Nurse Leader Communication Accelerator

Helping health systems improve nurse retention and stabilize frontline operations by making the conversations leaders already have actually count.

Clinical Insight Collective

Better Communication → More Engagement → Higher Retention → Operational Stability

From Noise to Signal: A data snapshot for CNO and CFO leaders

How Nurse Leader Communication Impacts Your RN Workforce

The Cost of Noise

Transactional communication is expensive

$60,090
Average cost to replace one RN

≈ $5.19M lost
per hospital annually from RN turnover

- Staff stay silent
- Concerns go offline
- No visible follow-up

Operational Risk

- × Heavy span of control
- × Limited leader time
- × Early-career nurses leave

Evidence: 2026 NSI National Health Care Retention & RN Staffing data

The Connection Shift

From transaction to connection

Why Connection & Meaningful Interactions Matter:

- 1x / month = lower ***turnover***
- ***Gen Z*** RNs need more to stay

Tier 1: Audit
Free connection scan

Tier 2: Sprint
30-day huddle reset

Tier 3: Accelerator
90-day relationship engine

The Signal Dividend

Targets conversations leaders already have

ROI in View

- ✓ Higher engagement
- ✓ Lower turnover
- ✓ Stronger leaders
- ✓ Earlier warning signals

Operator → Transformational Leader

FROM:	TO:
× Info dump	✓ Understanding
× Black hole	✓ Closed loop
× Managing tasks	✓ Building trust

Evidence
AONL-Laudio 2024 RN retention study:
7-point turnover decrease with monthly interactions;
AONL–Laudio 2026 Gen Z report:
Gen Z need ≈2.5x more interactions

Your leaders are already having these conversations. We make them count.

HOW THIS IS DIFFERENT

- **No new meetings**: targets conversations leaders already have.
- Builds a **shared structure** without making leaders sound scripted.
- **Tailored** to individual leader style and team dynamics.
- Movement in **observable behavior and metrics**, not just training satisfaction.
- Anchors to **operational outcomes**, not just presentation skills.

WHAT YOU GET

- Practical coaching from nurse leader & marketing executive
- A repeatable structure leaders can actually use and sustain:
  - ✓ Better leader presence,
  - ✓ Clearer messaging,
  - ✓ Stronger follow-through,
  - ✓ No new meetings.

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WHY THIS MATTERS

Frontline communication is a retention lever, not a soft-skill issue.

Gen Z RNs need more frequent work-focused **interactions** with managers.*

When staff stay quiet, **concerns** move to breakrooms or group chats.

Meaningful manager-staff interactions are tied to stronger **retention**.**

When huddles are misused, issues disappear without visible **follow-up**.

*American Organization for Nursing Leadership & Laudio, Inc. Engaging and Retaining Gen Z Nurses: Trends and Strategies. Spring 2026.
**American Society for Healthcare Human Resources Administration & Laudio, Inc. Reconnecting HR to the Frontline: How Leader Standard Work Translates People Strategy into Results. Executive Summary. Spring 2026.

START SMALL AND SCALE UP

1

Step 1 – Free Connection Audit:

- Gather, listen, assess
- 1-page brief + 15-minute readout

2

Step 2 – 30-day Huddle Communication Sprint:

- 3-4 leaders on 1-2 units
- One focused skill set

3

Step 3 – 90-day Nurse Leader Communication Accelerator:

- **10-12 leaders across multiple units**
- Add rounding and check-ins to foundation

FREE VIRTUAL CLINICAL CONNECTION AUDIT

For 3–4 leaders on 1–2 units

Gather	Listen	Assess	Deliver
5-10 minute leader self-audit	1 short frontline unit pulse on dynamics	Review of current structure and tools	15-minute readout + 1-page findings brief

I help inpatient nurse leaders turn huddles from information dumps into structured, trust-building conversations where staff actually speak up, barriers surface early, and follow-through is visible.

LEARN MORE

Email for details on how to launch a free connection scan at your organization today.

brittdinatale@gmail.com
Britt DiNatale, BSN, RN
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30-day Huddle Communication Sprint

Turn everyday huddles into trust, clarity, and follow-through.

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PATHWAY: 30-DAY SPRINT

I Do — Watch and model ▶ **We Do** — Practice together ▶ **You Do** — Lead with feedback ▶ **Sustain** — Build momentum

WHAT'S INCLUDED:

3-4 leaders, 1-2 units

- **Evaluation** review of current huddles
- Simple shared huddle **structure** job aid
- Individual **coaching** for each pilot leader
- Small-group **touchpoints** / office hours
- Final CNO/CNE **readout** + recommendation
- **Virtual**-first delivery (onsite option available)

WHAT HAPPENS

BEFORE = NOISE

Operator that shares information

× Rapid-fire information dumps
× Staff rarely speak up
× Same messages repeated
× Issues disappear into a black hole
× No visible owner or follow-up
× Missed opportunity to build trust

AFTER = SIGNAL

Transformative leader who creates understanding

✓ Story-led opening, not cold start.
✓ Open questions that draw staff in.
✓ Plain-language "why" behind every update.
✓ Clear owner or next step for barriers.
✓ Safe response to misses; focus on learning.
✓ 5-7 minute huddles that stay on track.

ROI: WHAT THIS SPRINT DELIVERS

Measuring Success: By week 4, each participating leader has led at least one huddle that meets all six "signal criteria" above, with documented examples of barriers raised and closed-loop follow-up.

More meaningful leader-staff interactions.	Consistent leadership language across units.	Earlier signal on risk and barrier escalation.	Better trust and engagement signals.	Support for retention and manager capacity.

WHAT LEADERS LEARN

- How to turn a huddle from information transfer into leader-team **connection**.
- How to explain **the "why,"** not just the update.
- How to invite **participation** without forcing awkward discussion.
- How to adapt tone, language, and **presence** to different teams and leader styles.
- How to create visible **follow-through** so staff know speaking up matters.

90-day Nurse Leader Communication Accelerator

Practical communication training for huddles, rounding, and brief check-ins.

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WHO IS THIS FOR?

- Cohort of 10-12 nurse leaders from 2-4 inpatient units
- Directors, nurse managers, assistant managers, charge nurses, and selected emerging leaders
- Units where short leader-team interactions and high-frequency touchpoints shape the daily work environment

EXECUTIVE TEAM COMMITMENTS

- Strategy kickoff
- Day 30 virtual check-in
- Day 60 virtual check-in
- Day 90 review session

Structure: 90-Day Accelerator

5 leader sessions; onsite optional

Week 0	*Week 1-2*	*Week 5-6*	*Week 8-9*	*Week 12*
Virtual Kickoff & Baseline Review	Workshop 1	Virtual Workshop 2	Virtual Workshop 3	Final Capstone Session
FOCUS AREAS:	Huddles & shift-start communication	Check-ins, recognition, and issue follow-up	Rounding, Initiative translation, and closing the loop	Final capstone session and plan to carry forward

PARTICIPATING LEADER COMMITMENTS

- **Attend** sessions and come prepared with real moments to work on
- **Use** the communication structure between sessions in live conversations
- **Track** a small set of observable examples, wins, and barriers

WHAT SUCCESS LOOKS LIKE

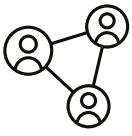
Leader Clarity

- More cognitive **bandwidth**
- Higher visibility & **follow-through**

Operational Discipline

- Structured **repeatable** practices
- Visible **closed-loop** resolution

Staff Connection



- Improved **engagement**
- More meaningful **interactions** per RN

Unit Stability

- Reduced **schedule** disruption
- Reduced regrettable **turnover**

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Programs at a Glance

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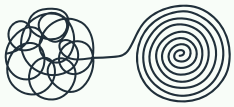
WHY THIS IS DIFFERENT



- Targets conversations leaders **already have**
- Uses a simple, **repeatable** story-based structure
- Anchored to **evidence** and measurable **metrics**

30-DAY HUDDLE SPRINT

Virtual delivery

for cohort of 3-4
Pricing on request

INCLUDES

- Evaluation & review
- 3 coaching sessions
- Huddle structure job aid
- 3 office hours touchpoints
- Executive readout

90-DAY ACCELERATOR

Virtual delivery

for cohort of 10-12
Pricing on request

INCLUDES

- Huddle sprint features, PLUS
- 5 leader workshop sessions
- Onsite delivery available
- 4 executive strategy sessions
- Signal Guide & Checklist
- End-of-engagement summary

Britt DiNatale, BSN, RN is a marketing executive–turned–ER nurse who bridges frontline practice with enterprise-level strategy to improve nurse manager effectiveness and workforce stability. She has held leadership roles with the VA's Office of Healthcare Transformation, ANA's Project Firstline, and Practicing Excellence, where she operationalized large-scale education and micro-learning programs for health systems nationwide.

Britt co-created and led a national nurse manager leadership program grounded in AONL competencies and measurable outcomes, strengthening nurse manager pipelines, span of control management, engagement, and turnover performance through scalable, evidence-based development. She also serves on ANA's National Workplace Violence Prevention Committee and remains an active advocate for nurses' influence in health system decisions.