

Members in Action: Keys to Successful Co-Leadership

Northwestern Memorial Hospital – Chicago, Ill.

Last fall, key leaders from the American Hospital Association (AHA), American Organization of Nurse Executives (AONE), and the American Association for Physician Leadership (AAPL) were joined by hospital and system chief medical officers and chief nursing officers from around the country with effective co-leadership leadership models to understand what made their leadership stand out from the crowd.

Through a series of podcasts, AHA explored what it takes to develop an effective dyad partnership. Below are highlights from an interview with Kristen Ramsey, MSN, RN, senior vice president of operations and chief nurse executive and Gary Noskin, MD, senior vice president for quality and chief medical officer at Northwestern Memorial Hospital.

Key Takeaway

Successful co-leadership can cascade throughout an organization to enhance care delivery from the board room to the bedside.

Q: What has helped you be successful in both initiating this model and maintaining it over time?

KRISTEN: I think the shared vision that we're doing this together and that we both bring different perspectives, thoughts, paradigms, background, education, but that we truly have to lead this together to make sure that we have a well-rounded approach to patient care and delivery here on the campus.

GARY: What was critically important is that there's mutual respect and trust...in order for us to achieve any of our organizational goals, we need to be seen as a single voice for the organization from the frontline caregiver level all the way up to the board.

Q: When you think about the impact that this partnering model has had on the organization, what are some of the metrics, outcomes, or indicators of success? How do you know that it's working?

KRISTEN: Like most organizations, we continue--or have in the past--struggled with our CAUTIs and our CLABSIs. There is no way we could have done the work that we have done to reduce those hospital-acquired infections if it weren't for the partnership between medicine and nursing to improve the care model.

GARY: There's no way that we can reduce pressure ulcers, or reduce the risk of falls, or falls with injury without involving the nurses and the physicians. So for example, we would notice an increase in falls relating to patients going to the bathroom. Well, the physicians were writing prescriptions for diuretics around the time of bedtime which caused the patient to get up. So the only way to address this is working together.

To hear the full interview and learn more about dyad leadership models, visit www.aha.org/physicians.