Current and Future Role and Responsibilities of the Professional Nurse Leader within a Dynamic Healthcare Organization

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Running Header: Remodeling Respiratory Care One Lung at a Time

Abstract

As a group of Professional Registered Nursing with years of experience on working on pulmonary units, we decided that we were going to establish a healthcare facility. After much careful research, consideration, and planning, we became interested in establishing a ventilator facility in the Flatbush community of Brooklyn. We gathered our data by dispatching highly customized questionnaire via e-mail, mail, door-to door approach, and community shelters. Several reasons have led to us to choosing this location: First, this is a highly populated diverse community; secondly, in lieu of the New York City department of health (2012) survey, 1 in every 6 adult smokes in this community (approximately 22% of the population). In addition, 1 in every 5 or 20% of adults and children suffer from asthma. In addition, alcohol and drugs, which are known carcinogens and lung retardants, are rampant in this community causing many chronic illnesses such as COPD (chronic obstructive pulmonary disease) and pneumonia. Furthermore, the community residents are plagued by elevated blood pressure and cholesterol. NYC Bureau of vital statistic research (2012) provides reaffirming evidence that 26% of our catchment area is prone to heart disease. Moreover, N.Y.C. B.V.S.R. (2012) has concluded that ventilator units are in high demand as the environment increases with pollution. In lieu of the convincing data, the relationship between chronic conditions and the impact on lung function, we are confident that a ventilator facility would be a beneficial asset to the community. With the information collected, we were able to draft a mission, vision, and philosophy statement.

Flatbush at a Glance

Population

Total number of people living in Flatbush in 2000:

316,700

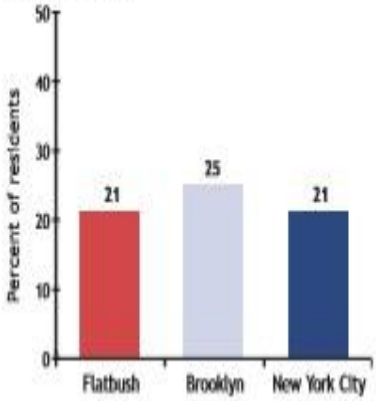
Age

People in Flatbush are slightly younger than in New York City overall

	Flatbush	Brooklyn	NYC
0-17 years	28%	27%	24%
18-24 years	11%	10%	10%
25-44 years	30%	31%	33%
45-64 years	22%	21%	21%
65+ years	9%	11%	12%

Poverty

In Flatbush, the percent of residents living below the poverty level is lower than in Brooklyn overall



Education

In Flatbush, 42% of residents aged 25 and older have completed some college

	Flatbush	Brooklyn	NYC
Up to 8th grade	9%	13%	12%
Some high school, no diploma	20%	18%	16%
High school diploma	29%	27%	25%
Some college, no degree	25%	20%	20%
College graduate	17%	22%	27%

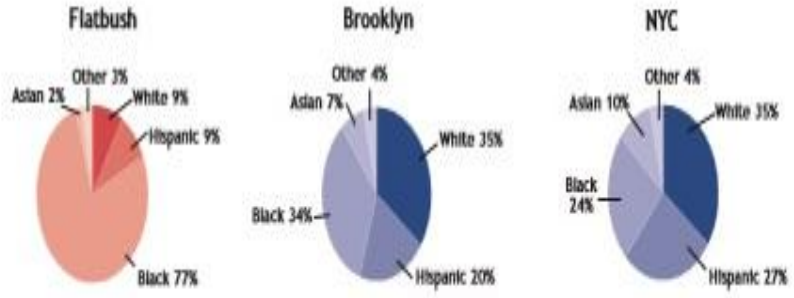
Foreign-born

More than half of Flatbush residents were born outside the U.S — higher than in Brooklyn and NYC overall

Flatbush	Brooklyn	NYC
51%	38%	36%

Race / Ethnicity

Flatbush has a higher proportion of black residents than Brooklyn and NYC overall



Data Source: U.S. Census 2000/NYC Department of City Planning

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Mission

The mission of the Department of Nursing at Brooklyn Vent is to provide the highest quality respiratory care while promoting an environment that encourages holistic care across the lifespan, deeply grounded in clinical research, evident base practice, empathy, and care. We believe that nurses are the voice, ears, and eyes, of the patients and as such offers a level of professionalism, which supports nursing development and advancement.

Philosophy

The philosophy of nursing care at the Brooklyn Vent is constructed on the fundamental principles of the American Nurses Association code of ethics, the NYS nurse practice act, EBP (evident base practice) and above all, the notion that healthcare is dynamic as the people that are accessing it. Here at the Brooklyn Vent, we understand that health, quality outcomes, and safe practices from a multidisciplinary perspective are direct measurement of our delivery system. We ensure that such protocols are adhered to, by implementing the following measures:

I. The nurse must fully assess both the family and patient for specific care ensuring positive patient outcomes
II. The nurse understands that health care is continuous and requires participation and inputs from many other disciplines
III. Provides the patients and their families with elucidated and understandable materials including, but not limited to: multimedia materials, other forms of advertisements, other health care disciplines, and external support systems
IV. Participation in clinical nursing research and quality improvement measures

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Vision Statement

To maintain clinical excellence as the one of the nation's dynamic leader in the function of nursing care, respiratory practice, safety, patient outcomes, clinical research, and continuity of care encompassing the diverse population of the community we serve.

Nursing Objectives

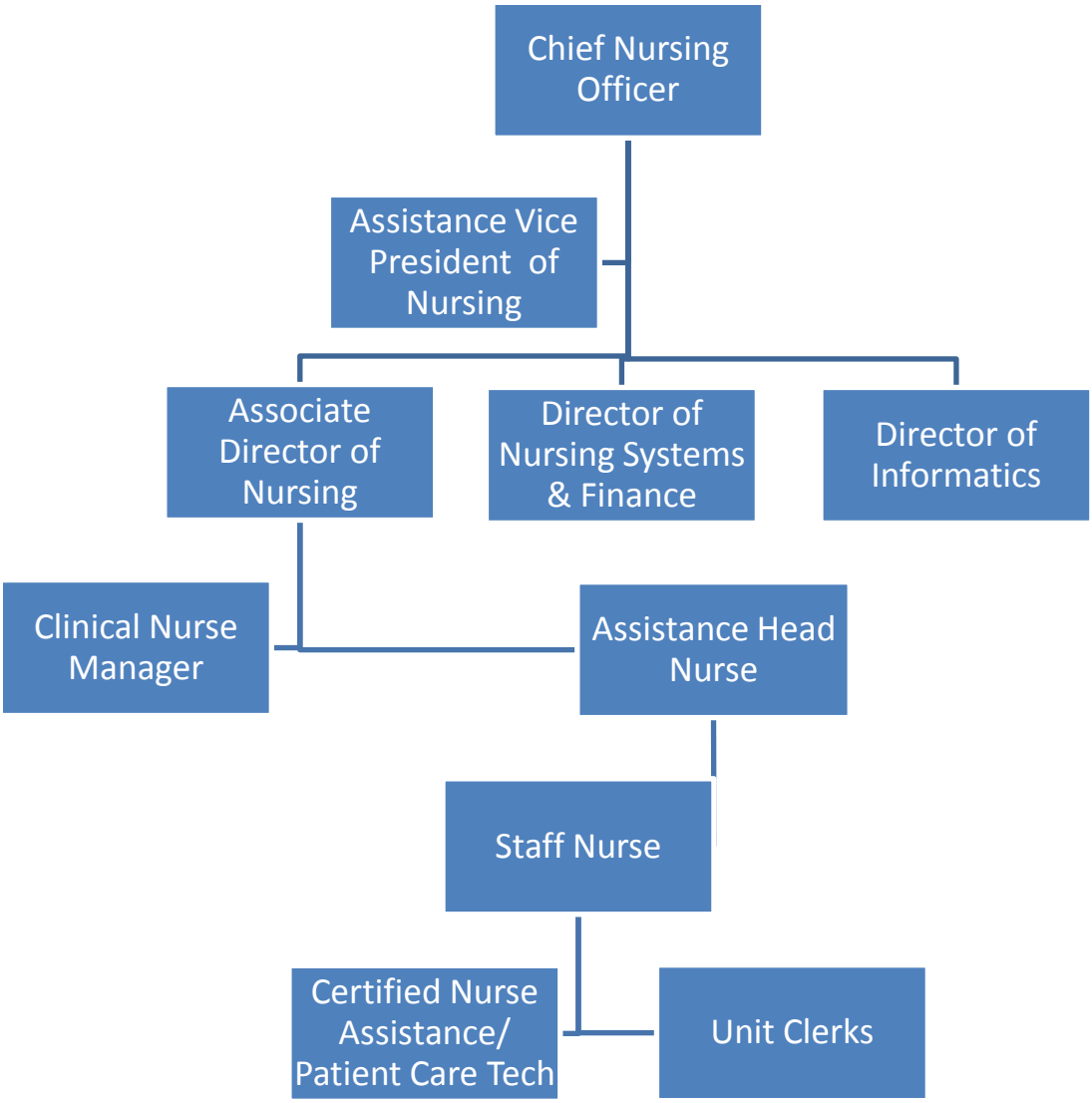
To be the premium provider of respiratory care, our Registered Nurses (RN's), Patient Care Assistants (PCA's), Respiratory Therapists (RT's), and other specialties headed by a team of board certified Medical Doctors (MD's) working together to provide the best optimal care. We believe that the ability to breathe and oxygenate is a vital function. To meet our goals the department of nursing has at least three objectives that facilitates with the acquisition, maintenance, and preservation of the highest level of professional standards of care.

I. We strive for an interdisciplinary approach to care planning and delivery through patient-centered care coordination.

II. Support services at the point of care delivery, enabling nurses to spend more time on direct patient care activities.

III. Educational advancement yields specialize nurse and bolsters nursing excellence through the pursuit of magnet status. RNs are encouraged and empowered to make discretionary decisions at the point of care.

A preliminary organizational hierarchy model, with an accompanied budget concocted demarcating the needed specialties and the dollars amounts needed to make the ventilator unit a success.


Chief Nursing Officer
Assistance Vice President of Nursing
Associate Director of Nursing
Director of Nursing Systems & Finance
Director of Informatics
Clinical Nurse Manager
Assistance Head Nurse
Staff Nurse
Certified Nurse Assistance/ Patient Care Tech
Unit Clerks

Budget for Brooklyn Vent: Respiratory care

Center Hours

Sun - Sat: 24/7

MD's needed based on 8 hours shift

- Average Daily Census(ADC): 300 patients
- Ratio-1:75
- Shift: 8 hrs.
- Total MD's= 4
- 4 x 7.5 = 30 / ADC (300) = MCH (Medical Care Hours) = .10 x 1 (shift) = .10 (productive hours)

MD's needed to work daily on the floors

- 4 x 1 (shift) = 4 MD' S x 1.6 (PTO) = 6.4 FTE's (Full-Time Equivalents)

RN's needed based on 12 hour shifts

- Average Daily Census (ADC): 300 patients
- Ratio- 1:5
- Shift: 12 hrs.
- Total RNs = 60 nurses
- 60 x 11.5 = 690 / ADC (300) = NCH(Nursing Care Hours) = 2.3 x 2 (shift) = 4.6 (productive hours)

RN's needed to work daily on the floors

- 60 x 2 (shifts) = 120 RN' S x 2.6 (PTO) = 312 FTE's (Full-Time Equivalents)

Respiratory Therapist (RT) needed based on 8-hour shifts

- Average Daily Census(ADC): 300
- Ratio- 1: 15
- Shift: 8 hrs.
- Total Respiratory Therapists: 20 Therapist
- 20 x 7.5 = 150 / ADC (300) = RCH(Respiratory Care Hours) = .5 x 3 (shift) = 1.5 (productive hours)

RT's needed to work daily on the floors

- 20 x 3(shifts) = 60 RT' S x 1.6 (PTO) = 96 FTE's (Full-Time Equivalents)

PCA's needed based on 8 hour shifts

- Average Daily Census(ADC): 300 patients
- Ratio- 1:8
- Shift: 8 hours
- Total PCA/PCTs = 37.5
- 37.5 x 7.5 = 281.25 / ADC (300) = NCH(Nursing Care Hours) = 0.94 x 3 (shift) = 2.82 (productive hours)

PCA's needed to work on the respiratory center

- 37.5 x 3(shifts) = 112.5 PCA/PCTs x 1.6 (PTO) = 180 FTE's (Full-Time Equivalents)

Unit Clerks

- 2 Clerks x 1 shift= 2
- PTO = 1.6 x 2 = 3.2 FTE's (Full-Time Equivalents)

Operator

- 3 Operators x 1 shift= 3
- PTO= 1.6 X 3= 4.8 FTE's (Full-Time Equivalents)

Building Maintenance

- 5 employees x 1 shift = 5
- PTO = 1.6 x 5 = 8 FTE's

Cafeteria/Dietary Staff

- 30 employees x 1 shift = 30
- PTO = 1.6 x 30 = 48 FTE's

House Keeping

- 10 employees x 1 shift =10
- PTO = 1.6 x 10 = 16 FTE's (Full-Time Equivalents)

Security

- 3 employees x 1 shift =3
- PTO = 1.6 x 3 = 4.8 FTE's (Full-Time Equivalents)

Salaries for Brooklyn Vent Employees

Occupation	***FTE's***	***Total Salaries***
MD Salary	$ 165,236 x 6.4 (FTE's)	$1,057,510.4
RN Salary	$ 90,599 x 312(FTE's)	$28,266,888
RT Salary	$ 65.900 x 96(FTE's)	$6,326,400
PCA/PCT	$ 40,800 x 180(FTE's)	$7,344,000
Clerk(s)	$ 44,256 x 3.2 (FTE's)	$141,619.2
Operator(s)	$ 30,390 x 3.2 (FTE's)	$97,248
Maintenance/Engineering	$ 55,999 x 16 (FTE's)	$895,984
Cafeteria/Dietary Staff	$ 30,500 x 48 (FTE's)	$1,464,000
House Keeping	$ 25,919 x 16 (FTE's)	$414,704
Security	$ 23,565 x 4.8(FTE's)	$113,112

= $46,121,465.6

Running Header: Remodeling Respiratory Care One Lung at a Time

With the advent of advance technology, timely data analysis of a patient's history and condition are readily accessible via computers, which provides a quick yet prudent cost effective approach to budget tracking, and securing patient privacy. At Brooklyn Vent, we understand that with the new healthcare laws there is an increase demand for integration of technology, interactive software, and a computerized system to manage the information of a booming healthcare industry. Headed by the nurse informaticist, the current EHR(electronic health record) is expected to incorporate all aspects of patient care. The nurse informaticist is responsible for the explanation of newly develop software features such as: electronic claims process, appointment scheduling, manage care reports and medical recording. In addition, the EHR has a variety of ways to input information into the system: templates, pen-based, computing, or dictation. (Kass-Bartelmes, BL, et al. 2002).

Stakeholders are reassured that a new computerized ventilator facility provides greater flexibility; easy access to information, treatment plans, lab results, immunizations, and medication information. Computerizing these features precludes the likelihood of a medication error; time spent documenting with paper, therefore, allowing more time at the bedside. A computerized ventilator facility is a effective measure that reduces transcription cost, and save on stationary supplies. To sum it up, an advantageous prospect of computerization reduces malpractice premiums for our employees as well as malpractice claims. Rooms once used for paper storage are reassigned as server rooms and WIFI access points. The office of finance also benefits by using computerized billing for quicker calculation, fewer required employees, and information is expedited, therefore, creating more revenue. (Pgs. 2-10)

High quality work relies on cooperation. A democratic management approach is ideal and essential to allow everyone's input and sense of belonging. This demands a great deal of

professionalism, responsibility, team effort, and communication. Manager and team members are encouraged to collaborate and brainstorm ideas, (Carroll, 2006). With a democratic leadership style, there is a sense of openness and trust amongst the formal and informal leaders.

Committees are permanent entities designed to supervise, assess, refocus, and discuss current and future plans. Committee members are often time diverse and are comprised of many different disciplinary heads in an organization. Some of their primary functions are strategic planning, setting and evaluating goals. The strategic planning, is "a process designed to achieve goals in a dynamic environments through allocating resources" (Carroll, 153).

Committees and special committees, are those whose tasks are either required or of a continuing nature. Special committees (often referred to as ad-hoc committees or task forces) are assembled to address a single topic or issue. They disband when their task is completed (Anonymous, 2012 p. 5-6). Any unscheduled meetings as in emergency cases or ad hoc meetings are addressed in a different manner. Matters are discussed at length and then carried out as a decision is made. An ad-hoc committee is appointed for any issue that a long-standing committee is unable to deal with, wherein a rectifiable solution is concoct in a timely manner, (Nailer, W. p. 6).

Research Committees are encouraged to suggest revision to policies and procedures supported by evidence based research, granted departmental review and vote approval. They are also charged with the task of evaluating goals and deadlines quarterly (3 months) for signs of progress, needs for redirection, impediments, and revision.

Goals are important because they are brainstormed, time sensitive, and provide a course direction or trajectory that corroborates with the organization mission and vision (Carroll, P. 2006 p. 153). At the Brooklyn Vent, adherence to our mission and vision is vital to the success

and growth of our facility. It is important that all members of the organization believe, participate, and uphold our mission, (Yoder-Wise, P. 2007). Our goals include but are not limited to skin care and pressure ulcer prevention; infection controls, and weaning.

Meetings provide a means of bolstering cooperation, especially among many disciplines. They are necessary for a business to run smoothly, opening a channel of communication within the organization, and providing an opportunity where concern is voice, and progress is monitored. Alternatively, poorly run meetings waste time and resource (Nailer W. 2012, Pg. 5). To ensure that the mission and vision remains the primary focus, there are scheduled meetings.

Scheduled meeting require that all employees attend, to assure that everyone has an input, and comprehends the plan of care to provide optimal service to patients/community. Meetings are permitted for advance scheduling, granted approval by the designated committee.(Yoder-Wise, P. 2007) The person or department requesting the meeting however, must file petitions within a minimum of two weeks, maximum of four weeks prior to the selected meeting date, providing an agenda. The meetings are scheduled weekly unless otherwise stated. The meetings provide an opportunity for all disciplinary heads to convene, discuss agendas, weekly and monthly concerns, future prospects, unit objectives, upcoming events or news, progress of goals and staff-patient-relations (p 550). All attendees' are required to disseminate the information to the staff on their units.

Employees are encouraged to voice their concerns and opinion, as they are the frontline caregivers. Their feedback as to what needs to be reassessed, modified, or reinvented is imperative in achieving success. It is our desire for them to be contented, and autonomous this in turn, increases performance and productivity.

Continuing education is a necessary part of safe delivery of premium nursing care. Both new employees and experienced nurses in new positions need education. Tomey (2009), recommends the first 2-3 days of orientation be carried out by personnel, describing the organizations' history purpose i.e.: mission, vision and benefits, general standards and policies/procedures.

Orientation to the Brooklyn Vent facility requires a longer duration for new hires. As per Brooklyn Vent protocol, new hire orientation consists of three months orientation, followed by progress evaluation. Orientation is divided into general and unit based. General orientation of new hire lasts 4 weeks while the unit orientation continues for another 8 weeks. Unit based orientation consists of individualized goals which varies depending on the unit's level of care.

All employees are encouraged to attend conferences and continuing education sessions and learn from each other sharing new obtained information as disseminated by research groups and designated committees. They are encouraged to engage in journal club and keep each other up to date with evidence-based information for optimal patient care (Pierre 2005, p. 390-391). They are constantly educated upon new equipment, policies, and procedures by in service and yearly mandatories. Mandatories are in place to ensure competence from the employee and provide quality care to patients (Unknown Author 2012).As an employee completes orientation, they are expected to work independently, but also encouraged to seek assistance and resource from senior staff member.

A prudent time to initiate cross training would be during orientation where new employees' competency level is assess and validated. The educator responsibility is to draft up an orientation or cross-training plan that takes into consideration areas of employee interest, expertise, experience level, and personality. The educator assigns the employee to the most

qualified preceptor. The preceptor serves an important part of the new employee integration process. They are role model, coaches, and possible mentors, and team leaders. At the end of orientation, the employee should have met all the criteria and competency by return demonstration or test taking. It is a joint effort by the individual person and the organization to provide and maintain the competencies that support the ability to perform the skills needed to do the job (Anderson, 2007).

Nurses are often stress and anxious when they are reassigned as floats to other units. The anxiety and discomfort is often the results of unfamiliarity related to the patients and staff of the float unit. The lack of familiarity and anxiousness may be the result of an inability to perform or competency to comprehend and operate. Whenever reassignment occurs, the employee's competency is always considered. According to Anderson (2007), staffing is not a matter of having adequate staff but providing adequate staffing of competent nurses who are able to complete the assignment while providing safe patient care. There are several measures that assist with reducing anxiety and resistance to reassignment: The use of a buddy system where the float nurse is assigned a go-to-nurse, another nurse delegated with the task of answering questions and serving as a resource guide; a float sheet which explicitly state unit detail such as the patient population and unit care environment; lastly, the implementation of a cluster system. A cluster system is the grouping of units that are clinically related. Anderson (2007) proposed cross-training between specialty areas to ensure competency. Providing cross training on cluster units eliminates anxiety and discomfort of employee by providing prior exposure before placing the employee to work on their own.

“The overall evaluative process is enhanced if the manager employs a technique of coaching”. “It can promote team building and optimal performance of the employees”, (Yoder-

Wise, 2007 p. 295-296). Performance appraisal is provided as an evaluation 6 months post orientation. (p.294). Learning is an ongoing process and does not stop upon completion of orientation.

Attaining the best work from the employees of Brooklyn Vent begins by being aware of their performance and creating new ways of supporting them. Developing and planning is a process of creating experiences for our employees that promotes skills and knowledge pertinent to their position and professional growth. It is challenging to develop a relevant appraisal and evaluation method that is highly linked to the delivery of optimal health care services (Osman I, et al 2011). At Brooklyn Vent a quarterly and an annual performance evaluation is complete to monitor our employee's performance, as well making sure that the goals set forth are being met.

Data gathered concerning employee performance is put into our computerize system where it is analyzed and presented in a statistical manner. Data is collected by method of graphic rating scales. "Graphic rating scales are another example of a structured approach to evaluation. They comprise a numbering system that indicates high and low values for evaluating performance" (Yoder-Wise. p. 297).Data collected is an effective performance evaluation tool and based upon objectives directly related to the employee's job description. According to Osman, et al (2011), employees are contracted to perform certain duties and task synergistic to their job description and guided by the organization's goals and missions. Expectations for each employee consist of the following: the purpose of the position, responsibilities, conduct expectations, and performance standards to the specific job.

An effective evaluation of performance is achieved with performance appraisal that includes information that emphasizes the relationship between what is expected and the employee current output. The general measures include: adaptability, flexibility, teamwork,

patient relationship, appearance, politeness, general knowledge and education (Osman, et al 2011) Feedback is a critique tool that measures performance evaluation against a known standard. It is used to provide constructive criticism or used to assess areas of strength and weaknesses.

Patient safety today remains one of the primary concerns in the healthcare industry. In order to avoid disintegration of care on this ventilator facility there are several QI's (quality indicators) to be monitored. Our primary focus is on the prevention of Ventilator Associated Pneumonia (VAP), pressure ulcers and falls that improves our quality patient outcomes.

VAP is a usually a major concern on ventilator units. As part of the quality improvement process, there is a growing emphasis to create a ventilator bundle which help reduce the increase prevalence of VAP. It is noted by Arroliga et al, (2012) that "The incidence of VAP is declining in the USA, probably due to the implementation of ventilator bundles; a set of practices, that if performed collectively and reliably, may improve patient outcomes." (p. 688). The components of the ventilator bundle are; elevation of head of bed, daily sedation, assessment of readiness to extubate; and prophylaxis for PUD (peptic ulcer disease) and the prevention of DVT (deep venous thrombosis) (p. 688). The writers also emphasized daily oral care as a VAP preventative measure (p. 688). Non-pharmacological interventions includes routine oral suctioning, daily mouth care which prevents aspiration of, contaminated secretions. Pharmacological interventions include the usage of chlorhexidine mouthwash. In addition, mandatory multidisciplinary care plans are implemented at the discretion of each unit leaders (Bare, Cheever, Hinkle & Smeltzer, 2010).

Another major concern for patient on ventilator is pressure ulcers. Pressure ulcers causes significant injury to healthy tissue, provides a medium for microbes to proliferate, and hinder the

recovery process. There are mandatory protocols implemented by nursing to identify actual and potential areas of skin breakdown. Appropriate nursing diagnoses implemented, followed by evaluation and a plan of care. Within twenty four hours of admission, the patient is assessed by a wound care nurse and a physician. The procedure for standard care of pressure ulcers are followed by utilizing the Braden Scale; daily inspection for skin at risk, manage moisture, optimize nutrition and hydration, pain management, and reposition every two hours. (Bare, Cheever, Hinkle & Smeltzer, 2010).

Risk for falls, and safety prevention is an additional focus point in our ventilator facility. Factors identifying risk for falls are addressed accordingly: hourly rounds, addressing immediate needs of patients, assuring that call bells are placed proximal to patients, Identification bands name identifiers outside each room are written with black letters on a yellow background identifying risks for falls.

In any institution, the primary and most challenging function of any leader is finding the delicate balance between resource and high quality service. At Brooklyn Vent, we accomplish this task by simply assessing the patients' needs. Understanding that healthcare is as dynamic as the people being served and the future role of nurses goes far beyond the complexities of physical care and the nursing process; nursing will require a range of skills and subtle finesse to address issues such as goals, principles, religion, and cultural diversity. In addition, nurses will demonstrate versatility by taking on other tasks such as budgeting, coaching, orienting, educating, and collaborating with members from various specialties. Other vitals aspects of the company viability involves the integration of technology with current setup to produce a meaningful and productive experience. For example, nurses are expected be knowledgeable about different software to create electronic medical records that are accurate and consistent with

HIPPA privacy laws. As part of Brooklyn Vents' effort to stay sensitize to those we serve we continue to assess the community on yearly basis for changes in needs. We believe that we can improve the morbidity and mortality of respiratory disease within our catchment area. As health care professionals, we will disseminate our values, doing our part in providing optimal respiratory care to the community, promoting health, and improving quality of life.

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