

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

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UAB Hospital

- 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



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

How did we do it?

- 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



What

- 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



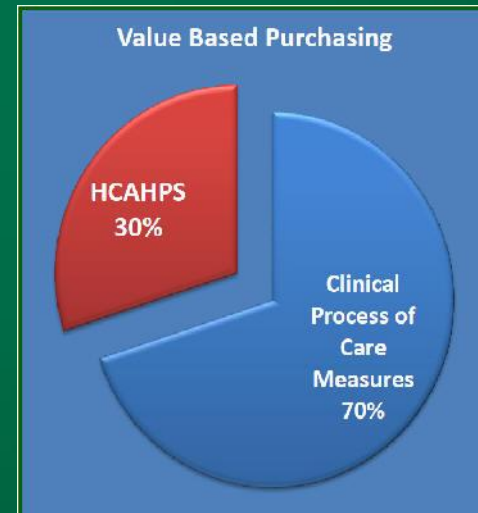
Improving HCAHPS in a Challenging Patient Population: Trauma and Burns

Purpose

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...

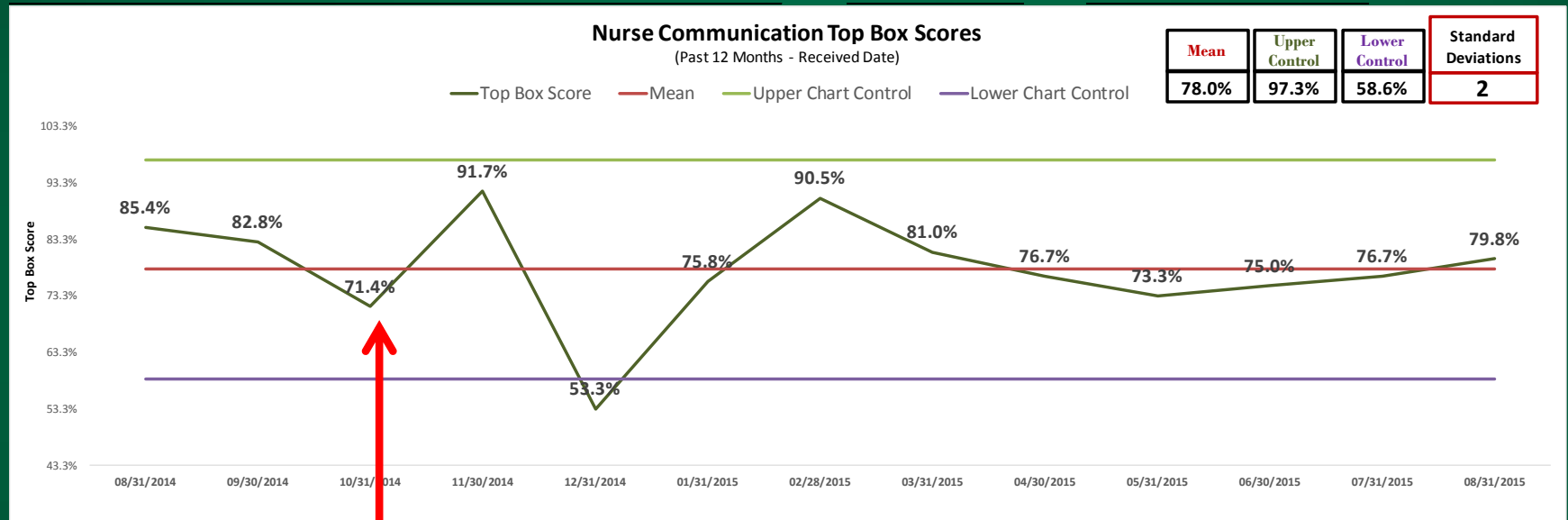
- Multidisciplinary team formed
- Literature review
- Best practice identified
- Staff surveyed: Key points identified
- Collaborated with librarian to create video
- Educated the interdisciplinary team

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

Nurse Communication ATCU

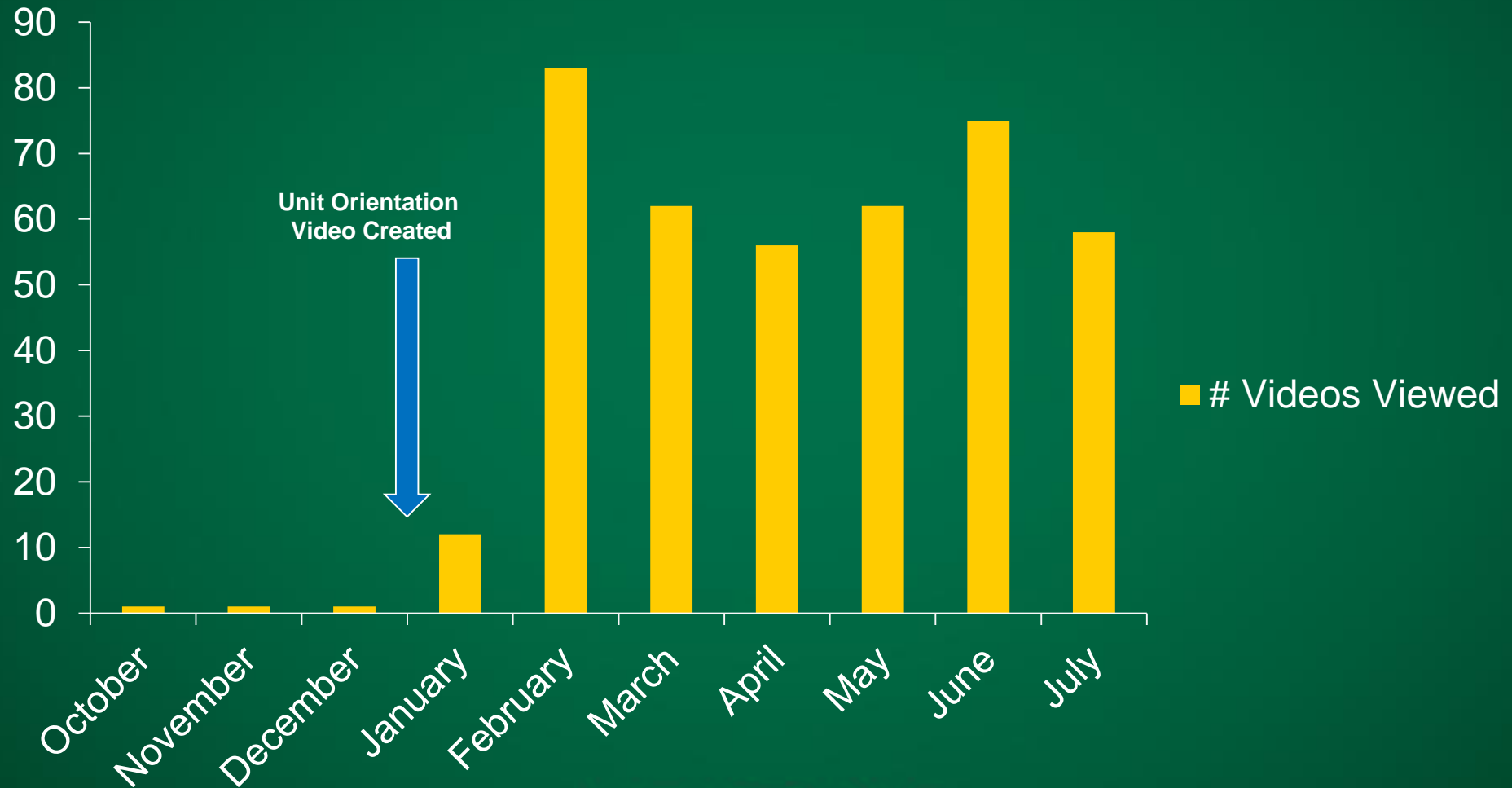


Where we are now

- 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

Results

Orientation Video Utilization



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

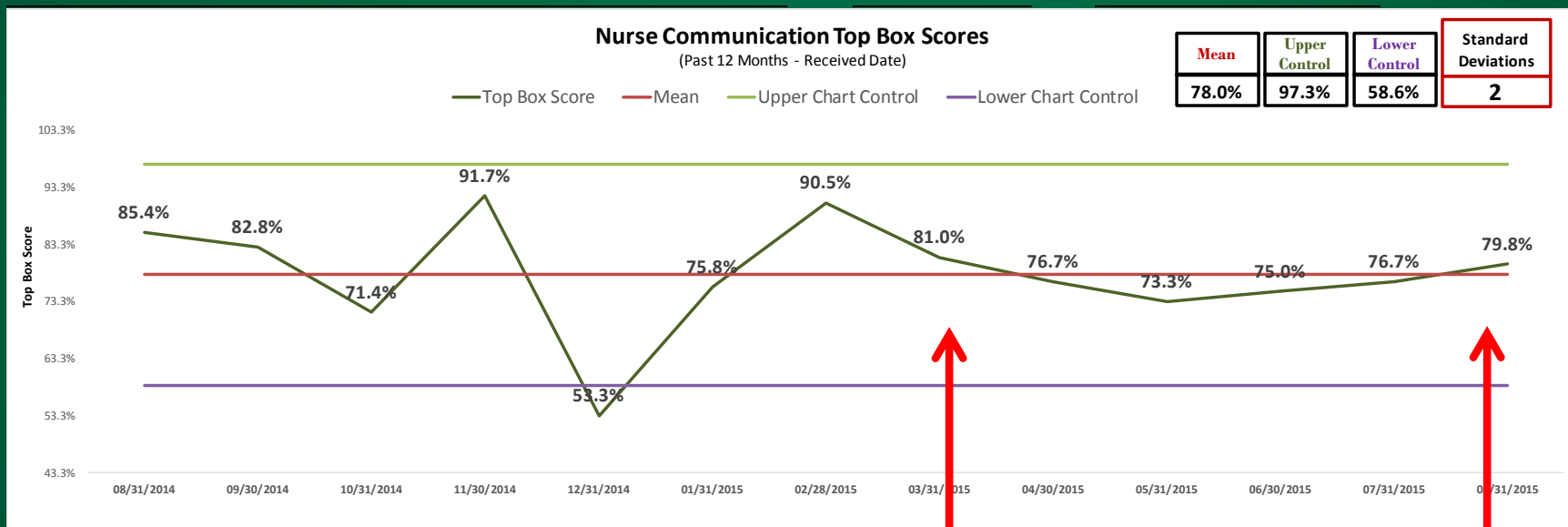
- Created a standardized process for daily rounding
- Scripted
 - ◆ Greeting/Introduction
 - ◆ AIDET principles
 - ◆ “Face behind the call light”

What we did...

- 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



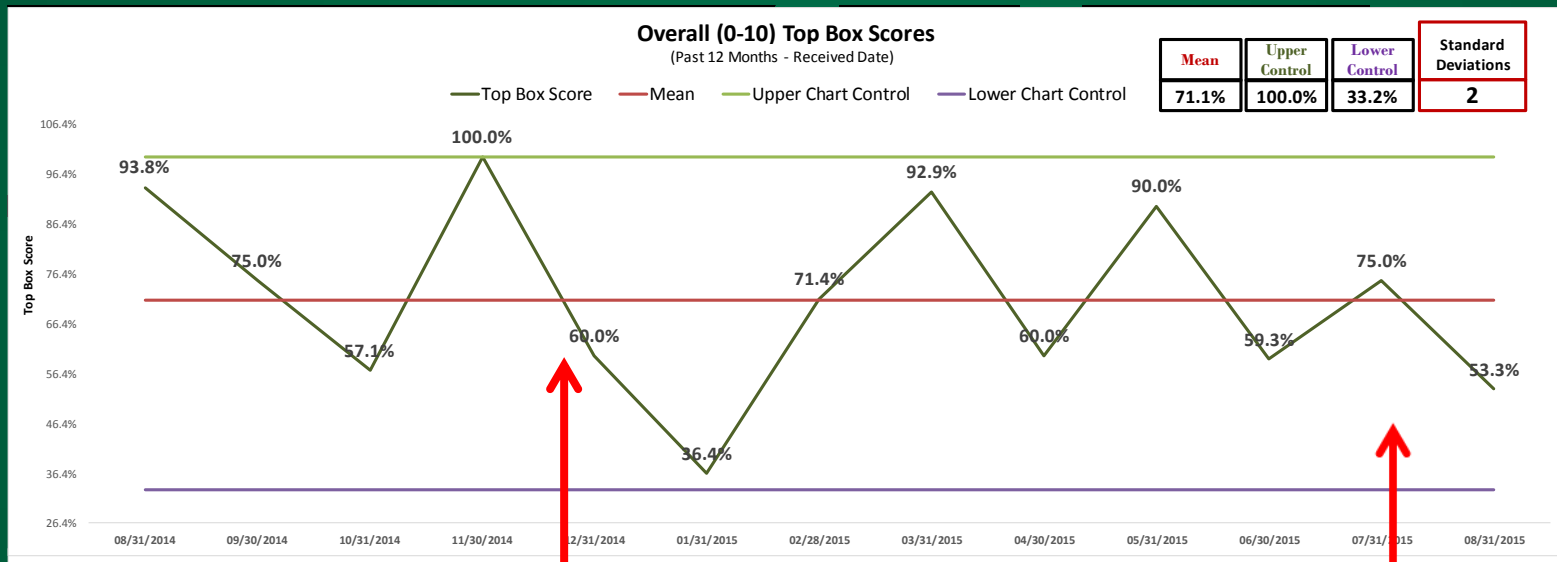
Nurse Communication ATCU



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

HCAHPS



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

Purpose

To describe how nursing staff addressed pain management on the acute trauma care unit without limiting their intervention to solely narcotics.

Our patients

1. Motor Vehicle Crash	6. Wound Infections
2. Gun Shot Wounds	7. Elective Surgery
3. Falls	8. Pain Control
4. Burns	9. Stab Wounds
5. Motorcycle Accidents	10. Amputations

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



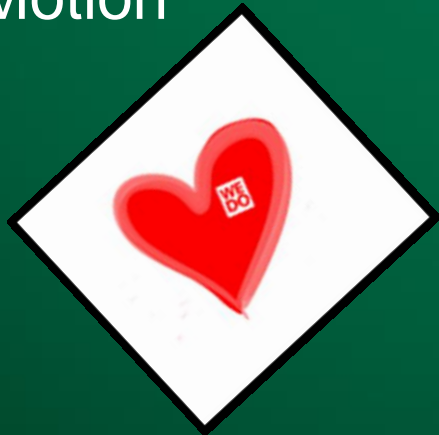
Thinking Differently...

- 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

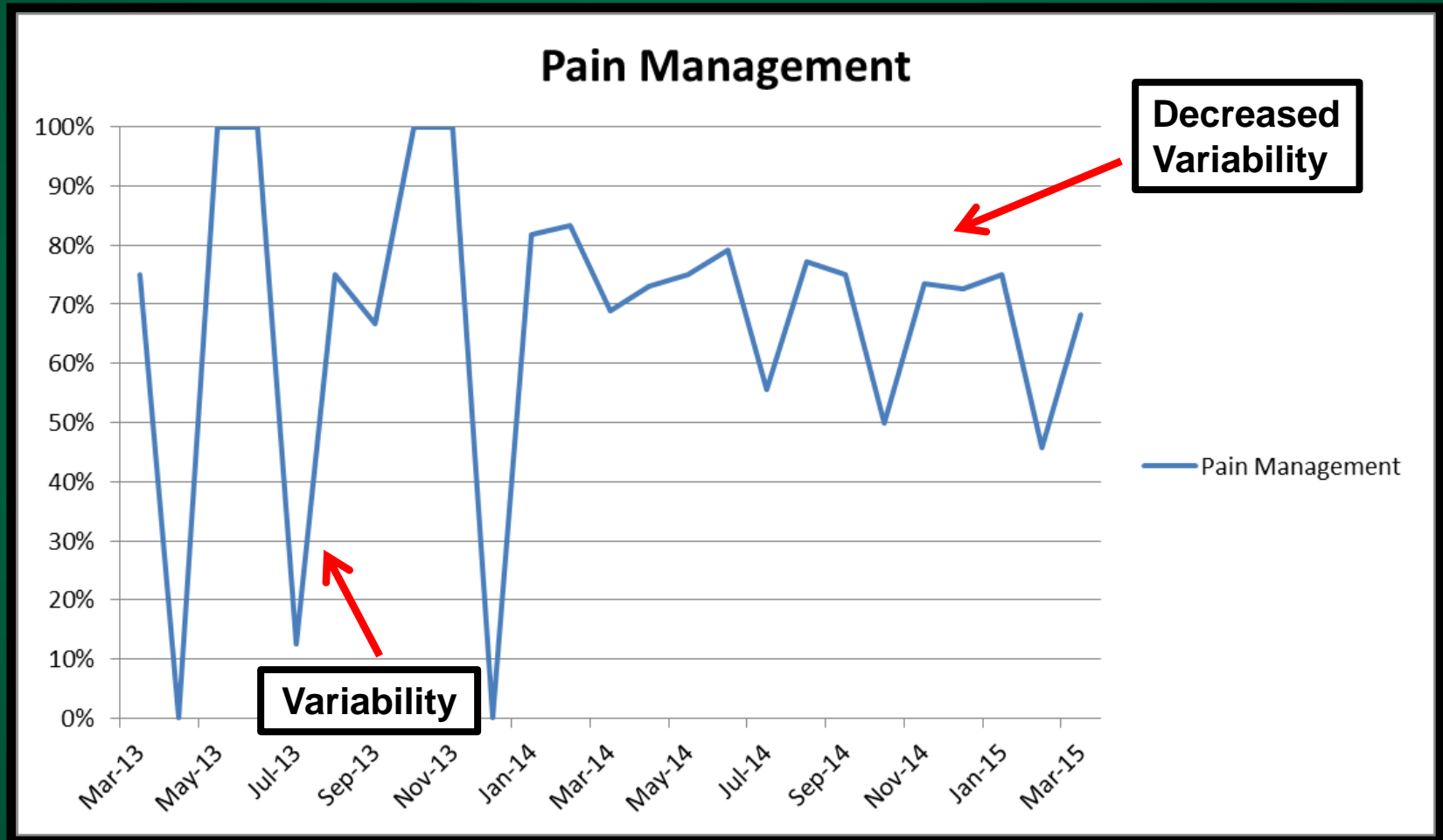
- Ear plugs
- Eye shield
- Stress ball
- Back massager
- Personal Headphones
- Aromatherapy
- Visit from Chaplain
- Quiet/uninterrupted time (discuss with your nurse)
- Music
- Dark Room
- Music

Patient Brochure

- 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



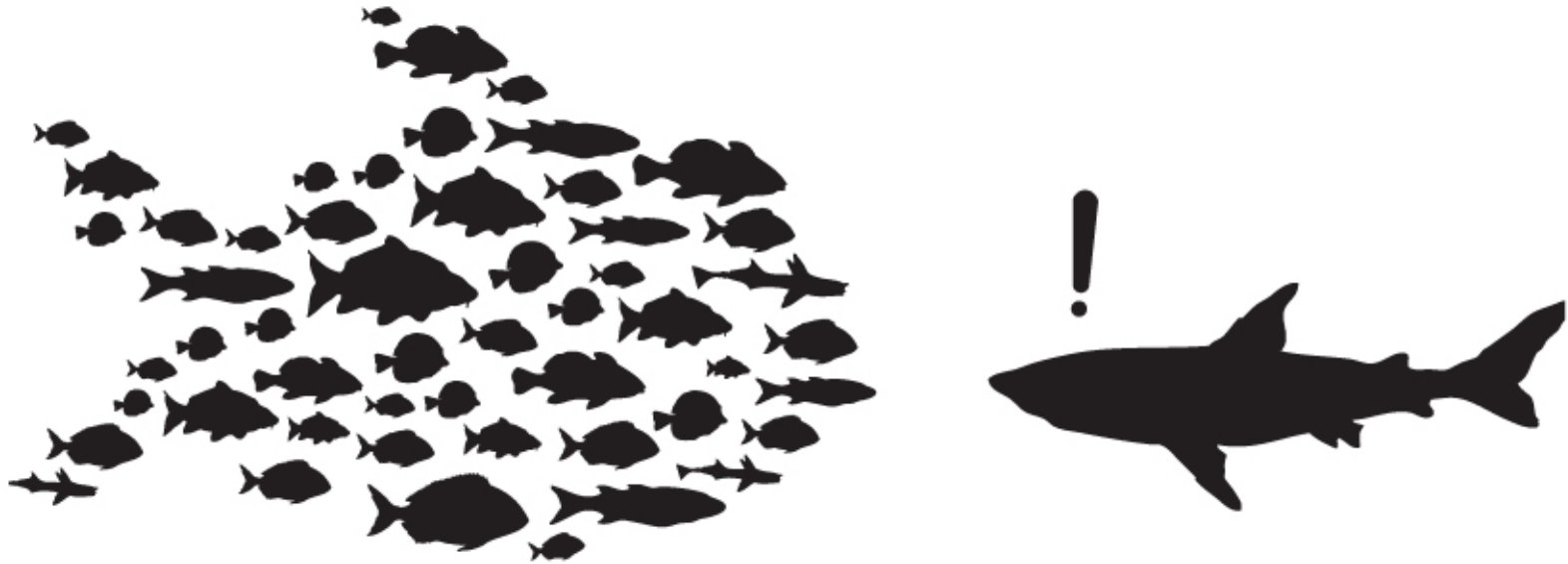
Pain Management



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

Us Now



TEAMWORK

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Knowledge that will change your world

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
- Hold each other accountable
- Coach each other to improve
- Move people along that aren't consistent with our expectations of care on the unit

Success



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