The CNO advocates for organizational support of ongoing leadership development for all nurses, with a focus on mentoring and succession planning.

Provide one example, with supporting evidence, of each of the following activities: mentoring or succession planning for clinical nurses, nurse managers, nurse leaders and chief nursing officer.

Advocacy
Throughout her tenure CNO Katie Skelton, MBA, RN, NEA-BC, has consistently advocated for leadership development opportunities for nursing staff. This topic is thoroughly addressed in the shared governance council structure, the learning needs assessment process and budget planning. Staff nurses are queried on their interest in participating on the variety of councils and work groups. This commitment includes paid time to contribute and develop their expertise in the subject matter content and in group facilitation.

SJO employs many clinical nurses who prefer to remain working in direct care positions and are recognized as clinical experts. SJO encourages clinical excellence and leadership development through our Nursing Center of Excellence Clinical Ladder that targets these nurses.

One method of leadership development is continuing education. The CNO recognizes the value of continuing education and advocates for time and funding to pursue these goals. Clinical nurse III's and IV's are mentored by a sponsor during the process to obtain advancement. There is continued support for these advanced nursing classifications by way of quarterly meetings that enable them to connect, share and collaborate on their current projects and best practice. Educational topics are discussed at these meetings to enhance their skills and contribute to their further growth and development as clinical leaders. There are also classes to educate the staff on the clinical ladder, “Clinical Advancement Workshops,” prepare them for the process and help them determine their current eligibility. Leadership development through continuing education is a key component of SJO’s plan to develop and mentor staff at all levels.

Leadership development is also achieved in an informal manner. Managers and clinical nurses may participate in projects that expose them to all areas of operations at SJO. This encourages a broader understanding of the organization as a whole. Feedback is encouraged and the value of a team approach is stressed throughout the organization. An example of this involves Emergency Care Center (ECC) Clinical Coordinator Sona Palmer, BSN, RN, CEN. Sona was completing her MSN from Chamberlin University and needed a preceptor for her Master’s project, which focused on development of a cross training program for ECC patient care technicians to perform rapid EKGs to improve the ECC’s door to EKG time. The CNO mentored Sona approximately 240 hours.
Leadership development
There are many leadership development courses offered in-house to develop leadership skills for all employees, including clinical nurses, nurse managers and nurse leaders. Topics include:

- Situational Leadership
- Human Resources Policies and Procedures (Essentials and Application)
- A Franklin-Covey two-day workshop on the 7 Habits of Highly Effective People
- Leading through Change.

In 2008 to support succession planning and early identification of rising stars SJO implemented and continues to offer the Essentials of Nurse Managers Orientation (ENMO). We have enhanced the learner's experience by incorporating short didactic educational sessions presented by hospital content experts and provide the opportunity to ask specific practice questions. Upon completion of the program all participants present to members of the Nursing Leadership Team a project that incorporates the learned concepts applied to their specific area of practice or interest.

In September 2013, 14 clinical nurses formed the fourth co-hort that ended in January 2015. Two of the 14 staff nurses were on a leave of absence and did not complete the program. The list below reflects coaches, staff participants and change projects.

### TL6 Figure 1
ENMO leadership, participants and projects

<table>
<thead>
<tr>
<th>Participant</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pam Hockett, RN, MSN, OCN - Coach</td>
<td>Project</td>
</tr>
<tr>
<td>Abigail Pimienta, BSN, RN, CCRN Clinical Coordinator DSU/SDU</td>
<td>Creating a Healthy Work Environment: Shared Governance</td>
</tr>
<tr>
<td>Darlene Warren, MSN, RN, CEN Manager Orthopedics</td>
<td>Discharge Before 1100</td>
</tr>
<tr>
<td>Lisa Gontang, BSN, RN, PCCN Clinical Coordinator, Pulmonary Renal</td>
<td>Employee Engagement: Striving for Unity</td>
</tr>
<tr>
<td>Timotea Lara, MSN, RN Oncology NP MDC, The Center for Cancer Prevention and Treatment</td>
<td>Outpatient Palliative Care Clinic</td>
</tr>
<tr>
<td>Ria Ann Gonzaga, AD, RN Medical Telemetry</td>
<td>Structure vs. Non-structure: A Smoother Change</td>
</tr>
<tr>
<td>Carmen Ferrell, RN, MSN, CCRN - Coach</td>
<td>Project</td>
</tr>
<tr>
<td>Soudi Bogert, BSN, RN, CCRN Manager Operations Hub</td>
<td>Admit Discharge Team</td>
</tr>
<tr>
<td>Rhona Tristan, BSN, RN Clinical Coordinator DSU</td>
<td>DSU: Creating our own DSU culture by changing our nursing practice</td>
</tr>
<tr>
<td>Rebecca (Cook) Wile, MSN, RN, CCRN Clinical Nurse III, MICU</td>
<td>A focused attack on Hospital Acquired Infections (HAI) in Critical Care</td>
</tr>
</tbody>
</table>
During the past three years, 29 RNs have participated in ENMO with an additional 15 RNs forming a new cohort that started in June 2015. In addition to their project, each participant submits a leadership narrative that provides a descriptive example of the application of learned concepts in their current role as part of their leadership development. The CNO supports this program through funds allocated for staff attendance and participation, including networking with the Nursing Leadership Team.

During the past two years, several nurses have been promoted internally to nurse managers, including Soudi Bogert, BSN, RN, CCRN.

“I am so grateful for the professional growth opportunities available at St. Joseph Hospital. I started here as a new graduate nurse after having done a clinical rotation here. I immediately knew this was where I wanted to be. After 15 years, I continue to grow personally and professionally. I was thrilled to participate in the ENMO program. My leader advised me through every step while customizing her direction in what I was interested in and lacking in my skills. The knowledge gained through this program was invaluable and the insight shared by an experienced, seasoned, established leader was instrumental in allowing me to understand and acquire the abilities I did not know I had. I am fortunate to work with such great leaders and mentors who have guided and supported me through my endeavors.”

**TL6 Figure 2**
Clinical nurses promoted to nurse manager

<table>
<thead>
<tr>
<th>CY 2013</th>
<th>CY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanne Ladrido, MSN, RN, CAPA</td>
<td>Jeannine Loucks, MSN, RN-BC Manager of Emergency Clinical Decision Unit (ECDU)</td>
</tr>
<tr>
<td>Manager Peri-op Services</td>
<td></td>
</tr>
<tr>
<td>Soudi Bogert, MSN, RN, CCRN</td>
<td></td>
</tr>
<tr>
<td>Manager of Operations Hub</td>
<td></td>
</tr>
</tbody>
</table>
Mentoring and succession planning are key components to support a vibrant nursing workforce and is a continual focus at SJO. Recognizing talent at all levels allows the organization to continually focus on our future.

**Example #1**

**Clinical Nurse Succession Planning: Kacie Holmes, BSN, RN, CN III**

SJO’s Labor & Delivery unit enjoys a long-standing relationship with our community and welcomes approximately 5,000 babies per year. This complex service maintains a close relationship with CHOC Children’s (Children’s Hospital of Orange County), caring for high risk mothers who seek neonatal services at CHOC. The unit employs approximately 100 nurses in a continual learning environment that includes an annual cadre of new graduates.

In December 2014, one of the four clinical coordinators who assisted with leadership on the night shift required her own maternity leave for 4-6 months. Due to the dynamic nature of this unit, and the learning needs of new graduate nurse on the night shift, nurse manager Michelle Genova, BSN, RNC-OB, did not want to leave this position vacant. With the support of our CNO, Michelle requested moving Kacie Holmes, BSN, RN, a strong clinical nurse III from the day shift to the night shift in this interim clinical coordinator role. Michelle had always encouraged Kacie to attend leadership classes, and Michelle fully supported Kacie’s interest in the clinical coordinator role.

Recognized as a “rising star” by her peers, Kacie had previously served the unit as the chair of the Unit-Based Council, a relief charge nurse, a preceptor for new clinical nurses and a super user for the electronic medical record. The CNO recognized the
depth of talent in Kacie, having served with her on the Nursing Advisory Council, and supported this temporary assignment.

**TL6.1.1 Human Resources Letter Interim Clinical Coordinator Role – December 2014**

To help prepare Kacie for her new role, Michelle met with her on a regular basis and had Kacie meet with members of the Women’s Service Leadership team twice a month. She knew that a clinical coordinator needed business management skills to handle day-to-day business on the unit, and leadership skills to partner with staff, physicians, patients and families. Learning from other managers exposed Kacie to real-life examples and helped her understand the operations side of managing a unit.

SJO encourages and supports a continuous learning environment to enhance job performance. As such, to also help prepare Kacie for her new role, Michelle advised that she attend the EBP Conference Future of Health Care 2014 as well as training on just culture principles to help her grow as a clinical nurse and leader. In November 2014 Kacie was one of two nurses selected to attend the Association of California Nurse Leaders (ACNL) Leadership Foundation five-day course, which she thoroughly enjoyed. She returned with several new approaches for maintaining a positive work environment and is preparing an educational session for February 2016 Women’s Services skills days on true colors personality testing.

**TL6.1.2 Just Culture Course Completion – September 2014**

**TL6.1.3 EBP Conference Future of Health Care – October 2014**

**TL6.1.4 ACNL Leadership Foundation Course Completion – November 2014**

This session will focus on strengthening relationships with physicians and peers. The true colors personality test is conducted by giving each participant four colored sheets (one blue, one green, one gold and one orange). Each sheet represents a type of personality and each paper has a list of attributes associated with that type of personality on the front side. The papers are titled the color of the paper, not by the actual personality they represent. The person taking the test makes check marks by each attribute listed on each paper that they think represents their personality traits. The paper that has the most checks on it is that persons dominate personality or "true color". After everyone in the group takes the true colors personality test and reviews their dominate personalities, they discuss it as a group to allow for a better understanding of each other’s personalities. This helps give managers, co-workers, etc., a better understanding of how to approach and work with a person.

Michelle also encouraged Kacie to participate in ENMO to gain valuable experience in business management, leadership and personal development. Kacie is a participant in the ENMO co-hort that started June 2015.

**TL6.1.5 Current ENMO Participation**
Michelle knows that she successfully mentored Kacie to grow and learn from her interim role as a clinical coordinator from December 2014 to July 2015. Kacie’s success has prepared her to move into a fulltime clinical coordinator role when a position becomes available.

**Example #2**  
**Nurse Manager Succession Planning: Heather Gilbert, BSN, RN, CNOR**

Succession planning in surgery is an opportunity to look for and identify candidates who exhibit strong skills in problem solving, communication, organization, customer management, decision making and prioritization.

Heather Gilbert, BSN, RN, CNOR, began employment at SJO as a travel RN in 2005. It was clear from the onset that she had a positive “can-do” approach to her daily assignments. She also displayed the ability to prioritize, problem solve and make quick, logical decisions as she cared for her patients. It was also further evident that she had great communication skills, maintaining the dignity of anyone she came into contact with. The CNO and the Surgical Services leadership team recognized a potential future leader in Heather and encouraged her to participate in courses that continue to prepare her for a future leadership role. Recent courses include:

- Giving Meaningful Feedback and Recognition
- Just Culture

**TL6.2.1 Course Certificate Giving Meaningful Feedback and Recognition – August 2013**  
**TL6.2.2 Course Certificate Just Culture – March 2014**

In addition to participating in leadership development courses, Heather obtained her green belt in lean methodology in 2012. Her performance improvement skills, in addition to her decision-making and communication skills, were recognized by the CNO and Surgical Services leadership team. In 2012 Heather was promoted from clinical coordinator to a manager in the main operating room and assumed the process owner role for the value imperative initiative for surgical services, a cost reduction and efficiency goal setting process to establish an efficient surgical through-put. During this time she also assumed leadership of the scheduling team.

**TL6.2.3 2012 Application Transfer Approval from Clinical Coordinator to Nursing Manager**

Heather continued to develop her leadership abilities while growing in confidence, and making sound management and judicial decisions affecting all aspects of the surgical environment. Again the CNO and Surgical Services leadership team recognized Heather’s growth as a skilled leader. In 2013, she transferred to Outpatient Surgery Center continuing in her nurse manger role.

**TL6.2.4 2013 Application Transfer Approval from Nursing Manager to Surgery Center Manager**
With the support and encouragement of the CNO and Surgical Services leadership team, Heather is currently enrolled in the MSN program with Chamberlain College of Nursing. In July 2015 Heather began her final leadership semester and is being preceptored by our CNO. Heather anticipates graduation in November 2015. Through SJO’s tuition reimbursement program, Heather is able to continue her education, which will prepare her to assume additional leadership responsibility in the future.

**TL6.2.5 MSN Enrollment in Chamberlain College of Nursing**

**Example #3**
**Nurse Leader Mentoring: Kathleen Penzes, DNP, RN-C, NEA-BC**

Performance at the executive director level requires a substantial toolkit of leadership skills and the ability to tolerate ambiguity in the face of change. A key component of the toolkit includes a mentor to guide you. CNO Katie Skelton has served in this mentorship capacity for many, including Kathleen Penzes. Kathleen meets with Katie every two weeks for consultation and guidance on organizational initiatives that help Kathleen grow as a leader.

**TL6.3.1 Bi-Weekly Meeting Appointment with Katie**

As a visionary, Katie constantly challenges Kathleen to expand her leadership skills. Four initiatives that Katie asked Kathleen to lead accomplished this goal:

- Lead the construction and design efforts for the new Mother-Baby Unit in collaboration with manager, Terry Zeilinger, MSN, RNC-OB. Katie supported the inclusion of physician, staff and patient feedback in the design elements. This setting expanded the organizational offering to new families to include 60 private rooms. This unit opened successfully in February of 2013. Kathleen also co-led the merging of two separate departments Beds and Staffing into one and created the operations hub.

**TL6.3.2 2013 Performance Evaluation Summary of Accomplishments**

- Design the role of the perinatal nurse practitioner to reduce the length of stay in the Mother-Baby Unit and to improve patient satisfaction. In support of nurses working at their highest educational level, Katie guided Kathleen as she reviewed the quality metrics for this service line and expanded the scope of the perinatal nurse practitioner position to contribute in a more defined way to our patient experience.

**TL6.3.3 Women's Services Nurse Practitioner Addendum**
• Design and develop quality metrics for a laborist program in partnership with the anesthesiologists to improve care. Kathleen consulted with Katie as she worked with the clinical nurses to design measureable quality goals to evaluate our progress and investment in the laborist program.

TL6.3.4 Laborists Quality Goals 2014

• In partnership with CHOC Children’s (Children’s Hospital of Orange County), plan, design and implement a Level II NICU located within SJO. Katie offered guidance to Kathleen as she worked through the operational details and structure of a co-located NICU. Kathleen’s success led to a co-managed Operations Committee led by Kathleen and the director of the NICU at CHOC.

TL6.3.5 SJO CHOC NICU Collaboration Operations Committee Charter

Katie provided guidance and feedback on these initiatives during her one-on-one meetings with Kathleen and through the Nurse Executive Committee, Nursing Leadership Team, in strategic planning and through the evaluation process.

Kathleen’s success in planning and implementing major initiatives led to her expanded role in the organization. From 2002 – 2013 she had oversight responsibility for Women’s Services, Nursing Administration, which included the Staffing Office personnel and nursing supervisors. In this capacity she reduced dependence on outside supplemental staffing and co-led the planning and implementation of the operations hub to improve patient flow and outcomes.

Through the guidance and support of Katie, Kathleen is a servant leader, leading construction projects, ethics initiatives, Human Resource teams, quality improvement efforts and serving as a mentor to students. Kathleen currently serves as the Executive Director of Medical Surgical and Women’s Services. Kathleen excels in developing self-managed nursing leadership teams that support the mission and values of the organization.

Example #4
Chief Nursing Officer Mentoring: Katie Skelton, MBA, MSN, RN, NEA-BC

Katie’s role as CNO has evolved during the 17 years she has been at SJO. She has been able to learn and grow through the various experiences and challenges that have been funneled her way. She has also been very fortunate to have a series of mentors who have challenged and supported her to step out of the traditional role of hospital CNO and expand into new leadership realms.

Alan Garrett, the former chief financial officer who moved into the chief operating officer role, was a great mentor for Katie before he became CEO of a sister hospital within the health system. He spent time with Katie talking about strategy in physician contracting
arrangements as he moved physician contracts over to her area of responsibility. He walked her through the methodology and encouraged her to trust her instincts. She now oversees multiple physician contracts that involve performance improvement incentives. Alan encouraged Katie to pursue her Master’s in Business Administration, which she completed in May of 2014 at the Claremont Colleges. The organization fully supported this effort, through tuition reimbursement and time away from the organization.

Current CEO Steve Moreau has been a strong mentor when it comes to physician partnering. He was hired by SJO during a time of significant physician turmoil. He brought great partnering skills, which increased physician engagement. Steve has partnered behind the scenes with the CNO in efforts to elevate the level of physician practice and engagement within our Women’s Services division. As a result of Steve’s quiet coaching and support, Katie recently met with the laborist program physicians and outlined and implemented a new standard of practice that each MD has signed per contract that they will support.

**TL6.4.1 Signed Laborist Agreement**

Deborah Proctor, the CEO of SJH, has been a mentor for Katie as well. She has met with Katie privately on multiple occasions through the years to seek input and advice, offer counsel and support, and connect to nursing leadership. Katie and Deborah have had the kind of relationship where it is okay to disagree.

Transparency is expected and there is implied trust on both sides. Following an unusually difficult dialogue, Deborah reached out to ask Katie to serve as a co-chair with her on a large SJH leadership meeting. There were bi-weekly planning sessions that Katie and Deborah worked on together with the consultants hired to facilitate. The meeting was held October 1, 2014 and was a huge success. Deborah has exceptional process and organizational development skills that she is willing to share. Katie was the recipient of that learning through that four-month planning process.

**TL6.4.2 Agenda Sketch Katie co-chaired with Deborah Proctor**

In 2013 Katie was elected to the Association of California Nurse Leaders (ACNL) Board. This is a two-year term. The organization encouraged Katie to accept the position. The ACNL is the largest chapter of Association of Nurse Executives (AONE) in the country. ACNL Executive Director Pat McFarland is a legend. She is an incredible advocate for the profession of nursing and is quite passionate about her work. She has become a wonderful mentor for Katie, encouraging her to attend legislative days at the state capital and lobby on nursing issues. On the ACNL Board with Katie is the Vice President for Nursing of the California Hospital Association, BJ Bartleson. She has also become a mentor for Katie in the legislative arena. Katie is surrounded by bright, visionary nursing leaders who inspire her every day.

**TL6.4.3 Association California Nurse Leaders Board of Directors Roster 2014**
In January 2014 Katie was asked to co-lead a state workgroup that is updating the California Action Coalition work (from the IOM report) and the Nursing Education Redesign work done by the California Institute for Nursing and Healthcare. Her partner in this year-long project is Judy Karshmer, the brilliant Dean of University of San Francisco School of Nursing. Katie has been an avid fan of Dr. Karshmer for years and now feels very privileged to have her as a mentor and co-lead.

**TL6.4.4 California Action Coalition**

Throughout Katie’s career she has been mentored by industry leaders who have taken interest in helping her grow as a person and nursing professional. These visionary mentors have helped a good leader achieve great accomplishments while never losing sight of her profession and all who look to her for guidance, support and leadership.