Our Mission
To serve through healing, education and discovery

Unit Safety Coaches: The Link to Ensuring Our Patient's and Staff's Well Being

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Our Mission To are through healing, observed and discovery Objectives

- Discuss effective ways to maximize patient safety efforts through the use of Unit Safety Coaches (USC).
- Evaluate usefulness of USC for addressing safety concerns and sharing ways to successfully decrease harm.

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Background

- The Institute of Medicine landmark reports
 - To Err is Human: Building a Safer Health System (1999)
 - Keeping Patients Safe: Transforming the Work Environment of Nurses (2003)

highlighted the need to improve patient safety and quality, as well as, the work environment for nurses.

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Initial State

- · Patients trust us with their safety
- · Patient injury and/or death
- · Staff injury and illness related to job
- · Duty to ensure patient and staff safety
- · Perception of safety

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Future State

- Develop a Unit Safety Coach Program
 - Representative on each unit
 - Responsible for leading safety initiatives
 - Advocate for patient and staff safety
 - Collaborate with other units

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Program Development

- The initial idea for Unit Safety Coaches was generated from the 2010 Magnet Conference.
- In March 2011, a Quality Council Unit Safety Coach Task Force was formed to develop the UTMC model

Our Mission To serve through the large of USC Task Force

- · Direct Care Nurses
 - Medical Critical Care
 - Surgical Critical Care
 - Trauma/Neuro
 - Hemodialysis
- · Nurse Manager
- · Advanced Practice Nurse
- Nursing Clinical System Coordinator

Our Mission Task Force Activities

- Literature review
- Input from outside sources
- Input from inside sources
- Proposed USC model
- · Developed training



Our Mission To serve through healing, obscarion and dispresey Internal Experts

- · Patient Safety
 - Patient Safety Coordinator
 - Infection Prevention Coordinator
 - Medication Safety Coordinator
- Staff Safety
 - Director of Environmental Health & Safety

Personal Characteristics

- Quality and Safety Council member
- · Admired by peers
- Strong communication skills
- Personal commitment to good outcomes



Our Mission Unit Safety Coach Role

- Advocate for a culture of safety for patients and staff on unit
- Act as resource and role model on unit for safety issues
- Promote open communication and awareness of patient and staff safety policies and issues

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- · Disseminate safety information
- · Conduct unit safety evaluations
- Lead unit based efforts for preventing patient and staff harm
- Participate in Readiness and Environment of Care Rounds

Unit Safety Coach Training

Program Overview

- · Benefits
- Goals
- · USC role
- Responsibilities
- · Culture of safety

Patient Safety

- · Patient identification
- · Critical results
- Communication
- · Nurse review of orders
- · Medication safety
- · Infusion pump safety
- · Hand hygiene
- · Isolation practices

Unit Safety Coach Training

Staff Safety

- · Fire safety
- · Sharps safety
- · Hazard reporting
- Safe patient handling
- Personal protective equipment
- · Workplace violence

Communication

- Non-verbal
- · Challenges
- · Barriers
- Tools
- · Tips for effective communication
- Advocacy
- · Assertion versus aggression

Resources Used

- AHRQ TeamStepps
- · Centers for Disease Control (CDC): 2002 Guidelines for Hand Hygiene in Health Care Settings
- CDC: 2007 Guideline for Isolation Precautions - Preventing Transmission of Infectious Agents in Healthcare Settings

Resources Used

- · Duke Infection Control Outreach Network
- · The Joint Commission Standards
- National Institute for Occupational Safety and Health (NIOSH)

Program Implementation

October 2011

- USC model approved

December 2011

- Information about program disseminated
- Initial USC training

January 2012

- Council name change
- USC program implemented

Our Process

- Monthly USC projects are developed by Standards Compliance Subcommittee of Quality and Safety Council.
- · Focus on a specific patient or staff safety topic each month



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Our Process

- Topic specific training and needed materials are provided at Quality and Safety Council meeting and by email
- Common issues and unit based solutions are shared at Quality Council
- Results of the project and any barriers identified are discussed at next meeting

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Restraint Reduction

- Staff education alternatives to restraint
- Intervention refurbished Restraint Busy Boxes (contains diversion activities)

Fall Prevention

- · Staff education use of gait belts
- Intervention demonstrated use of gait belts to staff

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March and April

Transfusion Safety

- Staff education safe blood administration
- Intervention observed and audited blood administration on the unit

Fire Safety

- Staff education what to do in case of fire on unit
- Intervention observed for items parked in front of pull stations, fire extinguishers, electrical panels and doors propped open

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May and June

Fall Prevention

- · Staff education use of new chair alarms
- Intervention conducted staff survey and observed chair alarm use on unit

USC Bulletin Boards

- Staff education purpose of USC program and contact person for unit
- Intervention created bulletin board on their unit about USC program

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USC Bulletin Boards





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July and August

Hallway Egress

- Staff education elimination of hallway clutter; fire alarms, O₂ shutoff valves, electrical panels
- Intervention observed equipment storage; taped floor as visual cues if problems identified

Hand Hygiene

- Staff education hand hygiene
- Intervention interactive demonstration at huddles with glitter; follow-up hand hygiene rounds with glow lotion and black light

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September and October

Infusion Pumps

- Staff education use of appropriate SMART pump drug library; timely removal of pump from patient room when no longer needed
- Intervention audited drug library use and # of unused infusion pumps in patient rooms

Consents

- · Staff education requirements for consents
- Intervention audited required elements on consents

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Meal Documentation

- Intervention opportunity identified on tracers;
 USC audit of meal documentation.
- Staff education follow-up education with individual nurses when meals not documented.

Glucometer Scanning Variances

- · Staff education scanning process
- Intervention observe and evaluate scanning process on unit

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Overall Goals of Program

- · Decrease patient and staff injuries
- Improve patient outcomes for nursing sensitive indicators
- Improve the culture of safety within the organization
- Improve compliance with regulatory standards

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Benefits of USC Program

- · Teamwork and trust between coworkers
- · Open communication
- · Professional growth
- Increased patient and staff safety

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Restraint Reduction

Percent Patients with Physical Restraints

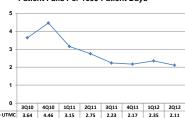


Percent patients restrained is approaching NDNQI Academic Medical Centers mean

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Patient Falls

Patient Falls Per 1000 Patient Days



Patient fall rate has been below NDNQI Academic Medical Centers mean for last 6 quarters

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All variances were related to comparison of appropriate label on bag to transfusion slip

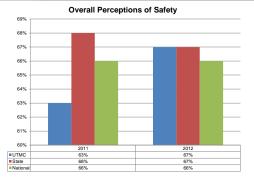
Our Mission To serve through healing, officialism and discovery A Culture of Safety

- Establishing a culture of safety has been a priority.
- Our Unit Safety Coach Program is helping to improve our culture of safety and ensure our patient's and staff's well being.

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Our Mission AHRQ Safety Survey



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Improvement in Composite Scores

• 10 of 12 composites improved with 2 remaining the same

Comparison to National Average

- 2011: 4 were above; 7 were below; 1 was equal
- 2012: 11 were above; 1 was equal

One Mission 1 Secretary Mission Implications for Nursing

Through the efforts of the Unit Safety Coach:

- Issues can be addressed and changes made before harm occurs.
- The proactive approach provides for better outcomes.
- · Patients and staff are safer.

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Questions?