

# DNP in Leadership

## Changing Psychiatric-Mental Health Nursing Culture in a Large Urban Medical Center

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MEDICAL CENTER

# DNP in Leadership

- Bergen Regional is the largest hospital in NJ
- 3 Divisions of Care on 65 Acres:
  - Long Term Care (574 beds);
  - Behavioral Health (323 beds)
  - Acute (173 beds)
- BRMC has 2025 employees of which 614 are in Behavioral Health





# DNP in Leadership-Challenges

- Old County Mental Hospital known as 'Bergen Pines' until the facility became Bergen Regional Medical Center when it was contracted out for private management in 1998
- Custodial medical model of care for PMH patients
- High volume of employees with 15+ years of service...set in their ways!
- Vacancies: 4 Nurse Managers and 4 A.D.N.s—agency staff utilized

# DNP in Leadership-Challenges

- Patient satisfaction scores below state average
- 7 unions
- Staffing streamlined by management company
- Average tenure of leadership-about 2 years-staff attitude... 'we will be here after they are gone!'



# DNP in Leadership-Challenges

- Most RNs hold Associate Degrees. Only 5 RNs are gradutely prepared.
- Mental Health Associates developed from non-trained pool.
- Staff education virtually non-existent.
- AVP position vacant for 4 months
- Policies outdated and redundant
- Poor morale-Multiple POCs in place

# DNP in Leadership-Where to Begin?

- Set out expectations in writing
- Meet, greet, listen and act
- Improve morale!
- Develop the core team-Nurse Managers and Program Directors
- Initiate skill remediation and skill development



# DNP in Leadership

- Our Team + 1 (L-R)
- Mary Ann Marra, MSN, RN  
NEA-BC, CNO
- Diane DeCarolis, RN ACRN
- Shirley Smoyak PhD, RN (+1)
- Teri Criscione RN-C
- Denise Smyth, LCSW
- Pat Hoppe BSN, RN
- Meredith McCutcheon MSN RN
- Pat Bennett BSN, RN-C
- Hilvia Smith, BSN, RN



# Theoretical Underpinnings for Change

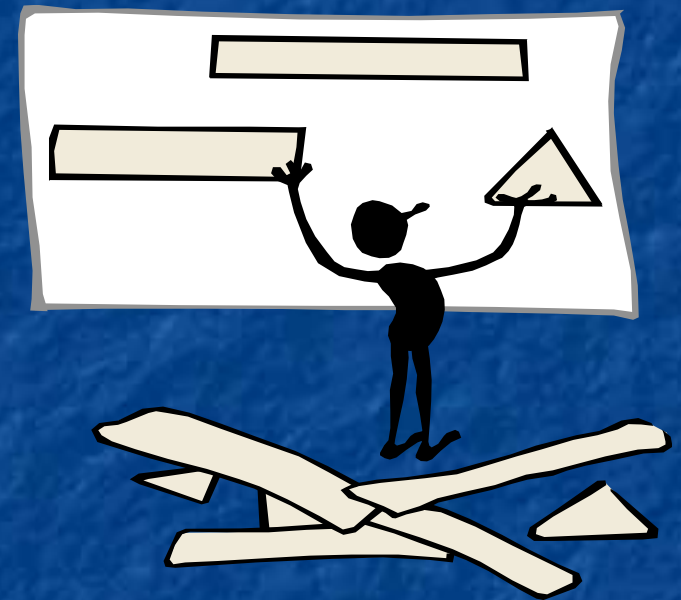


- Lewin's Model of Change Theory
  - Unfreezing
  - Movement
  - Refreezing
    - Driving/Restraining forces



# Theoretical Underpinnings for Change

- Roger's Diffusion of Innovation Model
  - Early Adopters
  - Go with the "gang"
  - Late/Laggard Adopters
    - 1) Knowledge – person becomes aware of an innovation and has some idea of how it functions,
    - 2) Persuasion – person forms a favorable or unfavorable attitude toward the innovation,
    - 3) Decision – person engages in activities that lead to a choice to adopt or reject the innovation,
    - 4) Implementation – person puts an innovation into use,
    - 5) Confirmation – person evaluates the results of an innovation-decision already made.



# Initial Strategies

- Frequent rounding and visibility-all 3 shifts
- Getting the “lay of the land”....what’s the practice and where are the hidden booby traps!
- If you feed them, they will come
- Catch them in the positive and nix some of the disciplinary actions



# Moving forward

- Set out expectations and begin to weed out the poor performers
- Listen, listen, listen then fix what you can
- Fight for the front line folks
- Keep your enemies close...ask them to help

# One year in...where are we?

- Press Ganey Nursing Satisfaction scores- up 7 points, near mean for NJ
- POC trending shows increased compliance in Treatment planning, BGM, Pharmacy issues – 90-100%
- Ongoing monthly PMH Journal Club
- Quarterly Charge Nurse coffee with AVP



# And...

- OT utilization is a major force...av hrs/ppd for division has been +1550...most recent trending below 1200
- Decreased reliance on agency staffing
- Float staff clustered to like services
- Realignment of BH AND staffing (leaner but more effective)
- All Nurse Manager positions filled (50% hold certification)

# And we continue

- Have initiated an Annual Series of Psychiatric Nursing programs to include quarterly grand rounds, 1 full and 1 partial day multidisciplinary education with contact hours;
- Initiated a Psychiatric Nursing Externship program with 5 students representing 4 schools of nursing;



# Meet our Psych Nursing Externs



# Additionally BH Nursing

- Has completed a backlog of over 300 delinquent personnel evaluations-all now are in cycle
- Increased the number of schools of nursing who affiliate for PMH Clinical Rotations (Over 21 undergraduate and 1 PMH NP)
- Has participated in the programmatic revisions of the division: Patient programming; patient flow/access and in hospital wide events both internally and externally



# BH Nursing

- All job descriptions have been reviewed and re-written to identify specialty and sub-specialty core requirements
- Has successfully advocated for the inclusion of PMH APNs for the divisional staff

# So where do we go now?

- Continue to recruit and fill core staff vacancies
- Expand workforce development education and training for all levels
- Sustain improvements
- Ensure that all regs and accrediting standards are met
- Elevate the quality of nursing care
- Improve patient outcomes in a wellness focused model.



Thank you for your time and  
interest!

Comments/Discussion