## **TL6** –

Provide one example, with supporting evidence, of the CNO's leadership that led to a strategic organizational change beyond the scope of nursing.

Title: Chief Nursing Officer's (CNO) leadership of MindRay®, Patient Monitoring Technology, for WakeMed Health & Hospitals

WakeMed Health & Hospitals had over 1,400 cardiac monitors, transport monitors, and central stations of varying software levels, and clinical functionality. WakeMed was seeing ever-evolving levels of patient acuity, an increase in intensive care beds, and launching new service lines with higher acuity patients. The existing monitoring system had exceeded its useful life with an inability to scale up and down to meet acuity changes. To mitigate these problems, full replacement of patient cardiac monitors was needed. In May 2023, the cardiac monitoring replacement project was presented to the Senior Leadership Team (SLT) meeting in which Cindy Boily, MSN, RN, NEA-BC, Senior Vice President and chief nursing officer (CNO) is a voting member. Boily recognized the proposed expense exceeded the original cost and knew that a thoughtful, systematic, evidence-based approach to reducing the expense was required and determined to lead the reassessment for the organizational project (Evidence TL6-1, SLT Meeting Minutes May 8, 2023)

## **CNO Leadership in Initiative**

Following review of the current vendor's options with key stakeholders from nursing, facilities, and operational leadership, on June 9, 2023, Boily launched the Cardiac Monitoring Project Committee. Boily recognized the impact the new cardiac monitoring system, Mindray®, would have for patients, nurses, and the organization. Mindray's® initial assessment for a new monitoring system with nurse managers providing a "wish list" exceeded the organization's budget. Rather than start the process over with new vendors, Boily tasked the clinical nurse specialists, Kaytlin Atwood, MSN, APRN, AGCNS-BC, MEDSURG-BC, Medical-Surgical Clinical Nurse Specialist, Susan Boyd, MS, APRN, AGCNS-BC, Medical-Surgical Clinical Nurse Specialist, Erica Cook, MSN, APRN, AGCNS-BC, PCCN, Cardiovascular Intermediate Care Clinical Nurse Specialist, to collaborate with the nurse managers to conduct a thorough reassessment unit by unit, campus by campus. Boily advocated that the reassessment emphasizes the equipment's importance to patient care, as well as demonstrating an appreciation for organizational efficiency. (Evidence TL6-2, Agenda and Minutes June 9, 2023, Cardiac Monitoring Project)

The small working group met on June 23, 2023, to define standards and propose how to move forward. Amanda Thompson summarized the work in an email to Boily to ensure the team was proceeding with rigor and clarity. (Evidence TL6-3, Thompson email summary of June 23, 2023 meeting)

The full interprofessional team met on August 7, 2023 to review the standard work proposal for the monitor replacement project for the system. Boily provided feedback and support for the care standards based on patient needs. Boily endorsed moving forward with the proposal ensuring flexibility for patient care, availability of equipment, efficiency of workflows, and patient safety. The revised proposal reduced the total expense through methodical and structured planning of care needs across the continuum. (Evidence, TL6-4, Minutes & PowerPoint, Cardiac Monitoring Replacement Plan)

In November 2023 the Cardiac Monitoring Project Executive Summary revealed an organizational investment of \$27M over a 5-year period. Boily, as a member of the Executive team, approved the expenditure.

Strategic Organizational Change Inclusive of Nursing and Other Disciplines
The cardiac monitoring replacement project is approved for MindRay implementation for
the organization from 2024-2028. (Evidence TL6-5, Executive Financial Summary
November 13, 2023). New monitors have been successfully implemented at our North
Campus and Wendell Healthplex with positive feedback from nursing, providers,
information services, and clinical engineering.

Through Boily's leadership in advocating for upgraded cardiac monitoring equipment and initiating an interprofessional cardiac monitoring project committee, there was a strategic organizational change beyond the scope of nursing that impacted all campuses, units, and departments.