



The Nurse Leadership Project CMP Grant

Final Report 2020

ACKNOWLEDGMENTS

Tobin and Associate, Inc. are grateful for the opportunity to have utilized the resident protection funds to train 72 nurse leaders throughout the state of Ohio. We would like to thank all the facilities and nurse leaders who took time from their busy schedule to attend this training especially those who attended during the year 2020 while navigating through a pandemic. A special thank you to EFOHCA for providing our nurse participants with BELTSS approved CEU hours throughout the program.

SUMMARY

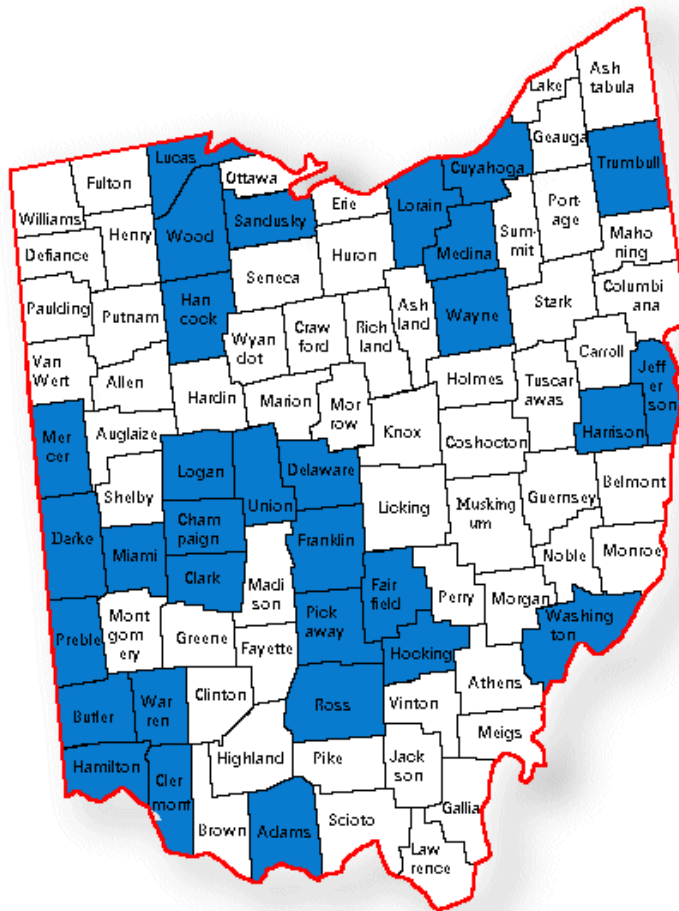
The purpose of this project was to offer leadership training for registered nurses who are in leadership positions in Ohio nursing facilities, and follow up with personal mentoring for successful graduates. The project will concentrate on the development of nurse leaders, and focus on leadership abilities that affect engagement and retention of direct care staff, such as effective communication, managing expectations, accountability, delegation, and mentorship, with the goal of decreasing the turnover rate of direct care staff and improving resident care, and in turn, resident and family satisfaction. All training sessions were led by trained facilitators.

CMP funding goals for Tobin & Associates to achieve were:

- **Decrease each participating facility's direct care staff turnover rate by 5%** for CY 2018, with additional 1% decreases in CY 2019 and in CY 2020. This will be measured using facilities' human resource records and documentation.
- **Increase each participating facility's Resident and Family satisfaction survey scores by 7%** each for CY 2018, with additional 2% increases in both surveys in CY 2019 and in CY 2020. This will be measured using the attached Tobin & Associates Resident and Family surveys that have been developed specifically for this project.

NURSE LEADERSHIP TRAINING PROGRAM

FIGURE 1: County Map of Facility Nurse Leaders Trained



Source: diymaps.net (c)

The following charts (Figure 2.-Figure 5.) are results received from the final evaluation questionnaire for participants who completed and graduated from the nurse leadership program. Overall, 100% of participants reported they would recommend this training program to other nurse leaders. There was a total of 72 nurses enrolled in the program to earn their N.L.E.® (Nurse Leadership Executive). All graduates received 42.5 hours of continuing education units for the nurse leadership program in its entirety with the assistance of EFOHCA. Each nurse participant mentored another nurse as part of the training program. Therefore, 130 nurses were impacted throughout the state of Ohio. Seven nurses did not complete the full program due to various reasons (ie. medical issues, resigning from positions, understaffed and having to work the floor, etc.). Two nurses left long term care for acute care, one returned after 6 months. We had 100 nurses’ sign up for the program (unfortunately because the classes build upon each other, if a nurse stopped and could not finish the program we could not bring in another nurse midstream to take their place).

Figure 2.

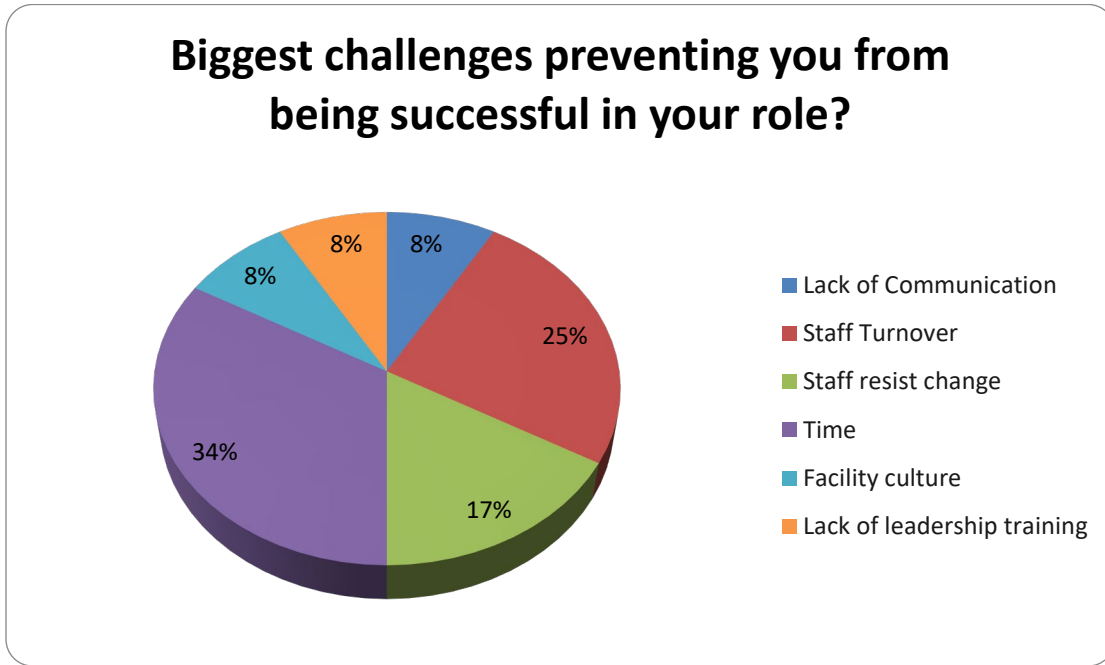


Figure 3.

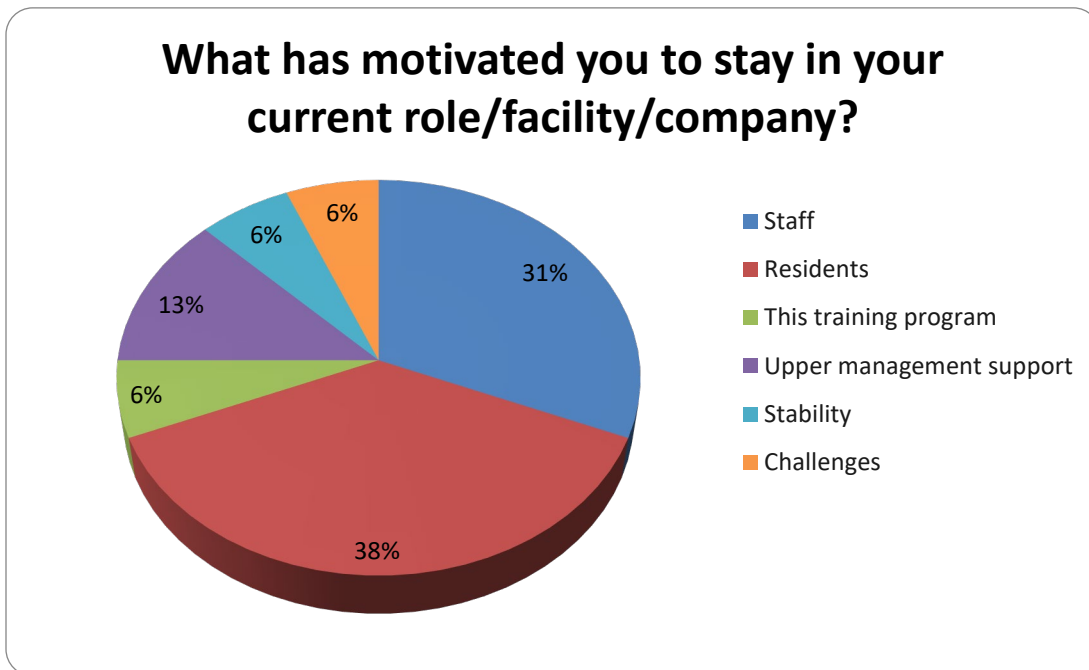


Figure 4.

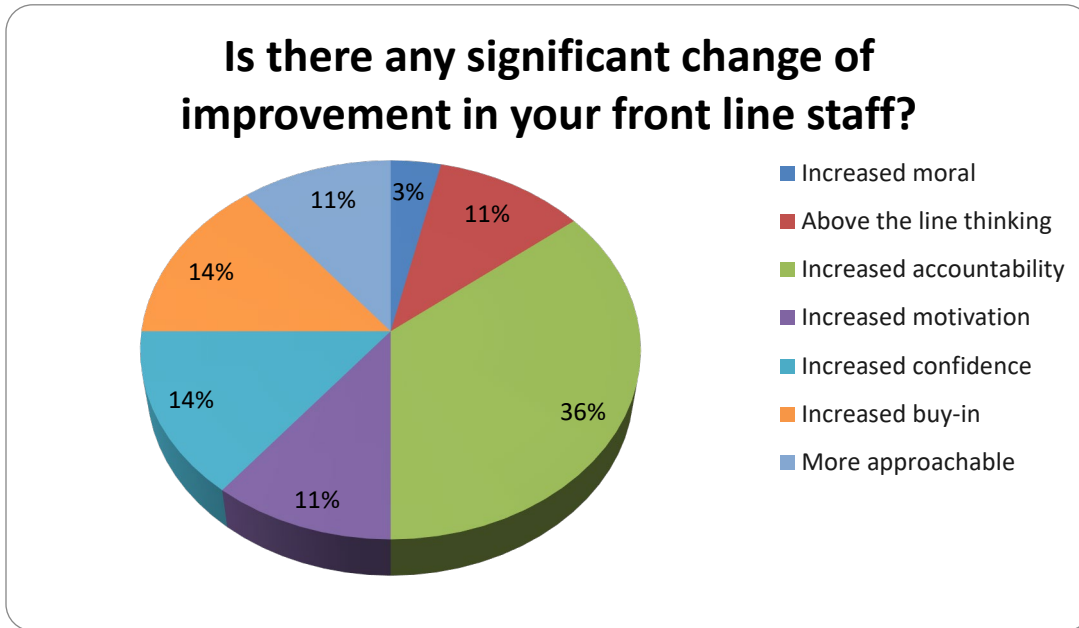
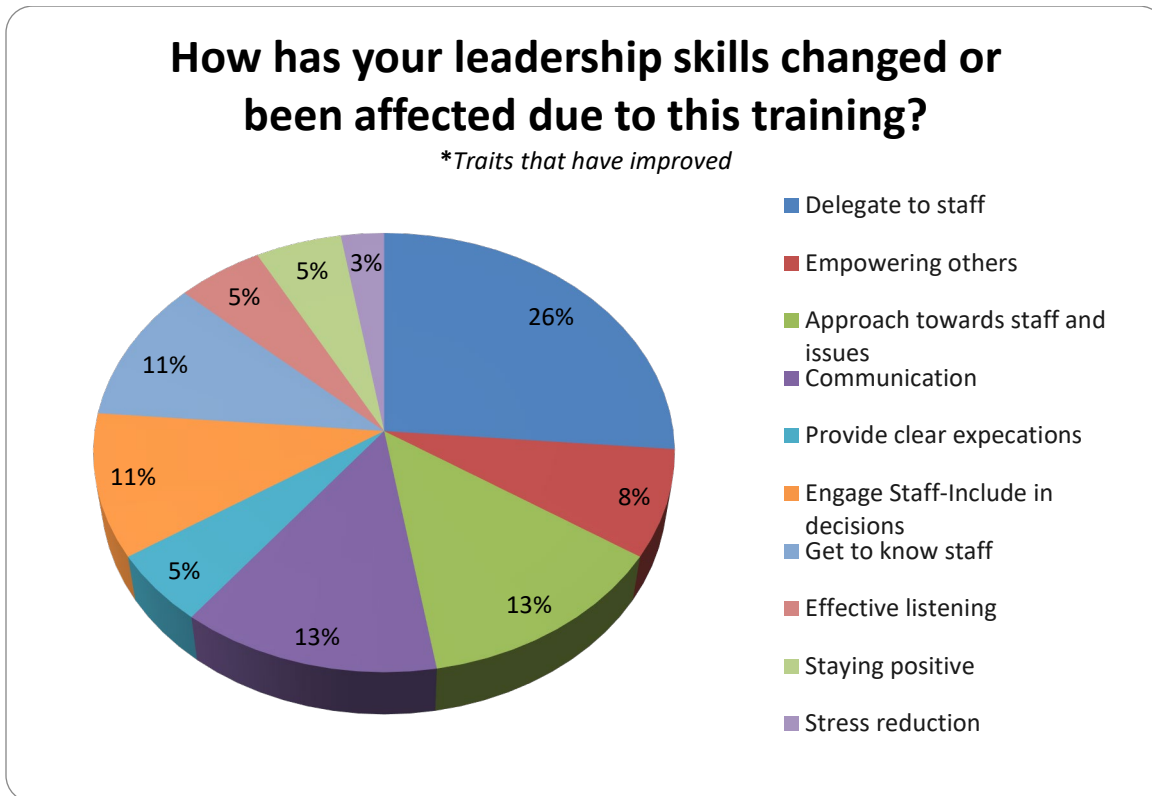


Figure 5.



Throughout the training program, many nurse leader participants were inspired to create and implement new ideas in their facilities and with their staff from tools and knowledge provided. All participants attended a total of 42.5 in person and virtual training hours. Each participant received 8 hours of one on one mentoring via email, phone and zoom calls with the program educators during and after the completion of the program. This enhanced communication built rapport with the nurse leaders. The leadership curriculum covered accountability, delegation, communication, trust, emotional intelligence, perspective, challenging personalities, corporate cultures, conflict management, diversity, and attracting and hiring. Many interactive activities were utilized which really created a comradery within the groups. The OHCA Core of Knowledge for Nurses training curriculum covered Quality Assurance & Survey Prep, managing MDS and reimbursement, human resources, workers compensation, management of staff and nursing delegation.

- One of our nurses from our first session created a CNA committee based on tools/ideas presented to her during the first 2-day training. This committee created leadership within their role, which provided inclusion with the management team. This showed the CNA's how important their role and input are in relation to the residents' care.
- Many nurses created a library for staff education with all the book resources they were provided.
- A nurse leader implemented the restructured span of command for management level staff to 5-6 employees which reduced stress and ensured daily duties were manageable.
- Another leader had all their management staff leave their offices every two hours to acknowledge floor staff and residents along with answering any call lights if needed.
- One nurse leader implemented the AIDET patient communication system in their facility. They placed this on every resident door. She received positive feedback from the ODH surveyors for this program and how every staff could answer questions about it and be observed performing it.
- Many participants implemented the personality test with their facility staff, to better learn the strengths and weaknesses of each member and how to better approach and communicate with them.
- One of our Directors of Nurses did a cost analysis of the surrounding communities for STNA hourly wages, which he provided his corporate team. This analysis provided the cost savings with an increase in pay across the board based on years of employment with facility vs. overtime hours and agency usage costs. Based on this data collected, an agreement was approved with expectations noted (ie. Must chart 100% daily, punch in and out for lunch daily, etc). He also presented block hours (allow for more flexibility) vs. 12-hour shifts, which was also approved. He is now receiving 10-20 applications a day. The staff accountability has improved greatly and staff turnover has decreased.
- Many have implemented incentives. For instance, providing gift cards to hand out when leadership sees someone going above and beyond, to let them know they are appreciated for their hard work. Another example is one of the nurse leaders' management team had an employee car wash, where the management team washed employee cars and provided them lunch.
- A nurse leader completed a time study after learning about PPD (patient per day) calculations, that the resident level of care exceeds the current staffing ratios. She presented this to management to request a need for increased staffing ratios so that they could meet and provide higher resident care.
- Another nurse implemented a skin check system in coordination with her resident showers and alternated them between shifts.

- A nurse incorporated the AIDET communication system into her staff training and required them to wear AIDET bracelets as part of their uniform.
- Many have had staff meetings and utilized the personality tests and SWOT analysis to better learn about their strengths and weaknesses personally as an individual and as a staff/ facility.
- One of our first participants started a Facebook page called Directors of Nursing/ADON, which currently has 4.9K members across the United States after going through our training. She started this page to provide a platform for the nurses to get to know each other, ask questions and share ideas. This has been a successful and growing resource for nurse leaders everywhere.
- A nurse leader took the program back and incorporated each topic learned in class into her monthly staff meetings.

Administrators of participating facilities reported positive changes with their nurse leaders who participated in the program. They reported improvement in communication, observation and delegation skills. They expressed how participants brought back new ideas, increased awareness with staff and customer service. Nurses were energized towards leadership and staff development. Many stated they would like to see this type of program available for Administrators. A regional director of clinical services sent a few nurses to this program and stated how one of them was able to go from numerous agency nurse usages to zero usage over the course of the program due to her maintaining staff. Her other nurse had a recent survey and reduced the nursing citations from 9 the previous year to 2 for the current year.

PROJECT MEASUREMENTS

The Nurse Leadership Program surpassed the set CMP goals (the following outcomes are measured by the percent change formula):

Percent Change

$$\text{Percent Change} = \frac{\text{New Value} - \text{Old Value}}{\text{Old Value}} \times 100\%$$

If the result is positive, it is an increase.
If the result is negative, it is a decrease.

Family Satisfaction	Year	Current Measured		Continued Outcome	
	Started	Year	Year		
Session 1	2018	67%	2020	83%	24%
Session 2	2018	76%	2020	83%	9%
Session 3	2019	75%	2020	85%	13%
Session 4	2019	80%	2020	86%	8%
Session 5	2020	82%	2020	83%	1%
Session 6	2020	81%	2020	87%	7%
OVERALL AVERAGE		77%		85%	10% INCREASE

Resident Satisfaction	Year Started	Current Measured Year		Continued Outcome	
Session 1	2018	64%	2020	89%	39%
Session 2	2018	68%	2020	84%	24%
Session 3	2019	73%	2020	87%	19%
Session 4	2019	80%	2020	92%	15%
Session 5	2020	82%	2020	84%	3%
Session 6	2020	75%	2020	78%	4%
OVERALL AVERAGE		74%		86%	17% INCREASE

Turnover Rate	Year Started	Current Measured Year		Continued Outcome	
Session 1	2018	62%	2020	22%	65%
Session 2	2018	48%	2020	23%	51%
Session 3	2019	51%	2020	23%	55%
Session 4	2019	44%	2020	8%	82%
Session 5	2020	48%	2020	40%	20%
Session 6	2020	63%	2020	35%	45%
OVERALL AVERAGE		53%		25%	53% DECREASE

Based on the above measurements over the 3-year project, we surpassed our goal to decrease each participating facility's direct care staff turnover rate by 5% with additional 1% decrease annually after completion of the program. **(RN, LPN, STNA – those who directly care for the patient/resident).**

We also surpassed our goal to increase each participating facility's resident and family satisfaction survey scores by 7%, with an additional 2% increase annually after completion of the program.

There were some challenges identified over the course of the 3 years. First was getting the Administrator and corporate management on board with having their nurse leaders out of the building for the training. Then, during this last year of the program the COVID-19 pandemic hit, which has had a direct impact on resident and family satisfaction rates due to the inability of family members to be able to visit or talk with their family (residents) in over 10 months and the isolation factor that the residents face due to visitation restrictions and restrictions within the facility (unable to socialize, eat or do certain activities with other residents). We also had to convert the in-person training to virtual class meetings at the beginning of 2020. By mid-2020 we were able to have in-person classes again for those who were comfortable attending. We broke up the class of twelve in half in order to accommodate social distancing protocols and repeated it the following week. We also provided the virtual zoom medium for those who had positive buildings or in red counties. Even facing these challenges, the nurse leaders were able to successfully participate and graduate from the program.

PROJECT FINANCIALS

SFY	Funds Advanced	Expenditures	Balance
2018	\$164,648.00	\$155,580.56	\$9,067.44
2019	\$352,614.50	\$327,075.10	\$25,539.40
2020	\$359,914.00	\$333,651.24	\$26,262.76
2021	\$181,847.50	\$162,454.62	\$19,020.25
TOTAL	\$1,059,024.00	\$978,761.52	\$79,889.85

In conclusion, CMP funding allowed us to provide education, tools and resources that benefited nurse leaders, staff and residents in nursing homes in 31 counties across the state of Ohio. Based on a poll from our participants 90% reported that they did not have a leadership course at all or one that taught the topics provided in the nurse leadership program in their college nursing education. Continuation of this program would provide more growth of nurse leaders throughout Ohio, which has been proven through this grant to reduce staff turnover and improve resident and family satisfaction. Our goal is to set a standard that all nurses are provided the leadership training needed to be successful and remain in long term care to improve quality of care for our residents.

Nurse leaders play a critical role in promoting nurse work engagement. Strategies for nurse leaders include being available and accessible to nursing staff, practicing open communication, and taking a personal interest in staff. Nurse leaders who strive to exercise these strategies are likely to improve work engagement levels for their teams. With higher levels of work engagement, it's expected that burnout, incivility, and turnover will decrease, and staff shortages and the quality of patient care will improve. Investment in nursing staff is vital to improvements in culture, leading to best outcomes for patients and families, and a positive fiscal bottom line for facilities. Mentoring is one way to support this learning environment. Valuing professional growth as the key to unit excellence can go a long way in maintaining workplace cultures that are respectful, thriving, and healthy.