Innovative Strategies to Engage Bedside Providers in Quality

Second Annual Summit on Quality
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Learning Objectives

1. Describe the guiding principles behind th development of the QSI model

2. Identify key elements of implementing a QSI model

3. Develop an approach for implementing a QSI-like process within hospitals of any size

Shared Governance

- Decision-making process
- Places authority, responsibility, and accountability for patient care with the practicing clinician
- Empowerment – control of practice
- Councils
  - Coordinating
  - Management
  - Practice
  - Professionalism
  - Quality
  - Research
  - Informatics
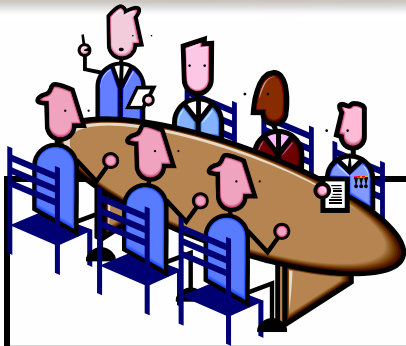
Governance Styles

	Self Governance	Participatory Management	Shared Governance
Goals	Staff determine goals without input from leaders	Leaders request input from staff. Use of input is optional	Staff are given the responsibility, authority and accountability for decisions
Use of Input	Can foster a "they…we" mindset	Leader is not required to use staff input	Leadership and staff activities are interdependent
How Decisions Are Made	All decisions made by work team with no external input of guidance	Final decision lies with leadership, who may accept or reject staff input	Leaders clearly articulate the guidelines for decisions
Presence of Leader	Absent leader	Hierarchical leader	Servant leader
Where Decisions are Made		Centralized decision-making	Decentralized Decision-making

A World without Shared Governance

- Managers make the decisions
- Nurses are powerless, self-focused & see a narrow scope
- Few people do the work, while others don't follow the new rules because they don't know why or how they were established
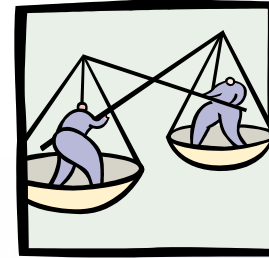
Principles

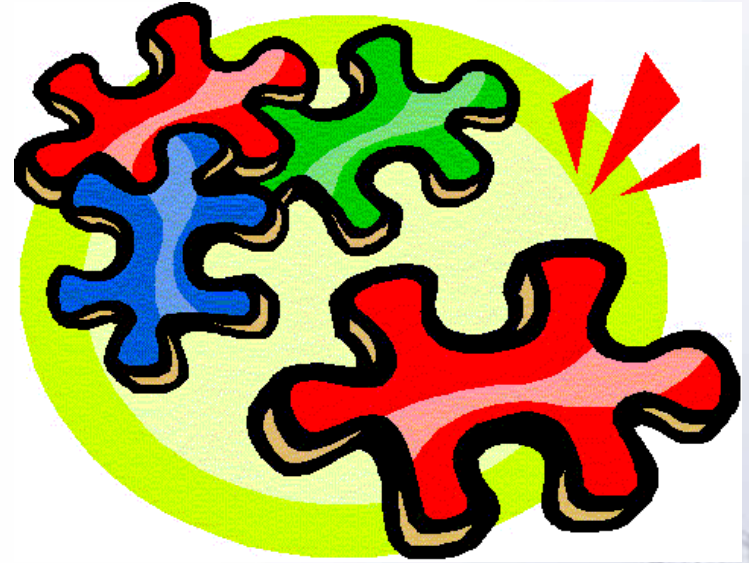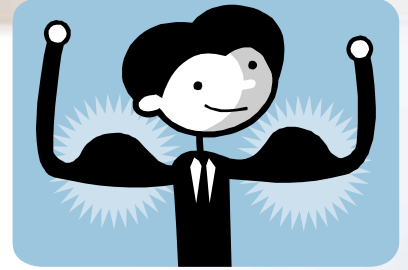| Partnership	Equity
Accountability	Ownership

Components

- Infrastructure
- Relationships
- Involvement
- Autonomy
- Shared decision making
- Accountability

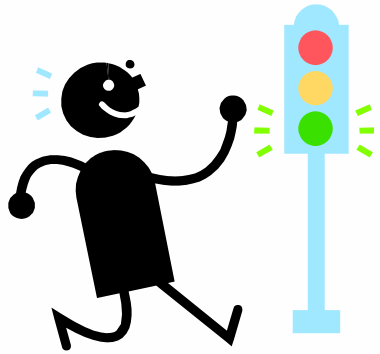# Assumptions

All Nurses are

- Leaders – not by title but by influence
- In charge of their own practice
- Empowered to be a change agent

A World with Shared Governance

- Nurses are empowered
- They have a voice
- Autonomy is valued
- Nurses have control over their practice
- Happier work environment

Impact

- Nurse satisfaction improves
- Nurses turnover decreases
- Quality of care improves

How it all began…

- Bedside nurses are the ideal leaders for quality initiatives

- Their clinical expertise is invaluable and directly contributes to patient safety

- How do you hardwire it?

Quality Focus

- It's the right thing to do for the patient
- Increased pressure from public/corporate entities
- Linkage to compensation/reimbursement
- Better availability of data
- Growing body of evidence-based literature/ research/expertise

Make it Happen

- Nurses want to be involved

- Leadership needs to assure their involvement

- "One Brain" alignment

Quality Patient Care

- NOT a task
- Hardwired
- Accountable
- Empowered

Shared Governance

- Decision-making process
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- Empowerment – control of practice
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  - Management
  - Practice
  - Professionalism
  - Quality
  - Research
  - Informatics

Implementation Barriers

- Staff knowledge of process
  - Communication
  - Education
- Lack of motivation
  - No one to mentor process
- Lack of access
  - Library and Databases
- Lack of organizational support
  - May require time away from the bedside
- Resistance to change

Barriers to Getting Staff Nurses Involved

- Busy
- Unstructured Council Structure
  - Scheduling
  - Practice Council
  - Quality Council - Reporting only
- Manager buy in & support
- Boring......

Manic Monday Schedule

- 7:30- 9 Research Council
- 9-10:30 Professionalism Council
- 11-12 Practice Steering
- 12-1:30 Quality Council
- 1:30 – 3 Practice Council
- 3- 4:30 Coordinating Council

Councilor Structure Make Over

- Practice council
- Informatics
- Quality
  - Reporting
  - Membership
  - QSI – Quality & Safety Investigator

Focus on the QSI:
What did we want?

- Branded

- Voluntary

- Fun

- Education

- Capitalize on T3
  - Time
  - Talent
  - Treasure

focus on
Patient
Safety

Intentional Implementation

- Administrative Support

- Unit Rounds: Conversation Starters

- QSI Application Process
  – Program Description
  – Commitment Form for Nurse
  – Commitment Form for Manager

Structured Approach

- Didactic
- Needs driven
- Mentors
- Tools

Foundation

- **Mission**
  - Empower Bedside Nursing Staff to Drive Performance Improvement Activities and Improve Patient Outcomes

  - Ensure that Every Nurse Understands that Quality is not separate but integrated with Daily Clinical Practice

- **Vision**
  - Enhance Patient Safety and Improve Patient Outcomes

  - Advance the Culture of Professional Nursing Accountability

  - Create a Healthier Working Environment for Our Staff

What is a QSI?

- Unit-based Quality and Patient Safety Champion

- Assists with the Monitoring of Staff Performance and Compliance with Quality Indicators

- Assist Nurses to Use Data to Drive QI Efforts on Unit

Roles/Responsibilities of the QSI

- Attendance at QSI and Quality Council Meetings
  - Notify QSI@kumc.edu
- Monthly Responsibilites
  - Dedication of 2-4 hours/week to the QSI Responsibilities
  - Meet with Mentor
  - Share with Unit
- Projects
  - PDSA Cycles
  - Poster Presentation
  - Literature Review
- Leaders
  - Influence
  - Role model and leader for quality and safety initiatives
  - Be actively engaged
  - Share best practices

QSI Program Objectives

- Be a unit-based quality and safety champion
- Help peers use/understand data to drive PI
- Disseminate unit data in collaboration with the Nurse Manager and Unit Educator
- Champion staff performance and compliance in collaboration with the Unit Practice Council
- Share best practices at QSI meetings

Benefits of Being a QSI

- PERSONAL
  - Professional Growth
  - Communication Skills
  - Leadership Development

- UNIT
  - Collaboration with Practice Council
  - Team Building
  - Improved Patient Outcomes

QSI Kickoff

- Over 40 In Attendance
  - Unit Managers, Educators, Mentors In Attendance
  - Hospital Leadership

- Format
  - Role Playing
  - Group Discussion
  - Teamwork and Problem Solving
  - Poster Sessions

Kick-Off Activities

– Role Playing
– Group Discussion
– Teamwork and Problem Solving
– Poster Sessions

QSI Annual Kickoff

2009

- **PI Methodology: PDSA Cycles**
- **Communication: Crucial Conversations**
- **Break Out Sessions**
  - **Poster Presentations**
  - **Tool Kits**
  - **Content Experts**

2010

- **Leading change**
- **Building teams**
- **Process improvement methods**
- **Differentiating evidence based practice and research**

Monthly Meetings

- Anatomy of a Law Suit and the Mock Trial
- Bedside Safety Checks and PSN Events
- Literature Review and Abstract Writing
- First Do No Harm and Josie King Video's
- Transfusion Data and Brainstorming
- Data, Data, Data: Scorecards to the Rescue
- Distractions and Human Factor's
- Work-Life Balance

Assignments

- To Do List
  - I Make a Difference Poster Campaign
  - Mentor Meetings
  - PDSA Development
  - Survey Staff
  - Update at Practice Council and Staff Meetings
- Evaluations
  - Assist with Agenda Planning

The Successful QSI
CHECKLIST

"What are my roles and responsibilities as a Quality and Safety Investigator?"

"What do I need to do?"	Due Date	Task Completed	Notes
Attend QSI Kick Off	August 26		
Complete QSI Goals Sheet	September 27		**Discuss with Unit Leadership/Practice Council**
Attend Monthly QSI Meeting, 75% attendance is Expected	Ongoing		**"Manic Monday" 0900 – 1100**
Attend DON Quality Council, 33% attendance is Expected	At least once/quarter		**"Manic Monday" 1200 – 1330 Lunch is Provided**
Share Content of QSI meeting at Unit Staff meeting & Practice Council	Ongoing		**Check email for meeting highlights the Friday following the QSI meeting**
Meet with Mentor Every Month and Report Progress	Ongoing		**More mentor details, coming soon...**
Submit abstract for DON Literature Review	At least 1 each year		**See abstract guide for instructions or contact Joan McMahon, jmcmahon@kumc.edu**
Complete Poster for I Make a Difference Campaign	At least one/quarter		**More details to be shared at September QSI meeting**
Submit completed PDSA	December March June		**Work with Mentor to complete PDSA,** **PDSA on Nursing Share Drive**

"What are my roles and responsibilities as a Quality and Safety Investigator?"

focus on Patient Safety
QUALITY AND SAFETY INVESTIGATOR UNIT AND PERSONAL GOALS

Discuss the 2010-2011 Council/Unit PRIORITY FOCUS Areas with your Unit Leadership Team and Practice Council. List at least 3 unit based quality/safety goals you would like to achieve over the course of the next 12 months. List at least 1 personal goal for yourself as a QSI. Bring a copy of this goals sheet to the next QSI Meeting: Sept 27th 0900 – 1100, Lied Aud.

NAME _____ **UNIT** _____

UNIT QUALITY/SAFETY GOALS

1. _____

2. _____

3. _____

PERSONAL GOALS AS A QUALITY AND SAFETY INVESTIGATOR

1. _____

2. _____

2010 – 2011 Council/Unit PRIORITY FOCUS Areas

1) **HANDOFFS/BEDSIDE SAFETY CHECKS**
   - ☐ **Goal:** Every time a patient changes caregivers, a formal and documented handoff occurs between 2 caregivers – to include a bedside safety check

2) **PATIENT IDENTIFICATION (USE OF 2 IDENTIFIERS)**
   - ☐ **Goal:** With every patient care interaction 2 identifiers are verified
   - ☐ **Goal:** 100% compliance with specimen labeling

3) **MEDICATION LABELING AND ADMINISTRATION**
   - ☐ **Goal:** 100% compliance with medication administration policies

QSI Projects

- Innovative
- Change Agents
- Bedside Providers

Outcomes

- QSI Website and Tool Kits
- I Make a Difference Campaign
- Chasing Zero Campaign
- Medication Minute Newsletter
- Performance Improvement Projects
- Continuous Feedback from QSI's
- QSI Professional Development
  - Leadership and Communication Skills
  - Abstract Publishing
  - Nursing Awards

focus on **Patient** Safety
patient identification

I make a difference

- I performed a bedside safety check with the on-coming nurse and used two patient identifiers.
- I reviewed with the patient her allergies
- I completed the patient's profile upon admission
- I checked the patient's wristband prior to administering medications
- I am glad I performed a bedside safety check with the on-coming nurse using two patient identifiers

Take time for safety.

THE UNIVERSITY OF KANSAS HOSPITAL

BRIEF: Patient Safety Handoff

- Barriers
- You tube video

- BRIEF
  - Bands
    - ID
    - Allergy
    - Limb alert
    - Fall
    - Resuscitaiton status
  - Restraints
  - Incision
  - Environment
  - Fluids

Outcomes

- 2009 Poster Presentation
- National Presentations
- Publications

What did we learn?

Quality and Safety Investigator's
S.W.O.T Analysis

STRENGTHS

- Involving bedside staff in improving outcomes
- Development of informal leaders
- Participants feel more empowered, autonomous
- Increased awareness of quality indicators and improvement opportunities
- The meetings are motivating to participants
- The staff feel like they have a voice
- It is rewarding to see the projects come to life
- We are providing an environment for staff to share open, honest dialogue – working towards solutions

WEAKNESSES

- Organization of content, agendas, projects, meetings
- Mentor component unorganized and not used by all
- We don't have a running list of projects
- Undefined relationship with quality council
- Support from unit leadership due to poor communicating between QSI team and managers, educators, directors
- Closed feedback in regards to monthly evaluations
- Too many chiefs, we don't know who is doing what as a planning committee
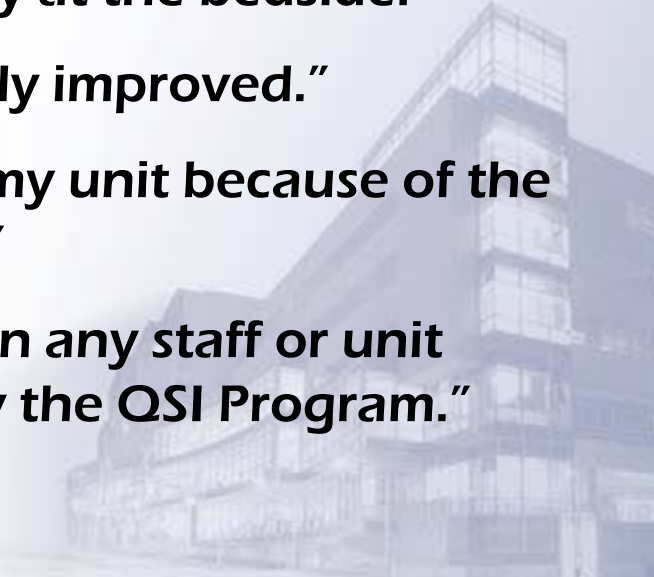- Inconsistent planning meetings

OPPORTUNITIES

- Ed/Dev offerings – CE's on leadership, RCA, etc…
- Partner with Sheryl Ewert to record our CE portions to be loaded for others to view
- Quality Council relationship
- KRONOS and meetings to prevent QSI's from missing meetings
- Conferences, publishing the QSI program
- Grant money?
- Development of QSI quarterly newsletter to improve communication and share successes
- External speakers, SON, UMKC, etc…

THREATS

- The content is not perceived as relevant to all staff
- Too many priorities within the organization
- Frequent changes within the organization
- Budget support
- Time commitment
- Other job responsibilities

QSI Feedback and Evaluations

- *"The QSI Program has given me tools that without it I would probably have never learned to use."*

- *"I feel more comfortable discussing how each bedside nurse can make a difference with the outcome of our patients, we really do impact quality at the bedside."*

- *"My communication skills have really improved."*

- *"I have become a better leader on my unit because of the stuff we learn at the QSI meetings."*

- *"I learn more from this meeting than any staff or unit meeting I've ever had, I really enjoy the QSI Program."*

What have you learned?

- Communication
- PDSA
- Implement positive changes for our patients
- Communication skills
- I have learned how to inform my co-workers about QI for the unit.
- My communication skills have really improved.
- Making changes on the unit is very difficult, especially with resistance on the units
- Most everything you have presented has been helpful. It has really raised my awareness and consider ways to make changes on the unit
- I have learned that it is important to have a good educator – education is key!
- My awareness about quality for our patients has really increased
- I have learned how to make small changes on the unit to make changes in patient outcomes
- I have been able to actively perform skills that I was never able to before
- I have learned all about the share drive!
- My leadership skills have improved
- I learn more from this meeting than any staff meeting or unit meeting I've ever had. I really enjoy this program

How has the program been useful to you?

- Leadership skills and communication skills
- I have learned so much from listening to the challenges/success of other unit's QI projects – very helpful
- Leadership – my mentor is FANTASTIC
- I have learned so much about the different processes of KU and where to go to make changes
- I am not afraid to suggest change to improve patient care
- This has been a fun opportunity to do research-like projects. Fun and interesting
- It has really opened up the problem areas within the hospital – let's me feel like it's not just my unit, but that we have process issues that we as QSI's can actually help fix.
- I feel more involved in the hospital and as a nurse. I feel like I can make a difference when I care for patients.
- Effective routes of communication to other disciplines – this has been really helpful to hear from pharmacy and lab
- This has been a great leadership experience
- I am so jazzed to be a part of evidence-based change at this hospital
- I feel more equipped to make changes at the unit level
- I feel like a valued member of the team
- I believe that the long term commitment of the QSI should be addressed. I want to do this for more than one year. I really enjoy this opportunity and I feel like I am good at it – do we have to only do it for 1 year?
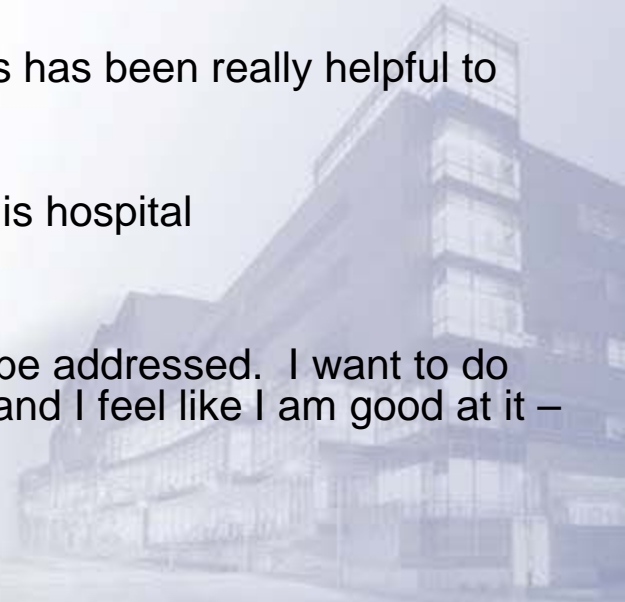
What specific assistance would be helpful to you?

- I would like to meet with my mentor more often
- My unit is so different from the other units, I wish we would focus on something specific to my area
- I appreciate breaking into different areas (ie critical care, acute care, progressive care,)
- I just need more time to do my work ☺
- I feel like I need support
- I really need help with computer
- Manager support
- I really like how all the QSI's are working on two or three large hospital wide projects.
- More specific topics to the procedural area
- More computer training
- More structure on what to work on – how do I know what is important
- I would like help developing a survey monkey
- I would like help with how to create an email group
- More research support and information

Keys to Success

- Planning
- Leadership
- Listen and provide
- Mentoring
- Tools for success
- Celebrate

Planning

- QSI Leadership Team Monthly Meetings
- Review QSI Evaluations
- Identify Opportunities for Improvement
  - Quality Council
  - Practice Council
  - Senior Leadership
  - QSI Requests
- Project Presentations

Culture of Safety

- Blame-free reporting
- Encourage reporting
- Learn from each other
- Remind others to report errors and near-misses
- Let people know that something is being done
- Recognition – Great catch!

Establish Accountability

- **Expectations are clear**
  - They know what they need to do
  - Performance feedback is provided

- **Expectations are perceived as achievable**
  - Work is consistent with stated priorities
  - Resources are available to meet expectations

Quality Patient Care

- NOT a task
- Hardwired
- Accountable
- Empowered

Reasonable Expectations

- **No Needless Deaths**

- **No Needless Pain**

- **No Helplessness**

- **No Excessive Waiting**

- **No Waste**

  » **Adapted from My Right Knee (2005). Donald Berwick**

Bridge Builders

- Support bereaved families dealing with death

- Standardizes end of life processes

- Bedside providers

- Application Process
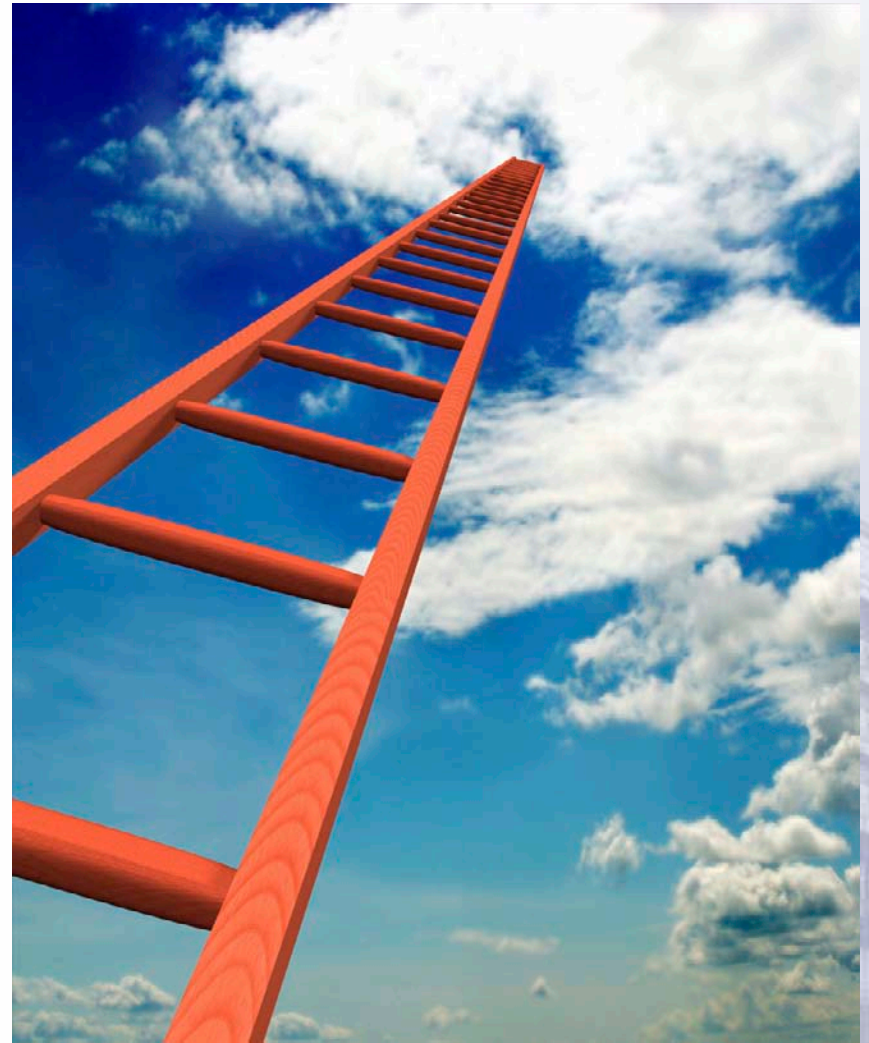
- Training & Education

Glucose Guru's

- Blood glucose champion
- Educator

Final Thought

When nursing practice advances,

everything else will too!

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