

Our Mission

To serve through healing,
education and discovery

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

American Nurses Association's
National Center for Nursing Quality
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Wisdom for Your Life.



AN ANCC
MAGNET[®]
HOSPITAL



Objectives

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

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.

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

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

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

USC Task Force

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

Task Force Activities

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



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



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

USC Responsibilities

- 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



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

January and February

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

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

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



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

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

November and December

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

Overall Goals of Program

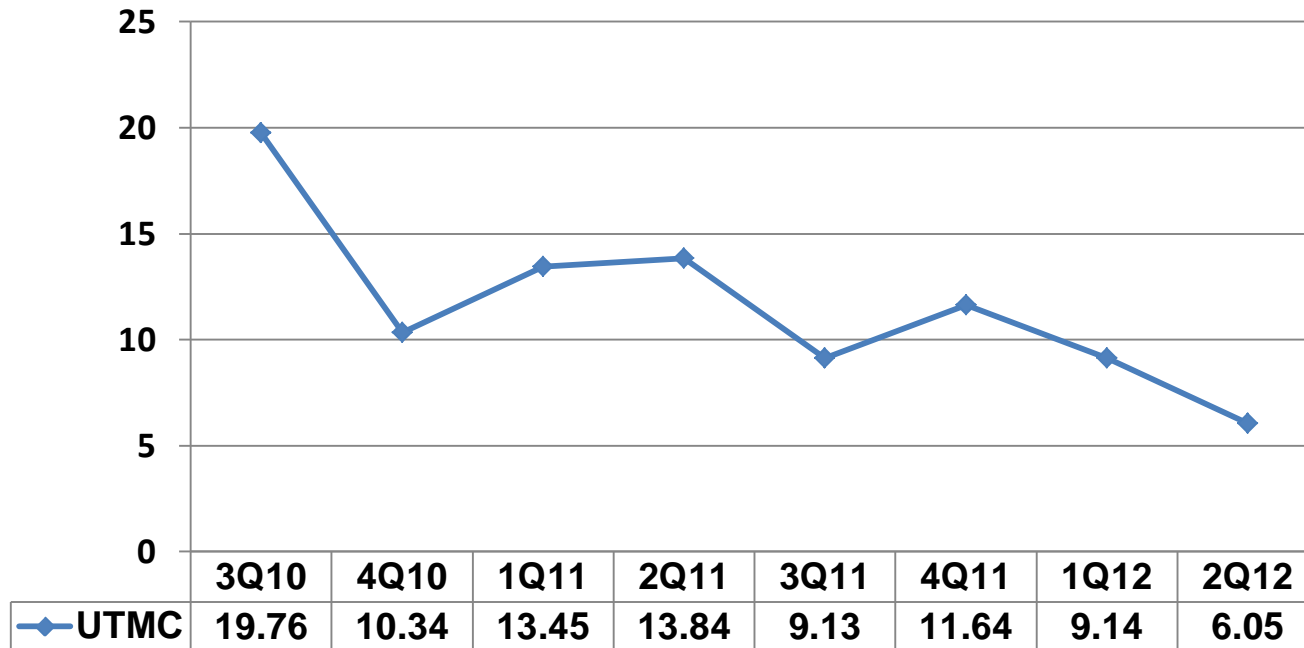
- Decrease patient and staff injuries
- Improve patient outcomes for nursing sensitive indicators
- Improve the culture of safety within the organization
- Improve compliance with regulatory standards

Benefits of USC Program

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

Restraint Reduction

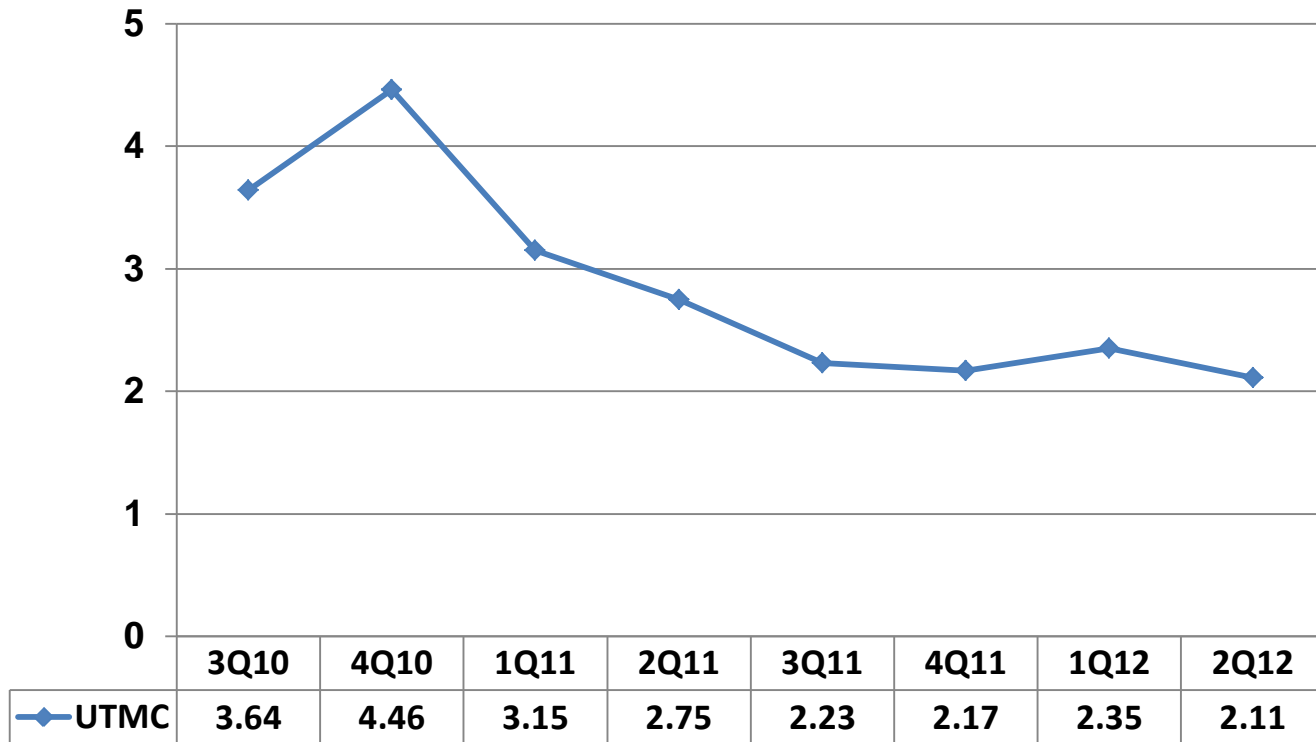
Percent Patients with Physical Restraints



Percent patients restrained is approaching NDNQI
Academic Medical Centers mean

Patient Falls

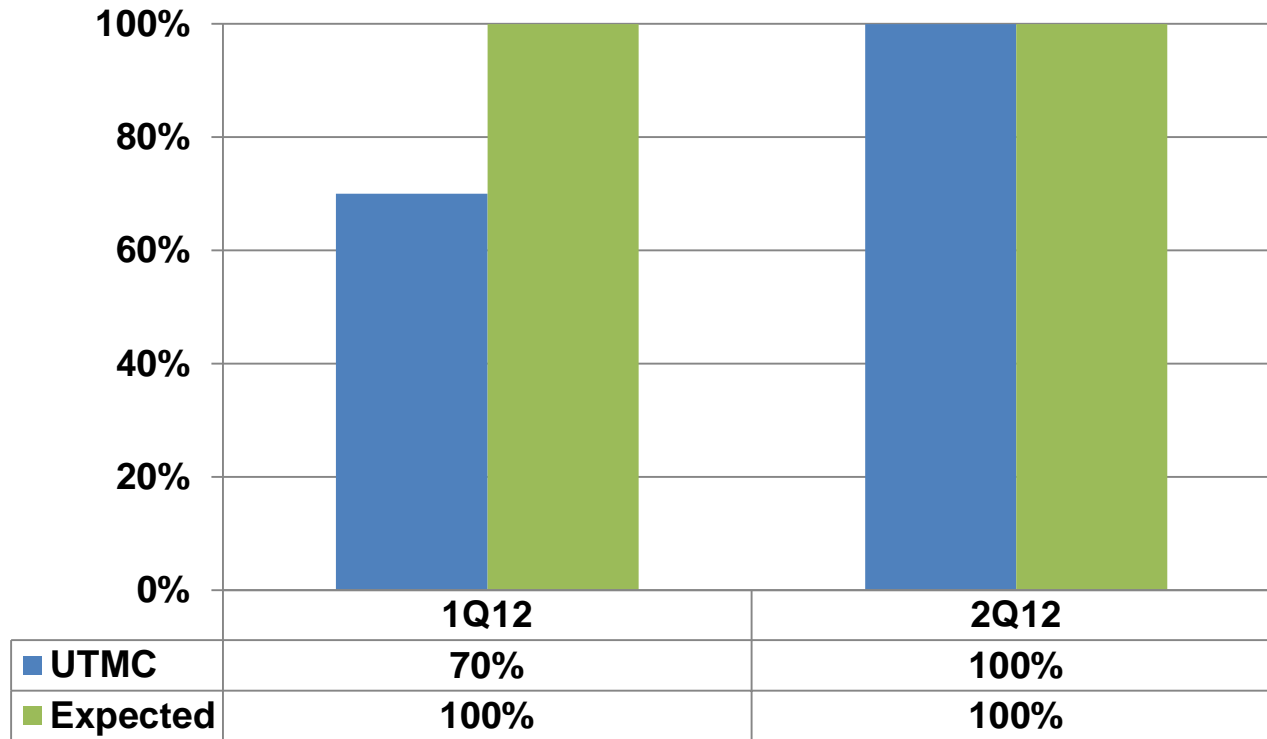
Patient Falls Per 1000 Patient Days



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

Transfusion Safety

Verification Procedure Performed Correctly



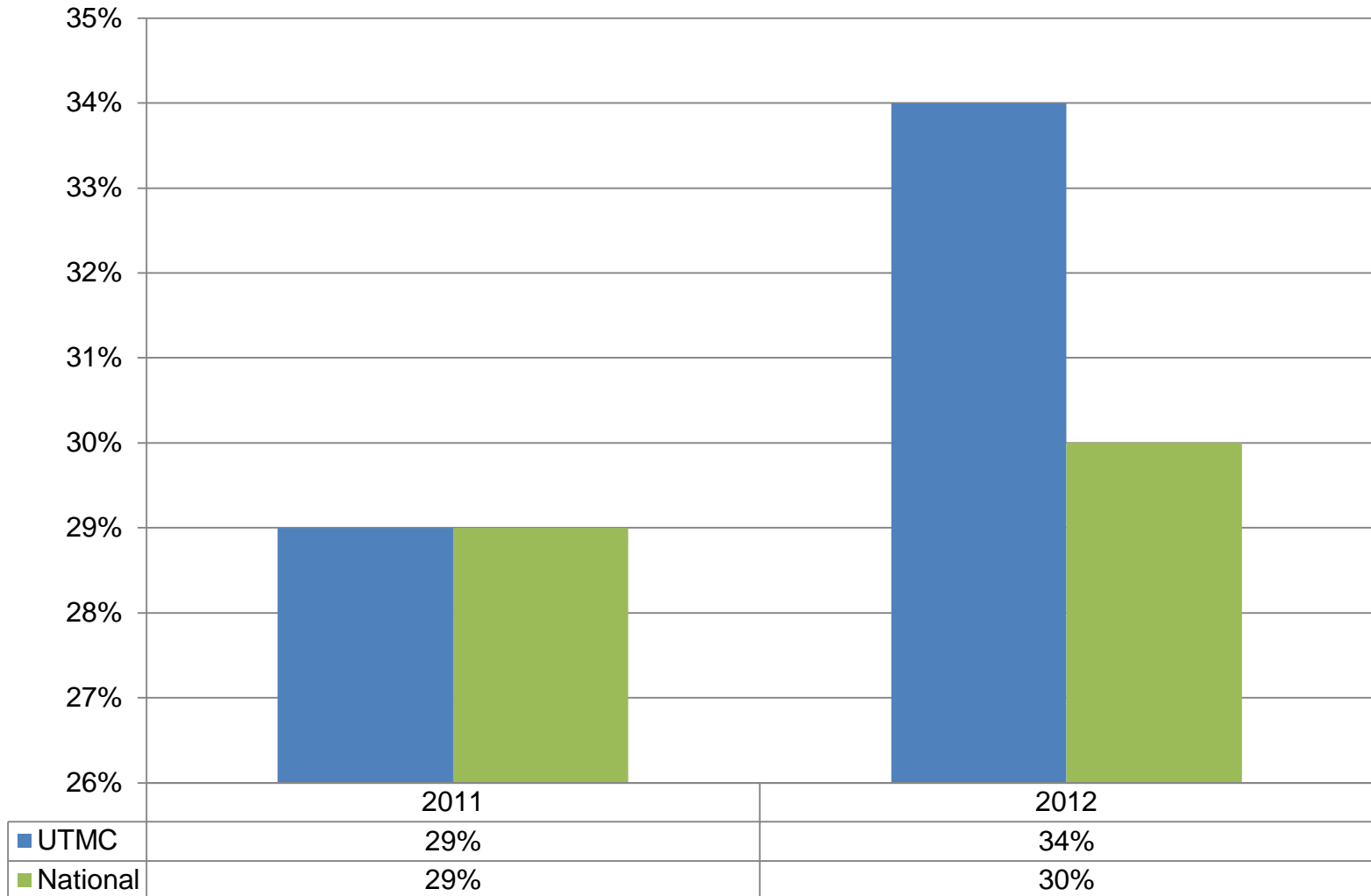
All variances were related to comparison of appropriate label on bag to transfusion slip

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.

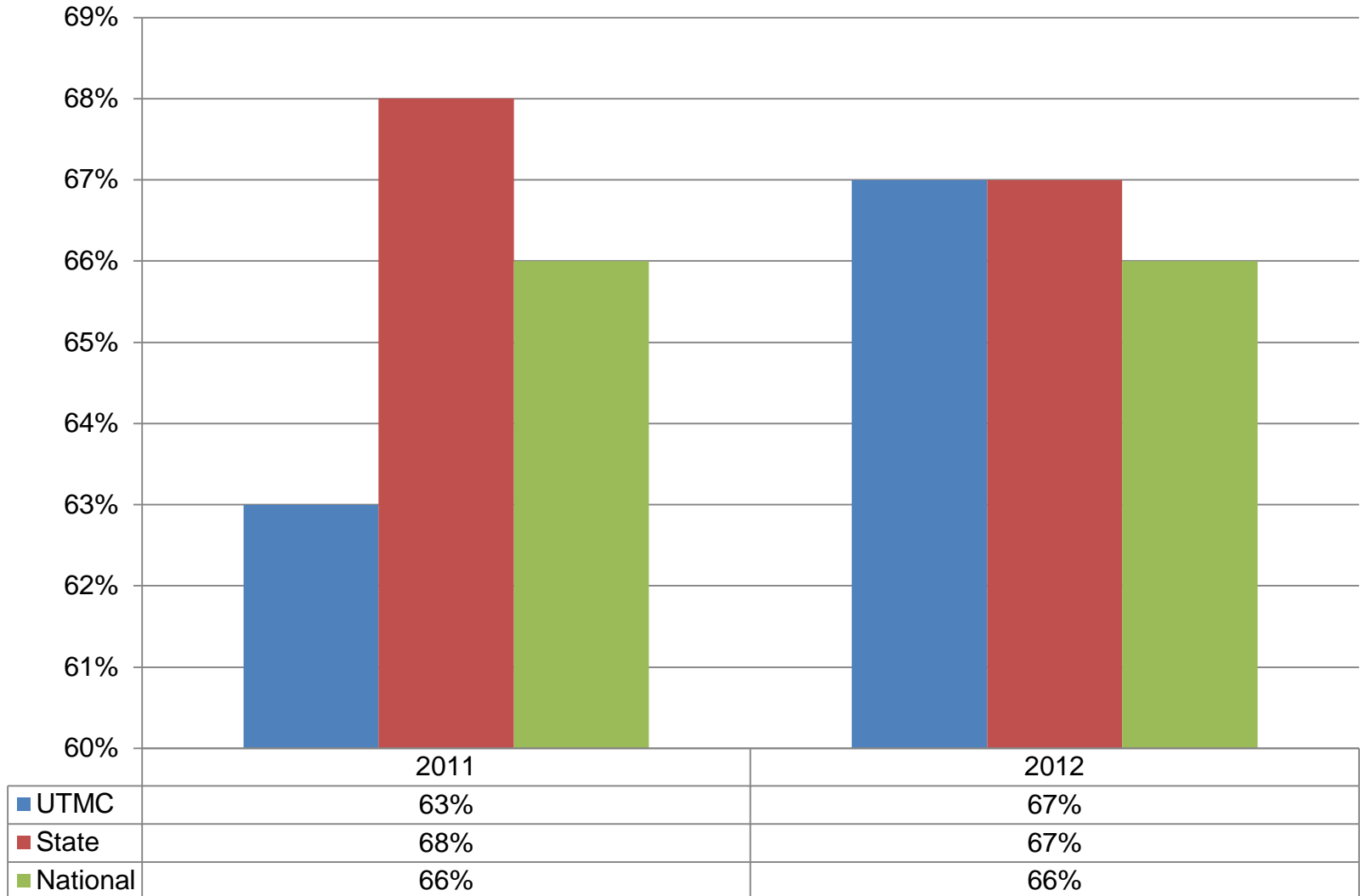
AHRQ Safety Survey

Overall Patient Safety Grade = Excellent



AHRQ Safety Survey

Overall Perceptions of Safety



AHRQ Safety Survey

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

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?