

Restoring Performance, Rebuilding Trust: Interim Leadership in Action

Amid today's healthcare workforce and performance challenges, an urban University Hospital in the Southeast faced a critical inflection point in its medical-surgical unit. The absence of consistent leadership had eroded trust, morale, and outcomes. The organization turned to Kirby Bates Associates (KBA) for a strategic intervention: expert interim leadership.

The leader placed by KBA brought more than operational rigor—she brought heart, clarity, and a deep commitment to patient care and team empowerment.

“Being an Interim Leader allows me to serve our communities in a meaningful and focused direction—to provide care and support to those that need it most,” she shared.

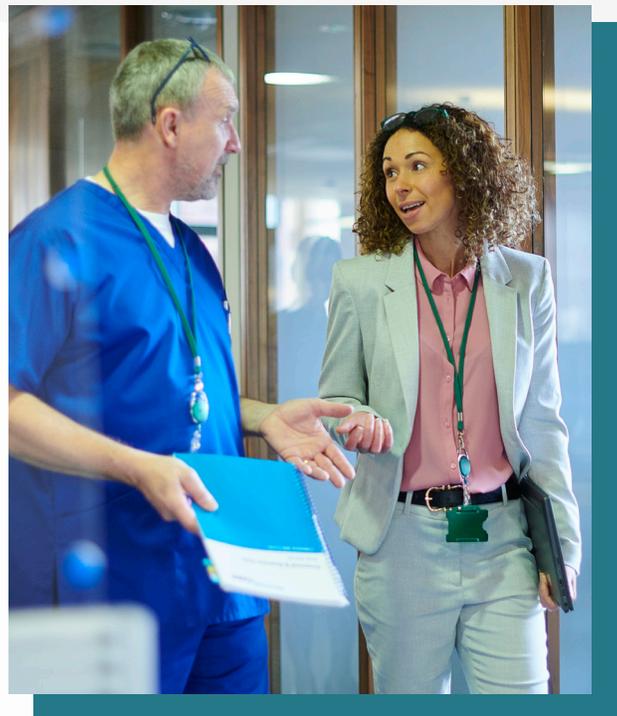
During her 10-month engagement, this interim leader focused on key priorities—restoring leadership visibility, strengthening communication, improving scheduling and performance accountability, and mentoring team members at every level.

“As an Interim Leader, I can mentor staff and help them reach their potential,” she explained. “A little support and guidance, along with a healthy dose of modeling clear expectations, often changes a culture.”

The impact was profound. The unit not only achieved top performance across key indicators—it also piloted innovative projects, influenced peer units, and helped the hospital achieve Magnet® designation. More importantly, it became a workplace where nurses felt seen, supported, and proud of their contributions.

Behind the transformation was a powerful match between Interim Leader and need.

“KBA has a unique talent for aligning leaders with the specific needs of their clients,” the interim leader emphasized. “Matching those skills with the intended outcomes can result in magical performance.”



The Situation

In 2023, a complex medical-surgical unit at a metropolitan, urban University Hospital located in the Southeast faced significant challenges stemming from a lack of structured, visible leadership. The previous unit director was largely absent from day-to-day operations, resulting in low staff morale, diminished trust, and poor unit performance. Team members expressed feelings of neglect, especially amid a high reliance on contract labor and an absence of meaningful communication or mentorship.

Operationally, the unit was underperforming in key metrics including patient safety (CAUTI, CLABSI, and falls), employee engagement, and quality-based performance indicators such as STAR ratings. There was a pressing need for transformation ahead of an important milestone: the submission of Magnet® documentation.

Compounding the leadership gap was a broader context of organizational change, as the health system was undergoing restructuring. Staff were disengaged, accountability was minimal, and the absence of a development-oriented culture hindered efforts to improve.



These conditions reflect broader national trends. As noted in Dr. Rose Sherman's Rethinking Medical-Surgical Units (2022), many medical-surgical units face significant headwinds: increased patient acuity, high staff turnover, lower desirability compared to specialty units, and challenges retaining both novice and experienced nurses. Units like these often lack innovation and visibility—further eroding performance and morale.

Opportunities

Recognizing the critical need for stability and progress, the organization brought in an experienced interim leader for a 10-month engagement. This individual brought a compassionate, organized, and results-driven approach, with expertise in Studer/Press Ganey rounding, productivity management, process improvement, and Magnet preparation.

Key focus areas during this period included:

- **Leadership Visibility & Rounding:**
Regular leader rounding implemented to re-establish trust, address staff concerns, and provide real-time feedback.
- **Communication & Engagement:**
New strategies rolled out to enhance two-way communication, including staff forums, “listening to understand” sessions, and transparent sharing of goals and metrics.
- **Human Resources & Scheduling:**
Attendance issues were addressed, FTE usage analyzed, and scheduling practices optimized. All employees received individualized mid-year and annual evaluations and signed recommitment-to-purpose agreements.
- **Mentorship & Development:**
Charge nurses were retrained and empowered, PCT roles were redefined with structured expectations, and an ANM and education coordinator were successfully onboarded.
- **Standardization & Performance Management:**
Standardized work models for nursing activities and performance reviews were instituted. The unit also played a leadership role by sharing best practices across sister units.



Results

The engagement yielded significant and measurable improvements:

✓ **Cultural Transformation:**

The unit's culture dramatically improved, reflected in increased staff satisfaction and enhanced patient experience scores.

✓ **Performance Turnaround:**

Once the lowest-performing unit in the division, the unit became the top performer across multiple key indicators.

✓ **Innovation and Replication:**

The reintroduction and successful pilot of the Mobility RIDE project demonstrated renewed commitment to innovation. The unit became a model for excellence, influencing other medicine division units.

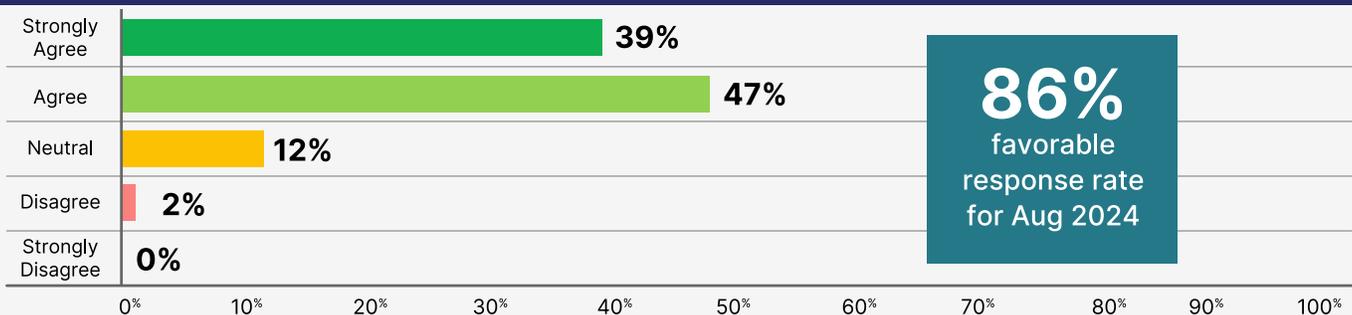
✓ **Sustainable Leadership:**

Structured onboarding of permanent leaders, clear expectations for all roles, and reinforced accountability laid the groundwork for sustained success.

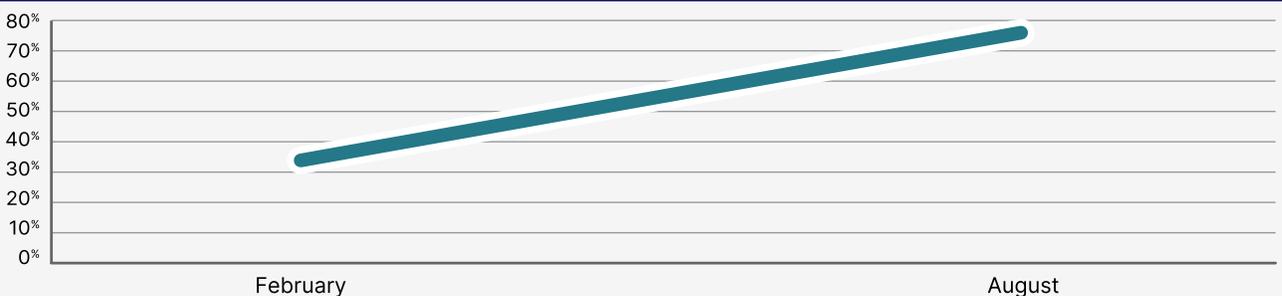
✓ **Magnet Recognition:**

The hospital achieved Magnet® status in 2025, bolstered by engagement across the organization and this unit's contributions to professional practice, quality, and overall nurse engagement.

Your Group's Performance on "I feel like I belong in this organization."



Employee Response Rate





Conclusion

This case underscores the transformative power of expert interim leadership in restoring stability, accountability, and purpose to a struggling medical-surgical unit. Far more than a placeholder, the interim leader placed by Kirby Bates Associates served as a catalyst for cultural renewal and operational excellence. Her presence brought immediate structure, compassionate mentorship, and disciplined follow-through—laying the groundwork for lasting improvement.

Under her leadership, staff engagement surged, clinical outcomes improved, and the unit regained its footing just in time for the fast-approaching Magnet® documentation submission. The unit's dramatic turnaround not only influenced outcomes across the medicine division but also helped propel the hospital toward achieving Magnet® recognition.

This transformation affirms the value of expertly matched interim leadership. By aligning the leader's strengths with the unit's specific challenges and goals, Kirby Bates Associates enabled meaningful progress that extended beyond the engagement itself. The improvements in culture, performance, and team cohesion weren't just timely—they laid a foundation for continued success and positioned the unit as a systemwide exemplar of what focused, purposeful leadership can achieve.

