N202 Advanced Concepts of Nursing
Management of Care
2022

1) Leadership & Management
    a) Leaders have great influence over others
    b) Leadership is the ability to inspire others to achieve a desired outcome
    c) Leadership styles
        i) Laissez-faire
            (1) Group members determine their own goals
            (2) Little planning, decision-making, and involvement by the leader.
            (3) Leadership style can leave people feeling lost and frustrated
            (4) Those who thrive under this leadership: self-motivated individuals
        ii) Democratic
            (1) Leadership is shared
            (2) Each member of the group participates in decision-making
            (3) Freedom of expression is encouraged
            (4) Can be time-consuming and inefficient when group members disagree strongly
            (5) Attributes: trust, collaboration, confidence, and autonomy
        iii) Authoritarian
            (1) Leader maintains strong control over the group
            (2) Final decision is made by the leader
            (3) Employees usually harbor hostile feelings, use passive-aggressive techniques, and feel oppressed
    d) Characteristics of leaders
        i) Establish Trust & Show Respect
        ii) Acknowledge good work and success
        iii) Communication Skills
        iv) Positive Attitude
        v) Enthusiasm & Energy
        vi) Adaptability
        vii) Characteristics of leaders
        viii) Problem-Solving and Critical-Thinking Skills
            (1) Leaders have a combination of:
                (a) Personality Traits
                (b) Leadership Skills
            (2) Transformational Leaders: inspire and motivate others
            (3) Transactional Leaders: focus on immediate problems, rewards are used to motivate
    e) The follower
        i) Most of us are followers
            (1) Members of a team
            (2) Attendees at a meeting
            (3) Staff of a nursing care unit
            (4) Student nurse
        ii) Be involved
        iii) Followership is not a passive role
            (1) Active followers help leaders accomplish their goals and help their team succeed
            (2) Qualities of an active follower:

(a) Self-directed
(b) Proactive
(c) Supportive
(d) Committed
(e) Takes initiative

iv) Becoming a better follower
(1) If you discover a problem, inform your team leader
(2) Offer suggestions for solving problems
(3) Invest your interest and energy in your work
(4) Be supportive of new ideas of directions suggested by others
(5) When you disagree, explain why
(6) Listen carefully
(7) Learn as much as you can about your specialty
(8) Share what you learn

f) Management
i) Five major management functions:
(1) Planning
(2) Organizing
(3) Staffing
(4) Directing
(5) Controlling
ii) Characteristics of managers
(1) Hold formal positions of power
(2) Have clinical expertise
(3) Network with members of the team
(4) Make decisions about the budget, resources used, hiring, and firing

g) Leadership vs. management
i) Leadership can be formal or informal
ii) Most times the most effective leaders in a group are not the ones officially designated as leaders
iii) Managers are held formally responsible for the quality, quantity, and cost of the work that the supervised employees produce
iv) Formal Leaders
(1) Nurse Managers
(2) Supervisor
(3) Charge Nurse
v) Informal leaders
(1) Does not have the official authority
(2) The group chooses to follow
(3) A nurse who is thoughtful and convincing
(4) Informal leadership depends primarily on one's knowledge, status and personal skills in persuading and guiding others.

h) The emotionally intelligent leader
i) The ability of an individual to perceive and manage the emotions of self and others
ii) The emotionally intelligent leader:
iii) Understands the perspective of others
iv) Encourages constructive criticism
v) Committed to high quality care

vi) Does not judge & remains calm in an emotionally charged situation
vii) Components of emotional intelligence:
(1) Self-awareness: the ability to recognize emotions
(2) Self-regulation: the ability to control emotions and think before acting
(3) Motivation, in relation to emotional intelligence: the inclination to follow goals with energy and tenacity
(4) Empathy: the understanding of other's emotions and social skills, including the ability to build and manage relationships

2) Change
a) A natural phenomenon
b) Change can be expected or unexpected
c) When change occurs too rapidly or demands too much, people become:
i) Uncomfortable
ii) Anxious
iii) Stressed
d) Macro-level Change
i) Large-scale: Organizational change
ii) Affect almost every health-care facility
iii) Change anywhere in a system creates ripples across the system
iv) Filters down to the micro level
e) Micro-level Change
i) Nursing units
ii) Teams
iii) Individuals
(1) Nurses
(2) Patients
(3) Physicians
f) Response to Change
i) People will resist change for a variety of reasons
ii) Some individuals are more open to change than others
g) Resistance to Change
i) Comes from 3 major sources
(1) Technical concerns
(2) Relation to personal needs
(3) Threats to person's position and power
h) Recognizing Resistance
i) Active
(1) Attacking the idea
(2) Refusing to change
(3) Arguing against change
(4) Organizing resistance of other people
ii) Passive
(1) Avoiding discussion
(2) Ignoring the change
(3) Refusing to commit to the change
(4) Agreeing but not acting
i) Lowering resistance to change
i) Share Information

ii) Clarify information and provide accurate feedback
iii) Suggest new opportunities.
iv) Ensure involvement.
v) Disconfirming current held beliefs
vi) Provide opportunities for expression.
vii) Allow time for practice.
viii) Provide a climate of acceptance.

j) Be the change!
i) Your leadership will influence how change is handled.
ii) Change presents an opportunity for professional growth and development.
iii) View change in a positive way.

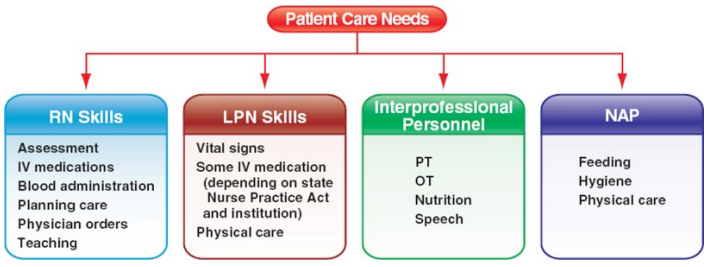
3) Assigning, Delegating, & supervising
a) Introduction
i) Delegation
(1) The transferring of authority and responsibility to another team member
(2) The RN maintains accountability for supervising
ii) Assigning
(1) Transferring authority, accountability, and responsibility of client care to another team member
iii) Supervising
(1) Directing, monitoring, and evaluating

b) The five rights of delegation
i) Right Task
ii) Right Person
iii) Right Direction or Communication
iv) Right Supervision or feedback
v) Right Circumstances

c) Delegating to a LPN
i) Cannot do admission assessments
ii) Cannot give IV push medications
iii) Cannot write nursing diagnoses
iv) Cannot do most teaching
v) Cannot do complex skills
vi) Cannot take care of clients with acute conditions
vii) Cannot take care of unstable clients

d) Delegating to UAPs, CNAs, and aides
i) Look for the lowest level of skill required for the task
ii) Look for the most uncomplicated task
iii) Look for the most stable client
iv) Look for the client with the chronic illness

e) Delegation



f) Priority Setting
    i) Maslow's Hierarchy
        (1) Deciding which needs or problems require immediate action and which ones could be delayed
    ii) Three levels of priority setting
        (1) Most critical: A B C's
        (2) Next: Mental status, pain, untreated medical issues, abnormal laboratory results
        (3) Next: Chronic problems, health education, coping
    iii) Prioritizing principles
        (1) Prioritize…
            (a) Systemic before local
            (b) Acute before chronic
            (c) Actual problems before potential future problems
        (2) Listen carefully to clients and don't assume
        (3) Recognize and respond to trends vs. transient findings
        (4) Recognize medical emergencies vs. expected findings
        (5) Apply clinical knowledge to determine the priority action
    iv) Prioritization–Coordination
        (1) Coordinating assignments
            (a) Coordination of daily activities
            (b) Using a personalized worksheet
        (2) Organizing your worksheet:
            (a) Plan time around activities that occur at a specific time
            (b) Do high –priority activities first
            (c) Which activities can you cluster?
            (d) Delegate appropriately and ensure they are done correctly
g) Models of Care Delivery
    i) Functional nursing: Task focused
    ii) Team nursing: a group of nurses provides care for a cluster of clients
    iii) Total patient care
    iv) Primary nursing
h) Critical thinking: Necessary to reflect and evaluate from a broader scope of view
    i) Clinical Reasoning
        (1) When the nurse analyzes the situation and makes decisions based on the client's situation.
        (2) Uses nursing knowledge to make decisions.
        (3) Problem-solving is used in decision making.
    ii) Clinical Judgment
        (1) The decision made regarding a course of action based on a critical analysis of data.
        (2) Client needs are considered before action is taken.
        (3) Interventions are modified based on client responses.
i) Time Management
    i) Organize care according to the client care needs and priorities
        (1) What must be done now?
        (2) What must be done at a specific time?
        (3) What must be done by the end of the shift?
        (4) What can the nurse delegate?
    ii) Time saving strategies

(1) Documenting as you go
(2) Clustering your care
(3) Estimate how long each activity will take
(4) Take time to plan care and set priorities
(5) Delegate appropriately
(6) Complete one task before starting another
(7) Use an organizational sheet

iii) Time wasters
(1) Documenting at the end of your shift
(2) Making repeated trips to the supply room
(3) Forgetting needed equipment
(4) Not asking for help when you need it
(5) Setting unrealistic standards for yourself
(6) Socializing with staff during client care time
(7) Providing care without a plan

iv) Time management & Self care
(1) Take time for yourself
(2) Schedule breaks and meals
(3) Take physical and mental breaks from work and the unit
(4) Ask for help!

4) Quality improvement
a) According to the IOM…
i) "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."
ii) The three accepted elements of quality are structure, process, and outcome
b) Demand for quality
i) Institute of Medicine (IOM)
(1) 98,000 die/year due to quality problems
ii) As of 2016…
(1) 231,000 deaths
(a) Falls
(b) Wrong surgery site
(c) Infections
(d) Pressure Ulcers
c) IOM recommendations
i) Establish leadership, research, tools, and protocols to enhance safety knowledge base.
ii) Develop a public mandatory national reporting system.
iii) Use various organizations to increase performance standards and expectations.
iv) Implement safety systems at the point of care delivery.
d) Quality improvement
i) identifies and resolves performance deficiencies
ii) Measuring performance against a set of predetermined standards
(1) Standards are set by the accrediting body: CMS and The Joint Commission
iii) Quality Improvement Process:
(1) Assessment of outcomes
(2) Improvement of care
e) Quality improvement process
i) Standards are developed

ii) Quality issues are identified
iii) Interprofessional team developed
iv) Data is collected
(1) Quantitative
(2) Qualitative
v) Possible Root Case Analysis (sentinel event)
vi) Solutions/ corrective actions implemented
vii) Reevaluation later

f) Developing a Culture of Safety
i) To achieve safe patient care, a culture of safety must exist.
ii) Culture of Safety:
(1) A blame free environment in which reporting of errors is promoted and rewarded.
(2) Promoted trust, honesty, openness, and transparency.
iii) Hospitals that practice a culture of safety tend to show fewer reported cases of adverse safety events.
iv) Safety Tracking Tools
v) Teamwork and involvement of the patient is key.
vi) Event- reporting systems hold organizations accountable and lead to improved safety.
(1) At Beebe we use a Safety Tracking Tool.
vii) Sentinel events are required to be reported.
viii) A Sentinel Event is defined by The Joint Commission (TJC) as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness.
ix) A root cause analysis is conducted on all sentinel events to learn from the consequences.
x) Root Cause Analysis
(1) Focuses on variables that surround the event
(2) Investigates the possible causes and consequences
(3) Determines additional influences at each level
(4) Determines the root cause or causes
(5) Goal: To determine potential improvements in processes or systems that would decrease the likelihood of such events in the future

g) Measuring Quality of care
i) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS)
(1) Communication with health-care providers
(2) communication with nurses
(3) responsiveness of hospital staff
(4) pain management
(5) communication about medications
(6) discharge information
(7) cleanliness of environment
(8) quietness of hospital environment
ii) Leapfrog Group
(1) Serves as a gold standard for comparison of hospital performance on national standards of safety, quality, and efficiency
(2) Facilitates transparency and easy access to health-care information

h) Paying for healthcare
i) Centers for Medicare and Medicaid (CMS) no longer cover costs incurred by medical mistakes

(1) Hospitals must absorb the cost
(2) Hospital acquired infections, pressure ulcers, falls, CAUTI, CLABSI, surgical errors

ii) Pay for Performance is now the norm, and performance is measured by the quality of care.
iii) Why does this matter to you?
(1) CMS reimbursement
(2) Accreditation
(3) Patient satisfaction
(4) This all affects your pay! $$$
iv) Quality at Beebe Healthcare
(1) Catheter Associated Blood Stream Infection
(2) Catheter Associated UTIs
(3) C-Diff
(4) Sepsis
(5) Influenza rates
(6) Mortalities: AMI, CABG, CHF, Pneumonia, Sepsis, Stroke
(7) Falls Readmissions: AMI, CABG, CHF, COPD, Pneumonia, THR, TKR
(8) Benchmarks are set for each measure, which compare our data with like organizations

i) Evidence Based practice
i) Current standards of professional performance for nurses include using evidence and research findings in practice.
(1) Determines proper nursing actions, research activities as appropriate to their abilities, and to share knowledge with other nurses.
ii) Why is this important? →→→ Superior Patient Outcomes!
iii) Evidence-Based Practice VS. BEST PRATICE
(1) Very similar
(2) Best practice: evidence from nursing research
(a) Purpose: Improved client care outcomes
(b) Used in multiple institutions
(c) Published in a professional journal
iv) Evidence-based practice
(1) Goal: improving outcomes
(2) High quality care
v) Integration into Nursing Care = Quality Care Improves
vi) Nurses have a responsibility to:
(1) Conduct, evaluate, critique, and apply research findings
vii) Graduate Nurse Residency Program
(1) Evidence-based project presentations
viii) Steps of Evidence-Based Practice
(1) 1. Developing an evidence-based practice question
(a) P = Patient
(b) I = Intervention
(c) C = Comparison
(d) O = Outcome
ix) 2. Finding the evidence
x) 3. Critically appraising the evidence
xi) 4. Applying the findings and evaluating the effectiveness
xii) A clinical question is the first step to improving a process or problem.
(1) se the PICO(T) method

j) Improving Quality in Health Care
    i) Health care should be
    ii) Safe: avoiding injuries to patients
    iii) Effective: providing evidence based care
    iv) Patient-centered: being respectful of patient's preferences, needs, and values
    v) Timely: reduce wait times
    vi) Efficient: avoiding waste (equipment, supplies, energy)
    vii) Equitable: providing care that does not vary in quality no matter the person's gender, ethnicity, socioeconomic status, etc…
k) Audits
    i) Collecting information from the medical chart
        (1) Evaluate patient care given
        (2) Review documentation
        (3) Assessing the quality of care using National Inpatient Quality Measures
    ii) Concurrent Audits
    iii) Retrospective Audits
    iv) Nurse's role
        (1) Serve as unit representative on committees developing policies and procedures
        (2) Use reliable resources for information
        (3) Be familiar with the institutions policies and procedures
        (4) Document client care thoroughly and accurately
        (5) Analyze data and compare results with established benchmarks
        (6) Assist with education or training to improve staff performance

5) Conflict resolution
a) The result of opposing:
    i) Thoughts
    ii) Ideas
    iii) Feelings
    iv) Perceptions
    v) Behaviors
    vi) Values
    vii) Opinions
b) Types of conflict
    i) Intrapersonal
        (1) A conflict that occurs solely within the psychological dynamics of the individual's own mind
    ii) Interpersonal
        (1) A conflict between two or more individuals
            (a) Nurses, clients, families
            (b) Bullying and incivility
            (c) Burnout and work-related stress
    iii) Intergroup Conflict
        (1) Conflict between two or more groups
c) Common causes of Conflict
    i) Ineffective communication
    ii) Unclear role expectations
    iii) Incompatibility of individuals
    iv) Staffing

(1) Conflict can contribute to burnout and lead to many symptoms of stress

d) conflict resolution
   i) Problem-solving strategies
   ii) Conflict should be managed constructively
   iii) Common goals are shared instead of seeing each other as competitors
   iv) The goal of dealing with conflict:
      (1) To resolve the conflict
   v) Assertive communication
      (1) Open communication and listen carefully
      (2) Use "I" statements and focus on the problem
      (3) Move an escalating conflict to a private location
      (4) Share ground rules
      (5) Treat everyone with respect
      (6) Only one person talks at a time
      (7) Everyone has a chance to speak

6) Civility
   a) Having good manners, being polite, helpful
   b) Promotes
      i) Emotional health
      ii) Positive learning environment
      iii) Healing
   c) Recognizing that all human beings have value
   d) Make a commitment to be civil
      i) Forgive those who've done an injustice
      ii) Revise your assumptions of others
      iii) Seek common ground, goals, and purpose
   e) The goal of being civil:
      i) Is for others to see you as successful when you continue to practice civility regardless of others' response.
      ii) It's about you, not them!
   f) Civility Versus Incivility
      i) Incivility
         (1) Lack of civility
         (2) Broad range of unacceptable behaviors
         (3) From violence to psychologically based behaviors
         (4) Stress
         (5) Cyber aspect
      ii) Incivility is common in medical settings.
      iii) Bullying: incivility beyond impoliteness
   g) Incivility in Nursing Education
      i) Any type of interaction that creates a negative learning environment
      ii) Results in…
         (1) High stress levels and less learning
         (2) Jeopardizing quality of care and client safety
         (3) Increased medical errors
      iii) Solutions
         (1) Build interpersonal relationships
         (2) Mentoring

(3) Positivity

h) Workplace Incivility
   i) Displays of disrespect among staff and providers
   ii) Coworkers are the most common source
   iii) Broad range of unacceptable behaviors
   iv) Due to increased stress levels
   v) Consequences of incivility:
      (1) Decrease in patient safety, healthy work environment, healthy staff, productivity

i) Strategies to promote civility
   i) Know your triggers
      (1) The words, gestures, and actions that make you angry.
      (2) Always consider what impact your words or actions might have on others
   ii) Assess your own behavior
      (1) Ask a friend for feedback
   iii) Don’t jump to conclusions or assume you know another person’s intent or motive.
   iv) Walk in the other person’s shoes
   v) Confront the individual in private- explain the situation and use “I” statements. How did this make you feel?
   vi) When rumors or gossip come your way, let them go!
   vii) Resist looking for someone to blame
   viii) Take the temperature of your milieu
   ix) Listen more and talk less- this shows respect for other’s opinions
   x) Go out of your way to say thank you!
   xi) Be assertive and express your own opinions
   xii) If you see someone did a good job with something…. Tell them what you think!