

Euro Nursing 2018: Innovation in Nursing Leadership: Individual Accountability of the Nurse as a Sustainable Approach to Quality Outcomes

Cathy Rodgers Ward

UCLA Medical Center, Los Angeles, California, USA

Statement of the Problem: Nursing management programs to improve nurse performance as measured by patient outcomes such as patient satisfaction or quality outcomes have proven difficult to sustain. Many quality programs are implemented only to have temporary gains in patient outcomes. This study describes a nursing leadership approach involving feedback to the individual nurse regarding their own patient's outcomes, therefore engaging the nurse at a personal level for motivation to sustain outcomes. **Methodology and Theoretical Orientation:** Motivation theory and professional practice models guide the theoretical orientation to this research. This study was conducted in a large academic medical center with >1700 nurses receiving their own scorecards on their performance related to patient satisfaction and patient safety. Special emphasis was placed on positive nurse communication as a driver of patient satisfaction. Patient responses on patient satisfaction questionnaires were matched using medical record numbers with the nurse caring for them in the hospital using the nurse assigned to them each shift as documented in the electronic medical record. Analytics software was utilized to prepare the data for each unit manager to share with their staff. **Findings:** Nurse Communication scores have increased to 89% and have been sustained since the implementation of the "Always Report". Nurses have responded positively to receiving feedback on their performance and unit leaders have responded positively to the use of the report as a feedback tool for coaching and motivating nurses. The number of nurses on the "Always Report" continues to increase each quarter. **Conclusions and Significance:** Providing nurses with individual feedback on their performance contributes to sustained outcomes. The implementation of a positive, proactive approach to feedback on nurse performance contributes to positive patient outcomes.

Keywords: clinical leadership, nursing leadership, CNL, care coordination, innovation, interdependency

Multifaceted nature, confusion, high paces of progress, genuine wellbeing and quality issues, and labor force deficiencies in medical services are a portion of the reasons why clinical initiative is significant. In spite of the fact that the future might be hard to anticipate precisely, history has instructed us that it is critical to plan medical caretakers for key functions in the medical services conveyance framework, both for present positions and for expected future chances. The test for clinical authority is the way to structure the information, aptitudes, and capacities required so that medical caretakers are situated to venture into jobs that are required, yet, for which there may not

yet be conventional positions. One model is growing and hoisting the enrolled nurture (RN) function from conventional consideration conveyance to incorporating care, where they are working with independence, authority, and responsibility in overseeing and organizing care across orders and settings. Smolowitz et al examined 16 essential medical care rehearses that pre-owned RNs to the full degree of their extent of training in group based consideration and found that rambling and preventive consideration, persistent sickness the executives, and practice tasks were the three primary parts of RN exercises. They noticed that there is a convincing need to grow the commitments and enhance the extent of training of RNs in essential medical services for authority in interprofessional groups. The reason for this article is to imagine clinical authority open doors for three nursing jobs: explicitly, care organizer, clinical medical caretaker pioneer (CNL), and progressed practice RN (APRN), and examine a typical structure for administration advancement and schooling.

The changing face of health care

The Patient Protection and Affordable Care Act (ACA) was passed and endorsed into law in 2010. Ensuing execution has added to reconfiguration in medical services conveyance, quickened the interest for medical care alongside a lack of key medical services experts, and opened up new and extended functions for attendants under new consideration conveyance models. Pointed toward broadening health care coverage inclusion, there are numerous arrangements of the ACA, including those intended to underscore avoidance and wellbeing, improve quality and framework execution, and control costs. Prominent among these angles are the formation of wellbeing homes and incorporation of care for people with ongoing sicknesses, enhancements in consideration coordination, accentuation on avoidance and essential consideration, interest in wellbeing data innovation, and testing of new conveyance and installment frameworks. Approved under the ACA for Medicare repayment, the Centers for Medicare and Medicaid Services (CMS) has executed an activity to compensate intense consideration clinics with nature of-care motivation installments for the nature of care conveyed to Medicare patients. Called Hospital Value-Based Purchasing (VBP), this program bases installment (or delinquency) to medical clinics on how intently they follow best clinical practices and how well they upgrade patients' experience of care. The objective is to connect installment to a worth based framework that improves nature of care and isn't simply founded on volume of administrations.

These adjustments with regards to medical care conveyance have driven the need to supercharge RNs' authority information, aptitudes, and capacities and create focused on consideration coordination and joining capabilities for a more strong range of abilities that is coordinated to changing clinical initiative objectives. In view of ACA and VBP, there is a critical requirement for development and better administration of proportional association. Medical caretakers hold the focal ground for quality, security, and improving the patient experience. For instance, having brisk consideration centers

associated with a clinic can diminish nonemergent patients looking for medical care on ends of the week and evenings in the crisis division and increment persistent fulfillment with not pausing. Nonetheless, to run easily, nurture clinical authority is expected to facilitate and incorporate consideration with partnered locales, for example, labs, imaging focuses, and drug stores.