

# Speaker Topics

*Kathleen Bartholomew, RN, MN*

## **Charting the Course!**

### **Innovative Leadership in the Face of Health Care Reform**

#### Abstract

Targeting 2012's tsunami of challenges and changes confronting the industry, this presentation tackles the question of what to do now regarding increased dependency on HCAHPS and patient satisfaction metrics, CMS pressures and curtailed reimbursement, the expanding list of "Never" events, and the massive challenge of creating a unified organization from a collection of siloed fiefdoms.

This dynamic program takes you with great clarity into the heart of exactly what steps must be taken by senior and middle management to lead your people to break free of the "Way we've always done it" syndrome. It gives virtually everyone in the American Healthcare setting a crystal-clear understanding of what has to be done, and in what order, to create a unified institution whose members from bottom to top are truly dedicated to zero harm, the highest quality of care, communication, teamwork in its highest expression, and a common level of ownership. This presentation is co-presented with John J. Nance and based on the sequel to "*Why Hospitals Should Fly*" which is called, "*Charting the Course: Launching Patient-Centric Healthcare*".

#### Objectives:

1. Articulate why a new set of leadership skills is required to lead healthcare reform.
2. List two qualities required of today's leaders in order to ignite and sustain true cultural change
3. Understand the carbon-based system: how people in groups react to stress, change and routine.
4. Give two examples of how you can personally shift the power structure from a hierarchy to a team in your department/organization to create synergy and maximize power.
5. In light of new knowledge, give one reason why attempts to create a reliable safe patient culture have failed in the past.

## **Leading a Patient-Centric Culture: Beyond Scores and Stats**

#### *Abstract*

The ever increasing demands of leadership have not allowed today's leaders the luxury of time needed to step back and look at the 'big picture'. The biggest failure of all has proven to be the most critical: a

failure of perception. Culture has repeatedly been identified as the greatest barrier to patient safety (IHI). What is this phenomenon that travels as a powerful undercurrent in organizations? And how can leaders' un-mine and control an invisible force?

Using Professor Diamond's framework (Collapse), for "How group decisions fail", this presentation offers a fresh and fascinating look at the hospital safety culture in light of sociology. Patient safety can never be achieved as a top-down driven initiative. Safety is a core value. In this session, leaders will learn how to identify their culture beyond the statistics and sustain the value system and behaviors critical to keeping our patients safe.

### *Objectives*

1. List three reasons why groups fail at decision making
2. Discuss the impact of perception on patient safety and quality care
3. Identify and apply two major concepts that would provide perspective and power to leadership
4. Understand how to maximize power and resources within a human institution.
5. Describe two specific actions that you personally can adopt now to lead a patient safety culture
6. Describe the difference between patient safety as a core initiative versus a core value.

(Level: Geared from front line managers to board members)

## **Healing Nurse-to-Nurse Hostility & Creating Healthy Relationships**

### *Abstract*

The expression "Nurses eat their young" is so far removed from our idea of the caring and nurturing nurse that we shudder to think it could possibly be true. But the truth is, nurses are hurting each other. Stories from the 'front line' cannot be ignored. These stories are the voices of nurses telling the world about their experiences. In addition, research shows that 60% of newly registered nurses leave their first position within six months because of some form of abuse from a co-worker. The first step to healing our relationships is the most difficult: to recognize and openly discuss the problem. Only by understanding the origin and reasons for our behaviors can we even begin to create the healing environment that is so desperately needed in nursing- for ourselves, as well as our patients.

### *Objectives*

1. Acknowledge that nurse to nurse hostility is a serious problem.
2. Explain why nurses experience un-caring behaviors from their peers.
3. List one action that you can take to build a culture of healthy relationships and/or decrease horizontal hostility in the workplace
4. State the relationship between healthy peer relationships and patient satisfaction

## How Professionals Communicate

### *Abstract*

As a culture, studies show that both physicians and nurses fall short of communicating their concerns to their colleagues because of a passive-aggressive style of communication and conflict avoidance. Clearly, if we are to deliver the highest level of safe, quality care and create the collegial relationships that will nurture and support each other, we must learn a new way of engaging with each other. Participants will leave this presentation prepared, empowered, and determined to engage in the conversations they have been avoiding.

### *Objectives*

1. List three situations that demand a conversation in healthcare.
2. Recognize the impact of culture on communication.
3. Describe a conversation you avoid and apply the DESC model to this situation.
4. State two behaviors that are not 'normal' and must be confronted in order to create and sustain a healthy work environment

## Nursing Leadership: “If Not Us, Then Who?”

### *Abstract*

The field of “Knowledge Utilization” has identified the optimal information needed at different points in an organization for people to best maximize their effectiveness. According to this research, the ‘generals’ need the concepts and the ‘captains’ need strategies and tactics. Unfortunately, the ever increasing demands of nursing leadership have not allowed nursing leaders the luxury of time needed to step back and look at the ‘big picture’ and lead today’s nurses.

Using Professor Diamond’s framework (Collapse), for “How group decisions fail”, this presentation offers a fresh and fascinating look at the nursing profession within the American healthcare system as well as a ‘call to arms’ for rallying together in light of this crises.

### *Objectives*

1. List three reasons why groups fail at decision making
2. Discuss the impact of perception on patient safety and quality care
3. Identify two major concepts that would provide perspective and power to nursing leaders.
4. Understand how to maximize power and resources within a human institution.

## Creating Collegial Interactive Physician-Nurse Relationships

### *Abstract*

It's the patient who loses when nurses and physicians are in conflict. Research shows that not only do poor nurse-physician relations affect morale and retention, but also patient mortality. In order to achieve best practice, we need to understand why we play this game and how it started. Learn practical strategies for building good relations that will be ego-boosting for both nurses and physicians and leave this presentation with the courage and determination to improve your working relationships.

### *Objectives*

1. Identify two strategies that you can implement to improve MD/RN relationships at your workplace.
2. Explain one reason for the source of physician-nurse conflict.
3. Describe a current situation in your practice where physicians and nurses play "the game".

## Creating Community: The Key to Recruitment and Retention

### *Abstract*

In a world characterized by increasing complexity and diversity, in which many are feeling greater alienation, the workplace is a fertile common ground. High-tech companies not only recognize that people are their most important resource, but also strive to create an environment in which their employees can find personal value and meaning in their work. The health care industry lags behind and the shortage of nurses is providing additional challenges. We can measure our effectiveness as nurse managers by the quality of our relationships.

*(Kathleen managed a 57 bed Orthopedic and Spine unit in Seattle, Washington. For the last three quarters of her tenure, her unit was in the top 10% of patient, physician and employee satisfaction. With a turnover rate of less than 3% and a waiting list for employment on the unit for over three years, Kathleen's success is dependent upon one thing: building a community of nurses who feel that they belong and who care about each other.)*

### *Objectives*

1. Recognize the impact of building community on retention and recruitment.
2. Define community in relationships to the nursing profession.
3. List two specific activities that will promote community on your unit.
4. Describe why the art of nursing flourishes in a community setting.

# A Passion for the Art of Nursing

(Based on "The Heart of Nursing", C. Wendler)

## *Abstract*

Nursing is both a science and an art. The science of nursing requires us to stimulate our minds while the art of nursing engages our soul. As we tackle the everyday challenges, it is clear that many of us have forgotten the joy of nursing. Using the power of story, Kathleen inspires nurses to be in awe and appreciation at nurses' work. This lecture challenges how we look at our own profession, reminding us through the story of the moments where we have connected to another human being on the deepest of levels as we help them to deal with the gamut of human emotions. When we encourage the role of nurse as artist, and integrate these qualities into our daily routine, we unleash our own personal power - Nursing then becomes a place to be nourished rather than drained.

## Objectives

1. Re-kindle your passion for the nursing profession.
2. Describe the importance of practicing both the art and science of nursing.

Identify two situations in your practice where you have experienced or observed nursing as "art".