TL5- Describe and demonstrate how nurse leaders guide the transition during periods of planned and unplanned change

The world is ever changing. From the changing of the seasons to the activities that affect our daily lives, we are ever involved in change and Riverside is no exception. From something as basic as changing staffing patterns to meet the daily patient acuity to our documentation systems to our physical environment, Riverside is constantly changing to meet the ever growing needs of our patients and staff. The success of responding to change depends greatly on the support and commitment of our nursing leadership to not only drive change through their vision but to also guide staff through the sometimes difficult process of embracing change.

Changes are Implemented Using the Nursing Process: APIE

Nurse leaders at Riverside Medical Center use the nursing process to help guide nurses through both planned and unplanned change. After all, change is NOT a piece of cake—it’s a piece APIE – a slogan used in teaching change management to leaders at Riverside. Using APIE not only helps guides the leaders through planned and unplanned change, but also helps provide a structure to the change process that is comfortable and familiar to direct care nurses and helps to manage the stress response that often accompanies change.

Nurse leaders in partnership with other leaders and direct care nurses use assessment as the first step in identifying the problem or opportunity for improvement. For example, quality monitoring such as core measures and infection control indicators, patient satisfaction or employee satisfaction results, or even results posted on organizational unit-specific dashboards can pinpoint trends or patterns or less than desirable results that may prompt need for planned change. Or, with unplanned changes such as responding to decreased census due to the current economic recession, the assessment step and APIE still remains the change management process nursing leadership uses.

Second, the nurse leaders collect internal and external data that will identify the driving and restraining forces including cost, benefits, and resources needed to implement the change—along with identifying with direct care nurses what change needs to be implemented. After the data is collected, it is analyzed. The nurse leader plans for the who, how, and when of the change. Riverside nurse leaders know it is very important to involve the direct care nurses in this step of the change process as well, because the more involved the nurses are in planning the change, the less resistant they will be to the implementation of the change and the more supportive of other direct care nurses.

Next the leaders implement the change in a supportive environment, informing direct care nurses of the change and providing training often via ‘superusers’. The superusers are typically direct care nurses who have had in-depth training and can be a unit resource for other direct care nurses. Change implementation begins with the trainer or
superuser receiving training in order to train other nurses. Hence the term ‘train the trainer’ method.

The last step is evaluation. For example, if the change was trialed on a pilot unit, the change is evaluated for its impact on patient care and the effect it has on nurses. If the findings are positive, the change is implemented in other units beyond the pilot unit. The effects of the change are monitored and changes are made as necessary to improve patient care and the direct care nurses’ work environment.

In support of the APIE change management process, embracing change and working supportively and constructively is an expectation of all professional nurses at Riverside, across all levels of the organization. Embedded within the global characteristics of the job description and annual appraisal, is the item: “Demonstrating a Shared Vision”. Under this item, all Riverside nurses, including leaders, are evaluated for their performance in guiding and implementing change over the past appraisal period. New Riverside employees at all levels are informed in orientation in the Educational Services Department that the ability to be flexible and adapt to change is not only necessary in health care and a part of their job description/annual appraisal, but is a job expectation important to their professional success within our organization because we do change and adapt to regulatory pressures and patient/community need. To support both experienced employees and new hires in guiding and adapting to change is HeartMath training. This training is not only offered to new hires and incumbent staff, but is also provided before LEAN implementation in departments in order to understand the grieving process of change and to help manage the feelings we experience during change.

Nursing Leaders at all levels regularly round on employees to listen, provide empathy, and to remind staff that it’s OK to be frustrated as long as it’s in an offstage area so patients cannot hear. Nursing leaders’ office provide that safe zone for all direct care nurses to talk about changes and their experience, frustrations, and achievements of the change.

This story provides several examples of planned and unplanned changes implemented at Riverside, describing how the structures and process helped nursing leaders guide the transition.

**Implementing Planned Change: CPOE in the ED**

One example of a planned change is in the fall of 2008 when the emergency department was the first area to venture into the world of computerized physician order entry (CPOE). This change was led by Tanya Huston, RN, ED Manager. This change was planned to bring about a decrease in the redundancy of order entry, expedite care and increase patient safety by eliminating the possibility of error from illegible handwriting or transcription of orders. Assessment data from many organizations including Joint Commission, AHA and AMA describe the need for CPOE and also
describe the efficacy for patient safety resulting from CPOE implementation which helped pave the psychological readiness for this change.

Recognizing the need for a smooth transition as well as the uniqueness of the ER setting, Tanya not only provided (plan) for the availability of ER staff to build the electronic environment but also attended the training herself in order to learn the building process. As the go-live date for CPOE approached, nursing leadership ensured ample time for both the nurses and physician staff to train on the new process.

Knowing any new process adds to the amount of time routine tasks take, the ER leadership was proactive in overstaffing (implement) in those first few days of use to allow the end users time to become familiar with the new processes, without the stress of trying to keep up with their same patient care demands. Staff and nursing leadership involved (evaluate) with the development of the screens were onsite to address questions and concerns as they arose as well as make changes to components that were not working well for end-users. By being forward-thinking and planning for staffing needs, leadership provided an environment conducive to the seamless transition to CPOE within the ER. Not only has Riverside continued to achieve patient safety distinctions from both HealthGrades and Thomson Reuters post-CPOE implementation, but ED patient satisfaction as measured by Press Ganey at the end of the first quarter 2010 was at the 94% percentile rank in our ED peer group – a significant improvement.

Unlike the ED CPOE change, not all change is planned. Dealing with unplanned change takes on an extra level of ingenuity and direction to quickly take control of the situation and move forward to meet the needed change head-on such as the Code PH change.

**Implementing Unplanned Change: Code PH**

Riverside nurse leaders and nurses have historically performed well in dealing with unplanned change. In 2007, Riverside Medical Center participated in the perinatal hemorrhage pilot program along with other hospitals within the University of Chicago network. Staff participated in a learning module, taught by staff members E. Dean, RN., L. Steele, RN., and T. Mylcraine, RN., who were educated via the train-the-trainer system. Demonstrations, a lecture, and drills with staff and physician participation occurred on how to prevent and manage perinatal hemorrhage situations.

In the fall of 2008, Riverside Medical Center, along with the University of Chicago Hospital network, began implementing the steps prepared by the Obstetric Hemorrhage Education Project Workgroup to comply with the now state-mandated Illinois Department of Public Health (IDPH) Obstetric Hemorrhage Project (assess). Despite our positive outcomes, this change to nursing and physician practices was being imposed by an outside organization.

Ultimately, the goal of the project was to improve and reduce maternal morbidity and mortality due to obstetric hemorrhage through education and simulation drills based upon evidence-based practice—changes that again helped set the psychological tone
for readiness to change for our professionals. Train-the-trainer education was provided, with Jennifer Klump, RN, Tammy Mylcraine, RN., and Dr. Fleer representing Riverside Medical Center. The project began with a review of information provided by the workgroup, development of standing orders, policies, and procedures, and verbally informing staff, anesthesia, physician, and administration about the upcoming requirements. All personnel were informed the project was a requirement. The coursework was laid out with timeframes set up for completion of the various steps of the learning module. All steps of the process must be completed by December of 2009. However, then Nursing Director of Women and Children raised the bar for Riverside and asked that all work be completed by June of 2009 because it was such an important safety issue. With the hard work and dedication Riverside staff met their deadline of June 2009.

The first order of business was to form the OB Hemorrhage Team (plan) and decide on the name for the new emergency code. It was determined that the OB Hemorrhage Team members would respond to the life-threatening situation when a code was called. Team members would include: the patient’s physician, bedside nurse, other nurse(s) on the unit, anesthesia, house supervisor, IV team (during their scheduled hours), C.N.A., and unit secretary. Once the Code PH (perinatal hemorrhage) is called, Pharmacy and Blood Bank are aware their involvement is also needed.

Standing orders for a hemorrhage situation were investigated and developed, with Riverside specific routines of care included. Each OB physician, a Family Practice physician, and a midwife were shown the standing orders, with addendums made and less important orders deleted. After all orders were completed, each physician verified the universal order set. Upon approval of the order set, Jim Shafer, Director of Pharmacy, met with the team and reviewed the orders. Jim was able to accommodate the orders, ordering Cytotec in a larger dose than currently available to prevent excess pills being administered, providing and floor stocking the requested medications, and involving the pharmacists to recognize the urgency of the orders. Blood bank was also involved, with Becky Wheeler providing helpful insight and information regarding transfusion of blood products. She took a copy of the orders and notified her staff of the new Code PH and what it meant to their role.

Anesthesia meetings were attended by Tammy Mylcraine, RN with the initial meeting a presentation of guidelines and requirement of participation. All of the anesthesia staff were very supportive of the project and recognized the important role they played. A didactic lecture was provided in separate anesthesia meeting.

Tammy Mylcraine saw the need to shortcut the steps required to obtain supplies needed during a hemorrhage (implement). Two kits were prepared with everything needed for a hemorrhage. The boxes are clearly labeled, with blood tubes, IV solution and supplies, O2 mask, gloves—both latex and latex free, foley catheter, and a pulse oximeter cable as part of the supplies included. Medications cannot be inside the kit, but are clearly written on brightly colored paper on the lid with dosages provided. Locations of the medications are also provided. The University of Chicago liked Tammy’s toolbox...
concept enough to suggest the concept to other hospitals within the network for usage. On the Obstetrics Unit, the gynecology cart will also be pulled in to the room, and a code sheet is located in the hemorrhage box for documentation purposes. The crash cart will sit outside the patient's room.

All staff nurses and techs, anesthesia staff, house supervisors, and physicians participated in a learning lecture. The Education department worked closely with Tammie to set up the test and lecture in OLIE. OLIE is Riverside's computer based education program. Special sign-in was provided for physicians so they could also participate via OLIE, providing an excellent tracking method for successful completion and providing for test-item analysis of problem-prone topics. An estimated blood loss lab was developed by Jennifer Klump, RN, and Tammy Mylcraine, RN with all OB/GYN nurses, techs, anesthesia staff, house supervisors, and physicians required to participate. 20 stations were set up in order to accommodate the large number of staff needing this training. Almost all physicians participated as the lecture and test could be taken at their leisure as long as it was within the allotted time. Announcements were sent to all units and physicians to encourage participation by anyone wanting to evaluate skills in a simulated PH. Several staff members and one physician took advantage of the activity.

After the blood loss lab, simulation drills were run (evaluate). The case scenarios were developed by Jennifer Klump, RN, and Tammy Mylcraine, RN while an obstetrician helped facilitate the drills. All team members were required to participate, with each team member having a documented responsibility to follow. Participation guidelines were suggested by the workgroup, but fine-tuned to fit our needs and the skills of participants.

Another post-test was provided in the Fall 2009, and simulations may be run at any time for unexpected practice to assure ongoing competence. Following initial training, staff members were interviewed and 100% stated they feel more competent and comfortable in caring for a hemorrhage patient, estimating blood loss, and implementing the new Code PH.

**Planned Change: New Clinical Documentation System**

Riverside nurses underwent a major planned organizational change in June 2007. After 12 years of using the Affinity clinical documentation system, we went live with McKesson Horizon’s Clinicals documentation and medication scanning/charting.

This selection of McKesson was made after site visits of nursing leaders, ancillary staff, and direct care nurses approved use of this documentation system (assess) compared to our then Affinity system.

Nursing workgroups made of leaders and direct care nurses, Clinical Nurse Specialists and educators were established in order to design the charting screens and develop new and improved processes. Nurses met over several weeks and had input into what
the charting screens would look like (plan). We also had comprehensive 4 hour training classes and trained all patient care staff and made available for practice online learning lessons that simulated use of the new system. Nursing Leaders, including our VP of Nursing Services, attended the first classes, in order to understand the system and better support the nurses during the transition. We also trained direct care nurse SuperUsers on the system, troubleshooting issues before routing to Information Systems, and change management. These SuperUsers were staffed and removed from their direct care assignment to be the pointpersons on all units and shifts for the first two weeks after the go-live to provide ongoing help and support during the transition. The IS Department, Education Department, and McKesson consultants staffed an onsite 24-7 Command Center for 7 days in order to provide support for the nursing staff (implement). Nurse leaders made rounds 24/7 as well to help with the transition. Because of the intense preparation, the actual go-live went rather smoothly. For example, the Command Center had been planned to be open for two weeks but due to the lack of issues/calls, was closed at the end of the first week. In 2008, we formed an interdisciplinary weekly meeting called the “Patient Safety Technology Pull Together” to address any information systems issues and system modification and requests from nursing staff (evaluate). This team is made up of Pharmacy, Lab, Radiology, Information Systems, Nursing, QI/Risk Management and Education and provides for managed ongoing change to our documentation system based upon direct care nurses’ input.

**Planned and Unplanned Change: LEAN**

Riverside implemented LEAN via direct care staff’s input to phase incremental change and rapid cycle change to improve efficiency first in our Lab Department. The results were so successful with decreasing lab result turnaround times and introducing consistency of lab turnaround times that the process was implemented in other areas such as our Pharmacy and Community Health Centers and then moved to nursing units.

Since 2008, 5Tele, 2Med-Surg, and Cancer Treatment Center have each implemented a 16 week LEAN rapid process change in their units, led by direct care nurses. Abby Pfeiffer, RN, and 5Tele RN, led the LEAN team which resulted in numerous changes based on staff input such as: nursing station redesigns for efficiency, reorganization of supplies so staff could have a pulse oximeter, blood pressure cuff and their computer charged on each shift rather than hunting for supplies, and implemented nursing walking rounds for shift report/shift hand-offs.

Before implementing LEAN, which can be stressful due to the amount of rapid changes, change and stress management training incorporating HeartMath® training was provided to all direct care staff by certified HeartMath trainers from our Education Department. Both the Lab Director and Administrative Champion for LEAN, Stephanie Mitchell, RN, and Abby acknowledged this training was crucial to maintaining morale during the project and fostered more effective communication during stressful moments.

During the LEAN process, the LEAN team had a bulletin board where direct care nurses could make ideas/suggestions to the LEAN team, and the LEAN team posted
responses and updates on the same board to the nurses’ suggestions. This approach helped with giving nurses a sense of control over the planned and unplanned changes —by increasing the frequency of communication updates throughout the project. Due to the success of LEAN, Outpatient Surgery and Pre-Admission Testing are implementing a LEAN project in 2010 for efficient patient flow and removal of redundancy based on staffing input. Before this project launches, change management/HeartMath® training was provided to all staff to help them more effectively manage the changes that are unknown right now—but that will be generated from the LEAN process.

**Planned Changes for the Future: The East Tower**

Riverside is currently undergoing a very organized and major change by building on a new addition to our hospital. The 1st floor of the new tower, called the East Tower, will be 13 new operating and procedure rooms. The 2nd floor will be an 18 bed Medical/Surgical Intensive Care Unit and a 23 bed Ortho/Neuro Unit. Dave Duda, CNO/COO Deena Layton, VP of Nursing Services, and Allen Kelly, VP of Procedural Services, have been involved with the project from its inception—including putting together documentation for bond funding for the project. All our nursing executives have solicited staff nurse input and Deena and Allen have even taken staff nurses on multiple national site visits to select equipment and furniture for the East Tower. (photo below shows one site visit to examine equipment by our direct care nurses).

Plans for the East Tower are posted in our nursing breakrooms. Staff nurses continue to be involved with the design of the unit and the selection of equipment and furniture. Nursing Research has been used in developing the project. More specifically, the project will provide for all private rooms, noise reduction techniques and family areas in the rooms. Staff are also continuing to be involved in all policy and procedure changes.
that may affect patient care as it relates to the new tower. Our ultimate goal is we do not want patients or our staff to perceive the East and West Tower as ‘two hospitals’ with different standards at the end of this project (2011).

**Measuring Direct Care Nurses’ Perceptions of Nursing Leaders’ Change Management:**

To measure direct care nurses’ perception of the many elements of their position, including management/leadership effectiveness, an Employee Opinion Survey was conducted during August 2009. This survey was based on questions from the Great Place to Work® survey, and was distributed to all employees of Riverside Medical Center (all corporations in the health system). 82% or 1,869 employees’ participated on the 2009 survey—an increase from the 2007 survey which had 79.5% of staff responding from all job titles and departments. We are pleased to share our results are consistent with prior years with a majority of our direct care nurses rating their experience as ‘true’ or ‘almost always true’ as shared below on the four questions highlighting how leaders manage change or create an environment is supportive of change and direct care nurses:

- Management makes its expectations clear
  - 65% of direct care nurses said this was ‘true’ or ‘almost always true’- an improvement over 2007’s results of 62%.

- Management keeps me informed about important issues/changes
  - 62% of direct care nurses said this was ‘true’ or ‘almost always true’-
  
  - a slight decrease from 2007’s results of 63%.

- Management is approachable and easy to talk with
  - 67% of direct care nurses felt this was ‘true’ or ‘almost always true’ -an improvement compared to 63% in 2007

- Management has a clear view of where the organization is going and how to get there.
  - 67% of direct care nurses felt this was ‘true’ or ‘almost always true’ - an improvement compared to 66% in 2007

Although these results are not yet where we want them to be, the 2009 results are particularly positive given that 2009 results nationally according to the Great Places to Work Institute (and other employee survey organizations) fell to their lowest levels in over a decade during 2009—attributed to the recession. In fact, from 2007 to 2009, Great Places to Work shared they saw, on average a 9% to 13% decrease per question item on their survey instrument from 2008—which we did not experience.

Our ultimate goal is to improve these questions to be at or above 78% of staff rating these questions positively, consistent with the *Fortune* Top 100 Great Places to Work in the United States benchmark for these questions.

We also use the NDNQI Practice Environment Scale to measure perceptions of leaders by direct care nurses. From 2007 to 2009, we have seen some positive improvements.
As shown in the table below comparing the NDNQI results side by side for each year on the Nurse Manager Ability, Leadership and Support of Nurses, in each year since we have fostered leader rounding, our UBC shared governance structure, Internet email, and unit-specific newsletters prepared by nursing leaders, we have improved our results over prior year. What makes these results significant is that we started the process with an excellent response rate and well below the all hospitals benchmark, and in each year since we implemented the results and have conducted this survey, we have not only improved our own results by 0.12 to 0.16 each year over the prior year, but have also improved at a rate more than quadruple that of the all hospitals’ database. Granted, we began this process below the All Hospitals database, but ended our most recent 2009 survey with results above the All Hospitals database for the first time.

<table>
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<th>By Survey Year</th>
<th>Comparison of NDNQI PES Results for Rating on: Nurse Manager Ability, Leadership and Support of Nurses</th>
<th>All Hospitals Database Overall Rating</th>
<th>RMC Overall Rating</th>
<th>All Hospitals Mean Change from Year-to-Year</th>
<th>RMC Mean Score Change Year-to-Year</th>
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<td>2007</td>
<td></td>
<td>2.89</td>
<td>2.70</td>
<td>Data not available-did not participate in prior surveys</td>
<td>Not applicable - no survey prior year</td>
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<tr>
<td>2008</td>
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<td>2.92</td>
<td>2.82</td>
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<td></td>
<td>2.95</td>
<td>2.98</td>
<td>0.03</td>
<td>0.16</td>
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**Summary: Leading and Facilitating Change**

Change is a reality of life, as are the feelings that accompany change. Whether planned changes that initiate from direct care nurses’ suggestions as in the LEAN process or the Unit-Based Councils, or changes that are externally imposed like the Code PH from a regulatory agency, or changes that we administratively choose to implement based on leader direction to meet or exceed quality and patient safety standards (CPOE), the new clinical documentation system, or the East Tower project, shared decision making using the nursing process to manage change has proven most effective for Riverside in achieving our mission.

Using APIE and keeping direct care nurses informed and where possible, having direct care nurses participate as superusers or offer suggestions on designing the change before implementation, are each essential attributes for our nursing leaders in guiding and managing change. Having a safe zone where nurses may appropriately voice concerns—a leader’s open door policy has proven effective as well in helping our direct care nurses feel valued and heard before, during, and after a change. And, as evidenced with both the CPOE and clinical documentation examples within this SOE, constantly re-evaluating the change and improving it based upon direct care nurses' ideas is key—good enough never is!

Ultimately, nursing leaders’ role in managing change is more a role of facilitation and support, retaining approachability and providing guidance via frequent two-way
communication with direct care nurses to help us all navigate the rapids of change at Riverside.