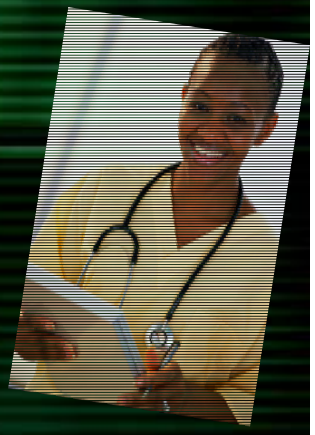
The Future is Now: Designing Your Practice to Impact Patient Outcomes



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ABOUT US


S
A
F
E
T
Y
Self
Advocacy
Fundamentals
Evidence
Team
Yes I Will


S
Self

Number 1 Respected Profession

Nursing

Gallup Poll: 82% Honesty & Ethical Rating

So Why Don't We Feel Respected?

Reclaiming Professional Respect

Work Environment

Quality of Care You Provide to Patient & Families

What Behaviors or Communications Make You Feel the Recipient of Respect?

Feeling of Respect or Not being Respected

Bournes DA, et al. Nursing Science Quarterly, 2009;22(1):47-56

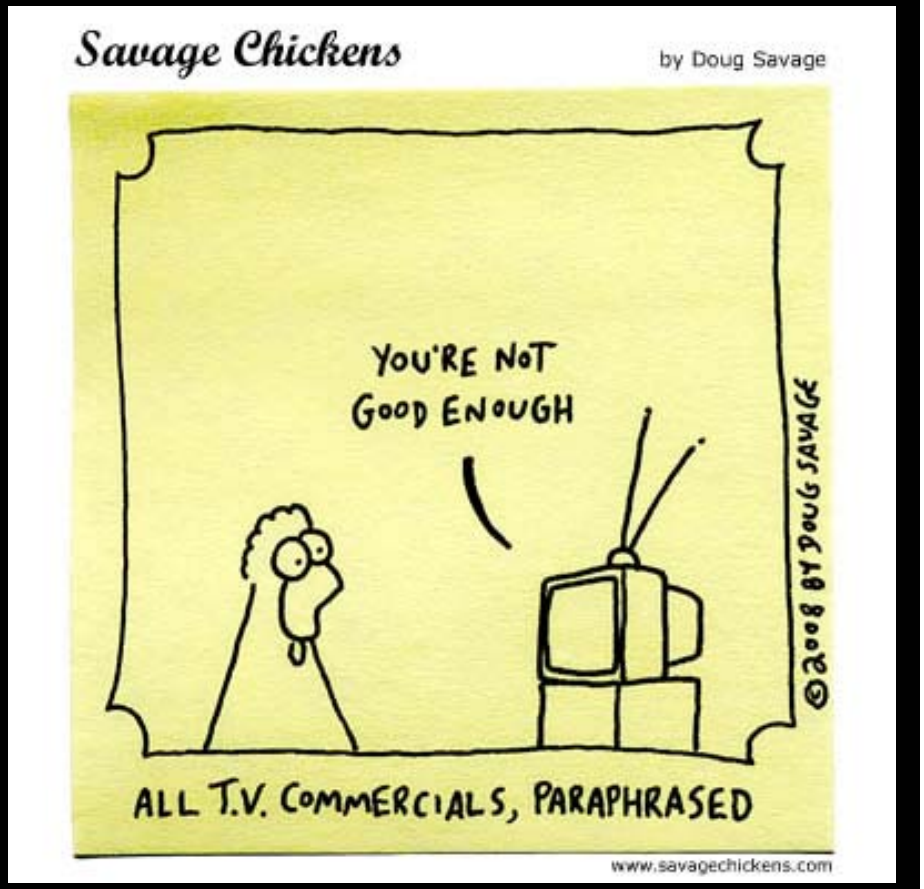
- Respected
  - Feeling listened to
  - Feeling revered for their knowledge
  - Feeling trusted
  - Feel part of the group
  - Being acknowledged
  - Sense of belonging/contributing
  - Persons look out for each other and their support
  - Fairness
  - Free to speak
  - Opportunities to excel
- Not Being Respected
  - Disregarded
  - Not revered
  - Not trusted
  - Not supported
  - Not recognized
  - Closed conversation
  - Speaking in a tone that is demeaning
  - Ideas and opinions not considered a value priority
  - Unsafe, guarded, pressured, put down

Respect

Self Respect

Self Respect

Internal Dialogue



External Dialogue

The Road to Respect

I spoke.

You listened.

I felt valued and honored.

You shared your opinion.

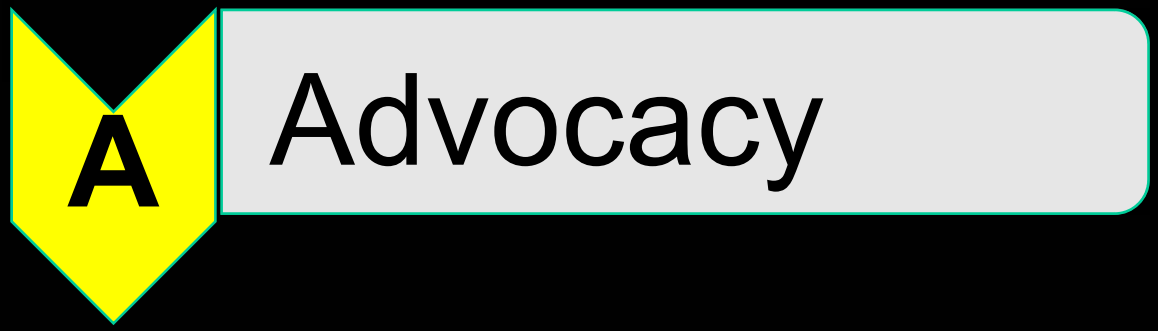
I trusted your wisdom.

The circle of respect was complete.

We saw in each other's eyes are common humanity.

Now, moving to a zone of mutual affirmation, we felt safe to trust and learn and nurture in the give-and-take of life.

Yasmin Morais 2006


A
Advocacy

Advocacy

Advocacy can be seen as a deliberate process of speaking out on issues of concern in order to exert some influence on behalf of ideas or persons.

http://en.wikipedia.org/wiki/Advocacy accessed 03/05/2009

Broaden the Definition of Advocacy

"It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm."

Florence Nightingale

Notes on Hospitals: 1859

Advocacy = Safety

Patient Advocacy/Safety Related to Clinical Practice

- Nurses knowledge of the Evidence based care
- Ability to deliver the care to the right patient at the right time, every time it is needed
- The ability to communicate patient concerns in a concise, data driven manner and take appropriate action
- Understanding that I am the voice of the patient

Why Effective Communication May Be Challenging for Nursing

The Silent Treatment: April 2011

- **85% of workers- safety tool warned them**
- **Safety tools include: handoff protocols, checklists, COPE, automated medication dispensing machines.**
- **58% said they got the warning but didn't speak up**

- **1/2 say shortcuts lead to near misses**
- **1/3 say incompetence leads to near misses**
- **1/2 say disrespect prevented them from getting others to listen or respect their opinion**

Only 16% confronted the disrespectful behavior

http://www.silenttreatmentstudy.com

“Our lives begin to end the day we become silent about things that matter”

Martin Luther King Jr.


A good word is an easy obligation; but not to speak ill requires only our silence; which costs us nothing.
John Tillotson

Courage

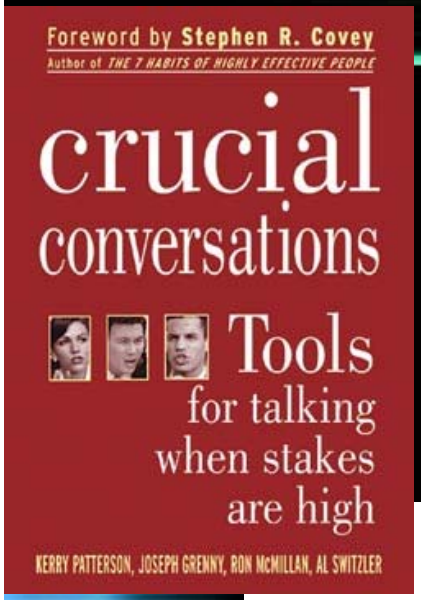
"Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen"

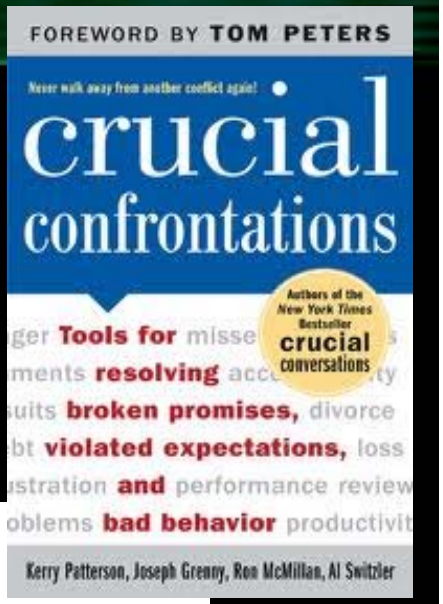
Winston Churchill

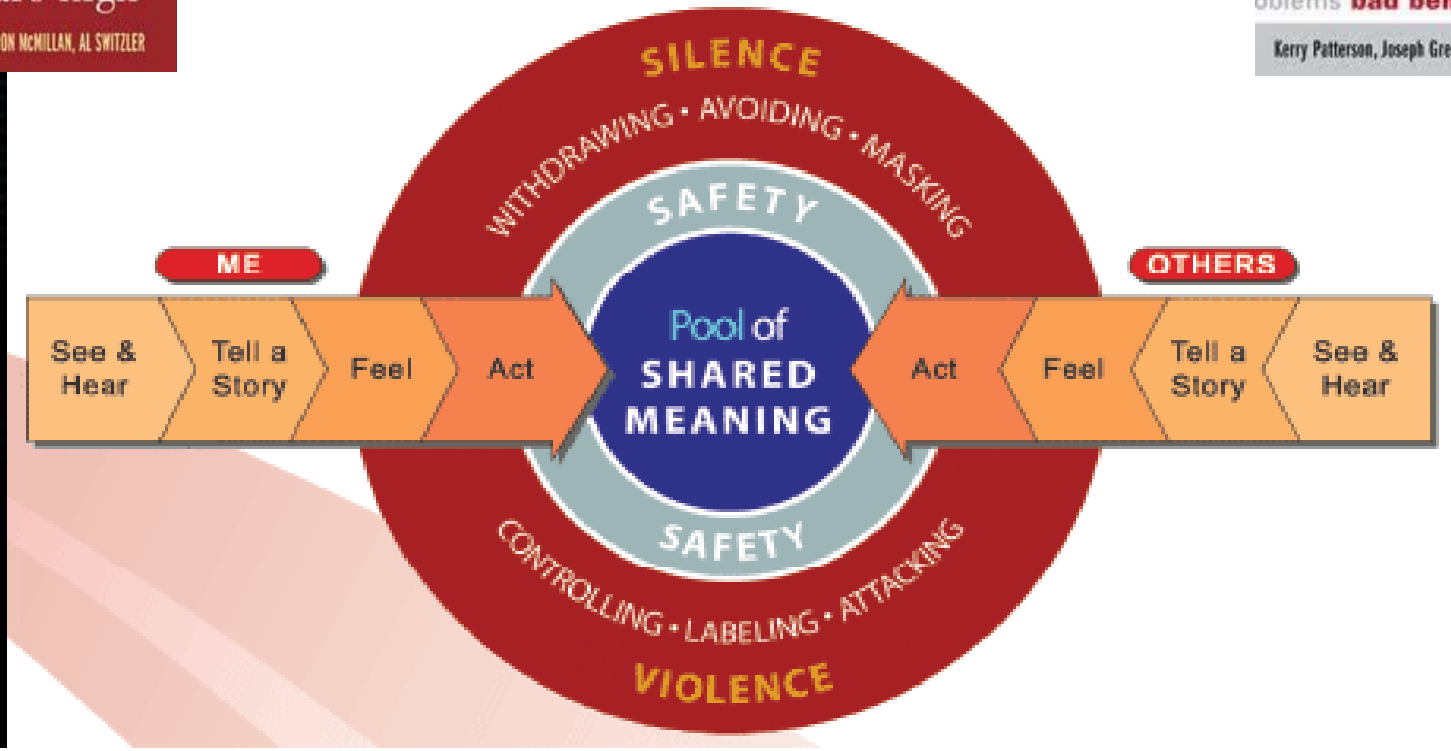
What to Do Individually?

- Prevent from occurring through training on effective communication
- Deal in real time to prevent staff or patient harm
- Initiate post event reviews, action and follow-up
- Make it as transparent as possible
- Zero-tolerance policy and procedure
- Intervention strategy: code white

Communication Training







Communication Strategies

- Tools to help structure communication
  - SBAR for communication with Doctors: Situation, Background, Assessment and Recommendation
  - CUS Words: I am Concerned, I am Uncomfortable, This is not Safe

Use CUS words when assertion of your communication fails…things go wrong…concern expressed but mutual decision not reached or proposed action doesn't happen in time frame agreed upon

What to Do Individually?

- Prevent from occurring through training on effective communication
- Deal in real time to prevent staff or patient harm
- Initiate post event reviews, action and follow-up
- Make it as transparent as possible
- Zero-tolerance policy and procedure
- Intervention strategy: code white


F
Fundamentals

Missed Nursing Care

- Any aspect of required patient care that is omitted (either in part or whole) or significantly delayed.
- A predictor of patient outcomes
- Measures the process of nursing care

Kalish, R. et al. (2012) Am Jour Med Quality, 26(4), 291-299.

Hospital Variation in Missed Nursing Care

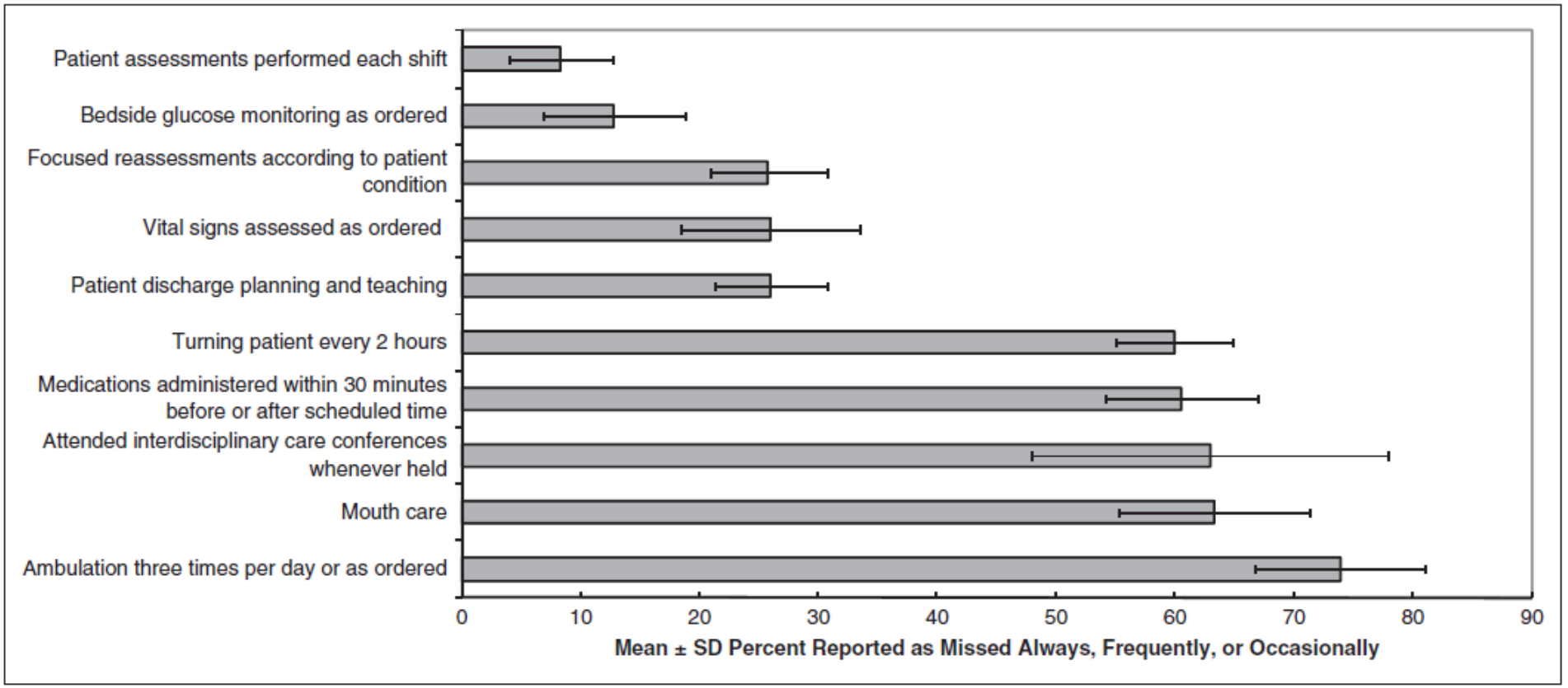


Figure 2. Elements of care most and least frequently missed. The solid bars represent the means across all 10 hospitals, and the range lines indicate the standard deviations.

Kalish, R. et al. (2012) Am Jour Med Quality, 26(4), 291-299.

Patient Perceptions of Missed Nursing Care

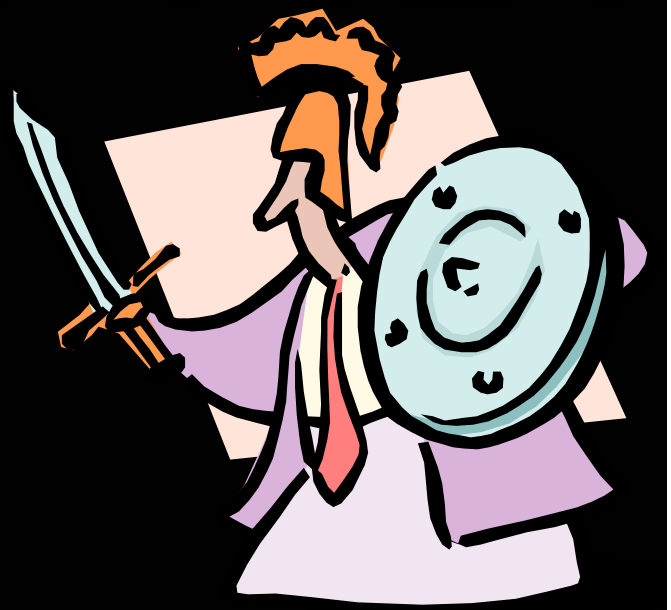
Table 2. Elements of Nursing Care by Ability of Patient to Report and Extent Missed*

	Fully Reportable	Partially Reportable	Not Reportable
			■ Patient assessment ■ Surveillance ■ IV site care
Frequently Missed	■ Mouth care ■ Listening ■ Being kept informed	■ Ambulation ■ Discharge planning ■ Patient education	
Sometimes Missed	■ Response to call lights ■ Response to alarms ■ Meal assistance ■ Pain medication and follow-up	■ Medication administration ■ Repositioning	
Rarely Missed	■ Bathing	■ Vital signs ■ Hand washing	

* IV, intravenous.

Kalisch, B et al. (2012). TJC Jour Qual Patient Safety,38(4),

Protect The Patient From Bad Things Happening on Your Watch



Implement Interventional Patient Hygiene

Interventional Patient Hygiene

- Hygiene…the science and practice of the establishment and maintenance of health
- Interventional Patient Hygiene….nursing action plan directly focused on fortifying the patients host defense through proactive use of evidence based hygiene care strategies

Hand Hygiene

Catheter Care

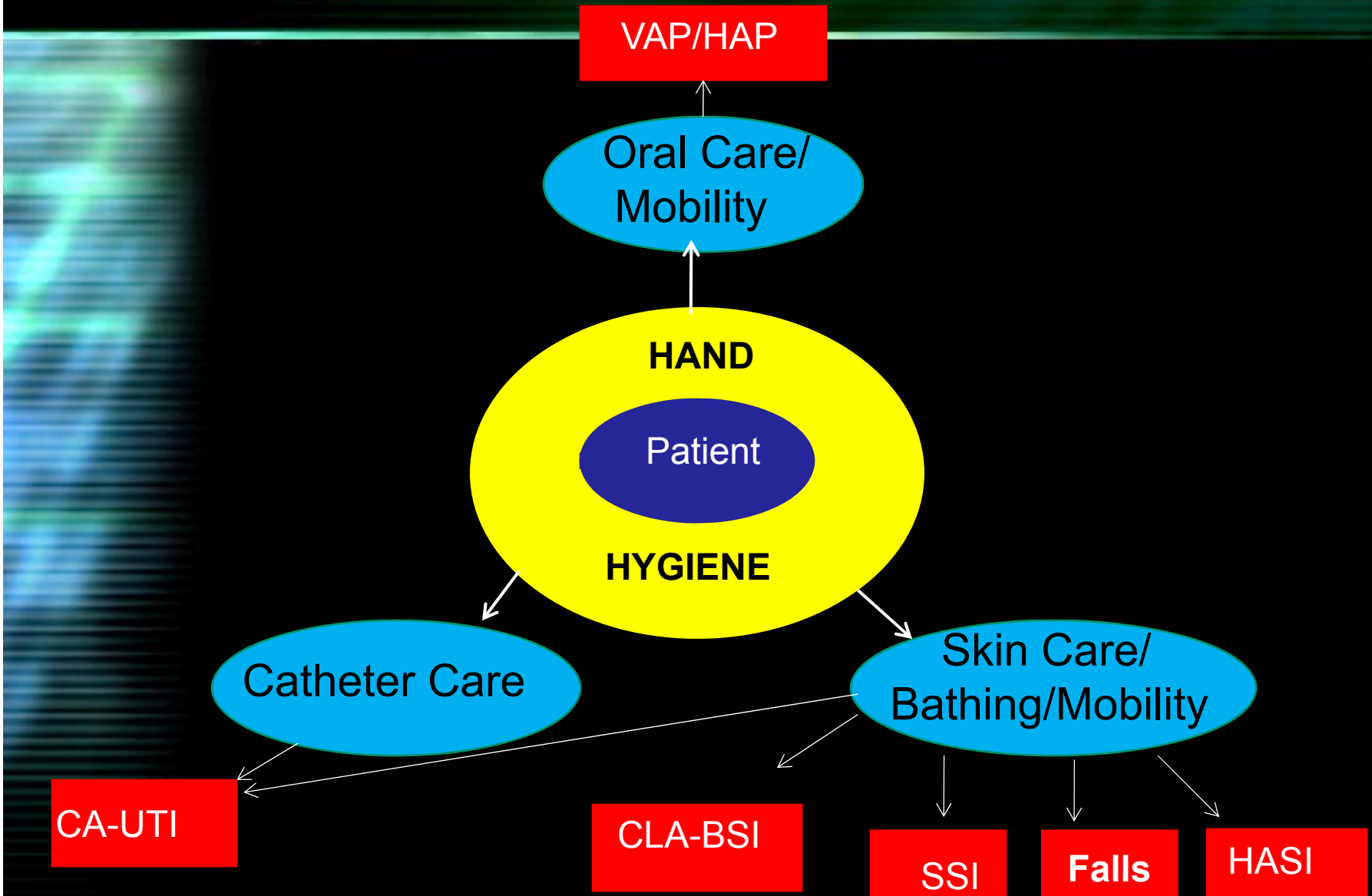
Bathing & Assessment

Comprehensive Oral Care Plan

Incontinence Associated Dermatitis Prevention Program

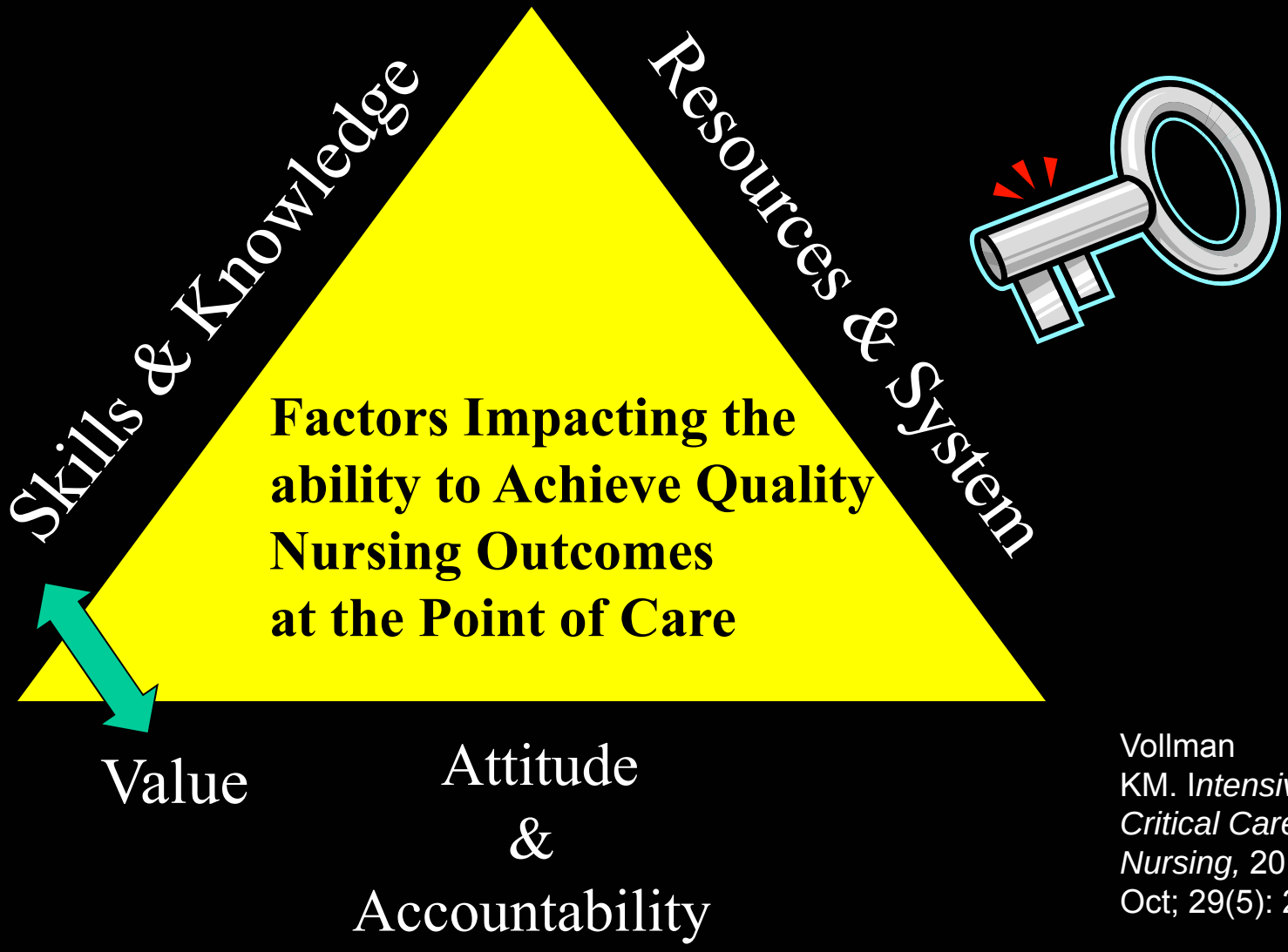
Pressure Ulcer Prevention

INTERVENTIONAL PATIENT HYGIENE(IPH)



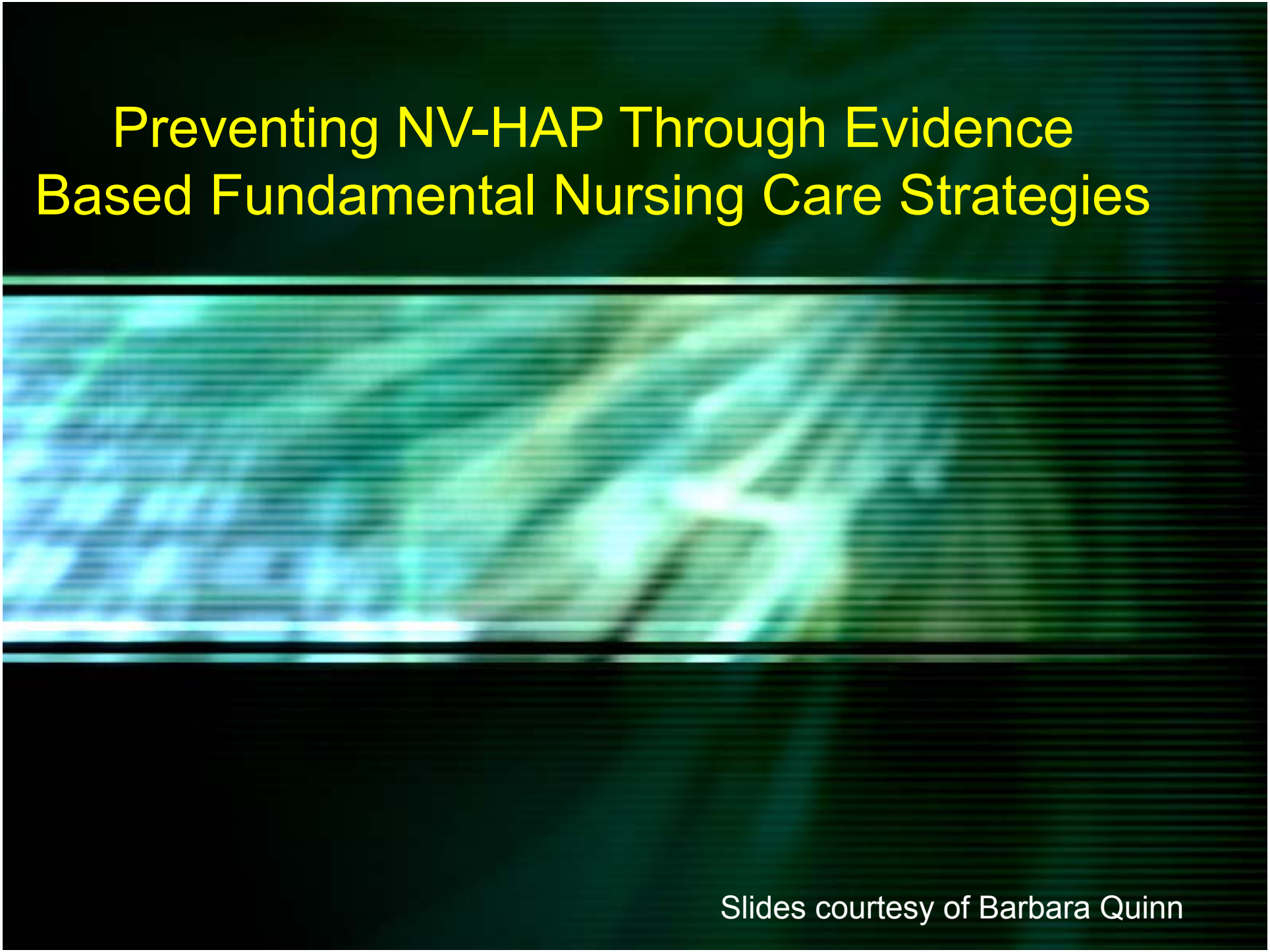
Vollman KM. Australian Crit Care, 2009;22(4): 152-154
Vollman KM. *Intensive & Critical Care Nursing*, 2013 Oct; 29(5): 250-5

Achieving the Use of the Evidence



Vollman KM. I*ntensive & Critical Care Nursing,* 2013 Oct; 29(5): 250-5

Preventing NV-HAP Through Evidence Based Fundamental Nursing Care Strategies



Slides courtesy of Barbara Quinn

Why NV-HAP?: DO NO HARM

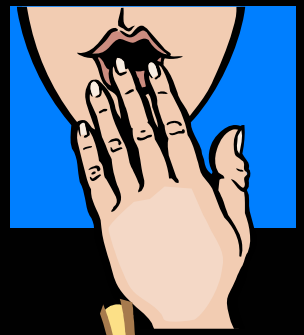
- HAP 1st most common HAI in U.S.
  - Increased morbidity → 50% are not discharged back home
  - Increased mortality →18%-29%
  - Extended LOS → 4-9 days
  - Increased Cost → $28K to $109K
  - 2x likely for readmission <30 day
- Understudied, under-addressed
- Focus has been on the other HAP → VAP
- Surveillance not required….yet

Kollef M.H. et.al. (2005). *Chest.* 128, 3854-3862
ATS, (2005). *AmJ Respir Crit Care Med*. 171, 388-416.
Lynch (2001) *Chest.* 119, 373S-384S.
Pennsylvania Dept. of Public Health (2010).

Pathogenesis → Prevention

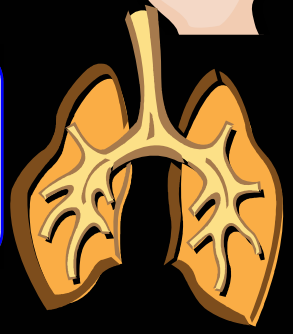
Germs in Mouth

- Dental plaque provides microhabitat
- Bacteria replicate 5X/24 hrs



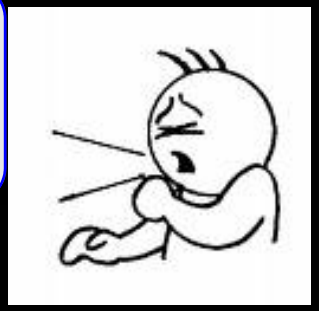
Aspirated into Lungs

- Most common route
- 50% of healthy adults micro-aspirate in sleep



Weak Defenses

- Poor cough
- Immunosuppressed
- Multiple co-morbidities



NV-HAP SMCS Research Findings: 2010

Incidence:

- 115 adults
- 62% non-ICU
- 50% surgical
- Average age 66
- Common comorbidities:
  - ❖ CAD, COPD, DM, GERD
- Common Risk Factors:
  - ❖ Dependent for ADLs (80%)
  - ❖ CNS depressant meds (79%)

Cost:

- $4.6 million
- 23 lives
- Mean Extended LOS 9 days
- 1035 extra days

Quinn, B. et al. Journal of Nursing Scholarship, 2014. 46(1):11-19

SMCS HAP Prevention Plan

Phase 1: Oral Care

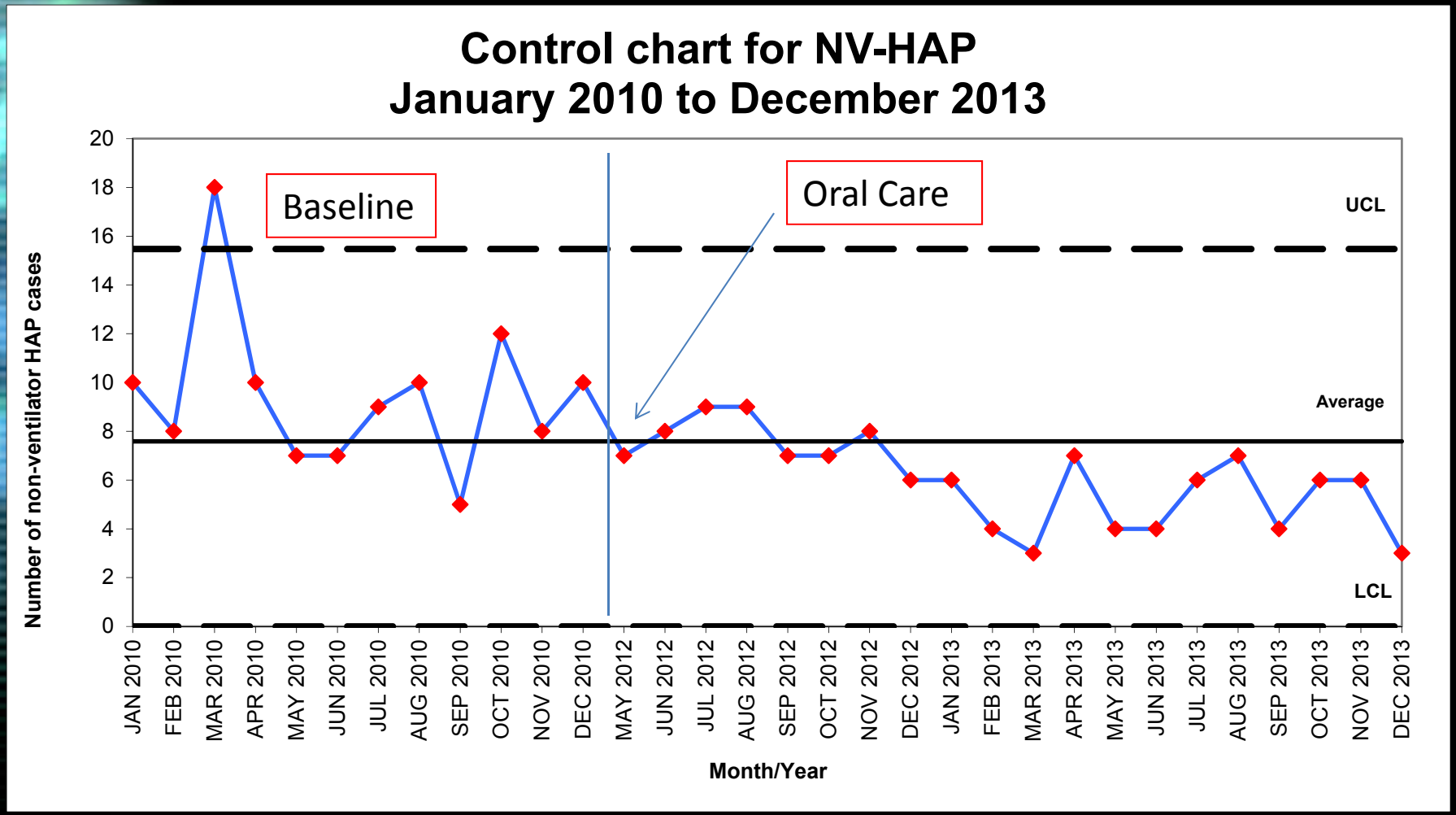
- Formation of new quality team: Hospital-Acquired Pneumonia Prevention Initiative (HAPPI)
- New oral care **protocol** to include non-ventilated patients
- New oral care **products and equipment** for all patients
- Staff **education** and in-services on products
- Ongoing **monitoring and measurement**
  - Monthly audits

Quinn B, et al. J of Nursing Scholarship, 2014, 46(1):11-19

Protocol – Plain & Simple

Patient Type	Tools	Procedure	Frequency
Self Care / Assist	Brush, paste, rinse, moisturizer	Provide tools Brush 1-2 minutes Rinse	4 X / day
Dependent / Aspiration Risk	Suction toothbrush kit (4)	Package instructions	4 X / day
Dependent / Vent	ICU Suction toothbrush kit (6)	Package instructions	6 X / day
Dentures	Tools + Cleanser Adhesive	Remove dentures & soak Brush gums, mouth Rinse	4X / day

NV-HAP Incidence
50 % Decrease from Baseline



Return on Investment

- 60 NV-HAP avoided Jan 1 – Dec. 31 2013
- $2,400,000 cost avoided

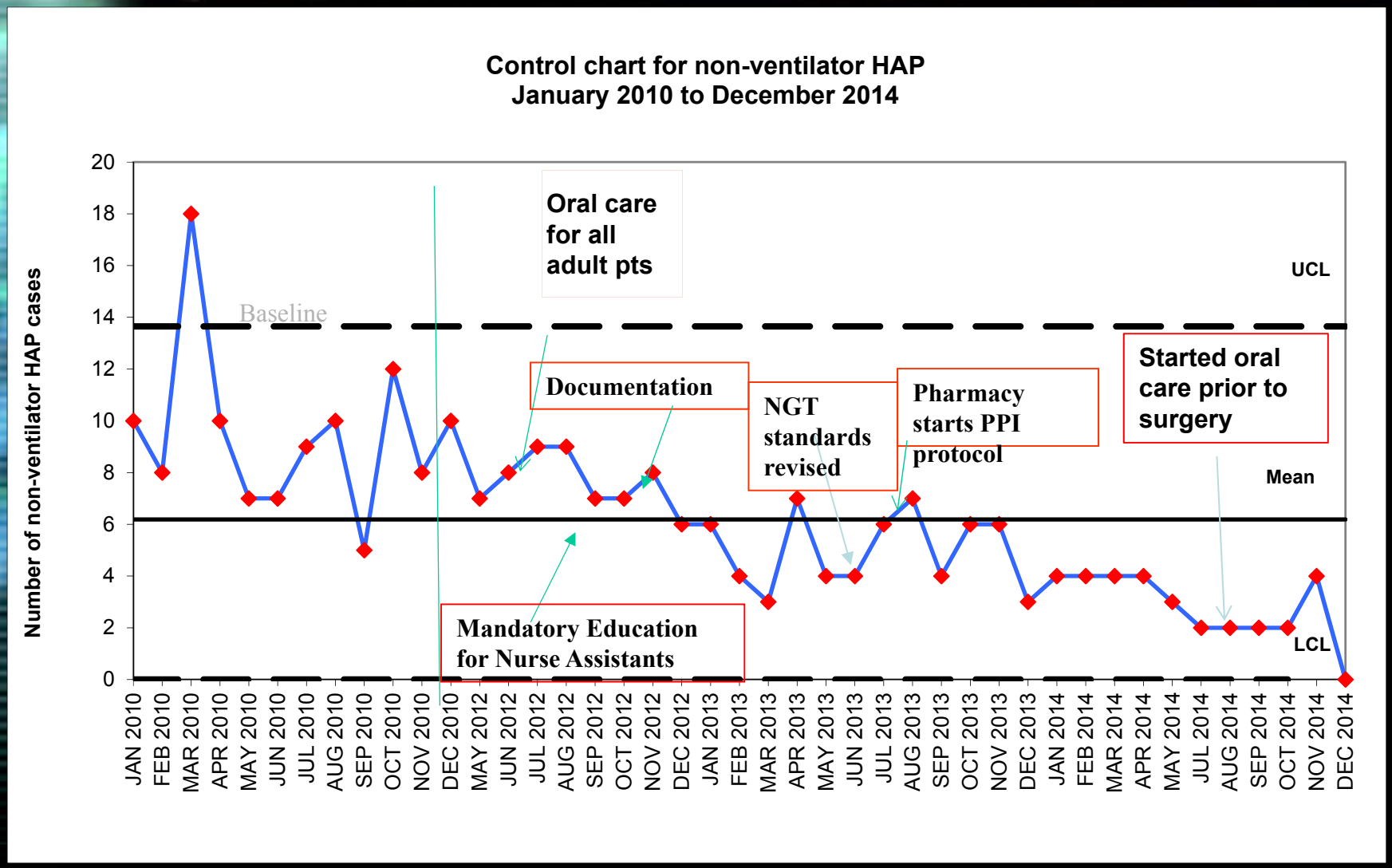
- 117,600 cost increase for supplies

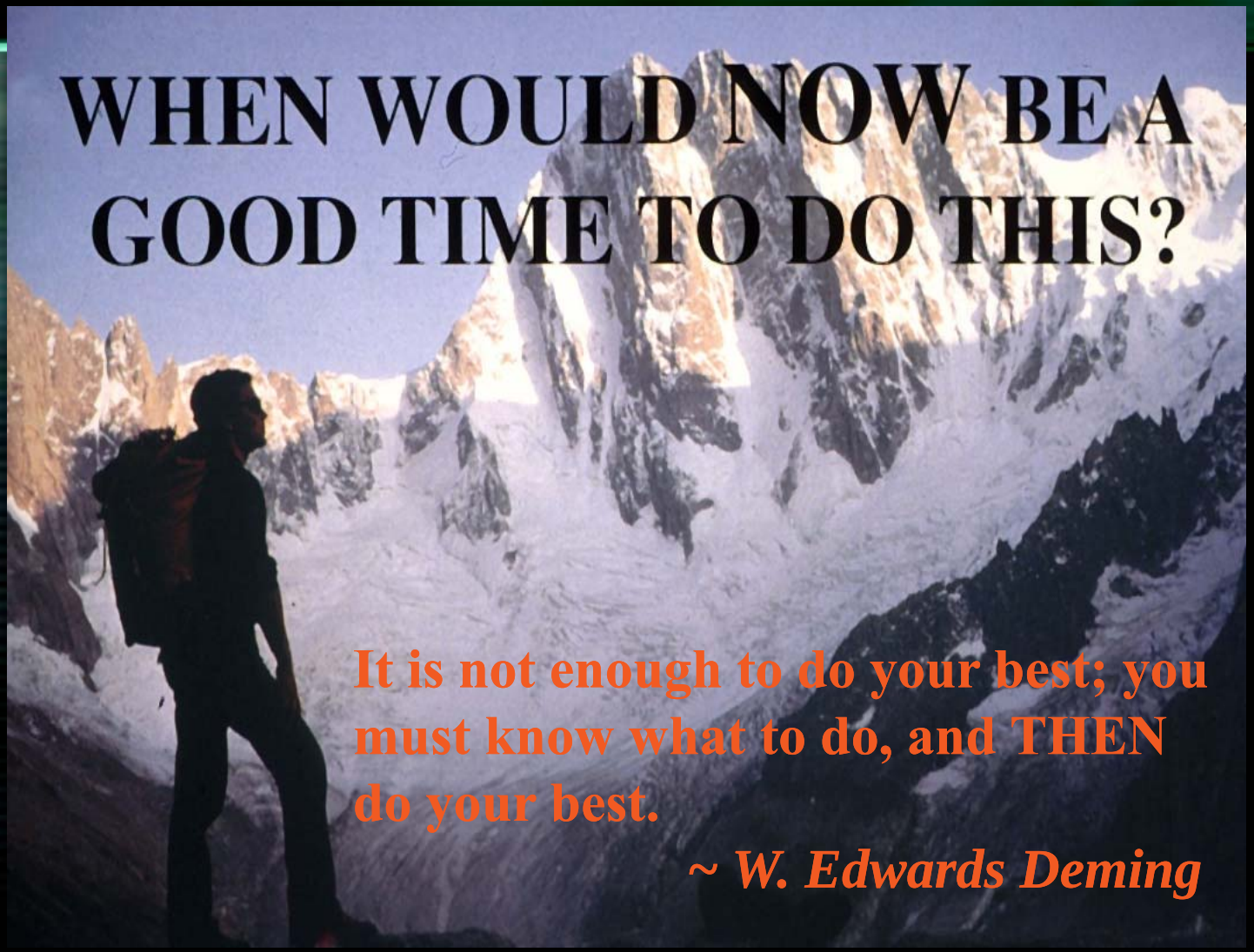
- $2,282,400 return on investment

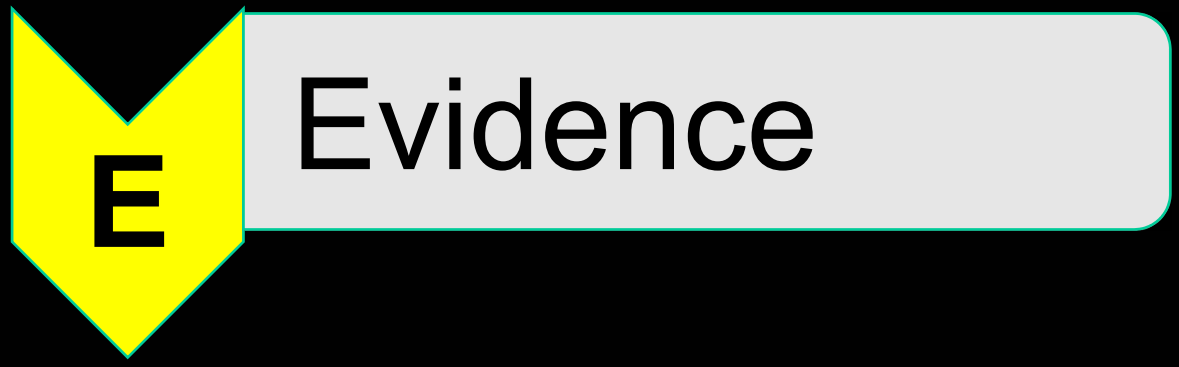
•8 lives saved

PRICELESS

NV-HAP ↓ 70% from baseline!

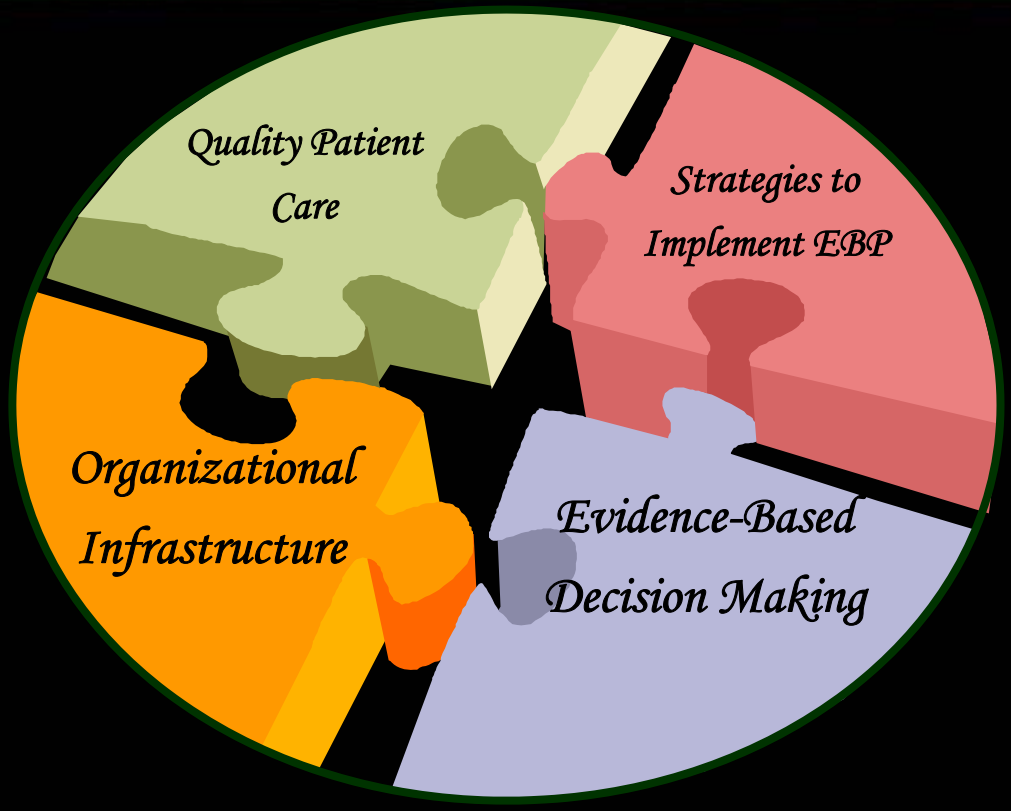



WHEN WOULD NOW BE A GOOD TIME TO DO THIS?
It is not enough to do your best; you must know what to do, and THEN do your best.
~ W. Edwards Deming


E
Evidence

Evidence-Based Practice

- "Patients who receive care based on the best and latest evidence from well-designed studies experience 28% better outcomes." (Heater, et.al. 1988. Nursing interventions and patient outcomes: A meta-analysis of studies. Nursing Research, 37, 303-307)
- It takes as long as 17 years to translate research findings into practice (Balas & Boren, 2000, Managing clinical knowledge for healthcare improvements pp.65-70 . Germany: Schattauer Publishing Co.)
- Without current best evidence, practice is rapidly outdated, often to the detriment of patients.



Evidence-Based Practice

Program overview:

Cullen, L. & Titler, M.G. (2004). Promoting evidence-based practice: An internship for staff nurses. Worldviews on Evidence-Based Nursing,1(4), 215-223.

Cullen, L. (2004). Evidence-based practice staff nurse Internship: Program training manual. Iowa City, IA: University of Iowa HospitalS and Clinics.


Activity without purpose is
the drain of your resources

We Make a Difference in Quality & Safety

- Increase nurse staffing was associated with; lower hospital related mortality, lower cardiac arrest, lower hospital acquired pneumonia in the surgical population, lower episodes of failure to rescue, lower UTIs, lower G.I. bleed/shock, lower falls & rates in hospital acquired pressure ulcers
- The risk of hospital deaths would increase by 31% or roughly 20,000 avoidable deaths each year if all hospitals at eight patients per nurse instead of four (JAMA 2002)
- When nurses case managed children with asthma there were fewer absences from school
- 11% improvement in failure to rescue (HealthGrades 2009 Report)

Patient Safety Strategies Strongly Encouraged for Adoption with Moderate to High Evidence

- Preoperative and anesthesia checklists to prevent perioperative events
- Bundles with a checklist to prevent CLA-BSI
- Interventions to reduce use of urinary catheters; stop orders, reminders or removal protocols
- Bundle to prevent ventilator associated pneumonia
- Hand hygiene
- Multiple component initiative to prevent pressure ulcers
- Prophylaxis intervention for venous thromboembolism
- Using real-time ultrasonography for placement of central catheters

Alspach JG. Crit Care Nurse, 2013;33(3):9-12

Patient Safety Strategies Encouraged for Adoption with Moderate to High Evidence

- Interventions to reduce patient falls
- Using clinical pharmacist to reduce adverse drug events
- Documenting patient preference for life-sustaining treatment
- Obtaining informed consent prior to medical procedures
- Team training
- Medication reconciliation
- Using surgical outcome report cards
- Rapid response systems
- Computerized provider order entry
- Using simulation training and patient safety efforts

Alspach JG. Crit Care Nurse, 2013;33(3):9-12

T Team

There is no “I” in TEAM…but there is a “ME”

Organizational & Unit Structures that Supported Empowerment & Evidence Based Practice

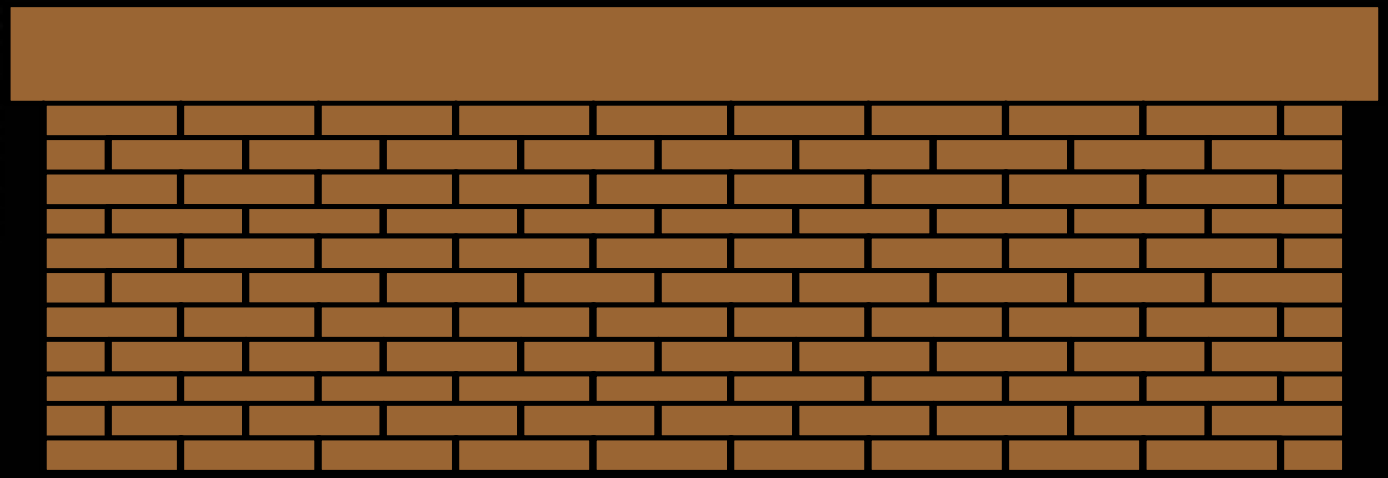
Shared Governance Model

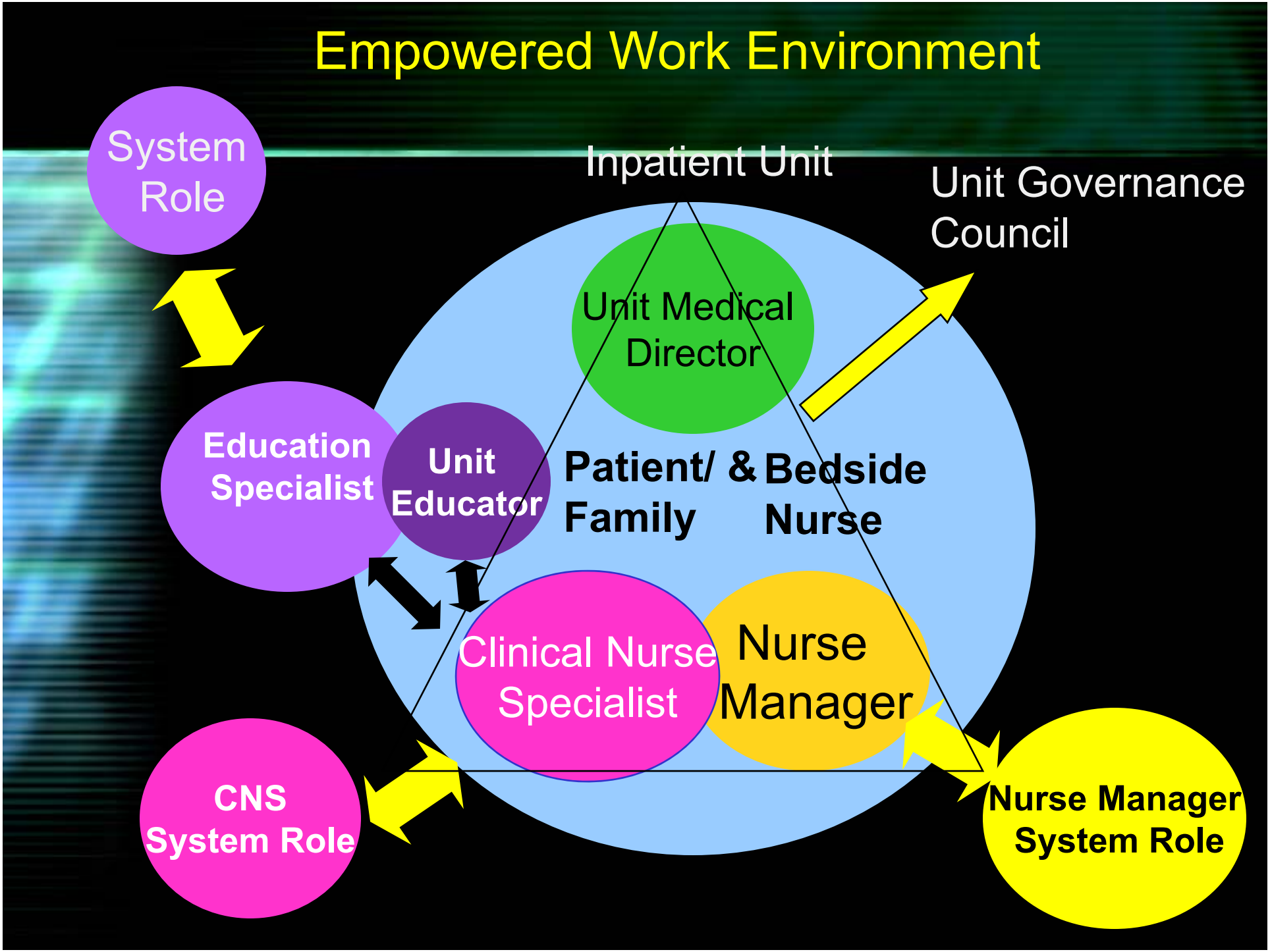
Professional Practice Model/Clinical Ladder

Unit Based Leadership Model

Educational Support

Continuous Quality Improvement Model




Empowered Work Environment
System Role
Inpatient Unit
Unit Governance Council
Unit Medical Director
Education Specialist
Unit Educator
Patient/ Family
&
Bedside Nurse
Clinical Nurse Specialist
Nurse Manager
CNS System Role
Nurse Manager System Role

Path to High Performing Teams

- Team Leadership
- Mutual performance monitoring
- Backup behavior
- Adaptability
- Team orientation

- The leader directs & coordinates team activities
- Team members monitor each other performance
- Team members anticipate & respond to one another's needs
- Team adjust strategies based on new information
- Prioritize team goals over individual goals

Shared Mental Model

Mutual Trust

Closed Looped Communication

O'Leary KL, et al. J Of Hosp Med, 2012;7(1):48-54

Tools and Strategies to Improve Communication and Teamwork

- Structured Handoff
- Huddles
- Daily rounds/goals
- Pre-procedure briefing
- Checklists

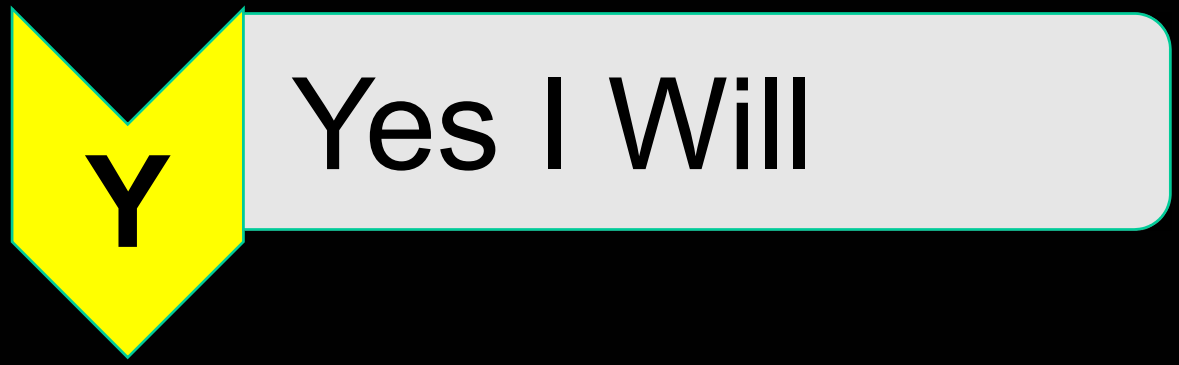
Hospitals With High Teamwork Ratings

- Higher patient satisfaction
- Higher nurse retention rates
- Lower hospital costs

O'Leary KL, et al. J Of Hosp Med, 2012;7(1):48-54

"Setting an Example is Not the Main Means of Influencing Others….It is the Only Means"

Albert Einstein


Y
Yes I Will

Yes I Will

Focus on Achieving Nurse Sensitive Outcomes & Commit to a Culture of Safety & Accountability

Yes I Will

Be the Power of One

“ I am only one, but still I am one.

I cannot do everything, but still I can do something.

I will not refuse to do the something I can do.”

Helen Keller

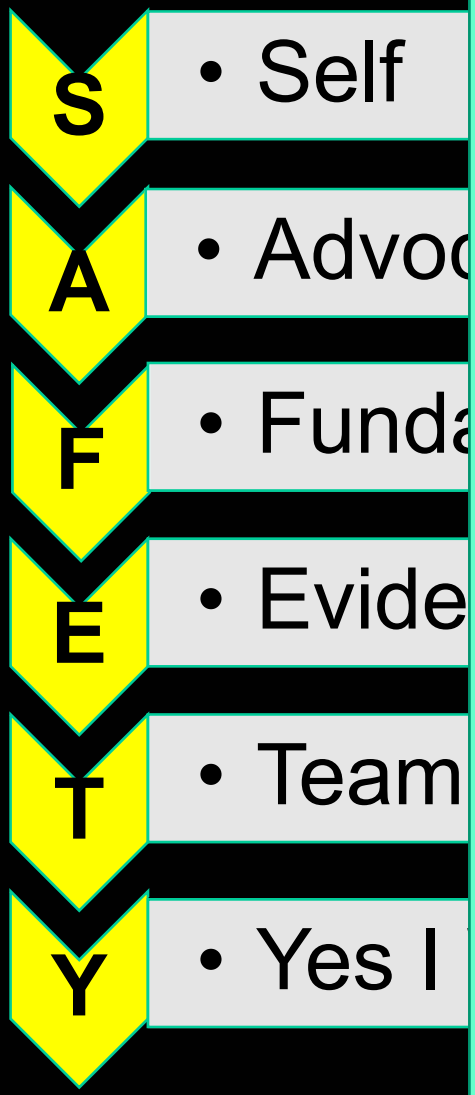
Yes I Will

Be Accountable

"You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You must do the thing which you think you cannot do."

Eleanor Roosevelt

Yes I Will



Change and growth take place when a person has risked himself & dares to become involved with experimenting with his own life

Herbert Otto

Yes I Will

Be the Innovation for Driving Change in Nursing Quality and Patient Safety

Questions?

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