

# Nurse Satisfaction in the Practice Environment: A "Front Line Winner"



ANA Nursing Quality Conference™  
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Session 211  
11:00am – 12:30pm

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University of Colorado Hospital ANSCHUTZ MEDICAL CAMPUS

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# Session Objectives

1. Describe ways to engage clinical nurses in improving their work environment.
2. Identify structures and processes used to support and guide staff for improved practice environment outcomes.



# Hospital Demographics

- Academic medical center
  - Not-for-profit
  - 407 licensed beds
  - 1,200 clinical RNs
- 
- Level II trauma center
  - 22,180 admissions
  - 65,895 ED visits
  - 679,602 clinic visits
  - 15,592 surgeries
  - 3,007 deliveries
  - 276 transplants



# Achievements

- Three-time ANCC Magnet-recognized®
- ANCC Magnet Prize® recipient
- ANCC Magnet Nurse of the Year® recipient
- CCNE accredited UHC/AACN Post-Baccalaureate Nurse Residency Program
- University HealthSystems Consortium Quality and Safety Leadership Award
- Ranked #1 hospital in Denver by *U.S. News & World Report*





***“Staff nurses have a voice.  
There are opportunities  
for a staff nurse with any  
question or concern  
to start a change  
process.”***

***Jamie Nordhagen, RN, BSN, OCN  
Level IV Permanent Charge RN  
Oncology/Bone Marrow Transplant***



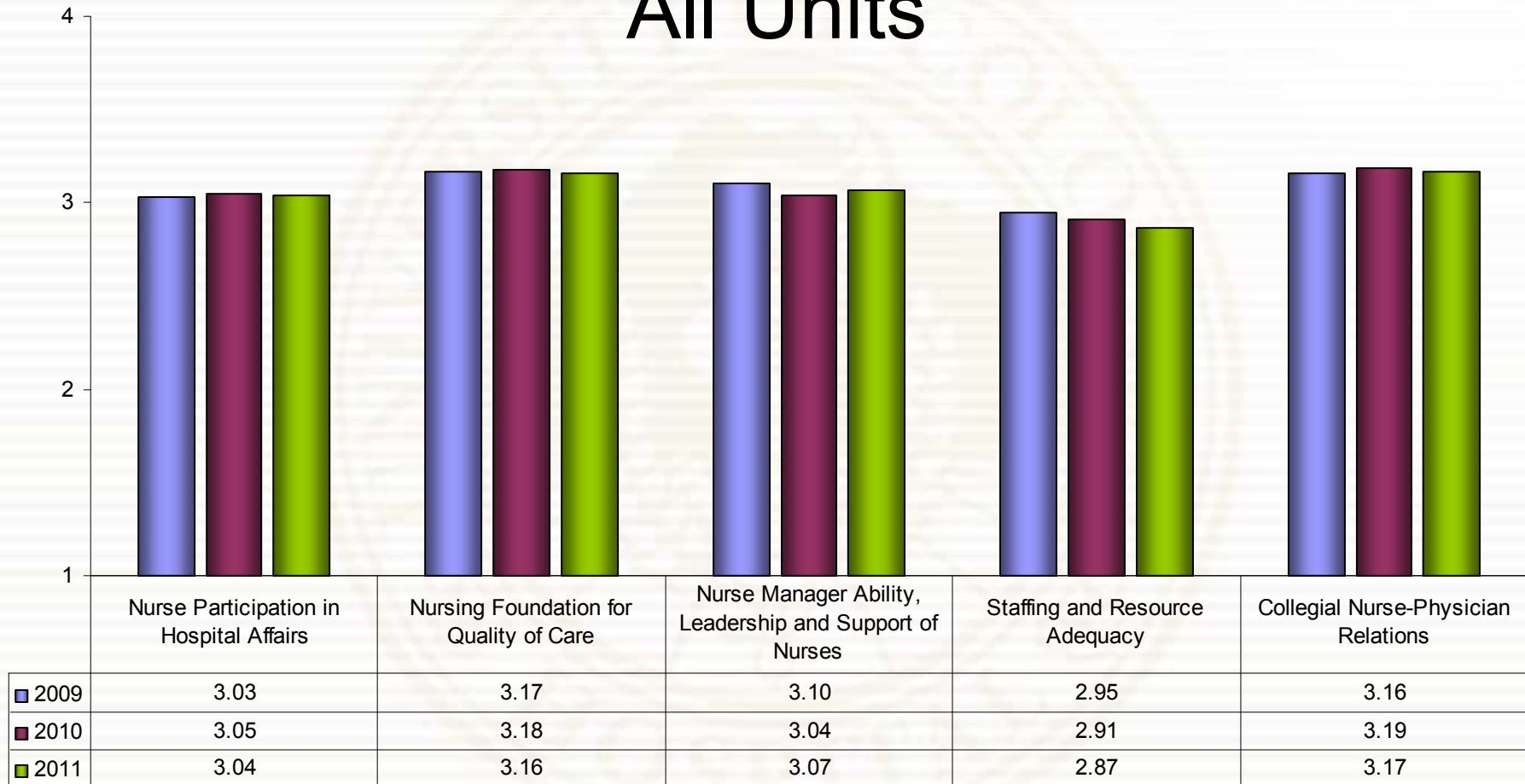
# RN Satisfaction

- *NDNQI Practice Environment Scale* results for 2009, 2010 and 2011
  - >94% response rate
  - Above Academic Medical Center median for all categories
  - At or above Magnet median for all categories



# NDNQI Practice Environment Scale

## All Units



Rating of the extent to which characteristic is present.  
The higher the score, the more positive the rating on a scale of 1-4.



# Shared Leadership STAR Model - Incorporating the Magnet Components

University of Colorado Hospital ©2009





# Staff Engagement

- Professional Practice Model & Program
- Shared Leadership Model
- Evidence-Based Practice Model
- Culture of Transparency
- Interprofessional Collaboration



# Examples of Engagement

- Unit-based capacity nurses
- Short shifts
- Meal break buddies
- CNA shift times restructured
- New associate nurse manager role

**All of the above were budget neutral**



# Donabedian's Model

Outcomes, by and large, remain the ultimate validation of the effectiveness and quality of medical care.

- **Structure:** The elements or resources that must be in place to deliver care
- **Process:** The interventions that must be performed to deliver care
- **Outcomes:** The end product of quality care; reflects the effectiveness of structure and process elements



# Structure + Process

- Pervasive culture of evidence-based practice exists within organization
- Nurse leaders serve as mentors and help facilitate change at the unit and organizational level



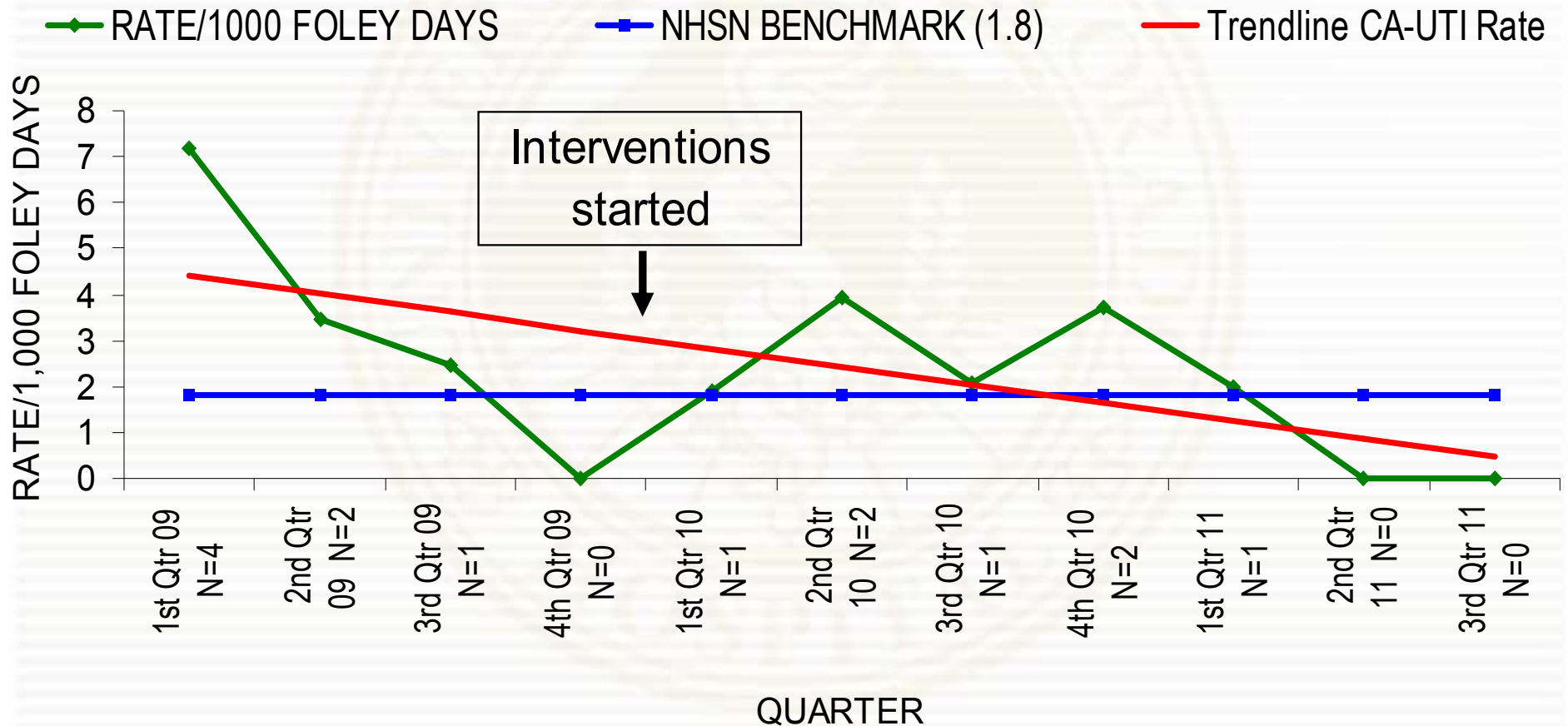


# Outcomes

- 26 active RN led research/evidence-based practice studies
- Clinical Example: Reduction in CA-UTI rates with nurse-driven interventions on General Surgery unit



# General Surgery CA-UTI Rate/1,000 Foley Days with NHSN Benchmark



# Structure + Process

- Nurses *at all levels* are expected to be leaders
- Clinical nurse co-chairs for >60% of interprofessional organizational committees/councils



# Outcomes

- One of the highest overall mean scores in Colorado for nursing participation in hospital affairs and nursing satisfaction
- Clinical Example: Staff Nurse Council clinical RN implemented TCAB project on her unit to implement uninterrupted meal breaks





# NDNQI RN Satisfaction Survey

## Meal Breaks Free of Patient Responsibilities

### Bone Marrow Transplant Unit



# Structure + Process

- Nurses are encouraged to be innovative, creative thinkers and change agents
- Administrative time for staff projects; culture of quality and safety is paramount

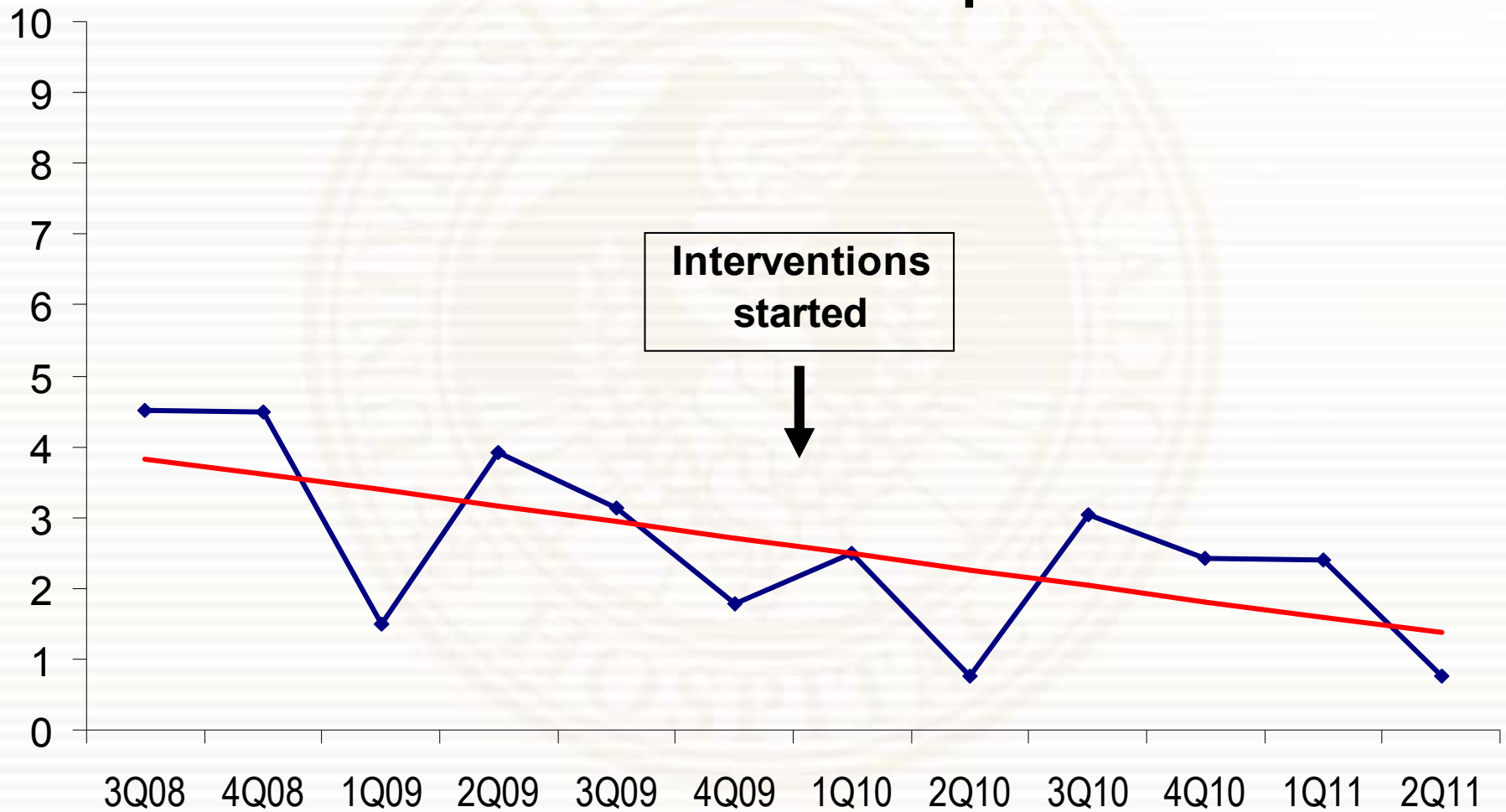


# Outcomes

- >200 nurse driven QI projects annually
- Clinical Example: Fall Champion clinical RN completed statistical analysis of falls on her unit to plan and implement patient specific interventions



# Total Falls per 1,000 Patient Days Bone Marrow Transplant Unit





# Structure + Process

- Nationally accredited nurse residency program, one year in length
- Extensive preceptorship assuring successful clinical transition, specialty courses, monthly support series, reflective practice exercises to increase critical thinking



# Outcomes

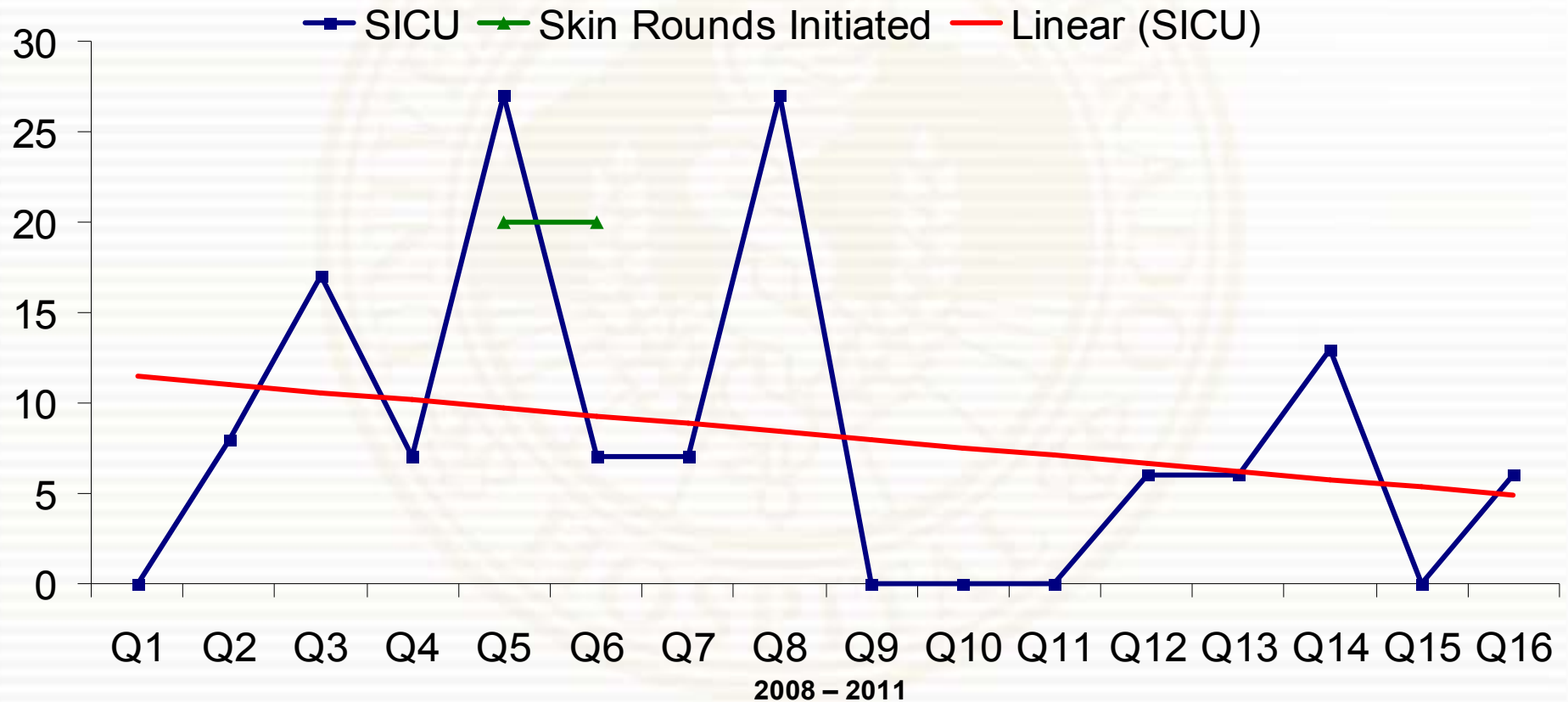
- 95% nurse resident retention rate first two years
- 72% of former nurse residents act as relief charge nurses, permanent charge nurses, preceptors or committee members
- 48% of inpatient nursing work force are graduates of nurse residency program
- Clinical Example: Skin Champion clinical RNs implemented nursing bedside rounds to increase knowledge and accountability of PU on their unit



# Unit Pressure Ulcer Incident Report

## Surgical Intensive Care Unit

% of Patients Who Developed Unit-Acquired Pressure Ulcers per Surveyed Patients



Average Patient Census was 16



# Structure + Process

- Organization supports professional development and growth
- Robust professional practice model, comprehensive tuition and CE reimbursement programs



# Outcomes

- Clinical RNs
  - >80% BSN
  - 40% certified



- Managers/Directors
  - 38% BSN; 53% masters; 6% doctoral
  - 62% certified





# Consider this...

- Are your staff nurses involved in decision-making?
- What are your structures to support research and evidence-based practice?
- Does your management team raise the bar for nursing excellence?
- How creative are you with financial resources?



***“I feel that if I have an issue I am listened to. I can become part of the process to make my work environment better.”***

**Terry Rendler, RN, MSN, WHNP-BC  
Level IV Staff RN Birth Center**



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# References & Resources

- Colorado Hospital Association. Colorado Hospital Report Card. <http://www.cha.com/>
- Donabedian A. (1966). Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly*, 44:166-206.
- Donabedian, A. (1980). *Explorations in quality assessment and monitoring: The definition of quality and approaches to its assessment*. Ann Arbor, MI: Health Administration Press.
- Donabedian, A. (1988). Quality assessment and assurance: Unity of purpose, diversity of means. *Inquiry*, 25:173-192.
- Dunton, N., Gonnerman, D., Montalvo, I., & Schumann, M.J. (2010). Incorporating nursing quality indicators in public reporting and value-based purchasing initiatives. *American Nurse Today*, 6:14-17.
- Goode, G., Fink, R., Krugman, M., Oman, K & Traditi, L. (2011). The Colorado patient-centered interprofessional evidence-based practice model: a framework for transformation. *Worldviews on Evidence Base Nursing*; 8(2):96-105.
- Kelleher, A., Moorer, A. & Makic M. B. (2012). A quality improvement project: Peer to peer nursing rounds and hospital acquired pressure ulcer prevalence in a surgical intensive care unit. *Journal of Wound, Ostomy and Continence Nursing*. (expected print March/April 2012).
- Krugman M, Smith K, Goode C. (2000). A clinical advancement program: evaluating 10 years of progressive changes. *Journal of Nursing Administration*; 30(5):215-225.
- Magnet Recognition Program. American Nurses Credentialing Center. <http://www.nursecredentialing.org/Magnet.aspx>
- National Database of Nursing Quality Indicators. <https://www.nursingquality.org/>
- Oman, K., Makic, M.B., Fink, R., et al. (2011). Nurse-driven interventions to reduce catheter-associated urinary tract infections. *American Journal of Infection Control*; epub December 2011  
<http://www.ncbi.nlm.nih.gov/pubmed/22047997>
- Stefancyk, A. (2009). One-hour, off-unit, meal breaks. *American Journal of Nursing*, 109(1):64-66.



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