Leading a Team of Front-Line Staff to Own Their Outcomes: One Unit Transformed the Culture and Significantly Improved their Patient Quality Outcomes

Kristen Noles, MSN, CNL
Meredith Palmer, BSN
- 1147 beds (927 + 220)
- Medical Staff: 1141
- Nursing Staff: 3000
- Admissions: >50,000/year
- Average Daily Census: 950
Quick Facts

- 10 city blocks & 4.2 million square feet
- Only ACS Accredited Level 1 Trauma Center in Alabama
- Largest comprehensive Transplantation program in the southeastern United States
- 100+ Neonatal ICU beds
- 54 Operating Rooms
- Only Magnet Designated Hospital in Alabama

(UAB Medicine)

Knowledge that will change your world
The Setting

- Acute Trauma Care Unit
  - 20 bed unit
  - Post traumatic injuries
  - 1:5 RN staffing ratio
  - 1:10 PCT staffing ratio
  - Patients received from the following: ED, TBICU, NICU, PACU
The Team

- New Manager
- New Medical Director
- Both highly focused on:
  - Driving change at the point of care
  - Rapid Cycle Process Improvement
  - Efficiency
  - Teamwork
The Culture

- At first, was not ready
  - Surgeons fix things by doing
  - Transparency was scary
  - Silohed
  - Fearful for punishment
New Leadership

- Valued Shared Governance (SG)
  - transformed organization shared governance model (2010)
- Belief in team work not hierarchy
- Value of the bedside nurse
- Patient Centeredness
- Quality Outcomes Important
Established a team including key stakeholders:

- TBICU
- NICU
- ED
- ATCU
- TBNU
What we did

- Discussed lowest scores
- Brainstormed
  - Negating factors
  - Barriers / Challenges
  - Work-arounds
  - Reality of Practice
Identified several opportunities to improve to be our focus

Opportunities were aligned expectations for improvement by senior leadership

Created work sub teams
  ❖ Frontline staff included
  ❖ Interprofessional
  ❖ Expectation to report “action” to the larger group monthly
Work Teams

- Reviewed the data
- Reviewed the literature and best practices
- Identified an intervention
- Worked with unit leadership to come up with an implementation date
- Created education for the staff to be distributed prior to implementation
What we tackled

- HCAHPS
  - Overall Rating
  - Nurse Communication
  - Pain Management
Improving HCAHPS in a Challenging Patient Population: Trauma and Burns
To describe the development and implementation of a standardized orientation process for burns and trauma patients and its impact on the HCAHPS composites related to communication.
HCAHPS

• Metric that represents the patient’s perception of quality care received

• Ties reimbursement to quality outcomes

• Measures frequency:
  • Never
  • Sometimes
  • Usually
  • Always
Where we were....

- No standardized patient orientation to unit
- Varied expectations for care after transfer from ICU
- Patient’s and family education dependent on the admitting RN
What we did...

- Multidisciplinary team formed
- Literature review
- Best practice identified
- Staff surveyed: Key points identified
- Collaborated with librarian to create video
- Educated the interdisciplinary team
What we did...

- **Method**
  - Video viewed within 24 hours of admission
  - Nurse leaders validated compliance
  - Updated staff after one month
  - Staff nurses evaluated on knowledge of new process with opportunities to improve
  - HCAHPS results reviewed
Where we are now

- Scores improved
- Positive feedback received from patients, families and staff
- Qualitative data supported consistency and effectiveness
- Administration identified process as best practice
- Presented at leadership meetings for replication across the organization
Orientation Video Utilization

- # Videos Viewed

- Unit Orientation Video Created

- October
- November
- December
- January
- February
- March
- April
- May
- June
- July

Knowledge that will change your world
Facilitators

- Simple Process:
  - Creation of the Video
  - Use of Technology
  - Team Education
  - Evaluation
Lessons Learned

- Simple process but needed more detailed expectations
- Other metrics to measure identified
- Utilizing focus groups to create content
  - Patient and Family involvement
Next Steps

- Fine tune process
- Translate Video in Spanish
- Create other patient specific videos for use
- Collaborate with other disciplines in prioritization of creation of more videos
  - Therapy (Treatment Specific)
  - Discharge Preparation
  - Pain Management
Secretary Daily Rounding: It Works!
Purpose

To describe the development and implementation of daily secretary rounds and its impact on the HCAHPS composites related to communication.
What we did...

- Reviewed HCAHPS data and presented to unit based process improvement team
- Noted patient population had different and varying needs than other patients
  - Required innovative approach
- Secretary representative voiced concerns of feeling disconnected from the patients
- Literature reviewed
What we did

- Created a standardized process for daily rounding
- Scripted
  - Greeting/Introduction
  - AIDET principles
  - “Face behind the call light”
Daily rounding process created for Secretaries
- Greet each patient and family every morning
- Introduce themselves and explain their role
  - “I will be the voice behind the call light”
- Explain our desire to give the best care and be available for their needs
Nurse Communication Top Box Scores
(Past 12 Months - Received Date)

- Top Box Score: 85.4%, 82.8%, 71.4%, 91.7%, 53.3%, 75.8%, 90.5%, 81.0%, 76.7%, 73.3%, 75.0%, 76.7%, 79.8%
- Mean: 78.0%
- Lower Control: 58.6%
- Upper Control: 97.3%
- Standard Deviations: 2

Graph showing top box scores over time from 08/31/2014 to 07/31/2015.

- 08/31/2014: 85.4%
- 09/30/2014: 82.8%
- 10/31/2014: 71.4%
- 11/30/2014: 91.7%
- 12/31/2014: 90.5%
- 01/31/2015: 75.8%
- 02/28/2015: 81.0%
- 03/31/2015: 76.7%
- 04/30/2015: 73.3%
- 05/31/2015: 75.0%
- 06/30/2015: 76.7%
- 07/31/2015: 79.8%
Where we are now

- Scores improved
- Positive feedback received from patients, families and staff
- Qualitative data supported consistency and effectiveness
- Less variability in our overall HCAHPS Overall Rating
ATCU Heroes....

Yvonne Johnson

Valencia Harvey
Facilitators

- Simple Process:
  - Decision of which metric to focus on
  - Interdisciplinary Process Improvement Team
  - Quick creation and implementation
  - Very little education/training needed

- Engagement of the Staff

- Continual Feedback
Pain Management in the Post Surgical Patient: It is not all about narcotics
To describe how nursing staff addressed pain management on the acute trauma care unit without limiting their intervention to solely narcotics.
<table>
<thead>
<tr>
<th></th>
<th>Our patients</th>
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<tbody>
<tr>
<td>1.</td>
<td>Motor Vehicle Crash</td>
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<td>2.</td>
<td>Gun Shot Wounds</td>
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<td>3.</td>
<td>Falls</td>
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<td>4.</td>
<td>Burns</td>
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<td>5.</td>
<td>Motorcycle Accidents</td>
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<td>6.</td>
<td>Wound Infections</td>
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<td>7.</td>
<td>Elective Surgery</td>
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<td>8.</td>
<td>Pain Control</td>
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<tr>
<td>9.</td>
<td>Stab Wounds</td>
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<tr>
<td>10.</td>
<td>Amputations</td>
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</tbody>
</table>
What we were doing...

- Hourly Rounding
- Purposeful Leader Rounding
- Use of White Boards
- Consults to the Inpatient Pain Service (IPS)
- PRNs + PCAs
What More Could We Do?

Perseverance
Created a pain pamphlet to distribute to the patients and families

- Served as a guide to prompt nurses to make non-pharmacological options
- Documentation of alternative methods
Alternative Methods

- **Comfort Actions**
  - Re-positioning
  - Walk in the hall
  - Bath or Shower
  - Gentle Stretching/Range of Motion

- **Comfort Items**
  - Warm Compress
  - Ice Pack
  - Warm Washcloth
  - Extra Pillow
  - Pillow to raise your knees or ankles
  - Mouth swab
Relaxation Options

- Ear plugs
- Eye shield
- Stress ball
- Back massager
- Personal Headphones
- Aromatherapy
- Visit from Chaplain
- Quiet/uninterrupted time (discuss with your nurse)
- Music
- Dark Room
- Music
Handed out on admission

Encourages the patient and family to:

- Talk to the nurse if they think pain medicine is needed
- Ask for pain medicine before pain is severe
- Let the team know if the medicine is not working
- Discuss pain medication techniques that are used at home
Pain Management

Decreased Variability

Variability

Pain Management

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Mar-13 May-13 Jul-13 Sep-13 Nov-13 Jan-14 Mar-14 May-14 Jul-14 Sep-14 Nov-14 Jan-15 Mar-15

Pain Management

Decreased Variability
Next Steps

- Duplicate use of the brochure
- Create a pain management toolkit to include relaxation items:
  - Aromatherapy
  - Ear plugs
  - Eye shield
- Increase utilization of internal resources
TEAMWORK
Our Unit Now

- Pilot site for new initiatives and processes through the Clinical Effectiveness and Efficiency Group
- 47% of staff are in school
- Staff Successes:
  - 4 National Presentations
  - UHC Webinar
  - 3 Regional Presentations
- Recognized as a continual process improvement hub for the organization
Lessons Learned

- Change is hard
- The Why Matters
- It is ok to fail…..but try something else
- Attitude is everything
- Every discipline, every person, has a different perspective….talk
- Be consistent
About the Team

- People need to be recognized; thank you goes a long way

- Even though it takes time, out of the box thinking, attentiveness, etc… when it is to serve others, it is always worth it

- Take the time to listen

- Put on scrubs and shadow/work
Successes

- **Quality Metrics:**
  - 195 days without a fall
  - CLABSI free since January 2014
  - CAUTI free since August 2014

- **Employee Engagement/Satisfaction:**
  - Tier 1
  - Highest Score in the Surgical Division
Success

- Working together with a common goal
- Care about each other’s success and happiness
- Work hard/play hard hard
- Hold each other accountable
- Coach each other to improve
- Move people along that aren’t consistent with our expectations of care on the unit