NURSING HELPS SET STRATEGY

Vanderbilt Medical Center’s growth and success has ushered in a new era of nursing leadership. The Medical Center has spent the last several months restructuring to give all nurses a greater voice in strategic initiatives. Marilyn Dubree, was named the Medical Center’s first executive chief nursing officer in 2007, a move that illustrated the rising importance nursing plays with the Medical Center’s increasing patient volume and expanded geographical reach. Dubree had served for 12 years as the chief nursing officer and started her Vanderbilt career as a clinical nurse specialist in general surgery in 1976.

“This role is intended to set the course for all patient care in collaboration with the administration,” said Dubree. “The Medical Center leadership realized how important this is and now nurses have a seat at the executive table.”

As executive chief nursing officer, Dubree oversees nursing for the entire Medical Center with seven direct reports that encompass all of the 4,000 Vanderbilt nurses. Her focus is on quality, clinical workforce issues, nursing professional practice, retention, compensation and standards.

“Without the appropriate nursing infrastructure, the resources needed by nurses to ensure safe, effective, efficient, quality patient care would not be heard,” said Pat Givens, chief nursing officer, Monroe Carell Jr. Children’s Hospital at Vanderbilt. “The new infrastructure supports nurses on the frontlines to have a voice.”

Many hospital systems throughout the country have a person who leads the executive nursing efforts. At Vanderbilt, the executive chief nursing officer role is designed to help empower all of the organization’s nurses.

“This gives nursing an equal voice in all strategic initiatives,” said Robin Mutz, administrative director, Women’s and Nursing Support Services. “It demonstrates how highly valued the voice of nursing is to the Medical Center.”

Dubree is quick to point out this is not an operational role. It is a strategic one. The position is about transforming the nursing culture to meet future needs.

“We are looking at the One Hundred Oaks and critical care tower coming on line soon,” said Dubree. “I’m looking at Vision...
MARGARET HEAD
Chief Operating Officer and Chief Nursing Officer,
Vanderbilt Medical Group

As Vanderbilt’s ambulatory care grows, Margaret Head sees an opportunity to refocus patient care. She is doing just that as nursing leader for The Vanderbilt Clinic, Williamson County practice sites, VHVI and One Hundred Oaks.

Head joined Vanderbilt Medical Center in her current role in July 2007. Previously, she served for 13 years at Kelsey-Seybold Clinic in Houston, Texas, the last six of those as vice president of Operations. She has previous experience as a staff nurse, nurse manager and nursing supervisor at St. Luke’s Episcopal Hospital in Houston and as assistant director of Surgical Nursing at the University of Texas Medical Branch in Galveston.

She points out that much of ambulatory nursing work is done outside the traditional office visit. “It’s based around a continuum of care,” said Head.

She’s heading an initiative of clinic redesign to improve all operational processes and patient care for ambulatory visits. A team of administrators and performance improvement experts are dedicated to evaluating all processes throughout Vanderbilt’s ambulatory experience. So far, the team has focused on two clinics – the Breast Center and the Urology clinic – to map out everything from workflows to technology.

Head also wants to develop a common dashboard that managers, physicians and staff can all use that shows all pertinent information about managing patients through a clinic visit. “We need to monitor and measure what we do and give people

“Marilyn is very collaborative and values the input of others,” said Carol Eck, administrative director, Patient Cancer Care Center. “With this new reporting system, we have a quicker feedback loop for decisions.”

“The new structure is improving the collaboration across areas of the organization,” said Robin Steaban, administrative director of the Vanderbilt Heart and Vascular Institute. “It is allowing us to harvest successes and transfer learning to other areas of the organization effectively.”

Most Vanderbilt nursing leaders agree that it would have been nearly impossible for one person to handle all the operational areas and strategic decisions as the Medical Center expands.

“We’ve got the right people in place who can do very powerful things,” said Dubree.
tools to constantly improve,” she said. “Communication and interaction are key.”

She sees the opening of One Hundred Oaks, with its eventual 1.5 million visits per year, as a huge opportunity for Vanderbilt.

“The Medical Center can seem big and intimidating to our patients,” said Head. “With One Hundred Oaks, we can make this a more patient-centered experience.”

Head has been impressed by the organization’s “culture of caring” and believes that all employees are deeply committed to their patients. She is amazed by the patient care stories that she hears while visiting various clinics. Going forward, she wants to make sure Vanderbilt’s clinic network offers the same level of staff education and support that nurses in other areas of the Medical Center receive.

“If we can help people who work here by improving processes and support, there’s no telling what we can accomplish,” she said.

PAM JONES
Associate Hospital Director for Patient Care and Nursing

Supporting bedside professionals and frontline leaders in the midst of explosive growth and change is Pam Jones goal. It requires every bit of her experience as a nurse, administrator and professor.

Jones brings a wealth of nursing and leadership experience with her, having served as CEO for Baptist Women’s Pavilion Hospital, COO of Tennessee Christian Medical Center, and more recently as assistant dean for Faculty Practice at the School of Nursing, where she was instrumental in transitioning the Vine Hill Community Clinic to a federally qualified health center. As assistant professor, Jones taught financial management of health care systems. She also brings a commitment to professional development for nursing.

“I’m really proud of my roots as a bedside nurse,” said Jones. She displays a picture in her office from the 1990s – Jones taking care of a 4-year-old boy in the Vanderbilt pediatric intensive care unit. “My new position allows me to make changes on a larger, systemwide scale in line with the strategic goals of the institution.”

Jones provides focus to all entities that interact with Vanderbilt University Hospital. Her top three priorities:

1) Making VUH the safest possible care environment by consistently looking at staffing, practice and quality
2) Designing care that can be replicated unit by unit to ensure quality outcomes
3) Preparing for the Critical Care Tower (three additional critical care units)

She describes herself as an action-oriented leader who likes to analyze situations, put plans together and then execute those plans. “I believe in open communication,” said Jones. “I want to know what’s working well and what needs improving, and input from nurses is crucial.”

Jones sees evidence-based practice as more important than ever and wants to maximize linkages to Vanderbilt’s community of researchers, administrators and practitioners including the Schools of Nursing and Medicine.

Six months into this newly created position, Jones’ “to do list” is long, but her goal remains the same.

“Everything I do is about supporting the experience for patients and nurses at the bedside,” she said. “I can’t do everything at once, but I can focus on what can make the most difference.”