



# Communicating Quality via "Road Shows"

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## Problem: Information Overload!

- Nursing staff are responsible for learning updates and new information on many important areas of practice.
- Traditional methods for communication of information include staff meetings, e-mails, and computer learning modules.
- Staff feedback included: Too many emails, not enough information on issues they deemed important, full email inboxes after being off for several days, etc.

## Idea: Road Shows!

- A nurse manager on our Nursing Quality Council proposed that nursing staff would respond better to new information if they heard it from a different person besides their manager, face to face.
- Nursing Quality Council decided to split into groups and round on all nursing units with the new information and updates.

## First Road Show: Spring 2009

- Each committee was asked for key points that should be communicated to staff.
- Also included was important information on Core Measures and e-chart documentation updates.
- Two council members put together colorful brochures with these points and the names of the Nursing Quality Council Members.
- The Council divided into teams of two or three to cover each nursing service line.

## "We're here instead of an e-mail!"

- In March 2009, each two- or three-person team went unit to unit with brochures, talking to all available nursing staff working that day.
- Brochures were left in break rooms and education areas for oncoming shifts to review.
- Staff were given the opportunity to ask questions about the presented information and offer ideas and suggestions to take back to the Quality Council meetings.



## Nursing Quality Council

- An expanded version of Shared Governance began at UNC Hospitals Department of Nursing in Fall 2007.
- Quality is 1 of 5 Councils and has a collaborative relationship with:
  - Falls Committee
  - Nursing Performance Improvement
  - Skin Resource Group
  - Restraint Committee
  - Interdisciplinary Pain Committee

## Reinforcing Shared Governance

- Road shows are also an opportunity to reinforce Shared Governance. Staff on each unit were asked, "Do you know who your Quality Representative is?" and "Does your unit have a Shared Governance bulletin board?"
- The presenters were given a tip sheet ahead of time to make sure everyone was giving the same information and hitting all the key points.
- Staff also appreciated the candy baskets!

## Second Road Show: Summer 2009

- Staff appreciated the conversational approach, and the "one-stop," interdisciplinary nature of the information being presented.
- On busy ICU's, some representatives found it was better to go to staff meetings to present the Road Show information.
- An employee from Hospital Performance Improvement joined us to answer questions about Core Measures and data that is generated by Hospital PI.

## Future Road Show Directions

- Include unit-level Quality Reps and do multiple rounds to include weekends and night shift.
- The Road Show idea is catching on with other Shared Governance councils.

## Road Show Brochure (Front)

For more information...  
Talk to your representative. Below, they're listed by service. Your voice counts in quality. We are listening!!

<b>Cath Lab</b> Tiffany Thompson	<b>Children's</b> Erin Graham Pat Yee
<b>ED/CAC</b> Jean Calderone	<b>Heart Center</b> Sherri Morris Tracy Rankin
<b>Medicine</b> Hazel Cochran Steven Harris Priscilla Merryman	<b>NPI</b> Carol Bengt Becky Dodge NPER
<b>Accreditation</b> Linda Harmon	<b>Psychiatry</b> Trish Dodson Linda McClure
<b>Oncology</b> Ashley Farmer	<b>Psychiatry</b> Betty Davis
<b>PI</b> Dale Granin Larry Mandelkehr	<b>Surgery</b> Jamilia Ezell Leslie Johnson
<b>Rehab</b> Lisa Ellis	<b>Surgical</b> Cecilia Sotelo
<b>Womens</b> Robin Chander	<b>SON</b> Denise Hirst

**Our Mission**  
The Nursing Quality Council monitors the appropriateness and effectiveness of the care provided by the nursing staff while assessing and ensuring compliance with established standards of care and practice.

This brochure provides a snapshot of quality efforts across the organization. Please share your feedback and ideas for improvements with your Quality Council service representative. Further information can be found on the hospital quality website on the intranet at work.

**UNC HEALTH CARE Best Practices**  
Skin Team JCAHO  
NDNQI CMS 100%

**Quality Council**  
2nd Quarter 2009

**QUALITY: Every Patient, Every Time**

## Road Show Brochure (Inside)

The following are areas of focus for the Nursing Quality Council:

**Falls Committee**  
**Areas for Improvement**  
Check to see if patient bed alarms are on and bed is zeroed.  
**Plan for Improvement**  
Assess environment for safety during hourly rounding.  
**Best Practices**  
Post a daily scorecard of the number of days since the last fall on each unit.

**Restraint Committee**  
**Areas for Improvement**  
Document according to restraint protocol. CPOE orders for restraints must cover entire period patient is in restraints.  
**Plan for Improvement**  
Review restraint documentation at change of shift report.  
**Best Practices**  
D/C restraints as early as possible. 100% auditing for low volume units. Prevalence auditing for high volume units.

**Nursing Performance Improvement (NPI)**  
**Areas for Improvement**  
Consistent documentation in e-Chart across units/divisions.  
**Plan for Improvement**  
Each unit will develop a standard for e-chart documentation.  
**Best Practices**  
All staff will document according to their unit based standard.

**Core Measures**  
**Areas for Improvement**  
Need to document administration period on all handwritten MARS. Discharge medication list should match the Physician list. Give discharge instructions to patients going to ALF's and SNF's. Complete smoking and vaccine info early in the admission.  
**Plan for Improvement**  
Check med list before patients leave. All adult patients receive "Tips for Healthy Living".  
**Best Practices**  
Be sure the administration dates are documented on all handwritten MARS when administering medications. Complete Core Measures documentation (\* CM).

**Skin Committee**  
**Areas for Improvement**  
Continue to document turning q2h and Braden scores q day.  
**Plan for Improvement**  
Unit-based education for documentation and use of skin products.  
**Best Practices**  
Document Braden score q day, pressure ulcer size, color and location, and position patient turned to. Our most recent rate for nosocomial pressure ulcers > stage 1 was 3.2%! Congratulations and thank you!!

**Pain Committee**  
**Areas for Improvement**  
Documenting f/u assessment of pain 1 hour after administration of medication.  
**Plan for Improvement**  
Please assess patients who have received pain medications first on hourly rounds to reassess pain.  
**Best Practices**  
Review pain reassessment and documentation in e-Chart during change of shift report. Join the Pain Committee on 2nd Wed of month from 2-3P. 6 Women's Conf Room

**NDNQI**  
Congratulations to all who participated in the recent RN Satisfaction Survey. Our participation rate was our best ever at 77%!