



Interim Nurse Leader Guides Facility Out of COVID-19 Nightmare

“Today we can make a change. We just need everyone’s commitment that this is what we are going to do.”
-Mary Hidalgo, MSN, RN

Mary Hidalgo’s words were both a plea and an order. The Interim Nurse Leader was tasked with leading a COVID-ravaged facility through unprecedented circumstances, but first, she had to get buy-in from the other stakeholders. How did she do it?

Her story of using servant leadership to affect life-saving change proves what’s possible with the right leader in place.

SITUATION

The facility’s COVID-19 numbers headlined the evening news. Three-fourths of its residents were positive for the novel coronavirus.

Located in a large Southeast city, the small post-acute facility saw its first positive cases in mid-April. A week later, the Department of Health, assisted by the National Guard, tested all residents and staff. Out of the 204 residents and staff who were tested on-site, 104 residents and 21 staff members were positive for COVID-19. One resident and a member of the staff had already died as a result of the virus.

The residents were scared. The staff that remained was desperate for guidance. They had no idea how to treat COVID-19 patients, how to slow the spread, or even how to protect themselves. The virus was too new. There were no existing protocols, no best practices to follow. How would they navigate these uncharted waters? Leadership at the facility didn’t have any answers, however they knew where to find them.

They turned to Kirby Bates Associates. Kirby Bates specializes in placing Interim Healthcare Leaders in transitional situations. Navigating a facility through an evolving pandemic would be a tall order, and Kirby Bates had just the right leader.

As an experienced healthcare leader with a background in emergency preparedness, Mary Hidalgo, MSN, RN, is always prepared for any situation. Her healthcare experience and expertise are matched only by her multifaceted leadership skills—and she would certainly need all of the above in her mission to help the facility through the pandemic.

“The situation was unprecedented, and many of the facility’s leaders were absent. No one knew what to do,” she explains. “I was there to help them get through it.”





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ACTION

Upon her arrival, Mary did a rapid assessment of the facility in terms of staffing, leadership, standards of care, and compliance with laws and regulations. She prioritized the facility's immediate needs, and from her initial walkthrough, it was clear that patients were not receiving the attention they needed. Staffing levels were near jeopardy—residents were at risk.

“We truly had to triage every resident in order to take care of them—to know that they were safe. So that’s what we did,” she says. “I got the organizational leaders together with the physician and nurse practitioner and had every resident assessed that day.”

Mary began to outline a strategy prioritizing patient care and infection control. She wore scrubs and rounded with the staff, encouraging them to note every slight change in a resident's status—even minor behavior changes. Everything was noted so it could be followed up on. She also prioritized the health of the staff, implementing stringent rules for the proper use of personal protective equipment (PPE).

“You have to round with the staff in order to influence them. You have to ask for their input,” she says.

When struggling to get the staff to comply with the PPE requirements, she asked for the group's help. With their input, she set up sanitation stations and gained their commitments to correct each other when they saw someone not complying. “I asked each one directly, ‘Can I count on you to remind others to wear it? Can we do this together?’”

Another immediate concern was the lack of environmental services staff. Sanitation and cleaning were critical to controlling the infection, and yet the company contracted to clean was not sending enough staff to do the job.

Mary worked with the administration to find another solution, but in the short term, she enlisted the staff to help. Working side by side on a Saturday morning, they changed the beds and cleaned the resident's rooms. “It's servant leadership,” she explains.

“You have to move from being a higher-level leader to a boots-on-the-ground leader,” she explains. “And you must be fluid in your leadership—you handle one thing with the staff or patient care, and then you jump to another role of helping the administration handle operational needs.”

“You have to prove yourself. I had my scrubs and PPE and helped the nurses and nursing assistants bring the rooms up to standard.”

Establishing relationships with the staff was essential, but equally important was connecting with the facility's administration and leadership.

The culture of an organization is always mirrored from the top, so getting buy-in from the leadership team was critical—and this proved especially challenging. Leadership had not been regularly visiting the resident floors, and when they came, they often ignored safety protocols.

The staff noticed—and it came to a head in one leadership huddle when the wound care nurse spoke up for quality and safety. She was emotional as she shared how she felt like none of them cared about the residents.

“It was huge for her to speak up,” Mary says. “I thanked her, and I could tell she got through to some of the leaders.”

Mary challenged the group to make a change and the administrator responded, promising to do things differently. “I could see that it was a moment of genuine change, and I was truly developing a leader.”

It's a fine balance though, to step in and right the ship without angering the other captains.

“I'm careful not to condemn anyone or say ‘You must or must not do this.’ Instead, I say, ‘We can do this,’ or ‘What do you think about this?’ I focus on developing relationships with everyone from leadership to the front line staff. You have to role model your experience, prove that you care, and be consistent with evidence-based practices.”



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RESULTS

Mary's expertise paid off. Under her guidance, the facility stopped the spread, eventually bringing the facility to zero COVID-19 cases. The administrator praised her efforts, saying they could not have done it without her. Mary credits her extensive healthcare experience and leadership skills with her success.

"As a contemporary leader, you go in and work with a situation—working with many different leaders, using different types of leadership—situational, transformational. You start with the basics. You introduce yourself and say 'I'm here to help you. What do you need?' and then you deliver on those promises."

Of course, after long days of taking care of others, Mary recognizes the need for leaders to also take care of themselves. "We have to take care of ourselves, because if you are not a healthy person—emotionally, physically, spiritually—you can't help others."

Through meditation, prayer, and long walks, Mary found the strength to go back each day. "I had to maintain my own wellbeing," she says.

"Mindfulness is extremely important. You've got to review the day and let it go. You can't carry it to the next."

The next challenge awaits and Mary will be ready to use her unique skill set to lead and to serve.



Leading healthcare organizations turn to Kirby Bates for high-performing mission-margin, results focused interim leaders. Call us today to discuss how we can support your organization.

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