Innovative Strategies to Engage Bedside Providers in Quality

Second Annual Summit on Quality
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Learning Objectives

1. Describe the guiding principles behind the development of the QSI model
2. Identify key elements of implementing a QSI model
3. Develop an approach for implementing a QSI-like process within hospitals of any size
Shared Governance

- Decision-making process
- Places authority, responsibility, and accountability for patient care with the practicing clinician
- Empowerment - control of practice
- Councils
  - Coordinating
  - Management
  - Practice
  - Professionalism
  - Quality
  - Research
  - Informatics
## Governance Styles

<table>
<thead>
<tr>
<th></th>
<th>Self Governance</th>
<th>Participatory Management</th>
<th>Shared Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td>Staff determine goals without input from leaders</td>
<td>Leaders request input from staff. Use of input is optional</td>
<td>Staff are given the responsibility, authority and accountability for decisions</td>
</tr>
<tr>
<td><strong>Use of Input</strong></td>
<td>Can foster a “they…we” mindset</td>
<td>Leader is not required to use staff input</td>
<td>Leadership and staff activities are interdependent</td>
</tr>
<tr>
<td><strong>How Decisions Are Made</strong></td>
<td>All decisions made by work team with no external input of guidance</td>
<td>Final decision lies with leadership, who may accept or reject staff input</td>
<td>Leaders clearly articulate the guidelines for decisions</td>
</tr>
<tr>
<td><strong>Presence of Leader</strong></td>
<td>Absent leader</td>
<td>Hierarchical leader</td>
<td>Servant leader</td>
</tr>
<tr>
<td><strong>Where Decisions are Made</strong></td>
<td>Centralized decision-making</td>
<td>Decentralized Decision-making</td>
<td></td>
</tr>
</tbody>
</table>
A World without Shared Governance

- Managers make the decisions
- Nurses are powerless, self-focused & see a narrow scope
- Few people do the work, while others don’t follow the new rules because they don’t know why or how they were established
### Principles

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Equity</th>
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</thead>
<tbody>
<tr>
<td><img src="image1" alt="Hands shaking" /></td>
<td><img src="image2" alt="Balanced scales" /></td>
</tr>
<tr>
<td>Accountability</td>
<td>Ownership</td>
</tr>
<tr>
<td><img src="image3" alt="Hands in solidarity" /></td>
<td><img src="image4" alt="Key" /></td>
</tr>
</tbody>
</table>
Components

- Infrastructure
- Relationships
- Involvement
- Autonomy
- Shared decision making
- Accountability
Assumptions

All Nurses are

• Leaders – not by title but by influence
• In charge of their own practice
• Empowered to be a change agent
A World with Shared Governance

- Nurses are empowered
- They have a voice
- Autonomy is valued
- Nurses have control over their practice
- Happier work environment
Impact

- Nurse satisfaction improves
- Nurses turnover decreases
- Quality of care improves
How it all began…

• Bedside nurses are the ideal leaders for quality initiatives
• Their clinical expertise is invaluable and directly contributes to patient safety
• How do you hardwire it?
Quality Focus

• It’s the right thing to do for the patient
• Increased pressure from public/corporate entities
• Linkage to compensation/reimbursement
• Better availability of data
• Growing body of evidence-based literature/research/expertise
Make it Happen

• Nurses want to be involved
• Leadership needs to assure their involvement
• “One Brain” alignment
Quality Patient Care

• NOT a task
• Hardwired
• Accountable
• Empowered
Shared Governance

• Decision-making process
• Places authority, responsibility, and accountability for patient care with the practicing clinician
• Empowerment – control of practice
• Councils
  – Coordinating
  – Management
  – Practice
  – Professionalism
  – Quality
  – Research
  – Informatics
Implementation Barriers

- Staff knowledge of process
  - Communication
  - Education
- Lack of motivation
  - No one to mentor process
- Lack of access
  - Library and Databases
- Lack of organizational support
  - May require time away from the bedside
- Resistance to change
Barriers to Getting Staff Nurses Involved

• Busy
• Unstructured Council Structure
  – Scheduling
  – Practice Council
  – Quality Council - Reporting only
• Manager buy in & support
• Boring......
Manic Monday Schedule

- 7:30 - 9 Research Council
- 9-10:30 Professionalism Council
- 11-12 Practice Steering
- 12-1:30 Quality Council
- 1:30 – 3 Practice Council
- 3- 4:30 Coordinating Council
Councilor Structure Make Over

• Practice council
• Informatics
• Quality
  – Reporting
  – Membership
  – QSI – Quality & Safety Investigator
Focus on the QSI:

What did we want?

• Branded
• Voluntary
• Fun
• Education
• Capitalize on T3
  – Time
  – Talent
  – Treasure
Intentional Implementation

• Administrative Support
• Unit Rounds: Conversation Starters
• QSI Application Process
  – Program Description
  – Commitment Form for Nurse
  – Commitment Form for Manager
Structured Approach

- Didactic
- Needs driven
- Mentors
- Tools
Foundation

• **Mission**
  – Empower Bedside Nursing Staff to Drive Performance Improvement Activities and Improve Patient Outcomes
  – Ensure that Every Nurse Understands that Quality is not separate but integrated with Daily Clinical Practice

• **Vision**
  – Enhance Patient Safety and Improve Patient Outcomes
  – Advance the Culture of Professional Nursing Accountability
  – Create a Healthier Working Environment for Our Staff
What is a QSI?

- Unit-based Quality and Patient Safety Champion

- Assists with the Monitoring of Staff Performance and Compliance with Quality Indicators

- Assist Nurses to Use Data to Drive QI Efforts on Unit
Roles/Responsibilities of the QSI

- Attendance at QSI and Quality Council Meetings
  - Notify QSI@kumc.edu
- Monthly Responsibilities
  - Dedication of 2-4 hours/week to the QSI Responsibilities
  - Meet with Mentor
  - Share with Unit
- Projects
  - PDSA Cycles
  - Poster Presentation
  - Literature Review
- Leaders
  - Influence
  - Role model and leader for quality and safety initiatives
  - Be actively engaged
  - Share best practices
QSI Program Objectives

• Be a unit-based quality and safety champion
• Help peers use/understand data to drive PI
• Disseminate unit data in collaboration with the Nurse Manager and Unit Educator
• Champion staff performance and compliance in collaboration with the Unit Practice Council
• Share best practices at QSI meetings
Benefits of Being a QSI

• PERSONAL
  – Professional Growth
  – Communication Skills
  – Leadership Development

• UNIT
  – Collaboration with Practice Council
  – Team Building
  – Improved Patient Outcomes
QSI Kickoff

• Over 40 In Attendance
  – Unit Managers, Educators, Mentors In Attendance
  – Hospital Leadership

• Format
  – Role Playing
  – Group Discussion
  – Teamwork and Problem Solving
  – Poster Sessions
Kick-Off Activities

- Role Playing
- Group Discussion
- Teamwork and Problem Solving
- Poster Sessions
QSI Annual Kickoff

2009
• PI Methodology: PDSA Cycles
• Communication: Crucial Conversations
• Break Out Sessions
  – Poster Presentations
  – Tool Kits
  – Content Experts

2010
• Leading change
• Building teams
• Process improvement methods
• Differentiating evidence based practice and research
Monthly Meetings

• Anatomy of a Law Suit and the Mock Trial
• Bedside Safety Checks and PSN Events
• Literature Review and Abstract Writing
• First Do No Harm and Josie King Video’s
• Transfusion Data and Brainstorming
• Data, Data, Data: Scorecards to the Rescue
• Distractions and Human Factor’s
• Work-Life Balance
Assignments

• To Do List
  – I Make a Difference Poster Campaign
  – Mentor Meetings
  – PDSA Development
  – Survey Staff
  – Update at Practice Council and Staff Meetings

• Evaluations
  – Assist with Agenda Planning
The Successful QSI CHECKLIST

“What are my roles and responsibilities as a Quality and Safety Investigator?”

<table>
<thead>
<tr>
<th>“What do I need to do?”</th>
<th>Due Date</th>
<th>Task Completed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend QSI Kick Off</td>
<td>August 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete QSI Goals Sheet</td>
<td>September 27</td>
<td></td>
<td>Discuss with Unit Leadership/Practice Council</td>
</tr>
<tr>
<td>Attend Monthly QSI Meeting, 75% attendance is Expected</td>
<td>Ongoing</td>
<td></td>
<td>“Manic Monday” 0900 – 1100</td>
</tr>
<tr>
<td>Attend DON Quality Council, 33% attendance is Expected</td>
<td>At least once/quarter</td>
<td></td>
<td>“Manic Monday” 1200 – 1330 Lunch is Provided</td>
</tr>
<tr>
<td>Share Content of QSI meeting at Unit Staff meeting &amp; Practice Council</td>
<td>Ongoing</td>
<td></td>
<td>Check email for meeting highlights the Friday following the QSI meeting</td>
</tr>
<tr>
<td>Meet with Mentor Every Month and Report Progress</td>
<td>Ongoing</td>
<td></td>
<td>More mentor details, coming soon...</td>
</tr>
<tr>
<td>Submit abstract for DON Literature Review</td>
<td>At least 1 each year</td>
<td></td>
<td>See abstract guide for instructions or contact Joan McMahon, <a href="mailto:jmcmahon@kumc.edu">jmcmahon@kumc.edu</a></td>
</tr>
<tr>
<td>Complete Poster for I Make a Difference Campaign</td>
<td>At least once/quarter</td>
<td></td>
<td>More details to be shared at September QSI meeting</td>
</tr>
<tr>
<td>Submit completed PDSA</td>
<td>December March June</td>
<td></td>
<td>Work with Mentor to complete PDSA, PDSA on Nursing Share Drive</td>
</tr>
</tbody>
</table>

UNIT QUALITY/SAFETY GOALS

1.                                                                                     
2.                                                                                     
3.                                                                                     

PERSONAL GOALS AS A QUALITY AND SAFETY INVESTIGATOR

1.                                                                                     
2.                                                                                     

2010 – 2011 Council/Unit PRIORITY FOCUS Areas

1) HANDOFFS/BEDSIDE SAFETY CHECKS
   - Goal: Every time a patient changes caregivers, a formal and documented handoff occurs between 2 caregivers – to include a bedside safety check

2) PATIENT IDENTIFICATION (USE OF 2 IDENTIFIERS)
   - Goal: With every patient care interaction 2 identifiers are verified
   - Goal: 100% compliance with specimen labeling

3) MEDICATION LABELING AND ADMINISTRATION
   - Goal: 100% compliance with medication administration policies
QSI Projects

- Innovative
- Change Agents
- Bedside Providers
Outcomes

• QSI Website and Tool Kits
• I Make a Difference Campaign
• Chasing Zero Campaign
• Medication Minute Newsletter
• Performance Improvement Projects
• Continuous Feedback from QSI’s
• QSI Professional Development
  – Leadership and Communication Skills
  – Abstract Publishing
  – Nursing Awards

I make a difference

• I performed a bedside safety check with the on-coming nurse and used two patient identifiers.
• I reviewed with the patient her allergies
• I completed the patient’s profile upon admission
• I checked the patient’s wristband prior to administering medications
• I am glad I performed a bedside safety check with the on-coming nurse using two patient identifiers

Take time for safety.

THE UNIVERSITY OF KANSAS HOSPITAL
BRIEF: Patient Safety Handoff

- Barriers
- You tube video

**BRIEF**
- Bands
  - ID
  - Allergy
  - Limb alert
  - Fall
  - Resuscitation status
- Restraints
- Incision
- Environment
- Fluids
Outcomes

• 2009 Poster Presentation
• National Presentations
• Publications
What did we learn?
Quality and Safety Investigator’s
S.W.O.T Analysis

**STRENGTHS**
- Involving bedside staff in improving outcomes
- Development of informal leaders
- Participants feel more empowered, autonomous
- Increased awareness of quality indicators and improvement opportunities
- The meetings are motivating to participants
- The staff feel like they have a voice
- It is rewarding to see the projects come to life
- We are providing an environment for staff to share open, honest dialogue – working towards solutions

**WEAKNESSES**
- Organization of content, agendas, projects, meetings
- Mentor component unorganized and not used by all
- We don’t have a running list of projects
- Undefined relationship with quality council
- Support from unit leadership due to poor communicating between QSI team and managers, educators, directors
- Closed feedback in regards to monthly evaluations
- Too many chiefs, we don’t know who is doing what as a planning committee
- Inconsistent planning meetings

**OPPORTUNITIES**
- Ed/Dev offerings – CE’s on leadership, RCA, etc…
- Partner with Sheryl Ewert to record our CE portions to be loaded for others to view
- Quality Council relationship
- KRONOS and meetings to prevent QSI’s from missing meetings
- Conferences, publishing the QSI program
- Grant money?
- Development of QSI quarterly newsletter to improve communication and share successes
- External speakers, SON, UMKC, etc…

**THREATS**
- The content is not perceived as relevant to all staff
- Too many priorities within the organization
- Frequent changes within the organization
- Budget support
- Time commitment
- Other job responsibilities
QSI Feedback and Evaluations

• “The QSI Program has given me tools that without it I would probably have never learned to use.”

• “I feel more comfortable discussing how each bedside nurse can make a difference with the outcome of our patients, we really do impact quality at the bedside.”

• “My communication skills have really improved.”

• “I have become a better leader on my unit because of the stuff we learn at the QSI meetings.”

• “I learn more from this meeting than any staff or unit meeting I’ve ever had, I really enjoy the QSI Program.”
What have you learned?

- Communication
- PDSA
- Implement positive changes for our patients
- Communication skills
- I have learned how to inform my co-workers about QI for the unit.
- My communication skills have really improved.
- Making changes on the unit is very difficult, especially with resistance on the units.
- Most everything you have presented has been helpful. It has really raised my awareness and consider ways to make changes on the unit.
- I have learned that it is important to have a good educator – education is key!
- My awareness about quality for our patients has really increased.
- I have learned how to make small changes on the unit to make changes in patient outcomes.
- I have been able to actively perform skills that I was never able to before.
- I have learned all about the share drive!
- My leadership skills have improved.
- I learn more from this meeting than any staff meeting or unit meeting I’ve ever had. I really enjoy this program.
How has the program been useful to you?

- **Leadership** skills and communication skills
- I have learned so much from listening to the challenges/success of other unit’s QI projects – very helpful
- **Leadership** – my mentor is FANTASTIC
- I have learned so much about the different processes of KU and where to go to make changes
- I am not afraid to suggest change to improve patient care
- This has been a fun opportunity to do research-like projects. Fun and interesting
- It has really opened up the problem areas within the hospital – let’s me feel like it’s not just my unit, but that we have process issues that we as QSI’s can actually help fix.
- I feel more involved in the hospital and as a nurse. I feel like I can make a difference when I care for patients.
- Effective routes of communication to other disciplines – this has been really helpful to hear from pharmacy and lab
- This has been a great leadership experience
- I am so jazzed to be a part of evidence-based change at this hospital
- I feel more equipped to make changes at the unit level
- I feel like a valued member of the team
- I believe that the long term commitment of the QSI should be addressed. I want to do this for more than one year. I really enjoy this opportunity and I feel like I am good at it – do we have to only do it for 1 year?
What specific assistance would be helpful to you?

• I would like to meet with my mentor more often
• My unit is so different from the other units, I wish we would focus on something specific to my area
• I appreciate breaking into different areas (ie critical care, acute care, progressive care,)
• I just need more time to do my work 😊
• I feel like I need support
• I really need help with computer
• Manager support
• I really like how all the QSI’s are working on two or three large hospital wide projects.
• More specific topics to the procedural area
• More computer training
• More structure on what to work on – how do I know what is important
• I would like help developing a survey monkey
• I would like help with how to create an email group
• More research support and information
Keys to Success

• Planning
• Leadership
• Listen and provide
• Mentoring
• Tools for success
• Celebrate
Planning

• QSI Leadership Team Monthly Meetings
• Review QSI Evaluations
• Identify Opportunities for Improvement
  – Quality Council
  – Practice Council
  – Senior Leadership
  – QSI Requests
• Project Presentations
Culture of Safety

• Blame-free reporting
• Encourage reporting
• Learn from each other
• Remind others to report errors and near-misses
• Let people know that something is being done
• Recognition – Great catch!
Establish Accountability

• Expectations are clear
  – They know what they need to do
  – Performance feedback is provided

• Expectations are perceived as achievable
  – Work is consistent with stated priorities
  – Resources are available to meet expectations
Quality Patient Care

• NOT a task
• Hardwired
• Accountable
• Empowered
Reasonable Expectations

- No Needless Deaths
- No Needless Pain
- No Helplessness
- No Excessive Waiting
- No Waste

» Adapted from My Right Knee (2005). Donald Berwick
Bridge Builders

- Support bereaved families dealing with death
- Standardizes end of life processes
- Bedside providers
- Application Process
- Training & Education
Glucose Guru’s

• Blood glucose champion
• Educator
Final Thought

When nursing practice advances, everything else will too!
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