NEW NURSING LEADERSHIP STRUCTURE

As we head into fall, we are excited to introduce a new unit nursing leadership structure that will give bedside nurses more support and allow unit managers to be true transformational leaders. We are rolling out this new structure this month, starting with Monroe Carell Jr. Children’s Hospital at Vanderbilt. We are in the process of identifying appropriate units at Vanderbilt University Hospital as the roll out will eventually expand throughout the organization. Please make sure to read the article in this issue that details the changes. I hope you agree these changes will only make our health care delivery stronger and more effective – both for our units and for our patients and families.

Also in this issue, we have a Q&A with Susan Hernandez, BSN, MBA, RN, chief nursing officer for the Monroe Carell Jr. Children’s Hospital at Vanderbilt. Susan is a talented and effective leader and I hope you get to know her better through this article. We will have more Q&As in upcoming issues introducing our other chief nursing officers.

And, don’t miss all the activities and deadlines coming up – including our annual Open Enrollment period for health benefits, which is Oct. 17-31.

Enjoy this issue,

Marilyn Dubree

As we head into fall, we are excited to introduce a new unit nursing leadership structure, rolling out first at the Monroe Carell Jr. Children’s Hospital at Vanderbilt this month, will give bedside nurses more support from their leaders.

“Our current leadership structure has been in place for at least 15 years, but we recognized that it does not allow managers to be true transformational leaders,” said Marilyn Dubree, MSN, RN, NE-BC, executive chief nursing officer.

“We’re consistently hearing in community surveys and annual evaluations that staff feel that their leader doesn’t know them or have a good relationship with them, while our leaders are saying they love working out on the units but are buried in administrative duties. This change creates a structure that ensures the success of our leaders and the support of our nurses.”

The new structure emphasizes the third goal of the nursing strategic plan around transformational leadership and professional development. It brings leaders closer to the clinical work environment with the goals to improve staff development, the evaluation process, throughput and quality.

continued on page 2
Previously, each unit was structured with a manager, assistant managers and charge nurses. Now, each unit will still have a manager and will add a business coordinator. The assistant manager and charge nurse roles have been eliminated and a new clinical staff leader role has been created.

A clinical staff leader heads a cohort of approximately 20 staff nurses. Each week, they spend two 12-hour shifts working on the unit, and two 8-hour shifts working on administrative support, and developing and coaching their staff.

“This gives them a balance of being right there at the bedside with the nurses they’re leading and supporting, so they can know what they face on regular basis. Then on administrative days, they do staff development, education and other unit support projects. At the end of the evaluation year, you have a leader who has really seen how you work and can give you true feedback,” said Susan Hernandez, BSN, MBA, RN, Children’s Hospital chief nursing officer.

When the new clinical staff leader and business coordinator positions were opened, all assistant managers and charge nurses were given the opportunity to apply and guaranteed a staff nurse position, so no jobs were lost due to the change.

The new structure rolls out in October in Acute Care, the Neonatal Intensive Care Unit and the Newborn Nursery. Other areas in Children’s Hospital will be considered for the leadership model change in the new year.

To prepare for the change, clinical staff leaders go through coaching sessions to learn how to apply leadership lessons to real-life situations.

“The rationale and goal of this is to better support the bedside caregiver. That’s the bottom line,” Hernandez said. “We consistently hear that nurses do not feel their evaluations are valuable because their manager doesn’t know their day-to-day practice. This new structure lets leaders work alongside the nurses, see where they are now, and work together in their growth and development.”

Vanderbilt University Hospital is working with leadership to determine a pilot unit for implementation of the model.

Rebecca Pride wins Commodore Award

Rebecca Pride, RN, from the post-anesthesia care unit in Vanderbilt University Hospital, is a 2012 Commodore Award winner. Presented by Chancellor Nicholas S. Zeppos each fall, the Commodore Awards recognize significant individual staff achievements in Vanderbilt University’s pursuit of excellence, and winners receive a crystal bowl and cash award.

In her nomination, a colleague said, “When my patients are placed in Rebecca’s care post-operatively, I know they are in excellent hands. I have often requested Rebecca for the most critical thoracic patients.”

Another said, “Not only is she an exceptional nurse for her patients, she is a dream to work with. If I or any of my family were in the hospital, I would want a nurse like Rebecca to take care of us.”
GET TO KNOW YOUR CNO: SUSAN HERNANDEZ

How long have you been a nurse?
Since 1996 (16 years), but I started at Vanderbilt in 1994 as a care partner.

How long have you been Chief Nursing Officer at the Children’s Hospital?
One year.

What do you like best about nursing?
I like the ability to use multiple skills each day. Nurses use knowledge, compassion, technical skills and communication skills every shift. Providing comfort and clinical expertise to patients and families is very rewarding.

What is your favorite aspect of being CNO?
Advocating for the needs of nurses and other care providers is my favorite part. I like to look at challenges and try to figure out ways to make improvements that will support nurses and others to provide excellent care. I also have enjoyed the opportunity to build relationships with other team members in Children’s as well as across VUMC.

What is the most challenging aspect of being CNO?
The most difficult part for me is supporting multiple priorities and finding enough time in the day to spend with the team and in thoughtful decision-making. There are very high expectations for all of the leadership roles in VUMC including the CNO role. I struggle when I feel like I am not meeting or exceeding expectations in the role.

What educational experience has been most helpful to you?
There are pieces of all of my education that have been helpful. I started out as an elementary school teacher. I even use information learned from that in my current CNO role. I have also benefited from the combination of a nursing degree and a business degree.

What inspired you to be a nurse?
I wanted to be a nurse from a very young age, but when I went to college the first time I decided being an elementary school teacher might be more fun and less study time. (no offense to teachers, that was just my immature perspective before starting classes!) After I graduated from college, I watched my grandfather’s care as he lived his final years with Congestive Heart Failure. The nurses were amazing with him and amazing with my family. Learning about his disease process was so fascinating to me. I realized my true passion was learning about diseases and providing care and compassion to patients in need.

What was your first nursing job like?
It was great! I actually started here at Vanderbilt as a care partner while I was in nursing school and then was hired as a nurse on 7N Cardiac Stepdown after graduation. I tell people all of the time that the reason I came to Vanderbilt for my first job was because my aunt suggested it, but the reason I stayed was because of the way I was treated when I arrived. The leadership and the staff were so supportive of my success. They taught me things, treated me respectfully and never acted like my questions were stupid. Some of the nurses that trained me on 7N are still here today. I will always have a great appreciation and many warm thoughts for their efforts in giving me a great start in my nursing career.

What is your No. 1 piece of advice for nurses?
Always ask questions when you do not know the answer and never forget the individuals that gave you your start and allowed you to grow in your nursing career.

What would you be doing if you weren’t a nurse?
Realistically, I would be teaching second graders. In my dreams, enjoying a successful singing career and using a large portion of my financial success to help others.
GO FOR THE GOLD DEADLINE IS OCT. 31

Why should I participate in Go for the Gold?
All nurses who are committed to leading a healthy lifestyle are encouraged to participate in Go for the Gold. Even individuals who do not qualify for the wellness credit can still reap the health benefits of the Go for the Gold program.

The Health Risk Assessment helps you understand what your health risks are and what you can do to become as healthy as possible. It is new and improved for 2012. The Wellness Actions Log helps you choose healthy actions to maintain or improve your health and the Game Plan for Your Health video can help you improve your health and your life, focusing on different healthy lifestyle behavior topics each year. Watch this year’s video for ideas on preparing healthy, delicious meals at home.

Who is eligible for the Wellness Credit in the Health Plan Account?
A wellness credit of up to $240 per year is available to faculty and staff paying for Vanderbilt Health Plan benefits.

How does the Vanderbilt Health Plan Account work?
The tax-free Wellness Credit you earn by participating in the Health Plus Go for the Gold program will create a Health Plan Account either through Aetna or BlueCross BlueShield of Tennessee (BCBST). The Health Plan Account helps you pay your deductible (the amount you pay before the health plan starts paying) and coinsurance (the percent you pay for medical expenses after meeting your deductible). Your Health Plan Account balance rolls over to the following year, as long as you remain enrolled in the Vanderbilt Health Plan.

I am healthy and don’t visit the doctor very much. Why do I need the Wellness Credit in the Health Plan Account?
Since the Health Plan Account rolls over each year, the money will be there for you should the day come when you may need it. The money can also be used for anyone else who is on your Vanderbilt Health Plan.

If I have additional questions about the Health Plan Account who should I contact?
Click here to read all of the FAQ’s on the Benefits website. Click here for a form to email Health Plus or call 343-8943.

Be sure to complete your Go for the Gold by the deadline of Oct. 31.

The influenza (flu) vaccine is a benefit for all Vanderbilt University and Medical Center faculty and staff. Yearly flu vaccination helps to reduce sick time, medical costs and the spread of flu in the community.

This year, two vaccination periods are available with the same super-fast setup as last year:

Oct. 17
6 a.m. – 1 p.m.

Oct. 18
11 a.m. – 6 p.m.

Location is a tent between Light Hall and the VA Acre Building.

For maximum efficiency please wear short sleeves and present your Vanderbilt ID badge. Supervisors, please stagger your staff participation.

Click here for additional onsite, night and weekend vaccination opportunities.