# Lahey Clinic Medical Center Burlington, Massachusetts

# Making Connections Between Multiple Data Sources to Improve Nurse Satisfaction and Retention

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## Introduction

- Background
- Nurses Satisfaction
- Patient Outcomes
- Overview
- Intervention
- Outcomes

#### **Nurses Satisfaction**

- Factors Affecting Intent to Leave: job satisfaction, leadership, support, and relationship with colleagues
- Nurses Job Satisfaction: influences on decisions, recognition, satisfaction with nursing as a career and workload
- Nurses Concerns: workload, staffing and quality of care issues

(Buerhaus et al. 2005)

#### **Patient Outcomes**

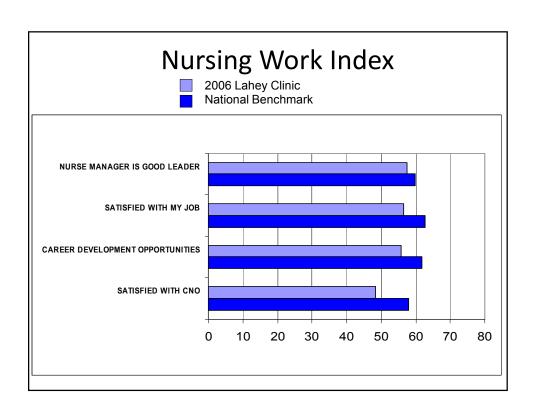
- Higher nurse satisfaction and work place autonomy are related to lower hospital mortality rates
- Higher nurse turnover is related to higher rates of patient falls and increased length of stay
- Higher turnover rates stress financial and cultural fabric of an organization

(VHA, 2002; AHRQ, 2007)

## Overview

### Multiple Data Sources:

- 1. NDNQI 2006-2009
- 2. Feedback at All Nursing Assemblies
- 3. Nurse Satisfaction Focus Group
- 4. Lean Tools
- 5. Program Evaluation



## Focus Group Intervention

#### NDNQI Data derived questions:

- Nursing Care
- Management
- Policies and
- Communication

#### **Focus Group Outcomes:**

#### a. Strengths

- Longevity
- NLN learning opportunities
- Excellent Orientation
- Involvement in unit decisions
- Colleagues

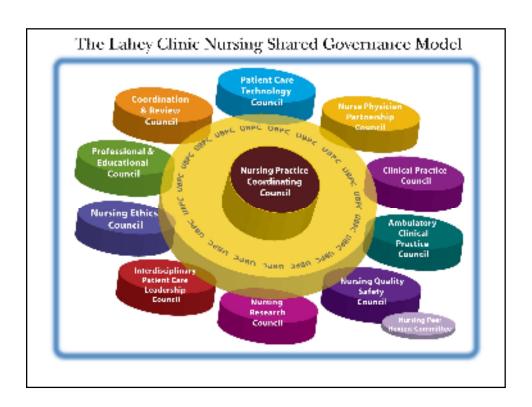
# Focus Group Interventions continued...

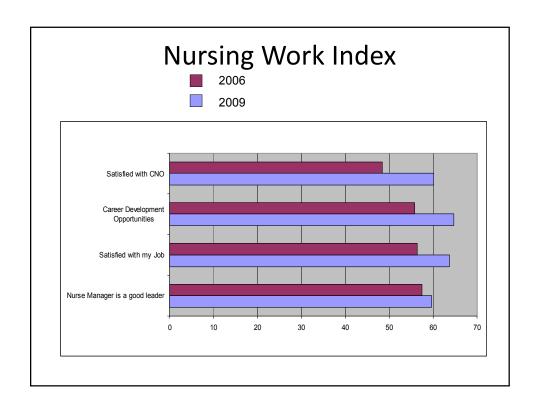
#### b. Challenges:

- Nursing Care: Patient Flow, Staffing, and Communication
- Enhanced Retention Strategies
- Participation in Decision Making: Nursing presence at the unit & institutional levels.
- Communication: Opportunities for improved communication and demonstrations of appreciation

## Magnet Quest

- Strategic planning for Magnet was in alignment with strategies of the organization which were supportive of nursings' identified topics
- Key players in key places
- Assessing, planning and addressing areas needing improvement & strengthening our strengths
- Data collection and decision-making in patient care delivery
- Ongoing communication- Focus on strategic goals; benchmarking our successes & sharing successes in a structured manner



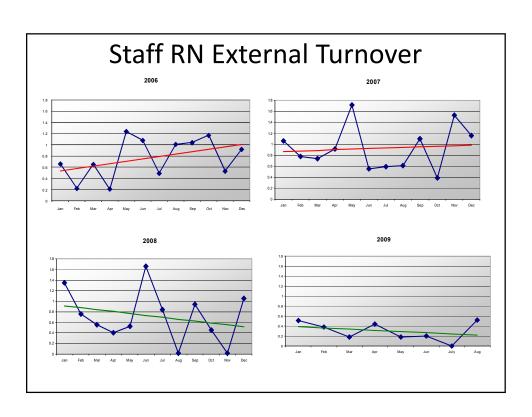


# Lahey Clinic NDNQI RN Satisfaction annual comparison

< 40 is low sat, 40-60 is moderate, >60 is high	2007	2008	2009
Time for Patient Care	52.16	51.06	54.45
Teamwork	68.01	67.58	72.30
MD's appreciate what I do	56.1	55.54	59.95
Participate in Decision Making	46.12	47.57	51.53
Autonomy in daily practice	48.79	49.67	50.22
Satisfied with Status of Nursing	47.69	47.75	55.98
Satisfied with Salary	46.25	48.12	51.33

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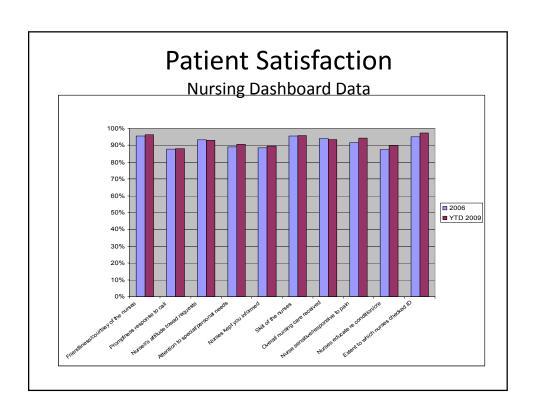
< 40 is low sat, 40-60 is moderate, >60 is high	2007	2008	2009
	N=658	N=654	N=845
Career Development Opportunities	58.07	58.84	64.64
Nurse Manager is good leader	59.74	57.67	59.63
Satisfied with CNO	51.25	52.95	60.11
Satisfied with my job	58.89	58.02	63.77



## Missed Care Research Study-2009

#### **OVERALL JOB SATISFACTION - NURSES:**

- 48% very satisfied/satisfied in their job; 30% Neutral; 22% dissatisfied
- 85% satisfied or very satisfied with nursing as a profession
- 87% have no plans to leave their job at present or in the next 6 months



#### **Confirmed State - VSA Time for Patient Care**

METRIC	2008	NURSES TARGET	2009
Improve NDNQI RN Satisfaction Survey	40.6 40 <sup>th</sup> Percentile	Achieve 90 <sup>th</sup> Percentile	54.45 50 <sup>th</sup> Percentile
Improve patient satisfaction: "overall nursing care received"	77.7%	100%	89%

Solutions Approach- \	/alue Stream Analysis
IF	THEN
1a. Standard acuity tool Just Do It PROJECT	Improve nursing satisfaction, patient satisfaction and time for care
<b>1b.</b> The nurse, patient, MD made face to face daily rounds at the patient bedside including the family when possible, to include the patients voice / needs including more collaborative and effective communication	There would be a better plan of care with improved patient satisfaction and nurse satisfaction  There would be more collaborative communication and better patient outcomes
2a. Meds are available when needed; orders clarified by pharmacist and MD directly	Improved patient satisfaction, less phone calls, more time for patient care
<b>2b</b> . We relocate the UC to a less disruptive location	Will decrease the potential for transcription errors and increase patient satisfaction
<b>2c.</b> Decrease the opportunity for the RN being interrupted during med pass	Decrease the potential for medication errors. Increase patient satisfaction and colleague satisfaction

#### **Solutions Approach- Lean Tool**

IF	THEN
3. Equipment / Supplies are available and working at point of use	There will be less time spent searching for working equipment / supplies and more time to care for patients and decrease falls
<b>4</b> . A clean and orderly physical environment	Nurse patient and family will be happier and more organized
<b>5.</b> Eliminate batching from the discharge process	Better patient flow, earlier discharging, decompressed ED
6. Admissions are staggered	Nurses have better control over their workflow, increased nurse satisfaction
7. Streamline documentation	There will be less redundancy and more time for patient care and more effective communication and satisfied nurses

### Time for Care

- Directly related to the Unit Based Care Delivery Model
- Research- Delegation; Missed care
- Opportunity for improvement in unit care delivery model in: delegation, communication, knowledge expectations, relationships, role clarity and system supports

(Bittner & Gravlin, 2009; Hanston 2009 Kalish, 2009)

#### **Outcomes**

- NDNQI Results/Nurses Satisfaction
- Turnover reduced
- Research Studies-(2008) Delegation; (2009) Missed Care
- Patient Satisfaction
- Unit Based Council/Shared Governance
- Magnet Designation August 17, 2009
- Retention
  - Daisy Award Recognition Program
  - Research Development Program
  - Certification Program Wall of Honor

#### Conclusion

- Connecting multiple data sources is key
- Detailed analysis illuminates successes and challenges
- Lean processes in progress ensures nursings participation in the improvement of patient care delivery and systems
- Continued flow of communication at all levels is maintained through the shared governance structure and interdisciplinary teams
- Attending to the processes for sustainability

## Thank You