Reality-Based Leadership

DITCH THE DRAMA & TURN EXCUSES INTO RESULTS
A Model for Sustaining Readiness
How would you rate your team’s current level of “change stress?”

1 – Chill, totally accepting, bring it on

2 – Have a few tough days each month but I am able to adapt quickly

3 – Feel daily stress from the current pace of change in my world

4 – Battle-fatigued, having a hard time catching my breath

5 – Overwhelmed, frustrated and a bit worried about being able to keep up with it all
How would you rate your team's current level of "change stress?"

When poll is active, respond at PollEv.com/ditchthedrama
Text DITCHTHEDRAMA to 22333 once to join

- Chill, totally accepting, bring it on
- Have a few tough days per month, but we’re able to adapt quickly
- Feel daily stress from the current pace of change in our world
- Battle fatigued & having a hard time catching our breath
- Overwhelmed, frustrated, and a bit worried about keeping up with it all
Drama:

- **Ego**: 30%
- **Lack of Accountability**: 23%
- **Resisting Change**: 13%
- **Lack of Buy-In**: 13%
- **Earning Engagement**: 11%
- **Other**: 10%

2016 Futures Company Research Study | 800 Leaders, 100 Orgs
Change Myths

- Change is hard
- Need time to grieve
- We are change fatigued
- Can control the pace
When I’m Unready for Change…

“Handling change is the best insurance policy money can’t buy”
Right Now in Leadership

People are focusing on two areas:

- **EFFICIENCY**
- **LOYALTY**

Management holds teams accountable to their processes.

- Designed by Teams
- Created by Process
- Measured by Outcomes
People who are **loyal** to you ask for two things

**Empathy - Responsiveness**

**Teamwork**
People are focusing on two areas:

Management creates: EFFICIENCY
Leadership builds: LOYALTY

When you have a good working team resources are abundant

Individual coaching & development
Typical Responses to Trends

- Change Mindsets
- Change Reality
- Quit
- BMW Drive
IN CHANGING TIMES,

LEAD FIRST

MANAGE SECOND
EMPLOYE VALUE
EQUATION

Current Performance + 
= Future Potential

3x Emotional Expense
Emotionally Inexpensive

Reality-Based Thinking

Personal Accountability

Driving for Results

Organizational Alignment

Capitalizing on Change
<table>
<thead>
<tr>
<th>COMMITMENT</th>
<th>The willingness to do whatever it takes to get results.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESILIENCE</td>
<td>The ability to stay the course in the face of obstacles and setbacks.</td>
</tr>
<tr>
<td>OWNERSHIP</td>
<td>The acceptance of the consequences of our actions, good or bad.</td>
</tr>
<tr>
<td>CONTINUOUS LEARNING</td>
<td>The perspective to see success and failure as learning experiences to fuel future success.</td>
</tr>
</tbody>
</table>
Thought Cycle

Event

THINKING

Feeling

Action

Results
EDIT YOUR STORY
SBAR TOOL: PROCESSING INFORMATION

S - The present situation
B - The relevant background
A - Analysis
R - Recommendations
Eye Exposure Reduction
Manager/Director/CNO meeting: April 19th, 2016
Shelly Schwedhelm, MSN, RN, NEA-BC

How can we use what we have learned to change mindsets around this situation?
The Non-Negotiables

- Processes provide the best results
- Simplify processes to be efficient
- Standardize everything you can

Once process is defined, hold people accountable. Don’t do the workarounds to meet individual needs. Refuse to negotiate the non-negotiables.
SBAR

❖ SITUATION
Eye exposures continue to happen monthly which places staff and our organization at great risk

❖ BACKGROUND
Since 2013, we have worked with leaders, UBC’s, and all councils to reduce eye exposures with limited success

✅ Education campaign
✅ New eyewear piloted and purchased
✅ Data transparency with managers and council members monthly
✅ PPE Policy changes done with council approval to support disciplinary action
✅ Costs associated with surveillance and treatment is 5k/exposure on average
✅ Failure to use eyewear is an OSHA violation and subject to fines
Eye Care. **Do You?**

Eye protection should be worn when it is reasonably anticipated that personnel will be engaged in any procedures that may generate splashes of blood or other potentially infectious body fluids.

**Don't become a patient. Here's why:**
- Time away from work is better spent being healthy than ill
- Anxiety and emotional strain from an exposure is stressful for you and your family
- An exposure can cost the organization $5,000 or more
- As my peer and my teammate, I need you at work

**Remember to protect yourself:** 1) Keep your eye protection with you at all times, 2) Wear your eye protection in appropriate situations and 3) Clean your eye protection at the end of each work shift and as needed.

**Remember to protect others:** 1) Make eye protection available at the point of use and 2) Be a role model.

**Questions?** Ask your manager or refer to policy EC68 for details regarding Personal Protective Equipment (PPE) expectations.
SBAR continued

- **ASSESSMENT**

  - Eye exposures continue to occur at an alarming rate

  *In 2015, 13 of the source patients involved in exposures had Hep C or HIV. One had both!*

### Eye Exposures Post-Campaign 2014-2015 (current)

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood exposures</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>Near misses</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>41</td>
</tr>
</tbody>
</table>

### Actions Being Performed When Event Occurred 2014-2015

- Flushing IV/HL/central line, 13
- Emptying Foley/urine/commode, 4
- Emptying/working with JP drain, 8
- Performing blood glucose testing, 4
- Performing CPR, 3
- Starting IV, 2
- DC'ing IV, 2
- Capping syringe, 2
- Changing dressing, 2
- Working with PICC, 2
- Working with G tube/NG tube, 2
- In surgical procedure, 2
- Working with PT coughing/spitting, 4
- In OR from pulsavac
- Removing bloody SCDs
- Turning pt
- Wound irrigation
- Removing pt from bedpan
- DC'ing epidural
- Placing Foley
- Flushing Balkin catheter
- While removing bloody gloves
- Counting lap sponges
- Bagging pt
- During dialysis
- Oil-falling basin of fluid off of mayo
- Administration of blood
## December 2015 & January 2016

<table>
<thead>
<tr>
<th>Employee Home Dept</th>
<th>Task being performed</th>
<th>Protective eyewear worn?</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>Irrigation of wound in OR</td>
<td>Reports wearing safety glasses</td>
</tr>
<tr>
<td>CPCU</td>
<td>Discontinuing peripheral IV</td>
<td>No</td>
</tr>
<tr>
<td>6 Neuro</td>
<td>When grabbed bag of CSF specimens, unknown fluid on outside of bag sprayed eye—possibly CSF exposure</td>
<td>No</td>
</tr>
<tr>
<td>Phlebotomist doing blood draw on 5N</td>
<td>During blood draw</td>
<td>No</td>
</tr>
<tr>
<td>Float pool RN working on 7 Lied</td>
<td>While straight catheterizing a patient</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Task being performed</th>
<th>Protective eyewear worn?</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDRP</td>
<td>During delivery, vacuum popped off and blood sprayed face/eyes</td>
<td>No</td>
</tr>
<tr>
<td>BMC 3rd floor</td>
<td>While emptying JP, fluid to intact skin on face</td>
<td>No</td>
</tr>
<tr>
<td>Nursing Staffing Resources (Occurred on 6 West)</td>
<td>While emptying urinal, urine sprayed to face, not eyes, nose or mouth</td>
<td>No</td>
</tr>
<tr>
<td>Nursing staffing resources (occurred on 7 Lied)</td>
<td>While getting person up from toilet, bottom of gown went into toilet and when pt got up, urine to face</td>
<td>No</td>
</tr>
</tbody>
</table>
SBAR continued

- **RECOMMENDATION**
  - Leadership Sponsorship of this issue as a “non-negotiable”
  - Continued education on this risks for our staff. Coach every person in front of you.
  - Disciplinary action-start with coaching and then escalate as needed
  - Provide eyewear to all new employees and have extras for staff when requested. They are cheap.
  - Continue monthly data transparency to all nursing leaders and Quality Council members
The Tough Questions & Comments.....and our response is?

- People just won’t report anymore
  Possible Response:
  - What I’m left wondering is why someone would choose to risk their life rather than instead be accountable for their personal safety and follow organizational policies
  - So what you are saying is that you prefer to risk your life than be safe?

- It should be my choice and my risk. Why do you care?
  Possible Response: I care about your safety and well being. I also care about the organizational risk this causes.

- Others?
Traditional Change Management is transactional and works to help people cope and survive change. It places the responsibility of making change least disruptive on the leadership team.

Business Readiness is a transformational strategy with the goal of making change less disruptive to the business. It requires the ability to quickly align and adapt as a given and the responsibility of the employee.
SKILLS FOR READINESS

- Ability to respond well to adversity
- Profound commitment to succeed in spite of the facts
- Resolve and move through conflict quickly

“GOOD TO KNOW”
LEARNED HELPlessness
PERSONAL ACCOUNTABILITY DEVELOPMENT

- CHALLENGE
- EXPERIENCED ACCOUNTABILITY
- FEEDBACK
- SELF-REFLECTION
- SENSE-MAKING MENTORING
DOES MY OPINION COUNT?

ROLE:
• Decision
• Consultant
• Informed

DECISION?

ROLE:
Do whatever it takes to get the job done
# Negative Brainstorming

<table>
<thead>
<tr>
<th>ISSUES -&gt; RISKS</th>
<th>PROBABILITY</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Example: We don't have enough resources to manage this.</td>
<td>H M L</td>
<td>H M L</td>
</tr>
<tr>
<td>2)</td>
<td>H M L</td>
<td>H M L</td>
</tr>
<tr>
<td>3)</td>
<td>H M L</td>
<td>H M L</td>
</tr>
<tr>
<td>4)</td>
<td>H M L</td>
<td>H M L</td>
</tr>
<tr>
<td>5)</td>
<td>H M L</td>
<td>H M L</td>
</tr>
<tr>
<td>6)</td>
<td>H M L</td>
<td>H M L</td>
</tr>
</tbody>
</table>
Tool Used: Negative Brainstorming

Case Example:
CLABSI Reduction Strategy & new IV Technology Implementation
Current Reality... sounds familiar?

Group discussed the organization’s current reality. Items outlined included:

- Staff are busy
- As an organization we have high volumes
  - High number of admissions and discharges per day
- Leadership is not clear about what MD expectations are
- Higher than desired staff turnover
- Short staff in multiple areas and multiple roles
- Overall inconsistent expectations between departments
- Priorities are not consistently established
- At times priorities are conflicting
- We have complex, high acuity patients
- Staff have multiple tasks and responsibilities
- Instances with inconsistently functioning technology
- Barriers with current infrastructure such as unit layout, electrical/water functionality
- Electronic Health Record (EHR) documentation can be tedious and inefficient for staff
- Instances occur where we lack role clarity
- Often times the nursing staff becomes the final solution due to 24/7 coverage at the bedside and/or they feel they can improve the problem on their own
- Failure to sustain improvements
- Opportunities to improve outcomes
- Staff not feeling acknowledged for all their hard work due to the consistent messaging of the need to improve
- Inconsistent personal accountability
- Staff not clear on the “why” behind changes
- Don’t have unanimous buy-in that we can eliminate patient harm and achieve the “zero” goal
Negative Brainstorming

“We can’t accomplish all of this….“ Reframe and Redirect

Risks Identified
Each scored on Likelihood and Impact
Mitigation Plan defined

<table>
<thead>
<tr>
<th>ISSUES</th>
<th>RISKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Validation Summit is utilizing content intended for future policy and products. Concerns that policy will not be updated in time for skills validation to begin.</td>
<td>PROBABILITY: H M L</td>
</tr>
<tr>
<td>Currently do not have a list of which products will be converted and where (i.e. which locations will be impacted).</td>
<td>PROBABILITY: H M L</td>
</tr>
<tr>
<td>Timeline for Cardinal to convert all products.</td>
<td>PROBABILITY: H M L</td>
</tr>
<tr>
<td>Concerns about coordinating all efforts for a smooth go-live.</td>
<td>PROBABILITY: H M L</td>
</tr>
<tr>
<td>Contractual cost of product conversation and financial penalties associated with not purchasing the amount of products required per each vendor.</td>
<td>PROBABILITY: H M L</td>
</tr>
<tr>
<td>Lack of inclusion for BMC on any CLABSI reduction project.</td>
<td>PROBABILITY: H M L</td>
</tr>
</tbody>
</table>
RESISTANCE
Threat
Belief
Reaction
Past

MAINTENANCE
Play it Safe
Lacks Meaning
Don’t Care
Past/Future

VISION
Opportunity
Creativity
Resource
Present

ISSUE
or
EVENT
WORK
WITH THE
WILLING
ACTIVATING THE SILENT MAJORITY TOOL

COMMITTED
Move people from passive silence to active advocacy by identifying low-drama individuals who tend to say “yes.”

WILLING
“Can I count on you to speak up, publicly, early and often in: Town Halls? Hallways? Online Chat? Meetings? Watercooler?”

ADVOCATE
Jointly create and rehearse an elevator speech for consistency in on-the-spot advocacy wherever the need arises in public forums.
THINKING INSIDE THE BOX TOOL

the power of “and”

Solutions
“How We Can…”

Constraint 1 Constraint 2
Results Circle

- What can you do to help?
- What do you know for sure?
- What can you do to add value?
- Would you rather be right or happy?
- What would great look like?
- What would add more value, your opinion or your expertise?
Skills Required

Political Environment
Competition
Regulatory Org Structure
Job-Specific Technology
Social / Culture
Customer Demands

New Regulations

Unplanned Epidemics

Staffing Shortages

Hospital Mergers

POTENTIAL 1

POTENTIAL 2

POTENTIAL 3

POTENTIAL 4
THANK YOU

www.RealityBasedLeadership.com

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