

Joseph Brant Memorial Hospital

Succession Planning in a Community Hospital

Presenters: Sue Routliffe, Manager Maternal & Child

Laura Scott, Clinical Care Leader (CCL)
Maternal & Child

Beverley John, Vice President, Patient
Care Services & Chief Nurse Executive



March 28, 2008



Best People. Best Care. Healthiest Community.



OVERVIEW

Converging Factors:

- Aging workforce.
- Increase demand for service created by an aging population.
- Length of search time to fill key positions.
- Nursing Leadership – specialty practice.

Nurse leaders have knowledge and competency to develop outstanding relationships with their staff to retain them.

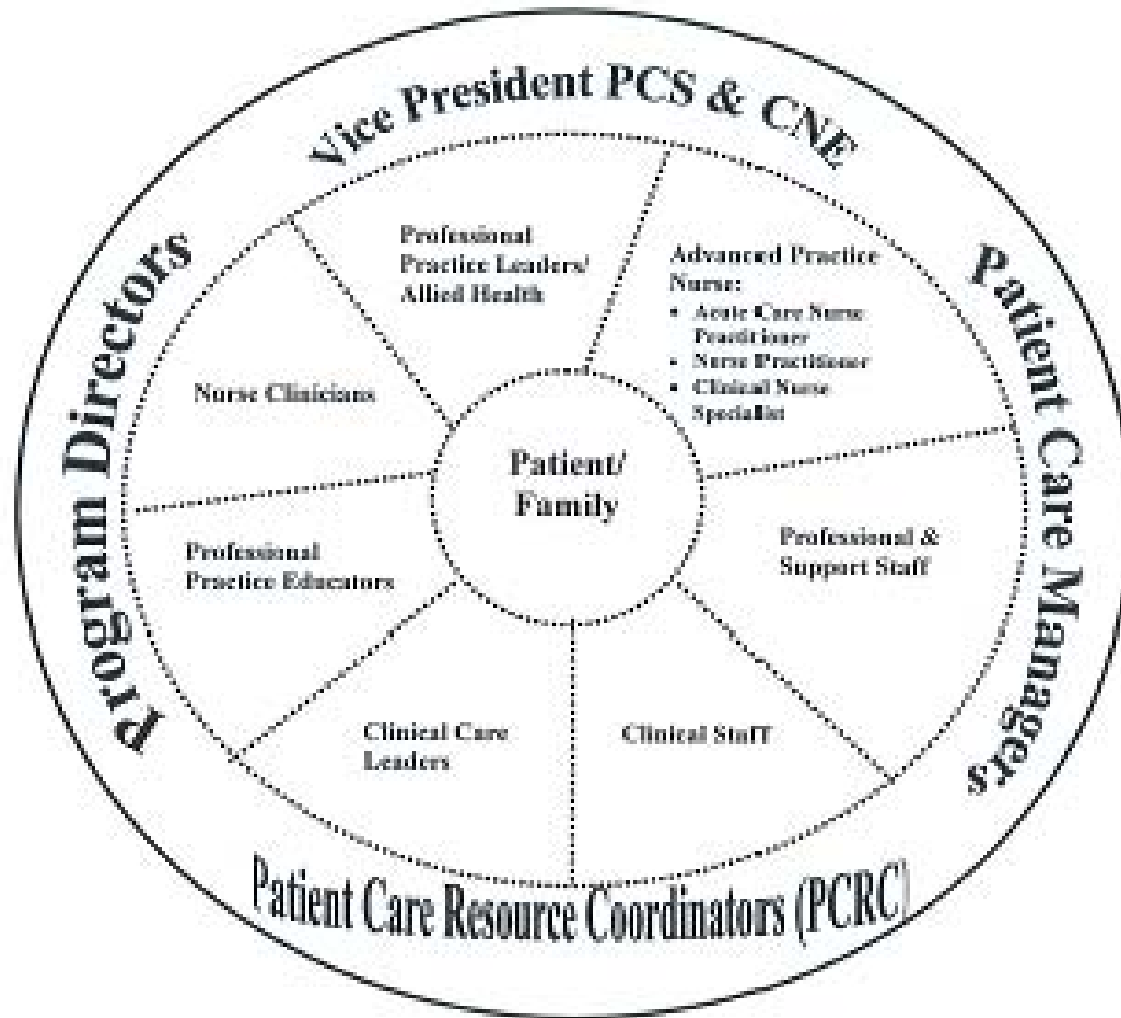


- Manage day to day operations of patient care department.
- Knowledgeable, authoritative leaders at each level of the organization.
- Improve nursing workforce adequacy.
- Provide safer environments for patients.

2006 Survey of 978 Nurse Leaders (Nursing Management)

- Average age >50
- 8% retire in 2010
- 5% - 6% annually thereafter
- 75% of current nurse leaders – 2020 significant loss of knowledge capital void
- Dramatic action

PCS Leadership Model



Our Plan

- Utilize our Mission, Vision, Values.
- Develop Professional Practice Model.
- Assess our talent pool.
- Create opportunities for development and promotion.
- Nurture and support pool.
- Select from talent pool.

Why Change a Leadership Model?

- Provide succession planning.
- Average age of Managers over 53 years (04/05).
- Large span of control for Managers.



Why Change a Leadership Model?

- Increased acuity of patients.
- Increased scientific and technological advances.
- Greater emphasis on patient & family centred and quality of care.
- Ability to provide unit specific clinical expertise and support.



Expected Outcomes

- Increased patient satisfaction (able to address complaints and family concerns immediately).
- Increased autonomy and knowledge of the nurse at the bedside (reduce error).
- Increase job satisfaction of the nurse at the bedside*(eventually).
- Increase Manager job satisfaction.
- Quality of work life.

Promote CNO Standards

- Developing the leader within each nurse (rotate team leading).
- Expect that every nurse would promote the health of his/her patient (increased knowledge and understanding of best practice and therapeutic relationships).



CNO Standards

- Increase knowledge and accountability of the bedside nurse.
- Develop increased autonomy in multidisciplinary professional relationships (e.g. social worker, physician, pharmacist).

New Model of the CCL

- Develop and promote the leaders within the organization.
- Begin the process of succession planning (budget process, capital equipment, discipline, attendance management).
- Provide an opportunity for managers to share the art and science of leadership by mentoring the next generation of leaders.

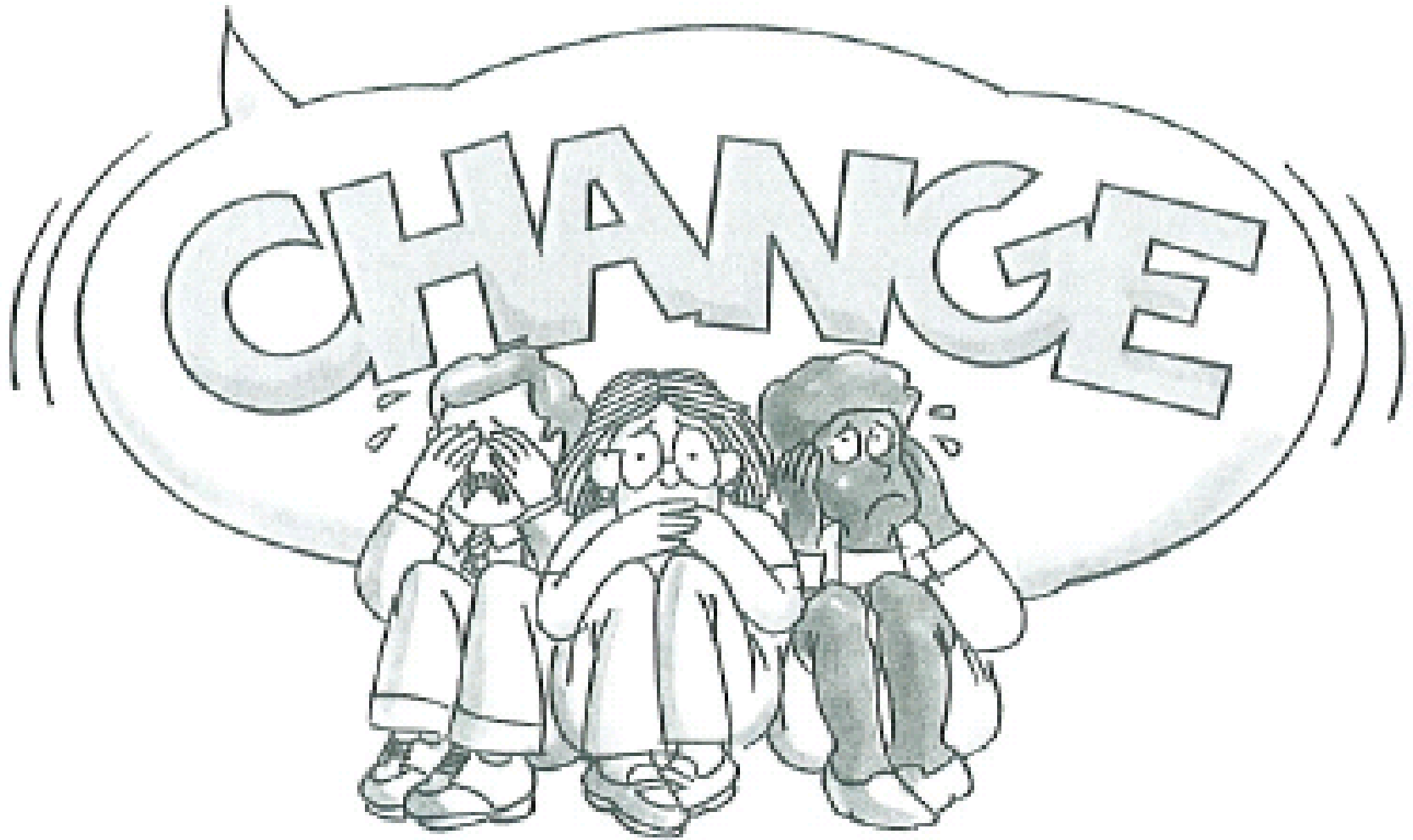


New Model of CCL

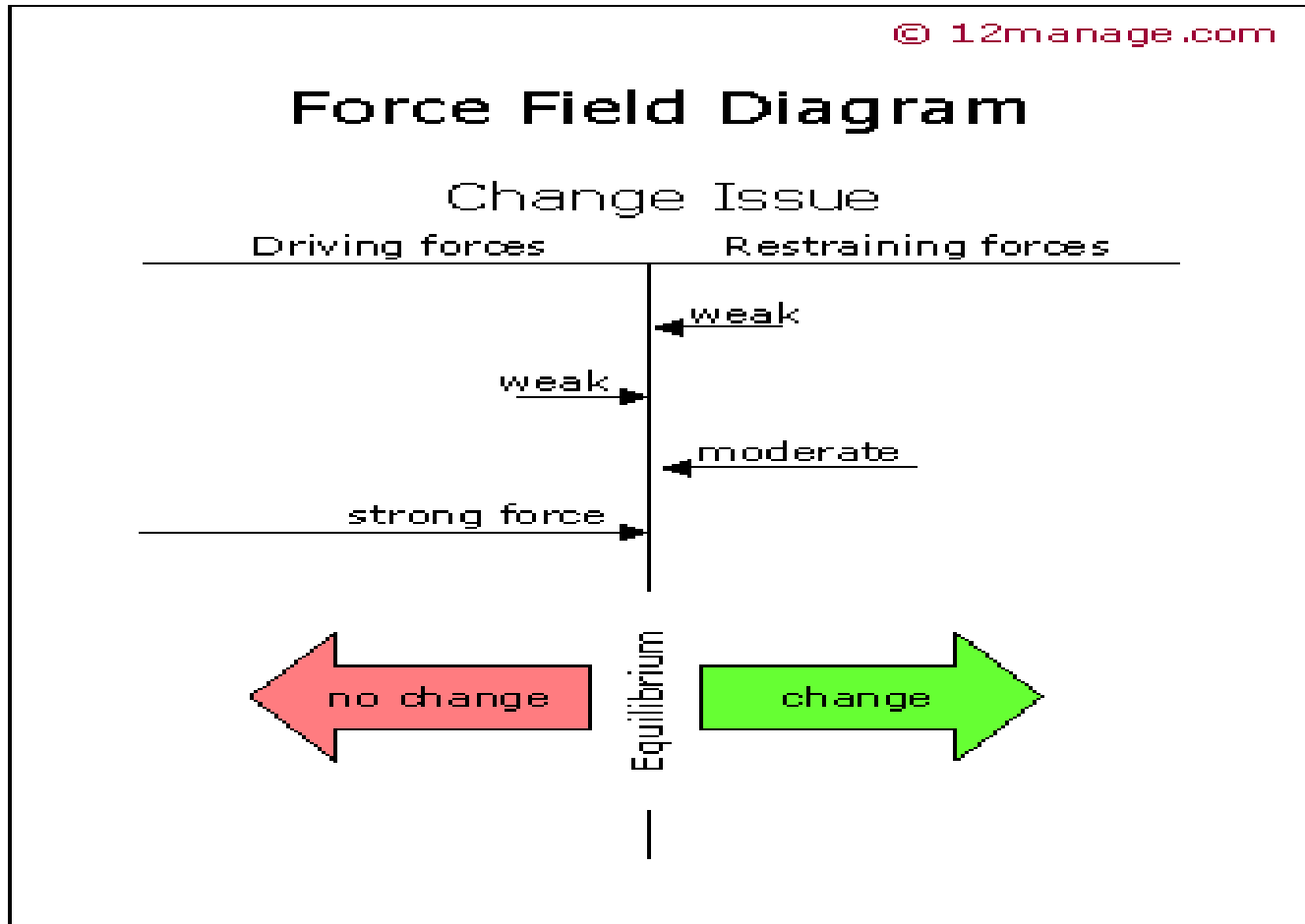
- Promotes a shared leadership model.
- Allows CCLs to perform direct and indirect interventions (hiring, conflict resolution, staffing decisions, performance appraisals).
- Support CCLs as they develop the following skills: communication styles, advanced human resource assessment, resource management, and ethical decision making.

My Journey

- April 2006 Hospital wide meeting with all Charge Nurses, Patient Care Services, ONA, and Human Resources to inform all Charge Nurses of decision to move to CCL model (non union).
- Jobs were to be posted.



Lewin Force Field Diagram



The Journey

- Change created anger and anxiety.
- Job security (union vs non union).
- Trust eroded with employer.
- Resume and interview process felt threatening.
- Expectation of University degree.

November 2006 The Role Begins!



Role

- New job and evolving role description.
- Increased responsibilities.
- Dealing with staff anxiety and anger over their expanding role and losing the Charge Nurses.
- Adding Labour and Birth Unit.
- Replacing 2 senior Charge Nurses. (Allowing staff to ask “What am I giving up?” Recognizing that staff need a mourning period for their loss.)

What Helped to Make it Work

- Supportive management and administration.
- Bullying in the workplace being consistently addressed.
- Role modeling from the manager (interviewing, attendance management, conflict resolution, budget process).
- External educator facilitated a two day leadership workshop.



What Made it Work

- Understanding and believing in the strategic direction of the program.
- Overseeing all 4 units (resulting in improved patient flow and utilization).
- Implementing changes to improve nurses' work-life (redoing OR, dedicated triage room, Transfer of Accountability documentation).



What Made it Work

- Working as partners with the physicians.
- Changing hours of work from 0730 to 0700 to enable assessment of activity across the program.
- CCLs becoming core team members of M.O.R.E.^{ob}.



- “Empowerment is a means of giving employees the authority, skill, and freedom to perform their tasks, and leadership is responsible for employees’ empowerment”

JONA . Vol. 36, No.1 . January 2006

Satisfaction Results

- We are in the preliminary stages of evaluating the role.
- Stakeholders include, nurses, physicians, allied health staff, managers, CCLs.

CCL Role Evaluation

- Patient Care Delivery (impact of the CCL role).
- PCS Unit Operations (budget, equipment, conflict resolution, recruiting, occurrence reporting, performance review, discipline).

CCL Role Evaluation

- Patient Flow (both within and outside of the Unit).
- Quality Improvement, Safety and Risk Management.
- Personal Satisfaction with the CCL Role.

Succession Planning

“We’re in a new place; we’re not on the edge of the old place. We’re not pushing the envelope; we’re in a totally new envelope. So the rules have changed. Every fundamental premise of the old way of thinking no longer applies.”

Sr. Elizabeth Davis

Toward 2020: Visions for Nursing (CNA 2006)

References

Scholtes, P., Joiner, B. & Streibel, B. (2003). *The Team Handbook: Third Edition*. Oriel Incorporated.

Smith, S., Manfredi, T., Hagos, O., Drummond-Huth, B. & Moore, P. (2006). Application of the Clinical Nurse Leader Role in an Acute Care Delivery Model. *The Journal of Nursing Administration*, Vol. 36, No. 1. January 2006.

Bowcutt, M. & Goolsby, M. (2006). The Clinical Nurse Leader: Promoting Patient-centered Outcomes. *Nursing Administration Quarterly*, April-June 2006, Vol. 30, No. 2, pp 156-161.

American Association of Colleges of Nurse: White Paper on the Education and Role of the Clinical Nurse Leader. February 200, Copyright © 2007 by the American Association of College of Nursing.