Beyond the Clinical Ladder: Gundersen Health System’s Innovative Professional Development Framework

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Nursing Professional Framework

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Gundersen... 

- **Integrated Delivery System**
  - 325-bed tertiary Medical Center
    - Level II Trauma Center
    - Region’s only NIH Certified Stroke Center
  - 41 clinic locations
  - Several affiliate organizations
  - Service area over 19 counties in three states
  - 6,500 total employees
  - Over 700 employed medical, dental and associate staff
  - Gundersen Medical Foundation
    - Residency and Medical Education Programs
    - Clinical Research Program
Of the 6500+ employees, almost 1400 are nurses.

We are creating a new framework for professional nursing, based on the Theory of Human Caring, to empower and engage nursing staff to own their practice and provide multiple pathways for professional growth.
Our Nursing Vision
We are inspired by the patient’s story and known for our passion, dedication, knowledge, engagement, and joy in our profession.

Our Guiding Principles
Our journey to nursing excellence begins with the belief that it is a privilege to care for patients.
Background: Beginning the Journey

- History of Gundersen Nursing Models

  - 1982 – 1992
    4-tiered Clinical Ladder System
  - 1992 – 2002
    Differentiated Case Management
  - 2003 – 2010
    Expert Leader – Clinic and Hospital Care Coordinator
  - 2011 – now
    Nursing Professional Framework developed

- Why change?
# An Updated Approach to Professional Development

## Comparison of Gundersen’s Model with Traditional Clinical Ladders

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Traditional Clinical Ladder</th>
<th>Gundersen’s Emerging Model</th>
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<tbody>
<tr>
<td>Level of Flexibility</td>
<td>Staff confined to one track</td>
<td>Staff encouraged to mix and match opportunities</td>
</tr>
<tr>
<td>Structure</td>
<td>Hierarchical ladder; goal to advance upward by tier</td>
<td>Structured through portfolio development; goal to grow in place by pursuing individual interests</td>
</tr>
<tr>
<td>Growth Opportunity</td>
<td>Once at the top tier, no additional opportunities for growth at bedside</td>
<td>Encourages continued growth and development throughout career; no growth ceiling</td>
</tr>
<tr>
<td>Merit Payment</td>
<td>Distributed annually based on ladder tier</td>
<td>Awarded based on specific unit or individual outcomes, distributed as outcomes are achieved</td>
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</table>

“We might want to do a little management. We might want to do a little nurse educator. We might want to do quality. We might even want to do some research. We want to experience it all. And, we might want to stay at the bedside.”

*Mary Lu Gerke  
CNO*
SIGNIFICANCE

For the Healing Environment

For Nurses

For Patients

For Families

For Nursing

For Other Disciplines
Phases of creating and implementing the Nursing Professional Framework

Phase I (2011-2012)

– Large task force created – nurses at patient side and leadership
  • Literature review completed; few options published beyond traditional models
– Incorporation of Dr. Jean Watson’s Human Caring Theory
Phase I (2011-2012) - continued

- Incorporation of the current Clinical Practice Model (CPM – Bonnie Wesorick)

- Multigenerational focus groups of RNs practicing at the patient side held to identify key features of the new model
  - Aligned with Kanter’s Theory of Structural Empowerment
A New Philosophy For Flexibility in Development

Guiding Principles of Gundersen’s Model

- Meets the needs of all five generations in the workplace
- Promotes shared “caring”
- Aligned with Gundersen’s strategic plan
- Aligned with Gundersen’s plan for health care reform
- Promotes “self-care”
- Standards-based
  - Self-directed; staff can move in and out of program at will
  - Encourages nurses to stay at the bedside if that is their career decision
  - Flexible, based on each individual nurse’s career path and interests
- Based on individual professional accountability, standards, and evidence
- Encourages personal and professional reflection

Source: Gundersen Health System, La Crosse, WI; Nursing Executive Center interviews and analysis.
Phase I (2011-2012)- continued

– Workgroups created to address:
  • Philosophy
  • Clinical advancement/recognition
  • Research and EBP/Standards of Practice
  • Collaboration/teamwork

– World Cafés held to inspire and co-create
Phase II (2012-2013)

- Named *Nursing Professional Framework* (NPF)
- Workgroups redefined:
  - Professional Enhancement
  - Innovation
  - Reflective Practice
  - Nursing Structure
  - Practice & Pathways
- Encompassing symbolic emblem created
Phase III (2013–2014)

– Implementation

• Creating and delivering manager and staff education
• Pilot units: Integration of NPF Reflective Practice and Self-Care Goals with employee performance evaluations

“This Nursing Framework supports my beliefs and management style and gives me even ‘more permission’ to be the kind of manager I want to be for my staff (and to encourage them to do the same.)”

Manager of Rehab Unit - Pilot
Our Foundation - Caritas

“The center of Nursing should be the center of our framework.”

Dr. Mary Lu Gerke
Caritas

Nursing Skills & Knowledge
Patient & Family Centered Care
Safety
Healing Environment
Culture of Caring & Safety
• Department of Nursing Structure
• Nursing History at Gundersen Health System
• Framework Development Journey
Practice / Core Essentials
National and State
• American Nurses Association (ANA) Standards of Practice
• ANA Professional Performance Standards
• ANA Code of Ethics
• State Nurse Practice Acts

Gundersen
• Patient & Family Centered Care – Medical Home
• Caritas
• Clinical Practice Model (CPM)
• Job Description
• Employee Compact
• Competencies
Education

- Attend seminars, workshops, trainings
- Receive contact hours for licensure i.e.: MN, IA
- Become a Super User for Epic, Safety, etc.
- Continue education for BSN, MSN, or doctorate
- Certified preceptor of new staff
- Become specialty trainers (ACLS, CPR, Epic)
- Obtain certifications (national, local)
Leadership

• Promote/initiate innovation supporting continuous improvement
• Participate in organization or department-wide committees
• Role model and mentor conflict engagement skills
• Become a member in a professional nursing organization
• Pursue Charge Nurse role
Evidence-based Practice/Research

• Utilize evidence to improve patient care and create healthy environments
• Critique, evaluate and contribute evidence during rounding
• Collaborate with care team in the application of practice guidelines
• Lead and participate in department/system quality or research projects
EBP/Research

- Journal Club
- Nursing Research on the Green
- Unit/Department Projects

Education

- Certification
- Peer Preceptor

Leadership

- Council Member
- Charge Nurse
- Chair committee

My Pathway

My Choices
Gundersen Lutheran Medical Center, Inc. | Gundersen Clinic, Ltd.

- Job Description
- Job Code
- Compensation
- Recognition, Rewards, Retention
• Innovation through evidence/research
• Quality measures and tools
• Evaluation of the framework
• Future work
Performance Appraisal
- Self Evaluation
- Peer Feedback
- Manager Summary
- Goal Writing
Reflective Practice

Through reflection, we can experience deep learning and greater self-awareness, which can lead to personal growth, professional growth and meaningful change.

Reflective practice in nursing helps us to
• understand our behaviors,
• update our skills,
• and improve our interactions with patients, families and colleagues.
Portfolio

• **Definition:** a compilation of materials that reflect development of knowledge and skills over time, present evidence of competencies, and help to market us when applying for new jobs in nursing

• **Purpose:** to showcase the nurse’s background and expertise for others to review
# Building an Individual Practice Portfolio

## Key Components

<table>
<thead>
<tr>
<th>Required for All Nurses</th>
<th>Updated Frequently</th>
<th>Easily Accessible</th>
<th>Reviewed with Manager</th>
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<tbody>
<tr>
<td>Staff to track all achievements in portfolio</td>
<td>Updated regularly</td>
<td>Model portfolio examples available online</td>
<td>Staff and manager review goals and achievements during annual evaluation</td>
</tr>
<tr>
<td>Education provided on proper method for logging achievements</td>
<td>Updates reflect newly acquired education, skills and accomplishments</td>
<td>Templates for components of portfolio available online (e.g. resume’)</td>
<td>Manager provides guidance for staff to create individual path</td>
</tr>
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How will we measure our success?

Patient Success:
- Healing and Caring
  - Watson Caring Science Institute Research
- Core measures
  - Hand Washing
  - Falls/prevention
  - Noise at night
  - Wound
  - Central Line Infection

Nurse Success:
- Focus Groups
  - Nursing
  - Interdisciplinary
  - Patient/Family
- Certifications
- Educational Advancement
- Surveys
  - Employee Perspective Survey
  - Empowerment Survey
Driving Engagement at Gundersen

Percentage of RNs Agreeing¹ Training and Development Opportunities Helped Me Improve

2013

National Benchmark: 60.4%
Gundersen Health System: 64.3%

Percentage of RNs Agreeing¹ I am Interested in Promotion Opportunities

2013

National Benchmark: 53.6%
Gundersen Health System: 62.1%

1) Responding "agree" or "strongly agree."

Source: Gundersen Health, La Crosse, WI; Nursing Executive Center interviews and analysis.
Phase IV - Continuing the Journey

• Expand from pilot project to other units/departments

• Program evaluation
  – Focus groups
  – Employee Perspective Survey
  – Structural Empowerment Survey

• Expand to Interprofessional development
Lessons Learned

• Create core team with members who:
  – Have a desire to be involved
  – Are dedicated and willing to DO the work
  – Represent multiple departments and units
    • Front-line staff involved in direct patient care
    • Leaders who can facilitate change and know resources
• Being an original takes time!
• Involve staff in multiple ways
• Keep the framework in the forefront
References


QUESTIONS?