



Interim Nurse Manager Uses Hands-On Leadership to Guide Special COVID-19 Unit at a Pacific Northwest Hospital

"I felt like this is probably one of the best contributions I can make as a nursing leader—to get in there and help." *-Laurie*, *MS*, *RN*, *FACHE*

Laurie's words are inspiring; however, the experienced Interim Nurse Leader admits she was not without fear as she prepared to enter the earliest epicenter of the COVID-19 outbreak in the U.S. Despite the uncertainties, she felt a duty to leverage her experience and expertise to make a difference. With skillful communication and a hands-on leadership style, Laurie's story demonstrates what Interim Leaders can accomplish, even in the most extreme circumstances.

SITUATION

Home to the first reported case of COVID-19 in the U.S., a hospital in a large city in the Pacific Northwest felt the impact of the novel coronavirus well before the rest of the country. By mid-March, the number of COVID-positive patients was steadily increasing. Many were in the ICU, however there was also a need for a Med-Surg unit equipped to handle non-critical patients with the virus. With protocols changing hourly, the hospital needed an experienced leader to establish evidence-based practices for the unit and ensure the staff was following the newest guidelines.

Specializing in quickly and carefully matching highly qualified contemporary interim healthcare leaders with healthcare organizations in transition, Kirby Bates Associates recommended Laurie to lead the effort at the facility. Her extensive experience as a nursing leader coupled with her background in the ICU made her the best person for the job. While the assignment was to lead the new unit as the Interim Nurse Manager, Laurie had the added expertise to step in if she was needed to help set up an ICU overflow unit.

Laurie would have to draw deeply from her vast experiences as an interim nurse leader, but she was up for the challenge. Of course, she couldn't have known that on top of tackling an unknown disease, she would also have to navigate a city in turmoil. Ongoing protests and the neighboring "autonomous zone" added more uncertainty to an already stressful time for the team.

The circumstances were extreme; however, healthcare leaders like Laurie are prepared for anything.



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ACTION

"This is just what we do," she explains. "We drop into an unfamiliar, often stressful situation, and we immerse ourselves. We're not here forever, oftentimes our engagements are short, —so we say, 'What are your priorities for my time here?' and 'How can I help you the most?' That's how you begin."

Laurie believes success as an Interim Nurse Leader starts with having a right-set relationship with the hiring leader. The answers to the questions noted above should set the priorities and goals for the assignment. Laurie's goal was clear: to lead patient care on a Med-Surg unit for COVID-19 patients.

The nurses assigned to the new unit were some of the best Med-Surg nurses Laurie had ever worked with; however, leading this team was not without its challenges. When dealing with a new virus like COVID-19, the staff needed to follow very specific protocols—and those protocols were constantly changing. The team was willing to adapt and learn. They wanted to do the right thing, and Laurie was there to facilitate best practices for them. "I believe good leadership starts by sitting at the side of people," she explains. "As a manager you have to immerse yourself. I started each day with their shift huddles and made sure to connect with the night shift team. My office was in the middle of the unit, so I could listen to the ambient noise and stay aware of what was going on. I could support them and help address any immediate concern."

In addition to supporting the staff, Laurie's biggest focus was monitoring the constant stream of communication and information about the new disease and translating that to policies and best practices for patient care and employee health. Laurie was tasked with curating essential communication and getting it to the staff in a way they could digest, remember, and use to protect the patients and themselves.

"It's one of the hardest things about leadership," Laurie says. "You may not get to that report today, but if you can help someone in the moment and you make a difference in patient care, that's really what it's all about."





RESULTS

Laurie's efforts at the facility were an indisputable success. As the number of COVID-19 patients came down, the floor began to support a mix of COVID and non-COVID patients. The hospital hired a full-time manager for the unit and Laurie made plans to return home—however there was still work to be done and hospital leadership wasn't ready to let go of her so quickly. She stayed on to serve as the Interim Director of Critical Care.

For Laurie, the decision to stay was an easy one. She appreciated that leadership was supportive and the culture of caring aligned with her personal beliefs about what an interim leader is there to do. "I see my role as setting the table for the person who will be there for the long term," she says.

"I can come in and see the situation clearly as I'm not tied to the history and tradition of an organization. I can do the tough things—in a caring and accountable way—and set the new person up to initially have more positive interactions and quicker successes."

The new Med-Surg manager was certainly grateful for the work Laurie provided, and there's no doubt the Critical Care unit will be better off as a result of her efforts as well. Her time at this medical center proves how a phenomenal Interim Leader can have a positive impact.

ABOUT KIRTY BATES ASSOCIATES

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