RESEARCH LEADERSHIP IN THE CLINICAL ENVIRONMENT

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The forces and drivers active currently within Health Services and Practice

New Directives Guidelines GL2012_004

Perform in a clinical leadership role evidenced by participation in

practice development activities, including mentoring, education,

active participation in communities of practice, policy development,

research and quality improvement (point 5 pg 7)
The forces and drivers active currently within Health Services and Practice

Understanding the context

External drivers

Government Policy, Government focus, population focus, new models of care

Internal drivers

Clinical needs, performance targets, IIMS, workforce issues, budget, service delivery

Staff behaviour drivers

Values, beliefs, attitudes, motivation
The forces and drivers active within Health Services and Practice
Examining and Exploring Practice

Clinical Inquiry:

- Do we have what we think we should have to deliver services? (resources, staff, knowledge, skills…?)

- Are we doing what we (know we) ought to be doing? (are our care processes aligned with ‘best practice’?)

- Are our patient outcomes as good as the evidence shows they can be? Peer benchmarking; research evidence?
Audits: Structure, Process, Outcome

- Clinical audits are a quality improvement process that seeks to improve patient care and outcomes through **systematic review** of care against **explicit criteria** and the **implementation of change**.

- Aspects of the **structure, processes, and outcomes** of care are selected and **systematically evaluated** against **explicit criteria**.

- Outcome of audit: changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.

(National Institute for Clinical Excellence)
Audits: Structure, Process, Outcome

- **Structures/resources:**
  Do clinicians have adequate knowledge/skills?

- **Processes:**
  Effective discharge screening systems? Care planning process? Referral processes?

- **Outcomes:**
  Pain management, QoL, reduce LOS, reduce re-admission, staff satisfaction
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- Surveys, Observation of practice, Interviews
- Extraction from other forms of existing data – EMR, pharmacy, pathology, imaging, PACE records, IIMS, any HIE data…
- Documentation reviews – case notes, management plans, observation charts, medication charts …..
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What are your service targets/goals?

Gap analysis:

- Awareness
- Knowledge
- Implementation
- Values and commitment
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How is pain managed in our ED?


Can nurses improve waiting times?


Who are the patients leaving prior to medical assessment?

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Do Nurse Practitioners make a difference?


What is the best technique for venipuncture?


The need to develop knowledge in ventilator /airway management: what is the evidence?

Can triage nurses stream patients?

How are mental health patients triaged in an ED?
Fry, M. Brunero, S. 2005 The characteristics and outcomes of mental health patients presenting to an emergency department over a twelve month period. Australian emergency nursing journal. 7(2): 21-25.

How can we improve the time to thrombolysis?

What was the mortality rate for one ED?

How can we improve the ED experience for different multicultural groups?
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We introduce new practices but don’t think to write it up!

- Publishing makes Nursing and Midwifery visible:
  - Profiles service outcomes
  - You can provide evidence for system change and debate
  - Clarifies thought and structure for project/study
  - Builds capacity and a program of research for your career

- Research in teams multidisciplinary collaboration
  - Interests/disciplines/agenda of team
  - Builds mutual respect
  - Nursing and Midwifery transparent and understood
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To build/ develop/ explore/ change service you need to understand culture and social processes

What is the existing culture?

Shared basic assumptions:

beliefs, values, rules, procedures and habits,

and tacit knowledge
Leaders need to examine and understand everyday culture in order to implement new ways of doing things, and engage with old or new values.

As a research leader and change agent how do you manage change?
As leaders you can influence certain things “circle of influence’

- In the **Circle of Concern** the focus is on what we need to **have** in order to be happy or successful: “I will be happy when my budget is increased”; “If my boss would change his attitude my team’s morale would improve”; “If we had more staff…”.

- Operating in the **Circle of Influence** focus on what they could be or do: “I could be a better role model”; “I can be more organised”; “I will take the boss a strategy for change”; “All our service will focus on solutions rather than problems”.

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**Circle of Concern**

**Circle of Influence**
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-leading Self
-leading upwards
-leading sideways/peers - internally
-leading sideways/peers - externally
-leading downwards
1. Lead and manage yourself (50%)

The first and paramount responsibility is to manage self; one's own integrity, character, ethics, knowledge, wisdom, temperament, words, and acts.

Without management of self, no one is fit for authority, no matter how much they acquire.

It is the management of self that should have half of our time and the best of our ability. And when we do, the ethical, moral, and spiritual elements of managing self are inescapable.
The second responsibility is to manage those who have authority over us: nurse managers, supervisors, medical directors, regulators, ad infinitum.

Without their consent and support, how can we follow conviction, exercise judgment, use creative ability, achieve constructive results, or create conditions by which others can do the same?

Managing superiors is essential.
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- How do you manage superiors-bosses, regulators, associates, customers?
- You can:
  - understand them
  - persuade them
  - motivate them
  - disturb them, influence them, forgive them
  - set them an example
3. Lead & manage your colleagues (horizontal - peers & those you are not in control of) (20%)

- The third responsibility is to manage ones peers-those over whom we have no authority and who have no authority over us - associates, competitors, suppliers, customers - the entire environment, if you will.

- Without their support, respect, and confidence, little or nothing can be accomplished.

- Peers can make a small heaven or hell of our life.
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4. **Lead & manage your direct reports (downwards) (5%)**

- The fourth responsibility is to manage those over whom we have authority.

- One need only introduce them to the concept, induce them to practice it, and enjoy the process. If those over whom we have authority properly manage themselves, manage us, manage their peers, and replicate the process with those they employ, what is there to do but see they are properly recognized, rewarded, and stay out of their way? It is not making better people of others that management is about. It's about making a better person of self.
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To achieve change within the existing culture you have:

- Early adopters
- Sit in the middle
- Resisters

As leaders you must influence and manage change to achieve your goals
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Everyone is different, with ways of thinking, family background, priorities, drivers, personality structures, reactions to pressures

**Strategies** to consider

- What drives individuals?
- How do they like to take in and process information?
- How do they behave under pressure or conflict?
- How do you get the best out of them?
- What behaviours should you avoid in dealing with them?
- Who influences them?
Managing Complex Change

Vision + Skills + Incentives + Resources + Action Plan = CHANGE

Skills + Incentives + Resources + Action Plan = CONFUSION

Vision + Incentives + Resources + Action Plan = ANXIETY

Vision + Skills + Resources + Action Plan = RESISTANCE

Vision + Skills + Incentives + Action Plan = FRUstration

Vision + Skills + Incentives + Resources = TREADMILL

(Adapted by Knoester from Enterprise Group, LTD.)
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- Be prepared to ask how are we doing?
- Can we do better?
- Is there new evidence that can support practice change?
- Look for opportunities to enhance practice. For example
  - Government funding – NP, EMU, CIN, aged care funding, chronic disease, oncology, primary health care
  - Research Funding - AHW; partnership grants; ARC grants; NHMRC grants
- Identify problems of interest
- Critically consider the data - how can we make it better for patients and staff
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Review general data

- Review of KPI benchmarks; Review complaints
- Staff issues provide clues for change
- Utilise existing resources
  - University nursing, midwifery and Medical students; Interested allied and medical staff
  - Recruit senior staff; mould junior clinicians
- Present the evidence in different forums/ in different ways/
- Profile discipline
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Many types of audits

• Telephone audit: Based on performance indicators DNW

We wanted to explore why patients were leaving the ED prior to treatment being completed

■ How could we make this work?

■ What data collection tool do I need?

■ What did I need to collect?

■ How do I get the information from patients?

■ What did we find?
  • Nurses can safely manage and discharge certain patient conditions
  • Paediatric area modification
  • Pain management in the waiting room

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Knowledge builds a case for change – NI Panadeine Forte study

**Serendipitous DNW findings:** waiting room patients were leaving due to pain

What about those patients that sit in the waiting room in pain?

**Computer driven audits**

We did an audit using the ED computer software program

How long; what to collect; inclusion and exclusion criteria ???

Developed the audit tool based on available evidence and expertise

Impact: waiting room patients could have NI Panadeine Forte

Nurse initiated pain management agents: now with evidence – Endone

**Audit cycle continues**

Audits help us to gauge the status of play: **How are we doing?**

How is pain management going in the ED in 2006?

Medical Records audit of patients that presented in pain

Data tool developed between authors

Manual search of medical records - both researchers reviewed the notes

**Audit outcome**

Described current practice and patients groups

Women were triaged lower and had a greater wait for analgesic administration

**Change practices**

Education changes for nurses and MO in the ED

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- **National Audits:** National Study NICS – NHMRC

The audit tool was developed in collaboration with the ECoP (n=76)

Audit tool Pilot test in 3 EDs

36 hospitals across Australia

60 patients from each hospital

**Change/support/ evidence of practice**

Supported the need for all EDs to develop Nurses Initiated pain management policies

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- Examining and exploring practice
  - Timeline
  - Work load for data collection?
  - Who does it impact on?
  - Consider as a pilot

- Analysis considerations
  - How will I analyse the audit?
  - How can I get help?
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Project Management
Break the audit/project down
Estimate costs
Prepare a project plan/ Gantt Chart/proposal

Communication management
Informal / formal
Reports
Update for department/s
Wrap around a formal research study
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Often need evidence for change

or

Evidence demands change

Audits

Clarify, explore and articulate everyday practice

Develop research skills

Writing and analytical skills

Builds pride and visibility of work practices, colleagues and team members

Publishing of the audit shares knowledge
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Using the methods

STAGE ONE
Preparing for audit

STAGE TWO
Selecting criteria

STAGE THREE
Measuring performance

STAGE FOUR
Making improvements

STAGE FIVE
Sustaining improvement

Creating the environment
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Find/present the evidence: Develop a line of argument in a proposal

- Why is the topic an issue?
- What are gaps?
- Why is it a problem?
- What is known about the problem?
- What is uncertain or unknown?
- What needs to be better understood or studied?
- What does your idea, innovation, change add or contribute to?
- What do you want to do?
Engagement of all staff and care areas

Staff involvement in selecting topics - concerns about care can be raised and addressed, may reduce resistance to change.

Priorities of patients and carers can be very different to those of clinicians, involve users where possible, e.g. in planning change.

Healthcare staff with the necessary skills
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Audits can be a research tool

- Rigorous, systematic and published
- Multidisciplinary group
- Increase understanding of everyday practice
- Identify potential research questions

- ANMC Standard 3
- Non-clinical time expectation of outcomes
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Nurses Practitioners are well placed to evaluate services in terms of quality, safety, effectiveness, appropriateness, consumer participation, access, equity and efficiency.
Knowledge Changes Clinicians

Clinicians Change Practice