

Director of Nursing: Complete Role Expectations

Oasis Point Rehabilitation Hospital

"The Main Thing Is to Keep the Main Thing the Main Thing"

The main thing is not our titles, not our hurt feelings, not who went in which room first. The main thing is the patient, their safety, their medication, their family, and the story they will tell about Oasis Point when they leave.

If we lose that, we lose ourselves.

Part 1: The Cultural Foundation

You Do Not Define the Culture. The CEO Does.

As Director of Nursing at Oasis Point, you are joining a **mission-driven organization** where culture is not optional, structure is non-negotiable, and leadership is evaluated by alignment with these principles:

1. **Mission** → **Team** → **Individual** (Not Individual → Team → Mission)
2. **Patient** → **Team** → **Self** (In every narrative, every decision, every communication)
3. **Calm Leadership** (The leader in the room must be the calmest person in the room)
4. **Service Recovery** (We treat every hint of distress as an opportunity to listen, learn, and improve)
5. **Loop Closing** (We do not just document problems; we fix the systems that allowed them)

Part 2: The DON Role—Authority and

Accountability

Your Responsibilities

From the CEO:

"As Director of Nursing, you are the clinical and cultural leader of nursing. Your responsibilities absolutely include:- Oversight of nursing practice and patient care- Modeling calm and patient-centered behavior under stress- Ensuring coordinated communication among physicians, nurses, therapy, liaisons, and case management- Being present or represented when high-risk situations occur: AMA discharges, serious complaints, patient or family distress, and similar events"

The Standard That Comes With Authority

From the CEO:

"However, with that authority comes a higher standard for how you step in. **The leader in the room must be the calmest person in the room.** The person with the title cannot also be the most defensive person in the conversation. Our authority is most credible when it is exercised quietly, with a clear focus on the patient, not on protecting our own feelings or position."

What this means:

- **You are not just managing clinical operations.** You are modeling the culture under stress.
- **Your presence in a crisis must de-escalate, not escalate.** If you are the most emotional person in the room, you have failed the leadership test.
- **Your authority is credible when exercised quietly.** Loud authority is weak authority.
- **You focus on the patient, not on protecting your own feelings or position.** When you defend yourself first, you lose the patient.

Part 3: The Narrative Framework—Patient → Team → Self

How DON Leaders Communicate at Oasis Point

From the CEO:

"Much of your email centers on how you were spoken to, how you were perceived, and how the meeting felt to you. I am not minimizing that; you deserve respect, and if there are communication issues with others in leadership, we will deal with those directly. **But when the dominant voice in a leader's communication is 'I, me, my,' the patient disappears in the background.** In our culture, leaders are called to put the patient's story first, the team's learning second, and our personal emotions third. They still matter. They just cannot lead the narrative."

The Test: Write to the Patient's Family

From the CEO:

"I want you to imagine that the same email was being written to this patient's wife. Would it read, 'Here is what we experienced as staff,' or would it read, 'Here is what you and your husband experienced from us; here is where we fell short; here is what we are changing because of you'? **That second version is what I need to see consistently from the DON of Oasis Point.**"

The Three Questions That Must Lead Every Communication

From the CEO:

"When something goes wrong, or almost goes wrong, I want your first instinct, and your written response, to center on three questions:1. ****What did this patient and family experience?****1. ****What did we learn?****1. ****What exactly are we going to change in nursing to prevent a repeat?****Then we can talk about interpersonal issues and misunderstandings inside the team. Those matter, but they come after we have extracted the lesson for the people we serve."

What this means:

- Your first response to any incident is not "How was I treated?" It is "What did the patient experience?"
- Your written communication must read like a patient story and a learning document, not like a defense.
- Interpersonal issues come second. They matter, but they do not lead the narrative.

Part 4: Service Recovery—Treating Distress as Opportunity

The Service Recovery Mindset

From the CEO:

"We could have treated the first hint of distress as a service-recovery moment: a leader taking the wife aside, in private, with the sole purpose of listening and understanding before explaining."

What service recovery looks like at Oasis Point:

1. **The first hint of distress is your signal to act.**
 - You do not wait for a formal complaint.
 - You do not wait for the family to escalate.
 - You treat distress as an opportunity to listen, learn, and recover the relationship.
2. **A leader takes the family aside, in private.**
 - Not multiple staff members.
 - Not in the hallway.
 - Not in front of other patients.
 - A leader, in private, with the sole purpose of listening.
3. **Listening comes before explaining.**
 - You do not defend.

- You do not justify.
- You listen with the intent to understand, not to respond.

4. Service-recovery calls after the event.

- **From the CEO:** "We need genuine service-recovery calls to families when things like this happen, led by you or another appropriate leader, focused on listening, apologizing where we fell short, and learning from their perspective."
- You call the family after they leave.
- You thank them for the opportunity to serve them.
- You ask what we could have done better.
- You apologize where we fell short.
- You tell them what we are changing because of their feedback.

Part 5: Loop Closing—Fixing Systems, Not Just Documenting Problems

What "Closing the Loop" Means

From the CEO:

"Closing the loop means more than just documenting an AMA form. It means asking:- Was there a clean, accurate medication review before they left?- Did we reconcile what he was getting here with what he would get at home?- Did we ensure his wife felt confident about what to give, when to give it, and what to watch for?- Did we provide a written, simple list that matched what we told her verbally?- And from a systems standpoint: **what in our workflow allowed this to be even slightly in doubt?** Is it staffing, communication, unclear ownership, or simple lack of focus? Until we name and fix those issues, we are leaving future patients exposed."

What this means:

- **Documentation is not loop closing.** Fixing the system is loop closing.

- When something goes wrong, you do not just document it. You ask: What in our workflow allowed this to happen?
- You name the system failure (staffing, communication, unclear ownership, lack of focus).
- You fix the system failure so it does not happen to the next patient.

Medication Safety: The Non-Negotiable

From the CEO:

"We also have to be honest about something even more troubling: how did we miss this patient's medicine, and why did that gap exist long enough to be an issue for the family to worry about? **The fact that there was even a question about medication safety, dosing, or clarity of what he should be taking should stop all of us in our tracks. Medication is basic.** If we are not fully focused and aligned, we will miss meds, miss cues, miss opportunities for education, and we will repeat the same failures with a different name and room number. That is how patterns form in hospitals. If we do not close these loops now, on communication, on medication reconciliation, on safe transitions out of our building, this is destined to happen again."

What this means:

- **Medication safety is basic.** If we miss it, we have failed at the most fundamental level.
- **A question about medication safety should stop all of us in our tracks.** It is not acceptable to have "slight doubt" about what a patient is taking.
- **Patterns form when we do not close loops.** If we do not fix the system now, we will repeat the same failure with a different name and room number.

Part 6: High-Risk Situations—The DON Standard

When You Must Be Present or Represented

From the CEO:

"Your responsibilities absolutely include being present or represented when high-risk situations occur: AMA discharges, serious complaints, patient or family distress, and similar events."

High-risk situations requiring DON presence or representation:

1. AMA (Against Medical Advice) discharges
2. Serious complaints from patients or families
3. Patient or family distress (first hint of distress = service-recovery moment)
4. Medication errors or near-misses
5. Falls with injury
6. Unexpected transfers to acute care
7. Family meetings about goals of care or discharge planning conflicts

What "Present or Represented" Means

If you are not physically present:

- A designated nursing leader (ADON, Nurse Manager) is present and empowered to act on your behalf
- You are immediately notified and available for consultation
- You follow up with the family/patient within 24 hours (service-recovery call)
- You lead the debrief and loop-closing process

If you are physically present:

- You are the calmest person in the room
- You listen before you explain

- You coordinate communication among physicians, nurses, therapy, liaisons, case management
- You ensure unified messaging (not multiple people trying to manage the situation from different angles)
- You lead the "safe departure" process if the patient/family decides to leave
- You make the service-recovery call after they leave

Part 7: The AMA and High-Risk Departure Playbook

What the CEO Expects You to Build

From the CEO:

"Out of that, I want us to build an AMA and high-risk departure playbook for Oasis Point:- Who is notified first- Who leads communication- How we handle medication reconciliation- Where these conversations should happen- How we follow up"

The Playbook Components

1. Who is notified first:

- DON or designated nursing leader
- Attending physician
- Case management
- Administrator on call (if after hours)

2. Who leads communication:

- DON or designated nursing leader coordinates
- Physician has calm, clear conversation about risks of leaving and benefits of staying, using language the family can repeat back

- Nursing, liaison, and case management align on one unified message **before** going into the room

3. How we handle medication reconciliation:

- Clean, accurate medication review before they leave
- Reconcile what patient was getting here with what they will get at home
- Ensure family feels confident about what to give, when to give it, and what to watch for
- Provide a written, simple list that matches what we told them verbally
- Pharmacist review if available

4. Where these conversations should happen:

- Private room or family conference room
- Not in the hallway
- Not in front of other patients
- Not with multiple staff members talking over each other

5. How we follow up:

- Service-recovery call within 24-48 hours
- Thank them for the opportunity to serve them
- Ask what we could have done better
- Apologize where we fell short
- Tell them what we are changing because of their feedback
- Offer to assist with follow-up care coordination if needed

6. How we debrief and close the loop:

- Short, structured debrief led by DON

- Document reads like a patient story and a learning document, not like a defense
- Answer the three questions: What did the patient/family experience? What did we learn? What exactly are we changing to prevent a repeat?
- Identify system failures (staffing, communication, unclear ownership, lack of focus)
- Fix the system failures

Part 8: Coordinated Communication—One Unified Message

The Problem: Multiple People, Multiple Messages

From the CEO:

"Nursing, the liaison, and case management could have aligned on one unified message before going into the room, instead of multiple people trying to manage the situation from different angles."

What this means:

- **Before entering a high-risk conversation, the team aligns on one unified message.**
- **The DON coordinates this alignment.** You do not allow multiple staff members to "wing it" with different messages.
- **One person leads the conversation.** Others support, but do not contradict or add conflicting information.

The Standard: Calm, Clear, Repeatable

From the CEO:

"We could have ensured that the physician had a calm, clear conversation about the risks of leaving and the benefits of staying, using language that she could repeat back."

What this means:

- **The message must be calm** (not urgent, not panicked, not defensive).
- **The message must be clear** (simple language, no jargon, no ambiguity).
- **The message must be repeatable** (the family can explain it back to you accurately).

If the family cannot repeat back the key points, the communication has failed.

Part 9: Mission → Team → Individual in Practice

The Framework Applied to DON Leadership

Mission (Patient) First:

- Every decision, every communication, every priority starts with: What is best for the patient?
- When you are uncomfortable, stressed, or hurt, you still put the patient first.
- Your discomfort does not excuse you from the mission.

Team Second:

- You step up for each other, even when uncomfortable.
- You accept stretch assignments for a season, knowing you will be supported, because the mission and the patient come first.
- You coordinate, align, and unify, not compete, contradict, or distance yourself.

Individual Last:

- Your preferences, comfort, and convenience follow the mission and team.

- Your hurt feelings matter, but they do not lead the narrative.
- When you write an email, the dominant voice is not "I, me, my"—it is "the patient, the family, what we learned, what we are changing."

The Test: What Leads Your Communication?

Wrong (Individual → Team → Mission):

- "Here is how I was treated."
- "Here is how the meeting felt to me."
- "Here is what I experienced as staff."
- "I feel like a puzzle piece."
- "This is frightening to me."

Right (Mission → Team → Individual):

- "Here is what the patient and family experienced from us."
- "Here is where we fell short."
- "Here is what we are changing because of them."
- "Here is what the team learned."
- "Here is how I can support the mission better."

Part 10: The DON Evaluation Framework

How the CEO Evaluates DON Leadership

The CEO is evaluating you on:

1. Do you put the patient's story first, the team's learning second, and your personal emotions third?
 - Evidence: Your written communication, your verbal communication in meetings, your response to incidents

2. Are you the calmest person in the room?

- Evidence: Your behavior under stress, your tone in high-risk situations, your ability to de-escalate

3. Do you treat distress as a service-recovery opportunity?

- Evidence: Service-recovery calls made, families contacted after incidents, listening before explaining

4. Do you close loops by fixing systems, not just documenting problems?

- Evidence: Debriefs that identify system failures, changes implemented to prevent repeats, playbooks built

5. Do you coordinate unified communication among disciplines?

- Evidence: Aligned messaging before high-risk conversations, one person leading communication, no conflicting information

6. Do you show up with humility, discipline, and responsibility?

- Evidence: Willingness to be coached, adherence to structure, ownership of outcomes (not just participation)

7. Do you align with Mission → Team → Individual?

- Evidence: No victim language, no distancing when accountability is required, no "I, me, my" leading the narrative

Part 11: What Disqualifies a DON at Oasis Point

Behaviors That Cannot Coexist With This Mission

From the CEO (to a nurse):

"The language you chose, 'thrown,' 'clueless,' 'frightening,' 'puzzle piece,' and the way you directed those words at leadership tell me that the kind of environment you expect to work in and the culture I am building are very different."

From the CEO (to the another nurse leader)

"Much of your email centers on how you were spoken to, how you were perceived, and how the meeting felt to you. When the dominant voice in a leader's communication is 'I, me, my,' the patient disappears in the background."

Disqualifying behaviors:

1. **Victim language** ("thrown into," "frightening," "I feel like a puzzle piece")
2. **Defensive communication** (the person with the title is the most defensive person in the conversation)
3. **"I, me, my" leading the narrative** (personal emotions dominate communication instead of patient story)
4. **Distancing from accountability** (walking away when problems arise, blaming others, not owning outcomes)
5. **Operating outside the structure** ("I know better," skipping protocols, not following playbooks)
6. **Escalating instead of de-escalating** (bringing emotional energy into a crisis instead of calm)

No matter how talented someone is, these behaviors cannot coexist with the mission.

Part 12: The DON's Daily Standard

What Success Looks Like

Every day, the DON at Oasis Point:

1. **Rounds with a patient-first mindset**
 - Asking: What is the patient experiencing? What does the family need?

- Not: What is convenient for staff? What makes my day easier?

2. Models calm leadership under stress

- When a crisis occurs, you are the calmest person in the room
- Your tone, your body language, your words de-escalate

3. Treats every hint of distress as a service-recovery opportunity

- You do not wait for formal complaints
- You take families aside, in private, to listen before explaining

4. Coordinates unified communication among disciplines

- Before high-risk conversations, you align the team on one message
- You do not allow multiple staff members to deliver conflicting information

5. Closes loops by fixing systems

- When something goes wrong, you ask: What in our workflow allowed this?
- You name the system failure and fix it

6. Communicates with Patient → Team → Self framework

- Your emails, your debriefs, your meetings center on: What did the patient experience? What did we learn? What are we changing?
- Your personal emotions come third, not first

7. Builds playbooks and structures

- AMA playbook, high-risk departure playbook, medication reconciliation protocols
- You do not leave future patients exposed to the same failures

8. Makes service-recovery calls

- After incidents, you call families to listen, apologize where we fell short, and learn from their perspective

9. Leads debriefs that read like patient stories

- Not defenses, not blame-shifting, not "here is what happened to me"
- Patient story → Team learning → System changes

10. Aligns with Mission → Team → Individual

- You step up for the mission, even when uncomfortable
- You support the team, even when it requires personal sacrifice
- You put your own preferences last

Part 13: The Final Message to the New DON

This Is Not a Traditional DON Role

From the CEO:

"The main thing is to keep the main thing the main thing. For us, the main thing is not our titles, not our hurt feelings, not who went in which room first. The main thing is the patient, their safety, their medication, their family, and the story they will tell about Oasis Point when they leave. If we lose that, we lose ourselves."

This is not about needing a job. This is about needing the mission.

If you are looking for a traditional DON role where you manage clinical operations, coordinate staffing, and report metrics, this is not the right fit.

If you are looking for a **mission-driven leadership role** where:

- You are the calmest person in the room
- You put the patient's story first, the team's learning second, and your personal emotions third
- You treat every hint of distress as a service-recovery opportunity
- You close loops by fixing systems, not just documenting problems
- You coordinate unified communication among disciplines

- You align with Mission → Team → Individual
- You model the culture under stress

Then welcome to Oasis Point.

Part 14: The CEO's Expectation—In One Sentence

From the CEO:

"What will define your leadership now is your ability to bring every situation, especially the hard ones, back to the patient and back to our standard."

That is the DON role at Oasis Point.