

- Biomedical Engineering needs to be informed directly of equipment priorities in order to ensure priority checks are done as quickly as possible;
- An inventory should be kept to document equipment and instruments along with their current location;
- Priority lists should be quickly developed to document equipment and instrumentation requirements. Resource nurses should identify these lists for various services;
- Regular management visits to the damaged site will help ensure repair and maintenance updates;
- A familiar educator, charge nurse or manager should be appointed to be available to staff, at all times, when they're placed in a new environment;
- A local staff nurse assigned to finding items and getting staff comfortable in the unfamiliar surroundings is very helpful;
- Electrical engineers should regularly communicate with staff to explain the damage and its consequences;
- Staff should be assigned to both sites to work together as one "moving team"; and
- Strong teamwork will strengthen the bonds between two groups and help remind us that regardless of our location we are all part of the same team.



Photo by M. MacLeod

Repair crews working hard to clear the roads and restore power near downtown Halifax

STEPS TAKEN TO DATE:

During Juan, HRM declared a state of emergency and wanted only essential staff to be on the roads. A great deal of time has been taken since Juan, to ensure staff understand that everyone who works in healthcare is considered essential – for example administrative staff can be deployed to answer phones on nursing units;

A toll free phone number has been set up to provide hospital staff with up-to-date, accurate information during an emergency situation;

In recognition of the efforts made, hurricane hero stories were distributed on our intranet site as well as to the local papers;

Halifax and Dartmouth have now established web technology and internal email communication tools;

Display boards for bed status and major event status, providing space for the display of ongoing, changing information, are being considered;

Access to alternate satellite feed for TV coverage or digital access via the internet is being explored to allow for communication to the public about resource changes at the hospital due to an emergency situation;

An emergency contact list of internal and external resources is now available on the web;

A recognized training program is being developed to address the need for a Duty Officer and Duty Administrator in emergency response situations;

The District Emergency Response Center is in the process of being relocated due to the lack of emergency power at its current location. 🍀

LE LEADERSHIP EN SOINS DE SANTÉ – ORCHESTRER LE CHANGEMENT

Auteure : Cindy Laukkanen, infirmière autorisée, baccalauréat en sciences infirmières, infirmière autorisée en salle d'opération (CNOR), est la directrice des services chirurgicaux à l'Alberta Children's Hospital à Calgary, AB.

RÉSUMÉ

De nos jours les soins de santé sont un orchestre. Les patients arrivent quelques heures avant la chirurgie et partent quelques heures après. Ils arrivent avec une chemise de classement pleine d'information téléchargée et de listes de questions. Ils naviguent des systèmes complexes; ils sont indispensables à la coordination de leurs soins et de leurs propres besoins.

Les fournisseurs des soins de santé sont les sections de l'orchestre – chirurgie, radiographie, soins préopératoires, soins cliniques, cardiologie, et plus encore. De plus, l'âge moyen des travailleurs de la santé nous apprend que la majorité ont reçu leur formation au moment où le système hiérarchique était le plus répandu. Le leadership est fondamental. Nous avons changé de lieu, et les leaders doivent fermer la porte et aller vers l'avant. En tant que leader en soins de santé, comment puis-je aller vers l'avant quand nous vivons une période de changement presque chaotique? Il y a plus d'information disponible au simple clic d'une souris qu'une seule personne ne pourrait comprendre. L'heure actuelle nécessite une vision de l'avenir. Cette vision demande la compréhension. La compréhension exige l'intuition, et l'intuition commence à l'intérieur de soi. Le trajet vers l'avant débute par le trajet vers l'intérieur.

Le leadership est une chanson. Elle commence par l'âme et, avec de la formation, de l'aide et une forte équipe, elle peut être entendue de Helsinki à Vancouver.

LEADERSHIP IN HEALTH CARE – ORCHESTRATING CHANGE

Author: Cindy Laukkanen, (RN, BScN, CNOR) is Manager, Surgical Services, Alberta Children's Hospital, Calgary, AB.

ABSTRACT:

Today health care is an orchestra. Patients arrive hours before surgery and leave hours afterward. They bring manila folders full of downloaded information and question lists. They maneuver themselves through complex systems; they are instrumental in coordinating their own needs and care.

The health care providers are the sections of the orchestra – surgery, x-ray, pre-op, clinics, cardiology and so on. Furthermore, the average age of the health care worker lands them at having trained directly at the height of the hierarchical system. Leadership is crucial. We have changed venue, and leadership needs to close the door and look forward. As a Health Care leader, how do I move forward at such a time of almost chaotic change? There is more information available with the click of a mouse than any one person could assimilate. These times require vision. Vision takes understanding. Understanding takes insight, and insight begins within. The journey forward starts with the journey within.

Leadership is a song. It starts in the soul and, with training and help and a strong team, it can be heard from Helsinki to Vancouver.

When an Orchestra finishes playing, the final note hangs in the air for a moment, suspended. Then there is the sound of cases gently closing as instruments are put away. There is the leaving of the orchestra and the closing of the door. They will play again in another venue. This metaphor is an image of sound, movement, change and teamwork. It is a metaphor for our work, our culture, and the change of era we are experiencing at this moment in time. It is a metaphor of leadership. We are no longer

Leadership (cont.)

isolated in our jobs, our company, and our practice. We are nothing short of global. A surgeon can sit in Germany and operate on a patient in Baghdad. A singer can sing a note in Helsinki heard clearly in Vancouver. Where is the leadership, then? It is in the orchestra, in the movement of sound, and in the changing of the venue.

Although change is a constant factor in life, if we look at the relative speed of change in this information age, we clearly see great acceleration. Change happens today at the speed of the Internet. Old hierarchies are falling because they simply cannot keep pace with the speed of information and change. One of the hierarchical houses struggling with this is *health care*. Health care was established on old hierarchical principles and with simple rules. In previous generations the doctor was always, unquestionably, right. Patients came in for surgery the day before and stayed for a few weeks after. Nurses were “in charge” of their patients and directed their care. Patients got well when the nursing department told them it was time. Nursing told people when they were well and recovery/discharge was best if designed to suit the nursing schedule — the belief was that if a nurse was truly efficient then all patients would “get well” immediately after a shift change. “Forms such as symbols, slogans and rituals create culture”.¹ Nursing culture was symbolically identified and nursing leaders were managers with task-oriented thinking.

Today health care is an orchestra. Patients arrive mere hours before surgery and leave just hours afterward. They bring manila folders full of downloaded information and lists of questions. They maneuver themselves through our complex systems; they are instrumental in coordinating their own needs and care. The health care providers operate as sections of the orchestra – surgery, x-ray, pre-op, clinics, cardiology and so on. Furthermore, the average age of the health care worker lands them as having trained directly at the height of the hierarchical system. To this training leadership dominance is crucial. But we have changed venue, and



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leadership needs to close the door on this way of thinking and look forward.

As someone who considers myself a health care leader how do I move forward at such a time of almost chaotic change? There is more information available with the click of a mouse than any one person could assimilate. These times require vision. Vision takes understanding. Understanding takes insight, and insight begins within. The journey forward starts with the journey within.

The reason that change must start within the leader is very simple. It is the leader who must maintain the big picture vision of all issues at all times. He/she must recognize the needs of all staff and be integrative in nature. In order to do that, the leader must be aware of his/her own biases, tendencies, preferences, and personality. None of these things disappear in the face of leadership. But if you know yourself, you can invite your preferences and opinions into the room of your mind without being ruled by them. It fosters wisdom, and gives rise to integrity. “The quest for leadership is first an inner quest to discover who you are”.²

It is impossible to build trust without personal authenticity. If you try to, everyone you work with will see through you immediately. In health care, the providers (nursing or otherwise) are

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Leadership (cont.)

highly trained to read and evaluate people. Their emotional/intuitive knowledge is very high. They will see if you are who you say you are. So there must be a personal willingness to self-evaluate and put energy and spirit into self-knowledge and self-wisdom. *"Find your voice, your authentic self grounded in a set of values and ideals".*²

This authenticity may begin within but it must also turn into action that is visible by staff. For myself, I make rounds through six units, usually at least twice a day, in order to be visible. This allows me to address issues as they come up. I work to state my truth, as diplomatically as I can when it is not the answer someone may want. I make promises carefully, and I keep the ones I make. I work to listen attentively and not let my mind wander when someone is speaking to me. I advocate for respectful treatment of my staff by all medical groups. I want people to dream, so I ask them about their dreams and vision. I work to develop my own integrity by listening to others. Kouzes and Posner suggest even more actions to build relationships. They include carefully watching your time and allocating it to "front line" workers on a regular basis, and remembering to "hang out" over lunch. Say thank you often. Observe yourself.

Health Care leadership also needs to be transformational. Bass (1985, 1996) identified three aspects of the transformational leader. The leader is able to motivate people by "(1) making them more aware of task outcomes, (2) inducing them to transcend their own self-interest for the sake of the organization or team and (3) order needs"¹. In nursing leadership, these are accomplished through education, role modeling, and supporting expanding roles. Nursing education, which is so often cut back in times of fiscal crisis, builds the foundation of evidence-based practice and critical thinking. It must be encouraged. Education transforms the individual, and the individual transforms the team.

To transcend self-interest, you have to model your own ethics. Max Depree said, *"the best way to communicate values is through*

behavior". (RRU course book, 3-6) You have to step up to challenges, bravely take on the conflict that work brings, and communicate back to the group on outcomes. It is also important to be seen in both your successes and failures. The team celebrates the successes together, and in the times I have failed I have found support and, sometimes, a good laugh about it within a strong team. *"Without these experiences (failures), we would be unable to achieve our aspirations"*². Expanded roles for nursing, such as nurse practitioners, executives and first assists in the operating room all develop higher order thinking. These things bring about transformation and evolution to the group and the leader.

If we think again of the metaphor of the orchestra with its different sections of strings, woodwind, brass and percussion, we can see the variety of sections and number of players, of practitioners, involved in Health Care. It is truly an orchestra of specialists that need to work within their own teams and also be connected with each other. A leader, like a conductor of the orchestra, has to keep the connections open, the communications clear, and the practices, policies and structures all focused on the best possible patient outcome. *"It is quite clear that leaders must be innovators to navigate their organizations into and through the New Economy"*². There are ways to support this. The first step is to be clear on vision, to understand yourself and your group. Involve stakeholders, identify strategic objectives, and when looking for change, remember to identify and honour relevant elements in the old ideology.¹ Never let yourself be done; continually assess where you are and where you are going. Continually check in on your own vision and goals.

As leaders in Health Care, we are doing a remarkable job of dealing with these challenges. We are witnessing a change of era and we are in a position of leading our orchestras into unknown venues with completely new music. We conduct teams that are integrative, changing and expanding. We address a deluge of information, legislation, fiscal realities and seas

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Leadership (cont.)

of expectations. Is it easy to be a leader in Health Care? Never. What would make us stay? For myself, the opportunity to make a difference has never been greater than now. I have never forgotten that it is an honour to have a job of service. No two days have ever been the same and somewhere, there is laughter. Leadership is a song. It starts in the soul and,

with training and help and a strong team, it can be heard from Helsinki to Vancouver.

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