



Effect of a Unit-Based Clinical Outcomes Nurse on Nurse Empowerment and Quality Outcomes

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Clinical Outcomes Nurse Role

- ♦ Decrease rate of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI), and increase use of the teach-back education method
- ♦ Coach nursing staff at point of care regarding system-wide quality initiatives
- ♦ Empower staff nurses to apply evidence-based care while improving quality outcomes
- ♦ Role evolves based on value-based purchasing and changes in reimbursement structure

Project Purpose

To determine if the new Clinical Outcomes Nurse (CON) model increases nurse empowerment and improves quality outcomes

Unit-Based Clinical Outcomes Nurse

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Increase Nurse Empowerment

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Improve Quality Outcomes

Theoretical Background

Kanter’s Theory of Structural Empowerment

- ♦ Employees are empowered when given access to lines of support, information, resources, and opportunities³
- ♦ Workplace structures are more important than personal characteristics in determining an employee’s attitude and behavior³

Structural empowerment linked to:

- ✓lower levels of incivility and mental health symptoms among new graduate nurses ⁷
- ✓improved interactions between leaders and bedside nurses²
- ✓increased job satisfaction and organizational commitment¹
- ✓increased nurse perception of quality of care⁵

♦ Limited research linking structural empowerment with patient and quality outcomes, but has been linked to nurse-assessed quality of care and patient falls⁶

Methods

Sample and Setting

Sample Demographics	
Sex	
Male	1 (5.6%)
Female	17 (94.4%)
Education	
ADN	7 (38.9%)
BSN	10 (55.6%)
MSN	1 (5.6%)
Shift worked	
Day	12 (66.7%)
Night	6 (33.3%)
Hours worked per week	
36 or more	17 (94.4%)
Less than 36	1 (5.6%)
Years at BHL	
0-5	15 (83.3%)
6-10	0 (0%)
11-15	2 (11.1%)
>15	1 (5.6%)
Years as an RN	
0-5	13 (72.2%)
6-10	0 (0%)
11-15	3 (16.7%)
>15	2 (11.1%)

Setting-Baptist Health Louisville (BHL)- 519-bed acute care hospital in suburban Louisville, KY

Pilot Unit-2 intermediate care floors at BHL

Sample-all staff nurses on these two floors (excluding agency nurses), age range from 22 to 64 years old, with mean age of 40 years old

Return rate-32%-18 of 56 nurses returned completed pre- and post- questionnaires

Interventions

- ♦ Teach-back audit with positive reinforcement (WOW cards)
- ♦ Value-based purchasing poster
- ♦ Resource binders
- ♦ Coaching staff at point of care
- ♦ Foley catheter and central line audits

Measures

Conditions for Work Effectiveness Questionnaire-II (CWEQ-II)⁴

- ♦ Based on Kanter’s theory of structural empowerment
- ♦ 19-item questionnaire, scored on a 5-point Likert Scale
- ♦ Total possible score ranges from 6 to 30
- ♦ Higher score indicates higher level of empowerment

CAUTI and CLABSI Rates-data collected by Infection Control according to NDNQI guidelines

Teach-Back Rates-data collected using BHL electronic report

Results

Conditions for Work Effectiveness Questionnaire-II Results

CWEQ-II score	Pre	Post
Low (score of 6-13)	0 (0%)	0 (0%)
Moderate (score of 14-22)	11 (61%)	10 (56%)
High (score of 23-30)	7 (39%)	8 (44%)
Average score	23 (22.86) SD=2.42	23 (22.61) SD=2.3

Teach-Back Documentation

Month	Teach-Back Documentation (%)
July	18.5%
Aug	30%
Sept	52%
Oct	56.5%
Nov	64%
Dec	70%
Jan	75%
Feb	74.6%

CAUTI per 1000 Device Days

Quarter	Pilot Unit Rate
1Q2015	1.4
2Q2015	1.6
3Q2015*	0
4Q2015	0
1Q2016	0

CLABSI per 1000 Device Days

Quarter	Pilot Unit Rate
1Q2015	2.4
2Q2015	0
3Q2015*	0
4Q2015	2.4
1Q2016	0

*First full quarter with unit-based CON position

Recommendations

- ♦ Use CON/quality nurse on all nursing units to improve compliance with quality initiatives and to improve on various nursing and patient-centered processes, potentially increasing staff nurse empowerment through education, and application, of evidence-based patient care
- ♦ Expand role of CON to focus on other quality initiatives
- ♦ Apply structural empowerment principles to address other quality and patient safety outcomes, such as falls and pressure ulcers
- ♦ Use structural empowerment as basis for staff resources
- ♦ Study link between empowerment and objective quality outcomes with a larger sample population
- ♦ Study correlations between structural empowerment and nurse demographic characteristics with a larger sample population

Limitations

- ♦ Small sample size
- ♦ Sample highly empowered and units with low infection rates prior to study

Project Evaluation

- ♦ No significant change in empowerment scores after implementation of new CON role. This could have been related to the high level of empowerment at the beginning of this study.
- ♦ Improvements in quality outcomes were seen after the implementation of the CON role, especially related to use of teach-back. Though there were no statistically significant decreases seen in CAUTI and CLABSI rates, the results are clinically significant in terms of cost and patient care.
- ♦ More in depth education on the role of the unit-based CON position may have increased staff empowerment and understanding of the impact of the role on quality outcomes.
- ♦ Increased staff input regarding useful project interventions prior to start of project may have improved overall project outcomes.

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