The Use of Toolkits to Engage Nurses in Assessing and Improving the Practice Environment

Greater Baltimore Medical Center
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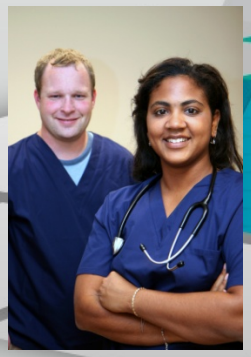
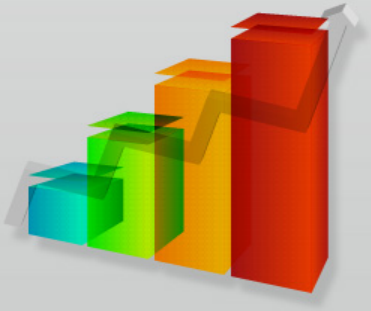


Greater Baltimore Medical Center

- 300 bed Medical Center in the suburbs of Baltimore, Maryland
- 1,300 physicians
- 1,100 nurses
- Average 26,700 inpatient cases annually
- Average of 60,000 emergency room visits

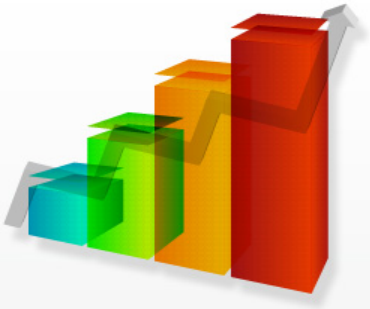


The Problem – Retention of Bedside Nurses

- 16% turnover among bedside nurses
  - Nurses aged 25-29
  - Nurses with 1-5 years tenure (52.4%)

- ≥half the nurses currently employed will be lost by 2012

- Newer nurses leave much faster than seasoned nurses (Aiken, Clarke, Sloane, Sochalski, 2001).



Summary of the Evidence

The strongest predictors of nurse job dissatisfaction

and intent to leave are related to

job stress in the practice environment

(Zangaro & Soeken, 2007)

Summary of the Evidence

Causes of job stress:

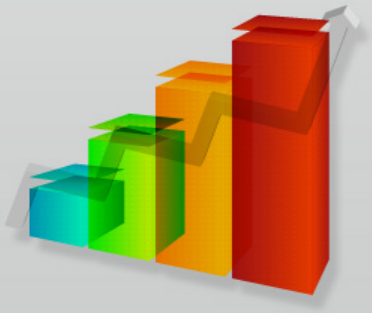
- patient acuity
- nurse-patient ratios
- work schedules
- poor physician nurse interactions
- new technology
- staff shortages unpredictable workload or workflow,
- perception that the care provided was unsafe

All Aspects of the Practice Environment

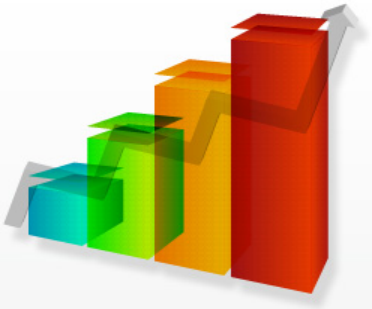
Zangaro et al, 2007; Bowles & Candela, 2005; Shader, Broome, Broome West & Nash, 2001 & Leure, Donnelly & Domm, 2007).

Project Purpose

to implement the NDNQI
Practice Environment survey
to provide nurses with valid data
upon which to develop and implement strategies
for evidence based
practice environment improvement projects
that can be expected to improve nurse retention



Paris & Terhaar (2011). *Using Maslow's Pyramid and the National Database of Nursing Quality Indicators to Attain a Healthier Work Environment* Online Journal of Issues in Nursing (16)1



Aims

- To successfully implement the NDNQI Practice Environment Survey with bedside nurses
- To create a toolkit for bedside nurses to interpret and analyze their unique survey results
- To pilot one practice environment improvement strategy

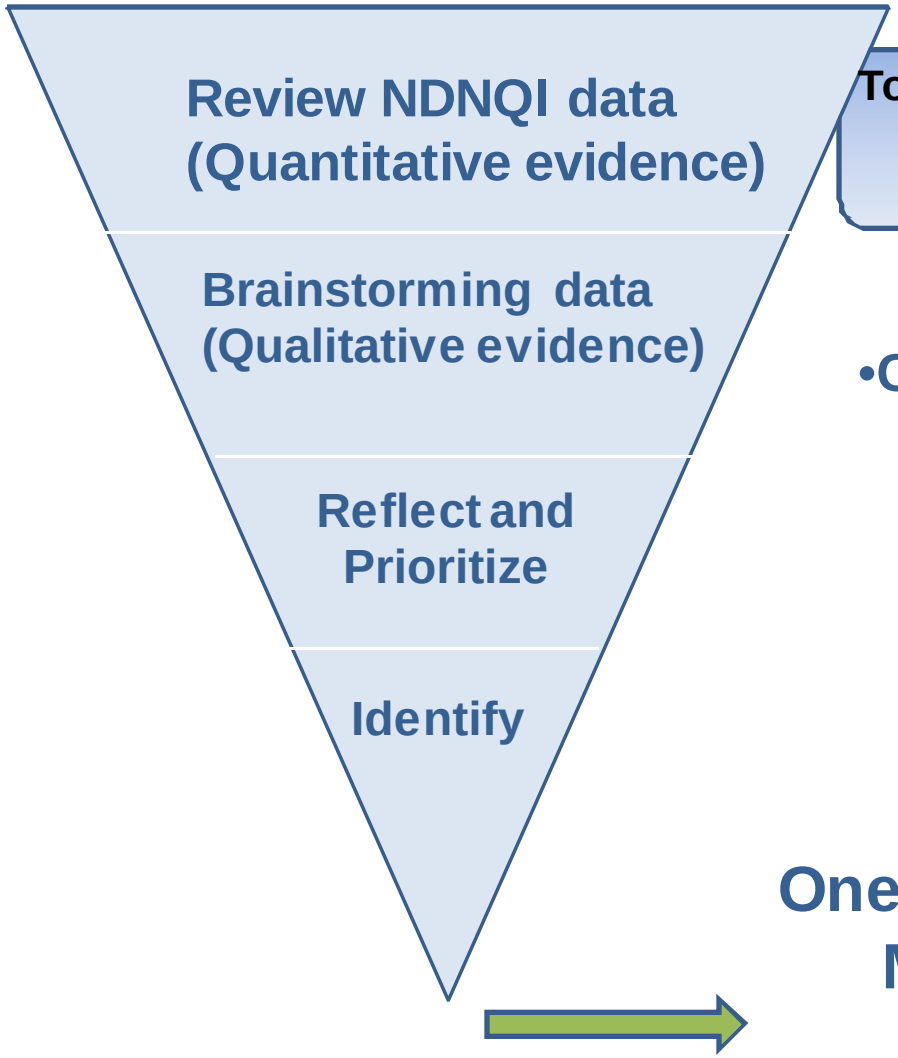
Phase 1 activities completed!

Pilot Unit – Newborn Nursery

- Low risk newborn care
  - 31 Newborns
  - 35 full and part time staff nurses
    - 17 BSN prepared, 10 ADN, 8 Diploma
    - 6 Certified Low Risk Neonatal Nursing
  - 4 Certified Lactation Specialists
  - 61% greater $\geq$ 10 years

- Steering committee
  - 4 nurses: 1 charge/3 staff; 1 night shift/3 days shift; 2 practice council members

Phase II: Process Improvement



Toolkit to analyze baseline data

- ***Discussion guide; Strategy Guide; Analysis Packet***

- **Creation of guidelines**
  - **Rapid design methodology**
  - **Six week timeline; changes based on feedback every two weeks**

One improvement strategy:
Meal and non-meal breaks

NDNQI data

Full Report Discussion Guide

1. PES Scores (Table 2.1)	
Identify top highest Scores	**Identify two Lowest Scores ****
_____	_____
_____	_____
2. Job Environment T-scores (Table 2.2)	
☐ Greater or equal to comparison mean	☐ Less than/equal to Comparison mean **
3. Mean Change in Quality of Care over past year (Table 3.2)	
☐ No change or improved	☐ Declining **
4. Descriptions of unit last shift (Tables 3.4 and 3.5) **Look for significant differences from comparison group**	
☐ Similar or higher	☐ Less than or lower **
5. Meal and non meal Breaks (majority of the responses Tables 3.6 and 3.7)	
☐ Greater/equal to 30 minutes	☐ None to 29 minutes
☐ Able to sit down free of Patient demands	☐ Unable to sit ☐ Sit but not free of patients

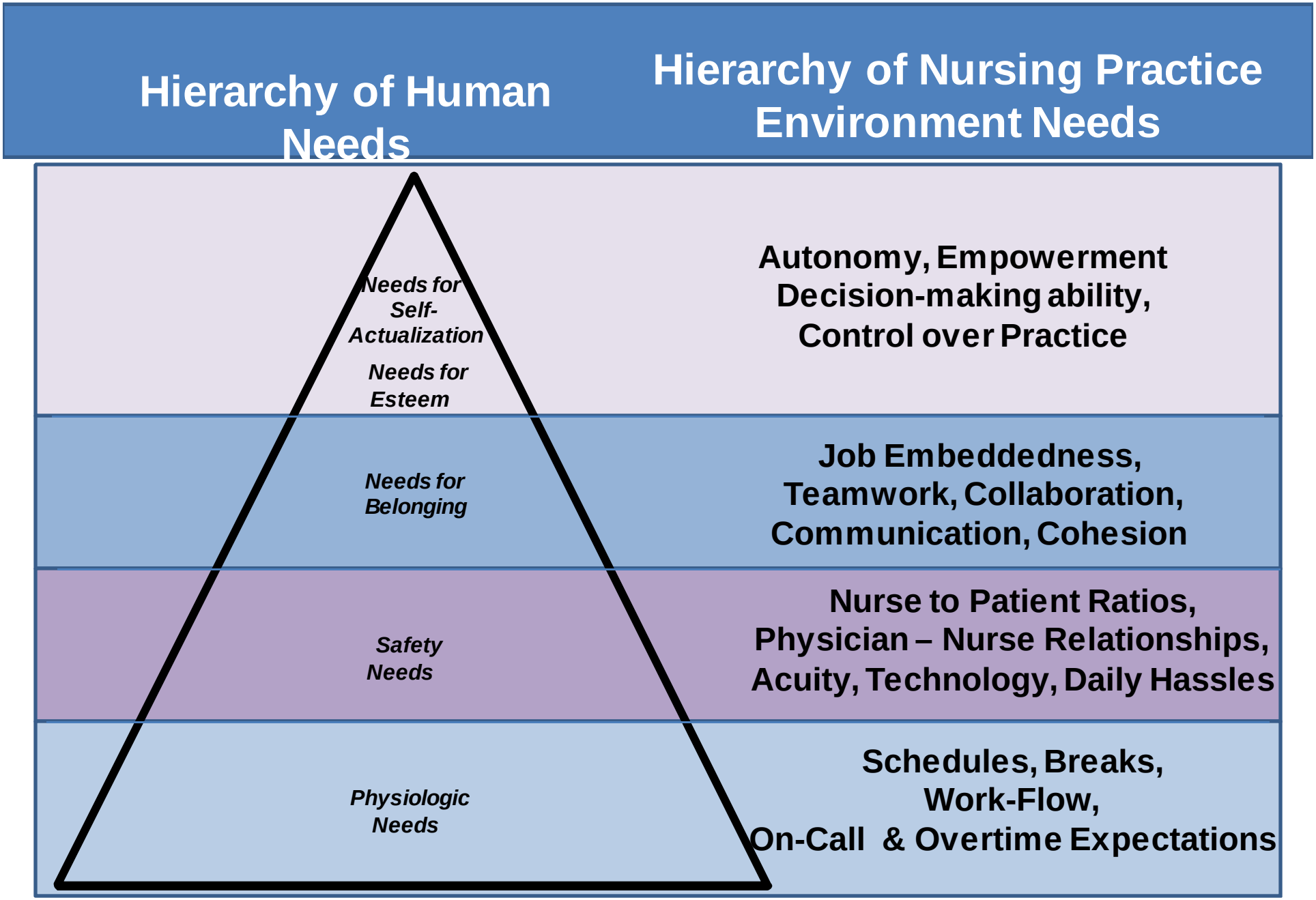
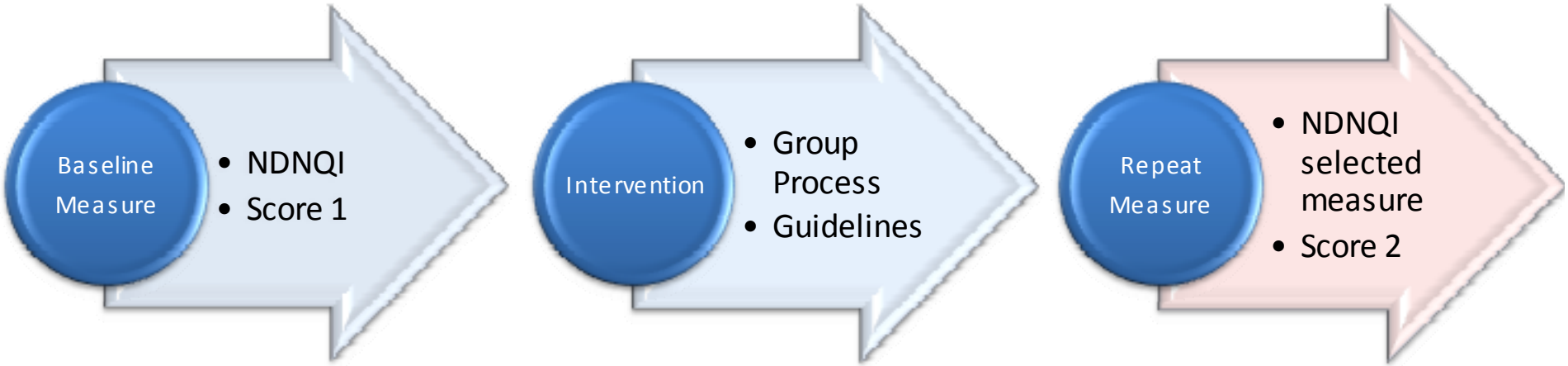


Figure: Strategy Tool

Adapted from Maslow. (1943)

Measures



Second Measure:

Duration of break: Did not receive, < 30 min, ≥ 30 minutes (meal)
< 20 min., ≥ 20 minutes (non-meal)

Quality of Break: Could not sit down, Sat down but not relieved of patient care, Sat down complete free of patient care


You are racing
around, in need of a
"Pit Stop"!....
AND LEADING
Lay's
Potato chips
Salt 'n Vinegar
Potato chips

Results: Meal Breaks

MEASURE	Pre-Intervention N=31	Post Intervention N=23	Performance
Measure 1: nurses who received **no** meal break	GBMC nurses: 25%	GBMC nurses: 22%	**Improved**
Measure 2: nurses who received a meal break **less than 30 minutes**	GBMC nurses: 46%	GBMC nurses: 39%	**Improved**
Measure 3: nurses who received a meal break **30 minutes or greater**	GBMC nurses: 29%	GBMC nurses: 39%	**Improved**
Measure 4: nurses able to sit down **free of patients** for meal break	GBMC nurses: 0%	GBMC nurses: 26%	**Improved**
Measure 5: nurses able to sit down for meal break, but **not free of patients**	GBMC nurses: 95%	GBMC nurses: 56%	**Improved**

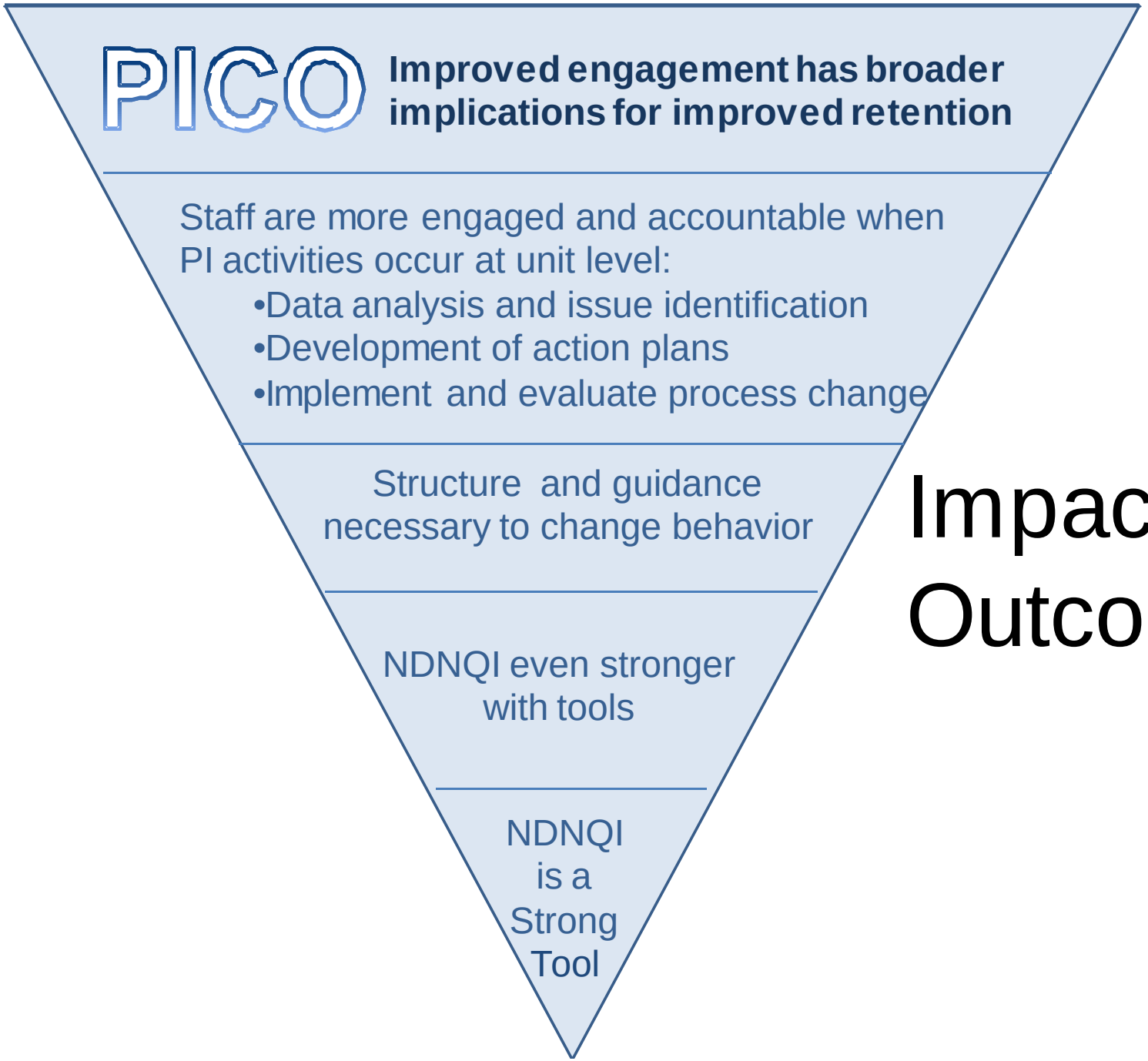
Non-Meal Breaks

MEASURE	Pre Intervention N=31	Post Intervention N=23	Performance
Measure 1: nurses who received **no** non-meal break	GBMC nurses: 64%	GBMC nurses: 57%	**Improved**
Measure 2: nurses who received a non-meal break **less than 20 minutes**	GBMC nurses: 32%	GBMC nurses: 35%	**Declined**
Measure 3: nurses who received a non-meal break **20 minutes or greater**	GBMC nurses: 4%	GBMC nurses: 9%	**Improved**
Measure 4: nurses able to sit down **free of patients** for non-meal break	GBMC nurses: 0%	GBMC nurses: 13%	**Improved**
Measure 5: nurses able to sit down, **not free of patients** for non-meal break	GBMC nurses: 60%	GBMC nurses: 44%	**Improved**

Steering committee perception of toolkit and rapid design methodology

Survey Monkey Likert Scale: 1 = Very Helpful, 2 = Somewhat Helpful, 3 = Not Helpful

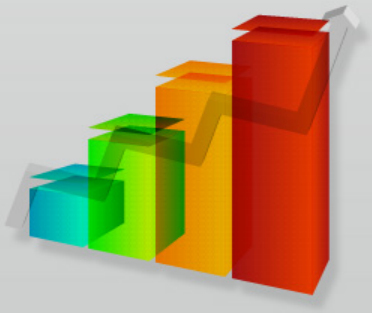
ITEMS TO BE EVALUATED	STEERING COMMITTEE RESPONSE N = 4	OVERALL IMPRESSION
Discussion Guide	**1= 100%** **2 = 0%** **3 = 0%**	**Companion Tool considered "Very Helpful"**
Strategy Guide	**1= 100%** **2 = 0%** **3 = 0%**	**Maslow's Tool considered "Very Helpful"**
Rapid Design group work	**1= 100%** **2 = 0%** **3 = 0%**	**Rapid Design workgroups considered "Very Helpful"**

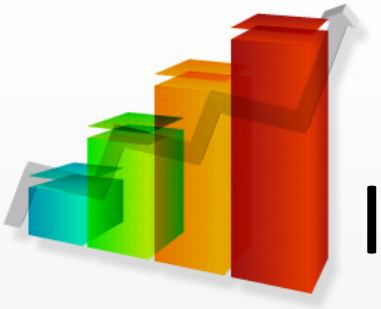


Impact of Outcomes

Meal Break Recommendations

- Need for culture change within unit
- Teamwork
- Proactive steps to assure breaks
  - Patient rounding
  - Planning care
  - Identifying urgent versus non-urgent activities
- Consider the impact transitioning from individual Postpartum and Newborn care to Mother -Baby Care regarding
  - workflow
  - teamwork
  - coverage for breaks





Future Implications/Recommendations

- Use toolkit to
  - review data again and
  - address higher level needs identified in original process
- Culture change is slow and requires adequate data, appropriate tools and strong leadership

Not everything that is faced can be changed, but nothing can be changed until it is faced -James Baldwin