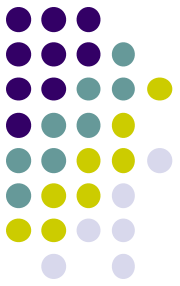


# Lateral Violence Healthcare's Dirty Little Secret



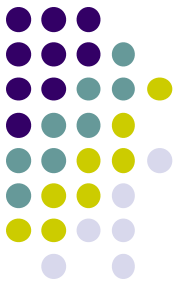
LTC Peter Strube

CRNA MSNA APNP ARNP DNAPc

Assistant Professor Rosalind Franklin University



# Financial Disclosure

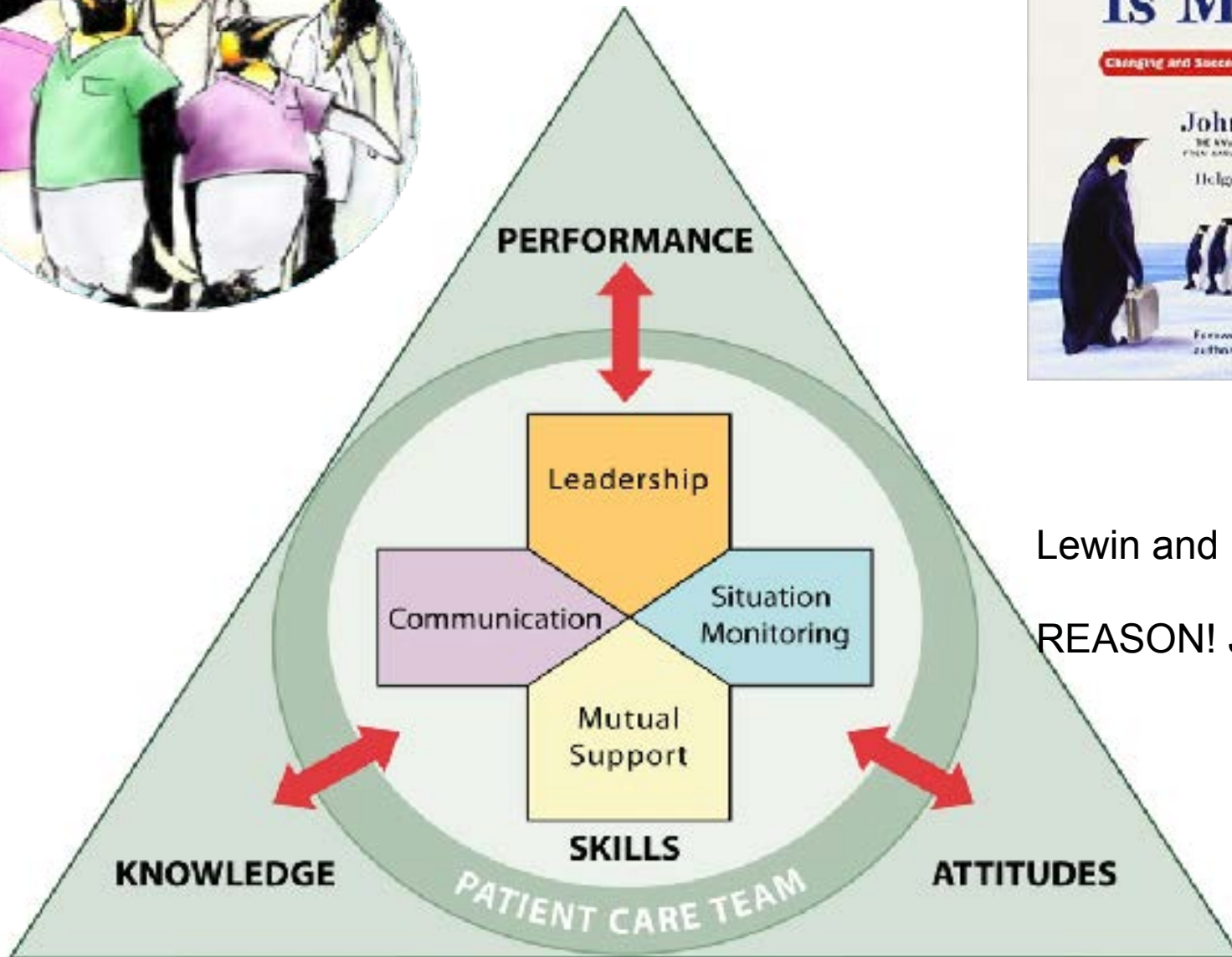
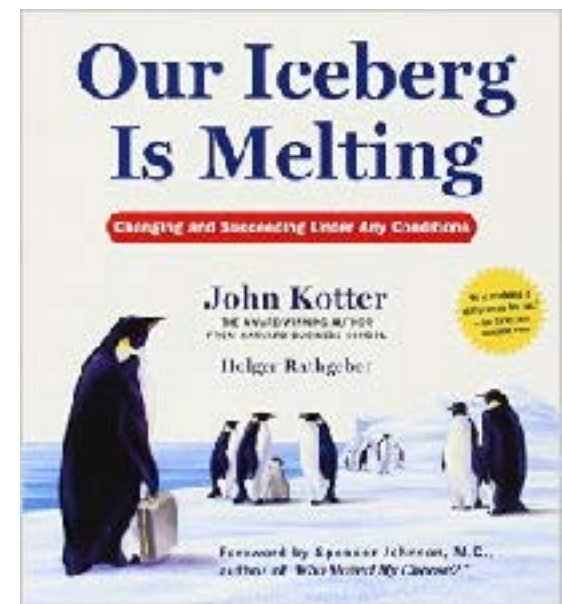


There is no financial conflicts with this presentation.

Lecturing about a topic does not constitute endorsement of any product. Please take the time to research each topic for more information.

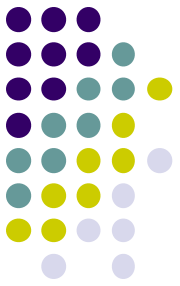
Mentioning a product or company does NOT represent endorsement.





Lewin and Kotter

REASON! Just Culture



Ask yourself whether you are living on the proverbial melting iceberg or an iceberg that could melt.

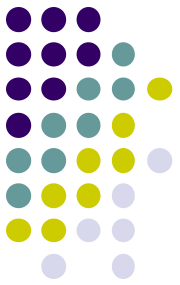
**Melting icebergs come in dozens of forms: product lines that are aging, schools that are becoming irrelevant, services that are decreasing in quality, a business strategy that makes increasingly little sense, a new strategy whose implementation is sinking into the ocean.**

Who in your organization can champion change?

Who are the nay-sayers?

**And what can your role be?**

# Eight Steps of Change

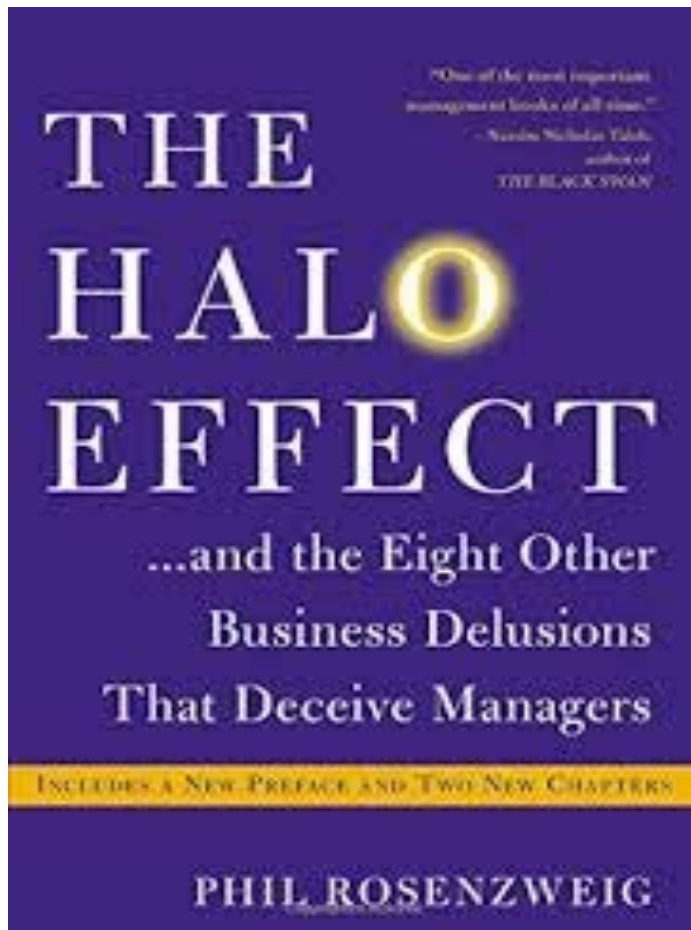
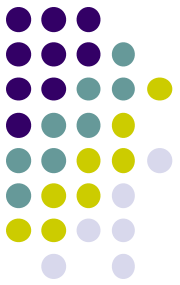


- Create a sense of urgency
- Building and guiding a team
- Develop a change vision and strategy
- Understand and buy in
- Empower others
- Short term wins
- Don't let up, be relentless
- Create a new culture





# Leadership Final Thoughts?

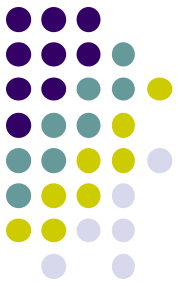


## Halo Effect, 1920

- Edward Thorndike
- Our overall impression can be based on one trait
- High correlation of physical, intellect, leadership skills, and personal qualities of soldiers.



#NoGain! @LoveStats



# Effective Team Leaders

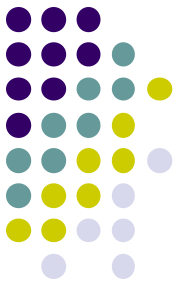
Make decisions through collective input of members

Empower members to speak up and challenge, when appropriate

Actively promote and facilitate good teamwork

Are skillful at conflict resolution

# Looking at things differently? Do you know the house-keepers name?

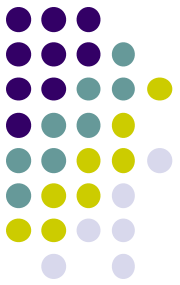


- Everything in the world that is small—truly is small
- Work politics are just that – work politics
- Appreciate life and live happy
- Appreciate Blessings and family more
- There are a lot of good people in the world

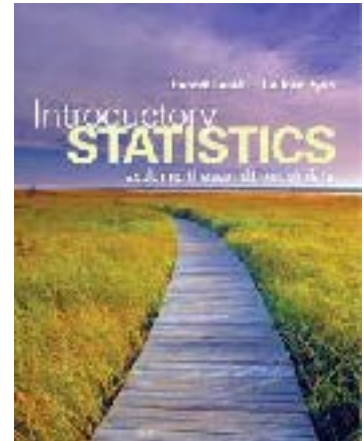
Become the light in the  
darkness, pay it forward.  
God Speed and God Bless.

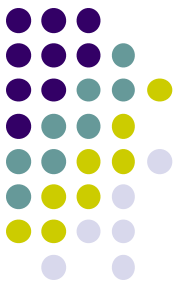
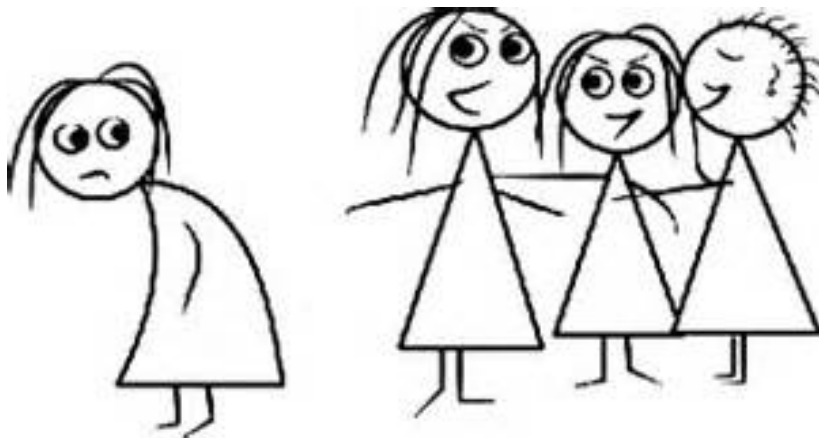


# The Power of Fear Alone in the Darkness

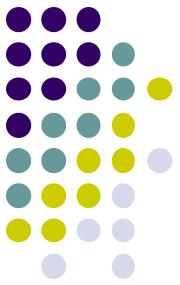


“So, first of all, let me assert my firm belief that the only thing we have to fear is...fear itself — nameless, unreasoning, unjustified terror which paralyzes needed efforts to convert retreat into advance. In every dark hour of our national life a leadership of frankness and of vigor has met with that understanding and support of the people themselves which is essential to victory. And I am convinced that you will again give that support to leadership in these critical days.” FDR





**STOP**  
Bullying Nurses



# Analysis Of Context

## Stakeholders

Many individual stakeholders in the institution: including all anesthesia providers

## Organizational factors

Levels of organization

Resistance

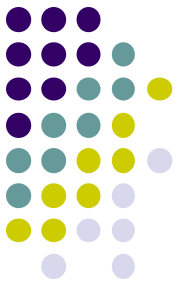
Cultural history

Political environment

Punitive based culture full of fear

**25% of providers have their care affected by LV.**

# Organizational/cultural factors



“I am hesitant in filling this out since certain faculty go after people and it is tolerated.”

“Unsupportive leadership of personal and family problems lead to fear of my job and security.”

“While LV is rampant, there is no outlet or support for non-physicians to address LV, the PSN system is entirely punitive and is used to punish same level or above-level colleagues. There is no issues here, if anesthesia nurses would just shut up and do what I want them to do.”

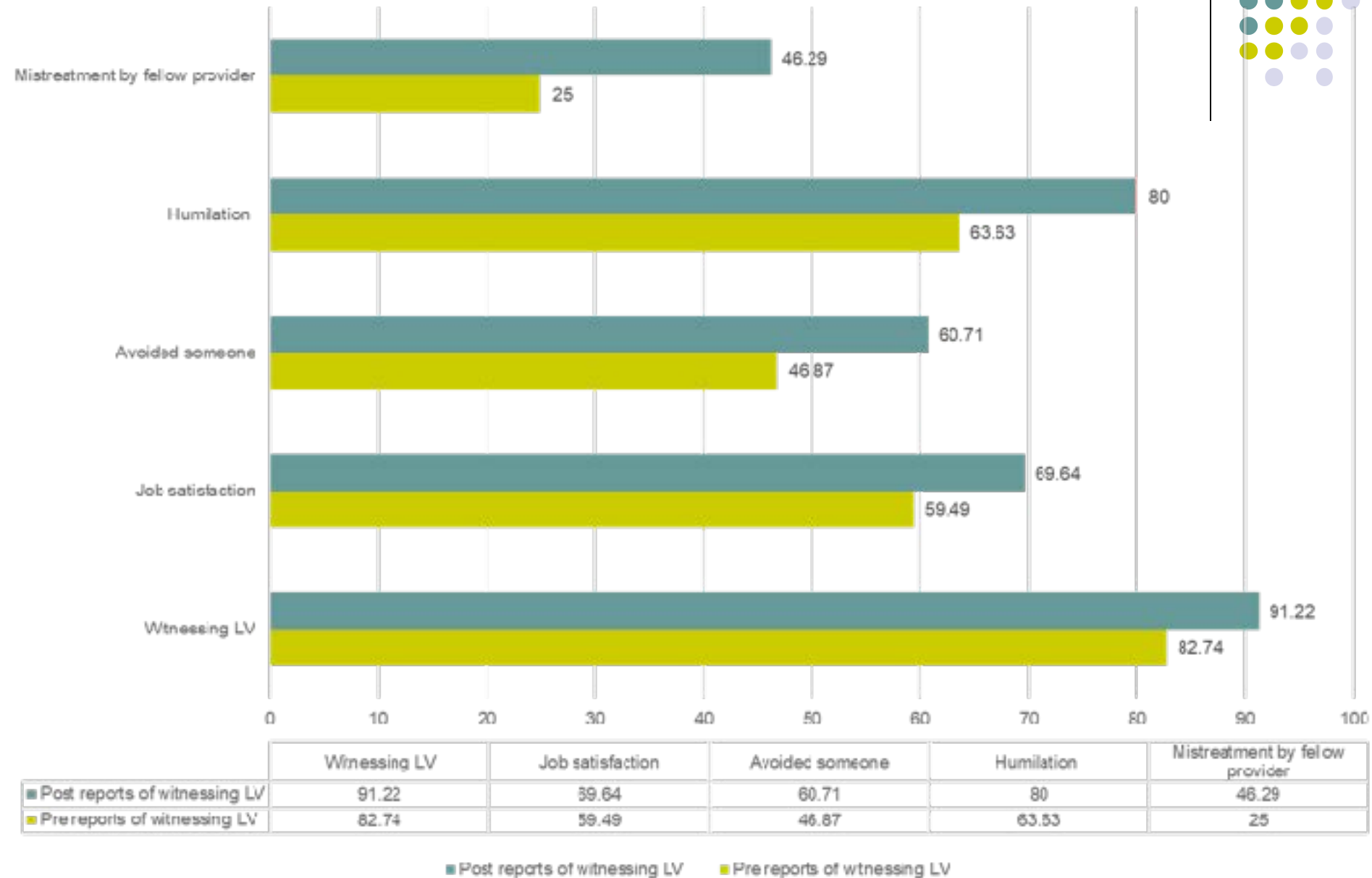
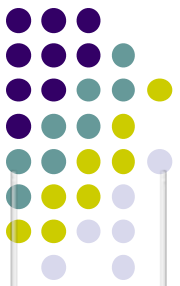
“LV is tolerated by supervisors because they don’t take a stand and often the supervisors are the ones being abusive.”

“Some members of the department are given a pass on LV, harassment, or disruptive behavior because ‘that is how they are’ and to physicians and entitled to be that way.”

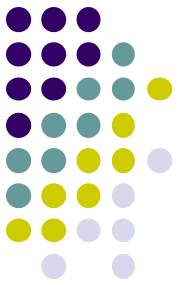
“This type of behavior has been tolerated by the anesthesia department managers and leadership for as long as I can remember”, and “I am fearful in filling out this questionnaire because certain faculty

go after staff members, and why can certain faculty remain working there when they abuse staff daily.”

# Notable results related to LV



# Definition



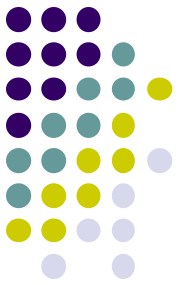
**Lateral violence** (LV), sometimes called horizontal violence, is a term that was developed to describe distasteful, deliberate, unkind, discourteous, or antagonistic behaviors that staff members can portray toward colleagues. It is an intentional behavior using words or actions intended to cause fear, intimidation, or harm.

Examples of this behavior are: backstabbing, gossiping, rolling of the eyes, folding of the arms, constant criticism, humiliation, ignoring, isolation, inequitable assignments, angry outbursts, threats, passing judgment, undermining, and sarcasm.

*Key words:* lateral violence, workplace bullying, nurse turnover, bullying, harassment, disruptive behaviors, anesthesia care team (ACT), and code of conduct.

The degree of clarity of which a televised image broadcast signal is received

**def·i·ni·tion** n. 1.  
The teacher gave definitions of the new words.  
of an image (picture) -- see screen



# Problem Statement

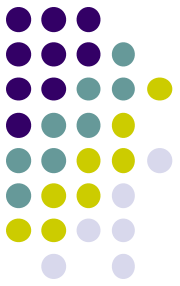
**There is a vital need for anesthesia providers to be educated on LV!**

Educational intervention has been identified as a tool to decrease the occurrence of lateral violence.

In 2008, the Joint Commission mandated that agencies recognize and correct behaviors that are inappropriate and disruptive.



# Background and Significance



In 2008, the Joint Commission mandated that agencies recognize and correct behaviors that are inappropriate and disruptive.

Coursey (2013) identified that the current trend is to implement policies that comply with Joint Commission mandates and do not actually enhance the practice environment.



# Lateral Violence

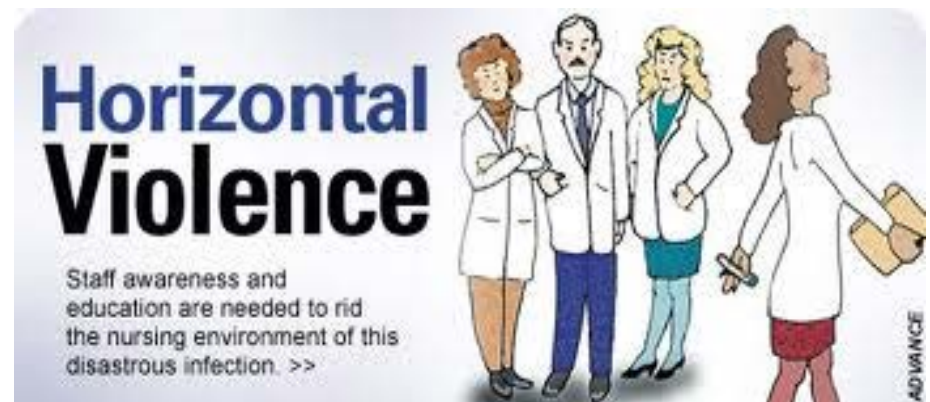
57% report verbal abuse

43% experience threatening body language

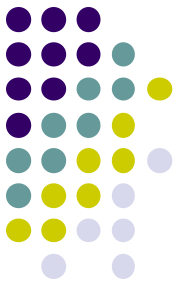
53% put down by supervisor

40% of abused victims forced to ignore errors or medication errors

Shortage can be related to lateral violence



# O'Daniel (2006)



That 46% of patients reported adverse events due to LV.

A Veterans Administration Study (McNamara, 2012) identified that 17% of patients experienced “pain or prolonged pain, delays in treatment, misdiagnosis, mistreatment, and death that resulted because of lateral violence occurring within the Veterans Administration”

# Institute of Safe Medication Practices (ISMP) (2014)



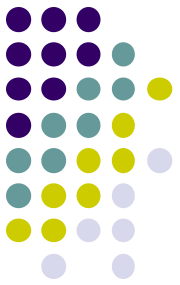
71% of respondents said they often experienced condescending or demeaning comments.

57% of respondents said they had experienced LV in that they were yelled at, cursed at, and threatened;

8% reported physical abuse; and 41% stated they were regularly shamed, humiliated, and victims of malicious rumors.

This same survey found that 39% of providers accepted an order or action out of fear of hostile interactions.

Cole, Grubb, Sauter, Swanson, and Lawless (1997) found the rate of LV was as high as 71–75%.

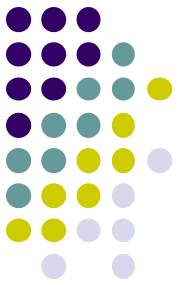


# Mazzocco et al. (2009)

Found that LV led to increased risk to patient safety, complications, and even death.

Furthermore, they identified that 87% of healthcare providers experienced LV, 90% of them would not report it, and educational programs needed to be implemented.

# There is a vital need for anesthesia providers to be educated on LV!



Educational intervention has been identified as a tool to decrease the occurrence of lateral violence.

Rosenstein and O'Daniel (2006) conducted a study looking at LV in the operating room.

They found that

74% of nurses

100% of CRNAs

80% of surgical technologists

witnessed and experienced lateral violence in the operating room.

Furthermore, Woelfle and McCaffrey (2007) identified that the operating room is an area rampant with LV, and anesthesia providers would benefit from a formal education program on identifying and dealing with LV.

Does your organization have a formal training program?



# Future Research Questions

Could the dynamic of ACT potentially inhibit the communication amongst anesthesia providers and adversely affect patient care?

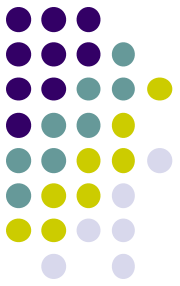


**VS**



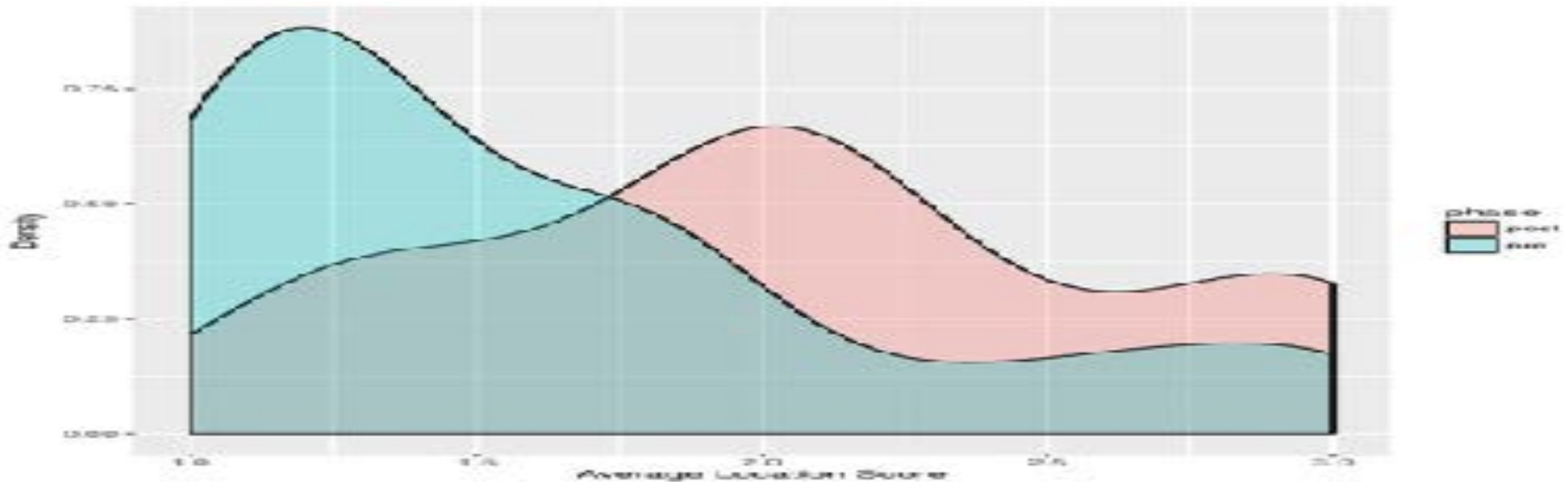


# Increased Awareness (Policy)

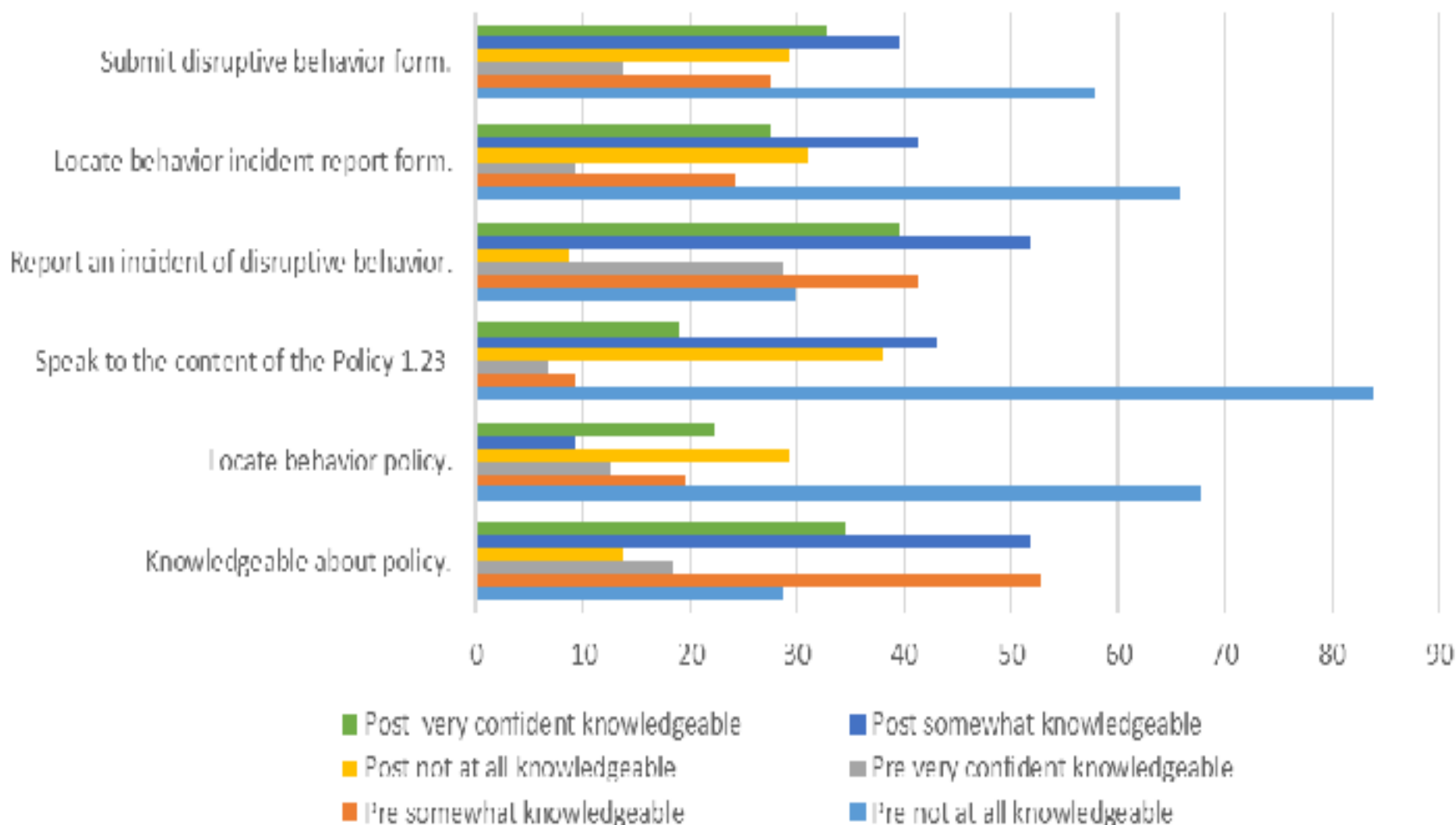


Increase awareness around the concept of LV with the policy, process, mechanisms, and awareness about the topic LV.

The first step, awareness of the topic!



# Knowledge based questions about the disruptive behavior policy and process



# Classification of Questions--FEAR



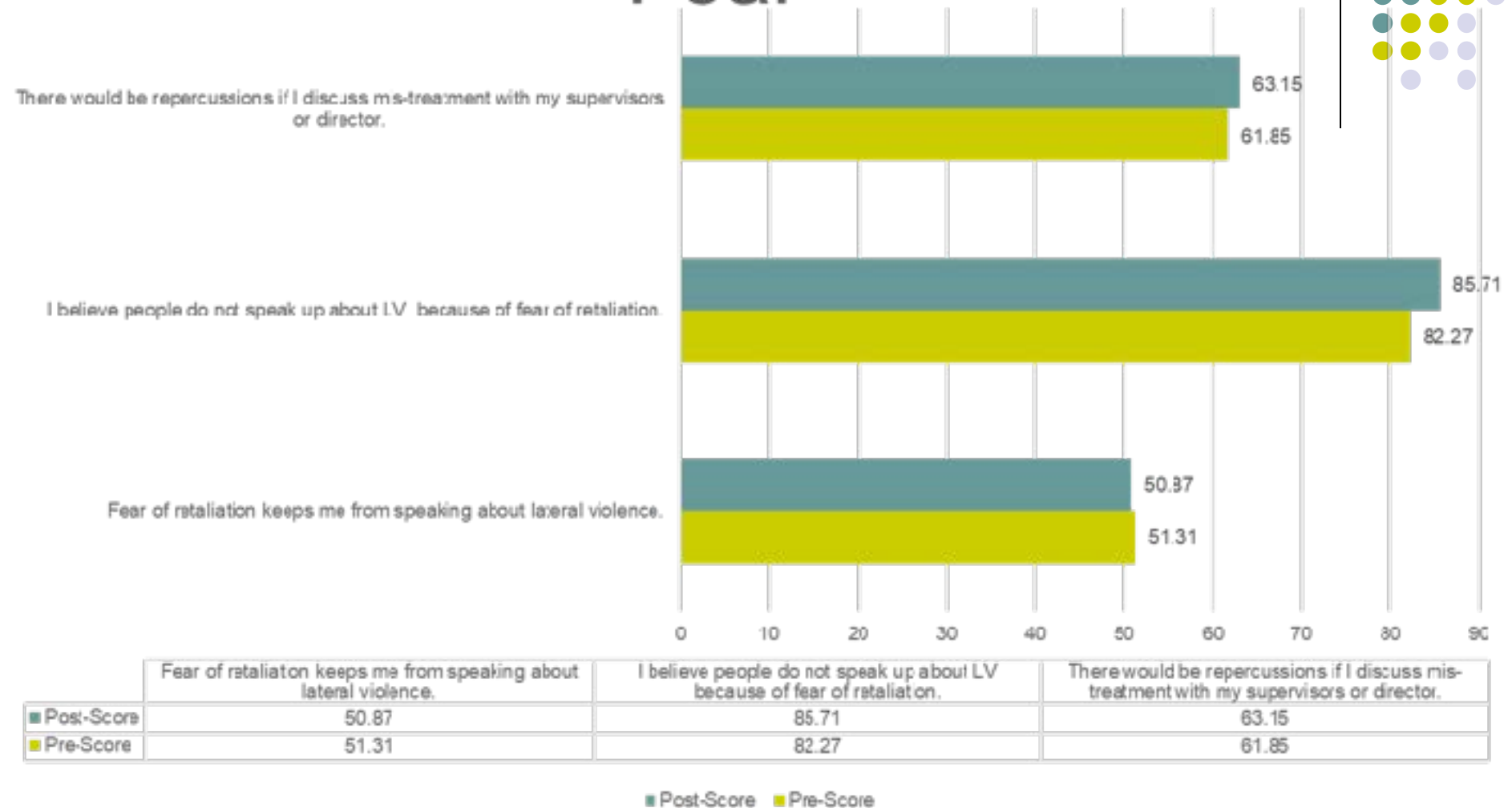
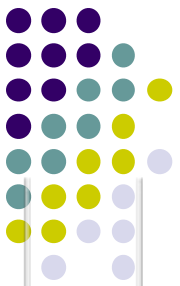
51.31 % or 39 of the respondents stated they have fear of retaliation and it keeps them from speaking out about LV.

Of the respondents 82.27 % or 65 believed that people do not speak up about LV because of the fear of retaliation and 61.85 % or 47 of respondents identified that they believe there would be major repercussions to themselves if they discussed LV with their supervisor of leadership.

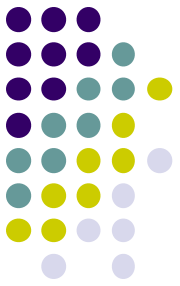
A single responded stated that “when I did speak up I spent 4 months working in the very remotest location that anesthesia is delivered and the leadership told me it was because I spoke up”.



# Fear



A single responded stated that “when I did speak up I spent 4 months working in the very remotest location that anesthesia is delivered and the leadership told me it was because I spoke up”.



# Classification of Questions--Experience

82.71 % or 67 of respondents identified that LV is indeed occurring in the operating room.

59.49% or 47 of the respondents stated that LV has directly decreased their job satisfaction.

32.78 or 24 respondents directly stated that they were harassed by another staff member.

87.17 % or 68 or respondents stated they had directly witnessed a colleague treating another member of the team in a LV way

Intentionally avoiding someone due to fear of LV 37 or 46.83 % reported avoidance of the aggressor

15.38 % or 12 respondents had considered leaving the department out of being harassed



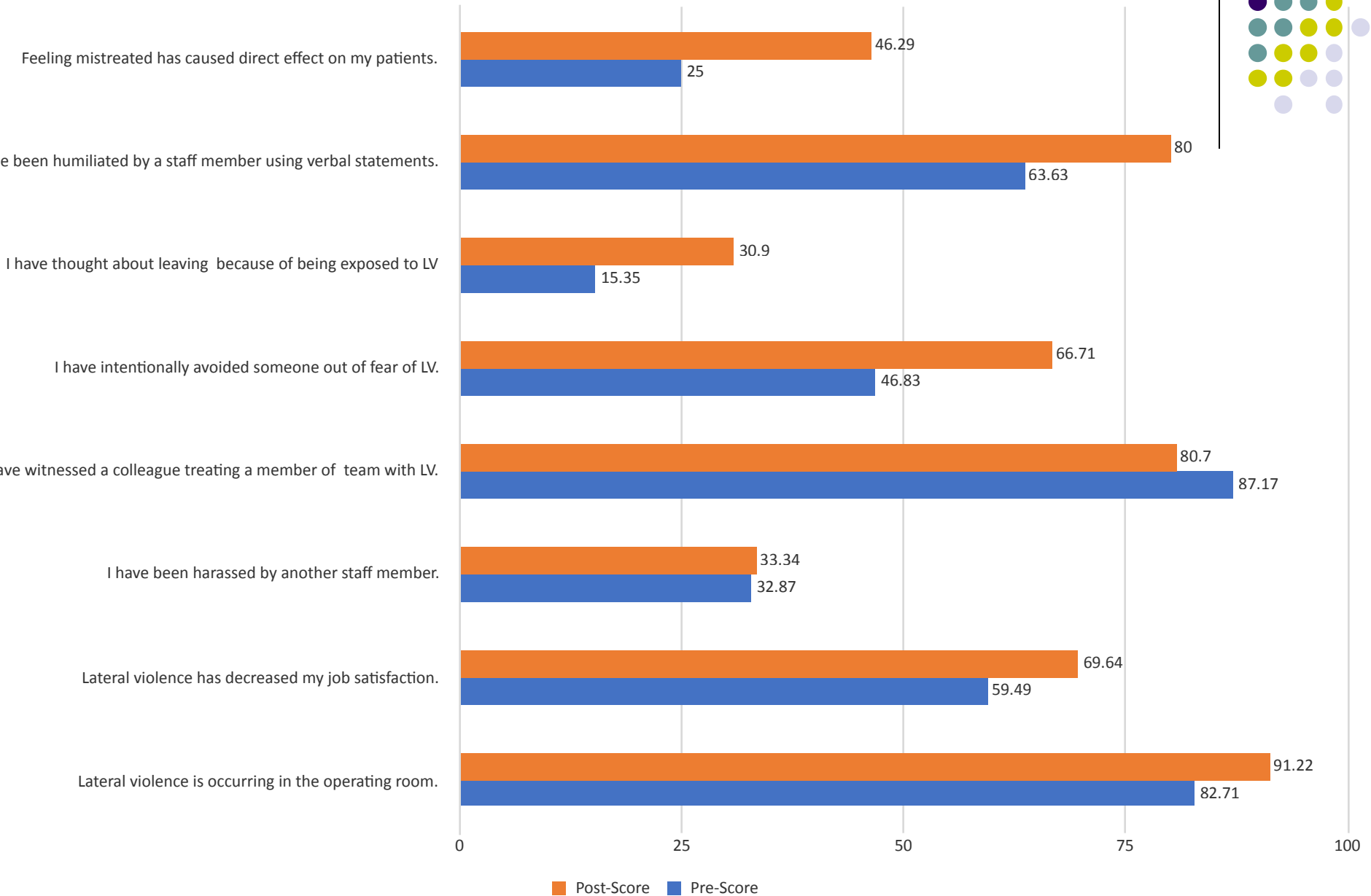
# Classification of Questions--Experience

63.63 % or 49 of the respondents were humiliated by another staff member in an abusive manner

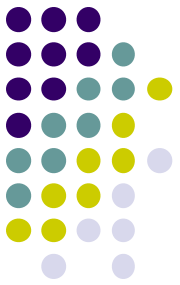
25% or 19 stated that this behavior has caused a direct effect on patient care.

“Some members of the department are given a pass on LV, harassment, or disruptive behavior because ‘that is how they are’ and physicians and entitled to be that way.”

# Experience related to LV in the operating room.







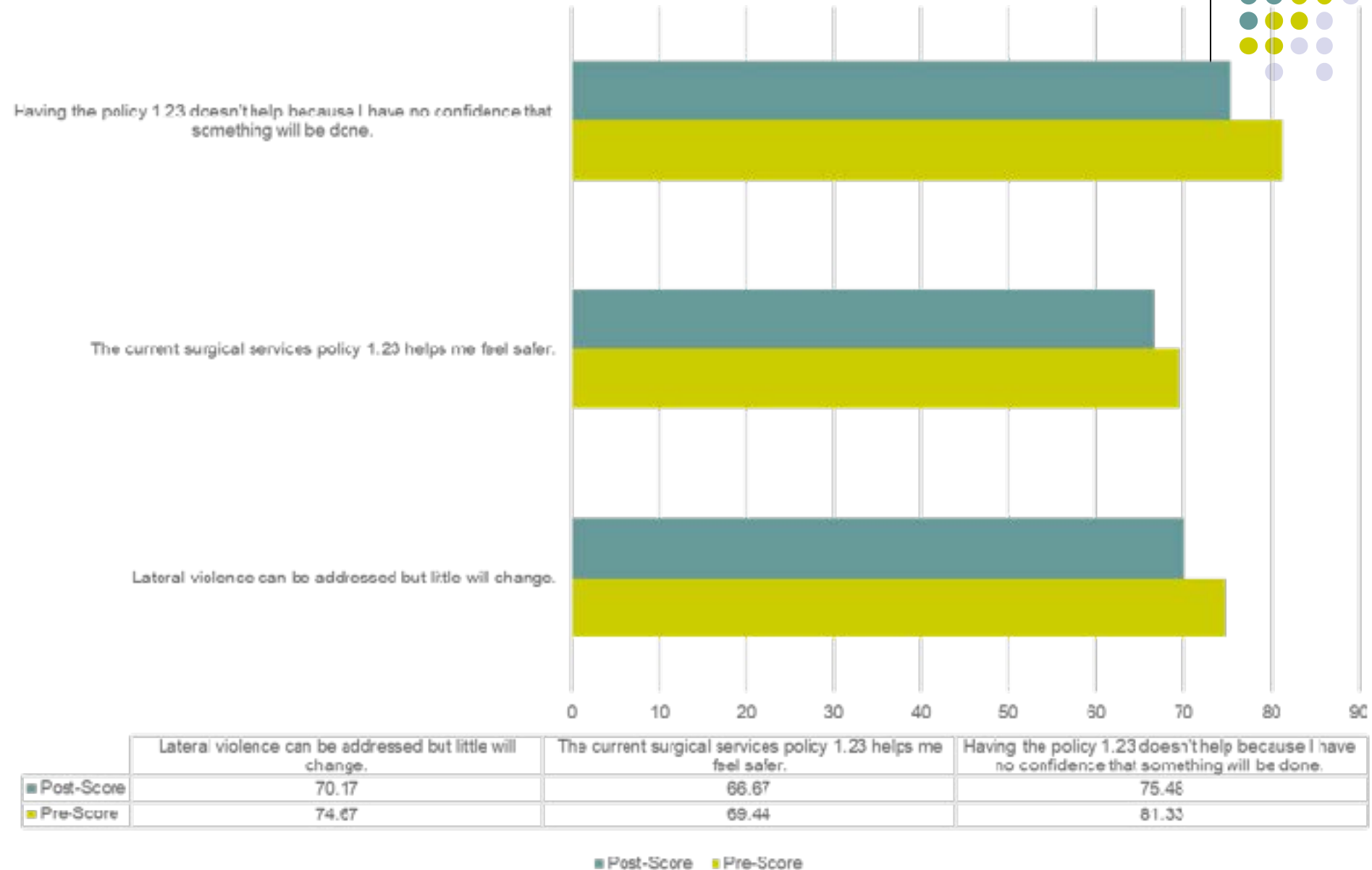
# Important Note!

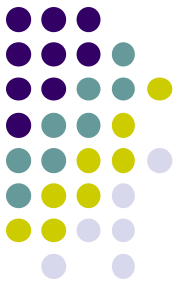
Curbing LV requires leadership to drive the change.

Anesthesia leadership DID NOT participate in the education modules, except for the chair of the department and the chief CRNA.

**9 other appointed leaders DID NOT participate.**

# Leadership effectiveness in dealing with LV. (Efficiency)





# Recommendations

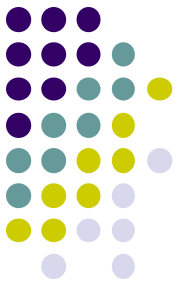
Strong pre-emptive continuing educational program.

Leadership driving the process.

Zero-tolerance policy

Aggressor and victim education and training

# Improving Practice



Changing the culture to have zero tolerance about LV.

This culture will support both the aggressor and victim related to LV.

Addressing LV in a constructive manner to improve both the work environment  
and patient care.

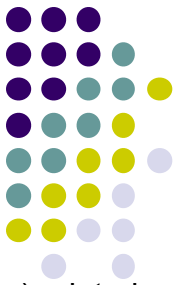
Raised awareness and education promotes a healthy work environment.

Using multiple interventions together and in conjunction to be effective.

**LEADERSHIP MUST DRIVE THE CHANGE TO BE SUCCESSFUL!**



# Code of Conduct



## Lateral Violence Code of Conduct VOLUNTARY Agreement

I \_\_\_\_\_ agree to work hard to abide by and follow the policy (1.23 – Disruptive Behaviors) related bullying/lateral violence/harassment. While not in the policy I will also work hard to prevent lateral violence and cyber bullying in our organization. I will help ensure a strong productive work environment centered around positive behavior and patient care.

I/we believe that everybody should feel safe in the work environment and feel as an equal. Each employee has value and should feel safe, secure and accepted regardless of color, race, creed, gender, sexual preference, age and nationality.

The standard definition being used is:

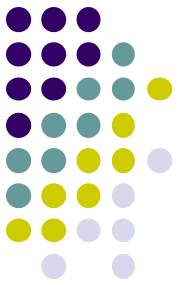
Lateral violence (LV), sometimes called horizontal violence, is a term that was developed to describe distasteful, deliberate, unkind, discourteous, or antagonistic behaviors that staff members can portray toward colleagues. It is an intentional behavior using words or actions intended to cause fear, intimidation, or harm. Examples of this behavior are: backstabbing, gossiping, rolling of the eyes, folding of the arms, constant criticism, humiliation, ignoring, isolation, inequitable assignments, angry outbursts, threats, passing judgment, undermining, and sarcasm.

**Lateral violence** - any deliberate or intentional behavior using words or actions, intended to cause fear, intimidation or harm. Lateral violence includes aggressive or hostile behavior that is intentional and involves an imbalance of power between the aggressor and the victim. It is typically repeated over time.

Lateral violence takes many forms, including, but not limited to, physical or verbal assaults, nonverbal or emotional threats or intimidation, social exclusion and isolation, extortion, and the use of a computer or telecommunications to send embarrassing, slanderous, threatening, or intimidating messages.

Lateral violence is a form of victimization and is not necessarily a result of or part of an ongoing conflict. Lateral Violence can also be characterized by teasing, put-downs, name-calling, cruel rumors, false accusations, and hazing.

# Self Assessment



## Lateral Violence Self-Assessment Form

Consider each of the questions in the self-test below; write the appropriate numbers to indicate how often the described behavior happens.

This is on a Never (1), Not often (2), Often (3), Almost Always (4)

Ignored you, examples include not saying hello when you greet them, not returning phone calls or emails.

Dismissed what you are saying or putting you down while alone or in the presence of others.

Forgetting to tell you about an event or meeting, unfair room assignments, putting you in situations that are designed to make you look bad.

Spreading gossip or rumors about you.

Frequently acting impatient with you or treating you as if you lack skills or training.

Blaming you for situations or criticizing you.

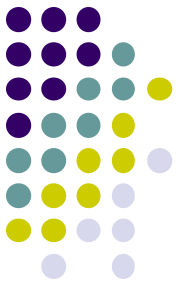
Trying to intimidate you by interrupting, contradiction you or ignoring you completely

Teasing, ridiculing or insulting actions that take place in front of others.

Always insisting to get their own way and never apologizing for behavior.

Lateral violence the workplace also uses body language. Body language something you can watch determine whether you have an aggressor in the workplace. It often communicates a person's attitude more forcefully than words. If you're uncertain about whether lateral violence is occurring, look for examples hostile body language:

# Self Assessment Scoring



Scoring. Add up the numbers to get your total score. There is a possible total score of 33. or below, most likely not experiencing lateral violence.

6- 19, there are indications of lateral violence behavior.

20 and above: direct lateral violence is occurring

As scores increase above 20 the behavior is escalating quickly and at a dangerous level.

Hostile physical presentation: This is a “yes” or “no” response.

No eye contact, will look at others but not you, even during discussion about patient care and plan of care.

A physical sneer towards you but smiles warmly with others.

Arms tucked tight against the chest in a crossed arm movement.

During patient care discussions, walks away or backs up when you are talking.

Hand gestures that are aggressive towards you and then walking away without discussion.

Glaring at you even when not in direct communication.

If you have answered “yes” to any of the above listed questions you are experience a physical form of lateral violence.

Cade, V. (2016). Bully free at work. Accessed at [www.bullyfreeatwork.com](http://www.bullyfreeatwork.com)



# Educational Modules



Video-recorded education on assertiveness training and conflict resolution.

<https://rosalindfranklin.edu/academics/interprofessional-institute/interprofessional-resources/>

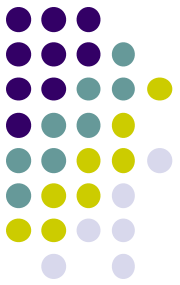
<http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps>

[The following two educational training modules will be used to further educate the anesthesia provider on the topic of LV.](#)

<http://www.bullyfreeatwork.com/presentations/see-valerie-video-clips/>

<http://www.workplacebullying.org/category/tutorials/>

Techniques will address negotiating skills and improved communication skills.

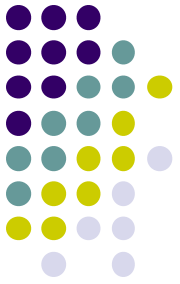


# Do we Speak the same Language?

We have terms for Music, Nursing, Military and everything... so make sure we speak the same language...

So why is this important?

# Words

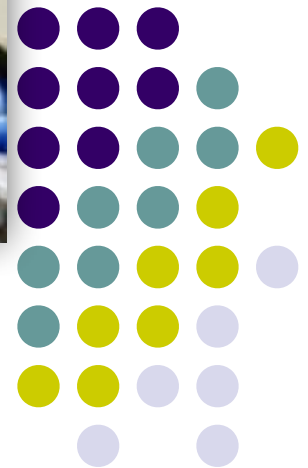


Actual words are not paramount, their careful selection should NOT be slighted or overlooked

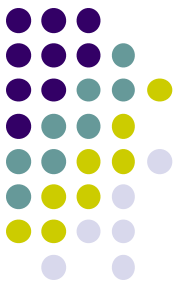
Be clear

Be Precise

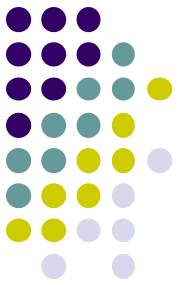
Back Track here also!



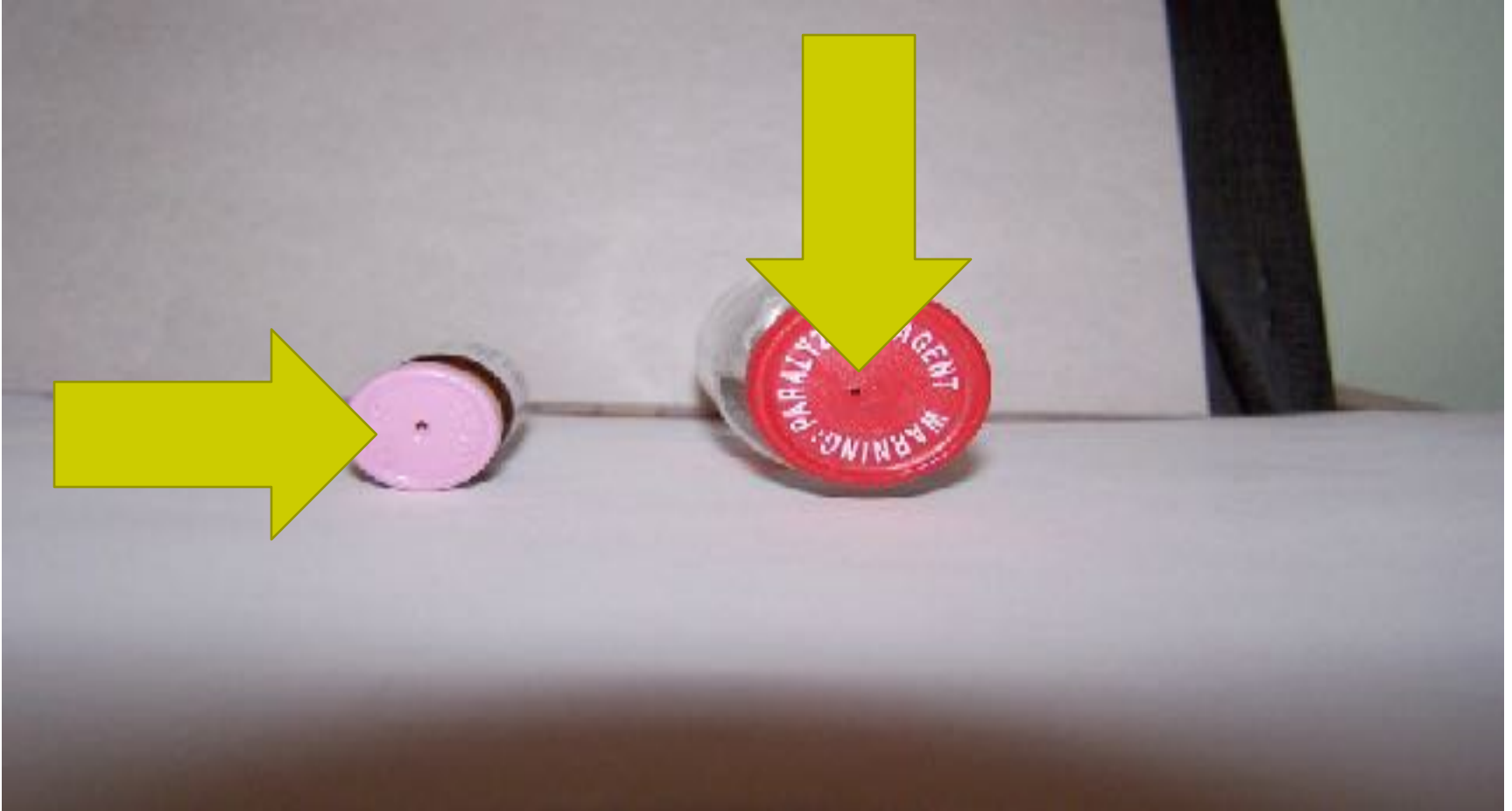
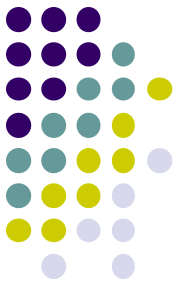
Fear causes tension  
Tension causes pain  
Pain causes more fear  
Which causes more pain



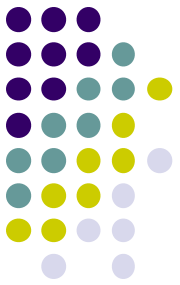
# Drawing up drugs? Take it for granted



# Drawing up drugs? Take it for granted





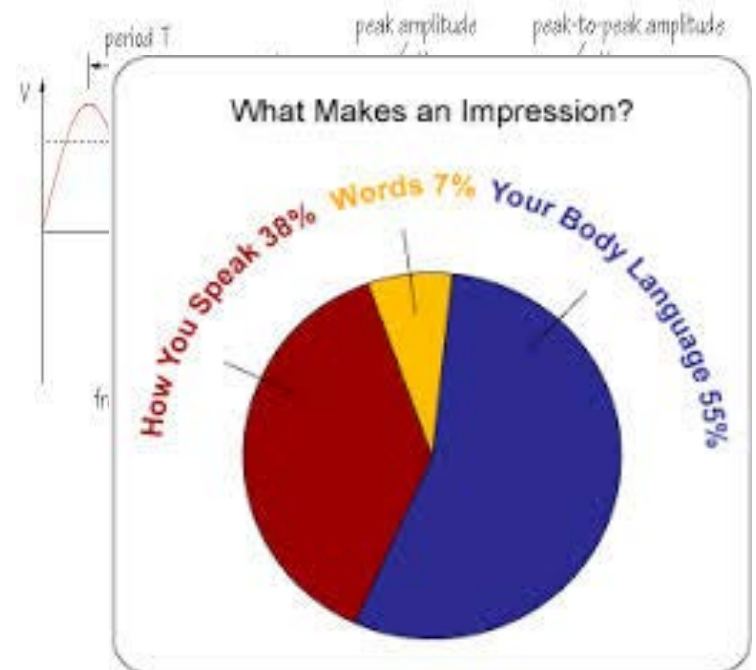


# Communication Skills

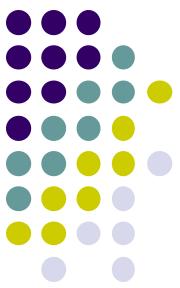
We deal with people differently!

## Non-Verbal and Verbal

- Sound
- Words
- 55% what we see
- 38% what we hear
- 7% words







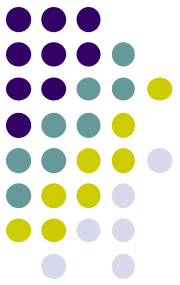
# Non-Verbal

- This is the most
  - powerful type of communication.
- Body Posture, Leaning forward or away...
- Gestures, facial expressions
- Back Tracking is beginning in this group



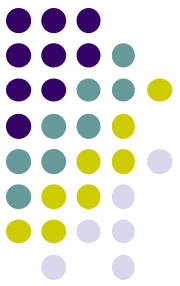
# **Back Tracking**

## **ACLS focuses on closed loop communication**



- Repeat what someone says, instead of saying what you think they mean
- Completes communication
- Lets people know you value them
- Lets people know they were heard
- Eliminates variables

# Cleaning up Victim Blaming



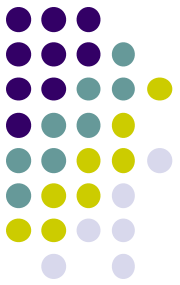
## Just Say No to VICTIM BLAMING

Victim blaming is a devaluing act where the victim of a crime, an accident, or any type of abusive maltreatment is held as wholly or partially responsible for the wrongful conduct committed against them. Victim blaming can appear in the form of negative social reactions from legal, medical, and mental health professionals, as well as from the media and immediate family members and other acquaintances. Traditionally, victim-blaming has emerged in racist and sexist forms. The reason for victim blaming can be attributed to the misconceptions about victims, perpetrators, and the nature of violent acts.

ZenPentagon.blogspot.com

http://www.zenpentagon.blogspot.com





# Future Considerations

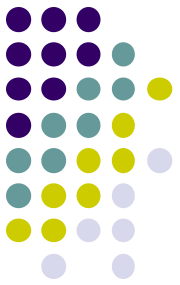
Future consideration of this topic includes the development of strong and vital LV policy. Early policies affect small portions of the behavior and often leave education of the aggressor unconsidered.

This area of study should be expanded to include all disciplines and employees.

Coursey et al (2013) argued for a policy program to be successful requires several key factors for success. These factors include:

- Changing the behavior in that encourages a culture that supports this policy.
- Involving staff and administration in LV situations.
- Constructive culture and environment.
- Implementing educational interventions in multiple fashions.

Including all these key factors will lead to a successful LV prevention program.



# Important Note!

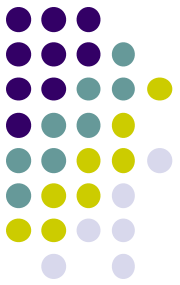
Curbing LV requires leadership to drive the change.

Anesthesia leadership DID NOT participate in the education modules, except for the chair of the department and the chief CRNA.

**9 other appointed leaders DID NOT participate.**

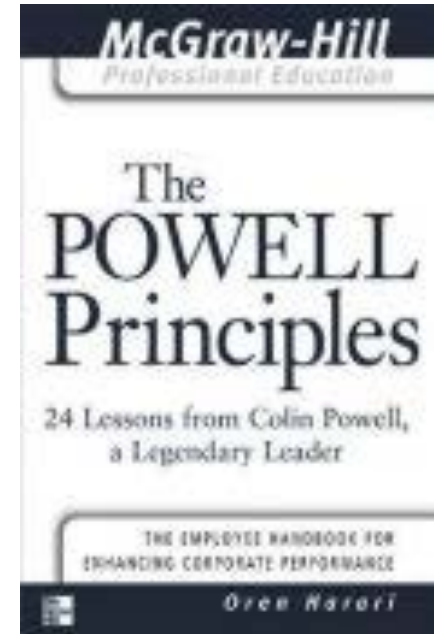




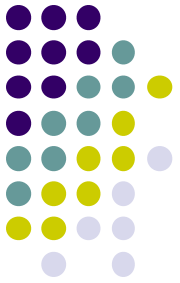


# Types of Leaders

- By the position achieved
- By personality, charisma
- BY moral example
- By power held
- Intellectual leader
- Leader by their ability to get things done



# Agatha Hodgins



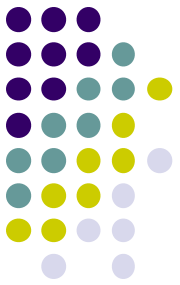
1914, Dr. George Crile and his nurse anesthetist, Agatha Hodgins, who became the founder of the American Association of Nurse Anesthetists (AANA), went to France with the American Ambulance group to assist in planning for the establishment of hospitals that would provide for the care of the sick and wounded members of the Allied Forces.

While there, Hodgins taught both physicians and nurses from England and France how to administer anesthesia.



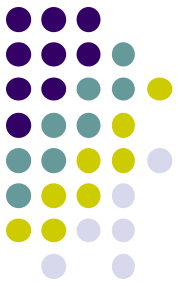
Agatha Hodgins





COL Gale Pollock, CRNA, promoted to Major General & became 22<sup>nd</sup> Chief of Army Nurse Corps. 3<sup>rd</sup> CRNA to serve in that position. Later, she was appointed acting surgeon general of the US Army and helped to fix Walter Reed



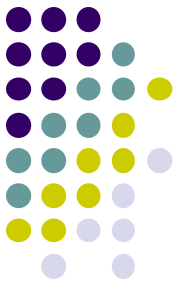


# Are you a Manager or Leader?

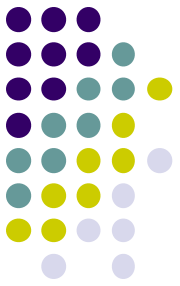
- Managers Focus:
- Things, doing things right
- Planning and organizing
- Direct and control
- Follow the rules set by the leaders



# Leaders



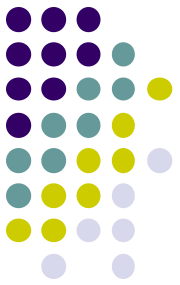
- Focus on People
- Do the Right thing
- Inspire and influence others
- Motivate and build
- **Shape the future and plan of the entities they are involved in**



# Establish Trust

- Trust is essential for influence and credibility
- Demonstrating key attributes and personal traits that are likely to build peoples confidence. Show competence, character, courage, loyalty and confidence





# Competence

- Relevant knowledge and experience and can keep the organization whole and healthy.
- Competence also means the ability to learn on a continuing basis and build harmonious and collaborative relationships and fire up peoples' curiosity.

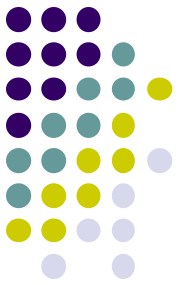




# Character

- Leaders who stand for something a value, an ideal, a cause, a mission.
- Figure out what is crucial and then stay focused on it....

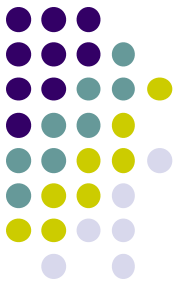
**CHARACTER  
COUNTS!**



# Courage

- Close corollary to character.
- The courage question> “even if I am doing things right, am I doing the right thing?”
- Video Camera?





# Confidence

- Confidence and resolve
- Confidence in the issue of certainly and resolve: certainty in the mission you are trying to accomplish, and resolve in doing whatever it takes to achieve your goals.



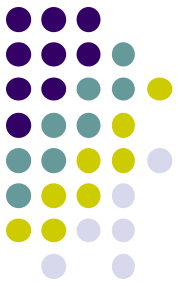


# Loyalty

- Up, down or sideways..
- Be and develop loyalty to your front line soldiers

Are you a chief that still takes call?

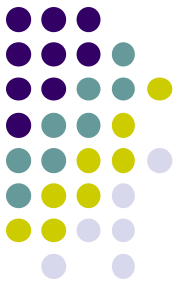




# Walk the Talk

- This is powerful and pivotal.
- Weak or strong integrity

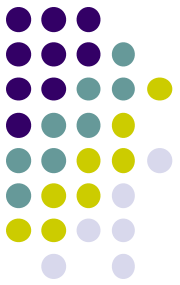




# Leadership Drives the culture

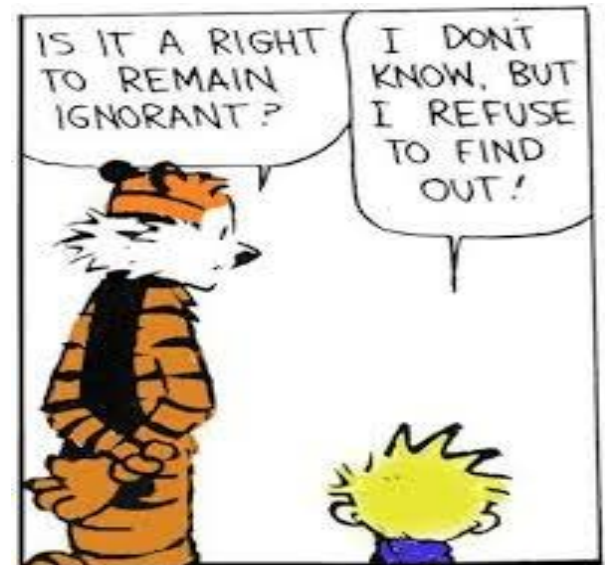
- The leader is the one that makes you believe in a cause bigger and better than you...
- The leader shapes the future

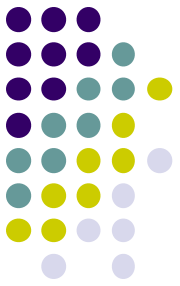




# Be Flexible!—Leaders must!

- When you are dealing with difficult people remember you have the advantage.
- **Because of this you have the ability to bend and adapt to solve the problem... flexible is not a bad word.**
- Flexibility is a sign of health and power
- **Maintain more than one choice**
- Be prepared for options and resolve
- Get feedback instead of failure





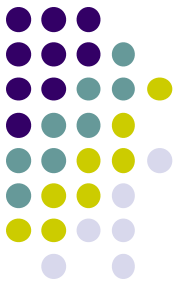
# Thoughts....

Management is easy. Leadership is motivating people, turning people on, getting 110% out of a personal relationship.

What type of leader are you?



Can you change your style for the situation?



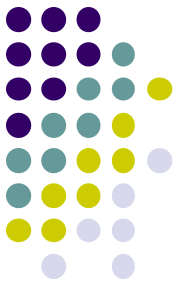
# Listen

Good listening begets good listening.  
Ideas then exchange faster and more  
reliably.

Some managers get: Smaller ears and  
bigger mouths.

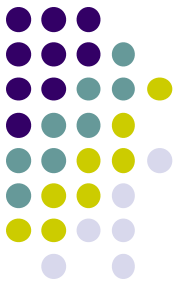


# Pacing -- Communication Joint Commission –60%



- Matching whom you see!
- Decrease perceived differences!
- Create a shared experience between you and another person

**Develop Common Ground!**  
**Compromise is not a bad word!**  
**Despite what Washington DC Says!**

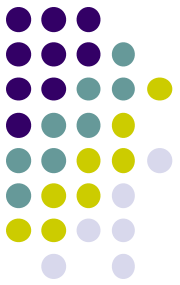


# Clarification

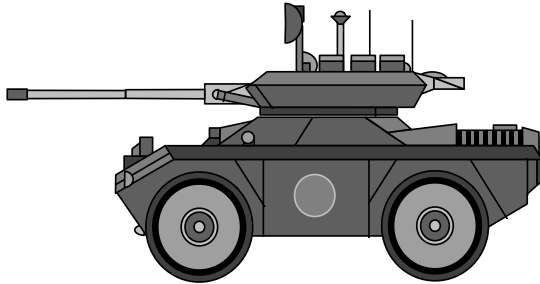
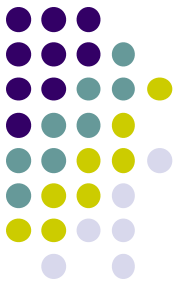
- Seek to make clear...
- Focus on the other person
- Understand the meaning
- Be complete what they say..
  - What—subject
  - Who—subject
  - Where—location
  - When—time element
  - How--activity







# ***Dealing With Difficult People***



***BULLDOZER***



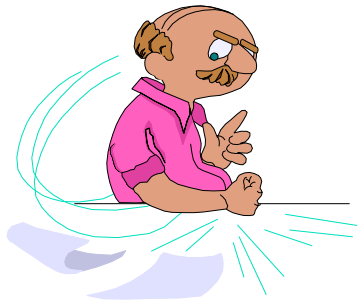
***SNIPER***



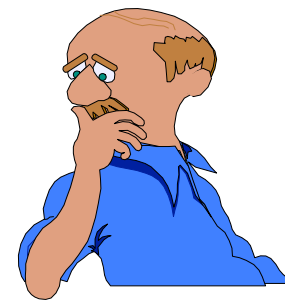
***EXPERT***



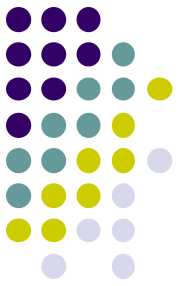
***BALLOON***



***COMPLAINER***



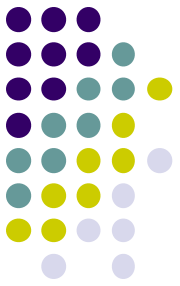
***INDECISIVE***



# Do you know any difficult people?

- ??? Who is also a difficult person...



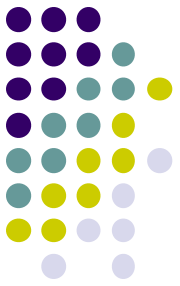


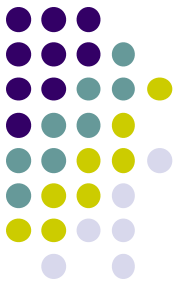
# You Are!!!

We have difficult people we deal with but we are also someone's difficult person....



# And I am!





# Four Basic Choices—You Have

Do nothing:

- Continue suffering and annoy your friends by complaining
- Morale Killer....because you become negative.

Leave: --Test your feet! Your nobody's victim without your permission!

- Not all situations are resolvable and some situations simply are not worth your time and effort.

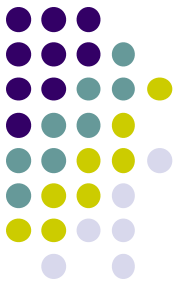
Change your attitude:

- Stop suffering from the difficult person and deflect the difficult person... i.e.. Their personal problem.

Change your behavior:

- Alter your response and search for balance.





# Be Effective:

Know what you want?

Pay close attention

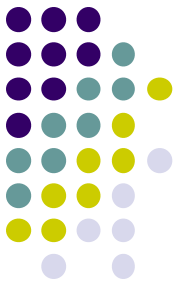
- Watch behaviors, the power of impressions are important.

Be Flexible

- There is always more than 1 choice.

Make the commitment

# Know What you WANT!



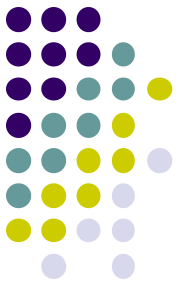
If you are not absolutely sure of what you want, and you not precise in conveying that information to difficult people, then you should not be disappointed when you don't get what you want!

Be direct and specific...Set goals and time limits...



# BULLDOZER or RULER

Ultimate in pushy behavior  
confrontational, pointed and angry



Stand your ground

Breathe!

Interrupt but don't argue

Backtrack slightly

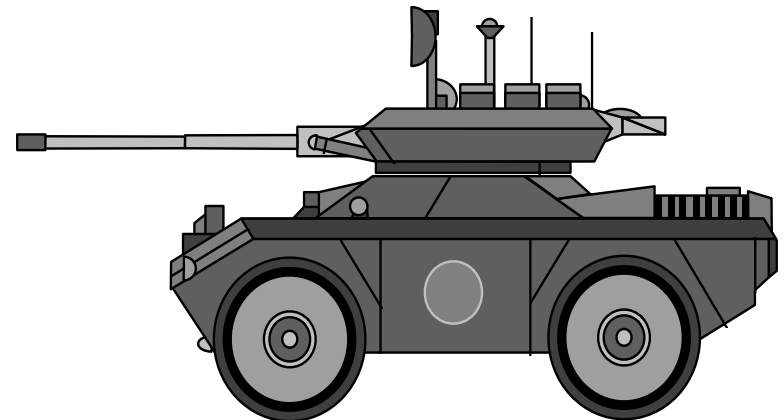
Aim at a "Bottom Line"

Peace with Honor

Don't worry about being  
polite

Eye Contact

- Always on the attack
- Abusive
- Intimidating
- Overpowering
- Always right
- Lack of caring

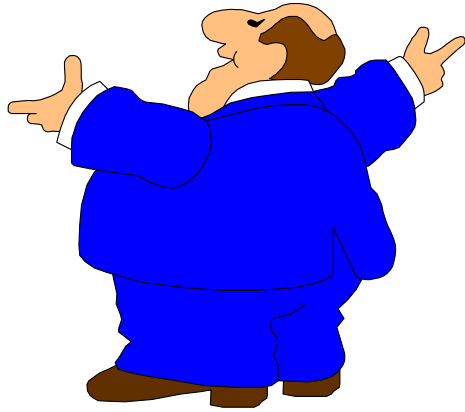




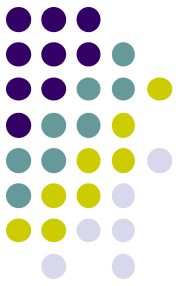
# *The Sniper*

*Rude comments, biting sarcasm and always attempts to make you look foolish.*

1. Stop, Look, & Backtrack
2. Ask the “Relevancy” question
3. Seek group opinion
4. Now we need “Tank” strategy?
5. If he/she will talk -- LISTEN!
6. Suggest a “Civil Future”



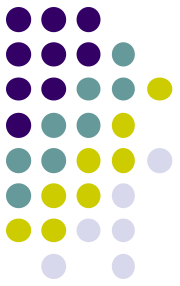
# KNOW-IT-ALL: (The Expert)



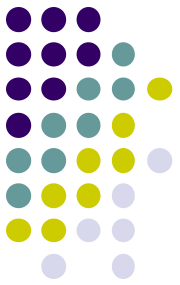
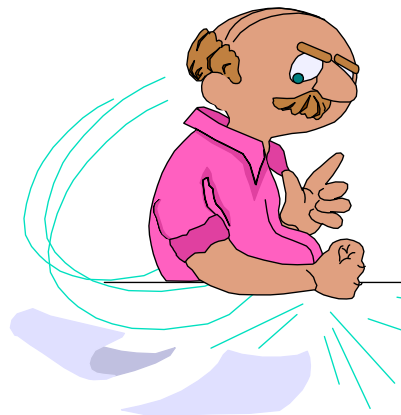
1. Know your stuff
2. Backtrack with respect
3. Question firmly
4. Present options politely
5. Use plural pronouns
6. Acknowledge his/her competence



# KNOW-IT-ALL: (The *Balloon*)



1. Backtrack
2. Ask for specifics
3. State facts as you know them
4. Provide a way out
5. Handle alone whenever possible



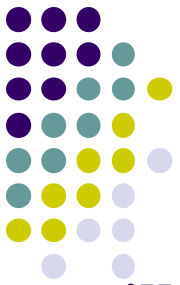
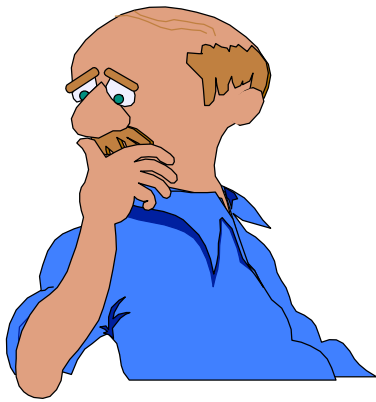
# The Complainer:

Feel overwhelmed by the unfair world. They bring their problems to you!

1. Listen
2. Prepare to interrupt - Don't Agree
3. Acknowledge the complaint
4. Get specifics
5. Use limiting responses

Move to problem solving

The 90/10 principle as a leader!

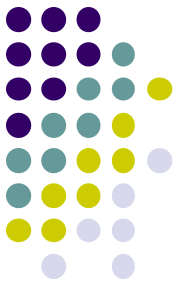


# INDECISIVE:

Procrastinates in hope that a better choice will present itself.

1. Help them voice concerns  
(take cues from “what’s not said / indirectness”)
2. Provide face-to-face support when possible
3. Reduce alternatives
4. Keep the action step
5. Watch behavior - “don’t push too far”

# CRNA's of Tomorrow!



Pain Management

Pre-operative Care

Hospice management

Continuum of care provider, ER to Recovery

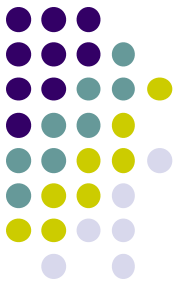
OR management and Leadership

Healthcare leadership/Hospital CEO

Lead, follow or get out of the way...

Lead from the front!





# Close with your enemy

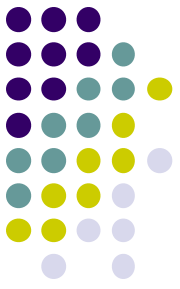
Do not articulate a mission or vision unless your prepared to do it.

Pick your battles



Remain flexible, pick your battles but don't turn your nose up at opportunity. Response appropriately

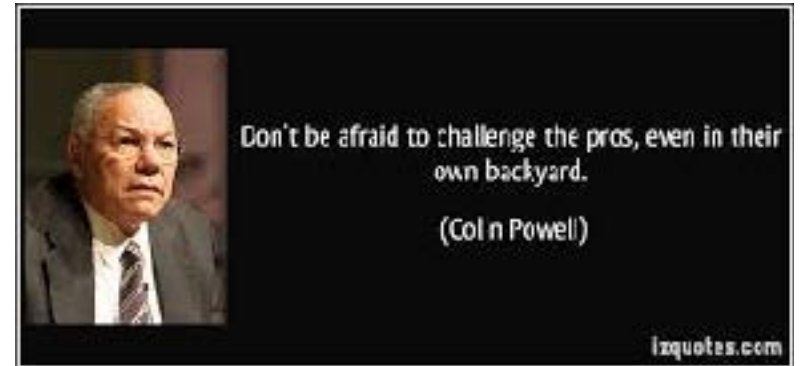




# Challenge the pro's

Don't be afraid to challenge the pros, even in their own backyard.

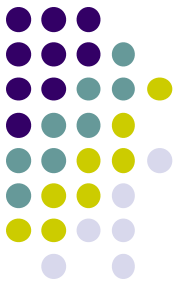
Tolerate rebels



Emphasize respect while disagreeing

Challenge the pros to get better solutions.

# Conclusion



The elimination of LV has the potential to affect healthcare in monumental ways. A project like this can be implemented in any size organization, small or large, urban or rural, with little cost and major benefits.

As more stakeholders start to focus on LV, the need to have fundamental education will become even more important. Given the high expense of LV, we must re-examine ways to improve positive behavior and mechanisms eliminate negative LV behavior.

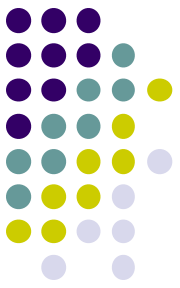
The educational modules and training program offer a low-cost intervention for discussing and dealing with LV.



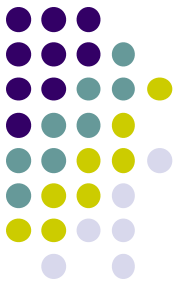




# Questions?



# Dedicated to:



***Thomas G Healey, RN, CRNA, MA***  
**St Mary's University**  
**Died January 5, 2014**

