HEALTHLEADERS
CNO EXCHANGE

Insights Report

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DAVID HARTIG

5 WAYS CNOS BUILD CULTURE AND PRACTICE

Insights from nurse executives at the 2019 HealthLeaders CNO Exchange

An independent HealthLeaders report

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Discussion

5 Ways CNOs Are Improving Workplace Culture and Nursing Practice

How nurse executives are tackling multiple issues ranging from nurse retention to workplace violence.

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ON THE COVER: Nurse executives enjoy networking with trusted peers during the 2019 HealthLeaders CNO Exchange. From left are Jacqueline Herd, DNP, MSN, RN, NEA-BC, executive vice president and CNO, Grady Health System, Atlanta; Cathleen Wheatley, DNP, RN, CENP, president, system chief nurse executive, and senior vice president of clinical operations, Wake Forest Baptist Medical Center, Winston-Salem, North Carolina; Linda Hofler, PhD, RN, NEA-BC, FACHE, senior vice president-nurse executive, Vidant Medical Center, Greenville, North Carolina; and Katie Boston-Leary, PhD, MBA, RN, NEA-BC, vice president and system CNO, University of Maryland Capital Region Health, Cheverly, Maryland.

Since the days of Florence Nightingale, nurses have been caring for the whole patient, not just the patient's disease processes. While nurse executives may no longer deliver direct patient care, they must continue relying on that holistic, broad-spectrum thinking to propel an organization toward success in today's rapidly changing healthcare environment.

CNOs don't have the luxury of "keeping their eye on the ball" when there are multiple balls in the air at once. They can't just focus on patient experience, for example, but must also ensure their staff members experience and foster a healthy work environment. They must figure out how to develop millennial nurses while retaining the knowledge of seasoned nurses on the cusp of retiring. They must be forward thinking and create new roles that allow nurses to provide quality care in a variety of settings.

During the 2019 HealthLeaders CNO Exchange in Ojai, California, 30 nurse executives engaged in a discussion of ideas and strategies to develop best practices for improving workplace culture and the art of nursing.

FAST TAKEAWAYS

1. Support new nurses
2. Retain experienced nurses with new or flexible opportunities
3. Cement knowledge in new ways
4. Leverage technology
5. Take workplace violence seriously

1 SUPPORT NEW NURSES

By supporting new nurses as they begin their nursing careers, nurse leaders are helping to develop a future workforce that is equipped to provide optimal patient care. Pairing young RNs with experienced healthcare professionals can

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The HealthLeaders CNO Exchange provides an opportunity for nurse leaders to share their insights and experience during roundtables addressing key issues. From left: Gloria Gammage, MSN, RN, CNE, chief nursing executive, St. John's Regional Medical Center/Dignity Health, Oxnard, California; Cathleen Wheatley, DNP, RN, CENP, president, system chief nurse executive, and senior vice president of clinical operations, Wake Forest Baptist Medical Center, Winston-Salem, North Carolina; Jonathan Kling, MBA, BSN, RN, CNO and interim COO, NCH Healthcare System, Naples, Florida; and Kathleen Sanford, DBA, RN, FACHE, FAAN, executive vice president and CNO, CommonSpirit Health, Chicago.

aid in knowledge transfer and professional development.

"Our biggest turnover [of nurses] right now at Northwest is between the first and second year. We're putting in a program around that piece so we can change those numbers in the coming year. We're looking for some grant money to bring in part-time coaches. My biggest vacancy right now is in the emergency department, so they would be in the ED halftime as a clinician and then the other halftime they would act as a coach for new nurses coming into the ED. The coaches would be there [in addition to] the educator and the preceptor, and they will be coaching the new team, pulling them together, and checking in on them."

Kim Bushnell, DNP, RN, NEA-BC
Vice President, Patient Care Services, and CNO, Northwest Hospital, LifeBridge Health, Randallstown, Maryland

"We restructured unit-level leadership in our medical-surgical units to include a clinical manager and team leader. These areas tend to have more new graduate nurses than other departments. Team leaders are seasoned, experienced nurses, without a patient assignment. They are available to help with unit operations, flow, and rounding on patients and staff. They are a great support to the new nurses.

We also have a resource nurse 24 hours a day. In addition to responding to rapid responses and codes, the resource nurse rounds proactively on all units to identify any potential patient issues and support new nurses who may need a second opinion on a situation."

LeighAnn Sidone, MSN, RN, OCN, CENP
Vice President and CNO, Suburban Hospital-Johns Hopkins Medicine, Bethesda, Maryland

"We partnered with physicians to help train our nurse residents. We put them through the nurse residency program, but after they do their training on the floor, they get hooked up with a

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physician—for example, it could be a cardiologist. The nurse will go to the office setting with [the physician] and they'll see patients. They'll go into the cath lab to observe cardiac intervention. They will go up on the nursing units and round with the physician on patients postop.

"By following the flow of patients pre, post, and during hospital stay, they are able to connect the overall picture of the health-related event. What we've found is that this has been an enormous benefit to the nurse residents. We've seen an increase in their critical thinking just from being with the physicians who are teaching them things that nurses cannot. It's created a unity between physicians and nurses that I have not seen in years."

Paula McKinney, DNP, RN, FCN, NE-BC
Vice President, Patient Services, Woodlawn Hospital, Rochester, Indiana

2 RETAIN EXPERIENCED NURSES WITH NEW OR FLEXIBLE OPPORTUNITIES

As a large segment of experienced nursing professionals reach retirement age and begin to leave the workplace, there is a concern their years of knowledge and experience will be lost with them. In response, many nurse leaders are looking at ways to retain senior staff members who aren't ready to completely hang up their scrubs.

"There's an incredible amount of tenure in this organization, and coming into this position, I could see the writing on the wall with the retirements. We've done a few things over the last couple of years, and there's a little bit of work that we're planning for the future. One was the implementation of clinical outcomes specialists in this environment. This area of the country is really depleted in terms of clinical nurse specialists, so there is a lack of degreed clinical experts.

"We worked with Western Kentucky University to put together a curriculum that's certificate-based to help already expert nurses develop leadership skills and the quality and safety skills. We deployed eight of those nurses this past summer. They have a couple of areas they oversee in terms of specialty, but they work together collectively as a team to work on high reliability and hazard surveillance.

"They're that at-the-elbow support to the direct care nurse because the critical care units have a ton

"We partnered with physicians to help train our nurse residents."

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of new grads. They collaborate with the direct care nurses to say, 'What do you see? Here's what I am seeing.' That's what these outcome specialists have been deployed specifically to accomplish, and they are just tearing it up. These are expert nurses, and I think it was a retention factor for them. We took our time and really recruited the right ones. They were looking for a transition from the 'I'm on fire every day for 12 hours,' and they love these mentoring opportunities."

Jill Payne, DNP, RN, CENP
Executive Vice President and CNO, Med Center Health, Bowling Green, Kentucky

"We're trying to figure out how to use our quasi-retiring nurses and coming up with alternative eight-hour shifts. For example, they can do three eight-hour shifts, 24 hours of work instead of three 12-hour shifts. It's a loyalty program. If they have 10 years invested in the system, they continue to earn full-time benefits—which when you're trying to bridge somebody from 55 to 65 for Medicare, that's huge. So that's one way that we're hoping to hang onto some of our nurses."

Tracey Moffatt, MHA, BSN, RN
System CNO and Vice President, Quality, Ochsner Health System, New Orleans

3 CEMENT KNOWLEDGE IN NEW WAYS

Nursing practice is constantly evolving. As best practices come to light, nurses must incorporate new knowledge and new ways of doing things into their patient care. Nurse leaders are finding ways to transfer that knowledge as meaningfully and impactfully as possible.

"[In the past], twice a year we would do a four-hour training. For every single nurse, we would put into those four hours what they really needed to know. Then we measured our outcomes of that training over the years. If we talked about CLABSI, did our CLABSI rates change? If we talked about fall prevention, did our fall rate improve? Never did they change.

"Now we have changed our training approach and do 'micro-learnings.' A few times a year, during certain times for a certain number of days, the nurse educators have drop-in sessions on specific topics. During [a nurse's typical work hours], their assignment gets covered and they go for 15 minutes and it's one on one with an educator. They may go through a policy or a quick demonstration. There are outcomes from what we're doing. For example, our CLABSI rates are improving. The micro-learning has really seemed to make a big impact."

Susan Rees, DNP, RN, CPHQ, CENP, CPHQ
Vice President and CNO-Inpatient, UW Health, Madison, Wisconsin

"A little over a year ago, we started training our clinical coaches and charge nurses together. They have a half day

"We're working on some predictive models, including one that pulls in more discrete information from the patient's record to generate a score to predict deterioration."

ERIN LACROSS, DNP, RN, NEA-BC, CENP
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where they're all together and focused on empathy, inclusion, and some of the things that are core to how they show up [for their staff]. Then we break them apart in the afternoon to do some of the things that are really focused on being in charge, and some that are focused on being a coach. We're starting to see the benefit of them all being together.

"We designed the offering in a way that it mirrors what you'd experience when you go to a national program. There's somebody to greet them outside and make sure that they've got the right parking place and that they've got everything they need for a great day. We have provided food. We've done some things differently for an on-site training program so every participant will feel like it's like a privilege to be there."

Linda Hofler, PhD, RN, NEA-BC, FACHE
Senior Vice President and Nurse Executive, Vidant Medical Center, Greenville, North Carolina

4 LEVERAGE TECHNOLOGY

By efficiently using the data produced through a variety of technology solutions, nurses can deliver higher-quality, safer patient care. Data analytics is a key component of supporting nursing care with technology.

"[Besides] documentation, where else can we use technology? When I say that, I'm thinking about advancing into analytics. For example, you have a patient who is at risk for a fall. How do we identify that without having to do an assessment every 12 hours? How do we take into consideration their medications? We need to seamlessly link that all together because our novice nurses really don't have all the clinical experience to think about all the various pieces. So, I'm hoping that we can take technology and analytics and combine them and make it safer for our patients. I think that's the direction we need to go."

Tammy Daniel, DNP, RN, BSN, NEA-BC, MHA
Senior Vice President and CNO, Baptist Health System, Jacksonville, Florida

"We're working on some predictive models, including one that pulls in more discrete information from the patient's record to generate a score to predict deterioration. Our clinical nurse specialists are really at the elbow with the rest of our nurses helping them understand what feeds into that and understanding that before you call a doctor and say, 'Their score has changed,' you know what has caused that change in score to happen. For example, maybe there was a blood pressure that nobody updated and so when you put it into the system, the score didn't look so bad.

"As we're bringing things on that will help our nurses understand what's going on with the patients, we have to make sure they really understand what's going on with the patients."

LeighAnn Sidone, MSN, RN, OCN, CENP, vice president and CNO, Suburban Hospital-Johns Hopkins Medicine, Bethesda, Maryland, uses experienced nurses without a patient assignment to help support new nurses.

Erin LaCross, DNP, RN, NEA-BC, CENP
CNO, Parkview Regional Medical Center & Affiliates, Fort Wayne, Indiana

5 TAKE WORKPLACE VIOLENCE SERIOUSLY

As violence seems to become more prevalent in society, healthcare leaders cannot ignore it appearing in their organizations. Nurse executives must support staff who are victims of workplace violence and find effective ways to decrease its occurrence.

"It really goes back to whether the staff feels supported. Sometimes things do happen, but I think what the staff are looking for is, 'Is it important to the leaders? Is it important to administration?'

"I think it's sad that in many organizations when a nurse does get hurt, they go on to some type of a workers' compensation and they have to use their own PTO and [it's not considered] something the hospital pays for. That's a typical practice. So, we need to look at how we really

Tracey Moffatt, MHA, BSN, RN, system CNO and vice president, quality, Ochsner Health System, New Orleans, says they are creating a loyalty program by offering quasi-retiring nurses alternative eight-hour shifts.

Tammy Daniel, DNP, RN, BSN, NEA-BC, MHA, senior vice president and CNO, Baptist Health System, Jacksonville, Florida, "sees technology improving patient safety for novice nurses lacking clinical experience."

Theresa Murphy, RN, MS, CENP, CNO, USC Verdugo Hills Hospital, Glendale, California, says leaders need to approach workplace violence with more than just force and have a voice at the table to address this issue.

support a nurse or a provider who gets injured. Our practices should reflect our commitment to reducing violence and supporting staff when it occurs."

Beverly Bokovitz, DNP, RN, NEA-BC
Vice President and Chief Nurse Executive, UC Health, Cincinnati

"In every case where a clinician is victimized, I request the staff member's name so I can send them a personal note or card to open the door for [them to share] if there's anything we could have done differently and for them to know that we care.

"We do have a strong security presence in the organization. We also have two well-trained dogs, and the security team makes occasional rounds with the dogs in general and waiting areas around the hospital. Our director of security had a long career in law enforcement, and she's good at trying to understand the background behind why someone may be acting out. Under her leadership, the security team is very caring and compassionate. They will assist with de-escalation, have caring discussions with patients, and support contractual engagement discussions.

"Some of the patients are cyclical patients, so our security and nursing teams have relationships with them. Compared to a lot of places I've worked, I haven't heard nurses complain as much about concerns about their safety because of that presence and engagement that we have."

Katie Boston-Leary, PhD, MBA, RN, NEA-BC
Vice President and System CNO, University of Maryland Capital Region Health, Cheverly, Maryland

"We need to approach [workplace violence] with more than just force. There is a critical place at the table for nurses in talking about workplace violence."

Theresa Murphy, RN, MS, CENP
CNO, USC Verdugo Hills Hospital, Glendale, California

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"We have changed our training approach and do 'micro-learnings.' Nurse educators have drop-in sessions on specific topics. The micro-learning has really seemed to make a big impact."

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