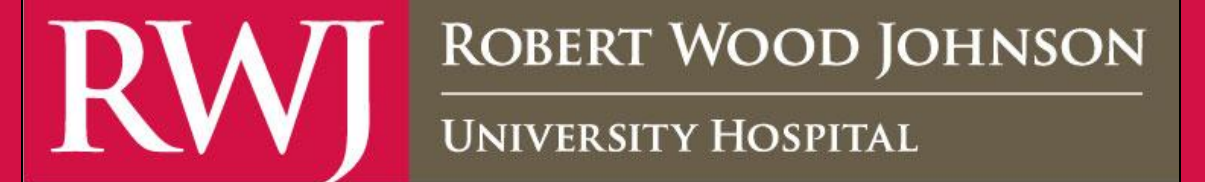# Creating a Culture of Accountability, safety and empowerment through the use of real time peer review

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Background

Creating work environments for nurses that are most conducive to patient safety will require fundamental changes throughout many healthcare organizations.

The healthcare work environment can determine the quality and safety of patient care. Understanding the complexity of the work environment and engaging in strategies to improve its effects is paramount to high-quality, and safer care.

High –reliability organizations that have cultures of safety and capitalize on evidence-based practice offer favorable working conditions to nurses and are dedicated to improving safety and quality of care.

Structure, processes and outcomes are independent; where specific attributes influence another.

When an organizational structure factor supports the care processes and enables teamwork, nurses are more empowered and patients receive higher quality of care. Teams are effective when members monitor each other's performance, provide assistance and feedback when needed.

The importance of real time peer review results in competent staff and high quality and safe care.

Goals

- Apply a structured real time peer review process within the practice areas
- Implement a culture of safety that promotes positive outcomes
- Evidence shows that organizational work environments that fosters a safe and accountable working environment improves moral, improves quality and fosters a safe environment.
- Safe environment reflects a level of compassion and vigilance for patient welfare .
- Organizational culture is typically thought as evolving over a course of time and difficult to change.
- Through peer review a foundation of professionalism is fostered and is an integral part of a healthy, professional and safe practice environment.
- Peer review assures the consumer of nurse's continued competence
- Peer review increases nurses control over nursing practice
- Provides a quality assurance mechanisms
- Assists nursing in improving documentation, communication, practice and productivity

Performance Improvement

- Monthly unit dashboards track performance (MONIE Reports)
- Rigorous unit-based nursing PI program:
    - Point-of-service expertise: Bedside RN
    - (PI Analyst) performs monthly
    - Robust dialogue: PI Analysts (30+) participate in peer review of their unit results
- Safety Huddles at the change of shift run by nursing staff
    - Staff lead huddles reviewed nurse sensitive indicators (falls, patient's at risk for falls, reviewed patient's at risk for pressure ulcers, line police – looked at line days, patient satisfaction, employee satisfaction, bed alarms, hourly rounding ,CLBSI, CAUTI and quiet time)
- Hot Topics -
    - Safety huddle we increased the knowledge of our staff regarding pertinent and relevant information. This forum allows for timely communication of information helpful to the staff. The increased knowledge and insight into unit and institutional initiatives empowers the staff to provide the highest level patient care as well as enhance their relationships with their peers and the leadership team. This heightened knowledge and real time peer review translates into improved quality metrics as well as enhanced job satisfaction.

Education on Peer Review

Through education of the staff on the principles of peer review 5 North Medical Oncology unit was able to improve all nursing sensitive indicators. The peer review would occur in real time in the following venues. During the safety huddles, bedside hand off, during hot topics and monthly unit based observations by the PI Analyst. The staff identified in real time peer review opportunities to improve additional nursing sensitive indicators as well as patient and employee satisfaction scores. This was accomplished through the enhancement of the safety huddle to include brief, timely information regarding hospital initiatives, regulatory updates as well as current quality measures.

Safety Practices

- Daily multidisciplinary rounds include the use of computerized reports that identify patients at risk for falls, patient line days and foley days
- Bedside handoff report
- Nursing Engagement Rounds Q1H
    - "4P rounding"
    positioning, pain, potty (toileting), personal needs
   - Q1H positioning for identified at-risk patients

Outcomes

The staff and leadership collaborated on the development of the "hot topics" template that includes: HCAHPS scores, current information pertaining to hospital-wide initiatives, and updates related to unit-based activities and areas of concern related to patient safety and outcomes. These changes allowed for significant improvement in outcomes; including a decrease in the CLABSI rate from 3.75 infections per thousand patient days to a zero infections per thousand patient days, an increase in HCAHPS score under the domain of "responsiveness of hospital staff" from 35 to 71 and an increase in the PES (professional environment scale) national data base of nursing quality indicators from 2.73 to 3.0.

Implications

By Nursing accepting professional accountability and autonomy in nursing practice through real time peer review, our outcomes on 5 north demonstrated improvements in quality of care, increased patient safety, increased communication; creating an environment that provided value to the staff through meaningful information to all members of the patient care team in real time.

CONCEPTUAL MODEL FOR NURSING
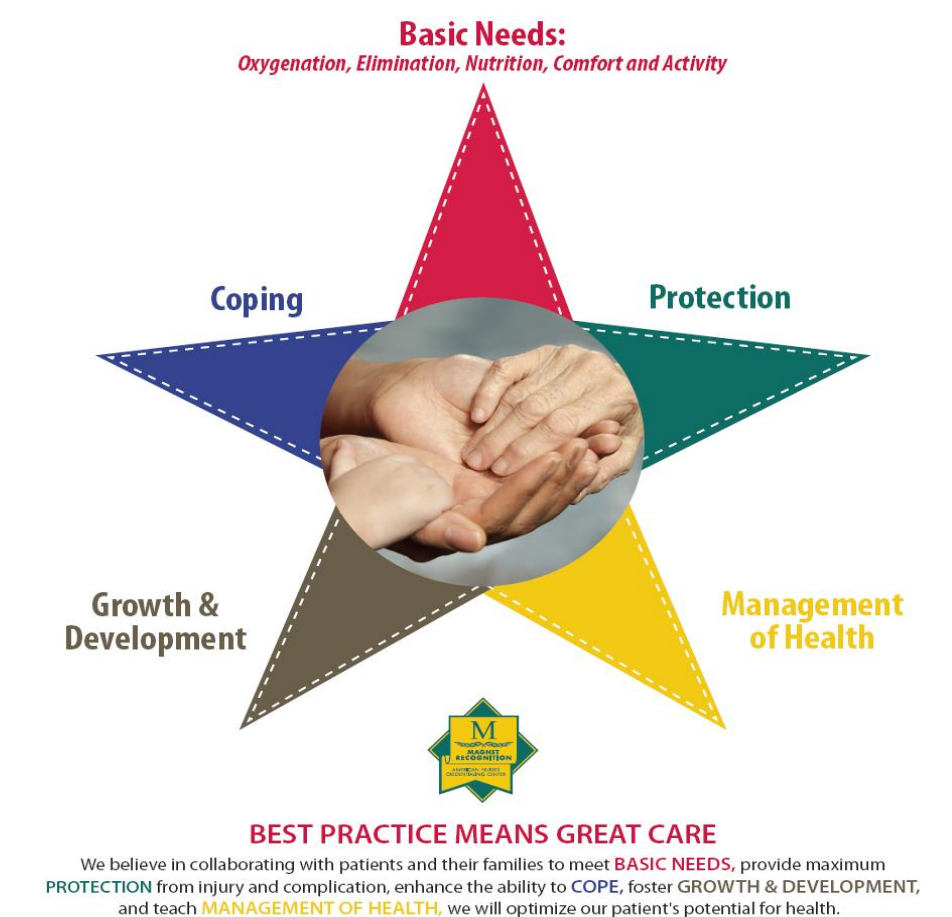
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