

ACCOUNTABILITY **IN NURSING**

*Six Strategies to Build and
Maintain a Culture of Commitment*

Eileen Lavin Dohmann, RN, MBA, NEA-BC

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HCP Pro

Accountability in Nursing: Six Strategies to Build and Maintain a Culture of Commitment is published by HCPro, Inc.

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ISBN 978-1-60146-345-6

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3/2009
21646

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DEDICATION

One of my personal goals has been to be published. Taking on a book as a first published work has been daunting—far more challenging than I ever imagined. Many special people have made this book possible and I am very grateful to all of them.

Mark Hawkins and John Scanlon of Financial Transformations, Inc.: As friends and business colleagues, I have worked with them during the past fifteen-plus years. Our weekly conversations are my “touchstone” to stay focused on what I am trying to accomplish and to always think about how I can be better at what I do. They taught me to understand and live my own leadership story. They challenge me to be and stay on my own journey to professional excellence.

Rebecca Hendren and the great people at HCPro: Their constant support and encouragement helped, especially during the many times I wanted to “throw in the towel.” They came up with one creative idea after another to keep me going and to ease the work.

Executive leadership, my peers, and colleagues at Medicorp Health System: They encourage me to grow professionally and be continually challenged. They have allowed me to “develop and practice” my accountability approach and techniques with and on all of them. They have supported my growth and development with opportunities I never could have imagined. Thank you for allowing me to tell our accountability story. I am proud and privileged to work with all of you.

My family: My husband and three sons deal with my long work hours with support and encouragement. They remind me to not take myself too seriously. When one of my ideas sounds a bit wild, they have great ways of grounding me while challenging me to grow personally and professionally. They remind me to have fun at everything I do.

Dedication

My parents: My mother, as a former vice president, nursing, has always been a mentor and role model. She has always challenged me to be the best at what I am, especially as a nurse. To my father, who has always said, “ ‘I’ (Eileen), you can be and do whatever you want. Just put your mind to it. Just do it!”

To all of you, this book is dedicated to you. Thank you all very much!

ABOUT THE AUTHOR

Eileen Lavin Dohmann, RN, MBA, NEA-BC

Eileen Lavin Dohmann, RN, MBA, NEA-BC, is vice president of nursing at Mary Washington Hospital in Fredericksburg, VA. She is responsible for nursing care and services as well as operational oversight for MW Home Health and Hospice and The Cancer Center of Virginia. Her passion at Mary Washington Hospital has been enhancing patient care and service through accountability, focused management, and leadership development of the nursing leaders. With 25 years' experience as a nurse, she is an advocate for the profession of nursing and excellence in nursing practice.

Prior to her roles at Mary Washington Hospital, Dohmann served as administrator for several small and large home health and hospice programs, where she started and led new programs and services.

Dohmann has presented at several national conferences on accountability, management development, and hospice program development. She received her BSN from Fairfield (CT) University, and her MBA from Averett University in Danville, VA.

She lives with her husband in Centreville, VA, and is the proud mom of three young professional and college-aged sons.

HOW TO USE THE TOOLS ON THE CD-ROM

With this book, nurse managers and leaders will learn how to engage people in what they are doing, secure their commitment, and ensure they follow through on their commitments. All of the book's tools and templates can be found on the accompanying CD-ROM. Put your organization's name on the forms, customize them to fit your needs, and print them out for immediate staff use.

Files on the CD-ROM

To adapt any of the files to your own facility, simply follow the instructions below to open the CD. If you have trouble reading the forms, click on "View," and then "Normal." To adapt the forms, save them first to your own hard drive or disk (by clicking "File," then "Save as," and changing the system to your own). Then change the information to fit your facility, and add or delete any items that you wish to change.

The following file names on the CD-ROM correspond with tools listed in the book:

<u>File name</u>	<u>Document</u>
Fig 1-1.rtf	Profound Distinctions
Fig 1-2.rtf	Individual's Attitudes toward Results
Fig 1-3.rtf	Accountability Culture: How We Respond to Attitudes
Fig 2-1.rtf	Accountability Pocket Card—Adaptable Word Version
Fig 2-1.pdf	Accountability Pocket Card—PDF Version
Fig 2-2.pdf	Assessing the Energy in the Room
Fig 2-3.pdf	Net Forward Energy
Fig 3-1.rtf	Accountability Language
Fig 4-1.rtf	How to "be" in a Meeting
Fig 4-2.rtf	Meeting Redesign Tool
Fig 4-3.rtf	Commitment Log

The CD-ROM also includes the following bonus tools not found in the book:

<u>File name</u>	<u>Document</u>
DNA_Tool.rtf	DNA Communication Tool
Effective_questions.rtf	Effective Questions to Ask
Clear_speaker.rtf	Tips for Being a Clear Speaker and an Active Listener
CPR_Tool.rtf	Communication CPR Tool
Agenda.rtf	Agenda Template to Facilitate Productive Meetings

Installation Instructions

This product was designed for the Windows operating system and includes Word files that will run under Windows 95/98 or later. The CD will work on all PCs and most Macintosh systems. To run the files on the CD-ROM, take the following steps:

1. Insert the CD into your CD-ROM drive.
2. Double-click on the "My Computer" icon, next double-click on the CD drive icon.
3. Double-click on the files you wish to open.
4. Adapt the files by moving the cursor over the areas you wish to change, highlighting them, and typing in the new information using Microsoft Word.
5. To save a file to your facility's system, click on "File" and then click on "Save As." Select the location where you wish to save the file and then click on "Save."
6. To print a document, click on "File" and then click on "Print."

INTRODUCTION

Accountability is a word we often hear in conjunction with discussions about leadership. But what does accountability mean? And what do we mean by accountability when we talk about it in relation to nursing?

Accountability is a commitment, a promise to deliver a result by a given time. It is a word we often use in nursing. And just as often, it is a condition we find difficult to establish.

Accountability is a necessary tool if you are looking to achieve excellence, whether as an individual, as a group, or as an organization. Being a leader requires accountability. Walk through a day in the life of a nurse or nurse leader and you will see that accountability permeates everything we do. As nurses and nurse leaders, we continually strive to get people to do things: from the patients we teach about managing their new diagnosis, to nurse managers who are working with their staff to improve Core Measure performance, to the chief nursing officer who is working with senior executives to engage them in a discussion about the value of nursing in an acute care hospital.

Simply put, accountability is about commitments: getting people to commit to doing something and then knowing they will follow through on their commitment. It is always a challenge. What people say they will do can be very different from what they actually do, and what we think they committed to is often worlds apart from what they think they committed to. Yet accountability is critical to being an effective nurse leader.

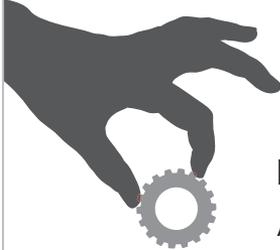
Nurse leaders need engaged and committed nurses. We need quick, surefire techniques that allow us to engage people in what we are doing, gain their commitments, and ensure that they perform the actions needed to achieve those commitments.

In this book, you will find those surefire techniques so that you can use your time effectively and efficiently; always moving toward excellence through accountability. The book is separated into

chapters covering different relationships. You can read the book as a whole, or you can read chapters 1 and 2 and then choose to read chapters on the particular relationships that interest you, such as those with physicians or senior executives. To facilitate ease of use for the reader, some ideas and strategies are explained in each of chapters 3 through 8 so that readers may flip to whichever chapter they prefer.

If you master accountability you will achieve great patient care, great staff morale and performance, great professional fulfillment, and great career success.

WHAT IS ACCOUNTABILITY?



Learning Objectives

After reading this chapter, the participant will be able to:

- ✓ Differentiate between responsibility and accountability
- ✓ Describe how accountability is demonstrated
- ✓ Explain why accountability is important in the nursing profession

Difference Between Accountability and Responsibility

Before you can work toward achieving accountability, you need to ensure that you understand what is meant by the term and the way in which we will be using it in this book. We frequently hear the terms *responsibility* and *accountability* used interchangeably, but they do not mean the same thing.

If you look up dictionary definitions, you'll find the following explanations:

- Accountability:
 - Responsible for something
 - Capable of being explained
- Responsibility:
 - Being accountable for something
 - Authority to make decisions independently

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These definitions are not much help. So, let's consider alternative definitions. A powerful distinction can exist between accountability and responsibility.

An effective way to distinguish them is as follows:

- Accountability = A commitment to others to deliver and account for a result by a given date
- Responsibility = An authority over people to have them respond to one's direction

Accountability is about the results to be delivered. A result is a desired situation that can be described. It is measurable, observable, and time-limited, such as "I will have the operating room reorganized by Friday."

Responsibility is about things that will respond to you. Think of responsibility as what is included in a job description. Your job responsibilities include the things you need to do to perform your job, including staffing, budgeting, and so on.

In the next two sections, I will show you the power of these distinctions. It turns out that accountability and responsibility appear in different ways depending on the role you fill. You will encounter accountability and responsibility at work in two ways: through your organizational roles and your interpersonal interactions. You can use these distinctions to better see the game you are playing at any moment in time—and win that game!

Accountability and Organizational Roles

Professionals in any organization often find themselves assuming three different roles at different times: supervisor, manager, and leader. Each is a profoundly different kind of work that calls for different mindsets and skills. The three represent different uses of accountability and responsibility, as shown in Figure 1.1.

FIGURE 1.1: PROFOUND DISTINCTIONS

	Accountable	Not Accountable
Responsible	Manager	Supervisor Professional
Not Responsible	Leader	Observer Worker

A supervisor is responsible and not accountable

As supervisors, we are responsible for a well-defined set of activities to be carried out in a prescribed way. As professionals, we know the work to be done. We can tell someone else what to do and how to do it. However, as a professional, we are not held accountable for another professional's actions and results. For example, a supervisor is responsible for stocking the operating room with supplies in a certain way according to a prescribed inventory, but is not responsible for how the supplies are used or what effects the supplies have.

A manager is accountable and responsible

As a nurse manager, you are responsible for how your unit runs, the staff you employ, and the care that is provided. You have the authority to run your unit, and staff members respond to your direction. In addition, you have to produce results with those resources. The results the nurse manager is accountable for range from patient length of stay to care quality, from nurse productivity to staffing costs. A manager has all of the resources needed to deliver a well-defined set of expected results. Managers organize, oversee, and respond to produce results. A manager needs to influence others to achieve expected results with available resources. It is about realizing expected results rather than performing a certain activity.

A leader is accountable and not responsible

Leadership appears when a person has intent that far exceeds his or her reach. The intent, expressed as a vision or goal, cannot be achieved with the resources for which the person is

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responsible. A leader envisions exciting possibilities and enlists others in their shared vision. This person has accepted accountability for an outcome that is beyond his or her ability to produce.

This scary situation is easy to resolve . . . in principle. A leader has to reach out to and enroll others who have the necessary responsibility for resources. The leader, by declaring a bold goal, discovers possibilities and opportunities that are hidden. Leadership is about generating commitments from others to produce results that will contribute to the leader's goal. For example, as a vice president of nursing, I am accountable for the quality of patient care that is provided in our hospital. I know that because when patients or families have a compliment or complaint, they find my office. However, I don't provide one ounce of patient care myself. Furthermore, I am not positioned or informed enough to tell anyone what to do for a particular patient. I do not have responsibility for the care of any patient. Yet I am accountable for the quality of that care. I have to influence many nurses and others to be successful. I have to enroll them in my vision and goal to provide the highest level of quality care to our patients.

When I speak of leadership in this book, I am referring to a role a person has assumed. "Leadership" is not defined by a job title and does not refer to a position of authority. Leadership is a choice a person makes. You cannot delegate leadership or make someone a leader. Individuals define and step into leadership roles.

To perform as a leader, you need to tell your *leadership story*. You need to define what you stand for, and that should be a compelling future with passion, energy, and drama. People will follow a leader because they want to commit to the future the leader stands for; they want to be part of something that is bigger than they are and that involves a state and passion of which they want to be part. People want visions of the future to reflect their own aspirations. A leader makes a declaration of a compelling future that will attract the attention and interest of others.

Designing Organizational Roles and Culture

The differences between a supervisor, a manager, and a leader show up dramatically for me every day with our patient flow coordinators. They are responsible for patient placement and flow from the emergency room and intake to the nursing units. Through our electronic bed board, they receive requests for beds and place patients in those beds. Depending on many variables, such as number of admissions and discharges or staffing, their job can be easy or challenging.

The most frequent complaint that I hear from them is this:

"I need help on a particular unit. Every time I try to give them more than one admission at a time, I get pushback. I can't make them accept the patient because they don't report to me."

In other words, the coordinators do not have authority and the units do not respond to requests. They are saying, "Given my level of responsibility, I am not accountable."

Using Figure 1.1 as a reference, the patient flow coordinator is a "supervisor" who is responsible for the process of patient flow: ensuring that workers follow procedure and protocols regarding patient placement. The results we want from patient flow require the participation of many others, including staff members, nurse managers, transporters, radiology, lab, physicians, and others. If we want coordinators to be accountable for high-performance, high-quality patient flow, they have to assume a leadership role. They need to be able to influence staff and managers on units to assist with effective patient flow and placement. As supervisor, the coordinator is only about telling, checking, and reporting.

As vice president of nursing, I can now see the challenge. What is my intent? Do I make the coordinators managers with responsibility for nursing unit beds and other unit staff members? Or do I ask them to be leaders where they enroll other managers in their campaign for certain patient flow outcomes? Or do I limit them to supervisory roles?

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As you might guess, giving them more responsibility (authority) over the other units would create a mess. Yet I want my patient flow coordinators to be more than supervisors. I need them to step into leadership roles. So, how do I get them to accept this new accountability?

Moving beyond a risk-averse culture

As I move through this process, I can expect to run into a culture constraint, and it's important to remember just how large a role culture plays in accountability. Throughout our lives and our professional training, we are taught to keep our promises and our commitments. We are taught to avoid risk. Remember the saying, "Don't commit to things you cannot deliver"? Therefore, our instinct is to be accountable for results only when we have the responsibilities needed to deliver. The de facto culture in most organizations is "avoid accountability that exceeds my domain of responsibility." And often it is even more risk-averse than that: "Define my responsibility so narrowly that there is no significant outcome that I can be held accountable for."

It turns out that in medicine and healthcare delivery, almost all the desired outcomes call for professionals to be ready to move beyond supervisory roles and into management and leadership roles. That means we cannot live with the de facto risk-averse culture. We have to create an accountability culture!

Interpersonal Interactions in an Accountability Culture

Accountability is a choice people make. Sometimes the choice is tied to a job. Nursing unit managers in our hospital agree to be accountable for certain outcomes. Often the choice is a decision in response to an opportunity or a request. You can give responsibility to a person, but you cannot give accountability. The person has to choose it. You can request it, but you cannot order it. Accountability is a choice.

To have a culture that promotes accountability, we need a culture that encourages and celebrates people making choices. We need a culture that celebrates success. We must promote a culture that celebrates the learning that occurs when we don't succeed.

What Is Accountability?

In an accountability culture, there is no punishment. Punishment causes people to be risk-averse and avoid accountability. Instead, an accountability culture promotes learning, performing, and improving. What does accountability look like in such a culture?

With accountability you are seeking a result. You need someone to be accountable for the result. Imagine you are asking a person to accept accountability as either a manager or a leader. Over time, you will find that the person will either be accountable or not be accountable. We shall see later that it is often difficult up-front to tell how they will respond. At some point, the resultant situation will be examined and either there will be a result or there will not be a result. Figures 1.2 and 1.3 show how all of this appears in an accountability culture.

You may experience four situations that represent attitudes the person can take regarding the desired result. All four could be acceptable in a de facto culture. Only two are acceptable in an accountability culture.

FIGURE 1.2: INDIVIDUALS' ATTITUDES TOWARD RESULTS

	Not Accountable	Accountable
No Results	Individual #1: Reward effort	Individual #3: Learning
Results	Individual #2: Not predicted, no control, luck	Individual #4: Performing

You may encounter individual #1 who is not accountable and is not achieving results. This is the staff nurse whom you counsel for time and attendance issues. Her response:

"I know I have to do better with being on time. At least I don't cause you any trouble. I have a good attitude and my patients like me, not like some of the other folks on our floor. You should be talking to them. I'll try to do better with being on time."

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This staff person wants to be rewarded for a good effort.

Individual #2 is not accountable and is getting the desired results. This is the manager who is achieving his or her patient satisfaction goal this month and whom you approach to understand what attributed to this month's success. The manager's response:

"I have no idea. I do the same things each month and one month the scores are low and the next month they are high."

Producing the desired result is an accident, a matter of luck. No one knows what will happen next month. The manager does not appear to have control over the results.

Individual #3 is being accountable and is not achieving the desired results. This is the manager who has not achieved his or her Core Measures performance in the past two months. You approach the manager, who responds:

"I know we aren't performing where we should. I own these scores. I have reviewed the performance with the quality data abstractors and we will be doing three things differently this month. I'll be able to monitor our progress each week because my secretary will be auditing every discharged chart."

This manager owns the results and is learning how to best improve performance. She is being accountable.

The last individual, #4, is accountable and is achieving the desired results. This is the manager who is consistently hitting budgeted productivity performance targets. When you discuss results with the manager, he or she can tell you exactly what is being done in terms of productivity and can predict the level of productivity for the current period.

When you encounter each of these individuals, how do you respond in an accountability culture? Figure 1.3 summarizes the responses.

FIGURE 1.3: ACCOUNTABILITY CULTURE: HOW WE RESPOND TO ATTITUDES

	Not Accountable	Accountable
No Results	Individual #1: Unacceptable (call it)	Individual #3: Investing for future results
Results	Individual #2: Unacceptable (call it)	Individual #4: Celebration, model

For the individual who is not accountable and is not achieving results (#1), you need to identify the behavior/performance as unacceptable and “call it” as such. What is unacceptable is that this individual has accepted a position and rejected the accountability that comes with it. Now this individual is using “effort” as an excuse for not performing and for not committing to fixing the nonperformance.

The individual who is not accountable and is achieving results (#2) is also demonstrating unacceptable behavior that needs to be “called.” There is no learning and no commitment for maintaining performance.

An accountability culture does not reward effort. It does not reward luck. Accountability rewards commitment and results.

For #3, the individual who is accountable and is not yet achieving results, you should invest in the idea of learning in order to obtain future results. But you also need to set realistic limits on how long you can wait for these results. As long as this manager is continually learning and improving, you reward the behavior and invest in the future.

The manager who is accountable and is achieving results (#4) is someone you want to celebrate and reward. You also want to model the manager’s practices and use him or her as a teacher.

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These are the individuals who should receive 80% of your time and attention. Too often, we spend 80% of our time on the individuals who are in the first two categories.

In an accountability culture, a manager is expected to express accountability. In effect, the manager wears a button on his or her shirt that says: "Ask me what I am accountable for." In an accountability culture, individuals are encouraged and expected to assume leadership roles. To get this kind of behavior you have to avoid punishment downstream . . . and be very good at establishing accountability upstream.

You want to avoid the downstream conversation about "unacceptable" attitude. Fortunately, there are tools you can master to be effective in establishing accountability and to have productive meetings.

You need to step beyond your responsibilities, as leadership appears when a person has intent that far exceeds his or her reach. The intent, expressed as a vision or a goal, cannot be achieved with the resources the person is responsible for. Therefore, a leader has to enroll others with different responsibilities. Leadership efforts hold the promise of extraordinary results.

Accountability is the tool to use to achieve excellence in leadership. The next chapter discusses the tools you can use to promote accountability.

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