randomized experimental and two randomized control groups with one experimental group receiving a pretest and intervention and the other receiving intervention only and one control group receiving a pretest. All four groups receive a posttest.
- Multiple experimental: Two or more experimental groups with one control group. This allows researchers to test various interventions, such as different methods of pain control.
- Factorial design: Experimental design in which there is more than one intervention.

# Knowledge Management



Discuss research and evidence-based practice techniques: Developing study methods and design (Qualitative).

# Knowledge Management

There are four primary types of **qualitative research design**:

- Ethnographic: Used to study cultural behavior, cultural knowledge, and cultural artifacts. Subjects are studied in their natural environments over a period of time and includes observations, detailed interviews with key informants carried out over an extended period of time (weeks to months).
- Grounded theory: Literature review is limited before research in order to prevent bias. Data to obtain information about a process is carried out primarily through one-on-one interviews or focus group utilizing open-ended questions. Interviews are usually recorded or extensive notes completed.
- Historical: Data collected from eye-witness accounts or from documentation, such as patient's records. This method may be used to determine historical treatment for conditions, for example.
- Phenomenological: Data collection involves fieldwork and one-on-one interviews with those who have experienced the phenomenon (experience) being researched. Information obtained is analyzed for patterns and themes.

# Knowledge Management



Discuss research and evidence-based practice techniques: Descriptive research.

# Knowledge Management

**Descriptive research** is intended to explore and describe people, events, or groups in real life situations in order to develop new information or knowledge about the subjects. Descriptive research is especially useful when researching a subject about which there is little information so that the researchers understand how situations naturally occur. An example would be a study looking at the symptoms of survivors of disasters and the variables that affect outcomes. The design begins by identifying a phenomenon of interest and then selecting a number of variables that may influence the phenomenon. A descriptive research project does not involve intervention or treatment but rather observation. The variables are described and measured. Different methods may be employed, including direct observation, measurements, and questionnaires to obtain information. Descriptive designs may be comparative, examining the differences in variable between two or more groups, and time-dimensional, examining changes or trends over time.

# Knowledge Management



Discuss research and evidence-based practice techniques: Correlational research.

# Knowledge Management

**Correlational research** is intended to predict, test, or describe the relationships among different variables. A representative sample must be selected and the type and strength of the relationship examined rather than differences. Designs vary depending on the purpose. A descriptive correlational model that examines the relationship among variables may be utilized to develop a hypothesis. Predictive designs attempt to determine the effect that independent variables have on a dependent variable in order to predict a causal relationship. In a model-testing correlational design, a concept map is created that identifies all exogenous, endogenous, and residual variables. The three possible correlational outcomes of correlational research include:

- Positive: Variables increase or decrease simultaneously. Correlation coefficient of about +1.00.
- Negative: If one variable increases, the other decreases, and *vice versa.* Correlation coefficient of about -1.00.
- None: No correlation exists among variables. Correlation coefficient of 0.

# Knowledge Management



Discuss research and evidence-based practice techniques: Case control studies.

# Knowledge Management

**Case control studies** compare those with a disease/disorder to a group (controls) without to determine if the affected group has characteristics that are different from the control group. Case control studies are done retrospectively backward from onset of disease/disorder to admission. Usually 2 to 4 controls per case are assessed although the larger the number, the more significant the results. Controls should be chosen at random from the same source population of the cases. Case control studies are relatively inexpensive and can quickly assess risk factors during a possible outbreak, such as *potential* cause and effect; however, case control studies do not prove causality because there can be confounding variables. While case control studies cannot indicate relative risk, they can be used to calculate the odds ratio, which is the *estimate* of relative risk. Risk factors indicated by case control studies should be studied more conclusively.

# Knowledge Management



Discuss research and evidence-based practice techniques: Cohort study.

# Knowledge Management

A **cohort study** involves a group that is studied over time. There are a number of subtypes. *Prospective cohort studies* choose a group of individuals without disease, assess risk factors, and then follow the group over time to determine (prospect for) which ones develop disease. This is typical of general surveillance studies for surgical site infections. Cohort studies take more time but are more reliable statistically than case control studies. In another cohort study, an exposed group and a non-exposed group may be followed to determine how many develop a particular disease. Results are often demonstrated in "2 x 2" tables that show presence of disease and exposure/risk.

| | Disease | No disease | Totals |
|---|---|---|---|
| Exposure | 12 | 28 | 40 |
| No exposure | 2 | 58 | 60 |
| Totals | 14 | 86 | 100 |

Data is used to calculate relative risk, or risk ratios. *Retrospective cohort studies* are initiated after illness develops and data is collected retrospectively from medical records to evaluate whether members of the cohort selected had exposure and developed disease.

# Knowledge Management



Discuss research and evidence-based practice techniques: Cross-sectional study.

## Knowledge Management

A **cross-sectional study** assesses both disease and exposure at the same time in a target population, evaluating the presence of disease at a point in time. For example, a group of people with infections may be assessed for a particular type of exposure or exposures to determine if the exposure(s) are the cause of the disease/disorder. Cross-sectional studies can evaluate the effect of multiple variables and how they relate. Cross-sectional studies can be constructed and analyzed similarly to case control when sampling involves cases and a random selection of controls, yielding prevalence odds ratio. If constructed as a cohort cross-sectional study with an entire group being studied at one time, a 2 x 2 table can be used and calculations would provide a prevalence ratio. Cross-sectional studies often look for the same types of data as cohort studies but require less time and are less expensive.

# Knowledge Management



Discuss research and evidence-based practice techniques: Quasi-experimental research.

# Knowledge Management

**Quasi-experimental research** is a form of quantitative research intended to examine relationships and to determine the reason that events happen, examining the causal relationship between selected independent and dependent variables. Quasi-experimental designs are often used when complete control is impossible. Quasi-experimental research lacks random assignment but is otherwise similar to experimental studies in design. One common design is non-equivalent groups in which two non-randomized groups are selected and exposed to different variables (such as two classrooms with different teaching approaches). Another design is regression-discontinuity. With this design, groups are divided according to pre-determined criterion, such as a cutoff score on a test as a requirement for an intervention. Pre-test and post-test design involves identifying a group and administering a pre-test and then providing an intervention, followed by a post-test to determine the efficacy of the intervention.

# Knowledge Management



Discuss research and evidence-based practice techniques: Experimental research.

# Knowledge Management

**Experimental research** provides the best control because it eliminates or controls factors that influence the dependent variable in order to determine causality. The primary elements of experimental research are randomization, manipulation of the independent variables by the research, and control of the experimental situation. There are many design models, but the classic experimental research design involves two randomized groups—one the experimental group and the other the control group. Both groups take a pretest and then the experimental group undergoes an intervention of some type, and then both groups take a post-test to determine if the intervention had an effect. Another model uses only a post-test. The randomized blocking design follows the classic or post-test only design but involves blocking a variable that may interfere with results. That is, identifying the variable and assigning those with the variable according to severity or other ranking randomly to both groups so that the variable is balanced.

# Knowledge Management



Discuss research and evidence-based practice techniques: Linking evidence to desired outcomes.

# Knowledge Management

**Linking evidence to desired outcomes** requires careful planning. First, the desired outcomes must be identified and prioritized. Then, research projects that accomplished similar outcomes must be reviewed to determine if they are applicable. Issues to consider include the target population studied and how closely it aligns with the current population because, if it does not, the results of the same intervention may be quite different. Additionally, the methodology must be assessed to determine if it could be replicated. Whether or not the research has external validity is especially important. For example, research conducted at a small rural hospital may yield different outcomes from one conducted at a large urban hospital. If an intervention, based on evidence-based research, is implemented, then careful assessment must be done to determine if the intervention directly affected the outcomes or if other variables intervened.

# Knowledge Management



Discuss research and evidence-based practice techniques: Qualitative and quantitative data.

# Knowledge Management

Both **qualitative and quantitative data** are used for analysis, but the focus is quite different:

- Qualitative data: Data are described verbally or graphically, and the results are subjective, depending upon observers to provide information. Interviews may be used as a tool to gather information, and the researcher's interpretation of data is important. Gathering this type of data can be time-intensive, and it can usually not be generalized to a larger population. This type of information gathering is often useful at the beginning of the design process for data collection.
- Quantitative data: Data are described in terms of numbers within a statistical format. This type of information gathering is done after the design of data collection is outlined, usually in later stages. Tools may include surveys, questionnaires, or other methods of obtaining numerical data. The researcher's role is objective.

# Knowledge Management



Discuss research and evidence-based practice techniques: Data management.

# Knowledge Management

Evidence-based research can generate large amounts of data, especially qualitative research with extensive field notes. **Data management** includes organizing, reducing, and storing the data. Data must be organized according to type (notes, recordings, records) and content for ease of utilization and analysis. Personal computers and word processing programs as well as spreadsheets may be utilized for data entry, which may involve transcribing and typing notes. These notes then are coded to categorize the data or undergo data reduction during which the notes are "cleaned" and abstracted by selecting or focusing on certain aspects of the data. Data reduction is part of analysis so the researcher must make decisions about what data are important. Data storage may include storing files in file cabinets or storing data in software applications or databases. Data must be secured so that privacy and confidentiality or maintained.

# Knowledge Management



Discuss research and evidence-based practice techniques: developing: Levels of evidence.

# Knowledge Management

**Levels of evidence** are categorized according to the scientific evidence available to support the recommendations as well as existing state and federal laws. While recommendations are voluntary, they are often used as a basis for state and federal regulations:

- Category IA is well supported by evidence from experimental, clinical, or epidemiologic studies and is strongly recommended for implementation.
- Category 1B has supporting evidence from some studies, has a good theoretical basis, and is strongly recommended for implementation.
- Category IC is required by state or federal regulations or is an industry standard
- Category II is supported by suggestive clinical or epidemiologic studies, has a theoretical basis, and is suggested for implementation.
- Category III is supported by descriptive studies (such as comparisons, correlations, and case studies) and may be useful.
- Category IV is obtained from expert opinion or authorities only.
- Unresolved means there is no recommendation because of a lack of consensus or evidence.

# Knowledge Management



Discuss research and evidence-based practice techniques: Steps to research process. Steps: Formulate problem, Conduct literature review, Develop theoretical framework, Develop hypothesis, Identify a research design, Specify population, Manage variables, Conduct pilot study.

# Knowledge Management

## Steps to the Research Process:

| | |
|---|---|
| Formulate problem | Focus first on a broad topic and then narrow it to a specific question. |
| Conduct literature review | Review existing research on the topic, including meta-analyses. |
| Develop theoretical framework | Choose a feasible method of reaching a solution to the problem. |
| Develop hypothesis | Select a hypothesis that predicts expected outcomes. |
| Identify a research design | Identify the design as experimental (researcher introduces an intervention) or nonexperimental (researcher collects data). |
| Specify population | Specify type, number, and characteristics of population. |
| Manage variables | Devise methods to identify and measure variables. |

| | |
|---|---|
| Conduct pilot study | Conduct a small-scale study of the major project to improve the project. |

# Knowledge Management



Discuss research and evidence-based practice techniques: Steps to research process. Steps: Select sample, Collect data, Prepare & analyze data, Interpret & communicate results.

# Knowledge Management

## Steps to the Research Process:

| | |
|---|---|
| Select sample | Use care in selecting a representative sample, using sampling procedures. |
| Collect data | Train staff to collect data, keeping accurate records. |
| Prepare & analyze data | Organize data and conduct both qualitative and quantitative analysis of data. |
| Interpret & communicate results | Critically evaluate findings and prepare research report. |

# Knowledge Management



Distinguish among performance improvement, evidence-based practice, and research.

# Knowledge Management

**Performance improvement:** PI is a method in which performance is analyzed, baseline or benchmarks established, and programs or processes established to improve outcomes and performance. Different models of performance improvement include Continuous Quality Improvement (CQI) and Total Quality Management (TQM).

**Evidence-based practice:** EBP, on the other hand, is based on the processes that are used to achieve performance improvement. The critical element of evidence-based practice is that the processes that are utilized must be supported by research and evidence that show that they improve outcomes. Information should be synthesized from a number of different studies rather than one study alone and should consider healthcare providers' expertise and patient preferences. Evidence may be external or internal or some combination.

**Research:** Research includes the studies that are carried out to obtain evidence-based guidelines. Research may be qualitative or quantitative with research designs that include randomized control groups considered the most reliable.

# Knowledge Management



Discuss creating a culture and advocating for resources that support research and scholarly inquiry: Journal club.

# Knowledge Management

A **journal club** comprises a group of professionals who meet on a regularly-scheduled basis (such as once monthly) to read and evaluate articles in scientific and professional journals. Elements of leadership include:

- Selecting appropriate articles to review: Articles should contain original research or meta-analysis and should contain a section regarding methods. Articles may focus on one area of concern (such as infection control) or topics may vary, depending on the group purpose and interests.
- Reviewing the articles completely, including evaluation of methods, materials, and outcomes and identifying the main points and conclusions of the article. Content summary should include authors, source of funding (to help identify bias), research question, study design, subjects, variables (predictor and outcome), results, and conclusions.
- Disseminating materials (such as articles and summaries) to all club members at least a week prior to the meeting so they have time to study them.
- Leading the discussion, ensuring that all members participate, and determining the validity of the study and application to evidence-based practice.

# Knowledge Management



Discuss creating a culture and advocating for resources that support research and scholarly inquiry: Grant writing.

## Knowledge Management

Finding adequate financial resources is often a problem when upgrading to new and expensive equipment or developing new programs. The initial strategy should be to research **grants** as money may be available from other sources. Even if the nurse executive is only able to gain a grant for part of the needed money, the board of directors may be more willing to consider funding if the organization does not need to bear the entire cost. The nurse executive may also research other sources of financial support, such as community agencies or corporations. The grant applicant should have a clear idea of the type of research project and begin to collect preliminary data and identify those who will supervise or participate in the project before applying. Steps include:

- Review all directions and written material and follow the directions exactly.
- Begin application process early to allow time for revisions.
- Establish a clear timeline.
- Provide detailed budget information, including support staff (such as office workers) and supplies, outlining exactly the budget for each year of the project.
- Provide a comprehensive literature review.
- Write clearly and proofread to ensure there are no grammatical errors.

# Knowledge Management



Discuss creating a culture and advocating for resources that support research and scholarly inquiry: Research councils/participation.

# Knowledge Management

**Research councils** are formal groups that promote research and support research efforts in a number of different ways, depending on the council's charter. Members are usually interdisciplinary and are often appointed by administration based on their expertise, interest, and willingness to serve. For example, many universities and healthcare organizations involved in research have research councils with representatives assigned from various departments to review research and grant proposals. Some research councils have funds at their disposal and award grants and funding for projects. Research projects that involve human subjects may also require review by other bodies, such as the Institutional Review Board. Some research councils, such as the National Research Council and the Social Science Research Council are private non-profit organizations that conduct and/or promote research and dissemination of research reports, such as the National Research Council's reports on climate change and sexual assault.

# Knowledge Management



Discuss communicating research and evidence-based findings to internal and external stakeholders.

# Knowledge Management

There are a number of ways to communicate **evidence-based findings** about policies, procedures, products, or technology to internal and external stakeholders:

- Presentations to administration and those in positions of leadership, such as the board of directors, team leaders, managers, to garner support for incorporating findings into practice.
- Inservice training/ education that focuses on results of research and explains applicability.
- Print distribution in the form of flyers or newsletters that outline the research findings.
- Electronic newsletters or training modules that present the research findings.
- Discussions with intra- and interdisciplinary team members about the research and ways in which to apply those to the practice of care.
- Presentations to community agencies and community members about benefits to the population.
- Dashboards to report ongoing findings and progress.
- Media notices: Sending information to local newspapers, magazines, TV, and radio and giving interviews about evidence-based findings.

# Knowledge Management



Discuss incorporating evidence into policies, standards, procedures and guidelines.

# Knowledge Management

Evidence should be incorporated into all **policies, standards, procedures, and guidelines.** Each organization must establish procedures to outline research requirements and the steps necessary to incorporate evidence-based research into all aspects of healthcare and nursing practice. These efforts should be guided by an interdisciplinary team with training in evaluating and integrating research findings. When evaluating policies, standards, procedures, and guidelines, each should be evaluated separately to determine if it is supported by current evidence or requires modification or elimination. Policy and procedure manuals often contain outdated procedures, but this can lead to confusion and errors. The team interdisciplinary team should review literature and current research findings to determine those that are applicable and prepare issue briefs (a review and summary of relevant research findings) for each practice under consideration, including pros and cons as well as cost-effectiveness, to help with informed decision-making.

# Knowledge Management



Discuss evaluating and incorporating new knowledge and published research findings into practice.

# Knowledge Management

**Research utilization,** using critical thinking skills to evaluate insights gained from research and applying them to practice, requires ongoing efforts on the part of the nurse executive and begins with remaining current by reading research reports and participating in research. Results of research may not be disseminated widely or may not be adopted because healthcare providers feel more comfortable with procedures with which they are more familiar, so the nurse executive must actively seek information, utilizing journals and the Internet. The nurse can begin by focusing on areas of interest or need. Utilization varies widely depending on the individuals involved, so research utilization requires education of staff involved so that all members have the same approach to utilization and apply the approach consistently, evaluating outcomes. Additionally, resources must always be considered; for example, utilization of a new procedure that requires added staff when no money is available for staffing is doomed to failure.

# Knowledge Management



Discuss clinical practice innovation: Diffusion of innovations.

# Knowledge Management

The adoption of new ideas and how they spread is referred to as the "**diffusion of innovations**." According to Rogers (2003), innovations spread by stages through an organization, and innovations may be continued if accepted and supported by outcomes or may be rejected. The five stages involved in the diffusion of innovations include:

- Knowing: Staff must be exposed to an intervention and understand how it functions. Information may be sought or discovered in various ways, such as journal articles and conference presentations.
- Persuading: Steps must be taken to engage and interest staff members and to communicate openly about the innovation in order for them to develop positive attitudes.
- Decision-making: The innovation may be adopted as is, adapted to meet organization needs, or rejected.
- Implementing: The innovation is put into practice with support of key stakeholders, requiring change in behavior. The innovation must be evaluated and modified if necessary.
- Confirming: A final decision, based on evaluation, must be made whether to continue the innovation or discontinue it.

# Knowledge Management



Discuss clinical practice innovation: Adoption of innovations.

# Knowledge Management

One of the biggest barriers to **innovation in clinical practice** is resistance of staff to changes and failure to rely on evidence-based research to guide change. In fact, studies show that most nurses get information from other nurses and do not rely on research. According to Rogers (2003), individuals in a group tend to adopt innovations at different rates (exemplified by a Bell curve):

- Innovators: First to seek and accept innovations and change. Often actively seek new information.
- Early adopters: Don't seek out innovations but recognize them and apply to practice. Often effective at communicating the value of innovations.
- Early majority: Willing to accept changes that are initiated by others but not an active seeker.
- Late majority: Reluctant to accept changes. Often must be pressured to overcome resistance.
- Laggards: Most resistant. Feel comfortable with the *status quo.*

# Knowledge Management



Discuss clinical practice innovation: Factors that affect success.

# Knowledge Management

According to Rogers (2003), change is a complex process that is dependent on a number of different factors because **clinical innovation** requires staff members who are interested in change and innovations and committed to taking steps to ensure change. Five factors that affect the success of clinical innovations include:

- Relative advantage: When staff members evaluate innovations, they consider the degree to which the innovation is better than the *status quo*.
- Compatibility: To be successful, innovations must be consistent with the current values of the organization or group.
- Complexity: Staff may view innovations according to how complex they are and how difficulty to use or understand.
- Trialability: An important consideration is how the innovation can be measured to determine its effectiveness.
- Observability: This factor considers whether the results of implementation of the innovation are visible to others.

# Knowledge Management



Discuss leadership practice innovation: Creating a culture of innovation.

# Knowledge Management

**Innovation** is an important element in leadership practice as leaders provide the vision and often initiate and guide change, and the nurse executive should be open to change in leadership practices as well as clinical practices. Steps that encourage innovation and change include:

- Establishing need: The nurse executive must not only identify the need for change but articulate the value of change in order to generate support, especially the value to the staff members who will implement change.
- Facilitating group participation: The nurse executive should rely on key stakeholders and groups to facilitate change and determine details of change so that they are committed to the process.
- Providing data: Data should be complete and reliable.
- Establishing a reward system: The nurse executive should motivate staff members through a system of recognition and rewards.
- Being open and honest: The nurse executive must ensure to deliver everything promised or not to promise.

# Knowledge Management



Discuss developing a framework for implementing innovations: Small tests of change.

## Knowledge Management

**Small tests of change** are done to determine if a change can result in positive outcomes. The key word is *small* because small tests of change should be narrow in scope—such as with one nurse, one patient, one team, or one step in a process. Multiple small tests of change should be carried out in different situations rather than one test only. When planning the test, the plan should include how the data will be collected and a prediction or estimate to be used as a benchmark. Directions for the test should be very clear about what's being tested, who is carrying out the test, and how it will be evaluated. It's best to start testing with those who are interested or committed to the change because people who are resistant may negatively influence outcomes or attempt to undermine the process. Evaluation of an initial test may help to determine if ongoing tests should be modified.

# Knowledge Management



Discuss developing a framework for implementing innovations: Pilot studies.

# Knowledge Management

Instituting a **pilot program** is often an excellent way to ensure that staff members support changes because many people are resistive to changes. A pilot program initiated on a small scale can provide feedback that can be used to modify or revise the program as needed before instituting the program for the entire organization since new projects are rarely without problems. Those involved in the pilot program can also then serve as mentors to others. Pilot implementation is often used in large organizations or those with multiple locations to essentially “try out” the new system before it is further implemented. This is similar to phased rollout except that it is usually limited to one or few units and extensive evaluation is usually completed during the pilot program, including interviews with users, to determine what faults exist and to assess end-user acceptance so that any alterations or modifications needed can be completed prior to further implementation.

# Knowledge Management



Discuss leveraging diversity to encourage new and innovative ideas or new patterns of thinking.

# Knowledge Management

**Diversity** can be defined in various ways, but it generally refers to integral attributes of a human being, such as race, ethnicity, age, religion, gender, sexual orientation, and family status. While diversity can bring conflicts because of prejudice and stereotyping, diversity can also be leveraged positively by bringing different perspectives to the table. In a growing multicultural society, the healthcare organization can benefit from diversity by taking actions:

- Adding programs and/or services that target different diverse populations, such as education programs about living with chronic disease for older adults or Spanish-language health programs.
- Mirroring the community by recruiting and developing employees from diverse backgrounds.
- Developing policies that help to take advantage of skills and productivity of diverse employees.

Managing diversity includes recognizing and valuing diversity, developing support systems, such as mentoring, to promote staff development, and ensuring fair treatment and respect for the individual.

# Knowledge Management



Discuss evaluating and applying technology to support innovation.

# Knowledge Management

Technology both in terms of equipment and software applications is developing at a rapid pace with new technology available almost weekly. When **evaluating and applying technology to support innovation,** a selection committee should include members with expertise in technology as well as clinical staff or others who will utilize the technology. There are a number of steps that should be carried out during evaluation and selection:

- Evaluate existing resources and technology.
- Identify areas in which new or upgraded technology may benefit innovation.
- Prioritize.
- Research available technology to determine which technology is most appropriate.
- Identify human resources for implementation.
- Estimate training needs in terms of time and costs.
- Estimate ongoing costs based on life expectancy of technology and need for upgrades.
- Conduct a cost-benefit analysis.
- Project return-on-investment in terms of both financial returns and healthcare benefits.

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