

Kansas Nursing Workforce Center

March 20, 2024

Barbara MacArthur, MN, RN, FAAN

Co-Director

Greetings from Kansas City: Where?

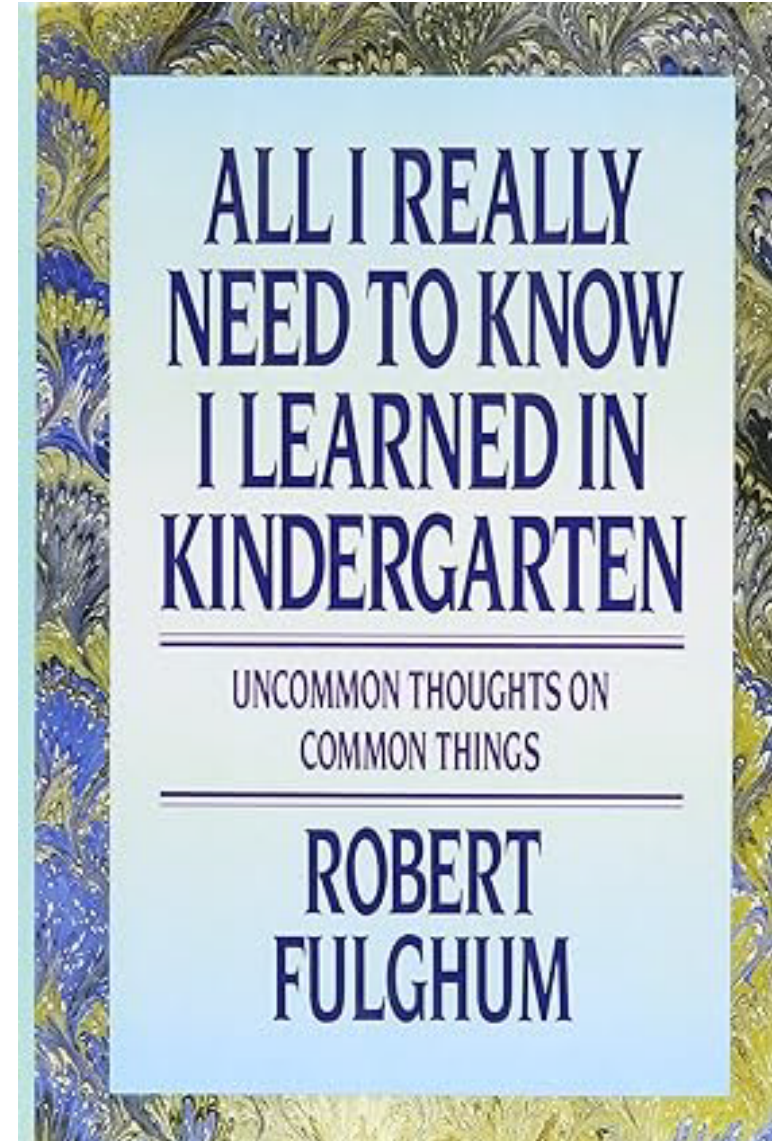


***Bringing the Message Forward:
Engaging the C-Suite in Nursing
Workforce Planning***

The Sandbox

- A special place
- Build a dream—or a castle
- Get a little sand in your eye
- Takes imagination
- New people are welcome

- Cooperation is important
- Opportunities to play, share, be fair, be kind, persevere and be courageous
- C-Suites need sand



Who is in the room where it happens?

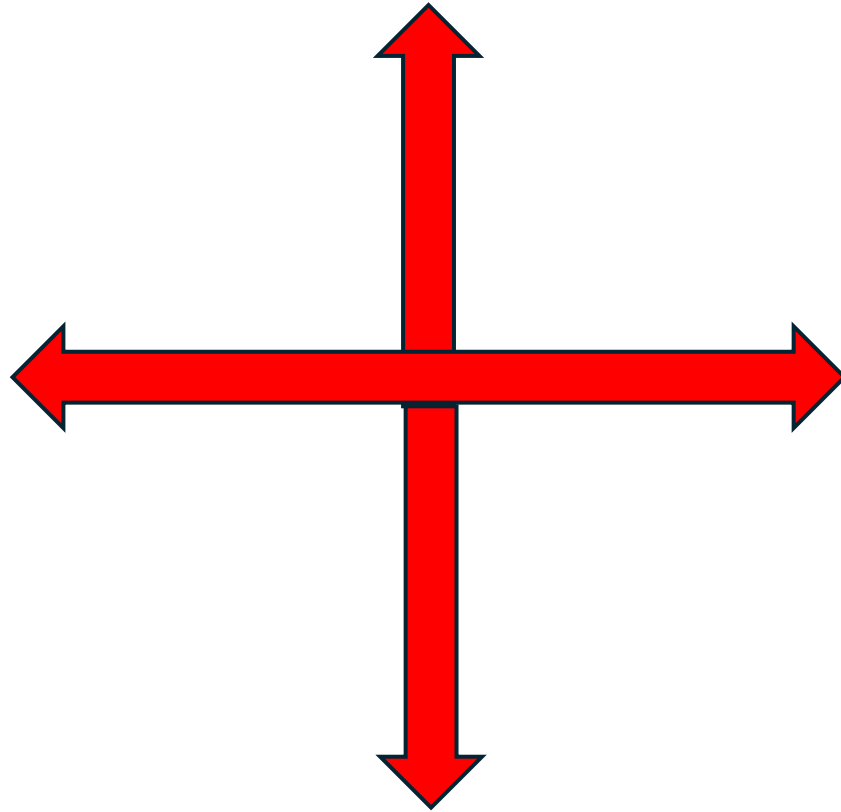
Multi-dimensional leaders, **leading up to superiors, down to team members, across to peers, and beyond to external stakeholders.**

National Preparedness Leadership Initiative at Harvard University



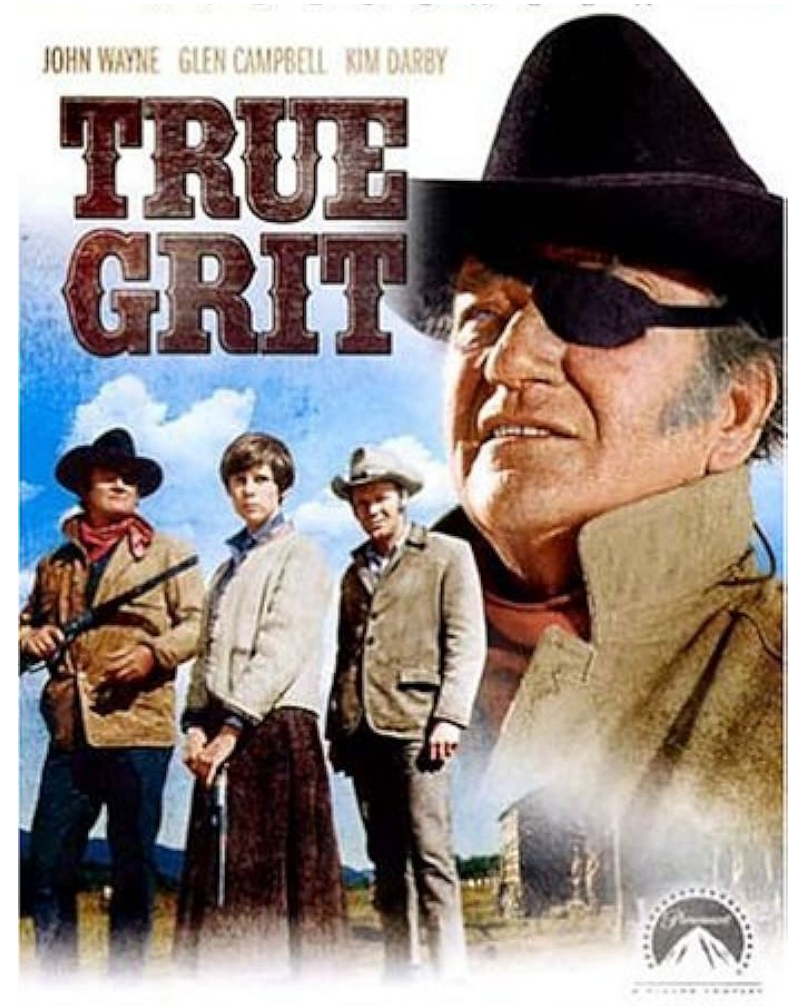
This Photo by Unknwn Author is licensed under [CC BY](#)

META-LEADERSHIP



True Grit: Restlessness with the status quo and an unrelenting drive to improve

- Requires great collaboration
- Across the entire system



Success and Reputation



QUALITY



SAFETY



GROWTH



PATIENT EXPERIENCE



ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH



WHILE DELIVERING A SOLID BOTTOM LINE

...these outcomes result from the cumulative day-to-day actions of employees generally, and **clinicians in particular.**

**SHARE THE
EPIPHANY AND
JOINT COMMITMENT**



SYSTEMNESS

- Clarity around high-level goal
- If an organization's leaders don't use the goal to make decisions, it will undermine their credibility
- Look and act like a single, integrated organization



What if...

...the Nursing leader(s), as subject matter experts, collaborate with C-Suite or executive colleagues to establish processes and verbiage, broaden the scope of influence and facilitate efficiency in workforce related decisions?



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

IT CAN BE DONE!

2008, the Institute for Healthcare Improvement introduced **the Triple Aim**

- Emphasis on patient-centered care
- Mandated measurement ensured patient feedback
- Safe, timely, efficient care, and the cost required
- Garnered the attention of all levels of leadership, staff and certainly nursing
- Process maps, semantics and reports were developed



A Guide to Measuring the Triple Aim:

Population Health,
Experience of Care,
and Per Capita Cost

Copyright © 2011 Institute for Healthcare Improvement. All rights reserved. Individual case studies and other materials are trademarks of the Institute for Healthcare Improvement. The Institute for Healthcare Improvement is not responsible for any errors or omissions in this document. Please contact us at info@ihi.org for more information.

ihi.org

APPRECIATIVE INQUIRY

All employees at Cleveland Clinic engaged in a half day program to help define its culture and direction

“Share an example in which the care a patient received made you proud.”

“What made the care great in this instance and how could we make that greatness happen every time?”

EVERY PATIENT, EVERY TIME, EVERY ONE OF US

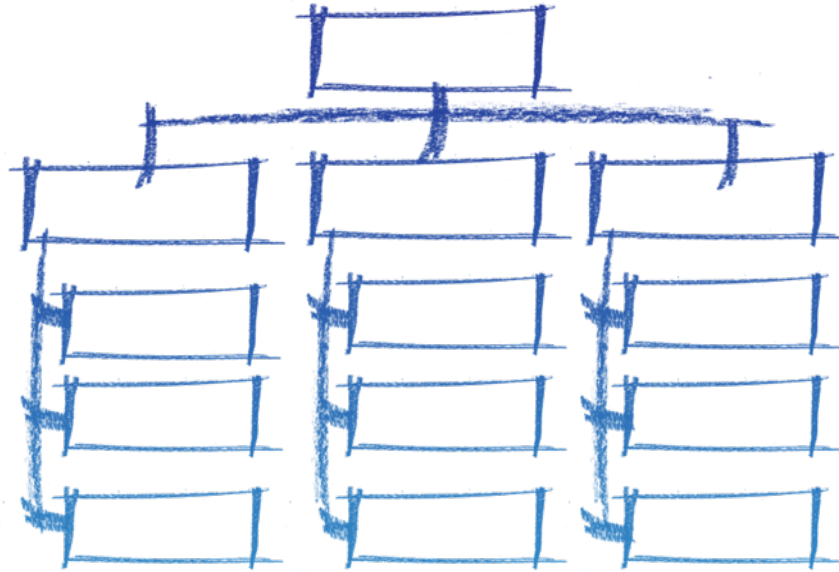
NURSING WORKFORCE FOCUS: PATIENT CENTERED?

- Integrated Practice Units (IPUs), Service Lines, Clinical Specialty, etc.
- Meaningful data collected on cost and outcomes
- What about the full cycle of employment, segments of staff with similar needs?

A TRUE PRO FORMA

MEASURE, OPTIMIZE, REWARD

GATHER THE FEEDBACK NEEDED TO KEEP GETTING BETTER

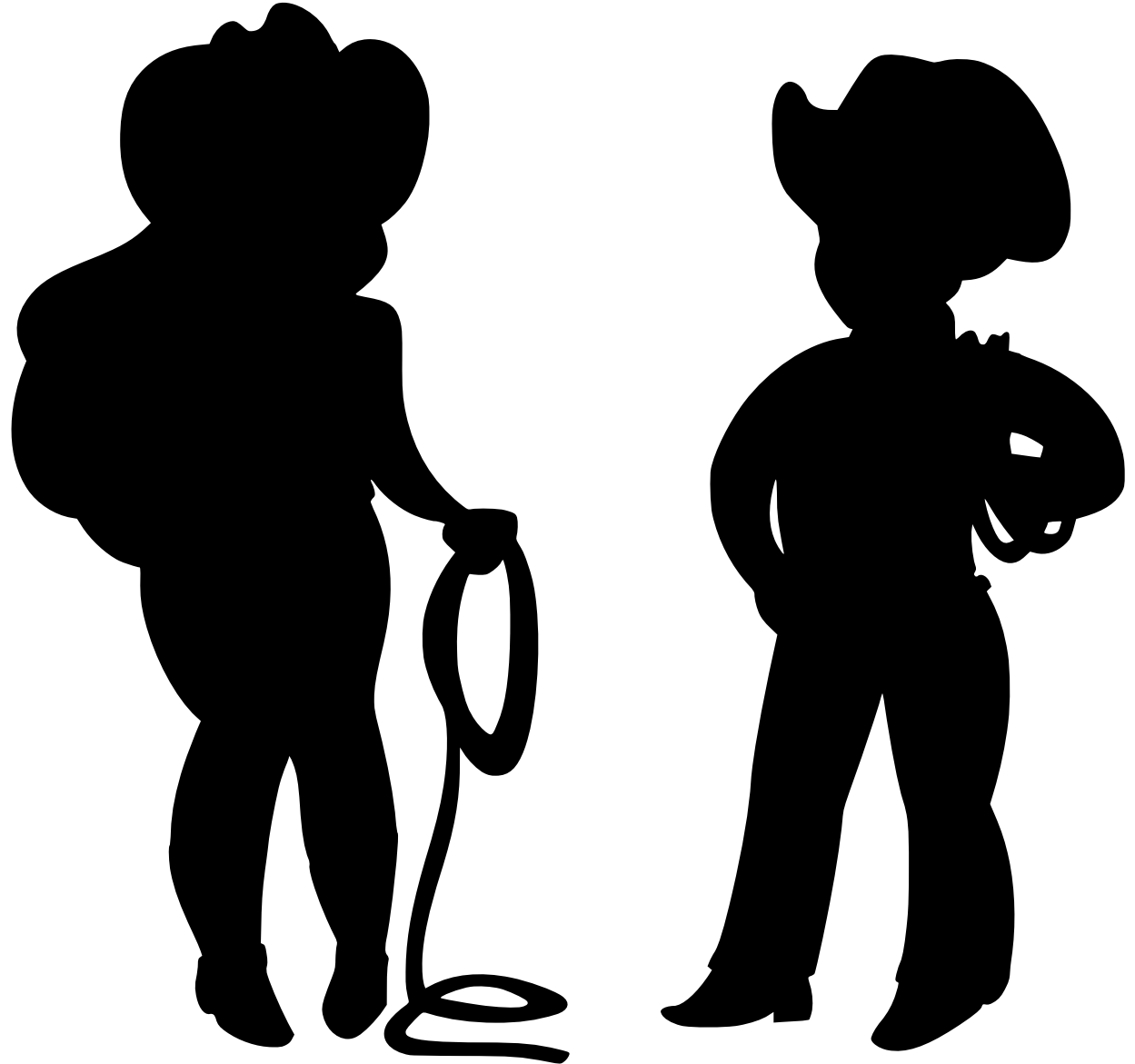


[This Photo](#) by Unknown Author is licensed under [CC BY](#)

True to Life Examples

Senior leaders bear responsibility for the stability of the organization via **Meta-Leadership Model**

“Can’t you
just round
some up?”
asked the
CFO.



CNO : CFO

- Position Control
- **Staffing Model** : Comparative data for FTEs per average adjusted occupied bed
- **Travelers** : Contract Labor + COO
- **Clinical Resources** : Admission Criteria
- **Incentive Pay** : ROI, Fair Labor Standards + CHRO

Meta-Leadership



Workflow Demand: Capacity-Demand Mismatches

THE CAMPAIGN

Stamp Out Hunting & Gathering

Stamp Out Hiding & Hoarding



Meta-Leadership



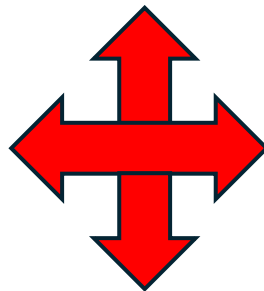
Confirm the Commitment, Develop the Plan

- Agree to the data sources
 - Employee, patient, nursing/physician satisfaction/engagement survey findings
 - Key HR data—turnover, vacancy, absentee, time-to-fill rates
 - KPIs—effort-to-value workflows, capacity-demand mismatches
 - Observational data



Implementation

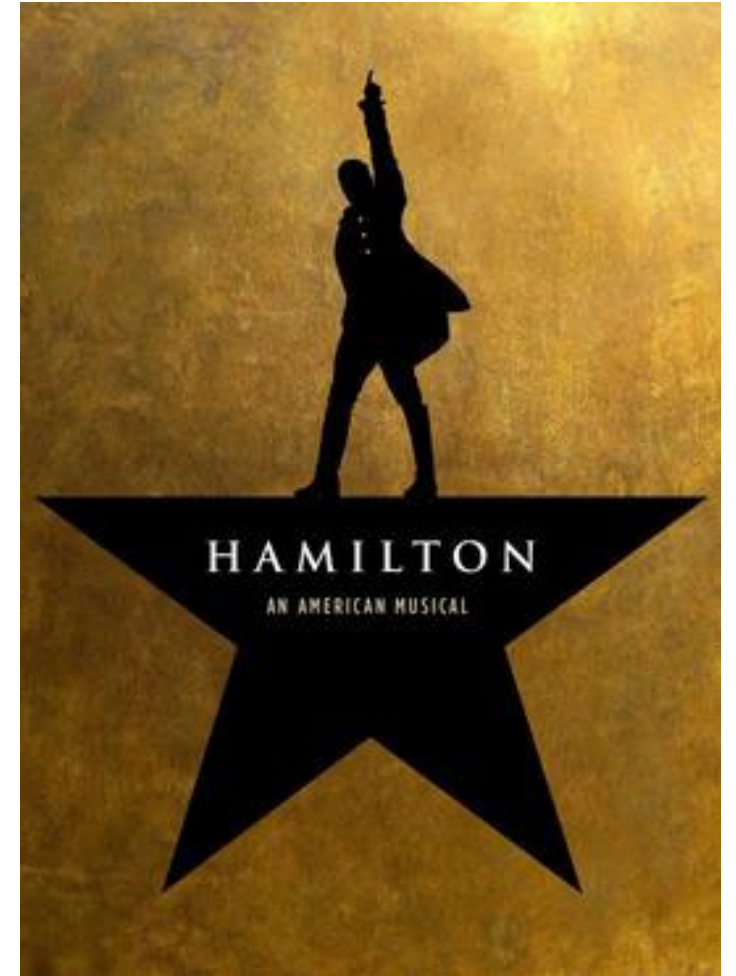
- **Meta-Leadership** and Culture Change
 - Move away from top-down, command-and-control
 - When ready to act, issue a joint statement from the C-Suite and Board Chair
 - Form a C-Suite/Clinician Council for periodic, scheduled, unfiltered access
 - GO FOR A WALK
 - Jointly engage the CEO/Executive Leaders with a standing agenda for the Board




Let's get the Leaders into 'The Room Where It Happens'

Develop C-Suite/Executive
Collaboration Model to serve as:

- A variable for timely workforce improvements
- Projections to stabilize cyclical supply and demand patterns
- Return on Investment in recruitment/retention initiatives, safe environments, and financial outcomes





Barbara MacArthur, MN, RN, FAAN
Co-Director
The Kansas Nursing Workforce Center

Clinical Assistant Professor
The University of Kansas
School of Nursing
3901 Rainbow Blvd.
Kansas City, KS 66106
Bmacarthur2@kumc.edu