

Obsessed With Being The Best: *Realizing Possibility*

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The delivery of exceptional outcomes in quality, patient engagement, and financial performance is the journey undertaken at Tufts Medical Center and Floating Hospital for Children.

The journey began about 2 years ago when I assumed the chief nursing officer position and focused on the alignment of the nursing team to create extraordinary results.

In 2009, performance in quality, cost, and patient satisfaction was average, and the need to distinguish ourselves in a competitive healthcare market was evident. The commitment to a preferred future was viewed as an imperative and was embraced. As the nurse executive, I recognized that our collective nursing leadership required a high level of

accountability to each other and to the organization. They needed to own one another. Owning refers to being fully accountable in that each person takes responsibility for one another's outcomes. This is unique because organizations are often structured to support departmental performance and a spirit of competition rather than a holistic and comprehen-

sive focus. Responsibility and accountability were in the conversation but not always in the heart and action of the operational leaders. We created a new way of working, demanding excellence and full accountability.

The passion and commitment for greatness became real by taking a stand. A stand is when there is a stake in the ground to achieve a desired goal. For the first time, the nursing executive team dedicated themselves to being exceptional, and our stand became a new reality from which to operate. The motto “Obsessed with being the best...realizing possibility” guides our thinking and actions in everything we seek to do. This commitment initiated a journey in understanding the way to be an outstanding team that delivers exceptional outcomes.

Taking a stand sets a vision and lays out the direction. Although we may not know how we will achieve our goals, committing to an extraordinary result requires a new way of thinking. It emphasizes that anything is possible. Possibility challenges the focus from barriers and *why not* to exploring new pathways to facilitate achievement. It leaves the judgment that comes with “should” behind. Statements such as “She should know what to do” or “He should understand the issues” are irrelevant. This new way of thinking assumes people are doing the best they can and every person is capable of success. Being open to possibility started new conversations with innovative actions and options.

One of the stands undertaken was building a highly reliable workforce as evidenced by 98% or greater reliability in attendance and measured by a sick time rate of 2% or less. Nursing had been experiencing a sick time rate of 3.5% to 3.9%, equaling 20 to 25 sick calls a day, which challenged our ability to deliver excellent patient care. As the leadership team shared their current thinking, it became apparent that many beliefs became internalized as the way it is. This includes that nurses earn their sick time each month and use it as a benefit time, nurses are tired and call in because they are stressed, one nurse called in last week so it is my turn this week, and the list goes on. This new way of thinking challenged us to not believe sick calls are inevitable. There was a massive shift in intention and that we are standing for creating a team that can count on one another to come to work and care for patients. This led to leaders having conversations with their staff members about their commitment to a highly reliable workforce and staff responded. We have witnessed staff changing their schedules with their colleagues to be sure patient needs are met and nurses discussing their commitment and ownership of the care delivered. This would never have been achieved if we did not believe it was possible to shift our thinking and performance. A powerful lesson learned. Our current performance is at 2.1%, reflecting 12

sick calls a day. We are continuing our work to achieve and exceed our target of 2% or less.

A second stand taken in the realm of quality and embedded in “obsessed with being the best...realizing possibility” was a goal of zero preventable falls. Once again, our current thinking revealed that falls are inevitable, especially with certain case types or related to patients on specific high-risk medications. The collective buy-in by the entire leadership team to own our performance was not present. Our plan became a group commitment to cause safe care for every patient in every interaction. This journey has invigorated the patient care team to understand why falls occur within our organization and work collaboratively to reduce our rates. We had been experiencing a rate of 2.5 falls per 1,000 patient days, which equated to 15 to 25 falls per month. This has become an opportunity to truly develop best practice and work harder than ever to minimize potential patient harm. This has resulted in modifications to our patient fall assessment, consistent use of bed and chair alarms, the development of unit and department fall champions, a post-fall assessment team, safety huddles, and an institutional awareness of every team member’s accountability. At present, we have cut our rate by 40%, which equals 8 to 10 falls per month, which includes 2 preventable falls. Our commitment and relentless focus continues.

This experience has our nursing leaders reflecting on the outcomes for which they are willing to take a stand and the ingredients necessary for success. Certain characteristics and skills are necessary to be an effective leader. Traits including honesty, integrity, courage, and respect are pivotal. Skills in influence, interdependence, communication, problem solving, and decision making are essential. In addition to these attributes and competencies, the need to operate in an environment of inclusion, transparency, and visibility with an open heart and a relentless focus on outcomes is paramount.

INCLUSION

In the world of healthcare, as well as almost every other business, exceptional performance does not happen as a result of individual effort. It is crucial that stakeholders get involved and leaders engage others in the process early and often. It is also important to recognize that relationships thrive in an environment of trust and a solid foundation can foster growth in both the depth and breadth of connection. This inclusion also acknowledges the vital contribution of every member of the team and minimizes traditional positional hierarchy. The benefits of incorporating others can be maximized when transparency is present and is the expected way of working.

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TRANSPARENCY

Transparency refers to being open and implies clarity and clearness. It means sharing the good and bad without judgment and excuses. In the work of improving performance, the need to create a meaningful vision, be inclusive, and provide a path that is unambiguous is essential. Healthcare is complex. The opportunity to distinguish what goes right or not, and the lessons learned, is invaluable. The potential for collective learning to transform in a completely transparent environment is infinite. Our desired future depends on achieving high levels of performance in the reality of a complicated system with considerable hazards. Transparency is a basic building block to developing a highly reliable system committed to continuous improvement. Embracing team participation in a transparent environment is strengthened when leadership is visible.

VISIBILITY

Visibility gives a leader contact with the front lines and provides firsthand knowledge of the workings and abilities of the team. This is necessary to make informed, accurate decisions without being totally dependent on others. Being in touch with patients, families, and staff facilitates the commitment and communication of values. People provide wonderful insight and are a generous source of information. We must tap into it regularly to be effective, and it gives the leader a unique chance to reaffirm their vision. Being visible and approachable to hear what others have to contribute is crucial. At times, the feedback may not be what the leader expects or hopes. It is most important that a difficult to hear message is received with an open heart.

HEART

Interacting with an open heart may be a new way of working for some. As a leader, you are the heart of an organization, and the people within the system want to be linked. It is often comforting to hear positive feedback and minimize the impact of those who challenge the status quo or criticize. In an organization in which the heart is open, communication flows, and the possibility to make a difference is present. Others can see passion and recognize a leader that is not afraid to show vulnerability. This facilitates being connected at a human level, which often drives commitment, energy, and the willingness to take risk. Being inclusive, transparent, and visible with an open heart puts a leader in the best position to achieve goals. This must be complimented by a relentless focus on outcomes.

RELENTLESS FOCUS ON OUTCOMES

The measurement of goals is vital for performance improvement. It is imperative that leaders track and evaluate their results in relation to designated time frames. Leaders must assure a structure is in place for making necessary midcourse corrections and achieving set targets. Process is important, but the need to achieve sustainable outcomes is essential. It implies commitment and demands ownership and accountability. There is no substitute.

CONCLUSION

We are an organization midway in our journey to create the best place for patients to receive care and for staff to work. There have been many growing pains, as individual leaders and as a team. We know that, as we change ourselves, we are transforming the organization and, ultimately, the patients and the families we are privileged to serve. Our commitment is to achieve new heights through our collective ownership and accountability that comes with being “obsessed with being the best...realizing possibility.” ^{NL}

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