

Leaders Supporting Leaders

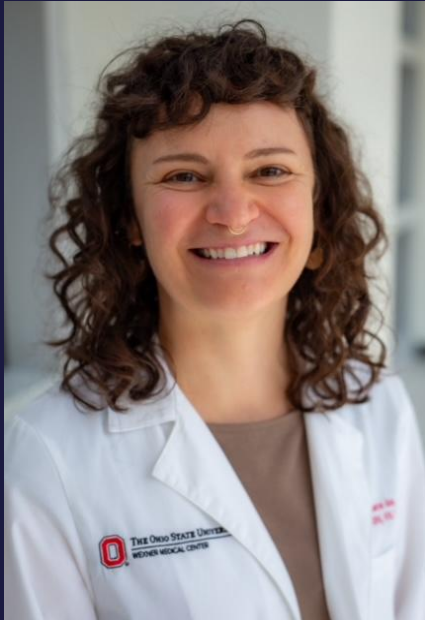
Building a Stronger Team for Better Hospital Outcomes

The Ohio State University Wexner Medical Center

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Kylene Ike, BSN, RN, CCRN has been working in healthcare for over twenty years. She has been a nurse for almost a decade, with 8 years serving as a critical care nurse. She is currently an Administrative Nursing Supervisor at OSUWMC. She holds a bachelor's degree from Otterbein University and is pursuing her Master in Business Administration from Ohio State University, with plans to graduate in December 2027.



Skyy King, MHA, BSN, RN is an Administrative Nursing Supervisor at The Ohio State Wexner Medical Center in Columbus, OH. Skyy brings over 15 years of bedside, leadership, and operational experience to the center. She enjoys working with a group of leaders to support clinical operations and provide direct support to nursing staff in multiple pavilions, including the new university hospital. Skyy holds a BSN from Ohio University as well as a MHA from Franklin University. While working on NEA-BC certification she enjoys the everyday learning that comes with hospital oversight.



Conflict of interest Statement:

We have no real or perceived conflicts of interest that relate to this presentation.

Who Are We?

The Ohio State University Wexner Medical Center

- Columbus, Ohio



Learning Objectives

01

Understand Expanded ANS Duties

Leave with a comprehensive overview of the expanded Administrative Nursing Supervisor (ANS) team and their responsibilities.

02

Improved Health Outcomes

Identify the impact of an expanded ANS team on patient outcomes during management off-times, weekends, and holidays.

03

Achievable Support Measures

Describe concrete, achievable support measures provided by the ANS team that improve staffing, safety, and patient flow.

The Traditional Role of Administrative Nursing Supervisors

Historically, Administrative Nursing Supervisors have served as the critical link between hospital administration and frontline nursing staff, primarily during off-shifts, nights, weekends, and holidays.

Staffing Oversight

Managing nurse assignments, shift coverage, and responding to call-offs to maintain safe ratios across all units.

Administrative Coverage

Serving as the managerial and clinical link when nurse managers and administrators are not available.

Emergency Response

Acting as first-line leadership for codes, rapid response teams, and critical escalations hospital-wide.

Policy & Compliance

Interpreting hospital policies, ensuring regulatory compliance, and handling incident documentation.

The Challenge: Off-Shift Coverage Gaps

Research shows that patient outcomes on weekends and employee outcomes at night are worse than during the day. Hospitals function less effectively on weekends due to lower staffing levels and fewer available resources.

85%

of weekend admission studies
found higher patient mortality

25%

fewer medication errors with
high-reliability principles

37%

fewer patient falls when
HRO principles are adopted

The Expanded ANS Team at Ohio State

Our ANS team consists of highly skilled nurses from diverse clinical backgrounds, bringing a broad range of expertise to hospital operations.

Team Qualifications

- Certification preferred
- Over 50% of the team holds advanced degrees
- Nurses from various clinical backgrounds
- Experienced professionals who drive change and increase safety

We Work In Tandem With

- Staffing Coordinators
- Unit Managers
- Patient Flow Coordinators
- Bed Coordinators

Customer Service

- Visitation concerns
- Patient experience concerns/ complaint mgmt.
- Dietary concerns, bereavement tray

Safety

- Staff/patient assaults or mistreatment concerns
- Blood/body fluid exposure
- Fires, floods, emergencies, structural concerns
- Elopements
- Falls
- Policy/ Procedure

Throughput

- Delayed patient transfers
- Patient placement concerns
- EVS concerns
- Bed opening/closure mgmt.
- Mitigate throughput barriers
- Egress/ corridor mgmt.

Staffing

- In-the-moment staffing concerns/updates (i.e., call-offs)
- Evaluate sitter requests
- Video sitter concerns/requests
- Contractual questions
- Level of Care guidelines
- Assist in making assignments

Misc

- Concern for staff impairment
- Patient expiration, ERT/Code support
- Supply chain disruption
- Interpreter services (Marti)
- Inappropriate hospital signage
- Internet/communication concerns

*This graphic is not an all-inclusive list; rather provides a range of examples that may need escalation via chain of command.

What Does a Larger ANS Team Do?

Patient Flow

Coordinate bed assignments and work with capacity management to break barriers to discharge.

Staffing

Allocate nurses and ancillary staff every 4 hours to match shifting census across all units.

ART/ERT Code Response

Respond to behavioral emergencies and to all Emergency Response Team Codes, assist with escalation of care and bed assignments.

Multidisciplinary Support

Support all teams within the hospital to work towards best patient outcomes.

Decedent Affairs

Assist with end-of-life processes and family support when needed.

High Reliability Organization

Push forward HRO initiatives with a questioning mindset across the university.

Supporting Hospital Operations

People make the world go around — and staffing is the backbone of safe operations.

- Allocate nurses every 4 hours to keep up with shifting census on units
- Allocate ancillary staff across all buildings to provide support and safety
- Work with capacity management specialists to break down barriers to discharge
- Coordinate with bed coordinators and the transfer center for appropriate patient placement
- Support the HRO initiative by maintaining a questioning mindset on big issues
- Serve as point of contact for interdisciplinary needs hospital-wide
- Help staffing coordinators ensure contract compliance and safe assignments

Patient Flow and Throughput

Efficient patient flow is central to hospital performance. Our expanded team addresses flow at every stage.

Admission

Work with transfer center and bed coordinators to place patients in appropriate open rooms quickly.

In-Patient Care

Monitor census shifts every 4 hours, reallocate staff to match demand, and escalate care needs in real time.

Discharge

Collaborate with capacity management specialists to break barriers and ensure safe, timely discharges.

Staff Issues and Safety

What We Provide

- Answer staffing questions and ensure safe assignments
- Assault response team for behavioral emergencies
- Respond to all ERT and codes
- Handle behavioral issues across all tracks
- Available after hours and weekends when managers are not present

Why It Matters

Research shows that inadequate nurse staffing leads to missed nursing care and poor outcomes. Missed care is correlated with increased risk of death, and exposure to even one day of high workload ratios substantially increases risk of death in critically ill patients.

A strong work environment characterized by adequate nurse support and good nurse-physician rapport shows patient safety benefits.

Patient Issues and Safety

With our expanded team, we tackle multiple tasks at once — covering units when managers are not available, after hours and on weekends.

Real-Time Resolution

Tackle patient issues as they arise, not after a delay. Show up for patients when they need it and find workable solutions or a plan until the primary team arrives.

Patient Satisfaction

The most beneficial outcome of real-time presence is patient satisfaction. Being there when patients need it transforms the care experience.

Care Escalation

Respond to all ERT and codes with the ability to escalate care and coordinate bed assignments simultaneously.

Mentoring and Professional Development

A huge positive of an expanded team is the opportunity to give help and feedback as situations are evolving — not after the fact.

Walk Through Tough Situations

Help charge nurses and bedside nurses navigate difficult scenarios, letting them know we are there to support them as a resource.

Invest in Areas of Interest

The expanded role allows team members to invest in areas of interest at a high level while initiating change and pushing initiatives forward.

Reduce Errors and Turnover

Research shows mentorship reduces clinical variability, job stress, errors, and staff turnover while increasing job satisfaction.

Source: [Worldviews on Evidence-Based Nursing \(2025\)](#), [ShiftMed \(2024\)](#)

What It Feels Like to Be Part of This Team

Supported

With an expanded team, there are various resources to bounce constructive ideas off of and come up with workable solutions in real time.

Fulfilling

Team members invest in areas of interest at a high level while initiating change and pushing initiatives forward.

Diverse

A diverse team means input is valued at all levels — bringing real-world insight to tough scenarios.

Connected

Our expanded team allows us to have a pulse on the hospital, making connections and providing support in real time — not just emergencies.

Strategic Operations and HRO

Operational Impact

- Visualize new processes in action by rounding on units
- Get real-time feedback about what is and is not working
- Topics supported: decommissioning project for new hospital, staffing assignments, and HRO
- In the spirit of just cause, steer conversations toward workable solutions
- Direct line to upper management to escalate issues and drive change

High Reliability Organization (HRO)

Research from AHRQ shows HRO principles are associated with 25% fewer medication errors and 37% fewer patient falls. A one-unit increase in HRO implementation led to lower emotional exhaustion and lower nursing unit turnover.

Our team implements HRO in the moment — asking whether actions align with the university's standards and turning feedback into action.

High Reliability Organization (HRO)

What are leaders doing to support HRO?

Leaders are being asked to commit to:

Every Person,
Every Time
(EPET) Behaviors

AND

HRO Leader Skills.

Behaviors we commit to:	Tools we use:
 Message on mission	Safety Moments Safety-first decision-making Support those who speak up
 Anticipate to avoid events and lead improvements	Tiered safety huddles Huddle boards What-If Minute
 Reinforce and build accountability	5:1 Feedback High-reliability rounding Fair and just culture

SAFE

Every Person, Every Time Behaviors

Behaviors We Commit To	Tools We Use	Language We Use
<u>S</u>peak Up for Safety	Speak Up Using ARCC Ask a question Request a change voice a C oncern use C hain of command	“I have a safety concern.”
<u>A</u>ccept and Practice a Questioning Mindset	Validate and Verify	“I need to validate and verify.” <i>Think: Does this make sense to me? Is this what I expected?</i>
<u>F</u>ocus on Detail	Self-Check (Stop, Review, Act) Cross-Check (Offer and Accept)	“Can I get a cross-check?”
<u>E</u>nsure Clear Communication and Engage Compassionately	3-Way Repeat and Read Back Ask Clarifying Questions Standardized Handoff Eye to Eye, Heart to Heart	“Let me ask a clarifying question...” “Let me repeat that back...”

Key Takeaways

- An expanded ANS team provides coverage across a larger space simultaneously, without prioritizing greatest need at the expense of other units.
- Diverse clinical backgrounds on the team bring real-world insight to problem solving, enabling faster and more effective solutions.
- Continuous rounding and presence means proactive support — not just crisis response.
- HRO principles implemented in real time reduce medication errors, patient falls, and staff burnout.
- Mentoring charge nurses and bedside nurses builds confidence, reduces errors, and strengthens the entire care team.
- A direct line to upper management allows issues to be escalated and resolved quickly, keeping staff and patients safe.

Thank You

Questions?



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