Changes in the delivery of healthcare services in the United States have been driven significantly by cost containment over the last 20 years. To have a thriving organization, with the current changes in the healthcare, nurses and physicians are realizing the need for close collaboration. As healthcare organizations are preparing for the value-based era, the implementation of new leadership models are needed. This project addresses collaboration between nurse and physician leaders in an effort to improve team performance, engagement, and quality outcomes in the acute care setting.

The PICOT question for this project is; *within the clinical leadership team of a nurse leader and a medical director in a new model of care on three inpatient units at a Midlands hospital, does the implementation of a leader rounding process, using a lean-quality improvement tool that supports the leadership development of both the nurse leader and medical director, compared to current leadership training improve falls, pressure ulcers, and team engagement*. Nurse and physician leaders were asked to complete the Institute of Healthcare Improvement (IHI) pre-intervention survey (Improvement, 2010), conduct leader rounding together weekly using a lean quality improvement tool, and complete an interview. A qualitative analysis and control
charts were used to examine the data. The sample size included three nurse leaders and three physician leaders.

Implications for nursing include a Consistent Leader Engagement and Rounding (CLEAR) Process intervention. This process includes dyad leaders receiving the same education, rounding together, coaching in real time, a PDSA process for change, and the ability to hold staff accountable. It will show that this model can create change needed for improvement. By setting clear goals and explicit expectations, the units can improve outcomes. The ability for nurse-physician leaders to have ongoing interactions and build relationships with other dyad leaders is imperative so that they may learn from one another. The leaders increase their knowledge and empowerment by using a model called “best care teams,” allowing key players around the table to provide support and guidance. This project will demonstrate the power of inter professional communication to improve quality outcomes for our patients.