

# Gerontological Nursing Leadership Journey: Passion for Advancing Professionalism, Excellence, and Transitional Care for Older Adults

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## INDIVIDUAL LEADERSHIP DEVELOPMENT

### Goals

#### Model the Way

- Aligned actions with shared values
- Lead by example

#### Inspire a Shared Vision

- Enlisted others in a common vision
- Encouraged innovation, creativity, and improvements

#### Challenge the Process

- Seized initiatives and sought innovative ways to improve
- Experimented, took risks, and generated small wins

#### Enable Others to Act

- Fostered collaboration by building trust and relationships
- Strengthened others by increasing self-determination

#### Encourage the Heart

- Recognized the contributions of others
- Coached others and celebrated victories

### Outcomes

- Achieved deeper insight and improved leadership attributes
- Moved from a management style to that of a leader and facilitator in the healthcare setting
- Increased poise and confidence locally and nationally

PASSION



## INTERPROFESSIONAL TEAM LEADERSHIP PROJECT

**Background** — Substandard handoff communication practices during transitions of care can lead to adverse events, gaps in care, delays, readmissions, and decreased satisfaction

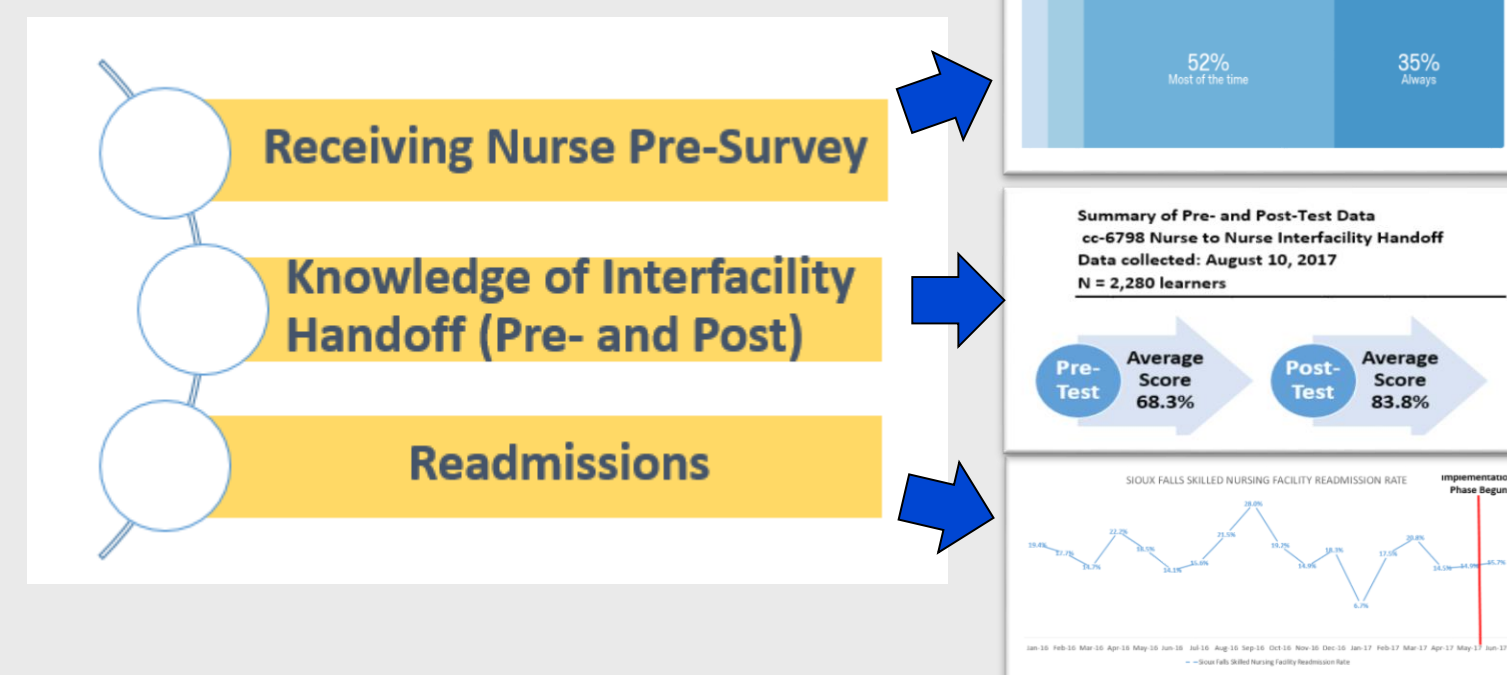
**Purpose** — To develop and implement an evidence-based bidirectional nurse to nurse interfacility handoff for patients transitioning from acute to post-acute utilizing an interprofessional team

### Methods – 5 Phases

1. Design handoff process with sending & receiving nurse
2. Build standardized process
3. Learning course development & deployment
4. Implementation of handoff process
5. Measure process and outcome metrics

### Outcomes – 3 Metrics

1. Satisfaction of receiving nurse pre- and post implementation
2. Increased knowledge of the handoff process pre- and post
3. Percentages of readmissions pre- and post implementation



## Implications for Advancing Interprofessional Practice in Caring for Older Adults – Improved

handoff communication to prevent readmissions, decrease adverse events, and improve satisfaction of sending and receiving nurses.

## EXPANDED SCOPE OF INFLUENCE

### Gap Analysis, Goals, and Outcomes

- Leadership focused at local organizational level
- Goal to expand scope at all levels

### Organization

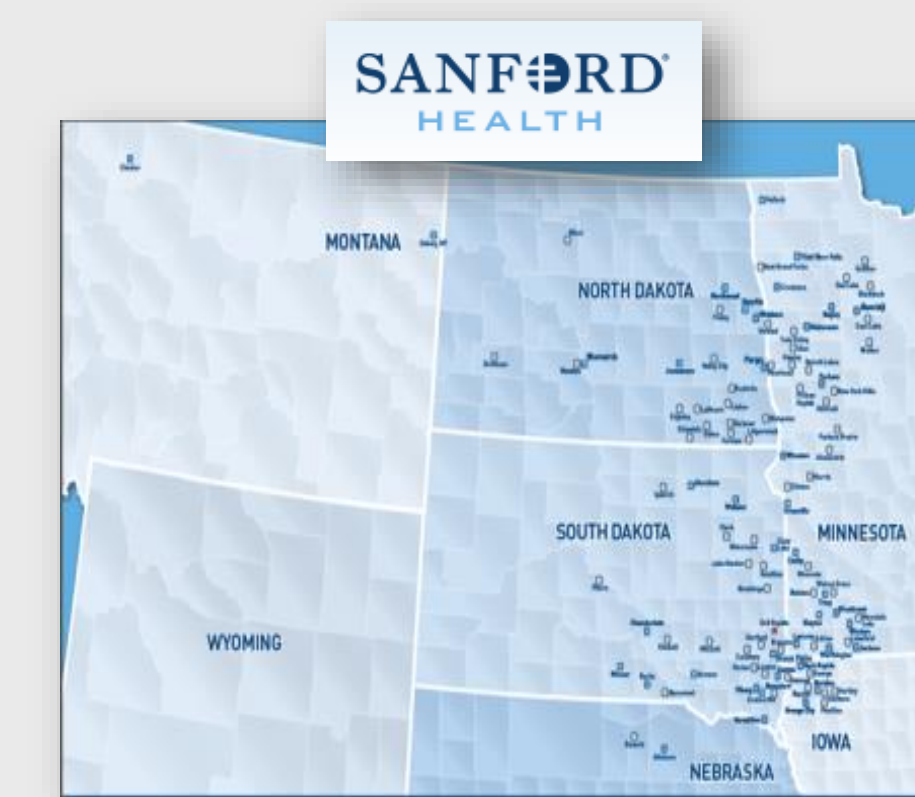
- Expanded scope of leadership with Sanford Health improvement initiatives: Decrease length of stay, decrease costs, decrease readmissions, improve relationships with post-acute providers
- Secured funding for 16 nurses for online preparation for Care Coordination and Transition Management certification

### Community

- Co-facilitator of the Sanford Skilled Nursing Facility Collaborative
- Shared best practices with the Great Plains Quality Innovation Network

### Profession

- Selected as member of the national AMSN and AACN Care Transition Hand-Off Tool Task Force
- Bylaws Chairperson of South Dakota Organization of Nurse Executives
- Poster presentation: University of South Dakota & University of Sioux Falls Evidence Based Practice Conference
- Podium presentations: DNP EBP project for local Sigma Theta Tau; DNP EBP Project at the University of Iowa Evidence-Based Conference



4 Medical Centers  
2 Community PPS Hospitals  
18 Critical Access Hospitals  
5 Long Term Care Facilities  
300,000 Square Miles in 6 States



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