



Background/Purpose

Nursing organizational restructure was needed to provide consistent managerial leadership on the Inpatient Nursing Units, Observation Units and the Emergency Department on both shifts.

The span of control for each nurse manager was too large, ranging from 13 to 114 FTEs with an average of 43 FTEs/leader.

> • 15-25 FTEs/leader is ideal for optimal employee engagement

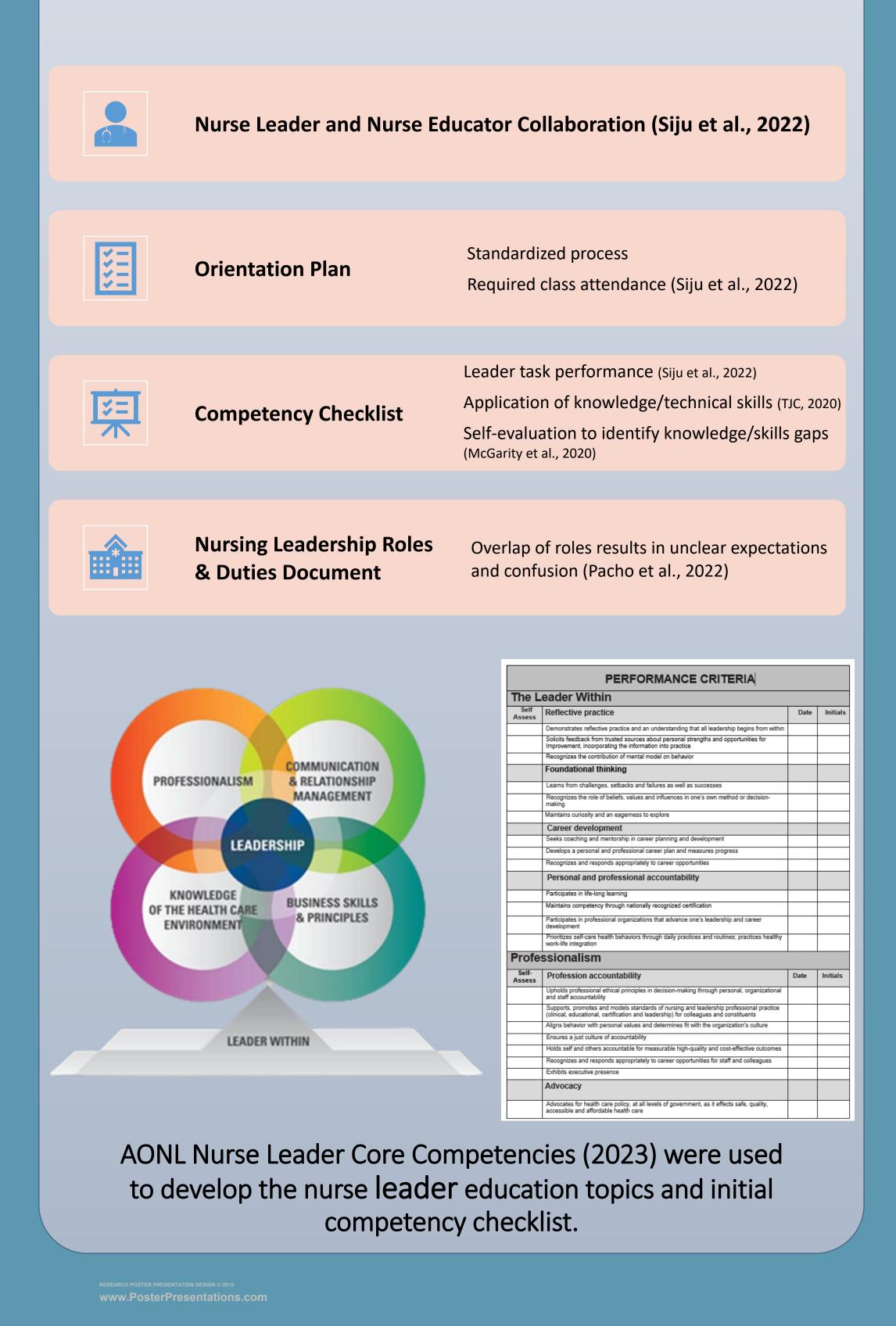
The goal of the work was to positively affect NGHS Organizational Priorities:

- Nursing turnover
- Leader turnover
- Employee engagement

Better support = improved engagement and retention = better patient outcomes

Literature Review

A literature review revealed the need for:



Promote 'Em & Support 'Em – Leadership Development After Restructure

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Methods

The new structure reduced span of control from 100 full-time equivalents (FTEs) to 20-25 FTEs to improve nurse leader work life balance, employee engagement and retention while maintaining budget neutrality.

This new structure expanded the role of the directors and allowed many charge nurses an advancement opportunity, necessitating education, development, and support.

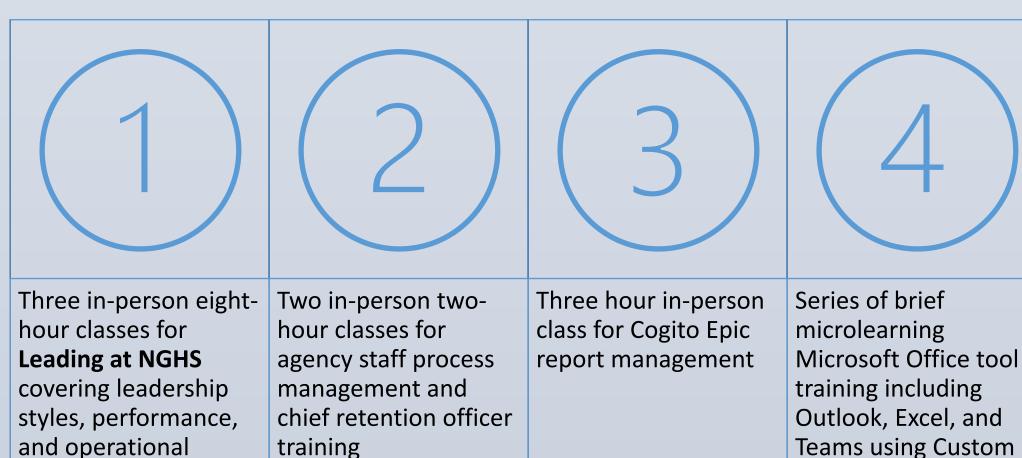
New Structure

- 4 Exempt Executive Directors with system-wide responsibility
- 1 Exempt Director over 2-3 nursing units/functional areas
- 2-4 Non-Exempt ANMs on each unit with consistent coverage on both shifts

Using the AONL Nurse Leader Competencies as a foundation, education topics and checklists were developed based on three AONL spheres; The Science, The Leader Within and The Art of Leadership.

A Roles and Responsibilities document for executive director, director, ANM and nurse educator was created to clarify the new structure and identify learning needs.

There were six phases of education implemented and all nursing leaders attended to establish common expectations and knowledge.



excellence (ANMs and

above)

Nursing Leadership Roles & Duties

Guide

		Nu	rsing Leadership Roles & D	Outies		A Nursing Leadership Roles & Duties
	Executive	Director	Assistant Nurse	Charge Nurse	Educator	A Nursing Leadership Roles & Duties document was created to clarify each new role expectation and responsibility
	Director		Manager			to avoid overlan duplication and
Satety/Quality Pillar	 FY goal determination Tier 1/2/3 oversight Oversight of Success Factors completion Determine Audit plan Determine scope of practice for units Oversight for regulatory compliance 	 FY goal implementation Lead Tier 2 Annual scope of practice review Oversight of learning module completion Oversight for audits Ensures regulatory compliance Use Epic dashboards to identify trends and develops plan for correction Identify and coordinate quality champions Oversee work orders Oversee ECRI alerts 	 Lead Tier 1 safety huddles Follow up on RL Follow up on SSE RCA process Guidelines & Order Management Committee (GOMC) PRN Oversight of documentation/utilization to prevent HAIs Use Epic dashboards for real- time coaching opportunities Conduct audits Manage work orders Support champions for falls, skin, HAIs, etc. 	 Lead Tier 1 safety huddles Oversight of documentation/ utilization to prevent HAIs Follow up on identified Epic dashboard opportunities 	 Annual education/ongoing competency plan based upon gaps in safety & quality 	 to avoid overlap, duplication, and confusion. Class topics with nursing-specific focus: Leadership Styles Tribal Leadership DISC Profile and Review Situational Leadership Performance 5 Dysfunctions of a Team Performance Management Decision Guide Simplifying Finance + Enhanced Version for Directors Change Management Operational Excellence Huddle Facilitation Leader Standard Work Unit Leader Task Division Roles and Responsibilities Incorporating Pillars
People Pillar	 Strategic workforce planning Annual education /competency plan development Oversight of staff competencies and learning module completion Oversight of employee engagement action plans Set direction for Unit Practice Councils (UPCs) Clinical Ladder for Nursing (CLN) 	 Position control Employee Engagement survey/action plan Employee rewards program Encourage professional development of staff/succession planning Teambuilding/retention Operationalize strategic workforce plan Conduct staff meetings Attend and support UPC Support CLN progression 	 Manage daily shift/staffing issues Work with recruiter for hiring Process terminations Ensure staff competency and coach as needed Follow PMDG process Maintain department employee files Annual evaluations Support CLN participation and progression Attend staff meetings Encourage professional development of staff/succession planning Teambuilding/retention 	 Manage daily shift /staffing issues Provide just-in-time training/coaching as needed Teambuilding/retention 	 Oversee orientation and onboarding process Provide just-in-time training as needed Support CLN process Encourage professional development of staff UPC support 	



development goals **Teams using Custom** (NMs and directors)



Behavior-based Interviewing, variance management, and stay interviews

Northeast Georgia Health System

The ANM transition was not fully realized in every area due to challenges with hiring and unit staffing. ANMs and directors reported limited available time spent outside of the charge nurse role to work on administrative responsibilities. Some areas did not schedule the ANM in charge nurse shifts due to the added administrative workload ANM vacancies created. Work to operationalize the ANM role is ongoing.

Pacho, A. J., Meredith, J., Kirkley, L., Rodgers, J., Makic, M. F. (2022). Supporting ambulatory nurses transitioning from direct care to leadership. Journal for Nurses in Professional Development. 1-7. Advance online publication. DOI:10.1097/NND.00000000000887.



Implications

The restructure offered ANMs smaller span of control, allowing a connection with staff. The directors have larger scopes but opportunity to grow. The education was provided to support role transition. This work supports the AONL themes of Sustaining the Workforce and Demonstrating Expert and Influential Leadership.

Outcomes

Nursing Voluntary Turnover • 16.8% before • 12.6% at one year

Leader Retention Rate • Executive Directors – 100% • Directors -95%• ANMs -99%

The Press Ganey Employee Engagement survey 2021 to 2022 demonstrated:

• An increase from 12 to 20 groups in Team Index One (highest team function)

• An increase from 22 to 31 leaders in the High Leader Index Group (highest leader trust)

• An increase from 3.84 to 3.92 in Overall Nursing Engagement

Lessons Learned

Although leaders sought education to meet expectations, they found it challenging to attend all required education and asked for a break after Phase Three. Phases Four through Six were offered over several months or as microlearning.

References

McGarity, T., Reed, C., Monahan. L. and Zhao, M. (2020). Innovative references frontline nurse leaders' professional development program. Journal for Nurses in Professional Development. 36(5) 277-282.

Siju, J., Orekoya, G., Vernet, E. & Anagboso, U. (2021). Developing a standardized method for clinical staff training, education and competency. Journal for Nurses in Professional *Development*. 1-6. Advance online publication DOI: 10.1097/NND.000000000000821

The Joint Commission. (2020). Competency assessment vs orientation. Retrieved February 25, 2023 from https://www.jointcommission.org/standards/standardfaqs/ambulatory/human-resources -hr/000002254/