Creating Healthy Work Environments 2019

Engaging Teamwork and Technology Strategies to Improve Patient and Staff Safety

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**Introduction**

The future of healthcare is increasingly evidence-driven. It is no longer ‘good enough’ to avoid or recover from disease; healthcare consumers want to know that they are getting the best of known treatment, by the best practitioners, for the best price possible. With reimbursement tied into these results, caregivers play an important role in maintaining and improving quality indicator scores, as well as the economic viability of entire healthcare systems. Employee injuries add to the cost of care, and lead to unhealthy work environments with poor outcomes. Engaging frontline staff to consistently address issues that lead to changes in these quality indicators can be challenging.

**Materials**

A large nursing quality indicator board was installed on a wall near the nurse’s station. The quality indicators (QI) tracked on the unit are listed with one per sheet. The QI tracked are employee injuries, lab-labeling errors, patient falls, healthcare associated pressure injury (HAPI), catheter associated urinary tract infection (CAUTI), and central line associated blood stream infections (CLABSI). Each QI sheet has a yearly calendar with the day an incident happened marked in red.

**Procedure**

A change in practice was implemented. No new staff members were required to implement this change. Twice daily team safety huddles are held at the start of the shift in front of the QI board. All staff members attend including registered nurses, certified nursing assistants, and the unit secretary. Any team member with a safety concern reports it at the team safety huddle, thus engaging and empowering staff to take ownership of QI data. Concerns are then acted upon without needing manager approval, streamlining change of patient outcomes.

**Data**

Quality indicator team safety huddles start each nursing shift with a review of employee injuries, quality indicators, and time elapsed since the last event. After an incident, a new count is started on how many days it has been since the last event.

**Results**

Since implementation of the QI board with safety huddles, employee injury rates decreased by one-third, there was only one injury with minimal time lost, and no staff members had injuries requiring them to transfer to positions off the unit as had previously occurred. Patient fall rates decreased by 50% in the first year after implementation. No HAPIs have been reported since the start of the QI safety huddles. The rate of CLABSI stayed the same despite an increased number of patients with central lines. The rate of CAUTI decreased by 25% in the first year, and by another 25% in the second year. Technological solutions were added after the team huddles revealed patient falls to be the largest area still needing improvement. A mobile “telesitter” device was purchased to utilize for patients at high fall risk. Team members needed no manager approval to implement its use. Fall rates decreased further after the addition of this device.
Conclusion

Implementation of this procedure improved quality indicators. It allowed for highlighting of opportunities for further improvement. The implementation of technological solutions allowed for continued improvement. Despite the fact that no new staff members were required for this change in practice, quality outcomes improved. Secondary to that, employee injury rates decreased making the work environment healthier for both patients and staff members.

Title:
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References:


Abstract Summary:
Engaging frontline staff to consistently address issues that lead to employee injury and impact quality indicator rates can be challenging. On one medical-surgical unit, safety huddles inspired teamwork that decreased employee injury rates, and improved quality indicators. Technological solutions were added that increased these improvements.

Content Outline:
Introduction

Improving employee injury and quality indicator rates on a medical-surgical unit can be difficult. Teamwork based safety huddles were implemented to improve these measures. Technological interventions were then implemented to further decrease rates in the indicators with the most opportunity for improvement.

Materials
A large nursing quality indicator board was installed on a wall near the nurse’s station. The quality indicators (QI) tracked on the unit are listed with one per sheet.

Procedure

Twice daily team safety huddles are held at the start of the shift in front of the QI board. Any team member with a safety concern reports it at shift safety huddle, thus engaging and empowering staff to take ownership of QI data.

Results

All measures tracked showed improvement after implementation of the team safety huddles. The visual layout and ease of use of the large board made it quick and easy to identify the areas that were not showing as much improvement. Technological interventions were then added that aided quality indicator rates.

Conclusion

The new team safety huddle led to decreased employee injury rates and improved quality outcomes, improving the work environment for staff and patients.

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Author Summary: Colleen Clancy, MSN-c, BSN, RN-BC is a staff nurse in Seattle, Washington with fourteen years experience in medical-surgical nursing. She will complete her Masters in Nursing Education in 2019 at Western Governors University. Previously she has presented posters on improving nursing quality indicators at the ANCC Pathway to Excellence annual conference in 2018, and the Academy of Medical-Surgical Nurses annual conference in 2017.