

N202 Advanced Concepts of Nursing

Management of Care

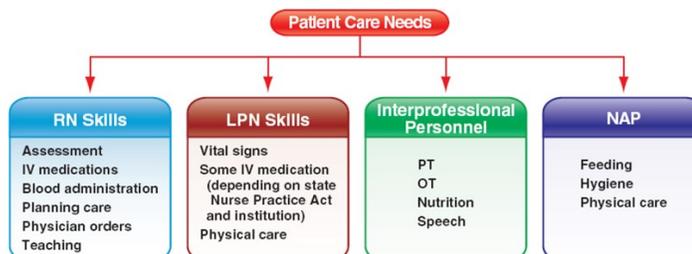
2023

- 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 or 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!