Systems Leadership for Quality Improvement

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The Continuum of Care

- Nursing leader
- Nurse Practitioner
- Unit staff
- Patients

Theory: Nursing Leadership Knowing

- Empiric Leadership Knowing
  - Based on the science of nursing
  - Uses data collection, analysis, and evaluation of evidence based practices
- Aesthetic Leadership Knowing
  - Based in the art of nursing
  - Empathetic, subjective, visionary, perceptive
- Personal Leadership Knowing
  - Attentive listening, information sharing, release of control

Theory: Nursing Leadership Knowing

- Ethical Leadership Knowing
  - Guided by ANA code of ethics
  - Strong leadership produces and sustains an ethical environment.
- Social-Political Leadership Knowing
  - Understanding of internal culture and politics that govern it.
  - Sociopolitical issues: Gender, diversity and power
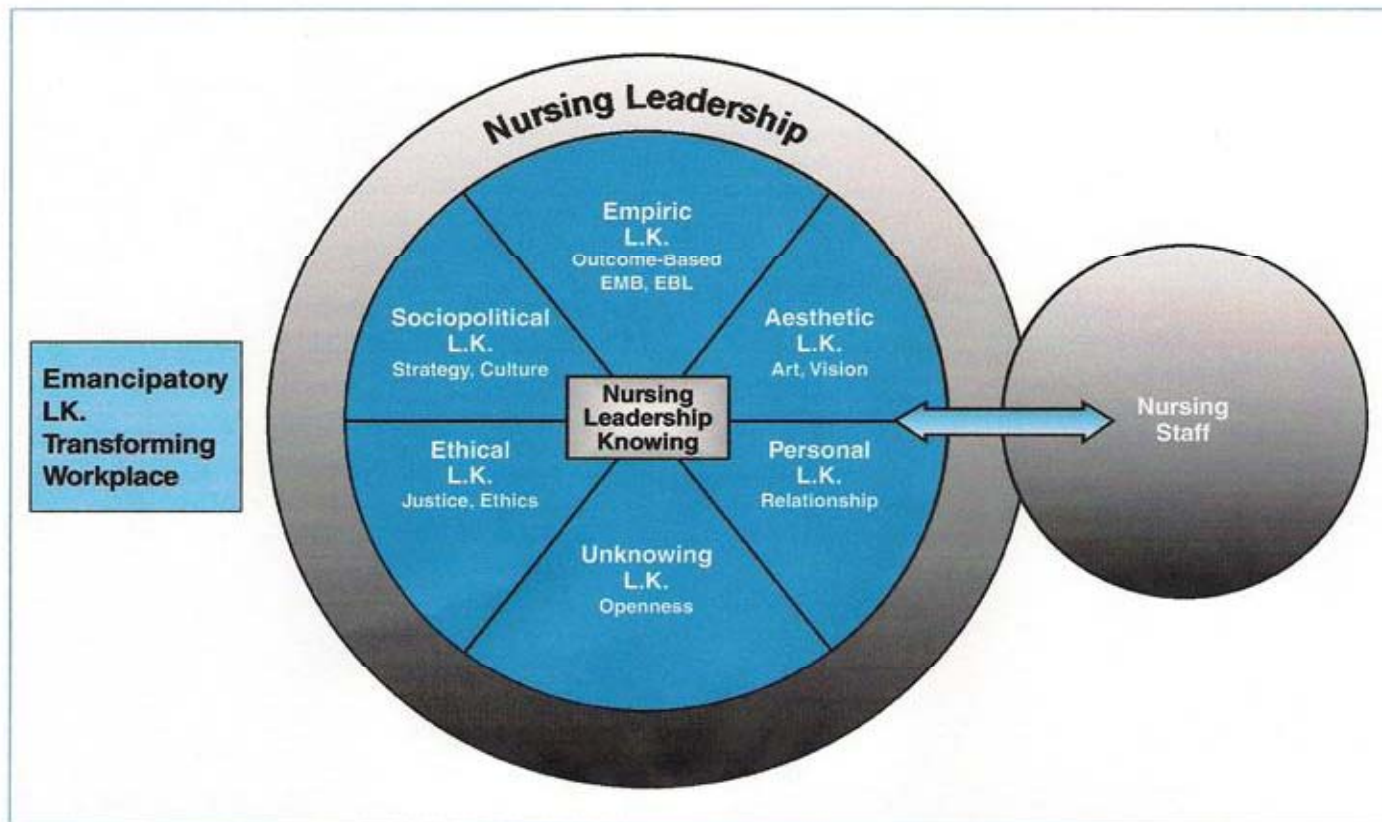
Theory: Nursing Leadership Knowing

- Unknowing Leadership
  - Humility, awareness, flexibility
  - Open-minded, adaptable leadership
- Emancipatory Leadership Knowing
  - Actively changing the workplace environment in order to impact outcomes for the patients as well as the nurses.

Theory: Nursing Leadership Knowing

- All seven patterns of knowing must be used synergistically in order to be effective.
- Current literature emphasizes evidence-based management/leadership/practice: the focus is on the empirical pattern only
- Using all seven patterns in unison prevents nursing leadership theory from becoming wooden, insensitive and ineffective.

Nursing Leadership Knowing Model

Figure 1.
Nursing Leadership Knowing (N.L.K.) Model

Nursing Leadership

Empiric L.K.
Outcome-Based
EMB, EBL

Aesthetic L.K.
Art, Vision

Sociopolitical L.K.
Strategy, Culture

Nursing Leadership Knowing

Personal L.K.
Relationship

Ethical L.K.
Justice, Ethics

Unknowing L.K.
Openness

Emancipatory LK.
Transforming Workplace

Nursing Staff

Evidence-based Practice/Leadership

- Institute of Medicine report "Keeping Patient's Safe: Transforming the Work Environment of Nurses" (2004)
  - Discussed the decline of nurse leaders
  - Recommended transformational leadership
  - Evidence-based Management
- The Future of Nursing: A Public Briefing by the IOM of the National Academy (2010)
  - Where we have been, where we are, and where we are going.

Evidence-based Practice/Leadership

- Nursing leadership begins with a change in education
  - Nurse leaders in academic institutions need to become creative and innovative to a rapidly changing student population.
  - Develop, improve and maintain the skill set of the nursing workforce
  - Nurses and nurse leaders must be marketable in today's changing healthcare environment.

Effective Leadership Qualities

- Set direction: be intellectually flexible, politically astute, drive for results

- Deliver services: leading change through people, hold people accountable, empower others, effective/strategic influencing, working collaboratively

- Personal qualities: self-belief, self-awareness, self-management, drive for improvement, personal integrity

Bennett 2010

Quality Improvement

- Implementation of health informatics: increase quality of care, patient safety, system delivery.

- Nurse leaders must participate in the development of information technologies.

- Bridge the gap between the clinical world and the technological world.

Clinical Referents: Education

- Intellectually Flexible
  - Trained to utilize multiple complex information resources, to data mine for evidence, as well as produce new evidence

- Politically Astute
  - Realization that we must be knowledgeable willing, and actively involved in the politics of profession

- Drive for Results
  - Design, implement and actively participate in leadership roles

Clinical Referents: Informatics

- Utilization of collected data to predict, create, and implement patient care based information gleaned from statistical analysis.
- Improve health information technology skills in order to deliver high quality care
- Create patient/diagnosis specific templates in order to provide individualized care.

Clinical Referents: Leadership

- Designing, implementing and leading a research study

- Mentoring masters student

- Engage community resources

- Lead interdisciplinary patient care

Role of the DNP

- **Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking**

- 1. Develop/evaluate care delivery approaches that meet current/future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.

- 2. Ensure accountability for quality of health care and patient safety.

Role of the DNP

- a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives.

- b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.

Role of the DNP

- c. Develop and/or monitor budgets for practice initiatives.
- d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
- e. Demonstrate sensitivity to diverse organizational cultures and populations.
- 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

Summary

- Nursing education must be transformed

- DNPs have been educated to step into the leadership role

- DNPs must be active in creating the policies that govern our profession

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