

## Reaching the Core of Quality

7<sup>th</sup> Annual American Nurses Association  
Nursing Quality Conference  
February 2013



## Session 211: Engaging the Bedside Nurse in Quality Improvement

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## Objectives

- Describe a methodology to analyze and display unit specific nurse sensitive clinical indicators
- Examine a tactic to engage bedside staff in quality improvement and patient safety
- Apply a process that improves staff nurse understanding and accountability for clinical outcomes



Serving Louisville, Kentucky,  
and surrounding areas.



### About Baptist Hospital East

- Founded 1975
- 519 Licensed Beds
- Member of Baptist Healthcare System, one of Kentucky's largest not-for-profit healthcare providers



## Baptist Healthcare System

- Seven owned and two managed hospitals
- One long term care and one HMO
- Thirteen primary care centers
- Five foundations
- Two home health agencies
- Eighteen clinics at Wal-Mart
- Nine urgent care centers
- Nine physical therapy/sports medicine centers
- Three fitness centers
- Fifteen occupational health centers
- 53 Physician offices
- Three psychiatric units
- Two rehabilitation centers
- Two PET/ CT centers
- Five OP radiation therapy centers




### Vision Statement

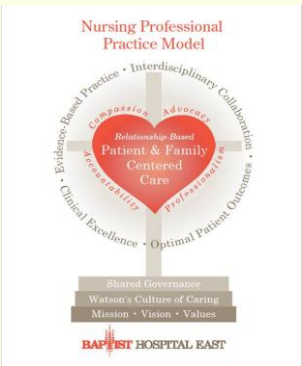
- Be the leading provider of quality healthcare, where patients want to receive their care, employees want to work and physicians want to practice.



### A Culture of Excellence

The “core” of nursing at BHE is represented in the Professional Practice Model



### Background

- Magnet components EP 32EO and OO 23
- Organization should outperform the mean of a national database
- Provide analysis and evaluation of data related to patient falls, HAPU and 2 of the following: CLABSI, CAUTI, VAP, restraints, PIV and other specialty-specific indicators




### Goals

- Monitor nurse sensitive indicators (NSI) on all nursing units
- Develop a consistent process to showcase NSI with frontline staff
- Increase staff awareness, involvement and accountability in performance improvement




### Donabedian’s Theory

- Donabedian identifies three objects in quality improvement



- A complete quality assessment program requires the simultaneous use of all three



## The Blossom



**Structure:**  
Develop a Nurse Sensitive Indicator (NSI) for every unit



## Population Specific NSI

- National
  - NDNQI - Falls, HAPU, Restraints
  - NHSN - CAUTI, CLABSI, VAP
  - Core measures - SCIP, AMI, PN
- Other
  - National initiatives - Premier, Press Ganey
  - State or local initiatives
- Hospital goals



## The Tree

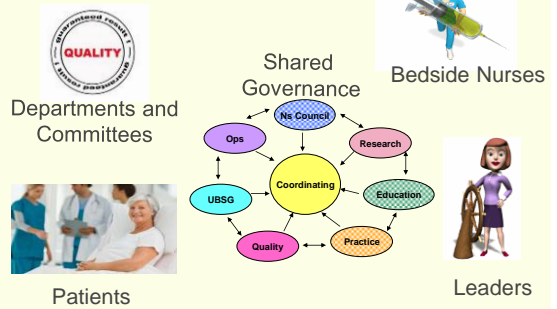


**Process:**  
Develop a strategy to address NSI

**Structure:**  
NSI on every unit



## Major Stakeholders

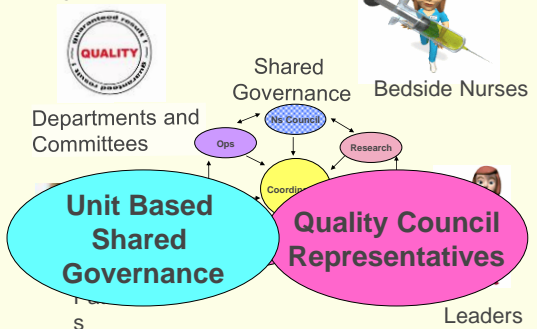


## Considerations

- Research shows engaging staff at the point of care leads to sustained improvements
  - Patients are impacted by the actions of staff
- Actions may vary from unit to unit due to unique:
  - Staff relationships
  - Practice environments
  - Patient populations
  - Skill mix



## Major Stakeholders



# SUPPORT and EMPOWER

staff nurses in using empirical data  
to govern quality improvement  
at the unit level



**Process:**  
Develop a  
strategy to  
address NSI

Showcase results



## Design a Template

- Incorporate the hospital's quality model for performance improvement
- All inclusive repository to chronicle performance with actions



## Outcomes Report Template

**NURSE SENSITIVE INDICATOR/ OUTCOME: Falls**

**PLAN (Goal):**

**Nurse sensitive indicator/ outcome:** Falls - defined as the total number of falls on your unit divided your patient volume.

The goal is to be **below** the National Database of Nursing Quality Indicators (NDNQI) benchmark.

Quarter	6North	NDNQI
3Q10	3.41	3.55
4Q10	1.85	3.52
1Q11	1.78	3.45
2Q11	4.81	3.43
3Q11	1.92	3.51
4Q11	3.42	3.58
1Q12	1.99	3.55
2Q12	3.48	3.48

**DO (Interventions):**

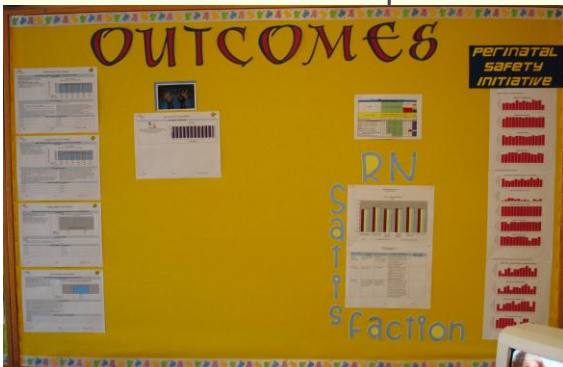
- Use bed alarm for patients at falls risk
- Encourage gait belt use. Stocked and assigned to NAT
- Falls prevention is a yearly competency
- Falls huddles
- Place "Call, don't fall" signs in Bathrooms to alert patient to use pull string for staff to assist them
- Place bed check & falls stickers on Kardex

**2Q 11** - Unit implemented a running log on pt satisfaction board, "No falls since \_\_\_\_\_" running log  
**9-11**: "Bed alarm in use Please Reactivate" signs for beds 9-11  
**9-11**: Trending falls data to correlate with time of day falls occur  
**10-11**: Tip of the month regarding using gait belts & Bed Alarm in Use signs  
**4/12** made more bed alarm signs

**CHECK (Analysis) / ACT (Revisions):**

3Q 2010 Numbers increased but are still in desired range.	4Q 2010 Numbers decreased, continue interventions
1Q 2011 4 Falls, continue interventions, add running log in 2ndQ.	2Q 2011 Incidence increased, continue interventions, see 3Q interventions.
3Q 2011 Great improvement, continue interventions.	4Q 2011 slightly below NDNQI bench mark (see 4/12 interventions) continue to monitor
1Q 2012 improved, continue to monitor	2Q 2012

## Bulletin Board Field Trip



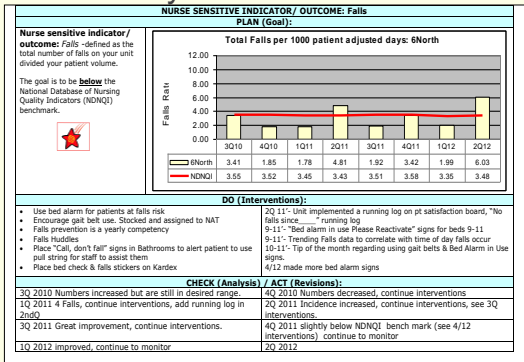
**Process:**  
Develop a  
strategy to  
address NSI

Manage and  
analyze data

Showcase results



## Data Analysis



**Process:**  
Develop a strategy to address NSI

Present, discuss and develop action plans

Manage and analyze data

Showcase results



## Data Management

- Quality representatives attend unit based shared governance (UBSG) team meetings to present quarterly data
- Discuss each NSI as a team
  - Bump versus a trend
  - Other practice concerns
- Develop actions for improvement
- Update report
  - Saved in a common folder for sharing



**Process:**  
Develop a strategy to address NSI

Implement initiatives

Present, discuss and develop action plans

Manage and analyze data

Showcase results



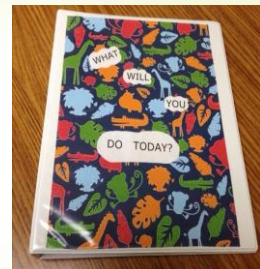
## Unit Level Initiatives

- Examples of unit projects to improve care
  - "I Will" ... binder (6 South)
  - Falls pamphlet (6 Park and Rehab)
  - Education cards (Ambulatory Care Unit)
  - Highlighting medication education (Phase II Recovery)
  - SCIP team (Peri-op units)
  - Generalized projects

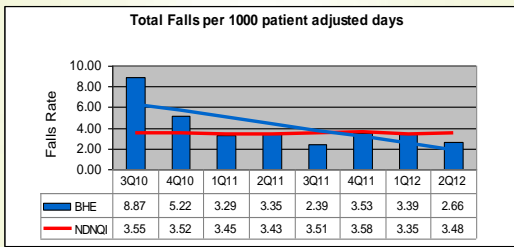


## "I Will" ... Binder

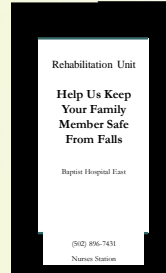
- Each person commits to a way they would help improve a specific care issue
- Statements are placed in a binder and displayed in a common area
- Reminders to remain focused to their "I will..." commitment



## "I will"... Binder Results



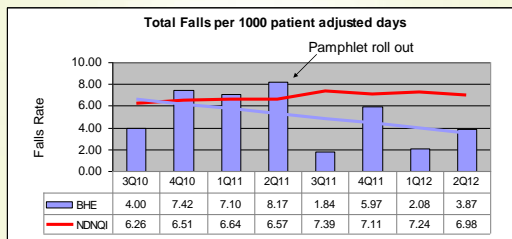
## Falls Pamphlet



- Initially developed by Women's Health unit
- A way to partner with patients/ families to reduce risk of falls
- The pamphlet was later adopted by the Rehab unit

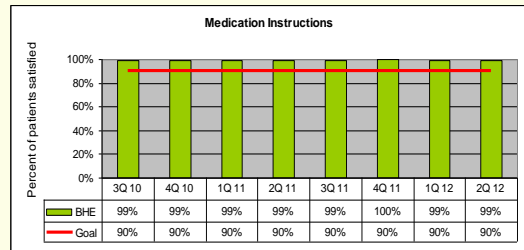


## Falls Pamphlet Results



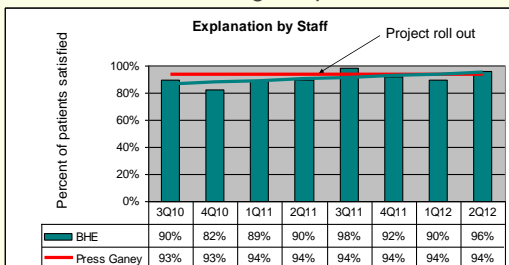
## Patient Education

Used pink paper to highlight new medications within discharge instructions



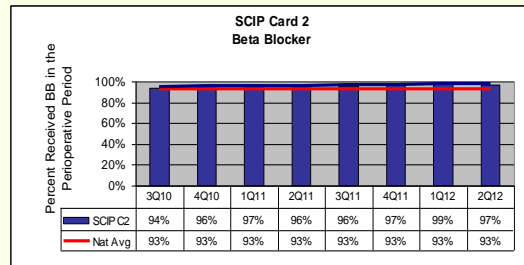
## Patient Education

Education cards to highlight pertinent info for recurring out-patients



## Peri-Operative Units

Used group collaboration to improve integration

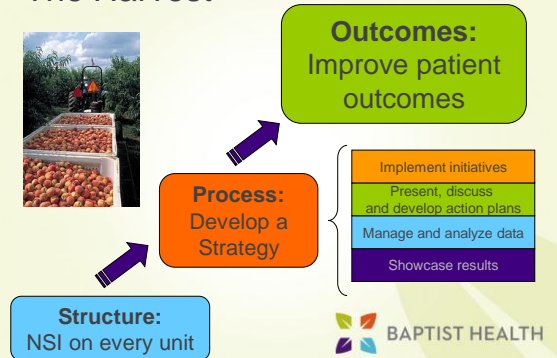


## General Initiatives

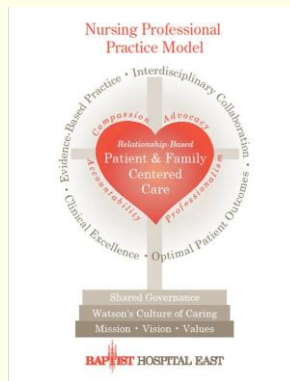
- Staff education
  - Poster, Tip of the month, Newsletters
- Adding a new step into an existing process
  - Checking bed alarms during hourly rounding
- Enhanced communication
  - Patient education
    - Scripting post procedure phone calls
  - Interdepartmental
    - Infection control sending real time results



## The Harvest



The project was congruent with the Professional Practice Model



## Outcomes

- Improved patient outcomes and general improvement in NSI
- Met the requirements for Magnet EP 32EO and OO 23 related to NSI for:
  - Falls, Restraints, HAPU, CAUTI, CLABSI
  - Most of the unit specific



## Major Outcome

- Enhanced staff buy in, awareness and accountability in quality improvement
  - Increased independence in managing the template and staff participation in the process
  - Positive comments from staff and managers regarding the process
  - Unit projects have been presented at local symposiums



## Implications for Practice

- Used data to improve outcomes and practice
- Created a culture of frontline accountability
- Cyclic process was adopted by other departments



## Cultivators



## Future Steps

- Refine the templates
- Share best practices across the units
  - Quality Council Recognition Award
- Continue to enhance staff participation and accountability in quality improvement



BAPTIST HEALTH

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