Nurses Leading Effective Care Teams

Dr Beverly Malone, Erica Reid, Annette Bartley.

The presenters have nothing to disclose.

December 6, 2015
1:00-4:30pm

Objectives of the Session

- To strengthen leadership effectiveness at building highly effective care teams that put the patient front and centre
- To identify a range of models, frameworks and tools for effective team work
- To identify different tools to engage staff and to generate ideas from frontline teams
Session Agenda

Leadership with Purpose, Power and Passion

How can we reconnect to purpose?

2.30-3pm Coffee Break

Some theory around effective teams.

How do we recognise and use our power?

Can we harness the passion of our teams?

Finish at 4.30pm

PURPOSE
POWER and
PASSION

National League for Nursing
CORE VALUES

• CARING
• INTEGRITY
• DIVERSITY
• EXCELLENCE

1. Dreaming
2. Visioning
3. Boundary Management
4. Risk Taking
5. Power
1. Dreaming
2. Visioning
3. Boundary Management
4. Risk Taking
5. Mastery

POWER

- Informational
- Legitimate
- Charismatic
- Coercive
- Extended
1. Inevitable stress - aging, illness, and Death

2. Imposed Stress — Someone else's stress

3. Chosen Stress

Questions and Comments?
How can we help our teams connect to their original purpose?

Two techniques:
Values Based Reflective Practice

- (Re)connect with our core values and motivations
- Reflect on our attitudes and behaviours
- Enhance our person-centred practice
- Deepen our relationship with colleagues
- Develop our resilience and well-being at work

Developed by Chaplains of NHS Education Scotland.

Reflective Practice

- We reflect on the past in the present in order to improve the future
- turns history into learning
- Whole point of reflecting on practice is to foster the habit of reflecting in practice ie to improve clinical outcomes
VBRP Values the worker not just the work

All forms of reflective practice attend to quality improvement

Values Based Reflective Practice additionally attends to the worker who does the work

Values

Motivation for practice
Why bother?

Actual practice
Reality of what we do

Potential practice
How we would like our practice to be
Three levels of seeing

- **1st level of seeing**
  - What do you see or notice?
    - Observing without interpreting

- **2nd level of seeing**
  - What causes you to wonder, or arouses your curiosity?
    - Questioning, turning things over in your mind, being curious

- **3rd level of seeing**
  - What do you realise or perceive?
    - When the penny drops and you make connections

Using three levels of seeing

Pick a card that reflects why you came into nursing/your profession

Pick a card that reflects what your reality is now in nursing/your profession
At your tables

One at a time
- Hold up your card
- Rest of table uses three levels of seeing while you keep silent
- They reflect on each level at a time
  Seeing/Wondering/Realising

Using the three levels of seeing you can explain why you chose the card and what it means to you.

Three levels of seeing

- 1st level of seeing
  - What do you see or notice?
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- 2nd level of seeing
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Clinical Outcomes - 2014
Independent Research

- Impact on professional practice
  - Increased self awareness
  - Increased ability to reflect in the moment
  - Increased professional confidence
  - More trusting leadership styles
  - Enhanced professional practice

- Impact on wellbeing and engagement at work
  - Staff feel more motivated
  - Enhanced job satisfaction
  - Reduction in stress
  - Ability to work in a values-based way
  - More attentive to the unspoken & what might be missed

- Impact on communication & relationships at work
  - Better communication among staff, better handovers
  - Enhanced staff relationships
  - Staff more able to embed policies re patient self management and person-centred care

Firecloud Consultancy, 2014

From seeing to ‘generative’ conversations
Why Blue Wave of Change?

Based on work of Fiona MacNeil Associates, whose influences are:

‘Blue Mind’ by J Wallace Nicholls
a metaphor for change

Theory U - a process for change

A Pacific Coast road-trip – visions for change
Blue wave

- Blue Mind
  - Generative conversations to reconnect to values and purpose

- Blue Marble
  - Seeing things differently

- Blue Ripple
  - Sharing with others

- Blue Wave
  - Small changes that will make a big difference
Prototype in a health system in NHS England

Worked with 66 ‘change makers’

- 100% reported that it changed the way they work
- 73% reported it changed the way they are at home
- 83% had examples of live impact
- 66 participants have had further conversations with 1200 nurses about purpose, behaviour and values
Coffee Break

Why teams?
What is a team?

A team is a group of people with a high degree of interdependence geared towards the achievement of a common goal or completion of a task...

http://www.nwlink.com/~donclark/leader/leadtem.html

High performance team

A group that meets all the conditions of real teams and has members who are deeply committed to one another’s progress.

(Mohrman, 1995)
Cultures of High Quality Healthcare

Informed by research, especially

- Dixon-Woods et al 2013 – study of cultures of quality and safety

- Dawson et al 2011 – analysis of NHS England staff survey data, linked to patient satisfaction surveys, mortality, quality, financial performance, staff turnover and absence

West, Lyubovnikova et al, 2014.

Cultures of High Quality Healthcare

Six key elements:

- Vision of high quality care
- Clear objectives
- People and performance
- Cultures of engagement
- Learning and quality improvement
- Team working

West, Lyubovnikova et al, 2014.
Through the Eyes of the Workforce

Lucian Leape 2013

Every worker’s experience every day:

Am I treated with dignity and respect by everyone?

Do I have what I need so I can make a contribution that gives meaning to my life?

Am I recognized and thanked for what I do?

Paul O’Neill, CEO Alcoa

‘Every system is perfectly designed to get the results it gets’

Paul Batalden

- Staff satisfaction/commitment predict patient satisfaction
- Staff views of their leaders closely related to patients perception of quality of care
- High work pressure – patients report insufficient support, privacy and respect
- Poor staff health and well being – patients less satisfied, poorer care and financial performance

King's Fund 2012
'Without joy and meaning, the workforce cannot perform to its potential'

Lucian Leape Institute

- Lower quality of care
- Diminished patient satisfaction
- Increased medical errors


**Facts**

‘Listen to the workforce’

- Physician burnout symptoms 45%\(^1\)
- Medical students burnout up to 45%\(^3\)
- Residents burnout up to 75%\(^3\)
- Nurses high rates of burnout and intention to leave\(^2\)

1. TD Shanafelt, Arch Int Med 2012; 172(18)
2. LH Allen, BMJ 2012; 344
3. WH Ishak, JOME Dec 2009
### From Values-Based Reflective Practice - NAVVY

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Values-Based Approach (NAVVY)</th>
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<tr>
<td>What was <strong>valued</strong>, undervalued, overvalued?</td>
<td>Value</td>
</tr>
<tr>
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<td>You</td>
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Listening in a different way.

A story, with a framework to ‘listen’.

Read the story, then use the framework at your tables to analyse it.
### From Values-Based Reflective Practice - NAVVY

**Key questions**

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**Where in practice could you use the NAVVY tool?**
Uses of VBRP tools

- In ward rounds (NAVYY) at bedsides
- In service audits in clinical units
- At Board level to review service delivery
- To plan new services
- To respond to feedback, concerns & complaints
- To plan training & educational opportunities
- In regular reflective practice groups
- As group clinical supervision for nurses and care assistants

Relational Coordination

Theory of relational dynamics of coordination in complex systems

- Coordination is management of task interdependence
- Relationships in context of roles, not individuals
- Quality of relationships have impact on coordination and performance
Relational Coordination

- Relationships
  - Shared Goals
  - Shared Knowledge
  - Mutual Respect

- Communication
  - Frequent
  - Timely
  - Accurate
  - Problem Solving

Efficiency
Quality
Employee well-being

Jody Hoffer-Gittell 2009

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Relational Network

- Case Managers
- Attending Physicians
- Physicists
- Technicians
- Referring Physicians
- Residents
- Referring Physicians
- Social Workers
- Nursing Assistants
- Nurses

Jody Hoffer-Gittell 2009
‘High Relational Coordination = High Performance’

Helping Relationships

- Helping is an essential component of social life and the core of teamwork – social process
- Attitude, set of behaviours, skill

Edgar Schein 2009
Helping Situation

'One up'  
'One down'

Imbalance  
Help!

Balance

Equilibrium

✖ Trust  
✖ Confidence  
✖ Eliciting valid information  
✖ Better collaboration
Humble Inquiry is the fine art of drawing someone out, of asking questions to which you do not already know the answers, of building a relationship based on curiosity and interest in the other person.

**Principles and Tips for effective helping relationships**

1. **Know your own emotions and intentions**
   - Being ready to give or receive help

2. **What and how? Feedback!**
   - Equity

3. **Communication is an intervention**
   - Always start with humble inquiry!

4. **Be aware of everything you say**
   - The helper never has all the answers

5. **Pause and reflect! ‘Access your ignorance’**
   - The ‘client’ owns the problem

6. **Help the client to figure it out**
   - Every situation is a new one

Edgar Schein 2009
Relationships are central to a flourishing and caring organization

A process for generating ideas for improving care and care experiences from the frontline

Annette Bartley RN BA BS MPH
IHI/THF Quality Improvement Fellow (Alumni)
December, 2014
The Snorkel

- Taps into existing creativity
- Liberates thinking
- Generates energy and enthusiasm
- Engages staff
- Helps move individuals past learned helplessness
- Focuses minds on the positive
- Supports action

To Innovate is to Thrive

*The key to unlocking innovation is to apply both types of thinking with equal authority and in the right order.*
IDEO – “The Deep Dive”

IDEO is one of America’s Leading Design Firms
IDEO’s special ingredients:
Teams
Culture
Methodology

Outline of “Snorkel”

Review of Project Vision and Charter
What do we know about the current context?
Propose a Design Challenge
Storytelling
How might we….?  
Brainstorming
Select top ideas (multi-vote)
Prioritize ideas for development
Plan prototypes
Enactments
Design first series of tests
Understand the current context

What has worked well?
What has been challenging?
What needs to improve?

Storytelling

In lieu of doing actual observations, use storytelling to “observe” actual experiences

Recall an actual story or experience which relates to the specific design challenge (personal, friend or family member or work-related experience)

Who was involved?
What happened?
How did individuals feel and react?

Give an example
Tell stories in small groups (no more than 2 minutes each)
How might we be more effective in co-ordination of care across different teams?

Rules for Brainstorming

Chose one or two “how might we scenarios….

- encourage wild ideas
- go for quantity – want more than 500 ideas
- defer judgment
- be visual – draw pictures
- one conversation at a time
- build on ideas of others
- stay focused on topic (“how might we…” scenarios)
- Write each idea on post-it notes
Multi-voting /Select Top Ideas

Cluster together similar ideas from the brainstorming exercise brainstorming exercise
Use dots to vote (everyone gets 7 dots):
  What are your personal favorites?
  What idea would you most like to try on your unit?
  What idea do you think will have the biggest impact toward achieving the “how might we…”
Participants can distribute their dots however they want — all on one idea, each dot on a separate idea, or anything in between
Report out on favorite ideas (where there are most dots)

Matrix of Change Ideas

Easy to Implement

Low Cost  High Cost

Difficult to Implement

Place concepts in matrix. Strive for easy, low-cost solutions. Translate high-cost solutions into low-cost alternatives.
Matrix of Change Ideas

<table>
<thead>
<tr>
<th>Low Cost</th>
<th>High Cost</th>
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<td>Low Impact</td>
<td>High Impact</td>
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Strive for high-impact, low-cost solutions.

Translate high-cost solutions into low-cost alternatives.

Enactments

Creating an enactment will help you illustrate an extreme future vision for your prototype.

Enables you to refine your thinking and build on ideas.

Helps to make your concept/abstract idea into something more concrete.
Adaptations

The Paddle
The Moan Board
Adapt
Adopt
Abandon

Commitment to act

Model for Improvement

- What are we trying to accomplish?
- How do we know that a change is an improvement?
- What change can we make that will result in improvement?

Hunches
Theories
Ideas

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Changes That Result in Improvement

DATA

A P S D

A P S D

A P S D

Hunches
Theories
Ideas

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Implementation of Change

Changes That Result in Improvement

Model for Improvement

- What are we trying to accomplish?
- How do we know that a change is an improvement?
- What change can we make that will result in improvement?
Action

What three key messages will you take away from to-day’s workshop?

What three PDSA’s /changes will you commit to testing by next Tuesday

Engaging Heart & Minds

‘If you want to build a ship do not gather men together and assign tasks. Instead teach them the longing for the wide endless sea’

(Saint Exupery, Little Prince)