**BRIGHAM HEALTH** 

BWH BRIGHAM AND WOMEN'S Faulkner Hospital



# Workforce Strategies: Implementing a Triad Leadership Model

## Background

- Safety and quality of patient care is dictated by the practice environment.
- Organizations with positive practice environments, characterized by healthy and respectful nursephysician relationships, have been linked to improved quality outcomes.
- A dyad leadership model pairing a nurse leader with a physician leader to leverage shared skills and expertise - is one proven strategy to improve clinical and operational outcomes.
- Historically, advanced practice providers (APPs) have not been included in this model.
- APPs have grown significantly in numbers over the past decade and are critical members of inpatient healthcare teams.

### Purpose

The purpose of this initiative was to expand an existing, effective unit dyad leadership model to a triad model that included APPs.

• The triad model utilizes interprofessional collaboration to achieve measurable goals, which are tracked and trended on unitbased quality dashboards.

Johanna Baldassari, MSN, CNP; Erin O'Fallon, MD, MPH; Margaret Duggan, MD, FACS; Scott Schissel, MD, PhD; Cori Loescher, MM, BSN, NEA-BC

# Implementing a Triad Leadership Model

#### **BUILDING A CULTURAL FOUNDATION OF APP INCLUSION** (2010-Present)

- Key Stakeholders:
- CMO, CNO, Medical/Surgical Department Chiefs, Hospitalist Medical Director & Nursing Leadership
- Hospital and physician leadership actively created and support an environment where APPs are valued, trusted, and their opinions respected.

#### LEADERSHIP MODEL DEVELOPMENT AND PROGRESSION

- Creation of Dyad Model (2014)
- CMO/CNO convened key stakeholders to introduce dyad leadership into practice
- Unit Nurse Director and Unit Physician Leader collaborate to identify key quality improvement initiatives that align with organizational strategic goals.
- Dyads report outcome measures at hospital quarterly Dyad meeting and yearly organizational Quality and Safety Steering meeting.
- Transition to Triad Model (2016-2017)
- Department Chief APP role expansion to serve as APP Unit Leaders
- Department Chief APPs integrated into existing Dyad Model

#### Expansion of Triad Model (2017 to Present)

- APPs formally recognized as valued and integral members of hospital unit.
- Individual APPs with demonstrated leadership qualities identified and appointed as APP Unit Leaders.
- Meeting frequency increased to monthly providing the CMO and CNO with a forum to increase engagement and drive innovation.



The formalization and integration of the nurse-physician-advanced practice provider triad leadership model has successfully leveraged the existing knowledge, skill, and engagement of APP, nurse and physician leaders to advance patient outcomes.



### Results

- **Expanded APP Leadership Roles** • New APP leadership roles established
  - APP Triad Unit Leader
  - **Department Chief APP**
  - Hospital Chief APP

#### Clinical Outcomes

- Improved patient flow by increasing discharge before noon rates resulting in improved patient satisfaction and reduced ED overcrowding by 26%.
- Implemented same day
- discharges for planned total joint
- replacement (TJR) patients,
- reducing length of stay and
- associated costs with no
- readmissions
- Reduced the time between point
- of care glucose testing and
- prandial breakfast insulin
- administration to < 30 min.

# Conclusion

**Contact Information:** jbaldassari02@bwh.harvard.edu