Nurse Managers’ Role in Promoting Quality Nursing Practice

Mission Critical: Nurse Manager Summit

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Outline of Presentation

• Background

• Role and responsibilities of the first line nurse manager
  – Factors influencing nurse manager satisfaction with role

• Issues arising from research on nursing role optimization
  • Role clarity
  • Service Delivery Models
  • Collaborative Practice

• Moving Forward
The First Line Manager

Responsible for:
- **Managing human resources**
  - Creating an environment where staff respect each other and feel valued
- **Staffing, employee satisfaction**
  - Maximizing staff potential (i.e., role optimization)
- **Ensuring standards of care**
  - Applying evidence-based nursing care
  - Cultivating professional development
- **Maintaining customer focus**
  - Safety and quality
    - Client/ Patient / Family Satisfaction
- **Budgeting/financial management**
  - (not a focus in this presentation)
First Line Nurse Manager

Fulcrum on which rest staff engagement, productivity, quality outcomes, and positive staff and patient experiences

– Delivery of high quality, safe care begins with staff retention; in turn, staff retention depends on quality of the work environment, which the nurse manager influences

– Staffing excellence (e.g., retention, positive outcomes) hinges on answering two questions:
  • What is the professional role of the caregiver?
  • Who are the people we care for?
  • Basis for determining who delivers what care (i.e., for implementing the “right” service delivery or staffing model)
Factors Influencing Nurse Manager Satisfaction with Role

• **Organizational factors**
  – Value placed by leaders on striving for excellence
  – Adequacy of human and financial resources
  – Empowering environment
    – Senior leaders who prioritize quality of care & provide visible support for role of nurse manager

• **Role factors**
  – Power to effect change
  – Ability to ensure quality of care

• **Personal factors**
  – Feeling valued by organization, peers, and staff
    • Sufficient time to provide recognition, guide/mentor, meet unit needs, support team
Findings from Nursing Role Optimization Research

Provider Roles
Professional Role (i.e. Scope of Practice)

To what extent are providers working to “full scope?”

– What are the barriers?
– What opportunities exist to redesign work?
– How can use of data facilitate staffing decisions, monitoring and evaluation?
  • Structure / Process (functional) / Outcome Indicators
Findings

- No evidence that differences in education (i.e. knowledge base) account for how different providers are utilized
  - Contributes to role tension, mistrust, duplication
  - Impact on patient outcomes not always considered
- Role confusion ubiquitous across settings and disciplines
  - Acute care, community mental health, primary care networks, home care (case management), cancer screening
- Role ambiguity pervasive among managers
  - Influences staffing decisions
Barriers to Role Optimization

- **Over emphasis on management of disease/illness**
  - Insufficient focus on population health, prevention, promotion
  - Negative impact on patient coping, navigation, health outcomes
- **Lack of clear and compelling vision among key players**
- **Design of work (e.g. service delivery model)**
- **Lack of alignment between academia, practice, regulation**
  - Failure to maintain currency with changes to entry-to-practice
  - Influences nature and quality of practice based education, and role modeling by preceptors
Context for Role Optimization
Strategies

- **Optimize provider roles (functional)**
  - Align education (i.e. knowledge) and practice with patient / population needs (E.g. Gerontology, chronic diseases)

- **Establish model of service delivery based on population/patient health needs (structural)**
Optimize Provider Roles

FACTORS TO CONSIDER:

• Population Needs Based HHR management
  ✓ Requires sound knowledge of patient profiles
  ✓ Development of databases critical

• Workforce Profile
  ✓ Supply and demand of relevant providers, demographic and generational profiles, labour relations environment

• Service delivery context
  ✓ Identify factors that enable or impede service model design/redesign
    ✓ (e.g., executive leadership support, physical space, availability of clinical equipment and supplies)
Population Health Needs

Who are the people served?

– Age & Sex (e.g. risk factors associated with aging, gender)
– Presence of one or more Chronic Diseases
  • Greater risk of high utilization
  • Requires special attention to continuum of care
– ED / Hospitalization within 90 days of admission
  • Identifies “high users”
  • May require more intense case management across continuum
– On Home Care Caseload
  • Caregiver issues (? Factor in re-admission)
Structure Variables

• **Who is providing services?**
  – Vacancy Rate
  – Skill mix

• **What is the context within which services are being provided?**
  – E.g., acuity, volume, variability

• **What is the service delivery model?**
Factors influencing staffing (acute care)

- Patients at risk for rapid deterioration
- Wide fluctuations in patient volumes
- Wide disparity in patient type and treatment
- High level of ADT or churn
- High degree of nurse autonomy/less physician oversight
- High proportion of protocol driven care
- Complex patient care needs post discharge
- High percentage of patients with co-morbidities
- High percentage of obese patients
Functional Variables

- Which competencies are necessary for effective and efficient delivery of care?
  - facilitates rational workforce planning and management

- How do we create an environment that supports collaboration?
  - Clarify roles
  - Reduce potential for fragmentation in care
    - Articulate a unifying vision and set of values
    - Promote shared decision-making
    - Establish comprehensive care plans
The Role of Nurses

Nursing

- Responsible for ongoing surveillance of patients to detect potential risk of errors or adverse events, and prevent avoidable health problems or complications associated with illness, injury or treatment.

- Surveillance (i.e., assessment, monitoring, and evaluation) is the central role of all professional nurses

  - RNs are responsible for initiating plans of care and overseeing the management of patient care
Expectations of RN Role

Depth and breadth of knowledge and skills in:

• assessment, communication (i.e., interviewing, negotiating, networking, group dynamics and facilitation, counselling and coordination), critical thinking/problem solving

• knowledge of health care policy and primary health care.

• provision of care to individuals in unstable conditions and with unpredictable outcomes, as well as to families, groups, populations, and communities across the full spectrum of health and illness

• organizing health care delivery (i.e., overseeing care delivery, assigning care)
Expectations of RN Role (#2)

- **RN**
  - seeks input from other members of the healthcare team in developing a plan of care that spans the entire episode of care, based on comprehensive assessment of the pre-admission events leading to the illness or crisis and post-discharge patient/family needs
  - protocols and guidelines may or may not be available to support decision-making
  - expected to confront, negotiate, and resolve complex issues facing the team of providers, and to assume primary accountability for the discharge plan.
Expectations of LPN Role

Knowledge and skill required to:

- assess needs and provide direct patient care
  - In NB, under the direction of a RN or other qualified provider
- collaborate and participate in development, implementation, & evaluation of plan of care
- assume independent (as appropriate), interdependent and often overlapping roles on the health care team
Expectations of LPN Role (#2)

**LPN**

- focuses on activities related to the care of patients/families, usually carried out during a worked shift
- involves the resolution of problems or issues arising out of the activities of care
- practice usually guided by policies, procedures, or protocols.
Collaborative Practice
Collaborative Practice – A Philosophy

• **Patient-family centred care**
  – Active participation of patients/families in identifying goals/outcomes and making care decisions

• **Effective communication and shared decision-making among providers involved in care**

• **Contributions of all team members respected & valued**
  – Requires strong sense of own professional identity and understanding of roles of other providers
  – All providers “on average” spend their time performing functions within their defined scope of practice/competencies
Outcomes of Collaborative Practice

• **Patient satisfaction**
  – Reductions in patient/family complaints
  – Improved self-care capacity

• **Provider satisfaction**
  – Optimized provider roles
  – Greater focus on patient outcomes
  – Improved teamwork
  – Quieter, calmer workplace

• **Reduced cost of patient care**
  – Decrease # falls, infections, errors
  – Reduced LOS due to better coordination of care
  – Reduced unplanned readmissions
Issues with Collaborative Practice

• Perception that “we are doing it already”
• Perception that it takes more time
• Lack of structures and processes to support collaborative practice
  – Practice based education & support
  – Communication/reporting mechanisms, co-location, meeting space and time
  – Lack of visible leadership support/expectations for collaborative practice
• Variable level of competence for collaborative practice among staff
Moving Forward

• **Set a clear vision for collaborative (i.e., differentiated) practice**
  – Unified vision of what is being pursued is essential
  – Commit to development of skills for collaboration

• **Develop structures and processes that support collaborative practice**
  – IP rounds, shared care plans, practice support
  – Focus on system level change
  – Put the patient / family at the forefront of change

• **Help managers to more effectively implement and lead collaborative practice**
  – Clarify expectations in job descriptions, performance evaluations
  – Focus on leadership development
  – Maintain visible & consistent support at senior leadership level
Questions/Comments?