Speaker of the House Program
Adventist Rehabilitation Hospital of Maryland

Program/Project Description.
A focus group of RNs described a need to improve communication within the Nursing Department. With a combined staff of 125, our 2 Nurse Managers, who were mostly relying on monthly staff meetings and one-on-one communication, described needing additional tools to effectively communicate the rapid changes occurring in our organization. This was corroborated by gaps in data surrounding who had received what communication, and thus a need to improve the level of accountability within the department.

Process.
We used PDCA as our process improvement methodology.

Solution.
We created a Speaker of the House program based on the work of Bonnie Wesorik and the best practice of Clinical Nurse Leaders published in Critical Nurse Quarterly by Sherman et al (2009). A group of 20 RNs were selected by their colleagues as having excellent communication skills and the ability to serve as professional role models. These RNs were offered, and accepted, the role of Speaker of the House for 2010. Every other staff member in our department then selected a Speaker until all Speakers had a group of 6 or less staff assigned to them. The Speakers are responsible for communicating critical information to their group either in person or live over the phone, and being available to answer any questions. They are also responsible for role modeling any practice changes that are rolled out through the department.

Measurable Outcomes.
Members of each Speaker's group now sign off that they have received each communication, and unit-wide transcripts are posted to the units on a regular basis. Projects rolled out through the Speaker of the House program reach approximately 80% of their target audience within 2 weeks, and Nurse Managers now can focus their communication on staff who exceed deadlines for signing off on each communication.

Sustainability.
There has been dramatic improvement in accountability for PRN and Flex Pool staff, and recently this group has provided additional ideas for improvement especially tailored to their needs. Since the implementation of this program in January 2010, we have had 10% of Speakers resign due to lack of time. We are very mindful not to roll out more than 1 communication per month through this program so that the time commitment is not a barrier for most RNs. We are in the process of developing a survey tool to measure Speaker satisfaction with their role as well as a peer evaluation tool. Participation for 1 year in the Speaker of the House program gives the RN points toward advancement on our Clinical Advancement System, which is tied in with an annual salary increase.

Role of Collaboration and Leadership.
This project was developed by the Nursing Leadership Team in our organization, which includes the CNO, Magnet Program Coordinator, Clinical Educator, and 2 Nurse Managers. We have since shared this model as well as a communication template with other departments in our organization, and the organization as a whole has since adopted a housewide communication plan modeled after the one piloted with our staff.

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