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Building a Culture of Safety: Aligning Innovative Leadership Rounding and Staff Driven Hourly Rounding Strategies

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Objectives

- Describe expectations and processes used by leaders and managers to build a culture of safety and accountability
- Describe strategies and lessons learned by leaders in the culture of safety building process

Building a Culture of Safety: Implementing a New Leadership Rounding Model

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Main Line Health System

Objectives

- Describe the Culture of Safety program and the metrics used to measure success
- Describe how the leadership rounding program has evolved into a robust, transparent and partnership model.

Why is “leader rounding” so important to patient and staff safety?

Building a Culture of Safety

- Main Line Health System (MLHS)
- 5 hospital-system in Pennsylvania
- Dissatisfied with its quality and safety outcomes
- In 2009, began a *culture of safety* journey

Safety is our Main Line

Our *mission* at Main Line Health is to provide a superior patient experience.

Our *goal* at Main Line Health is to be well ahead in patient safety by eliminating preventable harm

2013 Target:
Reduce serious safety event rate by 50%

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Strategy for Building a Strong Culture

What Leaders Do

Set Expectations

Educate & Build Skill

Reinforce & Build Accountability

An accountability system to convert behaviors to work habits

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Rounding to Embed a Culture of Safety

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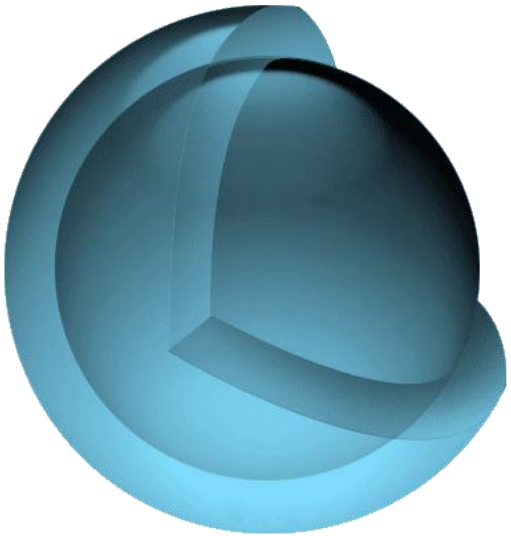
Engaged Leaders
Make Safety a Core Value



- Submit safety start every meeting with a safety topic or stories
- Recognize & support people who *"stop the line for safety"*
- Encourage transparency in sharing safety events
- Recognize reporting of safety events
- Embed safety in hiring

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Structures and Processes

Start every meeting with a safety topic or story

- Tell a story about a safety event
- Share a success story
- Show the most recent SSER chart
- Identify days since the last Serious Safety Event
- Reinforce an Error Prevention Tool

Recognize & support people who ask the safety question or "stop the line for safety"

- Support staff who took the risk to "speak up for safety" – even if it turned out to be wrong
- Recognize an employee who went the extra mile to keep a patient or co-worker safe
- Coach on ways to effectively "stop the line"

Create transparency by sharing safety events

- Share lessons learned from safety events available on MLH intranet site http://intranet/patsafety/
- Encourage staff to "tell their own Lessons learned"

Structures and Processes

Embed safety behaviors in hiring and performance reviews

- Incorporate the five Main Line Health Safety Behaviors into interview questions
- Ask the prospective employee how they have used the tools in the past (behavioral interviewing)
- Coach and document staff use of safety behaviors and error prevention tools

Encourage and reward reporting of safety events – eliminate fear of reporting

- Encourage reporting of near misses
- Celebrate staff who have self reported events

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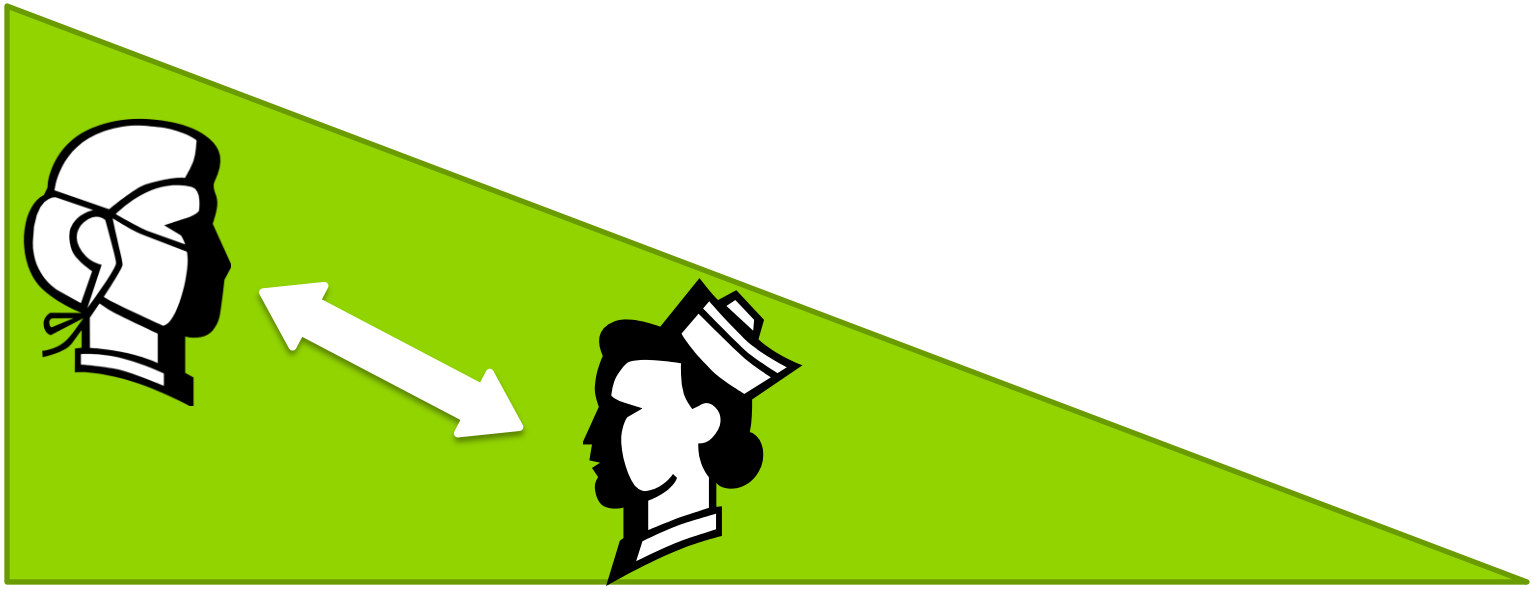
Power Distance & Authority Gradient

Power Distance is the extent to which the less powerful expect and accept that power is distributed unequally.

Authority gradient is the perception of power and authority as perceived by the subordinate.



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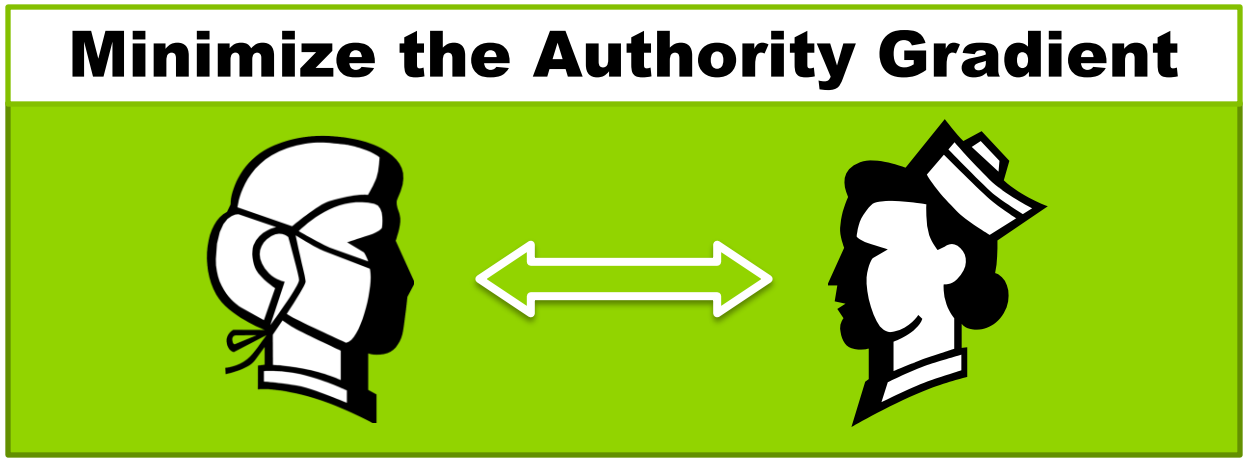
Power Distance & Authority Gradient

Members of a team are more likely to question decisions made and to speak up for safety when the power gradient is minimized.



Alignment

The MLH Daily Safety Huddle

A Strategy for Finding & Fixing Problems

- Each Campus will conduct a 15 minute facility based Safety Huddle every weekday between 9:30-10:00 am
- Agenda:
  - Safety (patient or associate) concerns from the previous 24 hours
  - Safety concerns for the next 24 hours
  - Recent sentinel/serious safety events
  - Other items to consider
    - Days since last serious Safety Event
    - Days since last employee injury
    - Safety Success Stories

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Communication
SBAR Briefing Format

When you need to communicate about a problem or issue that needs resolution…

Situation

- Who you're calling about, the immediate problem, your concerns

Background

- Review of the pertinent information: environment, procedures, patient condition, employee status, etc

Assessment

- Your view of the situation: *"I think the problem is…" or "I'm not sure what the problem is"*
- Urgency of action: "*the situation is deteriorating rapidly – we need to do something*"

Recommendation

- Your suggestion to or request of the other person

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Riddle Hospital Senior Leading Rounding

Scribe: _____

DATE	UNIT:	UNIT:
Senior Leadership	EMPLOYEE NAME(s): Safety Coach:	EMPLOYEE NAME(s): Safety Coach:
1. What's working well?		
2. Can you share any success stories related to your unit?	Who? What/Why? T.Y. Card Sent?	Who? What/Why? T.Y. Card Sent?
3. Is there anyone that I should recognize for doing great work? Are there any physicians or other departments that I should recognize?	Who? What/Why? T.Y. Card Sent?	Who? What/Why? T.Y. Card Sent?
4. How comfortable are you raising a concern related to patient safety?		
5. Can I count on you moving forward to always speak up for safety and to share your great stories and catches so we know of them and can recognize you for them?		

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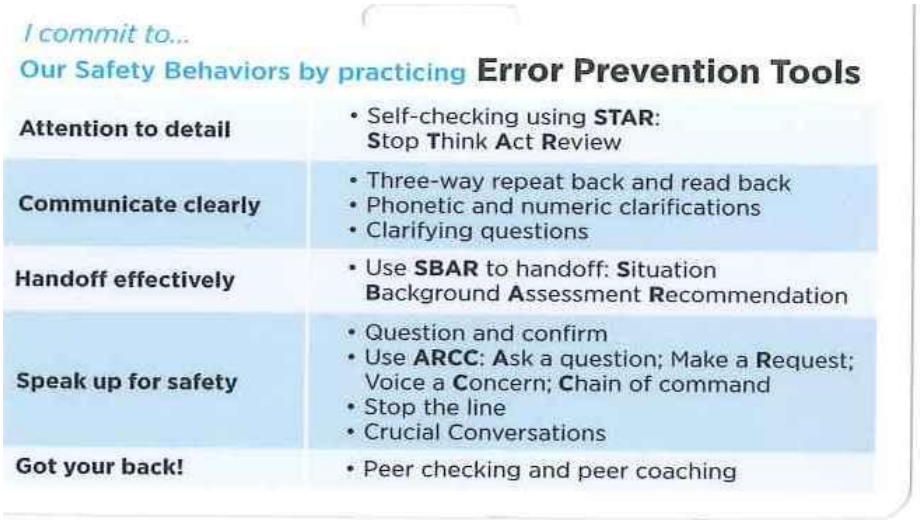
6. Is there anything that I can help you with right now?		
7. What were you most impressed with during your visit?	**Example:**	**Example :**
8. What needs additional attention?	**Example :**	**Example :**
9. Staff issues/concerns that require follow up?	**Isssue:**	**Issue:**



I commit to...

Our Safety Behaviors by practicing **Error Prevention Tools**

Attention to detail	• Self-checking using **STAR**: **S**top **T**hink **A**ct **R**eview
Communicate clearly	• Three-way repeat back and read back • Phonetic and numeric clarifications • Clarifying questions
Handoff effectively	• Use **SBAR** to handoff: **S**ituation **B**ackground **A**ssessment **R**ecommendation
Speak up for safety	• Question and confirm • Use **ARCC**: **A**sk a question; Make a **R**equest; Voice a **C**oncern; **C**hain of command • Stop the line • Crucial Conversations
Got your back!	• Peer checking and peer coaching

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Next Steps

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Building a Culture of Safety: Nurse Managers as Drivers of Safety and Quality

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Main Line Health System

Directors and Nurse Managers Building a Culture of Safety

Objectives

- Describe expectations and processes used by nurse managers
- Describe strategies and lessons learned by nurse managers

Engaged Leaders

- Fundamental belief that rounding was key to embedding the culture of safety
- Director of Nursing and several Nurse Managers attended Studer conferences
- Department of Nursing identified that leader rounding was the key factor in embedding the culture of safety with staff
  - Find and fix problems, build relationships with staff, and identify barriers that prevent them from providing safe care

Next….we learned about the Structure of rounding

- Outside consultant emphasized the valueof rounding
- During the visit the consultant recognized the progress by rounding with the Nurse Managers
- Provided tips to successful rounding
- Acknowledged challenges to accomplishing daily rounding
- Provided individual feedback to managers based on rounding sessions

Structure and Processes

- Worked with Nurse Managers to develop a rounding log using ideas from leading practice models
- Asked managers to clear their schedules to allow time for rounding
- Asked managers to use the rounding log and turn them in for review

Nurse Manager Leader Rounding - New Admission

DATE: _____

Unit: _____

Leader: _____

* Use back of sheet for comments or follow-up

* Document staff coaching and follow-up on reverse

STEPS Answer Y (Yes) or N (No) or NA to the following questions		RM# / MR#/Name / RN/PCT	RM# / MR#/Name / RN/PCT	RM# / MR#/Name / RN/PCT	RM# / MR#/Name / RN/PCT
Hello, my name is _____. I am the nurse manager for ____(unit). How are you doing today? I am making rounds to see if there is anything that I can do for you. Is there anything that the staff or I could be doing to better meet your needs? The staff and I are always working hard to provide excellent care on this unit. **How are we doing with: (Pick one question section to ask the patient):**	Morse Score =				
	Bed Alarm (>45)				
	EOC Check				
	White Board				
	POC sheets				
	Bed Linen				
	Bathroom				
A. **COMMUNICATION**: 1. listening carefully to you? 2. Are you getting answers to any questions you may have? 3. Are you getting explanations that you understand?					
B. **QUIETNESS and CLEANLINESS:** 1. Goal to provide quiet , restful, healing environment by reducing noise at night, 2. Assess for cleanliness					
C. **RESPONSIVENESS OF STAFF**: 1. what happens when you place the call bell on?					
D. **PAIN MANAGEMENT:** Pain level? Well controlled?					
E: **MEDICATION EDUCATION:** 1. Has your nurse discussed your medications and side effects with you? 2. Have you received a handout regarding your medication side effects?					
F. **DISCHARGE INFORMATION:** 1. Is there any specific information that you would like to receive to better care for yourself after discharge?					
Wins Captured / Rewards & Recognition Opportunities: Is there any staff member that I should recognize for providing exceptional care to you?					
CLOSING: Thank you for your time and feedback. It was a pleasure to meet you. Please contact me if there is anything I can do to make your stay more comfortable. (Provide business card/welcome letter before leaving)					

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Structure and Processes

- Regular updates at Manager meetings
  - How was rounding going?
  - What were they learning from patients and staff?
  - Could staff identify more of the safety behaviors and tools?

- THEMES : Too many meetings and interruptions and not enough time to round.

Accountability

- Rounding logs were being turned in at varying rates by both Managers and Coordinators
- Excuses/challenges continued to be voiced
- Continued to encourage them to round and they validated they understood the importance
- Recognized some were accomplishing more rounding than others, so I made a score card and when I handed it out, they were not pleased, and the excuses continued.

Accountability

So…..Our outside consultant came back to check on our progress

- And it was not pretty…… again she listened and then she told us
- NO MORE EXCUSES, it was time to step it up and get it done!
- “When you do what you always did, you will get what you always got.”
- Lack of accountability for rounding caused us to not make progress on embedding our safety behaviors.
- Did not appear to be the highest priority
- Provided direct feedback to me “that I was responsible for not holding the Managers accountable.”

Communication

- Started with communication with hospital and nursing staff
  - Badge Buddies
  - Consistent rounding and quizzing on the behaviors and tools
  - Creation of safety coaches and an embedding team
  - Twice a day unit safety huddles
  - Safety Fairs with prizes for correct answers
  - Ice cream socials with toppings for correct answers
  - Screen savers

Alignment
Superior Patient Experience

- Rounding for safety **aligned** with providing a superior patient experience
- Safety stories – at every meeting
- Number of days since…last fall, last VAP, last Serious Safety event were reported daily in our hospital safety huddle
- Staff were beginning to readily Speak up for Safety by reporting problems with equipment, computer connectivity issues, difficult interactions with physicians, concerns with staffing.
- Staff able to identify that their safety concerns were valued and immediately brought by the manager Daily Hospital Safety Huddle.

Recognition for Embedded Behaviors

- Recognition of outcomes was started
- Safety stories reported more frequently by staff
- Safety stories are submitted to Quality and a monthly Great Catch is chosen and then recognized at the Leadership meeting
- Began to write letters of recognition to staff recognized in daily logs by patients

Engaged Leaders

The Value of Rounding by Engaged Leaders

- Senior System Leaders
- Hospital Leaders
- Directors
- Nurse Managers
- Coordinators
- Now it was time to see the impact the staff could make by Hourly Rounding

Outcomes

- Increase of trust and two way communication
- Increase of knowledge and application of the Culture of Safety behaviors and tools
- Reduced fall rates
- Increased patient satisfaction in Nursing Communication, Pain Management and Responsiveness

Rounding to Embed the Culture of Safety Requires

- Engaged leaders at every level
- Structure, processes, and alignment throughout the organization
- Accountable to the rounding process
- Two way open and honest communication

Building a Culture of Safety: Fostering a Staff Driven Model of Safety and Engagement

Marge Rosso, MSN, RN, OCN, ONC, RN-BC

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Main Line Health System

Objectives

- Explore leadership methods that promote the application of the professional practice model to implement a staff driven evidence based hourly rounding pilot that drive patient safety and quality outcomes.
- Discuss practical and innovative methods used for initiating and sustaining measurable outcomes and engagement in the process.

Goal: To Re-establish Hourly Rounding at the Bedside as a Core Safety Behavior.

The Evidence has shown us that Hourly Rounding:

- Reduces call bells for increased nurse efficiency and satisfaction
- Reduces patient falls
- Reduces skin breakdown
- Gives RNs and PCT's more time for patient care tasks
- Improves Patient's perception of their care
- Improves patient satisfaction and HCAHPS scores

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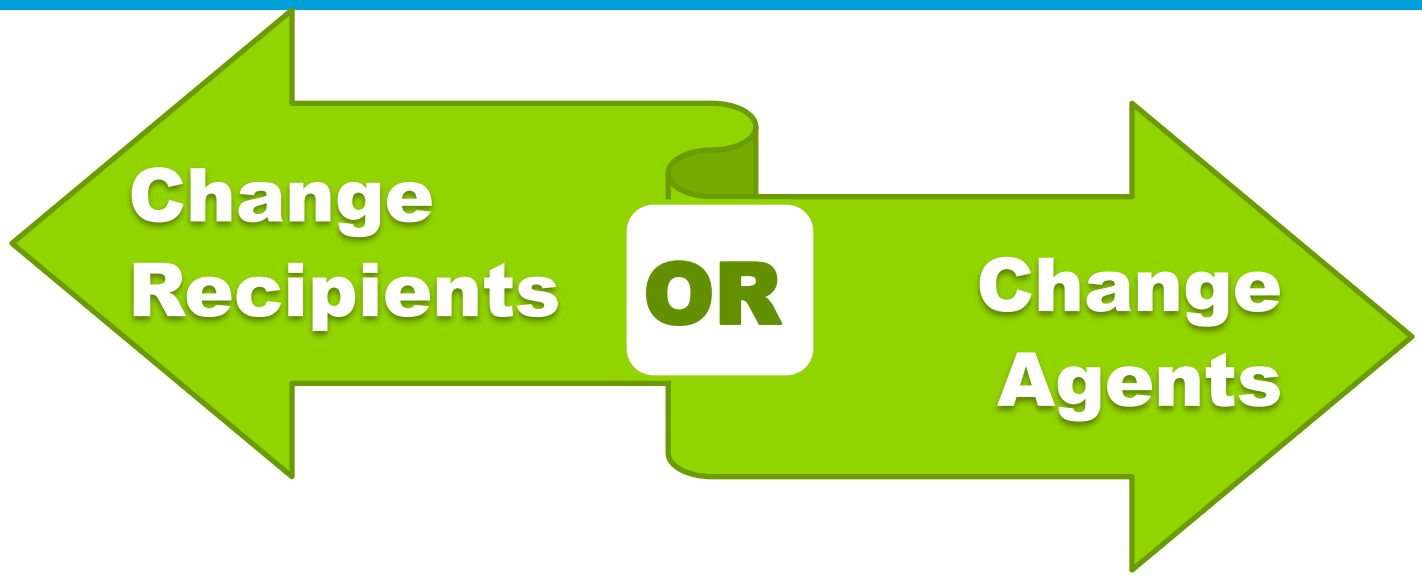

- The nursing profession has often been viewed as the target of change rather than a force that proposes, leads and implements change.
- Healthcare is now at the point that nurses and other professionals must know how to recognize and implement patient safety and quality improvements.

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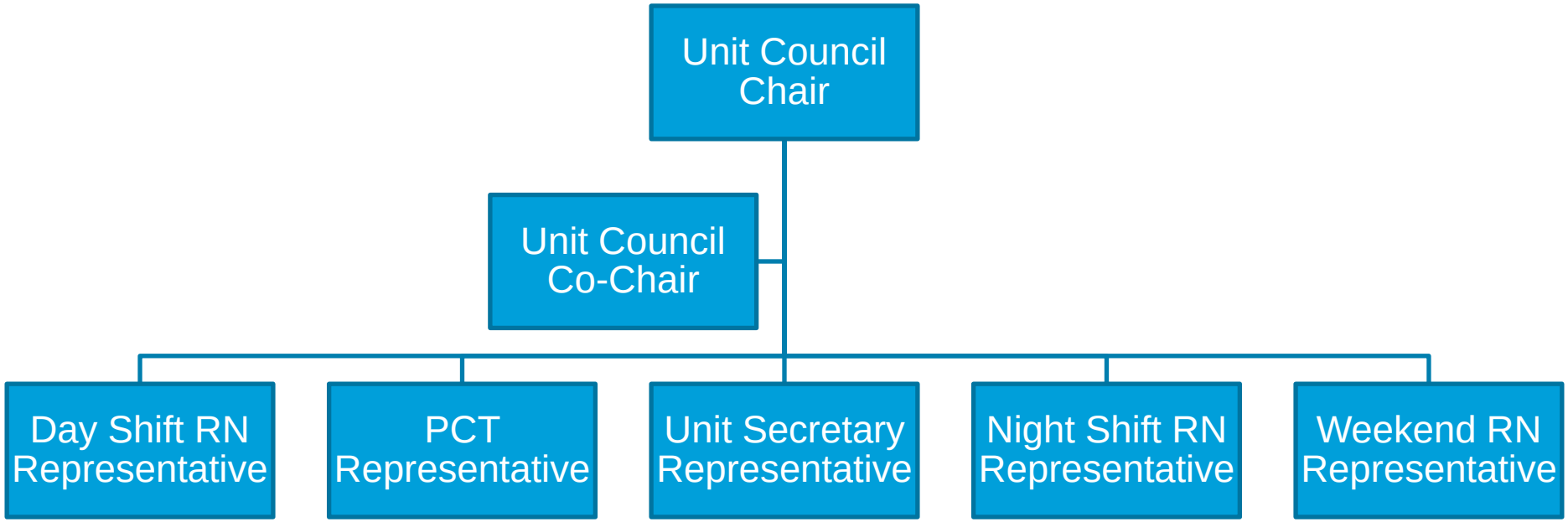
Creating Engagement in the Change Process – Key Points

- Change in practice always creates emotional responses in employees
- Planning change in an open, structured way aids communication and staff participation
- Natural resistances to change must be addressed to be able to progress
- Involving everyone in the process from the start enables resistances to be examined and constructively addressed
- Change is only sustainable if everyone involved psychologically owns the new ways of working

Engaged Unit Leadership
Unit Council

- **Nursing Shared Decision Making**
- The **unit council** is the recognized unit based decision making structure within the Shared Decision Making model for Nursing at the Main Line Health system.
- It provides the “voice for nursing” at the unit level.
- Members represent all nursing staff in their decision making process.
- Unit council members work in partnership with the Nurse Manager, Clinical Nurse Educator and others, to identify unit goals, priorities and improve the work environment and patient care outcomes.

Unit Council Structure



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Starting Point – Engage Unit Council

Leader establishes the case for change – Creates a sense of immediacy.

Brainstorming - Flip Chart Exercise:

- What **"IS"** Hourly Rounding?? Why is it important??
- What should Hourly Rounding look like when it's done correctly? (5 Star Performance).
- What behaviors do you see happening **CURRENTLY** with Hourly Rounding?? What's going well and how can we improve?
- What do you think needs to happen to get to a 5 Star Performance?
- What are the barriers to success?

Structure and Processes
Unit Council Implementation Plan

- **Develop Staff Education**
- **Guiding Principles** - to help us work better as a team while improving patient safety and satisfaction.
- **Gain Peer buy-in of Hourly Rounding**
  - Present the Evidence
  - The Payoff – What's in it for me… **Work Smarter – Not Harder.**

Structure and Processes

The What:

- **Hourly Rounds - What you DO**
  - A systematic hourly interaction with patients with specific patient-centered goals to ensure patients' needs are assessed and addressed every hour in person by either Nurse or PCT
  - Every two hours at night (10pm to 6am)
- **Narrate Your Care – What you SAY**
  - The method used by Nurses and PCT's during Hourly Rounds and all interactions with patients to help patients understand what we are doing and why we are doing it

Structure and Processes

The How and Why: Narrating the 5 "P's"

- Communication framework that creates a consistent message to reduce patient anxiety and promote patient centered care:
- PAIN
- POTTY
- POSITION
- PLACEMENT
- PLEASING

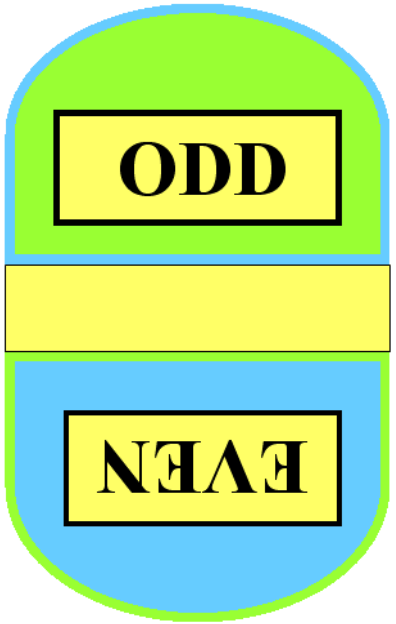
Communication

Communicating the Changes in Practice:

- Unit Council meeting minutes
- Unit Council Communication Tree
- Staff Meetings
- E-mail updates
- Safety Huddles
- Peer to Peer communication
- Change of Shift Bedside report

Accountability

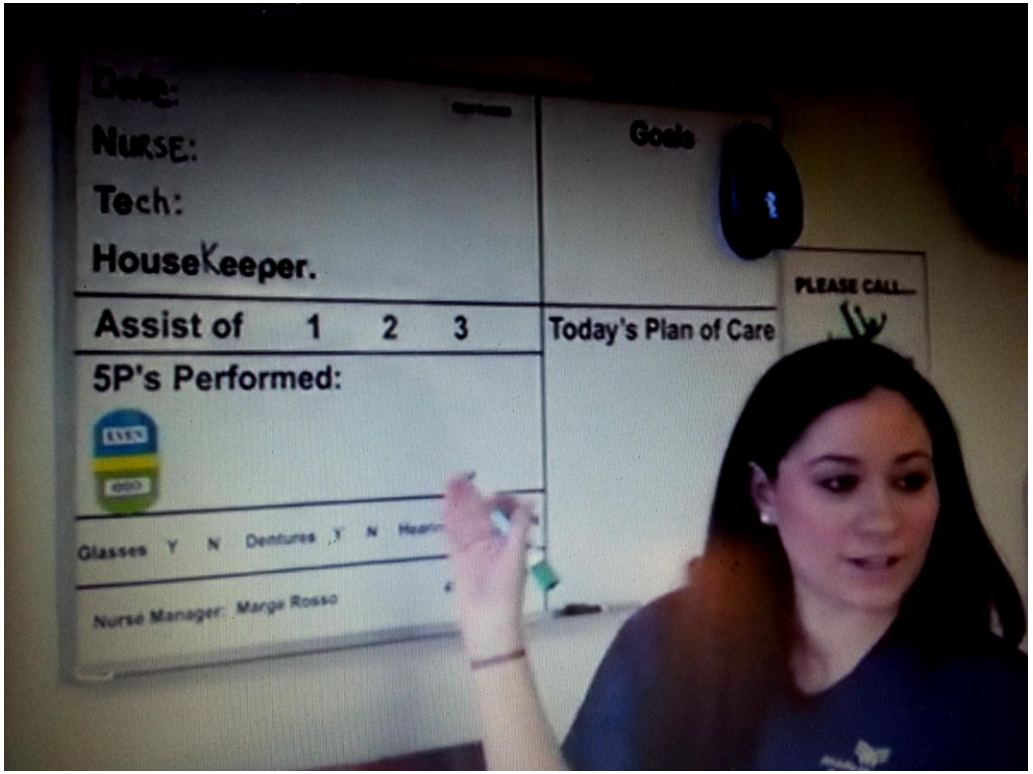
- The unit council was presented with the challenge of establishing a mechanism to assure consistent hourly rounding practice.
- Unit Council **created a magnet** to be used on the 5 P's section of our white boards.
- Peer to Peer Accountability
- Mandatory “Crucial Conversations” training for all staff



Our Symbol of Teamwork and Shared Success

Accountability

Rounding Magnet



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Accountability
Hourly Rounding Competency

HOURLY ROUNDING COMPETENCY CHECKLIST					
DATE:					
EMPLOYEE NAME:					
UNIT:					
Directions: Practice the steps to successful hourly rounding					
then have a unit-based hourly rounding champion, coordinator, or manager observe and validate your					
competency. *Four (4) observations of proficiency are required for successful completion of the competency.*					
Competency validators intitial each column and sign the bottom of the form.					
STEPS TO SUCCESSFUL HOURLY ROUNDING:	1st	2nd	3rd	4th	COMMENTS
INTRODUCTIONS					
* Knock on door prior to entering - ask permission.					
* Manage up your skill or that of your co-worker.					
* Use good eye contact.					
EXPLAIN HOURLY ROUNDING ON ADMISSION (set the stage)					
* Explain the purpose of hourly rounding (initial visit, transfers, hand-off).					
* Use key words such as "always", "superb care", "safety" etc...					
* Describe rounding schedule (6am - 10 pm q 1hr, 10pm - 6am q 2 hr).					
UPDATE WHITE BOARDS (at shift change - beside hand-off)					
* Place name on white board.					
* Update the date, plan of care, goals, activity, pt belongings.					
ADDRESS 1st 3 P'S (PAIN, POTTY, POSITION)					
* How is your pain?					
* Do you need to go to the bathroom?					
* Are you comfortable? Need repositioned?					
ADDRESS 4th P (Environment/PLACEMENT of Objects)					
* Move items within reach (table, call bell, phone, bedside stand, water tissues, personal items, trash can).					
* Clean up clutter on table and window sill, remake bed if pt OOB straighten linens, fold-up extra blankets, remove extra linen.					
PERFORM SCHEDULED TASKS (Narrate Your Care)					
* Communicate what we are doing and why we are doing it.					
* Complete MD ordered treatments, procedures, etc..					
* Complete nursing care as needed (RN - check IV sites, incisions, drains)					
* Administer scheduled medications (educate as you medicate).					
* Night time - prepare for bed (straighten linens, offer back rub, snack, tea, ear plugs, eye mask, pillow speaker (reduce TV noise), voices low.					
* Perform safety check (bed alarm, trip hazards, SCD's on, foley off floor)					
ADDRESS 5th P (Close the visit in a PLEASING way)					
* "Someone will round again in about an hour".					
* "We always want to be sure you understand your care - questions?"					
* " Is there anything else I can do before I leave? I have the time?"					
* Offer to close the door to reduce noise (assess appropriateness).					
* Signal completion of the round by turning the green/blue magic tower.					
Validator:	Validator:				
Validator:	Validator:				

7/11/2013

- Hourly rounding competency tool utilized.
- Unit Council performed train the trainer for peer-to-peer observations.
- Three (3) peer to peer observations plus final manager/coordinator sign off for competency completion.

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Accountability

Establish Accountability thru Shared Team Goals:

Metrics for Success:

- Fall Rate
- Skin Breakdown
- HCAHPS – Nurse Communication
- HCAHPS – Staff Responsiveness
- HCAHPS – Pain Management

- Drives shared accountability and teamwork.
- Set expectations using SMART goals.
  - **S**pecific
  - **M**easurable
  - **A**ttainable
  - **R**ealistic
  - **T**imely
- Adds focus and drive to daily work.
- Tied to overall annual merit compensation program.

Accountability
Nurse Manager Rounding on Patients

- Opportunity for the manager to assess staff performance with hourly rounding, coach, hardwire, and capture wins obtained from patient feedback.
- Opportunity to establish expectations for the stay.

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Accountability
Manager Patient Rounding Log

Nurse Manager - Patient Rounding

DATE: _____

Unit: _____

Leader: _____

KEY
New Patient = **N**
Existing Patient = **E**
Meets Standard = **(√)**
Does Not Meet Standard/**Coach = C**

Room Visited:																		
New or Existing Patient																		
QUESTIONS:																		
ID Band Check (Name&DOB)																		
Perception of Care Received																		
Explanations of Plan of Care																		
Responsiveness/Help Quickly if Needed																		
Pain Management																		
Medication Education																		
Sleep/Rest/Noise																		
OBSERVATIONS:																		
Morse Score																		
Bed/Chair Alarm/HFR activated (>45)																		
Patient Clean and Comfortable																		
Call Bell/Belongings in Reach																		
Room and Bathroom Condition																		
White Board Completed																		
POC Sheets distributed																		
Admission/Red Folder distributed																		

Issues/Concerns/Coaching Opportunities:

Wins/Staff Recognized/Remember to Thank/Reason:

Common Themes Identified Today:

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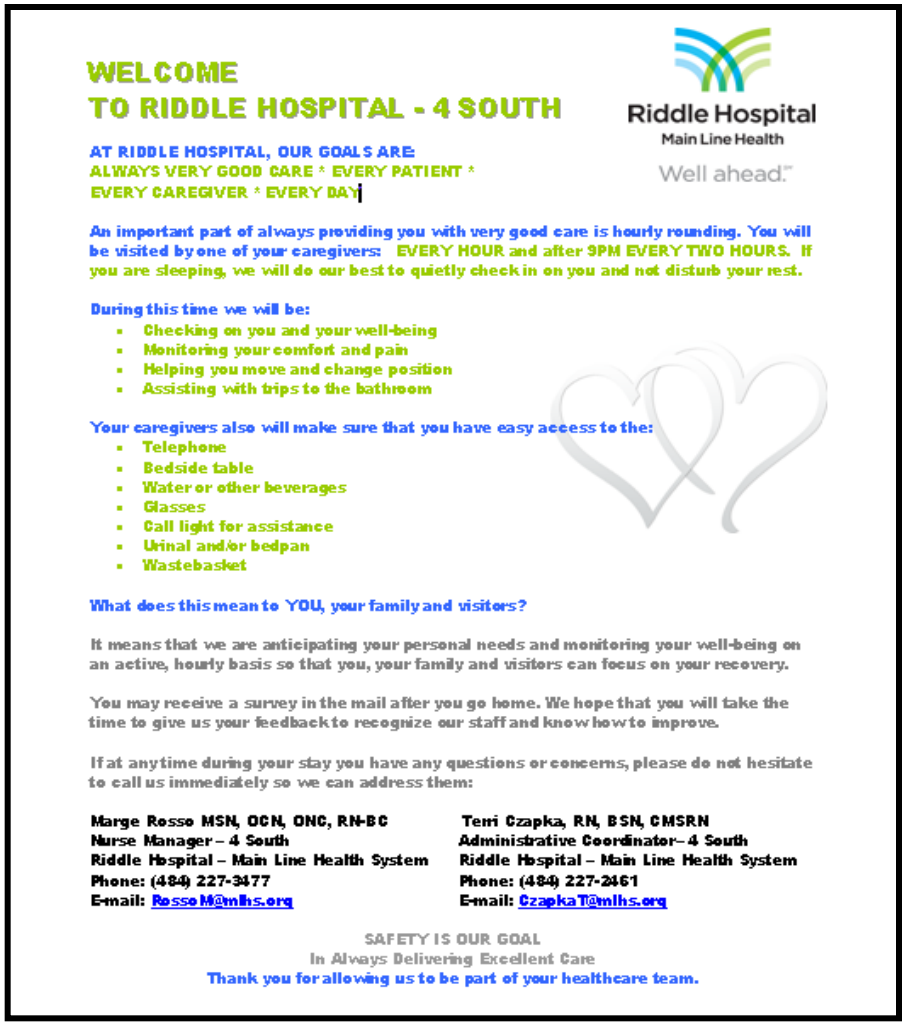
Alignment
Welcome Letter to Set Patient Expectations



WELCOME
TO RIDDLE HOSPITAL - 4 SOUTH

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AT RIDDLE HOSPITAL, OUR GOALS ARE:
ALWAYS VERY GOOD CARE * EVERY PATIENT * EVERY CAREGIVER * EVERY DAY

An important part of always providing you with very good care is hourly rounding. You will be visited by one of your caregivers: EVERY HOUR and after 9PM EVERY TWO HOURS. If you are sleeping, we will do our best to quietly check in on you and not disturb your rest.

During this time we will be:

- Checking on you and your well-being
- Monitoring your comfort and pain
- Helping you move and change position
- Assisting with trips to the bathroom

Your caregivers also will make sure that you have easy access to the:

- Telephone
- Bedside table
- Water or other beverages
- Glasses
- Call light for assistance
- Urinal and/or bedpan
- Wastebasket

What does this mean to YOU, your family and visitors?

It means that we are anticipating your personal needs and monitoring your well-being on an active, hourly basis so that you, your family and visitors can focus on your recovery.

You may receive a survey in the mail after you go home. We hope that you will take the time to give us your feedback to recognize our staff and know how to improve.

If at anytime during your stay you have any questions or concerns, please do not hesitate to call us immediately so we can address them:

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SAFETY IS OUR GOAL
In Always Delivering Excellent Care
Thank you for allowing us to be part of your healthcare team.

- Welcome letter given to all new patients by nurse manager that reinforces the expectations for hourly rounding, and providing a safe care environment for every patient, every shift, every day.

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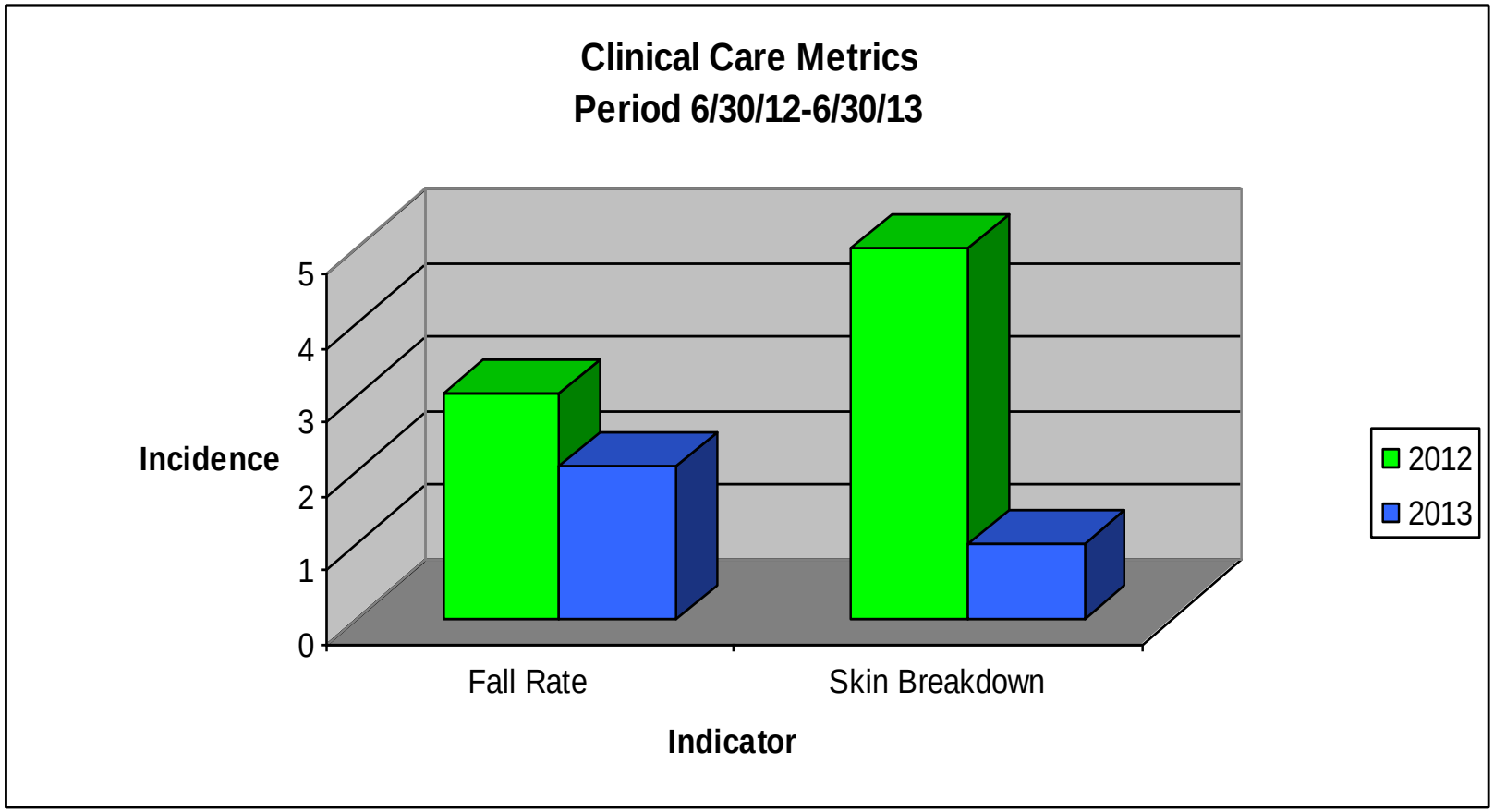
Outcomes: Clinical Care



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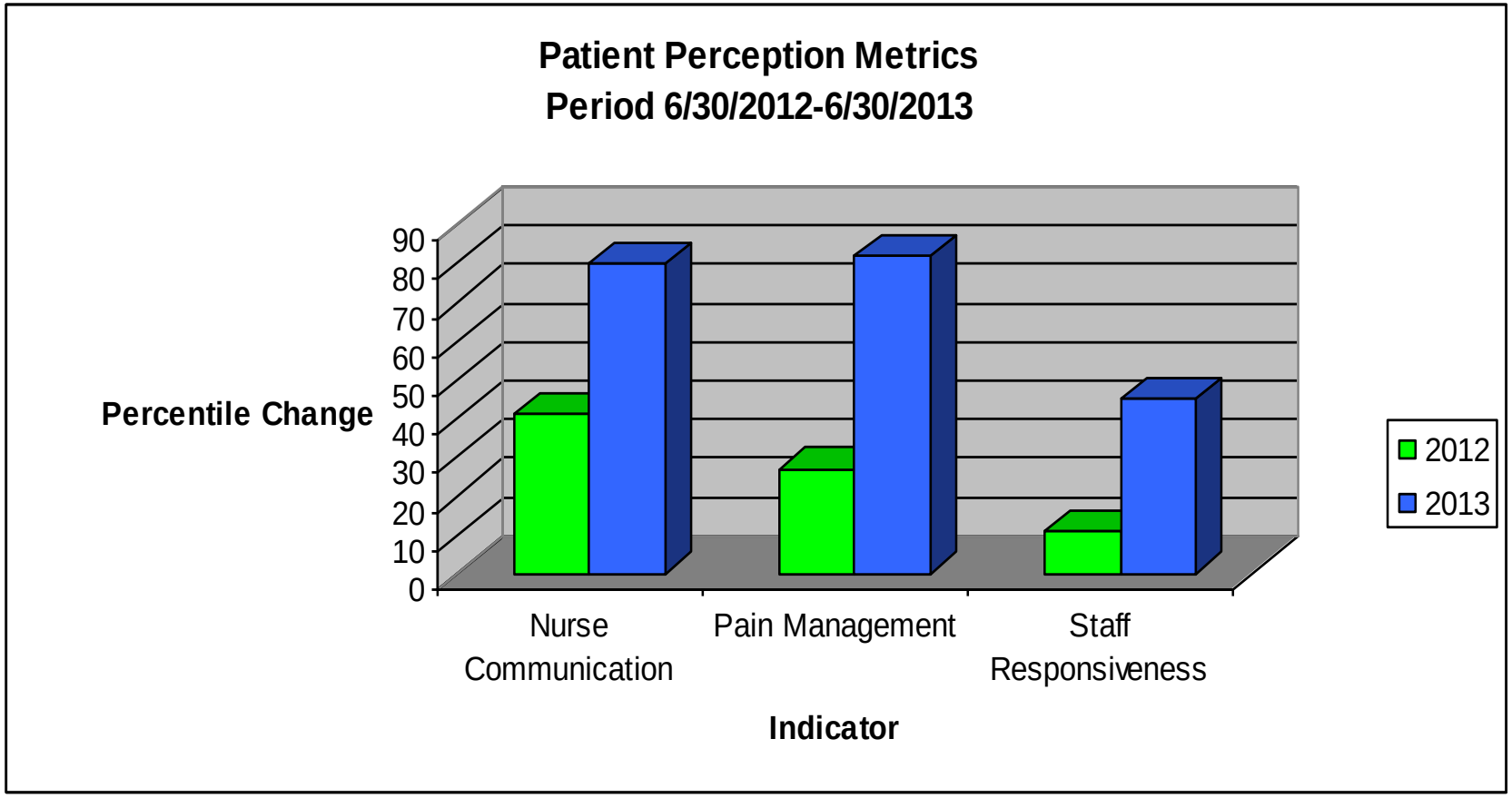
Outcomes: Patient Perception



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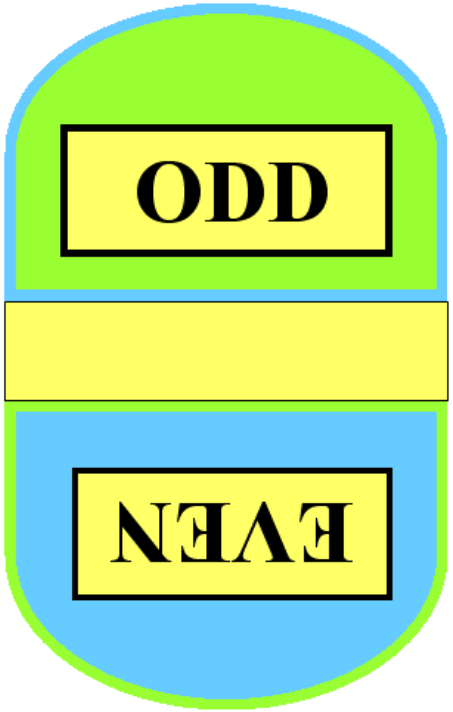

Our Symbol of Teamwork and Shared Success

Riddle Hospital
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Questions

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