



Lynn Forsey PhD, RN
lforsey@stanfordmed.org



Maria O'Rourke PhD,
RN, FAAN
maria.orourke@onsomble.com



STANFORD
HOSPITAL & CLINICS

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Optimizing Hospital RN Role Competency Leads to Improved Patient Outcomes

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Prague, Czech Republic • 22-26 July 2013

Objectives

- Describe pre/post evaluation results:
 - of a one year program for a population of IICU (Progressive care) nurses
 - on four units at an academic medical center
 - to improve patient outcomes
 - through improved professional role competency



Stanford Hospital & Clinics: Nursing

➤ 1,730 Clinical Registered Nurses & 119 Advanced Practice Professionals

Inpatient Nursing (422 beds)
Nursing Practice & Education
Research/Evidence-Based Practice
Nursing Quality
Advanced Practice Providers

Emergency Department (54,000 visits)
Clinical Inpatient Access

Transfer Center
Life Flight
Patient Placement
Crisis RNs
Administrative Nursing
Supervisors

Infection Prevention & Control
Case Management

Outpatient Clinics (490,000 visits) -
Centers of Excellence

Cardiology
Neurosciences
Orthopedics
Cancer Care

Perioperative Services
(2,100 annual procedures)

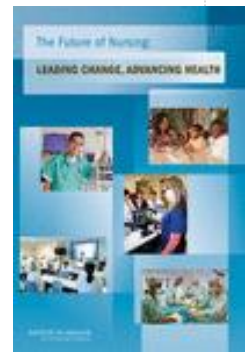
Ambulatory
Main OR
PACU
Satellite

➤ www.stanfordhospital.org/nursing

Problem Overview:

Key Issues

- Internal assessment of nurse-sensitive outcomes prior to magnet redesignation revealed uneven performance despite
 - Active nursing quality program
 - Multiple education resources for nurse-sensitive indicators
 - Experienced nursing leadership and stable workforce
- Professional Practice Model revision revealed gaps in nurse understanding of core professional role and practice concepts
- External Future of Nursing recommendations focused on optimized role capacity, scope of practice, preparation for leadership roles



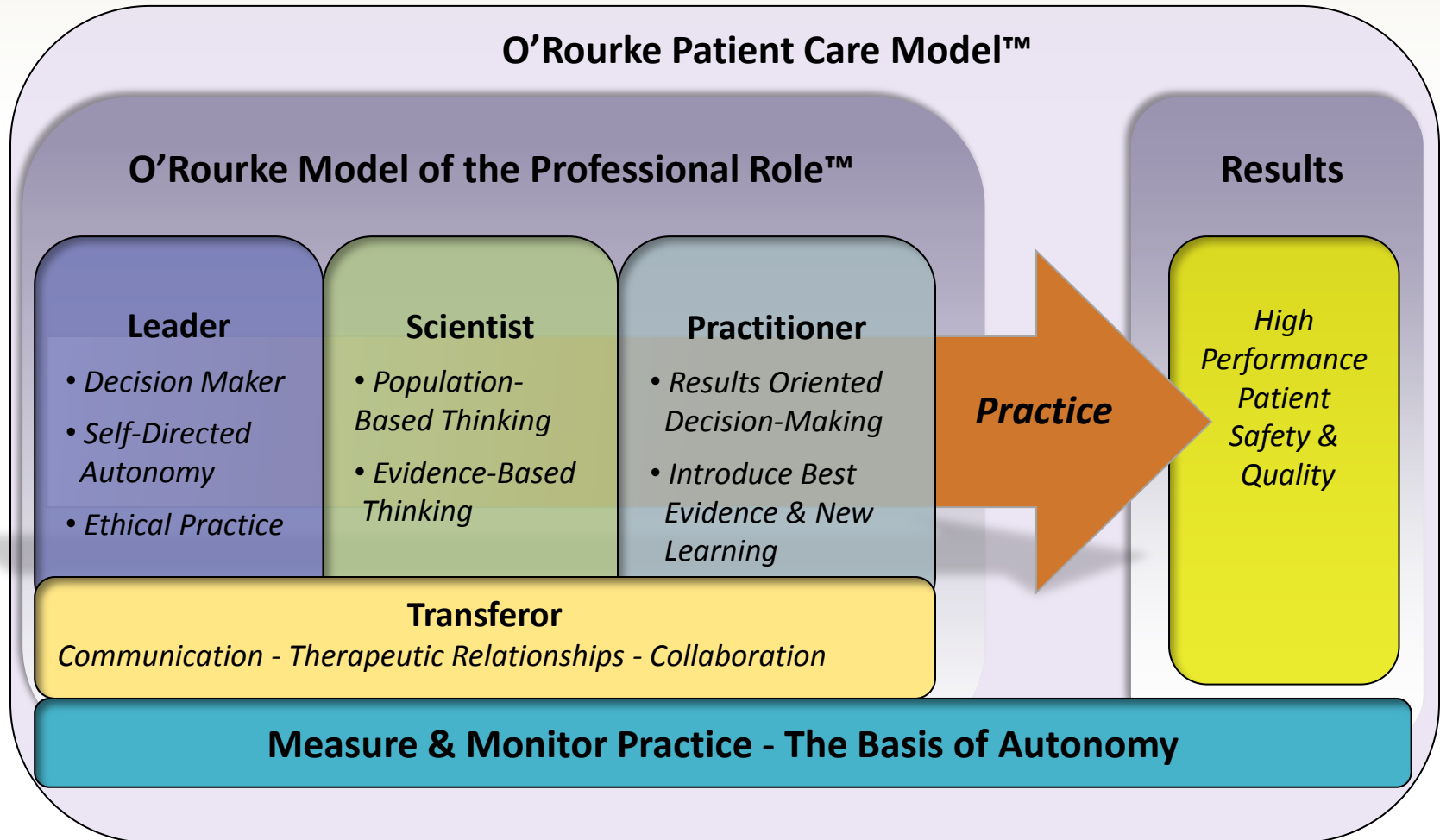
Background & Evidence Review

- Nurses must exhibit professional role competency to fully realize the Institute of Medicine's Future of Nursing goals regarding full scope of practice and enhanced leadership roles¹.
- Uneven performance on nurse-sensitive indicators (outcomes) was a symptom of confusion about nurse role accountability, responsibility and authority resulting in a task-based versus professional focus. This role confusion was felt to be a barrier to optimizing RN scope that leads to practice excellence.
- Reinvesting in professional role development of nurses, both nurse leaders and staff, via a role competency program² created opportunity to reset professional role standards. O⁵ used as overarching role clarity framework for role development



Conceptual Model

Role Clarity ➡ Practice ➡ Outcomes





Methods

- Design: pre/post professional role-based practice program
- Target Nursing units: four intermediate/progressive care units over 1 year
- Program Components (Intervention):
 - 2 days of Classroom training by Lead Coach/Peer Coach Teams for 10 cohorts of clinical nurses (n=365)
 - Clinical staff nurse completion of online professional role assessments (n=302)
 - On unit peer-coaching of role competency behaviors
 - Targeted nursing unit performance improvements
- Program effectiveness measures:
 - Classroom Training: evaluations, participant feedback, milestone completion
 - Role competency measure: On Role validated online assessment tool
 - Process Outcomes measure:
 - Individual nurse: Handovers content quality
 - Unit work environment: NDNQI Practice Environment Scale (PES)
 - Patient Outcome measure: HCAHPS patient satisfaction scores

Results

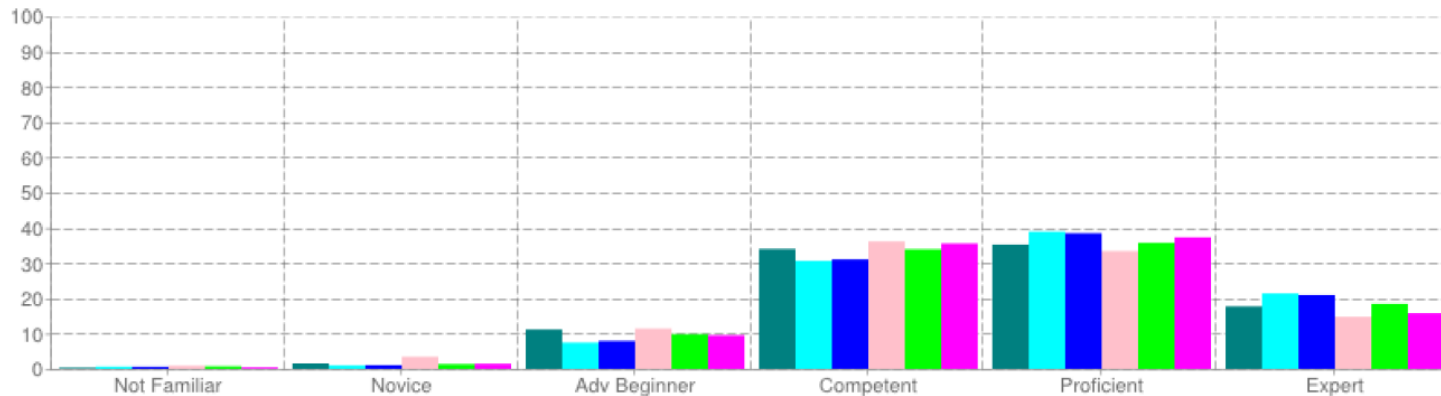


- Participation Rate: 98% staff RNs completed program
- Interventions (Education and Performance Improvement):
 - Nursing role performance objectively measured (n=302)
 - Nurse Behaviors: Shift Handovers improved for medical (dependent) and nursing (independent) functions ($t < 0.05$)
 - Practice Environment: NDNQI Practice Environment improved on 2 of 4 units, 3 units > magnet 50th percentile
- Patient Outcome:
 - 4 nurse-sensitive patient satisfaction questions (HCAHPS) improved but not statistically significant
 - Nurse Listening: 4 units improved
 - Nurse Courtesy/Respect: 2 units improved, 1 no difference, 1 decreased
 - Toileting: 2 units that focused on this improved
 - Pain: 2 units that focused on this improved

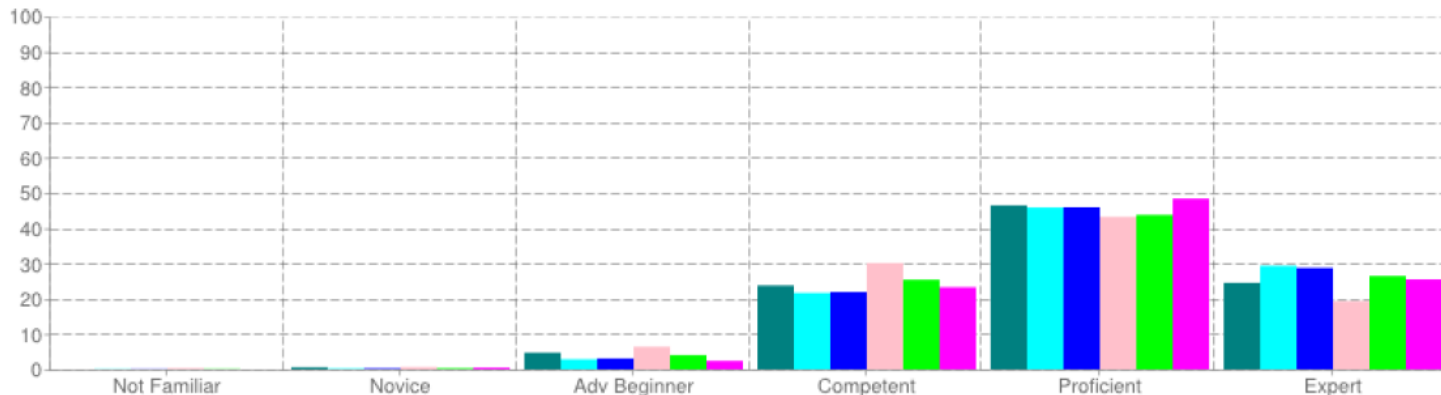
OnSomble OnRole™ Assessment

Figure 1: IICU RN Professional Role Competency Assessment (n=302)

Aggregate Self-Assessment Results

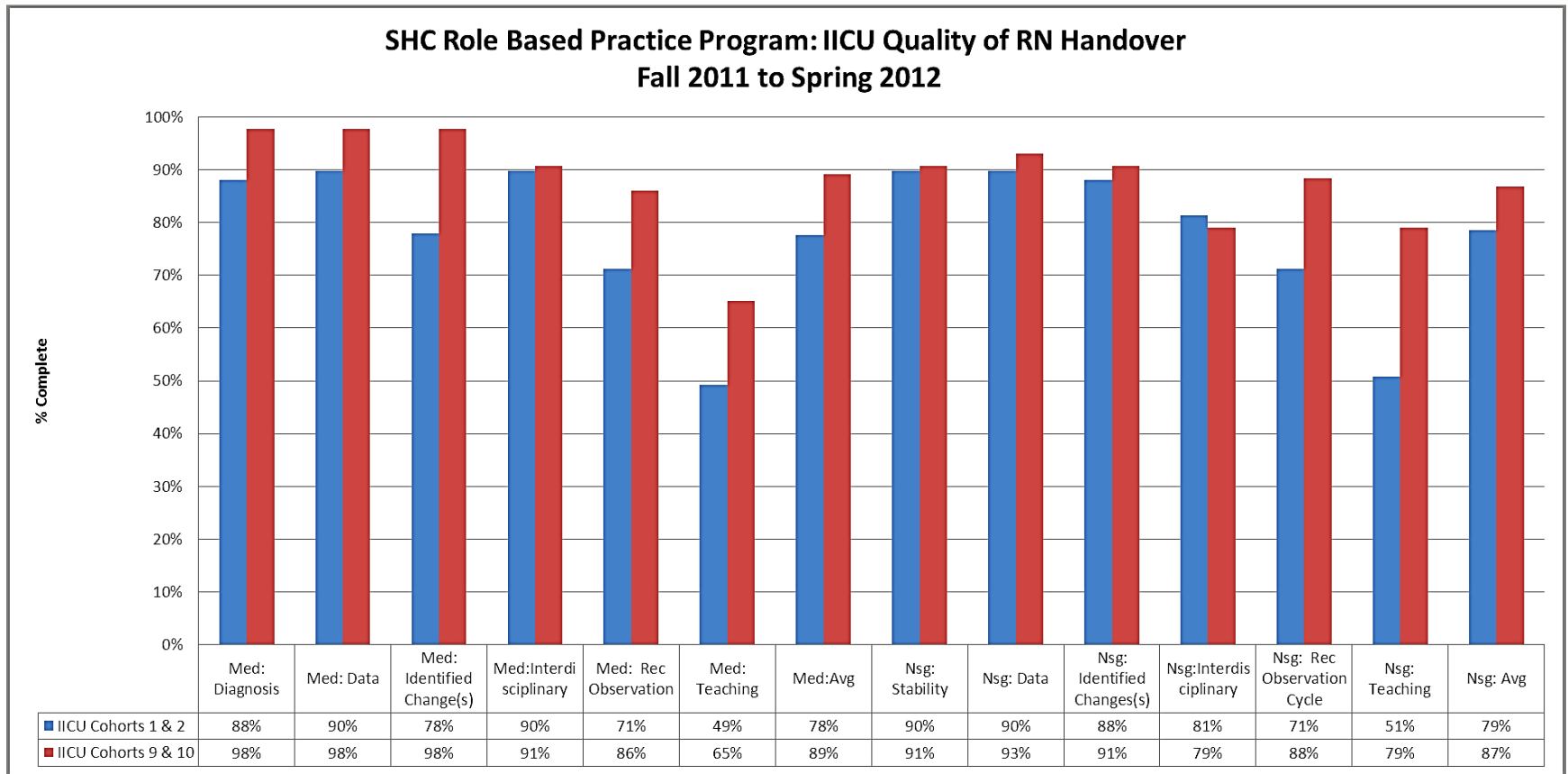


Aggregate Reconciled Assessment Results



Handover Composition

Figure 2: Pre/Post Comparison of IICU Handover Observations (n=102)





Work Environment Survey

Practice Environment Scale (PES) of ANA NDNQI™ Survey of Registered Nurses:

Nurse participation in hospital affairs; Nursing foundations for quality care

Nurse manager ability, leadership, support for RNs; Staffing and resource adequacy

Collegial nurse-physician relationships

| Unit | 2012 Response Rate | 2011 Mean PES | 2012 Mean PES | Change |
|---------------|--------------------|---------------|---------------|--------|
| B2 | 52% | 2.56 | 2.70 | +0.14 |
| B3 | 70% | 3.20 | 3.07* | -0.13 |
| D2 | 95% | 3.28 | 3.13** | -0.15 |
| D3 | 93% | 3.03 | 3.13** | +0.10 |
| All SHC Units | 74% | 2.86 | 2.81 | -0.05 |

* Above Magnet 50th p ** Above Magnet 75th p

Patient Satisfaction (Unit Level):

Q1-2 2011 to Q4 2012-Q1 2013

Figure 3: Change in Unit Nurse-Sensitive HCAHPS* Scores Pre/Post Program

| Unit | Nurse Courtesy/Respect (n=922) | Nurse Listening (n=925) | Help Toileting as Needed (n=596) | Staff do all to Help Pain (n=619) |
|-------|--------------------------------------|-------------------------------|--|---|
| B2 | -5.95 | +5.45 | +9.05 | -6.50 |
| B3 | -0.60 | +1.60 | -2.70 | +13.70 |
| D2/G2 | +1.40 | +3.95 | +15.05 | -2.85 |
| D3 | +3.80 | +3.10 | -8.95 | +7.40 |

ANOVA test for differences between Pre/Post scores set at .05 sig level, result was Not Significant

* HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*)

<http://www.hcahpsonline.org>. Centers for Medicare & Medicaid Services, Baltimore, MD. June, 22, 2013.

Summary and Next Steps

- A program to enhance nurse professional role competency supported by nursing unit performance improvement actions was effective in improving staff nurse accountability for practice as evidenced by handover report observations, nursing work environment and improved nurse sensitive patient satisfaction outcomes
- 2012-2013: Completing 12 cohorts of Medical/Surgical nurse program (additional 280 RNS) with ongoing measures and operations integration



References

1. IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
2. O'Rourke, M (2006). Beyond Rhetoric to Role Accountability. *Nurse Leader*, June28-33,44.
3. O'Rourke, M., White, A. (2011). Professional Role Clarity and Competency in Health Care Staffing- The Missing Pieces. *Nursing Economics*, 29(4), 183-188.