





2017 National DNP Conference

Breakout Session:
Wednesday,
September 13, 2017
10:00 – 11:00

Next in Line:

Developing Future Nurse Leaders
Using an Evidence-Based Succession Planning
Framework

Janette V. Moreno, DNP, RN, CCRN-K, NEA-BC Anita Girard, DNP, RN, CNL, CPHQ, NEA-BC

Stanford Health Care Patient Care Services Stanford, California, USA





No Conflict of Interest Disclosure

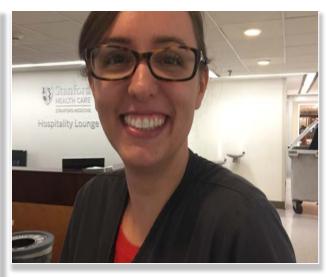


The Next in Line



















Learning Objectives ▶ Replicate the succession planning integration into an organization's existing shared governance.





Who we are...

- Non profit Academic Medical Center
- #1 Hospital in California
- #15 US Best Hospitals 2016 2017
- Licensed beds 613
- ▶ Clinics 147
- Ambulatory Care Visits 1.2M
- ▶ Admissions 28,000 per year
- Emergency visits 73,000 per year
- ▶ Third Magnet Redesignation 2016







Background Knowledge

▶ We are challenged with nurses unprepared to assume key leadership positions.









IOM report:

Largest
workforce
with the
greatest
potential to
lead

Nurse Manager:

Complex role

New Nurses:

Lack interest in role

Predicted nursing shortage



Nursing Workforce Forecast



The forecasted growth of the nursing profession may not meet future needs



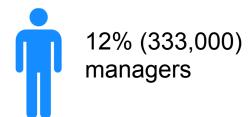
2013

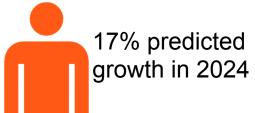
3.3 million FTE RNs

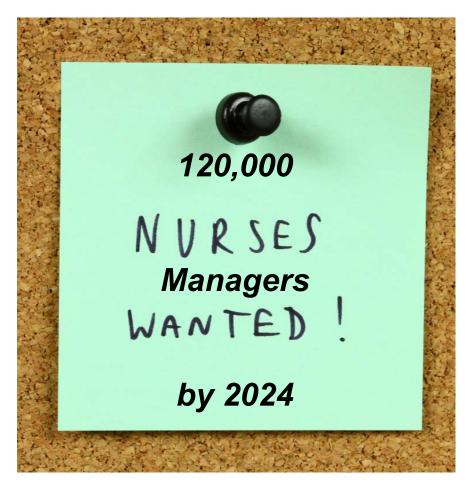


1 million anticipated retirement











Cost of Turnover









Intended Improvement

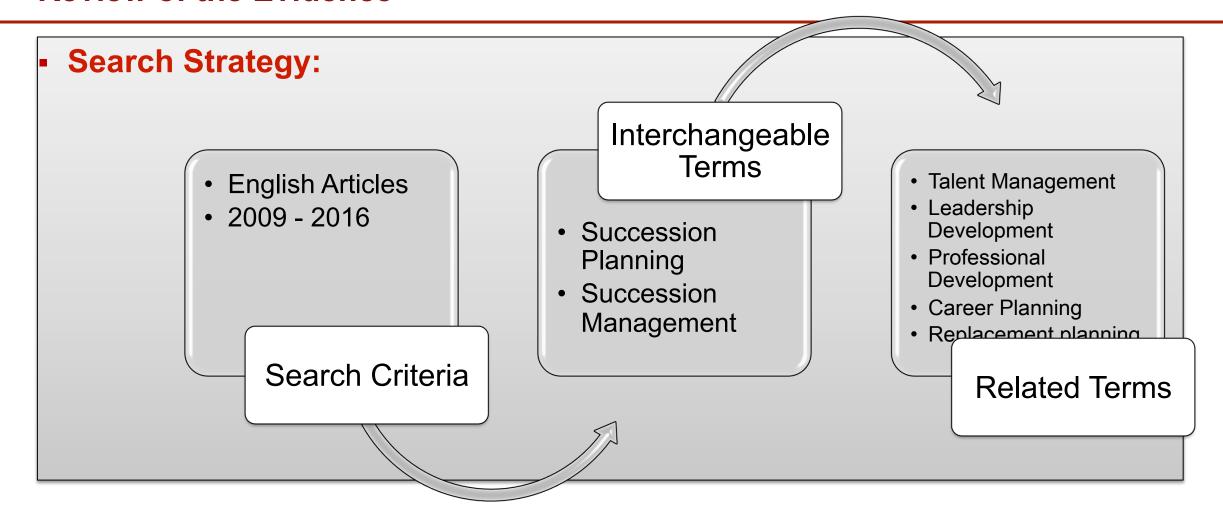
Decrease number of days to fill vacant position by 50% (215 to 100 days)

Increase internal promotion of clinical nurses to formal leadership positions

Integrate evidence-based succession planning into existing Shared Leadership Council



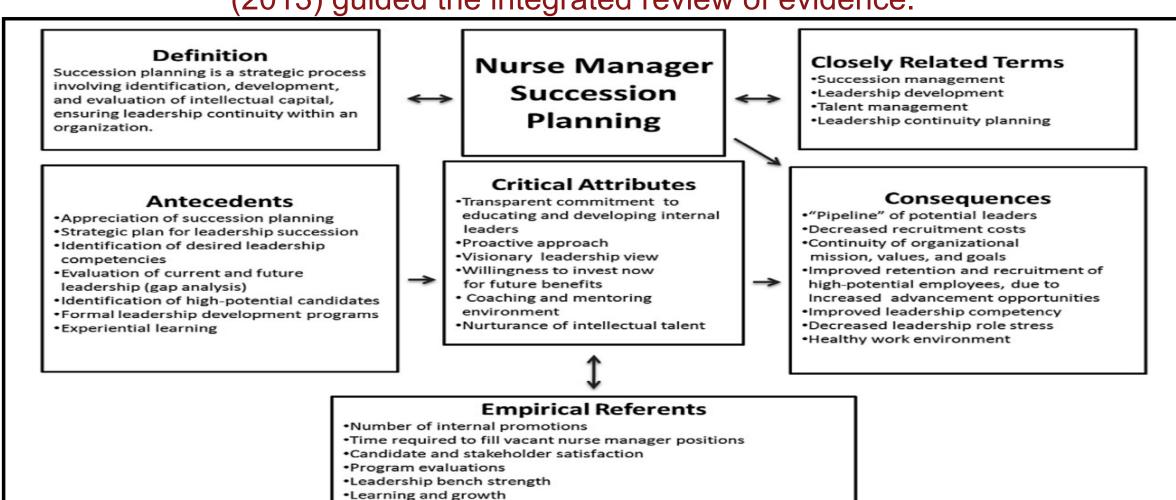
Review of the Evidence



- Definition:
 - "Succession planning is a strategic process involving identification, development, and evaluation of intellectual capital, ensuring leadership continuity within an organization" (Titzer and Shirey, 2013)

Review of the Evidence

The succession planning framework by Titzer & Shirey (2013) guided the integrated review of evidence.



Leadership and management competency progression

Review of the Evidence

Case Studies in the US Setting

Barginere, et. al., 2013

Rush University Medical Center

Rothwell's
Seven-Pointed
Star Model for
managers to
nurse executives

Ponti, 2009

Northern Michigan Regional Hospital

Gundersen
Lutheran health
system's tiered
competency
model for all
levels of nursing

Wendler et.al., 2009

Illinois Memorial Medical Center

Developed an internship program for nurse managers

Abraham, 2011

Mayo Clinic Rochester, Minnesota

From the frontline staff to the nurse managers; used the novice-to-expert theory

Titzer et.al., 2014

St. Mary's Medical Center Southwestern Indiana

From the frontline staff to the nurse managers; used novice-to-expert theory

Case Studies in US Health Systems

Bernard, 2014

Centura Health System

Blended learning residency program for nurse executives in 23 facilities

Lewis, 2009

Baylor Health Care System

Five-stage development cycle for managers to top executives in 15 facilities

Tertiary Hospitals in Sydney, Australia

Brunero et al., 2009

Prince of Wales

Frontline staff to nurse manager based on literature review

Manning et al., 2015

St. George Hospital

Frontline line staff to nurse manager for nursing/midwifery unit management program



Stanford Three-Step Succession Planning Conceptual Framework



SUCCESSION PLANNING CONCEPTUAL FRAMEWORK AT STANFORD HEALTH CARE

- Visionary leadership
- Support to invest now for the future
- Transparent commitment to educate & develop internal leaders
- Culture of professional advance & leadership development
- Coaching & mentorship environment

Assessment (ATTRIBUTES)

Planning (ANTECEDENTS)

- Strategic planning
- Desired leadership competencies
- Identification of high potential candidates (Shared Leadership)
- Strategic Interventions:
- Leadership development program
- Experiential learning
- Mentorship/Coaching

- Number of days to fill vacant position
- Number of internal promotions
- Leadership bench strength (Clinical RN III/IV) through PNDP
- Council member perception on structural empowerment, participation in clinical practice change
- Leadership competency progression
- Decrease turnover costs, decrease hospital acquired conditions costs

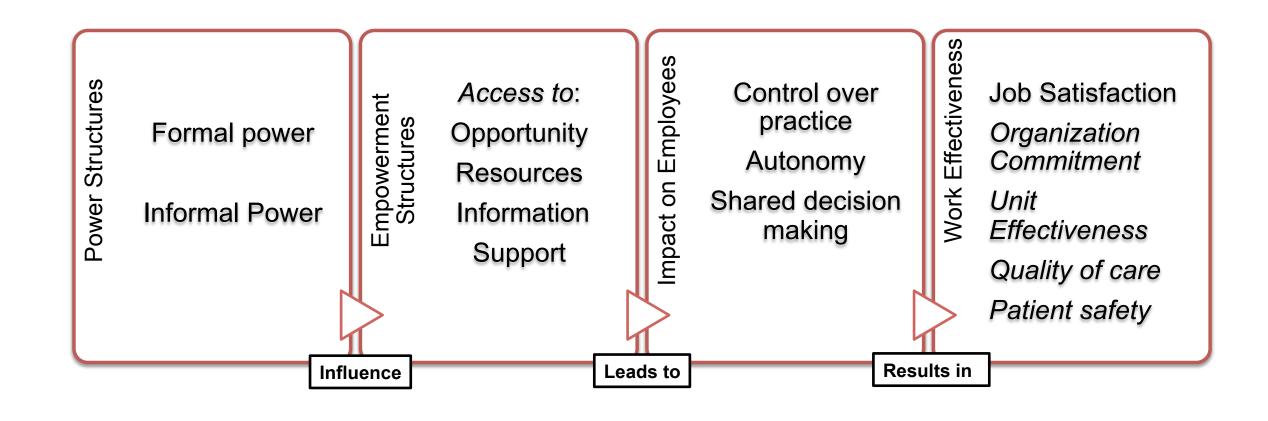
Outcomes (EMPIRICAL REFERENTS



Kanter's Structural Empowerment Theory



Integration of the succession planning framework within the Shared Leadership Councils, the epitome of structural empowerment.







- Visionary leadership
- Culture of professional advancement & leadership development
- Coaching & mentorship environment

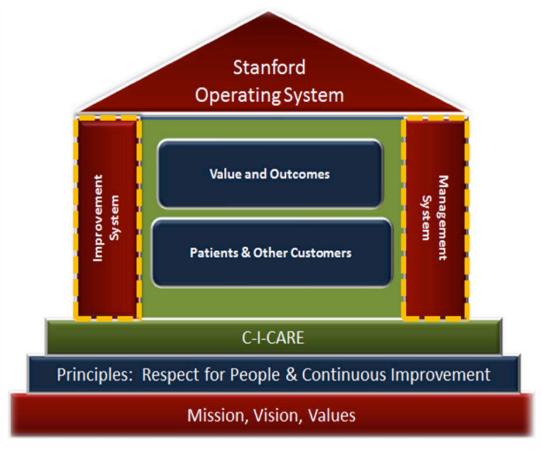






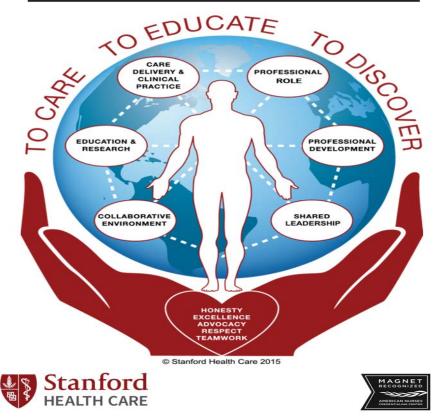


Stanford Operating System (SOS)



Professional Practice Model (PPM)

Stanford Professional Practice Model



Strategic alignment with SOS and PPM, which embodies the core values and ethical principles within the strategic interventions of the project.



Assessment Phase



SWOT ANALYSIS **Succession Planning Project**

Strengths

- Organization reputation
- Leadership support
- Nursing professional profile (high BSN, high certification rates)
- Alignment with organization and nursing strategic plan

Opportunities

- Future of Nursing in Advancing Health

Weaknesses

- Longer number of days to fill vacancy
- Siloed professional development acitivities
- Lack of cohesive structure
- Lack of defined processes
- Promotion based on clinical experience
- Lack of defined leadership competencies

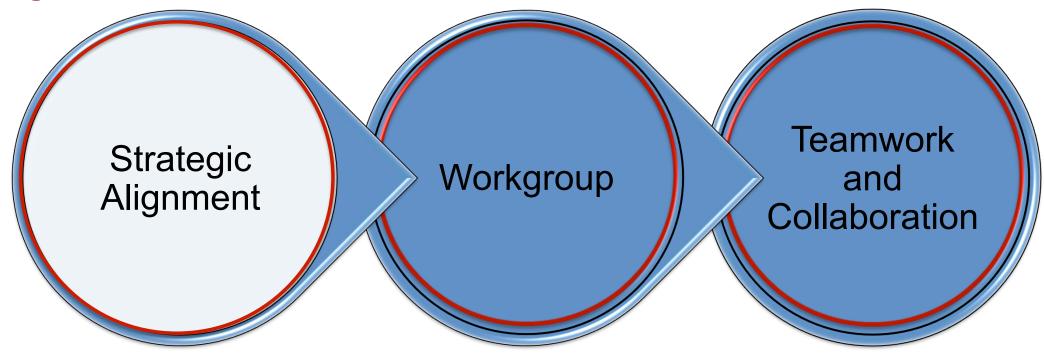
- Institute of Medicine report on
- Acquistion, expansion and opening of new hospital in 2018

Threats

- Complex health care environment
- Competing priorities
- Competition with attraction of potential nurse leaders







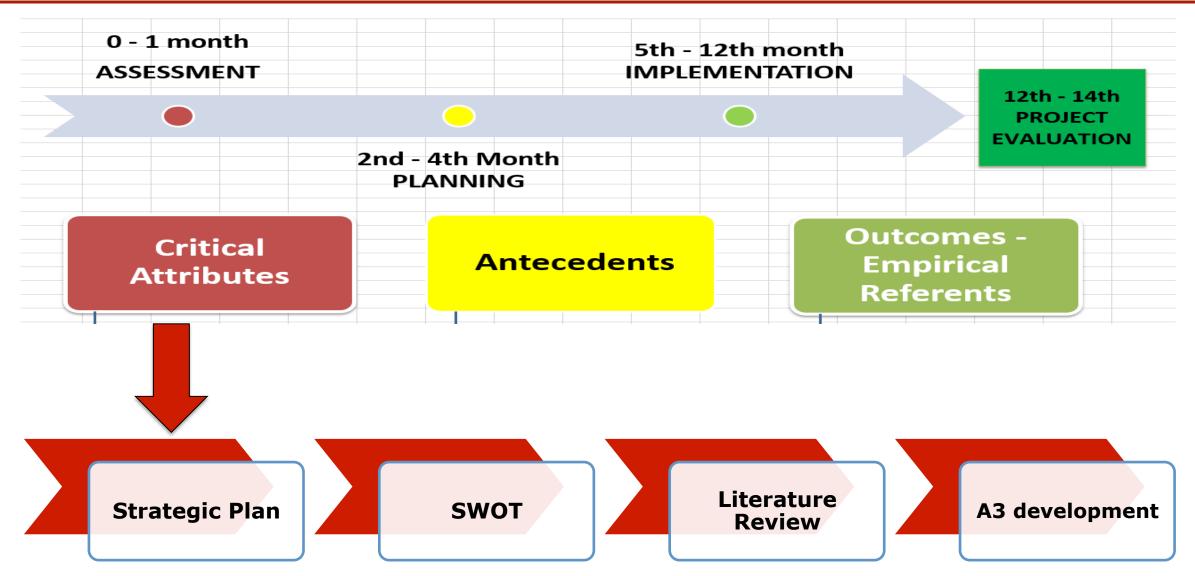
- Integrated in strategic plan
- Executive leadership Council

- SLC Coordinator
- Chief Nursing Officer
- Magnet Program Director
- Director of Practice & Education
- Director of Talent Acquisition

- Partnership with the frontline staff
- Shared Leadership Councils

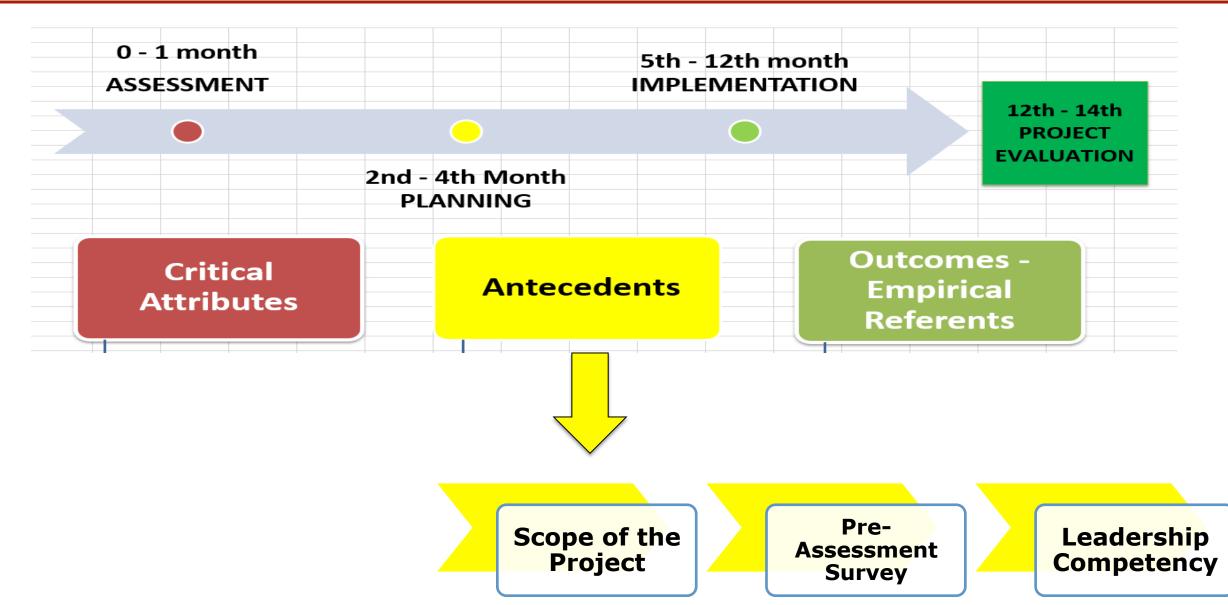






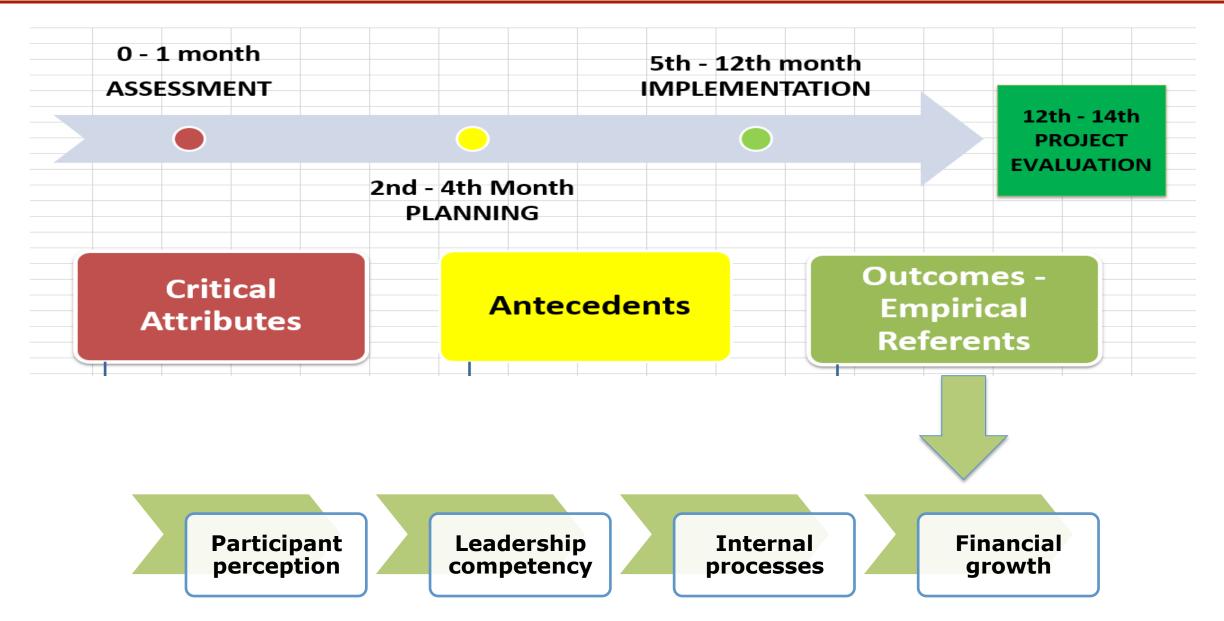














Strategic Communication



Clinical Nurses Rewards & Recognition

Managers Leaders as teachers

Interprofessionals Support & resources

Executive Leaders Balanced scorecard



Stanford HEALTH CARE SHARED LEADERSHIP @ STANFORD



February 2016 (Issue 15 Volume 2)

Monthly Report-out from your Shared Leadership Councils

Quality & Practice Council

- Chair position: Zac Eggers has been promoted to APCM in B3: Tracy Ou is the new Chair
- Chair-elect position is open application is open to all SLC
- If interested for the chair-elect position, please email Tracy Ou at: QualityandPracticeSLCChair@stanfordhealthcare.org
- Approved: Patient Care Procedure Change Summary Jan
- ARF updates: Pharmacy-related ARFs closed
- Council Goals FY16 workgroup time on Sepsis, Falls, ARF process, and real time documentation

Magnet & Professional Growth Council

Daisy Award nominations reviewed; winners selected ARF updates

 ARF 439 (E2) – business card requested distributed to all units: STATUS - closed

Council Goals updates:

- Team Satisfaction focus on reducing preceptor burnout
- · Team Community planning for the next career fair
- · Team Professional Growth developing a rubric scoring for the PNDP exemplars that will be submitted to CRONA

Education & Informatics Council

Online ARF and internet explorer critical error message

- Ticket submitted; call help desk 3-3333 if still an issue Council goals FY16
- discussion in progress for 3 work groups
- · Patient Education workgroup Elsevier patient education materials went live (no longer micromedex)

Research & Innovation Council

Review and approval of Evidence-based practice guidelines

reviewed in all house-wide councils; revising based on feedback

- Musculoskeletal/orthopedic Group on Femoral Nerve Block

- Predictive, Preventative and Longitudinal on Standardizing

 If concerned with frequently used materials, email patienteducation@stanfordhealthcare.org

Service Lines (6) worked on their topics/issues

- Cardiac Group on Telemetry Alarm Fatigue

- Brain and Behavior on Pain Assessments

- Transplantation on Falls

- Cancer Group on Reduction of CLABSI education

Coordinating Council Calendar of Events & Calendar Reporting for 2016 -

- Quarterly A3 Goals report out on May 10, Sept 6, & Dec 6.
- Unit-based councils are scheduled to present ARF highlights on a monthly basis
- March 7 report out schedule: D1, D2G2S, D2, E1, FGr, E29ICU, B1, C1, B2, B3, C3, and G2H2P, Rehab, Nutrition, and Social Work/Case Management

Succession Planning: Transition Plan for FY 17

- Chair and chair-elects attended the SLC Leadership Bootcamp on Jan 19, 2016
- Membership application February 2016
- Membership selection March 2016
- Submit names of new members April 5, 2016
- New member orientation June 1, 2016

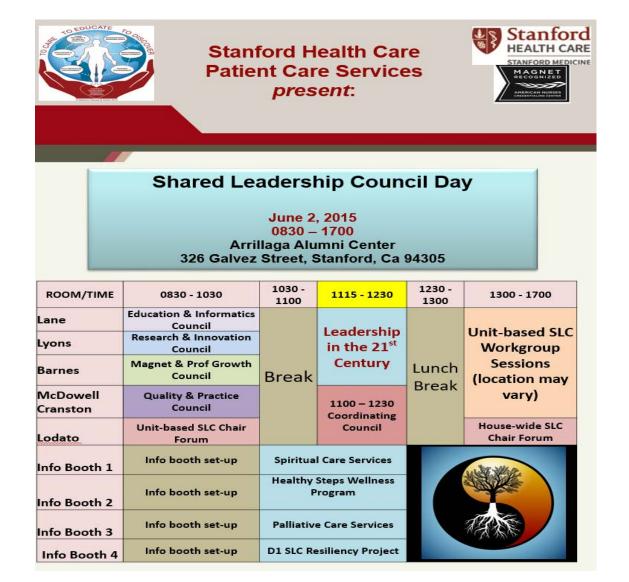
Leadership Development Plan for chairs and chair-elect

- Self assessment done by unit council chairs
- · Unit-Based Chairs will act as mentors to chair-elects
- · House-wide chairs will act as mentors to unit-based chairs
- Leadership development plan based on the Model of the Professional Role





Integration within the Shared Leadership Councils



Leadership
Development
Sessions

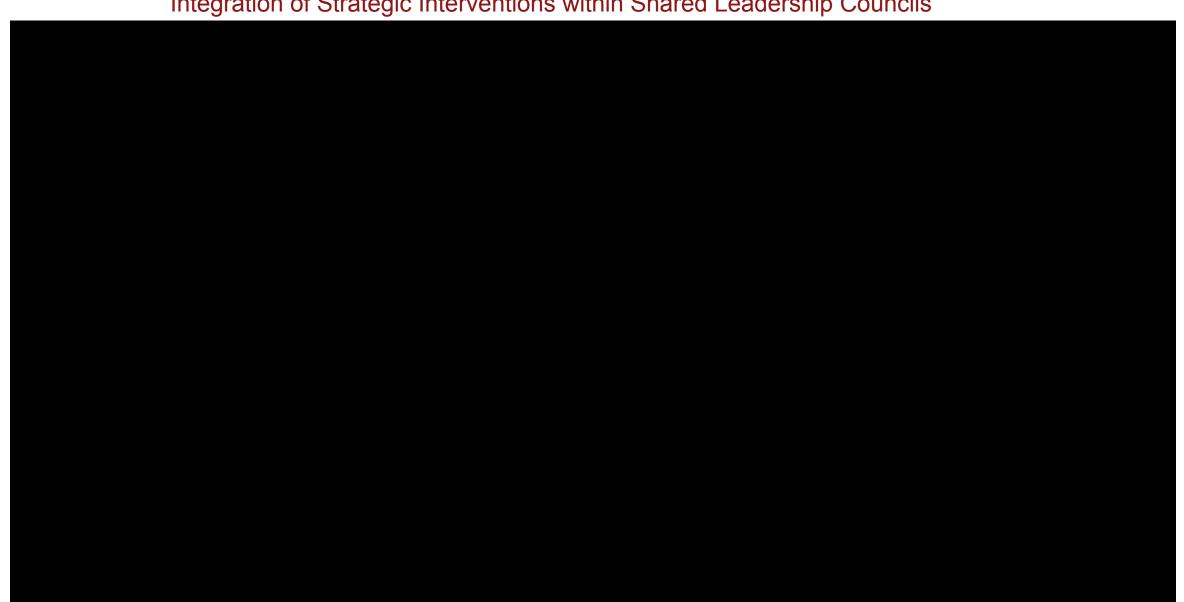
Coaching Mentorship

Experiential Learning





Integration of Strategic Interventions within Shared Leadership Councils





Strategic Interventions





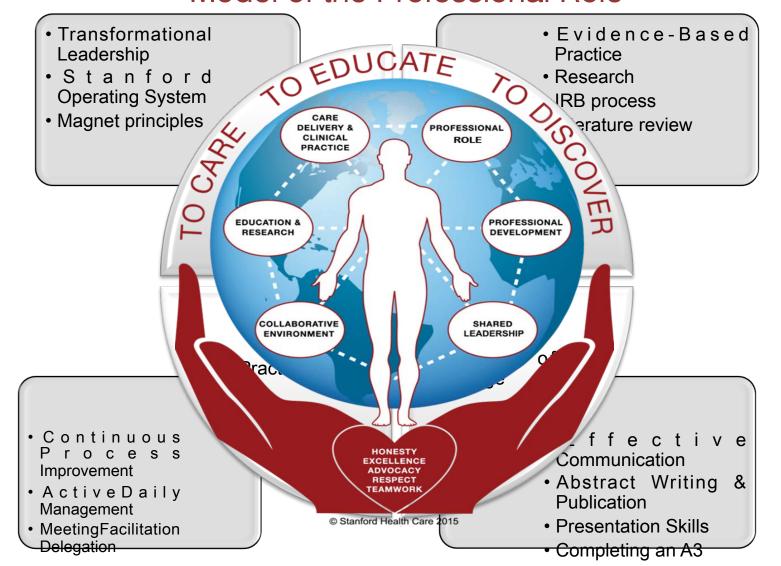








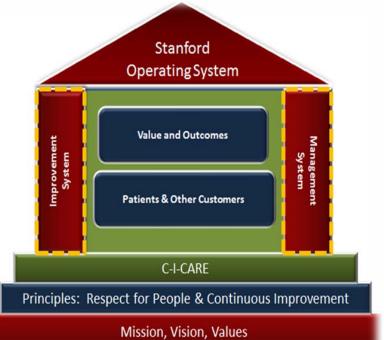
Leadership Development Sessions Model of the Professional Role















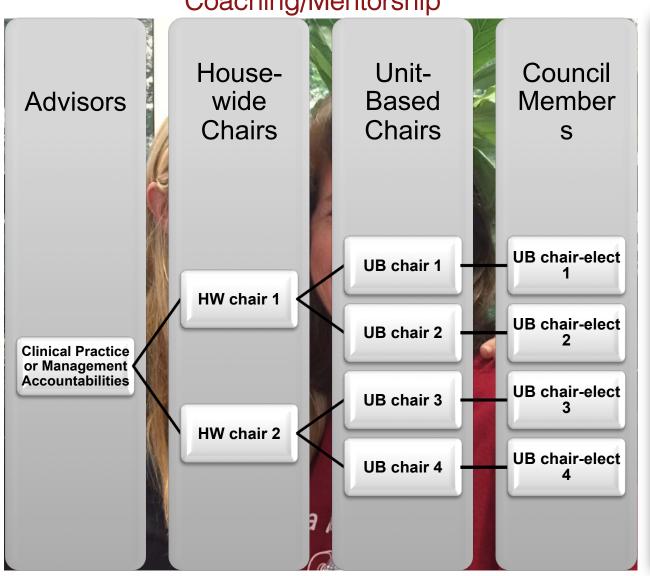








Coaching/Mentorship







Outcomes Monitoring Phase



SUCCESSION PLANNING CONCEPTUAL FRAMEWORK AT STANFORD HEALTH CARE



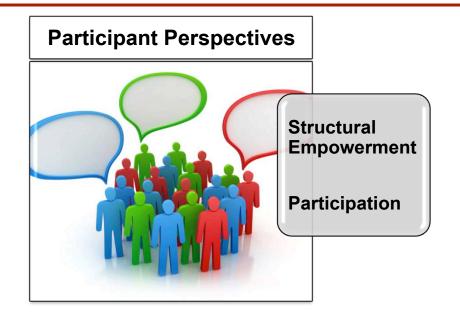
- Number of days to fill vacant position
- Number of internal promotions
- Leadership bench strength (Clinical RN III/IV) through PNDP
- Council member perception on structural empowerment, participation in clinical practice change
- Leadership competency progression
- Decrease turnover costs, decrease hospital acquired conditions costs

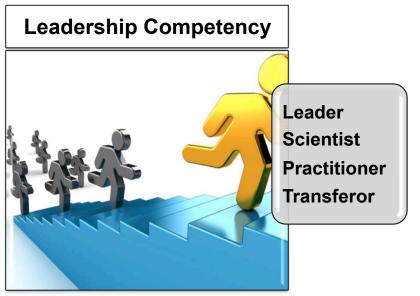
Outcomes (EMPIRICAL REFERENTS

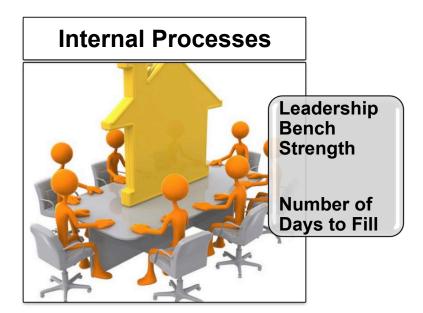


Method of Evaluation – A Balanced Scorecard













Results – Participant Perception



88%

Project
Participation
(p 0.04)

Indicate increase participation in more than one house-wide project

80%

Committee
Participation
(p 0.03)

Indicate increase participation in more than one house-wide committee.

96%

Perception as a Leader (p 0.0001)

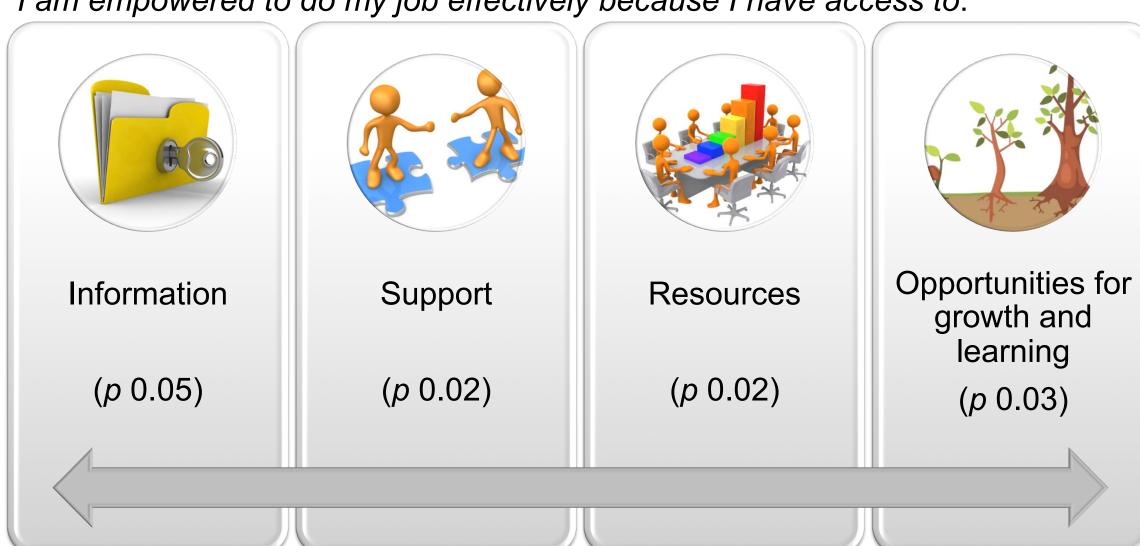
Indicate increase in participant perception as a leader



Results – Structural Empowerment



I am empowered to do my job effectively because I have access to:





Results – Leadership Competency



LEADER

PRACTITIONER













Lead & Facilitate a Meeting

100% (*p* 0.117)

Delegate & Distribute Work

100% (*p* 0.02)

Use of Shared Decision Making Domain

97% (*p* 0.003) Action Request Management

87% (*p* 0.004)

Complete A3 tool

87% (*p* 0.178)

Conduct Continuous Process Improvement (PDSA)

> 82% (p 0.001)

Chi square test (p < 0.05)



Results – Leadership Competency



SCIENTIST & TRANSFEROR OF KNOWLEDGE











I question what I am doing.

(4.08, 4.13) (*p* 0.776)

I systematically investigate

(3.56, 3.82) (*p* 0.208) I measure an outcome.

(3.51, 3.82) (*p* 0.142)

I make a decision.

(3.67, 4.05) (*p* 0.059) I disseminate within and outside my organization

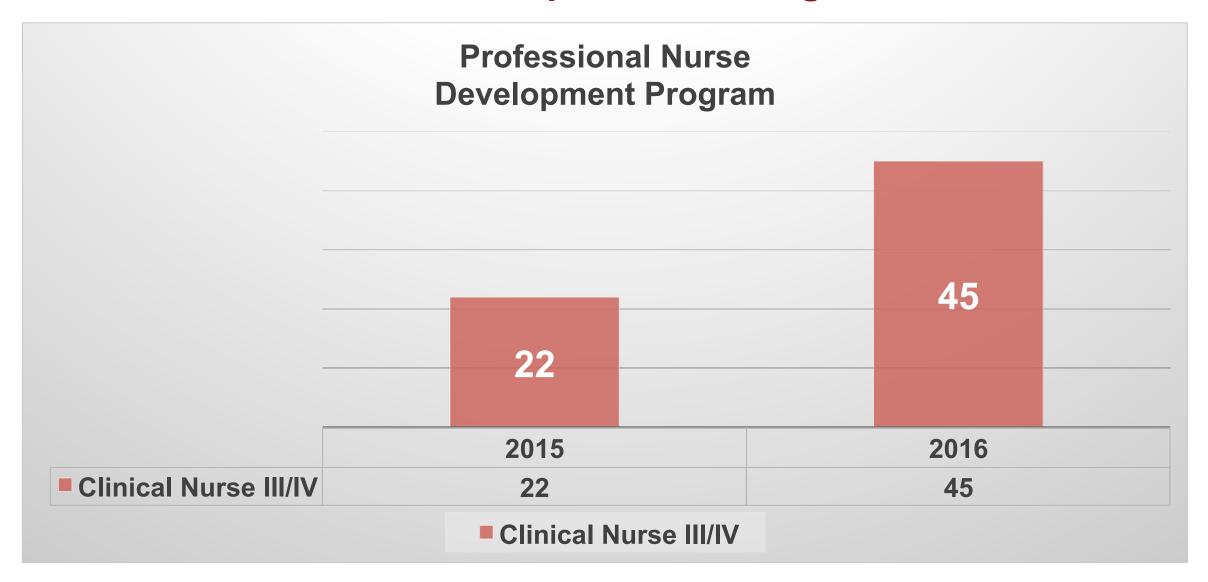
(3.87, 4.16) (*p* 0.143)



Results – Internal Processes



Leadership Bench Strength



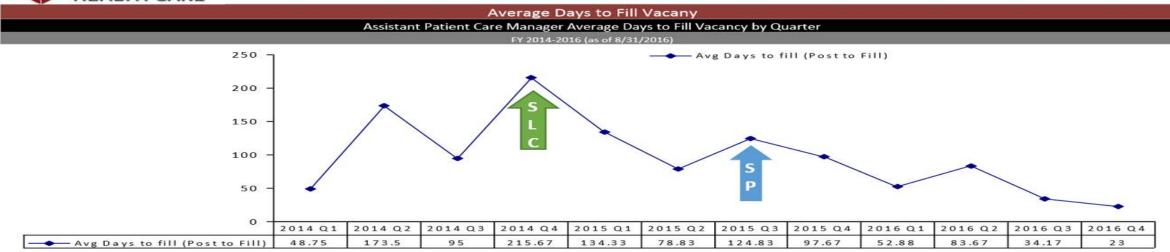


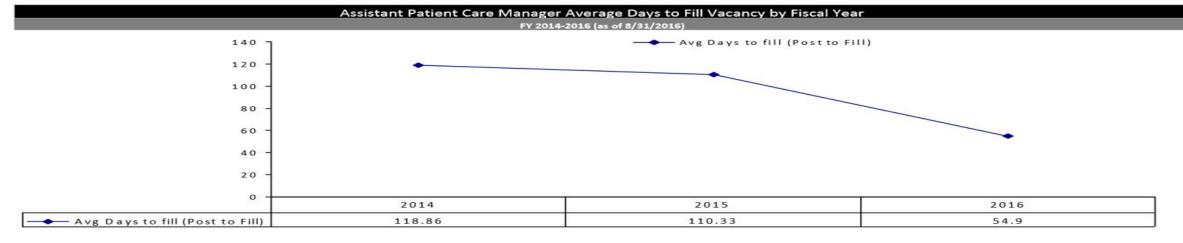
Results – Internal Processes



Number of Days to Fill Asst. Patient Care Manager Position (2014 – 2016)









Results – Financial Measures



21%

Internal Promotion

15 Asst. Patient CareManagers (APCM)16 Other formalleadership positions

89%

Decrease in Number of Days to Fill

215 days to 23 days number of days to fill vacant APCM positions 50%

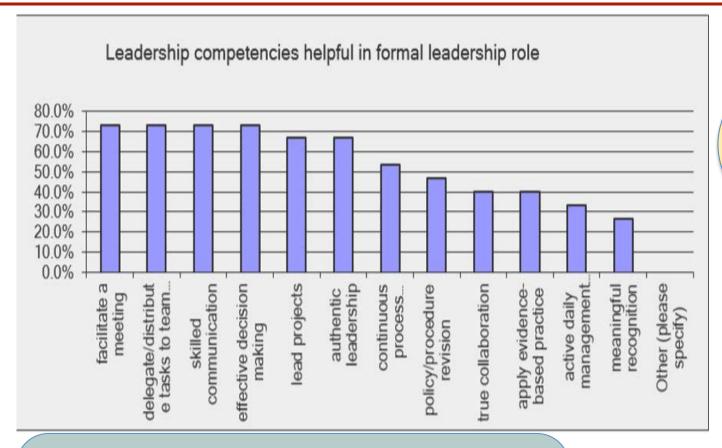
Return of Investment

Total cost savings \$3,750,000 from internal promotion of 15 APCMs



Insights from SLC members in Asst. Nurse Manager Role





"Face time with nurse
leadership made me feel heard
and gave me confidence to keep
working to improve things.
Thank you to our leadership for
always making time to attend! I
appreciated having a 'seat at the
table', which built my
confidence."



(SLC) have "improved communication skills and engagement" and "made me better at facilitating, delegating, and making quick decisions."

Seeing the big picture

Skills Acquisition



Summary





Evidence-based
Succession
Planning
framework



Structural Empowerment Theory



Strategic Interventions within Shared Leadership Councils



Balanced Scorecard



Conclusion



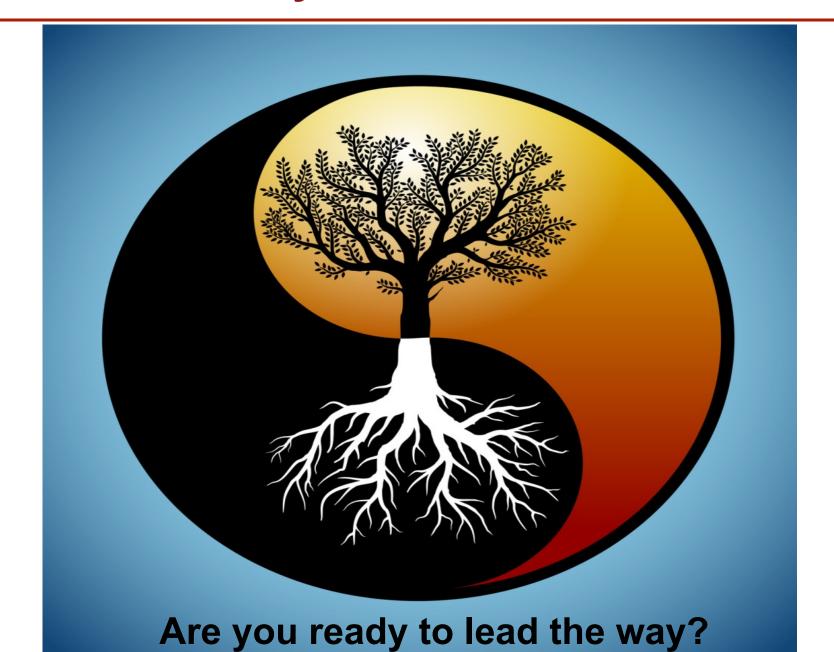


Next in Line (nil): Preparing the nurse leaders of tomorrow



Thank you...Questions?









Contact Information

Janette Moreno, DNP, RN, CCRN-K, NEA-BC Program Manager for Nursing Excellence imoreno@stanfordhealthcare.org 650.723.8301

Anita Girard, DNP, RN, CNL,CPHQ, NEA-BC Magnet Program Director agirard@stanfordhealthcare.org 650.723.4217

Stanford Shared Leadership Council sharedleadership@stanfordhealthcare.org