

Reaching the Core of Quality

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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



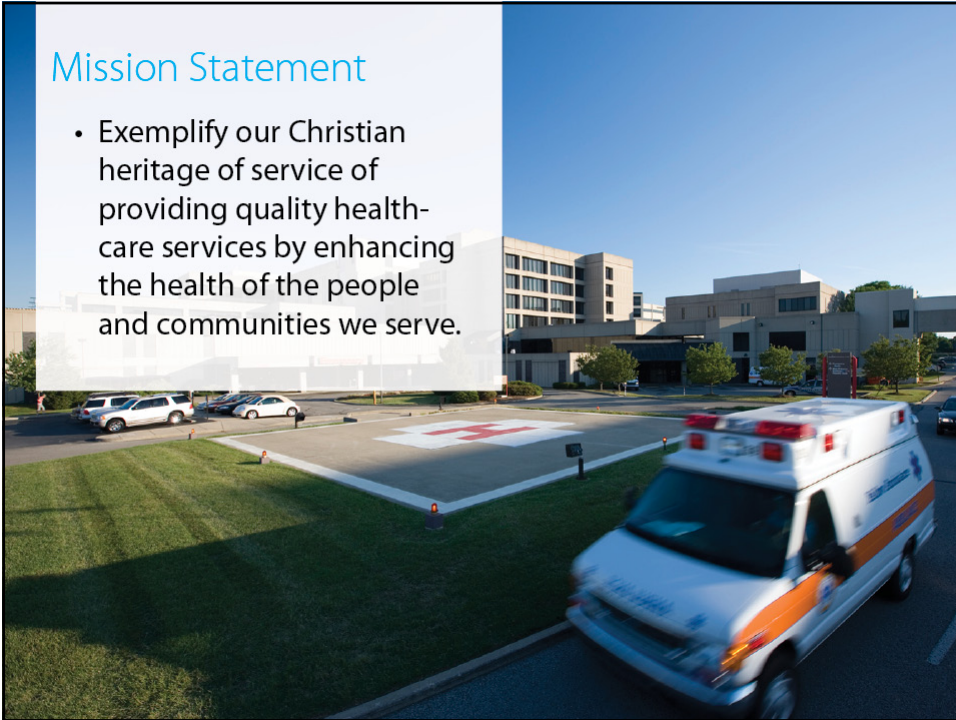
Baptist Healthcare System

- 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



Mission Statement

- Exemplify our Christian heritage of service of providing quality health-care services by enhancing the health of the people and communities we serve.

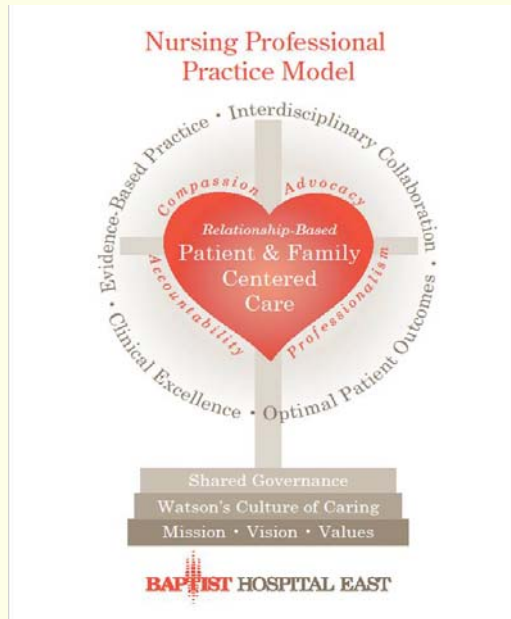


A Culture of Excellence





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



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

Shared
Governance

**Unit Based
Shared
Governance**

**Quality Council
Representatives**



SUPPORT and EMPOWER

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



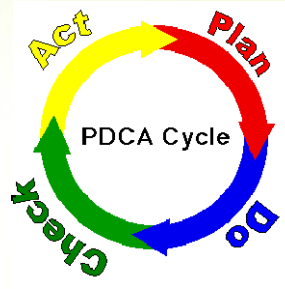
Process:
Develop a
strategy to
address NSI

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.



Total Falls per 1000 patient adjusted days: 6North

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	3.35
2Q12	6.03	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

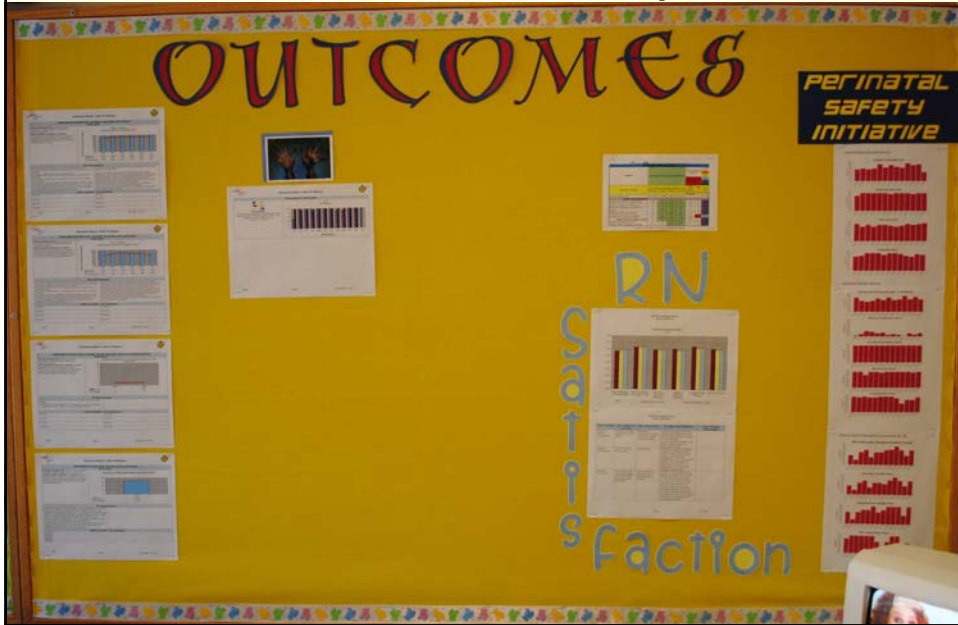
CHECK (Analysis) / ACT (Revisions):

3Q 2010 Numbers increased but are still in desired range.
 1Q 2011 4 Falls, continue interventions, add running log in 2ndQ
 3Q 2011 Great improvement, continue interventions.

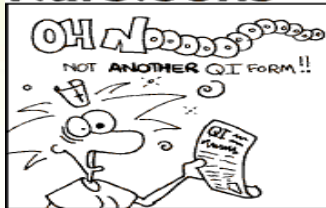
2Q 2010 Numbers decreased, continue interventions
 2Q 2011 Incidence increased, continue interventions, see 3Q interventions.
 4Q 2011 slightly below NDNQI bench mark (see 4/12 interventions) continue to monitor
 2Q 2012

1Q 2012 improved, continue to monitor

Bulletin Board Field Trip



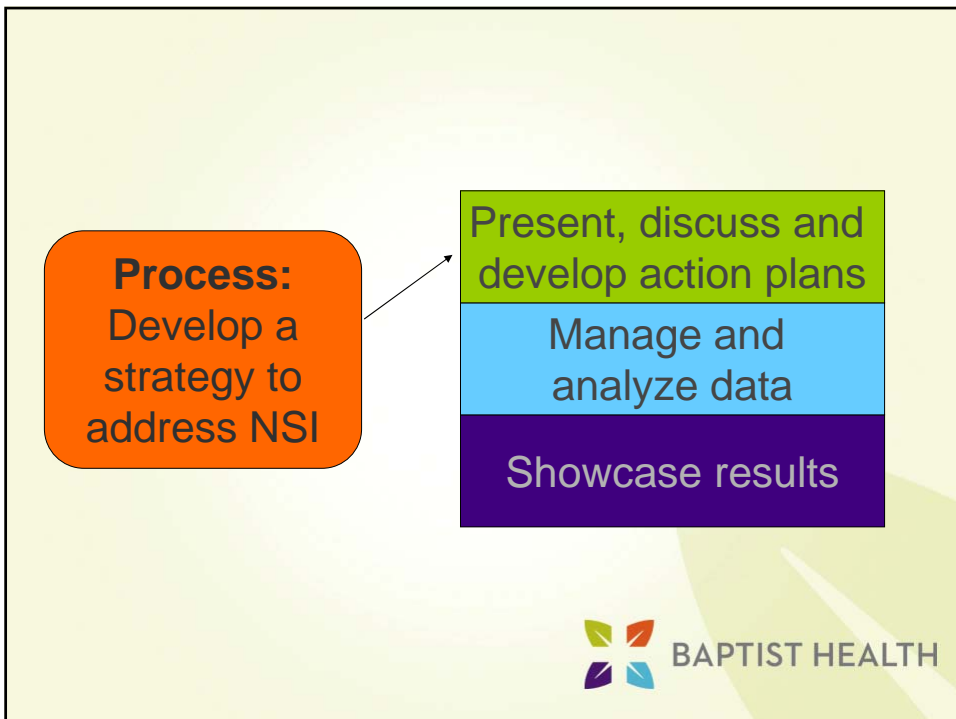
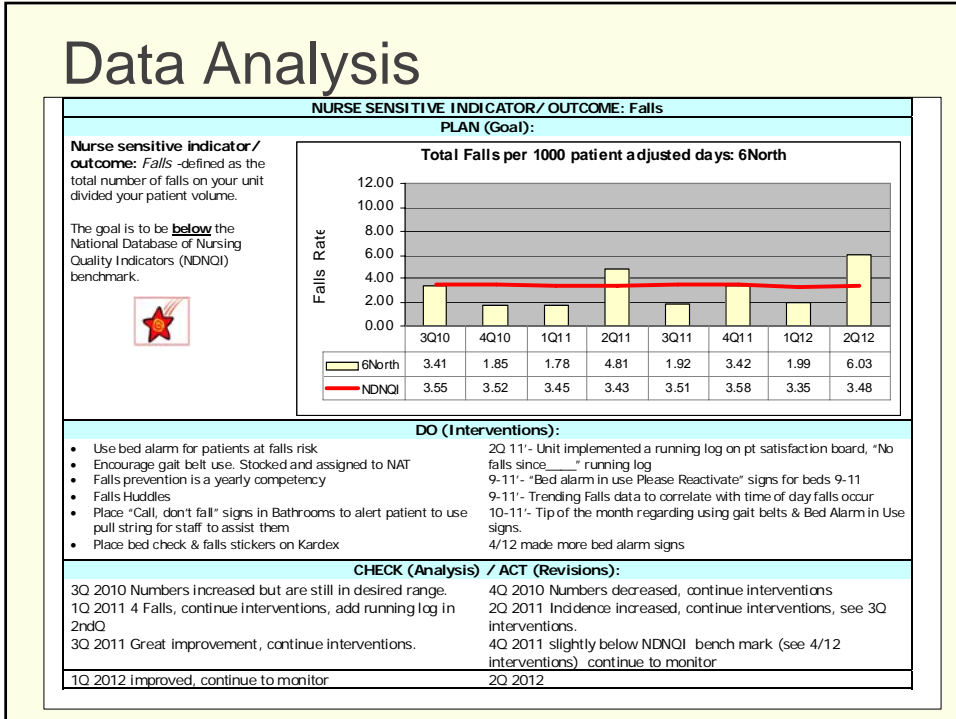
Nurstoons



Process:
Develop a strategy to address NSI

Manage and analyze data
Showcase results

Data Analysis

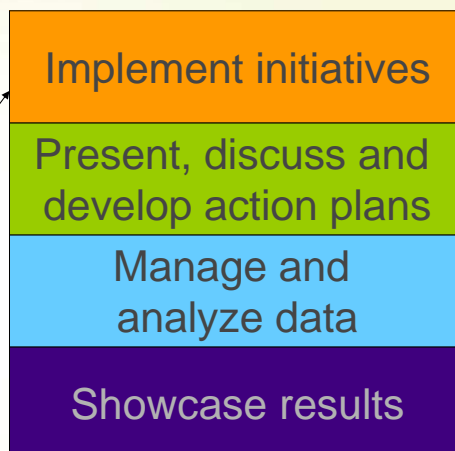


Data Management

- 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



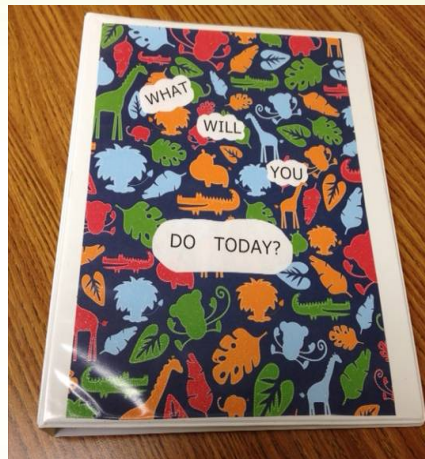
Unit Level Initiatives

- 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

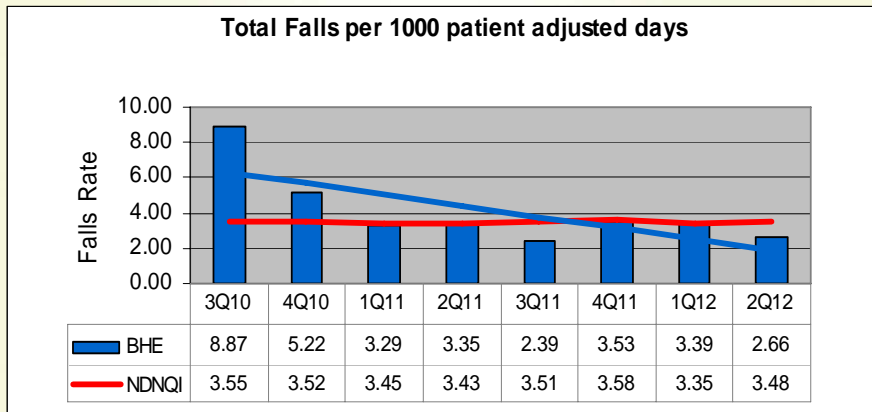


“I Will”... Binder

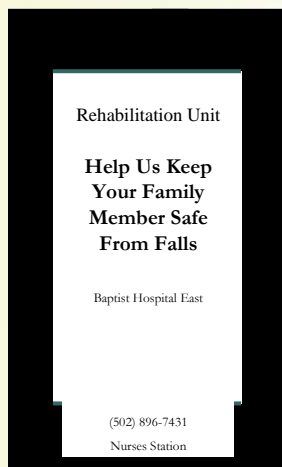
- Each person commits to a way they would help improve a specific care issue
- Statements are placed in a binder and displayed in a common area
- Reminders to remain focused to their “I will...” commitment



“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

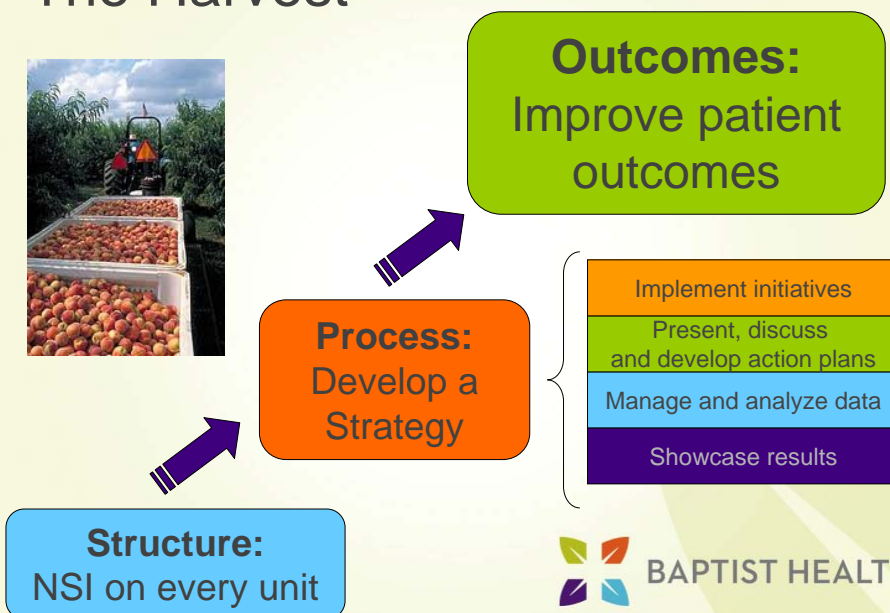


General Initiatives

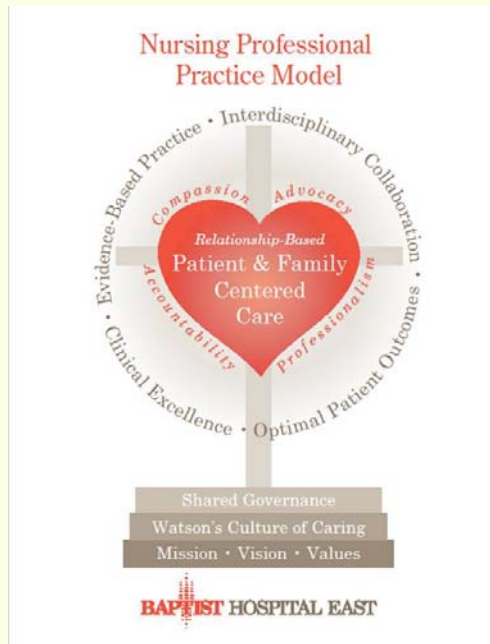
- Staff education
 - Poster, Tip of the month, Newsletters
- Adding a new step into an existing process
 - Checking bed alarms during hourly rounding
- Enhanced communication
 - Patient education
 - Scripting post procedure phone calls
 - Interdepartmental
 - Infection control sending real time results



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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