



AIM

To determine baseline leadership skills/abilities of three PCMs (see Table 1).

To evaluate the impact of executive coaching on the prevalence of nosocomial pressure ulcer and performance indicators of ulcer management on staging, positioning and completion of Braden Scale [see Tables 2 and 3].

To determine the impact of executive coaching by the CNO on the leadership skills of three PCMs as perceived by their nursing staff and by the pressure ulcer prevalence study [see Table 1].

Strategy for Change:

As a result of an increase in low performance of pressure ulcer management, and through research, the CNO discovered evidence for using executive coaching to develop and transform leadership skills and knowledge. The final part of process improvement was an evidence-based executive coaching intervention implemented by the CNO.

The Toyota Production System (TPS) Training:

Focus is on using the scientific method at the frontline of patient care to understand current conditions, identify root causes of the operational failures, specify countermeasures, and embed tests to evaluate the effectiveness of countermeasures.

Coaching sessions included leadership development and strategies that adhere to the four rules from the TPS training, managing an Operational Failure.

CHANGES MADE

Aim 1. The GTLS/LEAP questionnaire measured the transformational leadership skills of the PCMs with higher rating (1–5 from never to always) as more transformational (see Table 1). These baseline leadership scores demonstrated that as a group, they were perceived as exhibiting leadership behaviors more than “sometimes” but less than “frequently”.

Aim 2. The PU-PI data from the intervention group were collected pre- and post-intervention (see Table 2) to determine any improvement in the compliance rate of their respective PI indicators.

Aim 3. The impact of the coaching sessions by the CNO on the leadership skills of the intervention group was determined by evaluating the results of the comparison between the pre-intervention and post-intervention scores on the GTLS/LEAP questionnaire (see Table 1) and the qualitative data from the coaching sessions. Mean GTLS /LEAP mean score significantly improved at 95% Confidence Level.

Note: Hospital-acquired prevalence studies were conducted by Hill-Rom, pre- and post-intervention to determine any reduction in the prevalence rate post-intervention. (see Table 3).

TRANSFORMATIONAL LEADERSHIP

Results: GTLS/LEAP

All interventions groups show improvement at a 95% Confidence Level		October 2010	March 2011	November 2011
		Mean (n)	Mean (n)	Mean (n)
Section 1: Rates the leadership skills of your Patient Care Manager	Intervention	3.52 (n=398)	3.92 (n=391)	4.36 (n=287)
	Control	2.83 (n=471)	3.26 (n=452)	2.93 (n=348)
Section 2: Rates your perception of leaders	Intervention	3.39 (n=528)	3.88 (n=558)	4.16 (n=408)
	Control	2.82 (n=638)	3.13 (n=644)	2.78 (n=488)
Section 3: Organizational Climate	Intervention	3.14 (n=224)	3.62 (n=219)	3.68 (n=161)
	Control	2.97 (n=274)	3.27 (n=258)	3.22 (n=192)
If I were to be led by a nurse manager, I will choose my PCM	Intervention	66.7% (n=54)	85.2% (n=54)	100% (n=39)

OUTCOMES

Results: Prevalence Study

	Pre Intervention	Target	Post Intervention 3/10/2011	Post Intervention 1/11/2012
10M, 15M, 16M	10.59%	7.4%	7.29%	7.76%

Pre Intervention study was conducted in October, 2010, post intervention study was conducted in March, 2011.

A house wide analysis of ALL PU identified was conducted on one day [prevalence].

Lessons Learned:

- The crucial nature of engaging their teams in the ownership of process improvement.
- The value of true assessment of the “current condition” vs. the “assumed” cause of a problem when trying to effect change.
- Allow the PCM leadership team to communicate ‘anything’ that is related to the process improvement .
- The coaching intervention provided a safe zone for the PCMs to identify weaknesses and work on building leadership skills.
- Ethically, it is important to maintain anonymity of conversations between the PCM and CNO.
- IRB Approval was received to conduct this PI project and to ensure the staff understood it was a voluntary process to participate.
- The inclusion of the coaching intervention enhanced the management of operational failures by sustaining the knowledge gained for a longer impact.

Results: PI-PU DATA

	Base-line	Target	Study Period				Post Monitoring		
			Dec 2010	Jan 2011	Feb 2011	Mar 2011	2Q 2011	3Q 2011	4Q 2011
Staging (10 th fl) ¹ M=93% ±4.39	30%	50%	60%	87%	100%	95%	97%	100%	100%
Turning & Positioning (15 th fl) ² M=93% ±7.91	60%	90%	100%	100%	93%	85%	93%	94%	79%
Braden Scale (16 th fl) ³ M=80% ±13.25	35%	55%	X ⁴	57.4%	92.2%	94.3%	92.3%	94%	95%

1—measured by 2 RN consensus on staging and documentation in computer
2—measured by documentation in RN flow sheet in computer
3—measured by RN documentation in computer