



The Nurse Leadership Project

Quarterly Progress Report to the Ohio Department of Medicaid

(Second Quarter 2018)

In the second quarter of the project, the initiative to launch Phase III and IV for session one and Phase I for session two was developed with a systematic approach to project management. Details of our progress and accomplishments with the program are as follows:

Project Administration:

- I. Continued to hold weekly project team meetings.
- II. Updated the website to reflect the changes made in each phase.
 - a) Core of Knowledge for Nurses 3 day program moved from phase I to V.
 - b) One day training class implemented in place of 6 webinars in phase III.
- III. Reviewed all applications received and determine those that qualify for session two.
- IV. Sent out acceptance letters to 12 facilities and nurse participants for session two.
- V. Scheduled initial onsite visit/meeting for session two's 12 facilities to sign participation agreements with the facility and nurse participant.
- VI. NLE Trademark application has been accepted as of February 24, 2018 and is currently assigned to an examining attorney as of June 13, 2018.
- VII. Scheduled the 2 day Nurse Leadership Training held at Tobin & Associates headquarters for session 2 for July 18 & 19, 2018.
- VIII. Travel/Lodging arrangements have been confirmed with a local hotel for session two participants attending the July 18 & 19 training.
- IX. Created the Participant and Administrator Nurse Leadership Project Questionnaire to be distributed to participants and facility Administrators, then completed and returned to the Nurse Leadership Project Coordinator upon the completion of the program.

Project Agenda:

- I. **Phase III (Session1):**
 - a) Participants attended the one day class training held at Tobin & Associates for the remaining 4 Core Values of Nurse Leadership. Topics include Quality, Empowerment, Accountability and Unity.
 - b) Participants were awarded a certificate of completion for 4 hours of Continuing Education Units with the assistance of EFOHCA.

- c) 2 participants who were unable to attend due to schedule conflicts and will attend the one day training class during session two, which is scheduled for August 15, 2018.

II. **Phase IV (Session1):**

- a) Mentorship implemented with phone calls and facility visits with the participants.
- b) Margaret (Peg) Tobin & Mary L Taylor conducted one on one, 1 hour zoom video conferences with each participant to discuss scenarios of real-life facility leadership challenges.

III. **Phase I (Session2):**

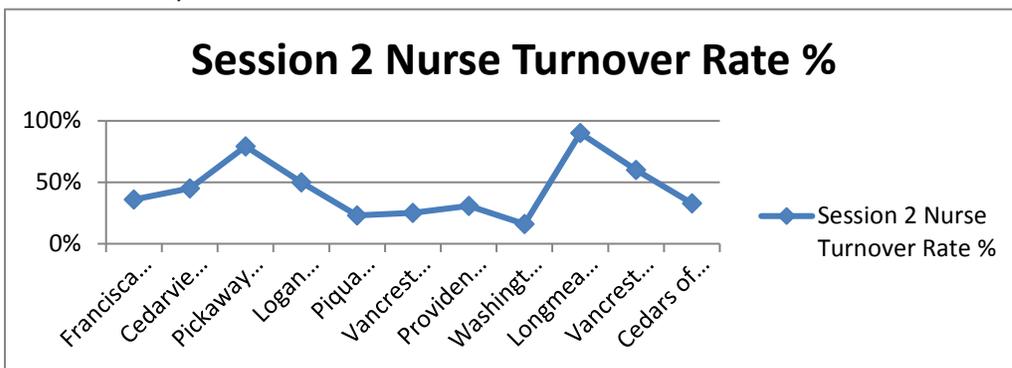
- a) Visited 9 participating facilities to explain the purpose and requirements of the program, as well as, sign the nurse participant and facility participation agreements.
- b) Conducted the one on one resident satisfaction survey interviews at the 9 facilities.
- c) Will visit the remaining 3 facilities to sign agreements and conduct one on one resident satisfaction survey interviews in July 2018.

IV. **Phase II (Session2):**

- a) The 2 day nurse leadership training program which includes topics on effective communication, expectations and accountability, delegation and mentoring, and attracting and hiring with role play has been scheduled for July 18 & 19, 2018. This will be held at Tobin & Associates headquarters in Canal Winchester, Ohio.

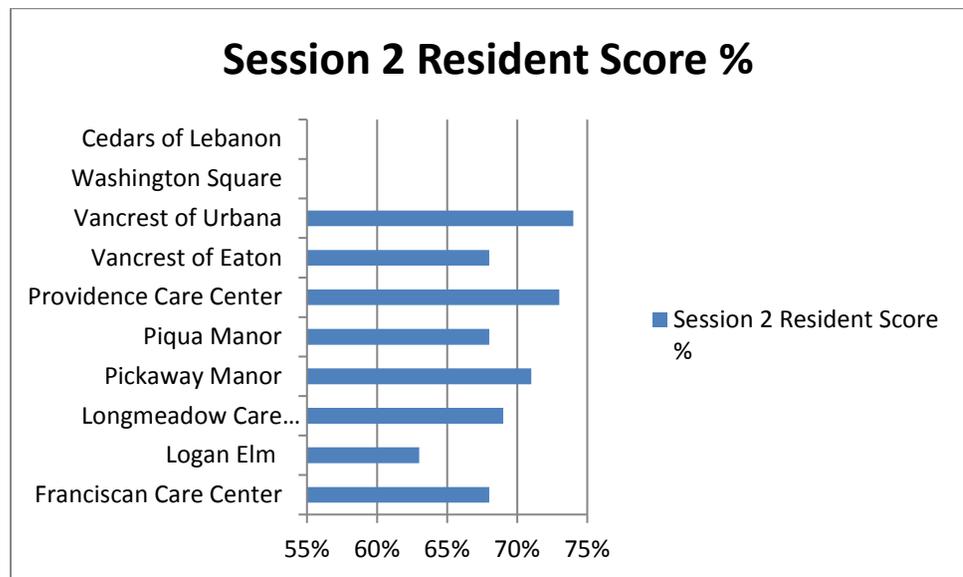
Project Measurements:

- I. Our goal is to decrease each participating facilities direct care staff turnover rate by 5%. We anticipate the data for this to be available in November 2018 for session one.
 - a) The following data below represents the initial baseline for the nurse turnover rate for each facility in session 2.



II. Our goal is to increase each participating facility's resident and family satisfaction survey scores by 7%.

- b) Session one's final resident satisfaction survey data will be collected during the month of August 2018. We anticipate all resident and family survey data will be completed and compared to the initial data collection and then available in September 2018.
- c) The following data represents the initial baseline scores collected from the residents through one on one interviews for Session 2. There are 3 facilities not noted in the chart below as we will be conducting their resident surveys in July 2018.



- d) Session 2 family satisfaction surveys will be mailed via USPS on July 1, 2018. Therefore we anticipate that the data for the family satisfaction surveys will be available at the end of July 2018.

Project Financials:

- I. We currently have no travel expenses for the second quarter. Although \$9,900.00 was issued for SFY 2018, Tobin & Associates will return the unused travel money to ODM during the SFY 2018 expenditure reconciliation.
 - a) Once all unused funds are returned, ODM will amend the SFY 2019 purchase order to increase the amount by \$9,900.00.
 - b) ODM will amend the 2018/2019 grant agreement to reflect the revised SFY 2018 and SFY 2019 amounts, and to update any specified travel amounts.

Project Outcomes:

The following changes and accomplishments have been reported by the participants throughout the leadership program.

- One of the participants has created a CNA committee in their facility after attending the 2 day training class. This created leadership within their role and inclusion with the management team to reflect how important their role and input is in relation to the residents' care.
- A couple participants have created a library system at their facility for their staff to utilize with the tools/books that have been provided throughout the program.
- Participants report they are now listening differently and communicate better due to awareness of different perspectives.
- One facility has reported a 2% increase in retention of staff.

We will check with each facility at their year-end of when they began the program to assess improved staff retention and improved resident/family satisfaction.

We will continue to concentrate on the development of nurse leaders, and focus on leadership abilities that affect engagement and retention of direct care staff, with goal of decreasing the direct care staff turnover rate and improving resident care, in turn, an increase in resident and family satisfaction.