

Enhancing Patient Outcomes through PeriAnesthesia Clinical Leader Engagement, Development and Unit-Level Shared Governance

Background

- 171-bed community, Magnet[®], teaching hospital that is part of a large, integrated health system identified a need to enhance staff flexibility and the speed with staff could accommodate change.
- Need for increasingly frequent change management.
- To support optimal effectiveness of their clinical leadership as pivotal change agents, a unit level shared-governance structure was developed and implemented.

Purpose

- To support PeriAnesthesia nurse adaptability through uniting the clinical leadership team of three PeriAnesthesia Departments.
- To enhance clinical leadership team skills around conflict management, professionalism, change management and systems thinking.

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Process

 PeriAnesthesia Clinical Leadership Group (PDCLG) was created by the Nurse Director (ND) and Professional Development Manager (PDM).

• Structure built and implemented to provide regular venues for teambuilding, information sharing, professional and leadership growth, and team problem solving:



\bigcirc \bigcirc \bigcirc Weekly Retreats **Operations** Meeting decision making and monitoring Johns' Hopkins metrics. EBP Model, the Magnet model and local strategic plan.



Statement of Successful Practice

Multiple new processes implemented rapidly.

CPAN and CAPA certification rates increased within CL group and staff overall.

Clinical Leaders reported greater group cohesion, growth of their leadership skills and greater satisfaction in their roles.

Implications for Practice

 Adaptable, empowered PeriAnesthesia nurses can be powerful change agents and contribute to advancing patient care.

PeriAnesthesia nursing leaders can support autonomy, engagement and satisfaction through intentionally providing opportunity for team building, professional development and operational collaboration.

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