Maternal-Child Health (MCH) Nurse Leadership Academy:

Celebrating 10 Years of Improving the Health & Wellbeing of Mothers & Babies

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Learning Objectives

1. Articulate the purpose and goals of the MCH Nurse Leadership Academy

2. Describe outcomes of inter-professional team leadership projects and personal leadership development
MCH Nurse Leadership Academy Overview

The academy is designed to develop the leadership skills of maternal-child health nurses and nurse midwives to effectively lead inter-professional teams to improve the quality of healthcare for childbearing women and children up to 5 years old.
The 2002 Maternal-Child Health Think Tank
Think Tank Members

• Maternal-child health nurse experts from Canada and the United States
• Sigma Theta Tau International Leadership
• Johnson & Johnson Pediatric Institute
Areas of Consideration

• Collaborative models of practice
• Leadership development
• Evidence based practice
• Societal issues
“The greatest impact is with the leadership development of front-line nurses to improve the health care outcomes of mothers and babies.”
INTERNATIONAL LEADERSHIP INSTITUTE (ILI) ACADEMIES

- Maternal-Child Health Nurse Leadership Academy
- Geriatric Nursing Leadership Academy
- Nurse Faculty Leadership Academy
- Maternal-Child Health Nurse Leadership Academy South Africa Pilot
ILI Academy Participants Since 2004
172 Dyads from 6 Countries; 37 US States; 2 Canadian Provinces
ILI Academy Structure

- Leadership academies range from 18-20 months
- Each participant is a part of a triad relationship
- Each participant takes part in evaluations that measures their leadership practices, skills and knowledge
- Each participant works with a Leadership Mentor to develop a leadership plan
- Each participant develops and manages an inter-professional team project
- Each participant attends workshops (2) and site visits (2)
- Each participant disseminates project outcomes at STTI Convention
Academy Triad Relationship

- Fellow
- Faculty Advisor
- Leadership Mentor
The Foundational Leadership Model

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart
ILI Academy Impact Data

The diagram shows the impact data for two groups, NFMLD and GNLA, with MCH as a comparison. The x-axis represents time, with baseline on the left and follow-up on the right. The y-axis represents a quantitative measure. The data trend shows an increase from baseline to follow-up for both NFMLD and GNLA, with MCH following a similar but less steep trend. The NFMLD group shows the highest increase, followed by GNLA, and then MCH.
MCH Fellow Expectations

• Select a Leadership Mentor who will guide them through their leadership development over the 18-month period

• Maintain collegial relationship with academy triad (Fellow, Leadership Mentor and Faculty Advisor)

• Attend two intensive workshops with their chosen Leadership Mentor
  – Workshop I
    ▪ 14-17 April 2014, Indianapolis, IN
  – Workshop II
    ▪ 16-19 February 2015, Indianapolis, IN
MCH Fellow Expectations (cont.)

• Design an individualized leadership development plan with guidance from their Leadership Mentor and Faculty Advisor (assigned by STTI)

• Implement and manage an inter-professional team leadership project that results in practice outcomes and aligns with the mission and vision of the Fellow’s association/organization/institution (A/O/I).

• Facilitate one virtual site visit and one in-person site visit with triad

• Present leadership project outcomes poster at STTI’s Biennial Convention

• Attend academy celebration activities at STTI's Biennial Convention
MCH Leadership Mentor Expectations

- Not the Fellow’s direct supervisor
- Familiar with the Fellow’s practice setting
- Agrees to champion, advise and advocate for the Fellow
- Demonstrates the leadership characteristics required of a Leadership Mentor
Faculty Advisor Expectations

- Participates in the academy’s online application review and selection process as a reviewer
- Participates in curriculum development, presentation and evaluation; advising and mentoring
- Works with other MCH Nurse Leadership Academy faculty advisors, STTI and Johnson & Johnson staff to achieve program goals and objectives
MCH SOUTH AFRICA

THE FIRST COHORT
UNDERSTANDING THE CONTEXT

• Nine provinces
• North West Province (NWP)

MAP OF THE NINE PROVINCES IN SOUTH AFRICA (WWW.GOOGLE.CO.ZA)
THE NEED FOR MATERNAL-CHILD HEALTH NURSE LEADERS IN AFRICA

“Women are not dying because of diseases we cannot treat ... they are dying because societies have yet to make the decision that their lives are worth saving”


http://www.unicef.org/mdg/maternal.html
THE TIP OF THE ICEBERG

Each year in South Africa:

• At least 1,600 mothers die due to complications of pregnancy and childbirth
• 20,000 babies are stillborn and another 22,000 die before they reach one month of age
• In total, at least 75,000 children die before their fifth birthday

This toll of over 260 deaths every day is due to 5 major health challenges:

• Pregnancy and childbirth complications
• Newborn illness
• Childhood illness
• HIV & AIDS
• Malnutrition
Looking Ahead

MCH NLA Africa: Cohort I 2014-2015

- 12 dyads – from Malawi, South Africa, Swaziland and Uganda
- Utilize current and new faculty from within SA and outside, utilizing a train the trainer model for new faculty
- Call for applications for new academy opened in August, 2013 at Tau Lambda conference
**Project:** Management of the Second Stage of Labor: Using Evidence-Based Practice to Improve Patient Safety and Satisfaction

**Patient Impact:** 700 laboring women and families each Year

**Organizational Impact:** Evaluation of current practice; Education on benefits of passive descent and non-Directed pushing

**Health Network Impact:** Upheld vision of providing a superior patient experience utilizing best practices to improve patient outcomes

**Fellow Impact:** “…used my experience …to become a more effective leader…” Personal challenges included physician engagement, time management and personal leadership growth.
**Project:** Improving Health Literacy in An Academic Medical Center

**Project Outcomes:**
1. Evaluation of current patient education materials
2. Increase self-efficacy of nurses related to teaching
3. Develop and implement patient education materials appropriate to patient needs
4. Teaching materials will be utilized to effectively prepare patients to provide self and infant care
5. Implementation on mother-baby area will serve as a pilot for organizational implementation
6. Organization will meet national health literacy standards

**Fellow:** Reetta Sikes

**Fellow Impact:** “…tools provided to me by STTI have greatly enhanced those skills. The most important…I learned is …flexibility and persistence…” Personal Challenges included a hospital merger, new processes, and additional job responsibilities.
Project: Back to Basics: Minimizing the Use of Formula Given to Breastfeeding Infants for Non Medically Indicated Reasons

Project Outcomes:
1. 80% of staff indicated new information was learned
2. 100% aware of Regional Breastfeeding Guidelines
3. Percentage of women meeting breastfeeding goals Rose from 64% to 75%

Organizational Impact: Hospital had one of the highest 2011-2012 breastfeeding exclusivity rates in the region

Health Network Impact: Algorithm currently under revision for implementation through out region (8 hospitals).

Fellow Impact: “I was not sure I was a leader.” “…changed my thinking about leadership.” “I slowly started to see myself as able to lead change.” “I now have the privilege of bringing many….evidence based (changes) into practice.”

Personal Challenge: To return to the MCH academy as a mentor to “encourage, empower and support someone else…”
**Project:** Implementation and Evaluation of a Maternal-Child Nurse Breastfeeding Educational Training: A Leadership Journey

**Project Outcomes:**
1. All nurses received 4 hours breastfeeding education
2. 90% of nurses have 20 hours of education
3. Pre and post testing showed a significant difference in knowledge after breastfeeding training.

**Organizational Impact:** Plans to expand to sister Hospital this fall; First ever breastfeeding and infant feeding policy developed

**Health Network Impact:** Being developed into a web based version for consistency within the health system.

**Fellow Impact:** Chairing newly formed system wide Breast feeding committee; working with health department to launch collaborative research initiatives; Secured 2 grants to continue work on breastfeeding; Conference guest speaker; leading a breastfeeding initiation project for international dissemination.

**Fellow:** Shakira Henderson
My Personal Journey

Katheryn Arterberry, RN, MSN, FNP-BC
2008-2009 Sigma Theta Tau International Maternal Child Health Leadership Academy Mentee
Start Here

- Never heard of the Leadership Academy
- Information came through my Mentor
- Opportunity presented – Opportunity seized
The Academy

• Intensive work days
• Voluminous information
• Meeting interesting and accomplished colleagues
• “We have to do what!?!?”
• “It’s not about the project”
The Project

Development of a Nurse Practitioner Led Multidisciplinary Non-Organic Failure to Thrive Clinic
The Journey

- Did not happen overnight
- Was not always an easy process
- Process was time-consuming
- In the end... surprisingly enough... it worked!
Initially...

- My leadership skills like my dreadlocks were small, not fully developed but full of potential!
Add the Mentor

• Even in this infantile state, my mentor saw not only what I was, but what I could become.
...then the Faculty Member

• Another layer of support, knowledge, and encouragement added to the team!
The Process

• Lengthy – had to commit to the end result.

• Oftentimes you have to depend on friends to help.

• Sometimes it really hurt!
The Results

- The results are absolutely worth the effort!
Main Gains

- Defined leadership and focused on the skills rather than the titles.
- Opened up new ways of thinking, analyzing and solving problems.
- Established what I perceive to be life-long relationships.

- Although the project was instituted with great results…
- It is truly, “Not about the project!”

It is about so much more than that!
Start Here...again
Faculty Role
Fellow/Mentor Dyads

• **Louisville Dyad**  
  – Reetta Stikes & Cynthia Logsdon  
  – Project: Improving Health Literacy in an Academic Medical Center

• **Pennsylvania Dyad**  
  – Jenna Nagele & Pamela Mack-Brooks (Lynn Stringer)  
  – Project: How to Increase Skin to Skin in the Hospital Setting Within Five Minutes of a Vaginal Delivery through the Integrated Behavior Model
Main Gains

- Workshop I
- Workshop II
- Site Visits
- Biennial Convention
- Virtual Site Visit
- Team member commitment

Communication
Commitment
Time management

Model the Way

Enable Others to Act

Encourage Others to Act

Encourage the Heart!

Challenge the Process

Inspire a shared vision

Encourage the Heart!
My Experience Within the Maternal Child Health Nurse Leadership Academy

Leeann Taylor, MSN, RN
Fraser Health Authority
Surrey, BC
Canada
How It All Began Canada 2008

Langley
Langley Memorial Hospital
Langley, BC, Canada
Indianapolis, Indiana
2013
My Mentorship Team
What We Did Well
SUCCESS!!
Program Evaluation

- Patient Satisfaction
- Staff Satisfaction
- Cost Savings
- Long term Outcomes
Survey Results

• “Very positive experience”
• “Big improvement”
• “Such a better experience”
• “Thank you to all the nurses for your support and help during our birth experience...God bless”
• “It was much better the second time around”
Survey Results

“I’ve had two previous C-sections @ LMH. This last experience was by far the very best. I was with my baby and husband the whole time with the opportunity to breastfeed my baby and not be separated. This was very significant to my birthing experience this time. The mental and emotional benefits…made me feel more happy and satisfied with the whole experience. Great improvement.”
Survey Results

“I was able to breastfeed in the OR and found it to be the most wonderful part of the process. It took my mind off the surgery and helped me bond with my baby. Being in recovery with my family eased my stress over the baby’s well being. Considering all 3 of my C-sections, this was by far the best! Less formal, less medical, but much more attention on what was best for baby, mother, father…family. Thank you!”
What Next?

PAY IT FORWARD

2011
Mentee:
Damaris Grunert RN, BSN
Faculty Mentor:
Dr Patricia Clinton RN, PhD
Faculty 2013!

• 2012-2013 Cohort: Faculty Member

• Supporting two dyads in Philadelphia, Pennsylvania, USA

• Initiation of Cue Based Feeding in Quaternary Neonatal Intensive Care Unit

• Increasing Exclusivity of Breastfeeding in Urban, Academic Hospital for Women Who Identify Desire to Exclusively Breastfeed While in Hospital
My Beautiful Children: The REAL Reason Why
THANK YOU

Questions??

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