

Start	End	Topic	Speakers
13:30	13:35	Introductions	Annemarie Dowling-Castronovo
13:35	13:50	Overview of Transdisciplinary Science, developments in the state of the science UI/LUTS research and practice	Joan Ostaszkievicz
13:50	14:05	Overview of Framework for Change During Times of Uncertainty	Mary H. Palmer
14:05	14:45	Work teams (4 choices: Research, Education, Practice, Policy)	Annemarie Dowling-Castronovo Mary H. Palmer Joan Ostaszkievicz Christine Bradway
14:45	15:00	Share Ideas Generated - Draft Vision/Plan	Annemarie Dowling-Castronovo Mary H. Palmer Joan Ostaszkievicz Christine Bradway

### **Aims of Workshop**

Of major global concern is the need to grow the next generation of nurse leaders in transdisciplinary geriatric UI/LUTS research, practice, education, and policy. This workshop will provide a leadership training environment to jump-start the process needed to achieve the overall goal of this workshop: To develop and sustain the next generation nurse leaders in the area of geriatric UI/LUTS. Four workshop leaders will engage participants in activities to: 1) define an eight-step change process for strategic planning; 2) use leadership skills needed to draft a vision; 3) plan for change during times of uncertainty; and 4) explore how this draft will be developed in collaboration with the ICS Nursing Committee.

### **Learning Objectives**

1. Build and strengthen a cadre of emerging global nurse leaders in geriatric UI/LUTS.
2. Develop nursing leadership in transdisciplinary UI/LUTS research, practice, education and policy.
3. Contribute to a draft vision and strategic plan in collaboration with the ICS Nursing Committee that participants will use in their own professional societies and work environments to develop the next generation of UI/LUTS nursing leaders in transdisciplinary research, practice, education and policy.

### **Learning Outcomes**

After the workshop the learner will be able to:

1. Define the role of the nurse leader in transdisciplinary research, practice and education.
2. List transdisciplinary activities to advance knowledge, improve practice and education and influence health policy.
3. Identify actions needed to become part of a global network of nurse leaders in geriatric UI/LUTS.
4. Describe next steps for how this global network will create the change needed to enact a strategic plan for the development of nurse leadership in the area of geriatric UI/LUTS.
5. Create a potential venue for nurses to collaborate within professional societies (including ICS), practice settings, and academia.

### **Target Audience**

Nurses in all areas: research, practice, education, and policy.

### **Advanced/Basic**

### **Conditions for Learning**

First, there will be a brief discussion of how the unique perspective of nursing contributes to transdisciplinary science, developments in the state of the science of geriatric UI/LUTS research and practice, and a framework for change during times of uncertainty. Next, four concurrent interactive team exercises (with no more than 10 participants per work team) will focus on one of four areas: research, education, practice, or policy. Finally, all workshop participants will come together and share ideas generated during the team exercises. These ideas and discussions will contribute to a draft vision and strategic plan for cultivating the next generation of nurse leaders in geriatric UI/LUTS. The long term goal is that participants will engage in the process and the process of sharing the vision and strategic plan with relevant professional societies for cultivating the next generation of nurse leaders in geriatric UI/LUTS.

### **Suggested Learning before Workshop Attendance**

- Hill, L. A. (2008) Where will we find tomorrow's leaders. *Harvard Business Review*, 86(1):123-8, 138.
- Kotter, J., & Rathgeber, H. (2005). *Our Iceberg is Melting? Changing and succeeding under any conditions*. St. Martin's Press: New York.
- Vaughan, C. P., Markland, A. D., Smith, P. P., Burgio, K. L., Kuchel, G.A., and the American Geriatrics Society/National Institute on Aging Urinary Incontinence Conference Planning Committee and Faculty (2017). Report and research agenda of the American Geriatrics Society and National Institute on Aging Bedside-to-Bench Conference on Urinary Incontinence in Older Adults: A translational research agenda for a complex geriatric syndrome, *Journal of the American Geriatrics Society*, DOI: 10.1111/jgs.15157

### **Suggested Reading**

- Hall et al. (2012). A four-phase model of transdisciplinary team based research: Goals, team processes, and strategies. *Transl Behav Med*, 2:415–430
- Hickey, K. T. (2017). Developing and sustaining a career as a transdisciplinary nurse scientist. *Journal of Nursing Scholarship*. 2017 Nov 14. doi: 10.1111/jnu.12359.
- Institute of Medicine 2016. *The Future of Nursing: Leading Change, Advancing Health*. [Ed]. Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. Washington (DC): National Academies Press (US)
- International Continence Society (2017). Development and Validation of the Role Profile of the Nurse Continence Specialist, <https://www.ics.org/news/628>
- Jirovec, M. M., Wyman, J. F., & Wells, T. J. (1998). Addressing urinary incontinence with educational continence-care competencies. *Image of Journal of Nursing Scholarship*, 30(4), 375-378.
- Kotter, J. (1990). What leaders really do. *Harvard Business Review*, 68(3):103-11.
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- Paterson, J., Ostaszkiwicz, J., Darma Suyasa, I., Skelly, J., Bellefeuille, L. (2016). The development and international validation of the role profile of the Nurse Continence Specialist. *Journal of Wound, Ostomy & Continence Nursing*. 43(6):641-647

## Overview of Transdisciplinary Science, Developments in the State of the Science UI/LUTS Research and Practice

There is an urgent need to up-skill and create a dynamic workforce to address the challenges of a global ageing population. With over 16 million nurses practicing worldwide, nursing leadership is a central discipline in this workforce. Nurse experts in geriatric UI/LUTS must be included in all aspects of healthcare research, education, practice and policy. However, nurses' voices are often missing among key debates and decisions about health and social care. The Institute of Medicine (2016) stated ***'a number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system. These barriers need to be overcome to ensure that nurses are well-positioned to lead change and advance health'***.

While leadership has increased in many areas of nursing specialization, there is a global lack of nurses with advanced practice knowledge and skills in geriatric UI/LUTS. In order to cultivate the next generation of nurse leaders to create a global vision and strategic plan for geriatric UI/LUTS, we need to address the challenges facing gerontological nursing broadly. These challenges include:

- Difficulties recruiting and retaining highly skilled nurses,
- The low status of gerontology,
- Variability in education content about the care of older people in undergraduate curriculum,
- A lack of postgraduate courses in gerontology and/or continence.

To date, efforts to systematically address some of the challenges include: (i) articulating the generalist and specialist knowledge and skills (competencies) required for nurses to provide competent care; (ii) defining the role of nurses who specialize in the area; and, (iii) developing relevant guidelines and standards. Although the availability of these documents is important, it is unclear how they have influenced research, education, practice, and policy.

A multipronged approach is required to advance knowledge and develop innovative interventions to bring about deep organizational changes to meet the growing needs of older people with UI/LUTS. Nurse experts must also be able to operate as full partners with physicians and other key stakeholders, i.e. to collaborate in a transdisciplinary manner. The term 'transdisciplinary' refers to 'that which is across the disciplines, between the disciplines, and beyond and outside all disciplines. It traverses all possible disciplines' (McGregor, 2004). Thus, a transdisciplinary approach differs from a monodisciplinary, multidisciplinary or interdisciplinary approach. 'Transdisciplinary research integrates discipline-specific approaches and extends to generate a fundamentally new aspect to scientific inquiry' (Hall 2012). Investigators from different disciplines and other key stakeholders work collaboratively to create new knowledge and innovations that address a common problem. The interest in transdisciplinary ways of working derives from a recognition there is a need to 'forge bridges between disciplines as people in society attempt to solve complex problems and situations' (McGregor 2004). This presentation introduces the concept of transdisciplinary science and discusses the role of the nurse leader in transdisciplinary research, practice and education; setting the scene for discussion about current challenges and strategies to overcome them.

## Overview of Framework for Change During Times of Uncertainty

Humankind faces a global challenge of aging populations, see Figure 1. The numbers of people aged 65 years and over vary from region to region and country to country, but they collectively represent a growing challenge – time of uncertainty - to healthcare systems and professions.

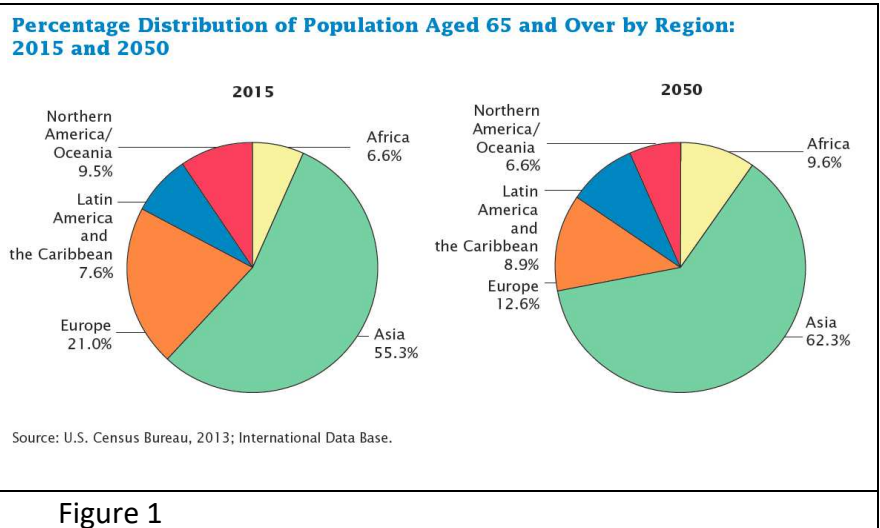
A significant portion of this population will develop diseases and conditions in mid and old age that will affect their function and quality of life. Many of these diseases and conditions are associated with the incidence and prevalence of urinary incontinence (UI), including obesity, diabetes, dementia, frailty, and mobility impairments. Delirium, constipation, and infections can lead to acute onset

of UI, as can polypharmacy, toileting dependency, and environmental barriers. The relationship among these factors is complex and may differ by sex. UI prevention, treatment, and management require comprehensive assessment and effective intervention. Thus, providing care to older adults at risk of becoming incontinent or already incontinent necessitates an educated and competent healthcare workforce.

Besides transitions in global aging, perspectives about geriatric UI have changed at the research, practice, and societal levels. Historically, aging was viewed as a period of decline, a return to 'childhood', and a time of dependency on others. UI was viewed as an inevitable part of aging. UI was treated as a sanitation, hygiene, and comfort issue in which nursing's role was simply to "check and change" and prevent skin breakdown. As geriatric research evolved, the decline model of age gave way to differentiation between age-related changes and those due to disease and chronic conditions. The focus was on improving function and decreasing dependency and disability. Behavioral interventions were tested, found effective, and used to manage geriatric UI.

A new shift in perspective is underway: aging is being viewed as a population health issue. Screening, assessment, and risk reduction to prevent or delay the onset of disease, chronic conditions, and disability are the hallmarks of this perspective. The team approach to assessment and intervention includes consideration of the person, environment, and multi-level determinants of health. Rapid change in the increase of the geriatric population and in perspectives about aging and older adults has led to uncertainty in answering this question: how will nursing meet the challenges of a global aging population and shifts in the perspective about geriatrics and UI care and research to prevent, treat, and manage UI/LUTS? Strategies to provide an adequate global nursing workforce to meet current and future needs of the geriatric population at risk for becoming, or already are incontinent, are not formulated.

Proactive nursing leadership includes: 1) identifying trends in models of care; 2) conducting environmental scans of strengths, weaknesses, opportunities, and threats (SWOT) <http://www.oxfordreference.com/view/10.1093/acref/9780199298761.001.0001/acref-9780199298761-e-1257> to designing a sustainable plan addressing future geriatric UI care needs; and 3) developing a plan that includes respect for and inclusion of diverse and multiple stakeholders. During this workshop we will use the framework for change (Kotter & Rothgeber, 2005) to: 1) set a course for change, 2) create a plan, and 3) discuss implementation and strategies to sustain the change.



## Work Teams

In order to draft the vision and strategic plan, participants will attend one of the following four work teams. Each work team will have a facilitator guiding the participants to share perceived challenges and strategies to address the overarching question:

How will nursing meet the challenges of a global aging population and shifts in the perspective about geriatrics and UI care and research to prevent, treat, and manage UI/LUTS?

### 1) *Research Work Team*

Attendees of this work team will participate in a facilitated discussion about the role of the nurse scientist in transdisciplinary research. Focus of the discussion will be to address the following areas (Kotter & Rothgeber, 2005) in order to 1) Create a sense of urgency to define and incorporate the nursing role a transdisciplinary research framework, 2) List research priorities in geriatric UI/LUTS that benefit from a transdisciplinary framework, 3) Identify obstacles or traditions that might impede goal attainment, and 4) List a minimum of two action items to advance knowledge in geriatric UI/LUTS. Recommendations from the breakout session will be shared with all workshop attendees and considered for dissemination post-workshop.

Prompting questions: To what extent have participants been partners in transdisciplinary research teams? How many participants can identify a transdisciplinary research team? To what extent has research considered the person, environment, and multi-level determinants of health?

### 2) *Practice Work Team*

Nursing is a practice profession. To advance the science and scholarship of global UI/LUTS, clinically relevant, evidence-based practice is essential. The nursing workforce currently specializing in UI/LUTS/continence care is highly skilled and committed; however, anecdotal reports suggest that there is a critical need for these nurses to mentor and encourage emerging nurse clinicians to focus their career and clinical skills in this important area of practice. Moreover, nurse leaders in the areas of education, research, and policy must partner with expert urologic nurse clinicians to design, test, and disseminate ongoing and emerging best-practices. In this workgroup, attendees will identify their current practice environment and engage in a directed discussion, guided by concepts identified by Kotter & Rothgeber (2005). Specifically, attendees will participate in a shared discussion focused on five areas: 1) The urgency of incorporating nursing practice into a transdisciplinary framework, 2) Sensible goals that are unique to nursing, 3) Priorities for urologic nursing practice that enhance a transdisciplinary framework, 4) Obstacles or traditions that might impede goal attainment, and 5) Identification of a minimum of two practice-related actions that can be initiated as a result of this workshop. Recommendations from the breakout session will be shared with all workshop attendees and considered for dissemination post-workshop.

Prompting questions:

What are the unique nursing and shared transdisciplinary goals for practice re: to UI/LUTS? What should priorities for nursing practice be and how do we engage emerging nurse clinicians in this work?

### 3) *Education Work Team*

In this workgroup, attendees will reflect upon their experiences in nursing education and evaluate how they compare to published competencies for the entry level and advanced practice nurse (Jerovec et al., 1998). A facilitated discussion will focus on defining the nursing role in transdisciplinary education; while developing the following five areas (Kotter & Rothgeber, 2005): 1) Using a transdisciplinary framework to guide nursing education; 2) Listing goals that are unique to nursing education; 3) Establishing strategies for

using a transdisciplinary framework in educating about geriatric UI/LUTS, 4) Identifying obstacles or traditions that might impede goal attainment; and, 5) Listing a minimum of two actions that can be initiated in education as a result of this workshop. Recommendations from the breakout session will be shared with all workshop attendees and considered for dissemination post-workshop.

Prompting question:

How do educators from nursing, and other disciplines, prepare students to address the complex care needs of an aging population specific to the prevention and treatment of UI/LUTS?

#### *4) Policy Work Team*

The facilitator of this work team will guide participants to reflect upon their respective work environments and discuss how the workforce, consisting of both nursing and other disciplines, is addressing current and future needs of the geriatric population at risk for experiencing, or already are, UI/LUTS. Discussion will illuminate perceived strengths, weaknesses, opportunities, and threats (SWOT) to designing a vision and plan to address the care needs for this population. Participants will identify potential stakeholders to join in cultivating this group of future nursing leaders in the prevention and treatment of geriatric UI/LUTS

Prompting questions: What are the professional and public bodies that contribute to the perspective that aging is a population health issue? To what extent do current policies support a team approach to the assessment and intervention of UI/LUTS?

#### **Share Ideas Generated - Draft Vision/Plan**

The facilitators will share the ideas generated in the groups and how a draft vision and strategic plan will be synthesized and disseminated.

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## W11: Overview of Transdisciplinary Science, developments in the state of the science UI/LUTS research and practice

Dr Joan Ostaszkievicz  
Research Fellow  
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## Nursing leadership



- 16,000,000 nurses worldwide
- Robert Wood Foundation
  - Nurses should play a greater role than they currently do in health policy planning and management
- The Future of Nursing: Leading Change, Advancing Health, Institute of Medicine (2011)
  - A number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system. These barriers need to be overcome to ensure that nurses are well-positioned to lead change and advance health

## IOM recommendations

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and information infrastructure.

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- Nurse leaders are critical in improving health systems, their work places and broader societal challenges through sound nursing practice, education, research and evidence-based health and social policy change' (Ferguson 2016)
- 'Leadership is a key skill for all nurses at all levels' (ICN)
  - ICN Leadership for Change
  - ICN Leadership in Negotiation
  - ICN Global Nursing Policy Leadership Institute



## What makes an effective leader?

- Visionary
- Equipped with strategies, a plan and desire to direct their teams and services to a future goal
- Good problem-solving skills
- Maintains group effectiveness
- Develops group identification
- Dynamic, passionate
- Motivates others
- Seeks to inspire others (Frankel 2018)



## Why focus on nursing leadership now?

- Global ageing
- Deficits in quality of health and social care for older people - (CQC 2015; Cavendish 2013; Francis Report 2013; Groves 2017).
- Healthcare reforms to better meet people's health and social care needs
- Enhanced accountability, i.e. metrics, key performance indicators
- An ageing nursing workforce
- Workforce shortages

## A crises of nursing leadership in gerontology and geriatric UI/LUTS

- Disaster response network
- HIV-AIDS network
- Leadership for change network
- Nurse Practitioner/ APN network
- Nursing education network
- Regulation network
- Research network
- Rural and remote nursing network
- Student network
- Telehealth nursing network
- No ICN network on gerontology or incontinence








### A crises of nursing leadership in gerontology and geriatric UI/LUTS

- Variability in undergraduate nursing curricula about older adults' care needs (Deschodt 2010)
- A multi-professional UK wide survey of undergraduate continence education
  - 14% (n = 42) no continence-related UK education
  - Average 4.7 hr (range 2.5-7.3 hr (Adult Nursing) (McClurg et al. 2012)
- Variability in post-registration education - courses not sustainable
- YET - Growth in other nursing specializations

Table. Percent of Physician Practices With Advanced Practice Clinicians and the Percent Change From 2008 to 2016 **Martsoff et al. 2008**

Variable	Total Practices, No.		Any Advanced Practice Clinician, %			Any NP, %			Any PA, %		
	2008	2016	2008	2016	Change	2008	2016	Change	2008	2016	Change
Specialty practices <sup>a</sup>	132 682	165 655	23.2	28.3	21.7	14.4	19.2	32.6	11.6	14.0	20.3
Medical specialties <sup>b</sup>	87 178	109 125	20.2	23.3	15.7	13.6	16.3	19.9	8.3	9.9	19.3
Surgical specialties <sup>b</sup>	22 881	22 185	17.8	20.6	15.8	5.8	7.7	32.6	13.6	15.3	12.0
Subspecialty	22 623	34 345	40.5	49.0	20.9	26.3	35.5	34.9	22.4	26.1	16.4
Psychiatry	12 909	16 535	14.7	17.4	18.4	13.1	15.9	20.9	2.2	2.7	19.2
Obstetrics/gynecology	12 676	13 148	29.5	29.3	-0.7	25.3	25.3	0.2	6.1	6.5	5.7
Ophthalmology	9939	10 505	0.8	0.7	-10.8	0.3	0.3	3.7	0.6	0.5	-9.1
Cardiology	6142	8483	30.3	31.0	2.4	22.1	24.3	9.6	12.7	12.9	1.8
Orthopedic surgery	6758	7293	28.0	29.1	3.9	4.9	7.0	43.0	25.3	25.4	0.6
General surgery	6213	6400	11.2	13.8	24.0	5.4	7.6	40.1	6.6	7.5	14.6
Neurology	3814	5162	13.8	21.3	54.2	9.5	15.6	64.5	5.4	8.2	52.4
Plastic surgery	6067	4177	6.4	9.8	54.2	2.7	3.8	39.8	3.9	6.4	62.9
Dermatology	5428	6041	27.4	36.3	32.5	8.4	11.5	36.8	21.7	29.5	35.6
Gastroenterology	3873	5496	25.1	28.7	14.2	15.4	19.2	24.7	12.5	14.4	15.1
Primary care practices <sup>c</sup>	68 317	69 755	28.4	35.3	24.3	18.8	26.1	38.8	12.5	14.6	16.8
Family practice	30 322	31 936	36.7	44.8	22.1	22.4	31.6	41.0	18.4	21.0	13.9
Internal medicine	22 514	22 424	18.3	23.9	30.8	12.0	17.6	46.2	7.7	9.3	21.3
Pediatrics	12 164	12 639	27.0	34.3	27.8	23.0	29.3	27.3	7.3	9.0	22.4



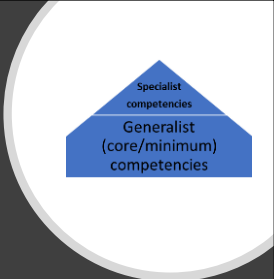
To up-skill and create a dynamic workforce to meet changes in population demographics and rising rates of dementia and frailty (Naughton et al., 2016)

**AND geriatric UI/LUTS**


**Aim/goal**

### 4 possible solutions – a multipronged approach

1. Articulate the generalist and specialist knowledge/skills (competencies) nurses and other care providers require for gerontological/geriatric UI/LUTS care




- Role profile of the Nurse Continence Specialist (Paterson et al., 2016)
- Role of the wound ostomy continence nurse or continence nurse in continence care. (WOCN, 2009)
- Practice standards for Nurse Continence Specialists. (CONSA, 2017)
- Consensus statement on proficiencies for the APRN gerontological specialist. (GAPNA, 2015)




### 2. Articulate a career pathway for gerontological nurses / nurses specialising in geriatric UI/LUTS

2014  
The design and development of a National Career Framework for nurses caring for older people with complex needs in England - Report



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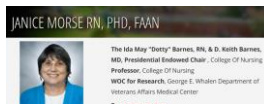
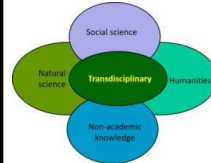
### 3. Develop evidence, standards and guidelines

- AUA. The surgical management of female stress urinary incontinence
- AUA/SUFU Guideline diagnosis & treatment of adult OAB (non-neurogenic)
- AUA/SUFU Guideline urodynamic studies in adults
- CUA Guidelines for adult urinary incontinence
- EUA Guidelines on urinary incontinence
- Evidence Based Protocols
  - Geriatric Nursing Protocols for Best Practice (Dowling-Castronovo & Bradway 2016)
  - Promoting Continence Using Prompted Voiding Best Practice Guideline (RNAO)
- National Health Service England. Excellence in continence care framework
- NICE Guideline: The management of faecal incontinence in adults
- NICE Guideline: The management of urinary incontinence in women.
- RCN. Improving continence care for patients: The role of the nurse
- UK Continence Society. Minimum standards for continence care
- UK DOH. Good practice in continence services
- 83 systematic reviews on incontinence in the Cochrane library



### 4. Develop nurses' leadership in transdisciplinary research, education, practice and policy

- 'TRANS' – across, traverses borders
- Transdisciplinary research integrates discipline-specific approaches and extends to generate a fundamentally new aspect to scientific inquiry (Hall 2012).
- Transdisciplinary ways of working brings people together who think and act in different ways to solve complex problems and situations.



Different ways of looking at the same problem/situation

### An example of transdisciplinary research that sheds new light on the problem of incontinence in people with dementia in acute care



An example of using knowledge from other disciplines to shed new light on an old problem: managing incontinence in nursing homes



## Discussion points

What are the challenges for nurses' engagement in transdisciplinary leadership that can influence policy re UI/LUTS?

What policy recommendations do nurse experts in geriatric UI/LUTS make that would meet the growing needs of older people with UI/LUTS?

What systems are required for nurses to engage in transdisciplinary leadership that brings about deep organizational and health system changes to meet the growing needs of older people with UI/LUTS?

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none

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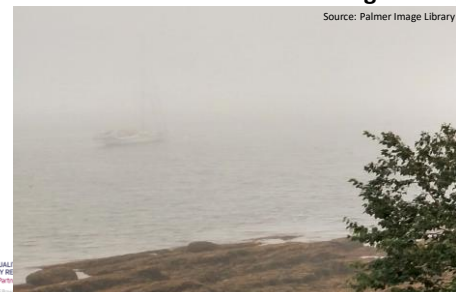
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## Overview of Framework for Change During

Source: Palmer Image Library



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## Need for Action!

- Current and future needs of frail older persons will overwhelm the healthcare workforce and systems.
- Consumer **preference** and **patient-centered care** will create *new* demand for change in how care is provided to meet elimination needs.
- Continence is increasingly viewed as a *public* health issue with ethical implications.
- On-going caregiver education, clinical competency development, and supervision **MUST** be part of process.
- Essential elements for success: implementing successful change processes, partnerships, consumer engagement, and development of evidence for interventions with patient participation.
- Patient safety and quality improvement complements continence promotion.

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## Leading Change

- Kotter, J. (2007) Leading Change: Why Transformation Efforts Fail, *Harvard Business Review*, 85(1): 96-103.
- Eight step change process
- Remember both *thinking and feelings*!

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## Create a Value Proposition

- **Cultivate the Next Generation of Nurse Leaders to Create a Global Vision and Strategic Plan for Geriatric UI/LUTS – or who will innovate, create knowledge, lead, and care:**
- Create a sense of urgency
- Create a guiding coalition
- Develop a vision and strategy
- Communicate the change vision
- Empower broad-based action
- Generate short-term wins
- Consolidate gains and producing more change
- Anchor new approaches in the culture
- Source: Kotter(2007). Leading change: Why transformation efforts fail. Harvard Business Review.

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## Create Urgency

- *Why is this issue important?*
- *Provide or collect evidence that it is: clinical, public health, ethical, financial, patient safety, regulatory and legal, societal, demographic issue*
- *Epidemiology of global aging, geriatric conditions, risk factors for UI/LUTS*
- *Workforce data: retirements, retention, workplace, specialists versus generalists, advanced practice, ancillary staff*
- *Financial – who will pay?*

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## Create the Guiding Coalition

- Who are stakeholders?
- Who might *resist* change effort?

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## Developing a vision and strategy

- Create a 15-word vision statement (why should people embrace this change?) you will do this in workshop
- *Human dignity of older adults with and at-risk for UI/LUTS requires nurse leaders to act.*

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## Communicating the Change Vision

- What tactics are needed to get the message out?
- What role should the guiding coalition play?

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## Empowering broad-based action

- Do your SWOT assessment:
  - What are some barriers or obstacles?
  - What needs to change within the system so there is no undermining the change vision?
  - How should *you* lead risk taking for the new and transformative ideas, activities and actions?

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## SWOT assessment

### Strengths

Workforce: People who have geriatric competencies and commitment to long-term care services.  
Concentration of services geared to vulnerable populations  
Access to resources to help long-term care consumers  
Advances in aging research – longitudinal studies, complex conceptual and statistical models

### Opportunities

Partnerships with academic and industry  
Demographic shift – more demand for long-term care  
Implementation and translational research emphasis  
Interprofessional education  
Family and societal concerns  
Nursing Home Compare data

### Weaknesses

Workforce Staff turnover  
Regulatory and clinical tensions  
Reliance on documentation

### Threats

Limited or uncertain financial resources  
Lack of investment in non-capital (e.g., labor)

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## Generating Short-term Wins

- What could be some short-term (within 6 months) outcomes?
- How would you communicate these outcomes?

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## Consolidating gains and producing more change

- What actions are needed to make transformative change that will have an impact on care, quality, safety, and costs?

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## Anchoring new approaches in the culture

- What strategies will embed the transformative change into the system?
- How will you assess sustainability?

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