Discharge planning makeover

Thank you for your article “Using Evidence to Structure Discharge Planning” by Aundrea McNeil, MSN (May 2016). I found this article to be quite informative and relevant for everyone in the nursing profession.

As we know, discharge planning, which is usually done by an RN, is an essential part of nursing practice and relevant to patients’ care after release from the hospital. However, researchers note a lack of consistency and uniformity in how nurses perceive the handling of discharge care plans. Further, we all know that being in the hospital can be a frightening experience for most patients and their families. Thus, much thought may not be given to what will happen when the patient leaves the hospital. This may be due to lack of communication among the healthcare team or inadequate nursing staff. As a result, there’s a call for a more structured discharge care plan process because this could dramatically improve patient outcomes, decrease readmissions, and increase cost saving.

As the article rightfully mentioned, nurses are the first healthcare provider that patients encounter upon admission to a facility. Due to this initial interaction, nurses have the perfect opportunity to assess patients’ needs and create an early discharge care plan as they transition from acute settings. I especially appreciated the fact that the article shared the six different strategies used to develop and implement the process of structured discharge planning. Without a doubt, these valid points could help lead the way for nurses to effectively implement patients’ discharge care plans.

I’m excited to share this article with my nurse manager and assistant director of nursing. Needless to say, the article is quite timely and could prove helpful as we’re presently discussing the need for improvement in our discharge planning at the institution where I work as an RN.

Once again, I thank you for the inspiration and perspective that your article has brought me.
—Michele Reynolds-Abrams, RN

Let’s get transformational

I found the article “Transform Your Leadership” by Susan Waterbury, MSN, ACHPN, FNP-BC (August 2016) to be well written, informational, and influential. As an emerging leader myself, I’m eager to gain wisdom from seasoned nurse leaders who model concepts of transformational leadership. The most impactful leaders in my organization are visibly passionate about our vision and mission—as the article pointed out—and this enthusiasm permeates every project they undertake. I wish to enhance my skills in management; equally, I desire to master the qualities of a transformational leader.

The article elegantly described what it means to be emotionally intelligent. In regards to this interpersonal talent, I like how the author asserts, “This requires a self-awareness of strengths and weaknesses, self-management skills, adaptability, and self-confidence.” The most influential managers who I’ve encountered can gracefully admit when they’re wrong, self-examine, and confidently chart a new course in the right direction. My favorite nurse manager was incredible at building trust with my unit; it came naturally to him. His door was always open. When he made rounds, it was nothing for him to roll up his sleeves and replace a bag of I.V. fluids, run an errand to the pharmacy, or help monitor a patient through the beginning of a blood transfusion to help the nursing staff throughout the day. He would ask me how my day was going and was truly interested; I know this because he gave of his time and self to listen and collaborate with me. I, too, wish to be the type of leader that creates interpersonal relationships with my staff that foster trust.

I couldn’t pull my eyes away from the section on being transformational. On transformational leaders, I was especially touched by the author’s statement, “They have a vision that they’re passionate about and cause others to become excited about it, too. This motivates staff members to perform at a high level…” I can envision my nursing colleagues who are futuristic and charismatic. These are the nurses who I want to see spearheading shared governance committees and unit improvement projects. The article inspired me to take a closer look at my colleagues and begin to identify some of their unique skills (responsible, futuristic, harmonious, and so on). After reading the article, it’s even clearer to me that I need to role model these qualities and be committed to nurturing them in others.

I hesitated when I read the author’s statement, “A strong corporate culture with a professional nursing practice environment helps promote increased nurse recruitment and retention.” Strong corporate culture can have a negative connotation to employees and patients because often it may be perceived as cold, impersonal, and difficult to navigate. Waterbury was wise to define components of great corporate cultures, including the component of people. These components must not only be polished placards on a wall;
moreover, transformational leaders have the duty to live them out in practice every day.

Thank you again for sharing this vision on transforming one’s leadership.
—Christin Lissmann, BSN, RN

Managing disruptive behavior

I recently read the article “Unprofessional Workplace Conduct...Defining and Defusing It” by Loriann MacLean, MSN, RN; Charmaine Coombs, MSN, RN; and Karen Breda, PhD, MSN, RN (September 2016). I’ve been a nurse for the past 10 years on a cardiology step-down unit and ICU, with 5 of those years being in a leadership role as charge nurse. I can personally relate to this article as I’ve witnessed and been on the receiving end of disruptive behavior by peers.

The article addressed the cycle that’s involved in disruptive behavior and how it not only affects staffing and the organization, but also how it can potentially impact patient care. I agree with the three-tiered prevention approach to address this behavior, in which nurse leaders attempt to maintain the organization’s mission, vision, and goals, as well as prevent any further occurrences, by implementing strategies that involve performing investigations to gather information regarding the causes of disruptive behavior. This serves to prevent future occurrences and maintain the victim’s integrity, as well as the unit as a whole.

I believe one area that needs to be addressed as contributing to disruptive behavior is staff cliques due to their tendency to exclude others. Successful teams require key aspects of effective communication, relationships, and a healthy work environment. Clique behaviors can cause teams to be dysfunctional and fractured, resulting in the risk of decreased staff morale and nurse satisfaction, and increased staff stress. Most important, clique behaviors potentially create an environment that isn’t conducive to safe patient care. Nurse managers should be mindful of signs that indicate clique behaviors, as well as any other disruptive behavior, to avoid possible repercussions to patient care. NM

—Deanna Adams, BSN, RN

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