Taking Charge

Charge Nurse Education

Welcome

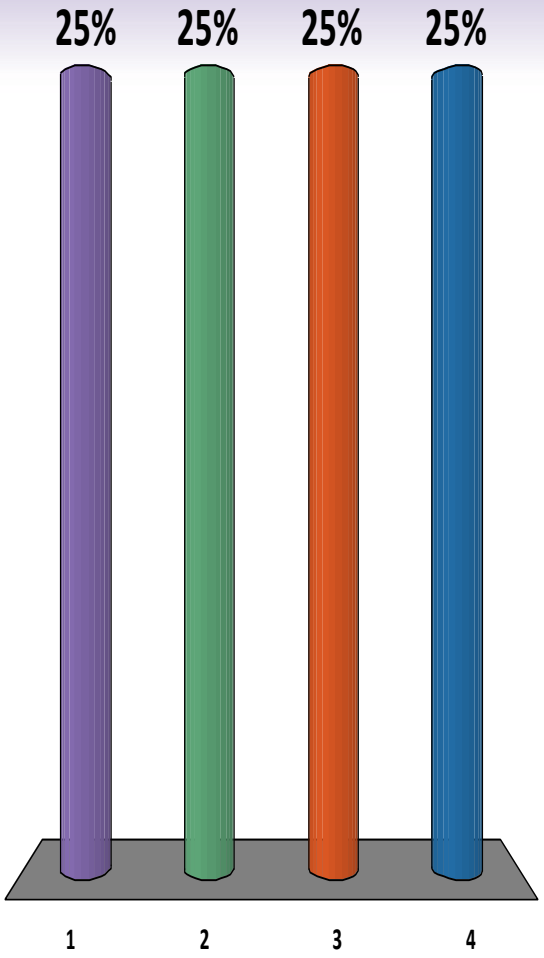
"Why am I a nurse? In my former lives I was a mind-reader, a juggler and a scribe."

Traditional Charge Nurse Roles

- Coordination and delivery of patient care
  - Staffing
  - Patient Assignments
  - Plan of Care
  - Patient Flow
- Supervisor
- Delegator
- Resource

WHICH OF THESES ROLES DO YOU FEEL MOST COMFORTABLE DOING?

1. Coordination and delivery of patient care.
2. Supervisor
3. Delegator
4. Resource



What is a Charge Nurse?

- Defining the exact role of the charge nurse is not straightforward due to the variation in the definition, scope, duties, and responsibilities across health care facilities (Kerfoot, 2008)

Exemplary Charge Nurse Roles

- Educators
- Change Agents
- Innovators
- Mentors
- Leaders
- Mediators
- Financial Stewards
- Performance Evaluators
- Celebrators

Why a Charge Nurse Workshop?

- To assist in defining the role and to provide adequate training in order to safely perform the duties and responsibilities of the position.

Charge Nurse Criteria

- Demonstrate positive attitude, assertiveness and confidence
- Adhere to code of conduct & hold staff accountable
- Be a role model and demonstrate on-stage behavior at all times
- Serve as a team resource
- Be a liaison for the new nurse and the physician
- Coach new staff
- Designated charge nurse will not have a patient assignment or a low acuity assignment when possible

Charge Nurse Criteria

- Work as a team member with all departments
- Problem solve
- Work with patients, physicians and families to address concerns
- Facilitate transparency in care
- Identify and address the needs of those we come in contact with

Charge Nurse Criteria

- Understand unit and hospital policies and procedures
- Have unit and hospital experience of at least six months
- Demonstrate organization, the ability to multitask and have the ability to direct others positively
- Encourage progression on Clinical Ladder

Charge Nurse Expectations

- Daily huddle report to the oncoming staff
- Make assignments
- Conduct rounding at least one time per shift & ensure staff complete one hour rounding
- Assist with coordinating the efforts of timely patient flow, including transfer or discharges
- When physicians are on the unit, remind them to sign/date and time their telephone and verbal orders

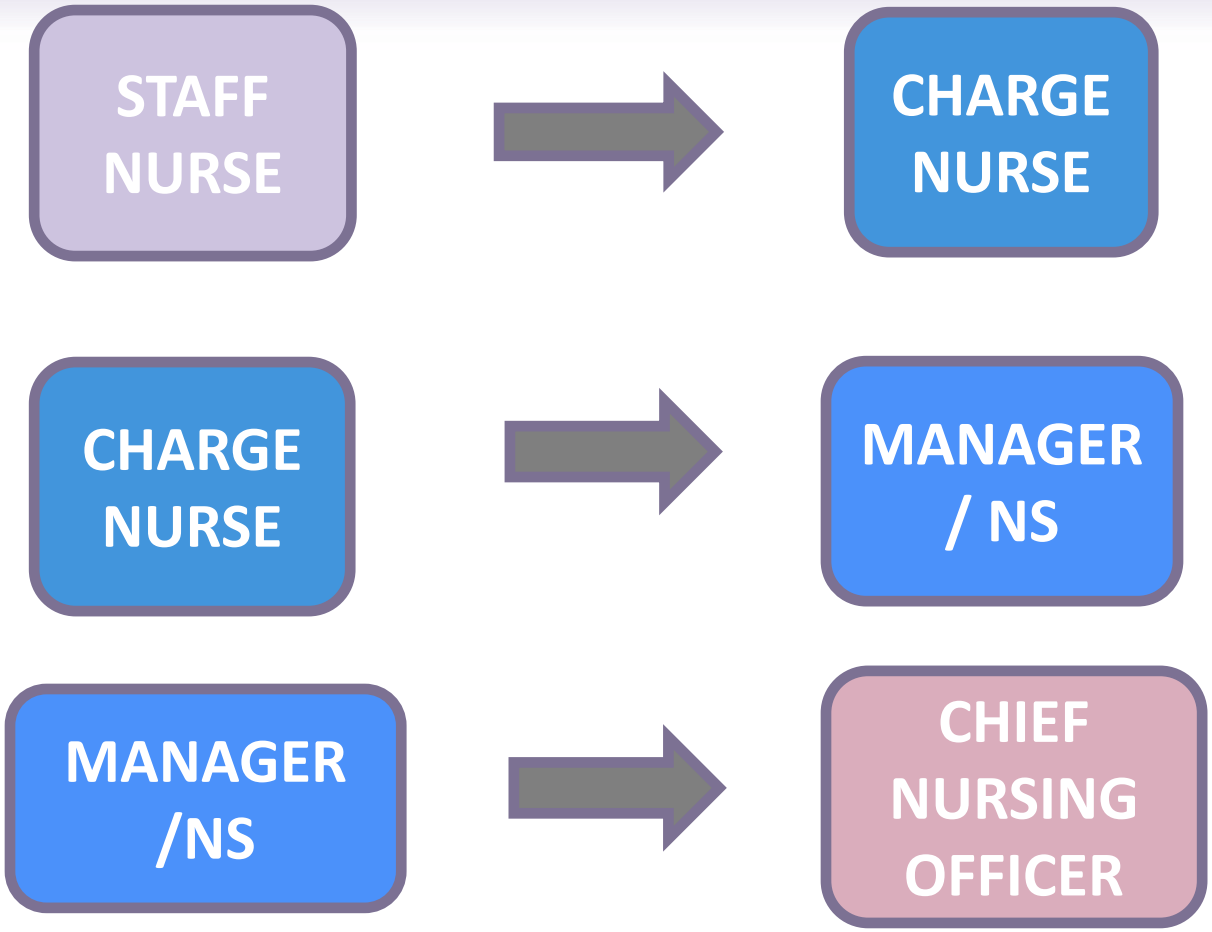
Charge Nurse Expectations

- Check in with charge nurse of sister unit at least once per shift. If they express need for help, review census and acuity and send help if department is able
- Hold staff accountable to the code of conduct
- Review the census and acuity and deploy staff to help other departments or send staff home on call after consultation with AOD or Nursing Supervisor
- Encourage lunch/breaks. Cover as needed

Charge Nurse Expectations

- Conduct tracers
- Review staffing for next day or next shift for adjustments by scheduled patients/census
- Complete administrative duties such as charge nurse worksheet, checking emergency equipment and logs
- Unit specific responsibilities as assigned by the manager
- Attend a communication/leadership class at least once per year
- Attend initial Charge Nurse Curriculum class

CN: Reporting Structure



Regulatory Requirements

- National Agencies:
  - The Joint Commission
  - Centers for Medicaid and Medicare Services

  State Regulatory Agencies
- Nursing Regulatory Agencies
  - State Boards of Nursing
  - American Nurses Association (ANA)
    - Professional Standards of Care
    - Code of Ethical Conduct
- Facility Regulatory Elements
  - Policies and Procedures

The Joint Commission

The Joint Commission (TJC)

- Key Joint Commission safety elements:
  - Fall Prevention
  - Patient Condition
  - Patient Education
  - Restraints
  - Hand Off Communication
  - Universal Protocol
  - National Patient Safety Goals

TJC: Fall Prevention

- The hospital assesses and manages the patient's risk for falls

TJC: Patient Condition

- The hospital recognizes and responds to changes in a patient's condition

Process to address a patient's changing condition?

1. Medical Emergency

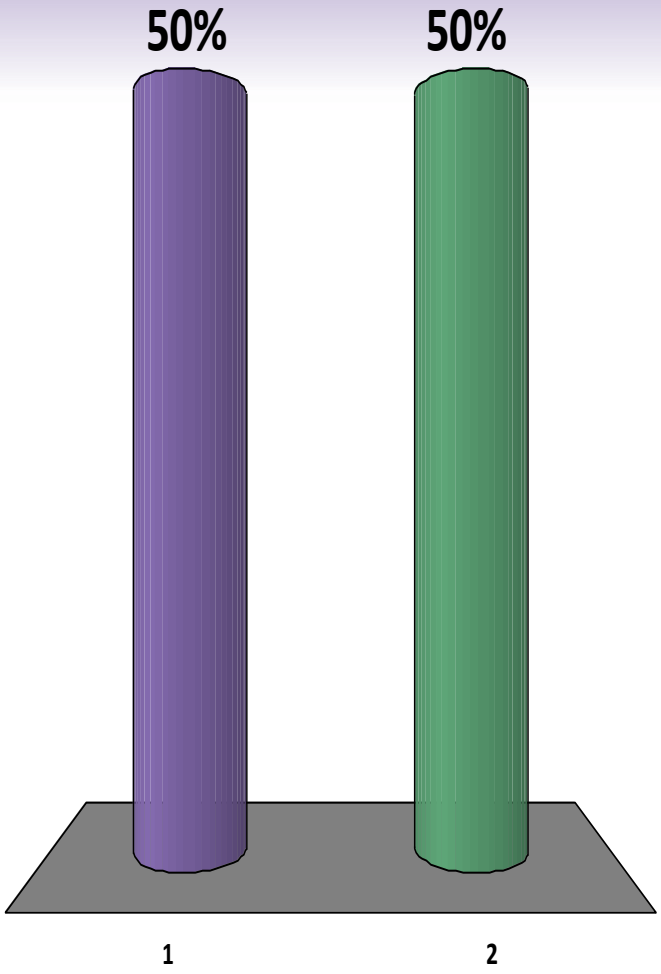
2. RRT (rapid response team)

TJC: Patient Education

- The hospital provides patient education and training based on each patient's needs and abilities.
- http://www.micromedexsolutions.com

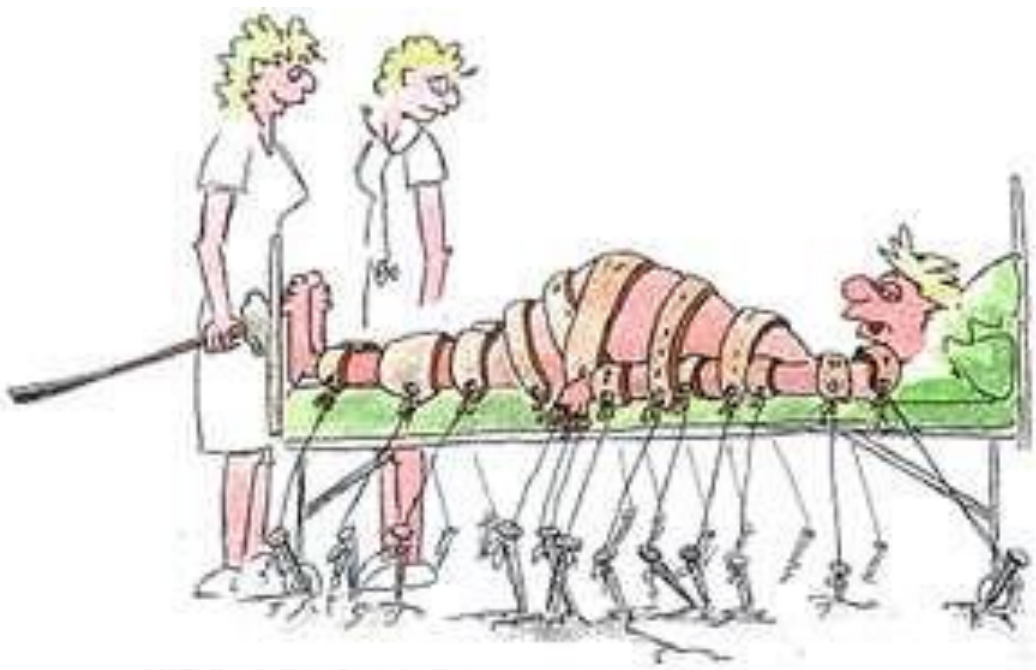
Delegation: Is it your responsibility to ensure Nurses provide Education to the patient and family

1. Yes
2. No, the nurse should know to provide it



TJC: Restraints

- Restraint guidelines as outlined by TJC.



"HEY! I THINK HE JUST MOVED! ADD ONE MORE!"

Reference the restraint policy

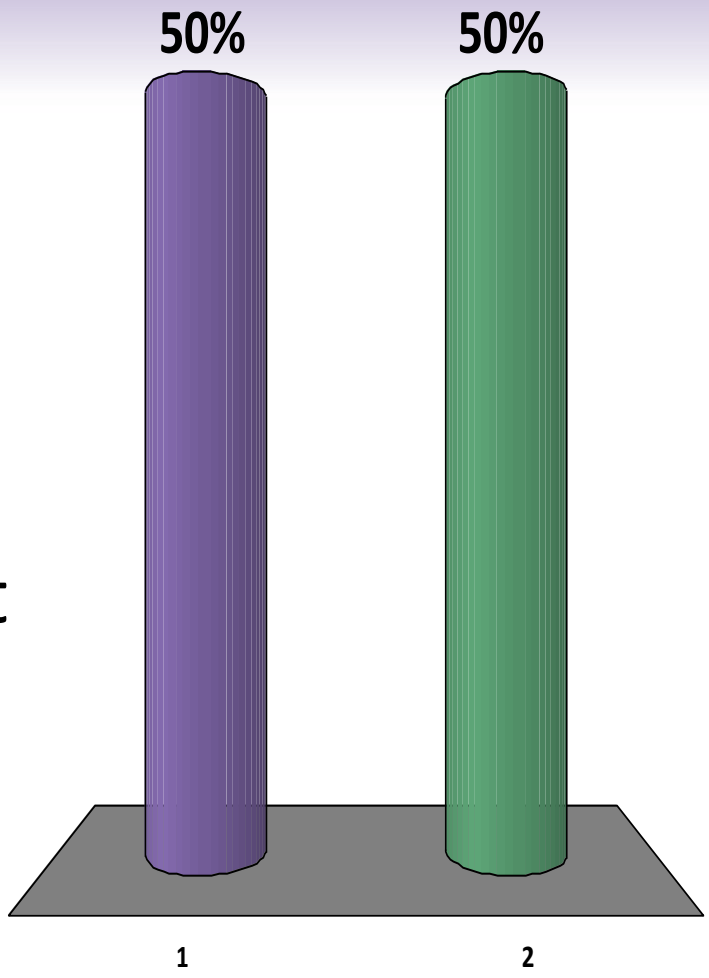
1. Nursing Service Policies and Procedures
2. Organizational Policy
3. On the shared drive

TJC: Hand Off Communication

- Hand off communication including charge nurse report.
  - Monitor that it occurs between all team members to include non-licensed personnel
- Would you like to know your plan of care and who is taking care of you for the coming shift?

Delegation: you note that handoff is not at the bedside. What do you do?

1. Nothing. It is the manager's responsibility
2. Ask the nurse if there is a reason that report was not at the beside…



TJC: Universal Protocol

- Universal protocol and procedures.

TJC: National Patient Safety Goals

The purpose of the Joint Commissions National Patient Safety Goals is to promote specific improvements in patient safety.

- Goals highlight problem areas
- Evidence and expert-based solutions
- New goals each year

Centers for Medicaid and Medicare Services (CMS)

CMS: Key elements

- Key CMS elements:
  - Admission Assessments
  - History and Physicals
  - Restraints
  - Verbal Orders
  - Authentication of Verbal and Telephone Orders
  - Patient Medical Record; Dating and Timing and Completion

Admission assessments must be completed within:

1. 12 hours
2. 1 hour
3. 24 hours
4. No idea

CMS: History and Physicals

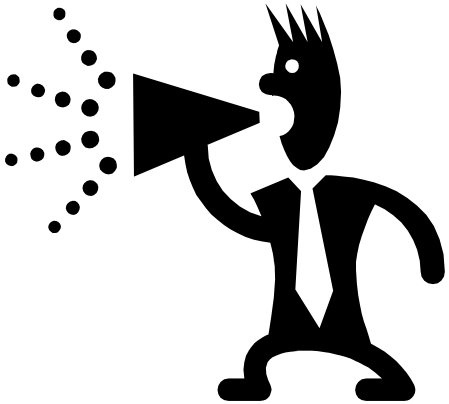
- All patients must have an updated H&P within 24 hours of admission and prior to anesthesia.
  - If H&P > 30 days—need new one
  - If H&P < 30 but completed prior to admission there needs to be an update within 24 hrs for procedure with anesthesia

CMS: Restraints

- CMS restraint guidelines follow TJC with additional elements
  - Encourages organization to be restraint free.
- The difference between non-violent and violent restraint use.
- Order requirements
- Assessment requirements
- Face-to-face elements

CMS: Verbal Orders

- CMS Verbal Order regulations



Verbal orders can be taken:

1. For physician convenience
2. During emergencies only
3. No restrictions

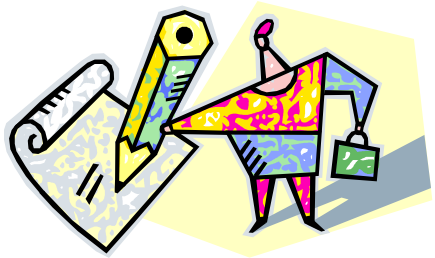
CMS: Authentication of Orders

- Elements associated with authentication of orders
  - Within 48 hours
  - Cosign, date and time

- Authentification of orders is completed in the EMR by the physicians.
  - During down time the charge nurse will need to remind the physician to sign the orders.

CMS: Patient Medical Record

- All entries in Patient Medical Record must be dated and timed
  - Shows delivery of care in a time sequence
  - Imperative in a legal document to demonstrate this
  - EMR is automatic



What would you do:

- You note that the NA/PCT enters data without changing the time in the EMR to reflect the actual time.

North Carolina Board of Nursing

- Key elements that are part of your current state board of nurses.

Mission Statement

The mission of the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing.

- http://www.ncbon.org/

American Nurses Association (ANA)

- Professional Standards of Care
  - ANA Standards of Practice
  - ANA Standards of Professional Practice
- How do these affect the practice of the charge nurse? Read on!

ANA: Quality of Practice

- Quality Improvement Initiatives
  - Be supportive of change
- Use evidence-based practice (EBP) at the bedside
  - When presented with evidence we cannot say "I've always done it that way." Quality measures are based on research and evidence supporting the change.

ANA: Education

- Actively participate in continuing education
  - Also a requirement of NCBON
- Seek experiences and increase knowledge and competence.

ANA: Professional Practice Evaluation

- Seek informal feedback ongoing from patients, peers, physicians and other colleagues

- Self-evaluate performance ongoing and seek opportunities for improvement.
  - Self reflection is not always pretty!
    - What worked well?
    - How could I have improved?

ANA: Collegiality

- Mentor other peers and colleagues; share experiences, skills, and knowledge.
  - We can all learn from each other.
    - Novice nurse teaches expert nurse
    - Expert nurse teaches novice nurse
- Encourage others to seek opportunities for professional growth.

ANA: Collaboration

- Collaborate with team members ongoing to assure that the patient care delivery is never compromised.
  - It is all about the patient.
  - You would want it to be that way if you or a family member were in the bed.
  - Teamwork!

ANA: Ethics

- Assure that the delivery of care preserves the patient's rights, dignity and autonomy
- Hold other team members accountable to the same standard and report illegal, impaired or incompetent practice
  - Do the right thing for the right reason
  - Emotional intelligence

ANA: Research

- Utilize evidence-based practice in all that you do.
  - Follow policy
  - Complete the paperwork
  - Support the organization
  - Participate in the development of policies

ANA: Resource Utilization

- Delegate tasks as appropriate to the clinical situation, condition of the patient, potential for harm and the complexity of the task
  - Peritoneal dialysis patient should be assigned to a nurse who has received the competency training
  - Assignments do not have to be by room #

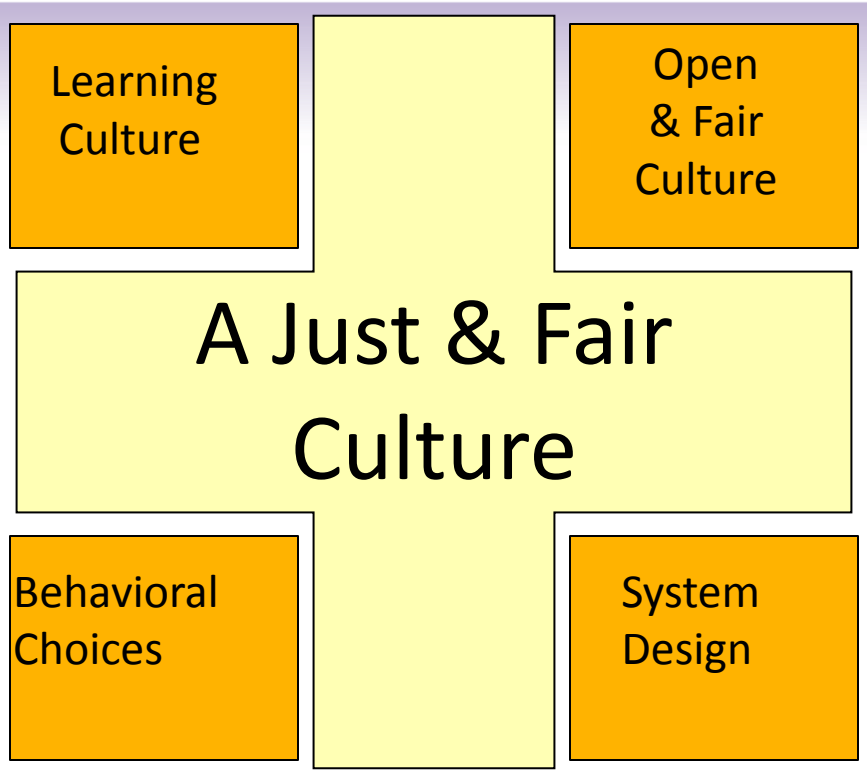
ANA: Leadership

- Mentor others to succeed
- Accept ownership for mistakes and be transparent about it
- Learn from others mistakes and teach others
- Serve peers and colleagues by participating in shared governance

Error Reporting

- Most errors are due to process breakdowns and not solely human error (Berbarie, 2010, p. 89)
  - It is part of our culture to report errors to identify trends and process breakdowns
    - We can't fix it if we don't know it is broken
- Remind team members to report errors and near misses and document in Meditech

Cornerstones of a Just Culture



Data Collection

- Data collection is ongoing and key to patient safety
- Audits of NPSGs to assess compliance and ultimately safety for our patients
- TJC, CMS, NCBON and ANA guide us to do the right thing for our patients

What is your role with regulatory compliance?

- OMH is required to meet regulatory compliance
- We have provided you with an overview of the regulatory agencies and expectations
- To ensure safe, quality and effective patient and family-centered care the regulatory standards are incorporated into our policies and procedures and into our data collection.

- And now??

Just do it--please

- You are a role model and represent the leadership team
- Follow policy and procedure
- Complete the documentation
- You make a difference in the lives of our patients and their families!!!

Thank you for all that you do!

Delegation

- NCBON provides decisions trees and position statements on delegation.

http://www.ncbon.com/dcp/i/nursing-practice-position-statements-decision-trees

Delegation

- Delegation and assignment responsibilities are provided in the position statement from NCBON
- NS929
- Delegation is “transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation”

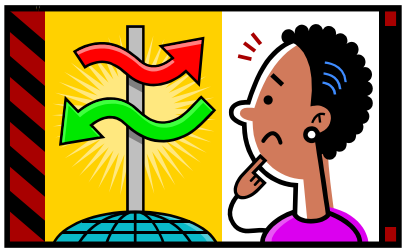
Caroll, P. (2006). Nursing leadership and management: a practical guide. Delmare Learning. Clifton Part NY.

Accountability & Responsibility

- Accountability means that the nurse is legally liable for her actions and is answerable for the overall nursing care of the patient
- Responsibility involves reliability, dependability, and the obligation to accomplish work. Responsibility also includes each person's obligation to perform at an acceptable level

What does assigning mean to you:

- Assignment making is the process of delegating the duties and all aspects of care for a patient to individual personnel.
- The assignment includes giving clear, concise directions, and delegating the responsibility and the authority for the performance of the care.



Assignment making

- The education, skill, knowledge, and judgment levels of the personnel being assigned a task must be relative to the assignment
- Timeframe for completion and any limitations on the assignment should be specified when the assignment is made

Direct delegation v. indirect delegation.

- Direct delegation is usually a verbal direction by the RN delegator regarding an activity or task
- Indirect delegation is done using an approved listing of activities
- Under delegation occurs when a person is in a new role: trying to avoid resentment, not knowing who to delegate to, seeking approval by demonstrating competency

5 RIGHTS OF DELEGATION

- Right task
- Right circumstances
- Right person
- Right direction/communication
- Right supervision-- “provision of guidance or direction, evaluation, and follow-up by the licensed nurse for accomplishment of a nursing task delegated to an unlicensed assistive personnel (National Council for States Boards of Nursing, 1995).

Guiding principles of delegation

- Legality
- Competency
- Safety
- Accountability

Evaluating Delegation Process

- Types of evaluation
  - Continuous
  - Problem related
- Documenting delegation
  - Assignments

Leadership Training

- Leadership
- Team Building
- Conflict Resolution
- Communication
- Developing Talent
- Personnel Management

Leadership

Nurse manager skills

Nurse leadership skills

Leadership

Source: adapted from Learning to Lead: A workbook on Becoming a Leader by Warren Bennis and Joan Goldsmith. Published 1997 by Perseus Books/Addison Wesley

Developing Talent

Developing Talent Strategies

- Get to know your team members strengths and limitations
- Understand and be informed of competencies for each role in the unit
- Work to provide learning opportunities for professional growth
- Evaluate potential successors
- Be an available resource to others

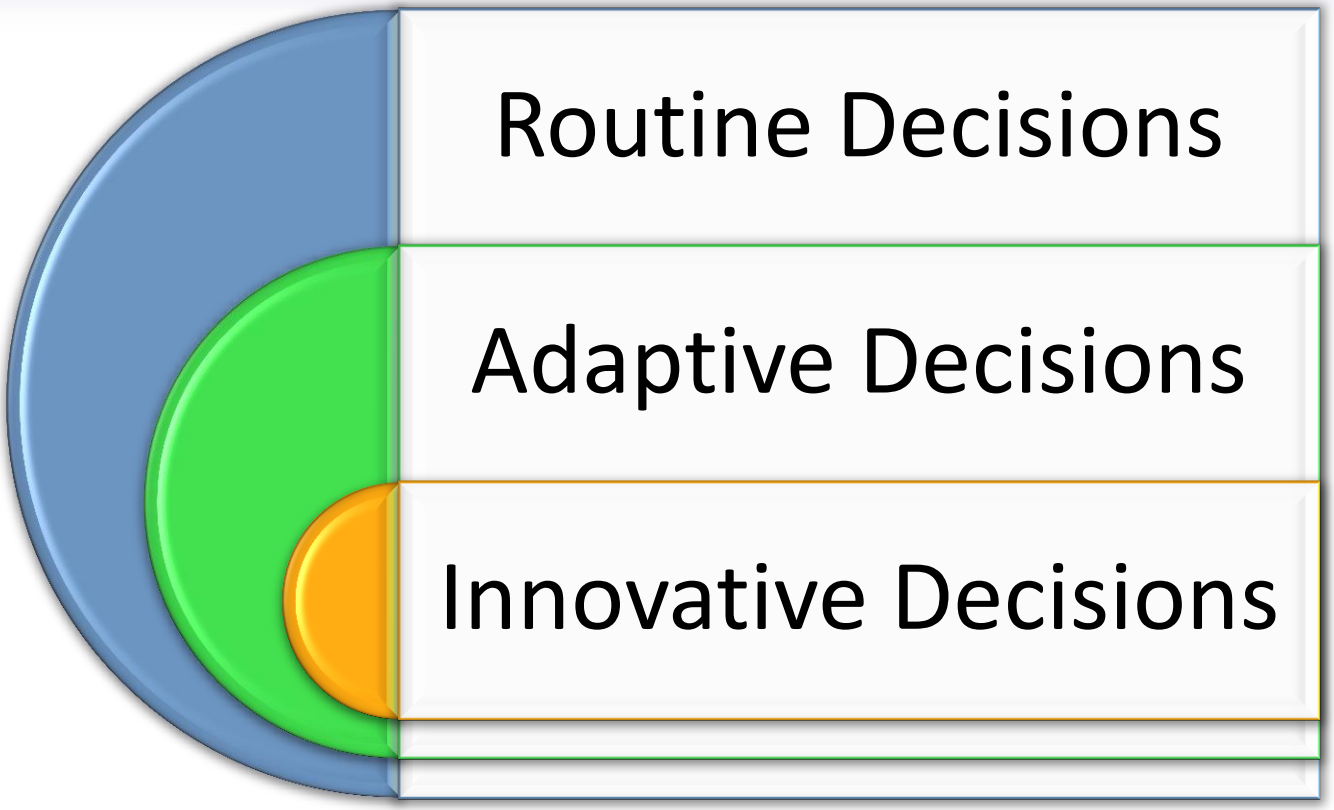
Coordination and Delivery Of Patient Care

- Staffing
- Scheduling
- Patient arrival times
- Bed turnover times
- Patient discharge times

Staffing and Scheduling

- Staffing Plan
- Staffing is a team effort. Communication and planning are keys to success
- Fluctuations
- Flexibility
- Short staffed

Decision-Making



Contract Staff, Students and Unlicensed Workers

- Contract staff
  - Must be oriented
  - Supplies, emergency equipment & resources
  - Assign patients with the lowest acuity level to agency personnel
- Students
  - Review Organization Policy 304 Responsibilities of Affiliated Nursing Students
- Unlicensed workers
  - Students who are also employees of the organization

Special Circumstances

- After hours procedures
- Weekends
- Holidays

Hourly Rounding

Hourly Rounding

- Nursing Team
  - RN, LPN, Nursing Assistant
- Every patient, every hour
- Proactive Care
- Evidence Based Results
- Significantly impacts patients' perception of care

Hourly Rounding: Purpose

- Improved Clinical Outcomes
- Improved Patient Satisfaction
- Save nursing time

Hourly Rounding: How To: The 8 Behaviors

- Key Words
- Perform scheduled tasks
- Three “Ps” or “PQS”
  - Pain
  - Position -- Questions
  - Potty -- Supplies
- Assess for additional comfort needs
- Environmental assessment
- “Is there anything else I can do for you, I have the time?”
- Tell patient when you will be back
- Document

Hourly Rounding: Why?

FIVE PILLARS

- Service – improved patient satisfaction
- Quality – impacts 3 critical areas of quality
  - Falls, skin breakdown, and call bell usage
- Finance – improved quality, reduce HAC, and eliminate associated costs
- People – improved staff efficiency

Team Building

- Effective and timely communication
- Cooperation
- Flexibility
- Reliability
- Trust
- Collaboration
- Transparency
- Increased productivity, accountability and innovation

Team Building Strategies

- Collaboration and clear communication
- Make initiatives a group effort
- Provide clear direction
- Build upon the ideas and suggestions from others
- Recognize others for their contributions and accomplishments
- Celebrate successes of team accomplishments

Change

"Change is the law of life. And those who look only to the past or present are certain to miss the future."

John Fitzgerald Kennedy

35th President of the United States

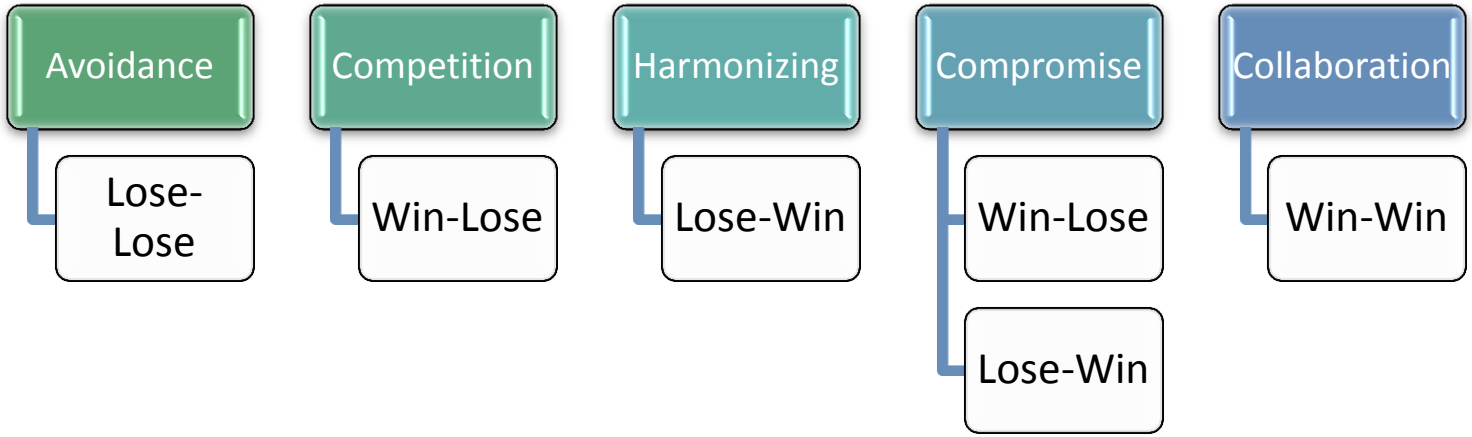
Conflict

- Merriam-Webster Dictionary (2011) defines Conflict as:
  - a) fight, battle, war
  - b) competitive or opposing action of incompatibles
  - c) mental struggle resulting from incompatible or opposing needs, drives, wishes or external or internal demands

Why do we have conflict in healthcare?

- Complexity of healthcare
- Wide disparity of knowledge, power and control experience by various players
- People must interact with each other

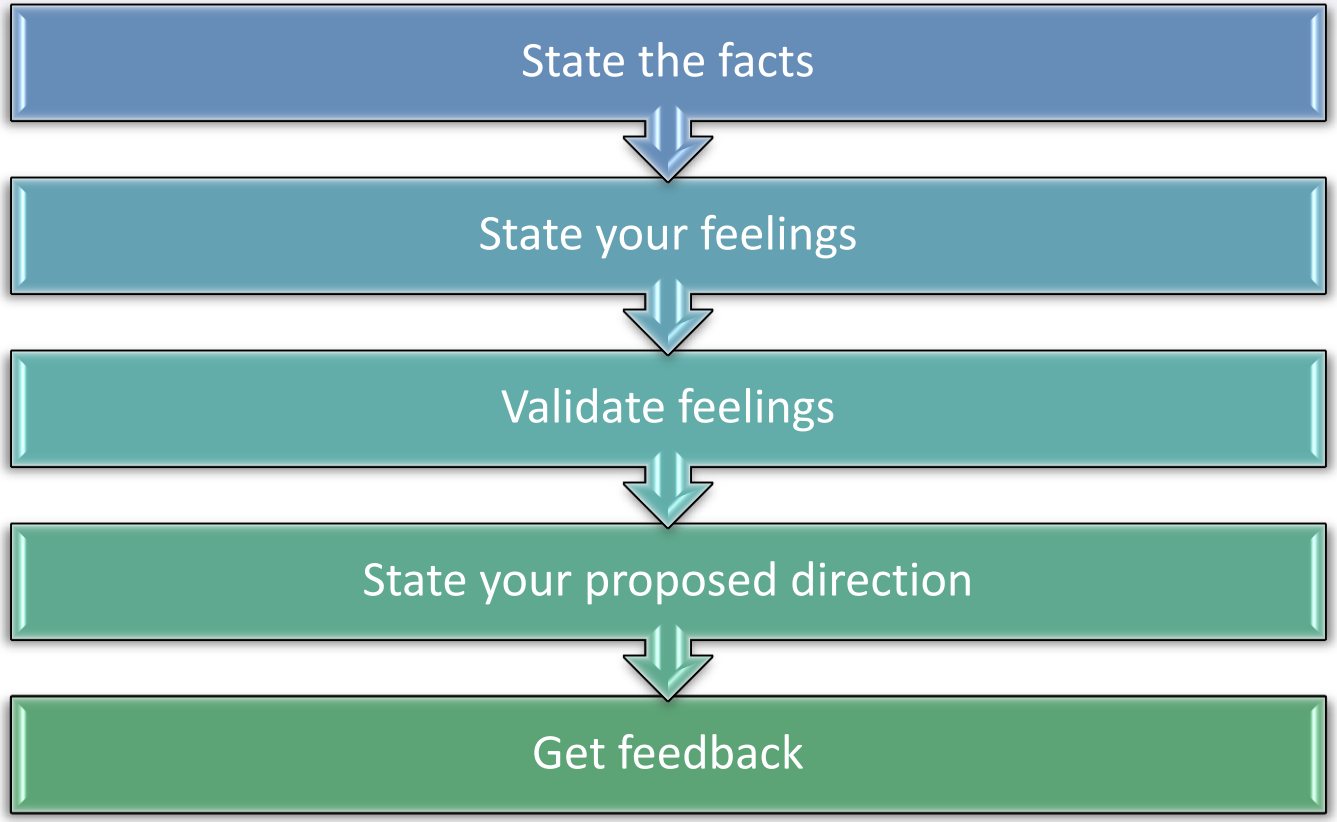
Conflict: The Five Elements



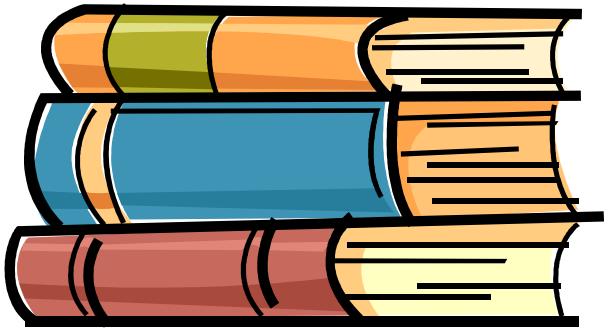
Conflict Resolution

- Analyze current methods used
- Address reluctance to address conflict
- Understand how other team members respond to conflict
- Address and resolve conflict constructively
- Use active listening
- Work to preserve relationships
- Resolve conflict among your team members

Assertiveness Tips



Communication



Communication Strategies

- Communicate information in a timely manner
- Assure that you team members are not surprised
- Meet regularly with your team to keep them informed.
- Encourage open communication
- Be conscientious that not all communication can occur using the same method.

SPINACH IN YOUR TEETH

Cup of Coffee Conversations

Recognizing Troublesome Behaviors

- Examples:
  - Abrupt, disrespectful
  - Passive or passive-aggressive
  - Complaining, gossiping
  - Talk “about” rather than “to” each other (triangle)
  - Incongruent words and actions
  - Focus on “being right” rather than “doing what’s right”
  - Others…

You know it when you see it

If I See/Experience Troublesome Behavior…

Is it *my place*, *my job*, *my responsibility* to bring it to their attention?

Yes… we all have the responsibility

Why is it Important to Address the Behavior in Each Other?

- Breaks down trust – impairs team's ability to function effectively
- Takes focus off the job
- Decreases quality, increases risk of errors
- Poor customer service
- Negatively impacts support for our mission
- Impacts job satisfaction
- Examples:
  - Standards infraction
  - Missing expectations in a work setting
  - Others

What is a *Cup of Coffee Conversation*?

- Informal conversation in which you bring your observation/experience of troublesome behavior to the awareness of your colleague… that's it

- Anyone can have the conversation with anyone… really! (department, role, position, don't matter). There is no hierarchy…

Cup of Coffee Conversation: How to…

- **During** the conversation…
  - Offer appreciation
    - "I value you as a colleague…" or "I appreciate your skill, experience…"
  - Review what occurred/impact
    - "I heard, saw, experienced…"
    - Be specific
  - Pause –
    - Just listen to colleagues views (even if you disagree with the individual)
    - Give reflection opportunity

Cup of Coffee Conversation: How to…

- **During** the conversation (cont.)…
  - Empathize (carefully) –
    - "I understand why you were frustrated <u>and</u>…"
  - Reminder –
    - "Your comments/actions didn't come across as professional or left a negative impression…"
  - Express appreciation/affirmation
    - "I care about you and wanted to make sure you are aware your words/actions weren't consistent with our values."

What Reaction Might You Get??

- Rationalization
- Denial, finger pointing
- “Look out the window” rather than “in the mirror”
- Strive for control
- Commonly… professionalism, appreciation, maybe even remorse

Whatever the reaction, it’s about them, not you

A tool: Impact Messages

- Describe the **behavior**
- Describe the **impact**
- Indicate the desired **change**

METHOD

1. Describe the behavior
2. Describe the impact
3. Indicate the desired change
4. Get a commitment

Core Version:

- ***When you*** or *When I see this happening…*
- ***The result is…***
- ***I need*** *(or, I want, would like)…*

For Example

- *When you* interrupt me when I'm talking…
- *the result is* that I don't feel as if I've been able to explain myself adequately and I'm afraid we will have a misunderstanding that could impact care
- *I need* you to let me finish before you respond
- Do you agree that you can do this?

Specific, connected to mission

- When you wear clothes that are tight and show your cleavage
- The result is others doubt your commitment to patient care and may assume you are not professional or competent
- I need for you to review the dress policy with me and discuss any questions you have

For Example

- *When you* are looking at your Smartphone while we are talking
- I feel that you do not value me and our communication is affected
- *I need* for you to focus your attention on our conversation.

ROLE PLAYING

SCENARIOS

- You witness an employee not washing their hands prior to caring for a patient.
- In huddle, you notice a CNA with a visible tattoo.
- While admiring a fellow nurse's new engagement ring you notice she has artificial nails.
- You are rounding the patient states that "Tom" was rude.

Emergency Management

- OMH policies related to emergency procedures.
  - Emergency codes
  - Disaster Plans
  - Fire Safety Plans
  - Evacuation Procedures

Emergency Documentation

- Emergency documentation elements
  - Code Forms
  - Rapid Response Team Forms
  - AMA Forms
  - Sedation Records
  - Emergency Consents

Low Frequency Events

- Med/Surgical
- IMCU/Tele
- ICU
- ED
- L&D
- Nursery
- Pediatrics
- Postpartum
- OR/Surgicare

Shared Governance: Mission

To empower clinical nurses to influence practice, policies, and procedures while improving the delivery of patient care at ….

Shared Governance

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