

# The Daily Morning Report: A New Benchmark for Leadership Excellence

BY

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**Purpose: To develop a Best Practice  
TRANSPARENCY strategy**



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Significance: "All will demand results!"



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# Strategy:

1. The Daily Morning Report started in February, 2009
2. Process: Led by the CNE, nurse managers, charge nurses, nurse careline executives meet daily from 7:30 am -8:00 am.
3. Patient care issues, census, staffing issues are shared with everybody.
4. Highlights of the morning report are shared with senior management.
5. Additional activities in the morning report:
  - \* New employees are formally presented with a magnet pin
  - \* Staff accomplishments and patient compliments are announced
  - \* Top-down communication are shared
  - \* New programs are introduced.



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Unit	Bed Capacity	Census	Available Beds	Restraint	P. Ulcer New/ Facility/Unit	Falls	Available Beds by Care Line
1A	20	20	0				SCI
1B	20	19	1				Rehab/Neuro
2A	27	24	3				Ext Care
1C	30	30	0				General Med MICU/CCU
1D	30	27	3				Surgery SICU
2C	30	30	0				Psychiatry
2D	30	28	2				TOTAL
4D	25	21	4				
3A	32	22	10				
3B	32	24	8				
3C	32	16	16				
3D	35	20	15				
4B	32	26	6				Surgery Patients
MICU	8	8	0				
CCU	8	6	2				
SICU	20	15	5				
5A	20	20	0				
5B	25	25	0				
5E	25	25	0				
6A	32	28	4				
6D	20	12	8				
6F	22	13	9				
Total	555	459	96	0	0		

TEMPLATE  
OF THE  
CENSUS REPORT SHEET



**Chief Nurse's Morning Report**  
9/14/09

**Census**

Hospital	Available Beds	MICU	CCU	SICU	Med/Surg	Behavioral	Off Site (Mainstay Suites)	Sleep Lab	Fisher House	Under 18 yrs	Courtesy Quarter

**Outpatient**

Prime Care	Treatment Room	Triage	Admission	BOPC	COPC	LOPC	GOPC	SACC	PACU	Surg Clinic	OR	Cysto Clinic	Cath lab	IR	GI

**Other Issue /Suicide**

										HEMO	onco logy	Tele	HBPC

**Emergency Surgeries**

Pt. Name	Procedure	Code	Physician	Time In	Time Out

**Cardiac Surgeries**

Pt. Name	Surgery	Place

**Emergency Room**

Issues	Delays

<b>Death</b>	<b>Rapid Response</b>	<b>Code Blue</b>	<b>Code Green</b>

9/11/09 Falls			
Date	Pt Name	Incident	Injury

**Other**


**TEMPLATE OF THE CHIEF NURSE MORNING REPORT**



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# Strategy (Continuation):

**“Excellence as a habit,  
Outcome as an endpoint”**

Commitment to provide best practice evidence-care  
and

Set new benchmark for excellence permeate down to all levels of nursing.



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# Evaluation:

## First and Second Quarter comparison of NDNQI indicators:

Nurse-Sensitive Indicators	First Quarter	Second Quarter
Pressure Ulcer Prevalence	17%	9%
FA-Pressure Ulcer	8%	5%
Total Restraints Usage	63	ZERO
Total Ventilator-Associated Pneumonia (VAP)	4	1
VAP infection rate	5	3
Total CRBSI	1	ZERO
Fall rate	67	62



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# Implication to Practice...

## *Daily Morning Report:*

- \*Reinforces behavior accountability at all levels of nursing
- \*Mentoring from the our Chief Nurse executive signaled leadership authenticity
- \*Post-fall huddles were re-examined and comfort rounds emphasized
- \*Established collaboration in inter-agency patient fall prevention research.



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# DAILY MORNING REPORT



Ms. Becknell

Ms. Lockett



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# Thank you!

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