

# Optimizing Action Planning to Enhance a Culture of Safety & Improve RN Satisfaction

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## Background

The NDNQI RN Satisfaction Survey provides a wealth of information and data about the participating nursing units that can be used to improve the practice environment. The large amount of information in the survey results can limit users ability to utilize the data in a meaningful way. Identifying methods to employ the data to make improvements on nursing units and across the organization is a challenge.

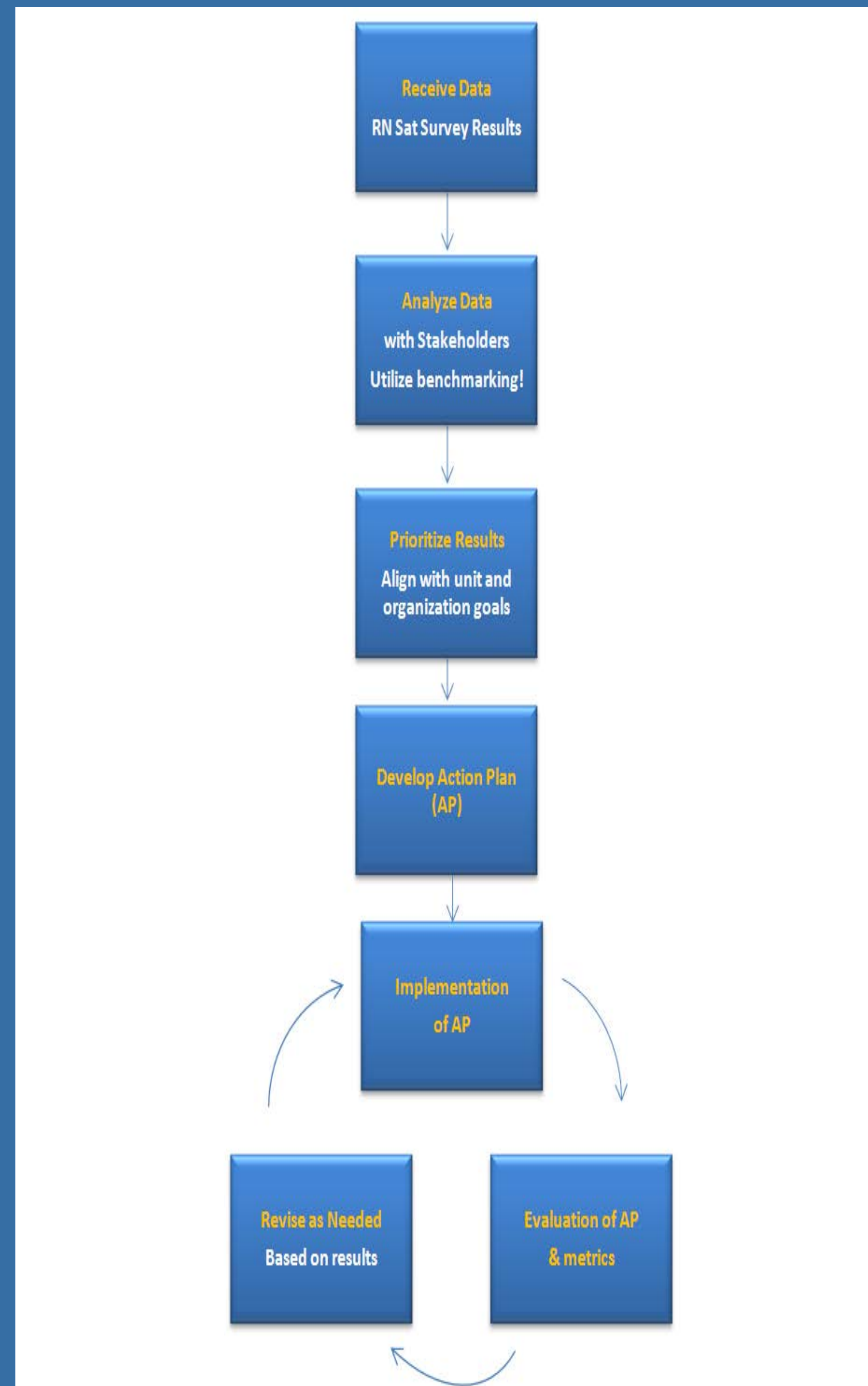
Multiple components measured through the NDNQI RN Satisfaction Survey, such as RN-RN Communication, RN-MD Communication, and teamwork, can impact the environment of care on nursing units. In turn, work environment effects RN satisfaction, patient safety and quality of care. (1-4)

The action planning (AP) framework and template provide a structure and process to support short- and long-term strategic planning and goal achievement. This tool's adaptability allows for evolution of the action plan in response to real-time feedback from the units.

## Purpose

The purpose of this quality improvement initiative was to utilize the AP framework to create, implement and evaluate an interdisciplinary plan based on NDNQI RN Satisfaction Survey results. The AP facilitated unit's organization of their data and efforts to improve the environment of care, RN satisfaction and patient safety.

## Action Planning Framework



## Strategy and Implementation

October 2011	<ul style="list-style-type: none"> <li>• RN Satisfaction Survey completed</li> </ul>
November 2011	<ul style="list-style-type: none"> <li>• Survey results received</li> </ul>
December 2011	<ul style="list-style-type: none"> <li>• Results distributed to units</li> <li>• Action planning education/presentation to Nursing Leadership (Clinical Directors (CDs), Nurse Managers (NM), Asst Nurse Managers (ANM), &amp; CNSs</li> </ul> <p>Emphasis on AP components of:</p> <ul style="list-style-type: none"> <li>○ <b>Benchmarking:</b> Internal (at HUP) and external (NDNQI peer group)</li> <li>○ <b>SMART goals:</b> specific, measureable, attainable, relevant, time bound</li> <li>○ Metrics:           <ul style="list-style-type: none"> <li>▪ <b>Outcome metric</b> –is an assessment of the result of a process. For example: 2012 RN Sat Survey score for each focus area is an output metric for 2011 action plan.</li> <li>▪ <b>Process metric</b> -is an assessment of the process and is usually a key driver of the output metric. This type of metric measures a specific attribute of the process/actions steps to accomplish outcome.</li> </ul> </li> <li>○ AP is a <b>'living' document</b>: revise/update plan as needed to accomplish goals</li> </ul>
January-February 2012	<ul style="list-style-type: none"> <li>• Unit Councils/NM/ANM/CNS met with nursing staff and stakeholders to discuss results and choose areas of focus</li> <li>• AP mentorship sessions held by Nursing Quality with individual units or small groups (2-3 units maximum). Feedback provided by Nursing Quality on AP drafts.</li> </ul>
March 2012	<ul style="list-style-type: none"> <li>• Initial AP reviewed and approved by unit's Nursing CD</li> </ul>
July 2012	<ul style="list-style-type: none"> <li>• First quarterly update by units to Nursing Quality</li> </ul>
October 2012	<ul style="list-style-type: none"> <li>• Second quarter/pre-survey update by units to Nursing Quality</li> <li>• 2012 RN Satisfaction Survey completed</li> </ul>

## Unit Evaluation

- Immediate/On-going:
  - Process metrics and data shared with staff regularly (weekly/monthly/quarterly as appropriate for metrics)
  - Report out on AP at Unit Council meetings
  - Quarterly updates to Nursing Quality and unit's Clinical Director
- Long-term :
  - Outcome metrics: 2012 NDNQI RN Satisfaction Survey

**2011 Survey Action Plan (Use one line for every action item.)**

Opportunities for Improvement	Baseline (2011 survey)	Goal (2012 survey)	Actions (Measurable steps)	Who	When	What will you measure to demonstrate action is progressing?
RN Perceived Quality of Care	3.34	3.50	Peer Review • Review at UC meeting post review feedback process • Formulate a pre-post survey control on Peer Review Process • Journal Club work CE15 • Review process • Review process revised post trial #1 and rolled out • Peer Review Post survey	Unit Council	5/1/2012 5/15/2012 8/23/2012 8/23/2012	Pre-survey completed. Results shared with staff. Overall, Peer Review deemed helpful and necessary for feedback at follow-up post-toll out survey.

Figure 1 & 2: AP Template & Instructions

Figure 3: Unit example from AP for 2011 NDNQI RN Sat Survey

## Implications

- Create an environment of safety by improving unit culture, quality of care, and patient and staff outcomes
- Increase accountability and buy-in at the unit level for achieving the identified goals
- Provides a sustainable process for developing short- and long-term goals to positively impact RN satisfaction, patient safety and quality of care