

Director of Nursing: Role Expectations Summary

Oasis Point Rehabilitation Hospital

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

The main thing is the patient, their safety, their medication, their family, and the story they will tell about Oasis Point when they leave.

The Five Cultural Pillars

1. Mission → Team → Individual

The patient comes first. The team comes second. Your personal comfort comes last.

2. Patient → Team → Self (In Every Communication)

When you write or speak, the dominant voice is: *What did the patient experience? What did we learn? What are we changing?*

Not: *How was I treated? How did this feel to me?*

3. Calm Leadership

"The leader in the room must be the calmest person in the room."

Your authority is credible when exercised quietly, with focus on the patient—*not* on protecting your own feelings or position.

4. Service Recovery

Treat every hint of distress as an opportunity. Take families aside, in private, to listen before explaining. Call them after incidents to apologize where we fell short and learn from their perspective.

5. Loop Closing

Documentation is not loop closing. Fixing the system is loop closing. When something goes wrong, ask: *What in our workflow allowed this?* Name the system failure and fix it.

Your Responsibilities as DON

You are the clinical and cultural leader of nursing. Your responsibilities 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

With that authority comes a higher standard: You cannot be the most defensive person in the conversation. You must de-escalate, not escalate.

The Three Questions That Must Lead Every Communication

When something goes wrong, your first response centers on:

1. **What did this patient and family experience?**
2. **What did we learn?**
3. **What exactly are we going to change in nursing to prevent a repeat?**

Then we can talk about interpersonal issues inside the team. Those matter, but they come after we have extracted the lesson for the people we serve.

The Service Recovery Standard

When a family shows distress:

1. **Act on the first hint of distress** (do not wait for formal complaints)
2. **Take the family aside, in private** (not in the hallway, not in front of others)
3. **Listen before explaining** (do not defend, do not justify)
4. **Make a service-recovery call after they leave** (thank them, apologize where we fell short, ask what we could have done better, tell them what we are changing)

The Loop Closing Standard

When something goes wrong:

1. **Ask: What in our workflow allowed this?** (staffing, communication, unclear ownership, lack of focus)
2. **Name the system failure**
3. **Fix the system failure** so it does not happen to the next patient
4. **Build a playbook** (AMA playbook, high-risk departure playbook, medication reconciliation protocols)

Medication safety is basic. If there is even a question about what a patient is taking, we have failed at the most fundamental level.

The AMA and High-Risk Departure Playbook

Who is notified first:

DON or designated nursing leader, attending physician, case management, administrator on call

Who leads communication:

DON coordinates. Physician has calm, clear conversation. Nursing, liaison,

and case management align on one unified message **before** going into the room.

How we handle medication reconciliation:

Clean, accurate medication review. Reconcile what patient was getting here with what they will get at home. Ensure family feels confident. Provide a written, simple list that matches what we told them verbally.

How we follow up:

Service-recovery call within 24-48 hours. Thank them. Ask what we could have done better. Apologize where we fell short. Tell them what we are changing.

How we debrief:

Short, structured debrief led by DON. Document reads like a patient story and a learning document, not like a defense. Answer the three questions. Identify system failures. Fix them.

The DON Daily Standard

Every day, the DON at Oasis Point:

1. **Rounds with a patient-first mindset** (What is the patient experiencing? What does the family need?)
2. **Models calm leadership under stress** (You are the calmest person in the room)
3. **Treats every hint of distress as a service-recovery opportunity**
4. **Coordinates unified communication among disciplines** (Align the team on one message before high-risk conversations)
5. **Closes loops by fixing systems** (What in our workflow allowed this? Fix it.)
6. **Communicates with Patient → Team → Self framework** (Patient story leads, not personal emotions)
7. **Builds playbooks and structures** (AMA playbook, medication reconciliation protocols)
8. **Makes service-recovery calls** (After incidents, call families to listen and learn)

9. **Leads debriefs that read like patient stories** (Not defenses, not blame-shifting)
10. **Aligns with Mission → Team → Individual** (Step up for the mission, even when uncomfortable)

What Disqualifies a DON at Oasis Point

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

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)
5. **Operating outside the structure** ("I know better," skipping protocols)
6. **Escalating instead of de-escalating** (Bringing emotional energy into a crisis instead of calm)

The Test: Write to the Patient's Family

Imagine you are writing to the patient's wife.

Wrong: "Here is what we experienced as staff."

Right: "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 we need to see consistently from the DON of Oasis Point.

The CEO's Expectation—In One Sentence

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

Final Message

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

If you are looking for a traditional DON role, 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, where you put the patient's story first, where you treat distress as opportunity, where you close loops by fixing systems, and where you align with Mission → Team → Individual—

Then welcome to Oasis Point.

For complete details, see: [DON_Role_Expectations_Complete.md](#)