camh Centre for Addiction and Mental Health

AfterHours Managers: The Hidden Gems in Nursing Leadership

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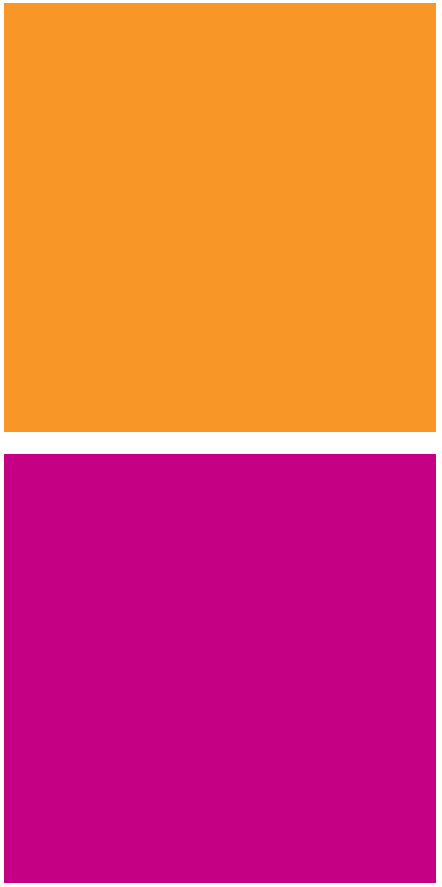
The role

- Virtually NO literature
- Described as
  - Whole house administrator
  - Patient Advocate
  - Staffing coordinator
  - Staff educator
  - Role model, Mentor
  - Bed Flow Manager
  - Social Worker
  - Fire Safety Officer
  - Occupational Health Nurse
  - Health Records Administrator ……



CAMH context

CAMH

- Approximately 525 beds spread out over 3 and now 2 sites
- Mental health and addictions clients - includes withdrawal management; Forensics
- Organization formed about 15 years ago and the role was part of previous organizations

CAMH context:

Role

- Nursing Supervisors
  - Staffing officers
  - Crisis Managers
  - Bed flow coordinators

- Positioning in org structure
- Workforce & recruitment
- Limited communication with daytime activities

Role – re-envisioned

- Reporting to Deputy Chief Nursing
- Title change to Senior Manager AfterHours
- Accountability for Practice leadership
- Strategies to bring increased profile, attention, and stature to the role
  - Secondment
  - Leadership attention
  - Enhanced communication with Managers
- PERSISTENCE
- Team Leader for the group

Progress to date…

- Revised role description
- Enhanced profile
  - Linked to key initiatives / committees
  - Graduate students
  - Increased interface with leadership
- Improved communication with managers
- Illuminating practice challenges
- Recruitment: leadership attributes and critical thinking - not just mental health experience

Progress to date:
Survey of staff: RN/RPN

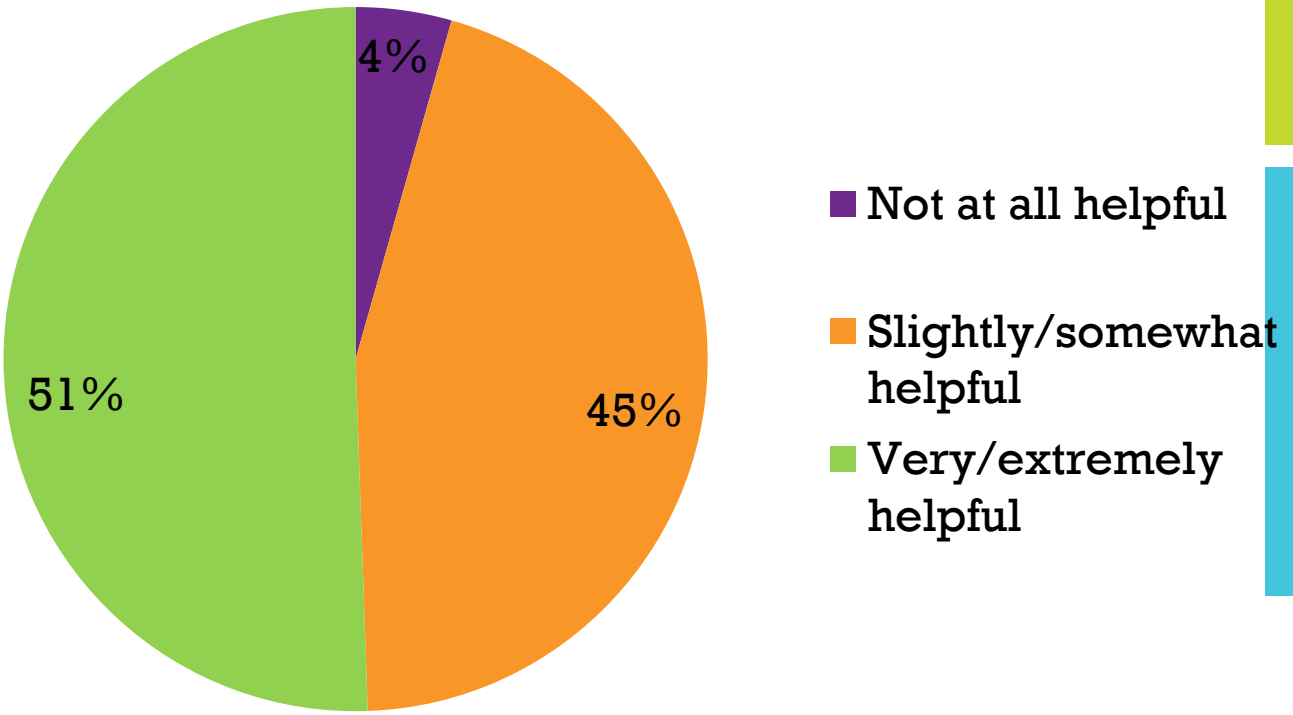
- Conducted over two week period Feb /March 2015

In what situations have you been in contact with the AHM's?

	Yes - %(N)
Codes	68.5 (76)
Debriefings	42.3 (47)
Staffing Issues	77.5 (86)
Patient Consultation	43.2 (48)
Medication Consult	56.8 (63)
Bed Flow	15.3 (17)

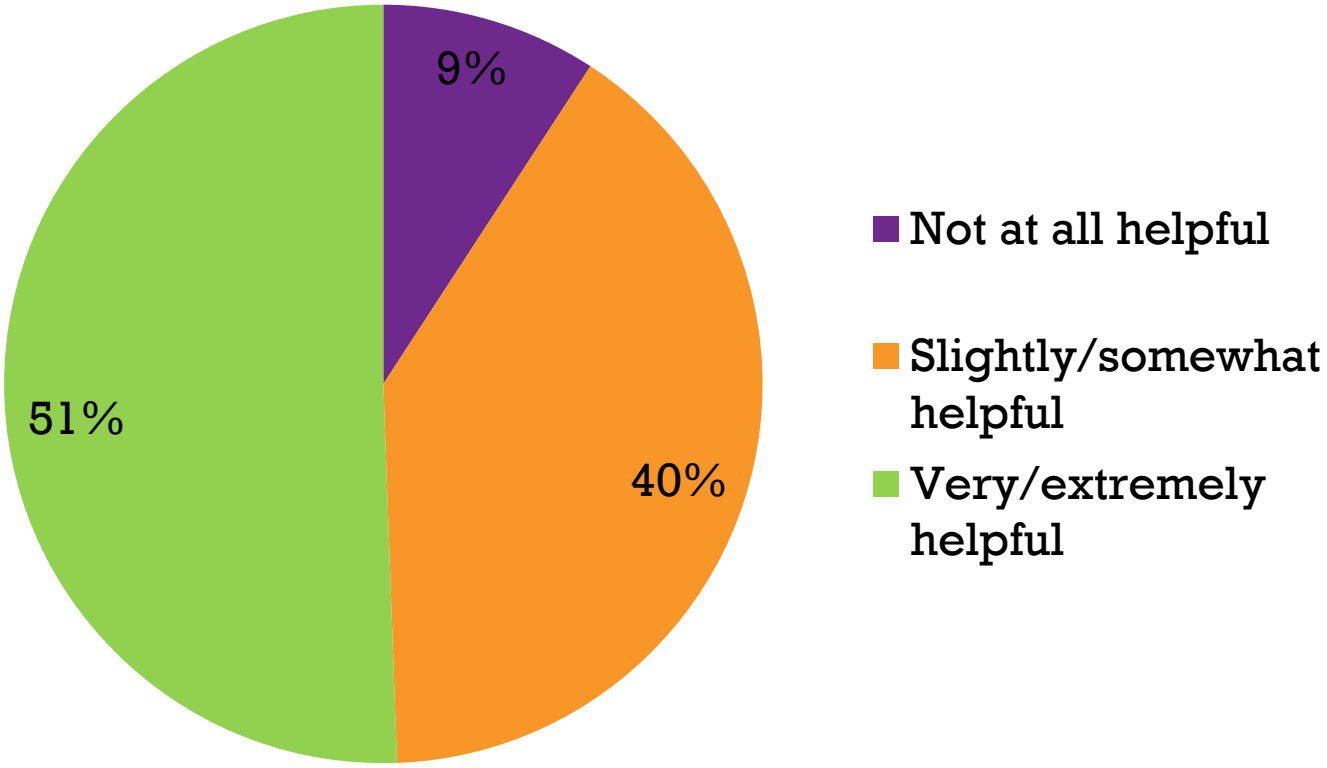
111 Total Responses to these questions

How helpful are the AHMs in resolving patient care issues?



n = 91

How helpful are the AHM during a crisis situation or code event on your unit?



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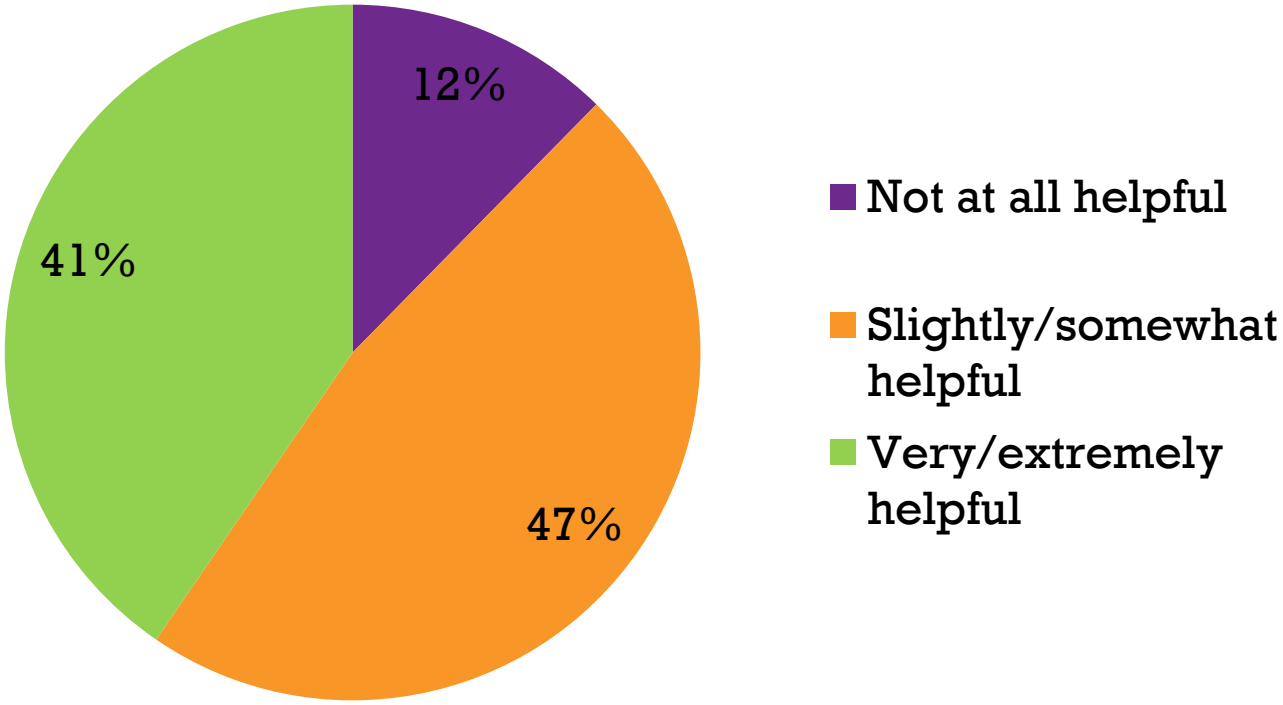
How helpful are the AHM in reviewing the patient's care needs post-incident?



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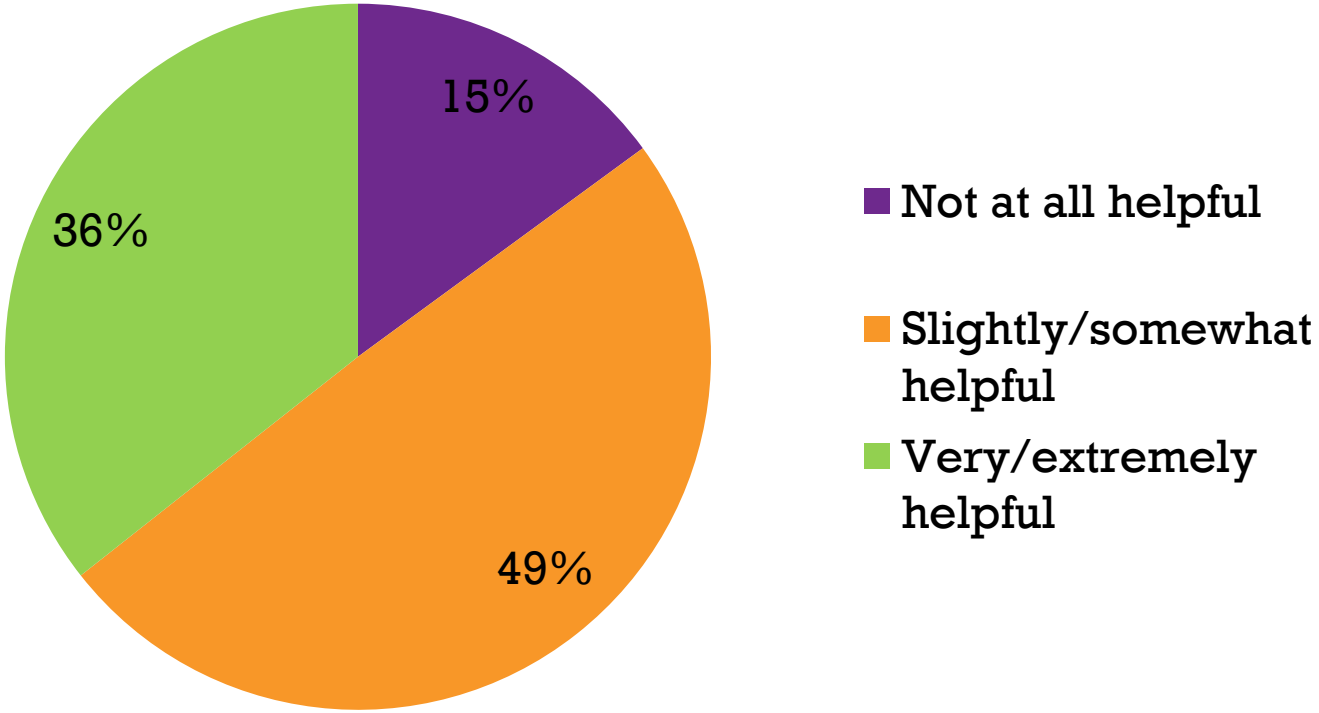
How helpful are the AHM in leading a debrief post-incident?



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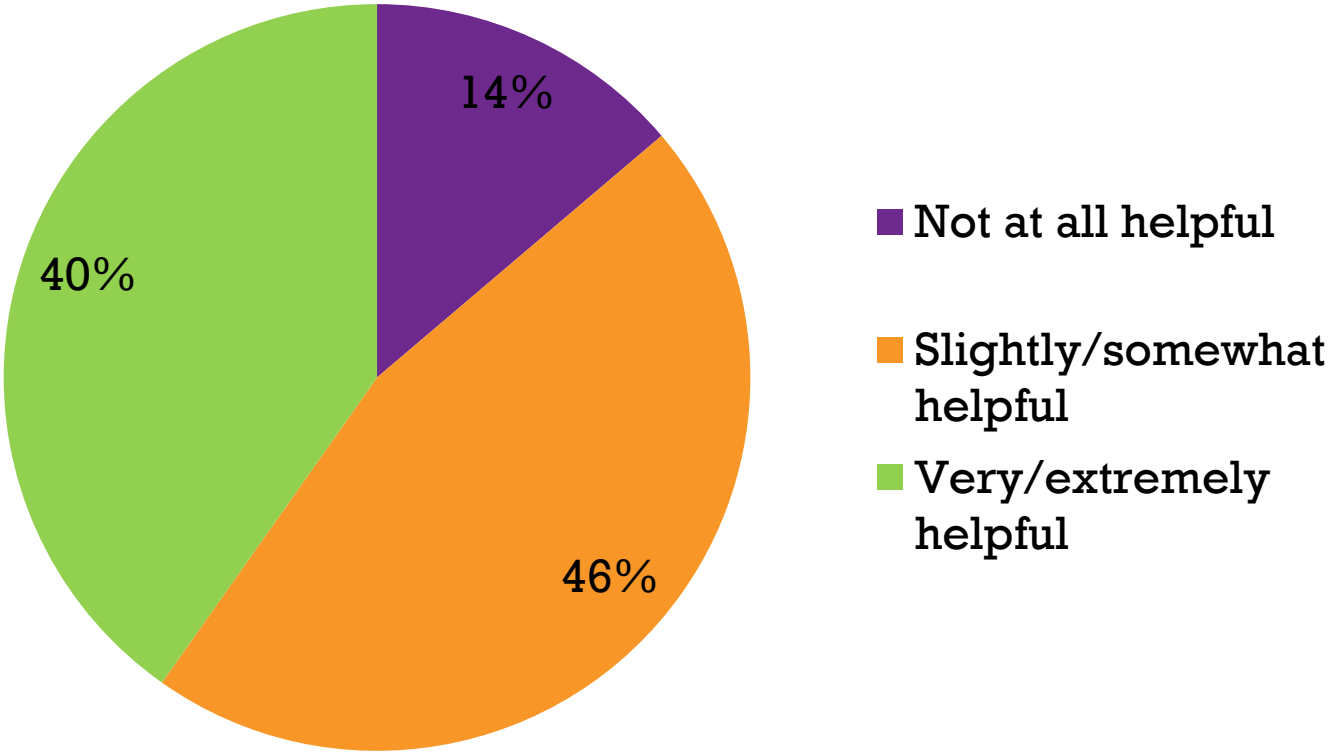
How helpful are the AHM in reviewing staffing resources post-incident?



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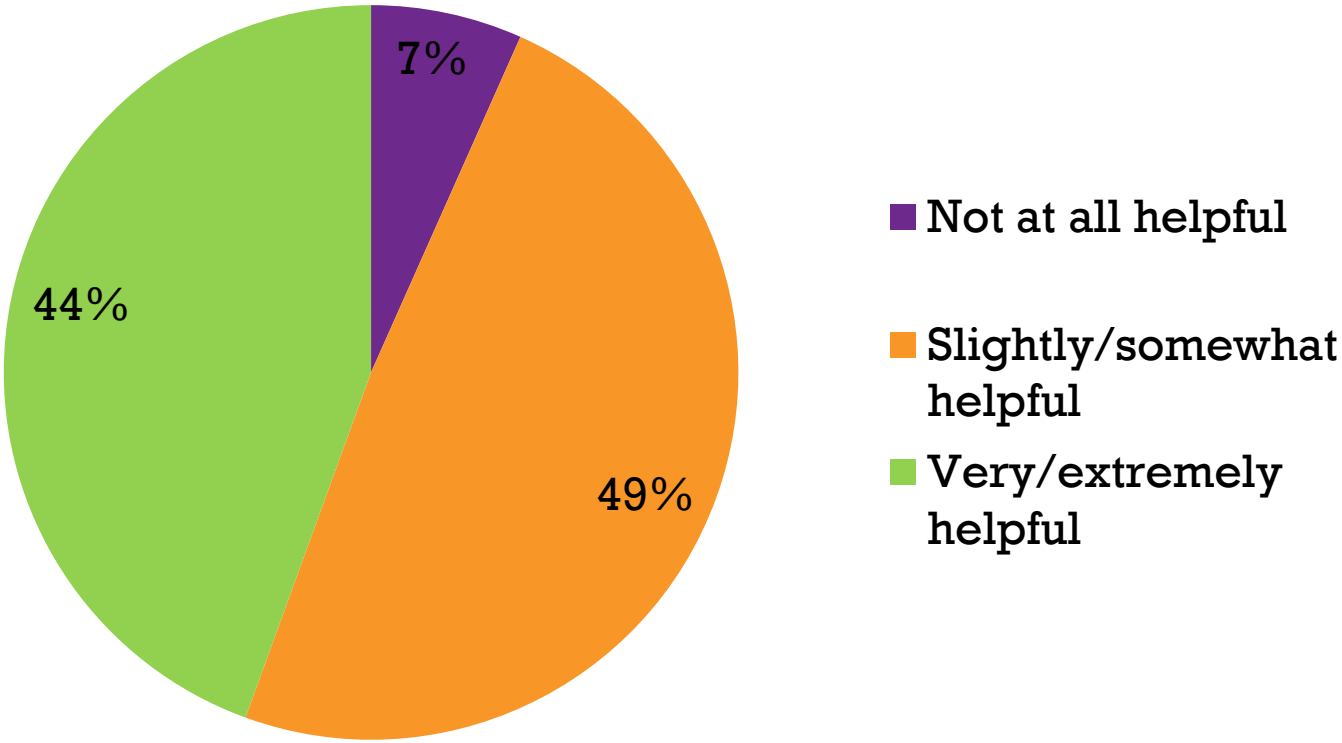
How helpful are the AHM when staffing issues arise?



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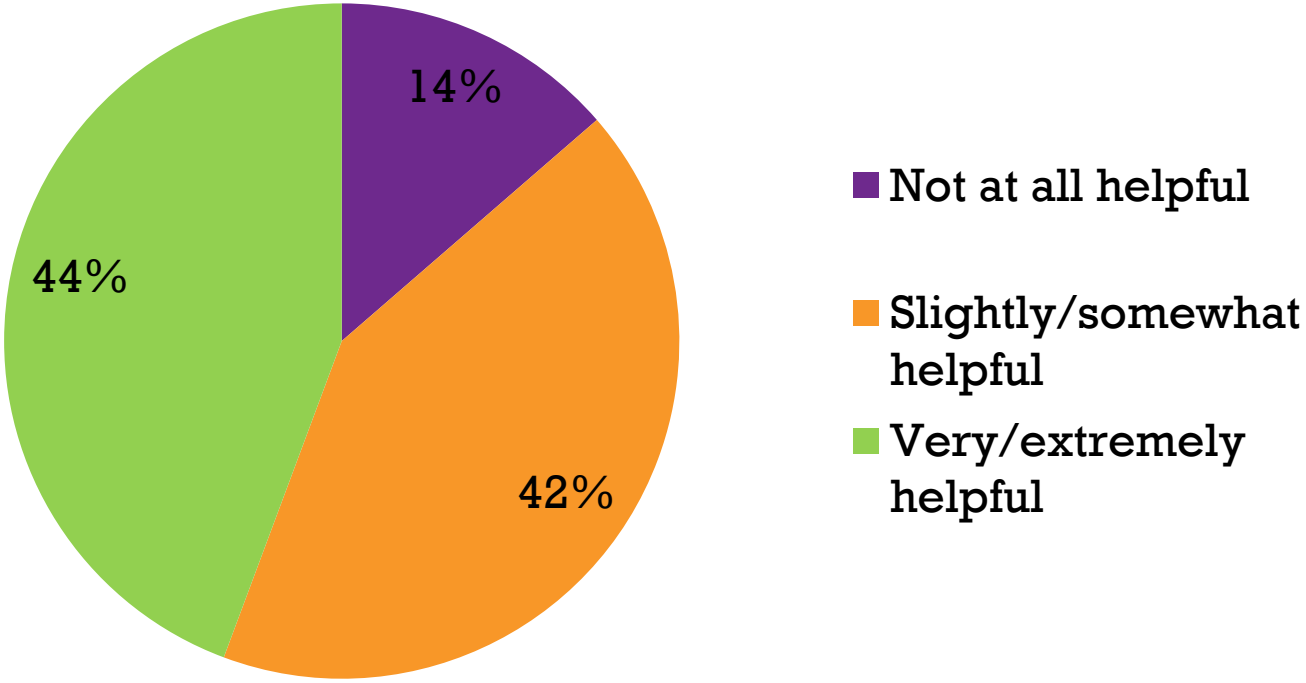
How helpful are the AHM during transfers of patients for medical clearance?



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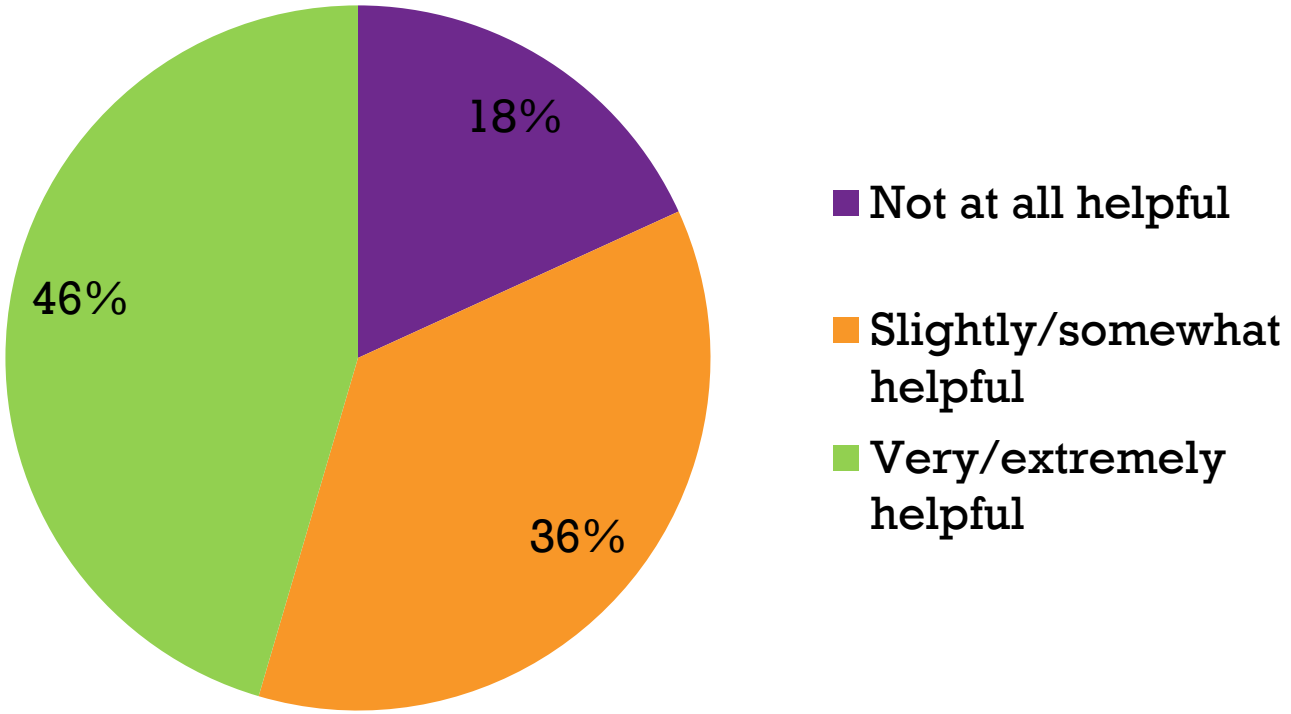
How helpful are the AHM in resolving issues related to patient admissions/transfers/discharges?



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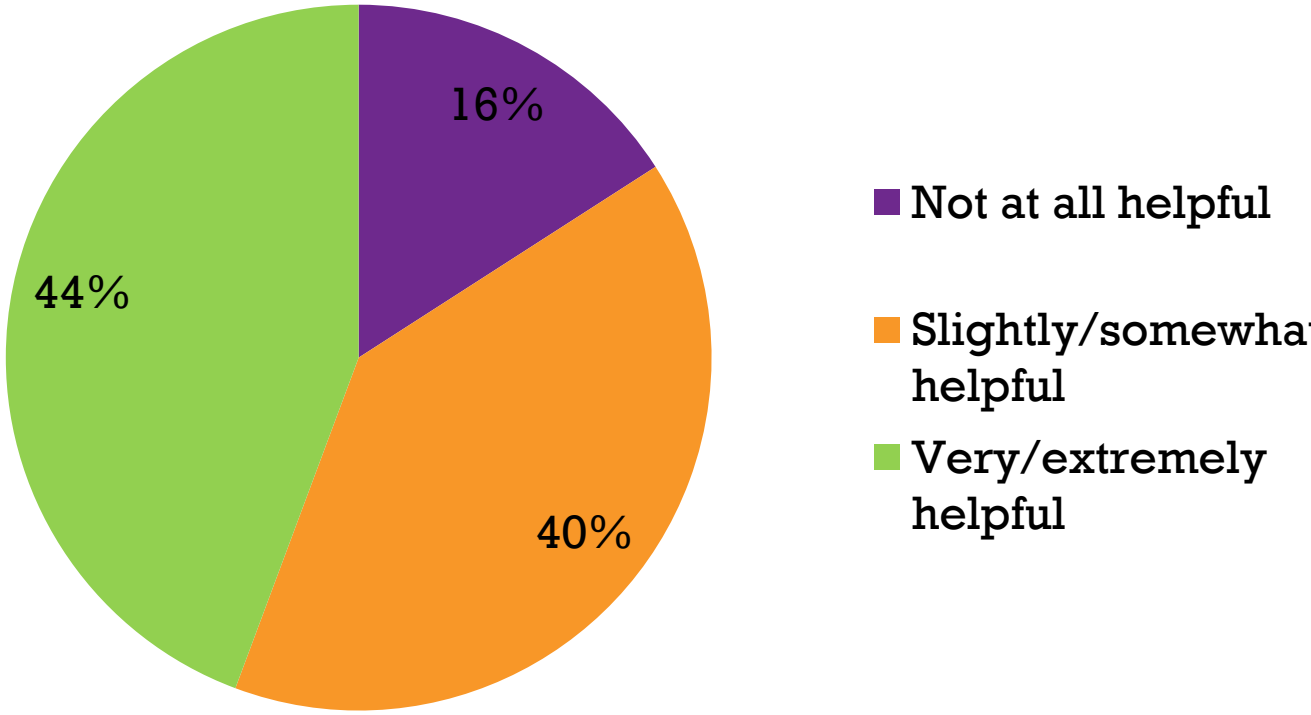
How helpful are the AHM in removing barriers to care; e.g. accessing missing medications, linen, supplies etc.



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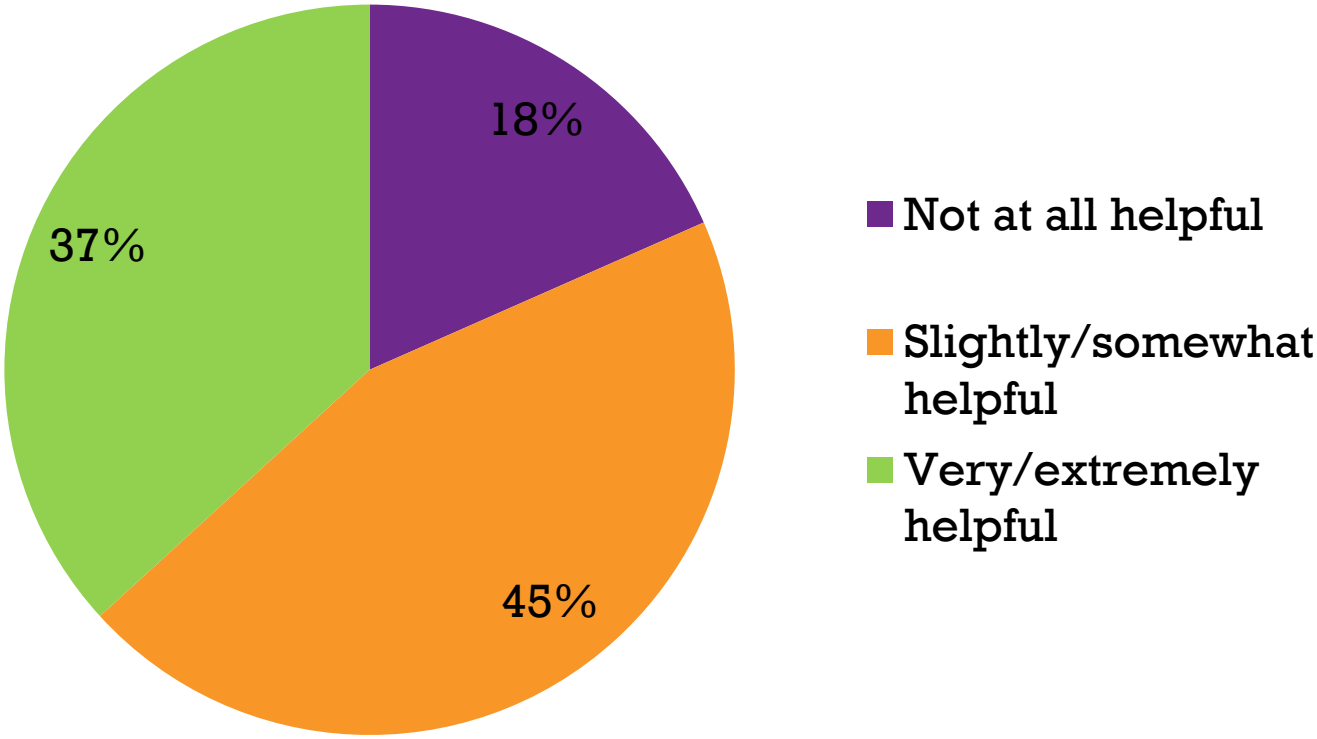
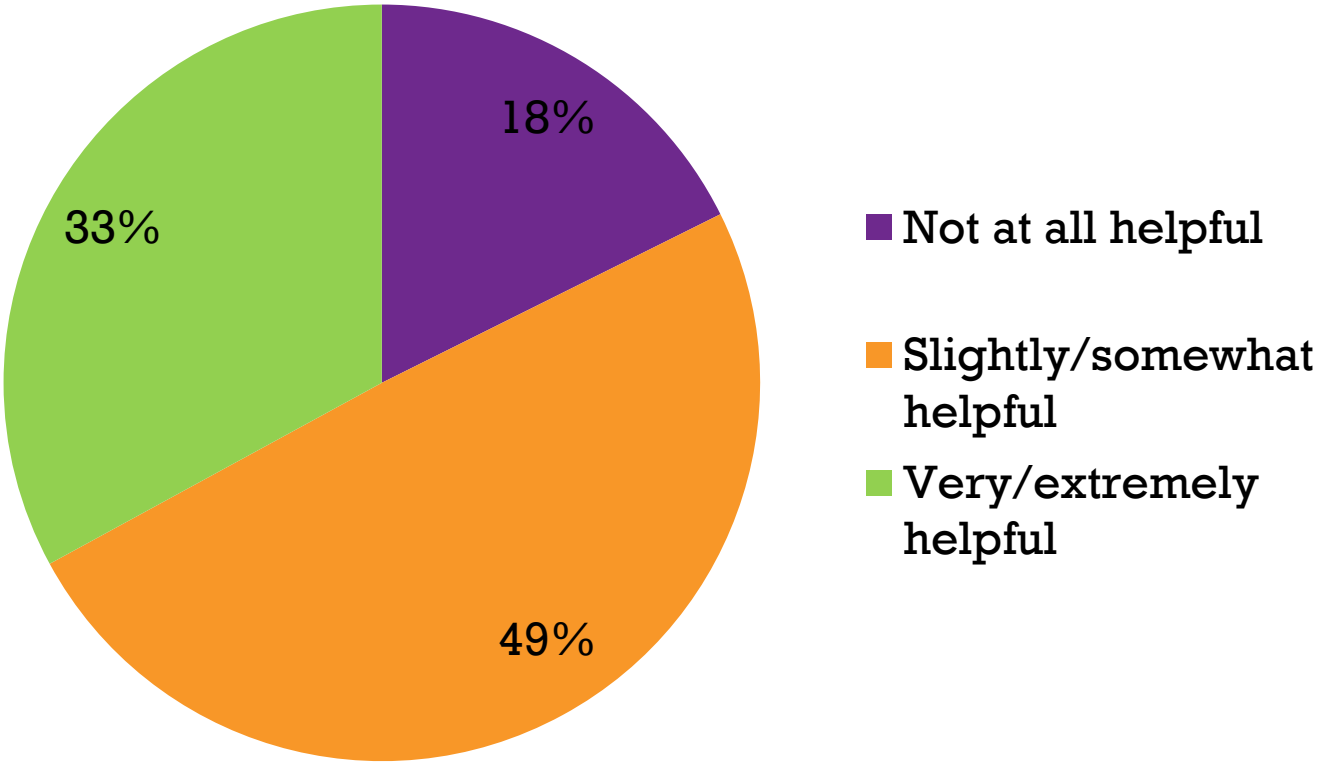
How helpful are AHM in resolving conflicts with families or other visitors?



n = 87

How helpful are AHM in resolving conflicts between staff?



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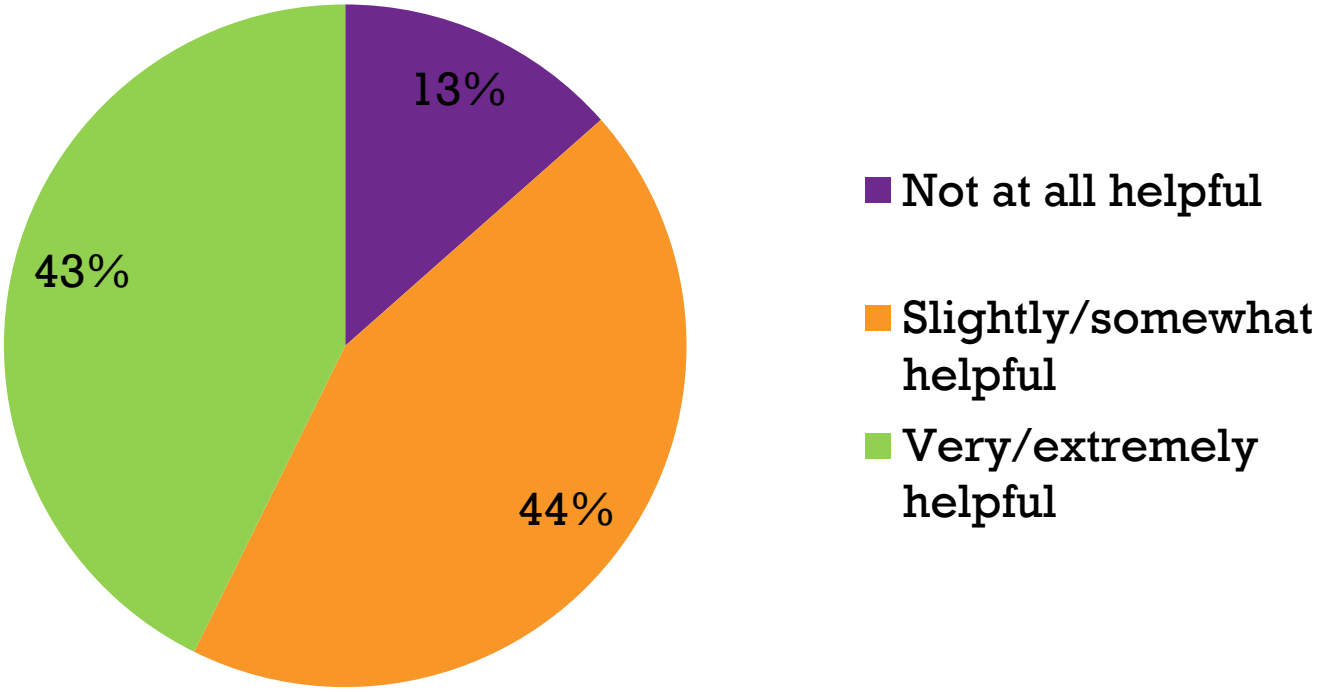
How helpful are AHM in answering questions related to patient care and/or policies?



n = 85

Open-ended Question Response Themes

What do you like most about the role of the AHM?

- Support
- Knowledgeable
- Accessing resources (e.g. meds, staffing issues)
- Variation in helpfulness, responsiveness and support depending AHM
- Having dedicated site AHM's (College St. and Queen St.)
- Approachable (dependent on individual)
- Accessible

Open-ended Question Response Themes

What do you dislike the most about the role of the AHM

- Inadequate training
- Differences in new vs. seasoned staff
- Not readily available, responsive or accessible
- Inconsistent communication about bed availability and bed flow
- Inadequate communication with staff re: decisions
- Inconsistent quality of support
- Dismissive, condescending towards staff and staff concerns
- Lack of respect for front-line staff
- Inconsistent approaches to similar situations by different AHM's.

Next Steps

- Continue with our efforts!
- Share survey findings back with staff
  - Vehicle for increased dialogue
  - Opportunities for focused improvement
- Solicit feedback from managers

Thank you!