Bringing Clinical Leadership Together:

Interprofessional Approach to Quality and Operational Excellence

Cassy Moses, MSN, RN, OCN • Stacie Rose, BSN, RN, OCN, NPD-BC
Tennessee Cancer Specialists

NCODA

Background

Communication gaps between clinical, operational, and support services can result in workflow inefficiencies, delayed implementation of updates, variability across sites, and fragmented quality initiatives.

Objective(s)

1. Describe how multidisciplinary leadership supports quality and operational alignment
2. Identify key elements of a structured leadership meeting model.
3. Apply strategies to improve communication and quality initiatives across departments.

This consistent framework promotes proactive leadership and organizational alignment.

Scalability

- Adaptable to a variety of healthcare settings, including oncology and non-oncology practices.
- Can be scaled based on organizational size.
- Modifiable to include relevant stakeholders.
- Integrates into existing leadership frameworks.
- Requires minimum resources.

Why Change?

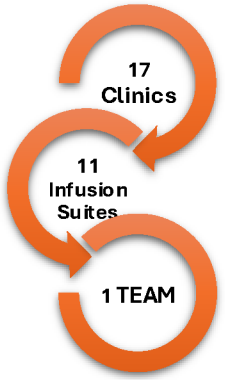
Prior to Implementation:

- ✓ Communication occurred in departmental silos
- ✓ Updates were disseminated inconsistently.
- ✓ Quality initiatives lacked centralized oversight.
- ✓ Interprofessional collaboration was limited.

Monthly Clinical Leadership Meeting

Bringing Leaders Together





Outcomes/ Impact

- ➢ Improved interprofessional collaboration
- ➢ Standardized policy implementation
- ➢ Increased quality alignment
- ➢ Enhanced workflow efficiency
- ➢ Greater staff engagement
- ➢ Improved compliance and consistency
- ➢ Increased organizational transparency
- ➢ Expanded leadership structure
- ➢ Strengthened accountability culture

Reference(s)

1. Morgan et al. *J Patient Exp.* 2020;7(6):1466-1475.
2. O'Leary et al. *J Hosp Med.* 2011;6(2):88-93.
3. ASCO. *QOPI.* 2025.

Disclosure

We have no financial or personal relationships that could influence the research or outcomes.

Together We Lead • Together We Improve • Together We Make a Difference