


Fresh Eyes: Using Nonclinical Staff to Gain a New Perspective

2015 ANCC National Magnet Conference®
 Session C837
 October 8, 2015
 2:15 - 3:15 PM





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UAB Hospital

- Large academic medical center location in the medical district of Birmingham
- Two sites (main campus & Highlands campus)
 - ♦ 1046 beds on main campus
 - ♦ 300 beds on Highlands campus
- Employ approximately 2,500 registered nurses
- Magnet designated since 2002






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Background

- Role in the Center for Nursing Excellence
 - ♦ Quality Management Analyst
 - Nursing Quality data
 - QI projects
 - Research



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Problem & Purpose

- Low Patient Satisfaction score
 - ◆ Responsiveness
 - ◆ Nurse Communication
 - ◆ Discharge Information
- Low Staff satisfaction/moral
- What are we missing?



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Leadership Collaboration

- CNO weekly follow up
- Daily debriefing with Nursing Director
- Written report of findings
- Nursing Director presented info to:
 - ◆ Nurse Manager
 - ◆ Unit Leaders



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Unit Selection Process

- HCAHPS weekly reporting
 - ◆ Several unit consistently low HCAHPS scores
- Other quality metrics (falls, pressure ulcers)
- Unit characteristics
 - ◆ # of beds
 - ◆ Staffing
 - ◆ Experience



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Unit Selection

- Unit Leadership buy in
- Patient Population & acuity
- Readiness to change

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Protocol for Project

- Direct observation/ Shadowing
 - ♦ Unit Leadership
 - ♦ RN
 - ♦ PCT
 - ♦ Unit Secretary
- Focus groups
- Interview staff

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Unit Characteristics


- Nephrology Unit
- 20 Bed unit

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Unit Characteristics


- 36 Total FTEs
 - ♦ 24 RN
 - BSN/ADN (58%/42%)
 - 4 Assistant Nurse Managers
 - ♦ 10 Patient Care Technicians (PCT)
 - ♦ 3 Unit Secretaries


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A Different Look at Things


- I see things differently than a bedside nurse.
- It is not my "norm"
 - ♦ Not what I see, do, hear and every day




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Observation-Nurses

- 5:1 Ratio
- Medication
- Shift report
- Assessments
- Communication with other staff







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Observation-Patient Care Technicians

- 10:1 patient ratio
- Vitals, baths, and where is my food!
- Communication with other staff

YOU CAN OBSERVE A LOT
BY JUST WATCHING.






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Observation-Unit Secretary


- Call light, call light, call light!
- Call light log
- Patient board
- Patient transfers
- Phone



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Interview-Student Clinical Group

- Clinical group
 - ♦ Six week rotation
 - ♦ What did they see?

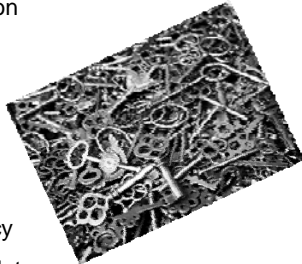


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Key Themes Emerged

- Selective attention
- Teamwork
 - ♦ Silos
 - ♦ Roles
- Communication
 - ♦ Ineffective
- Sense of Urgency
- Meaning of the data



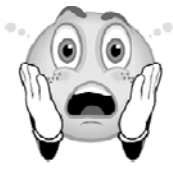
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Observation Reflections


My Eyes

- Vomiting patient – alarming
- Calling for assistance



Nursing Staff Eyes

- Patient vomiting....again
- Another patient calling for assistance




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Observation Reflections

- Why would this patient vomiting and in such apparent distress be so alarming to me yet very capable clinical staff were not at all “alarmed”?




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Action Plan

- Dissemination of Data to Staff
 - ♦ Daily Huddles
- Performance & Role Expectations
- Accountability



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Action Plan


- Education
 - ♦ What does this data mean?
 - ♦ What am I doing in everyday practice that impacts the numbers?
- More detailed call log
 - ♦ Who, what, when
 - ♦ Call back
 - ♦ Data reporting at huddles

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Call Light


- Could now track reason for call, time of call and response time
- Actual call lights did not decrease but...
- Response times decreased significantly


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Results

- Responsiveness
- HCAHPS Comments
- Call Light Log
- Falls





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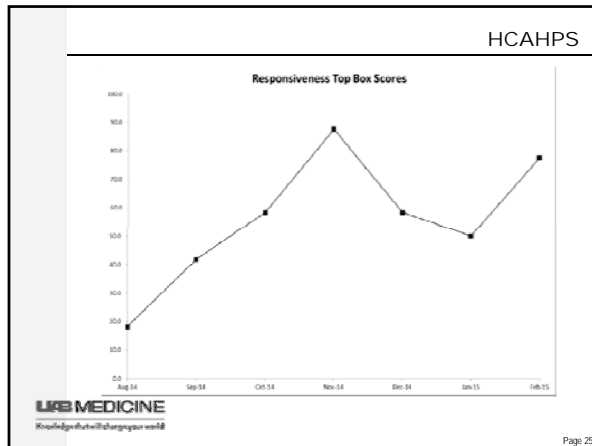
Results

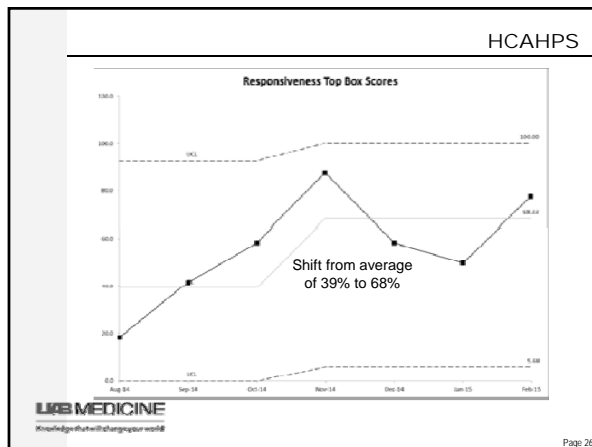
- Connecting the dots between practice and data
- Numbers, Real Patients, Real practice
- Improved outcomes



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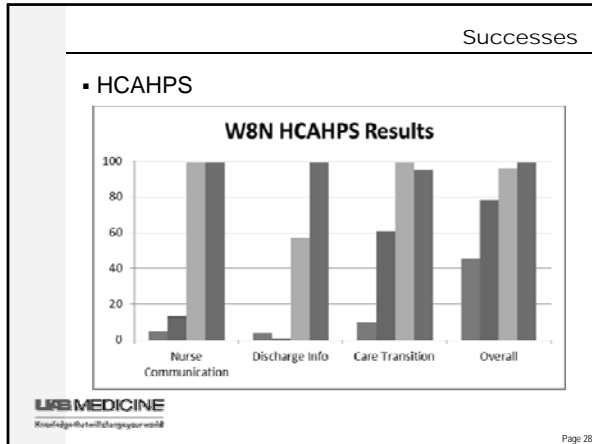


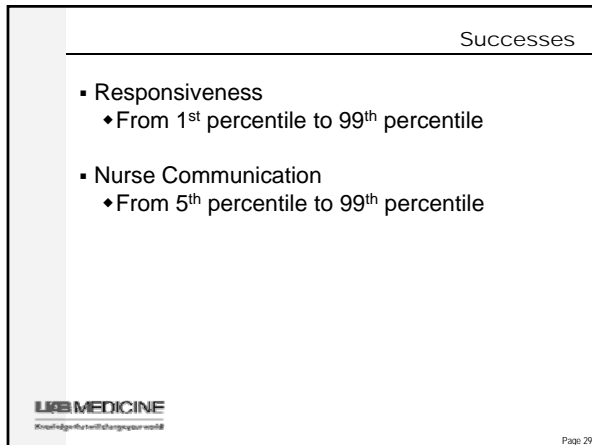
HCAHPS Comments

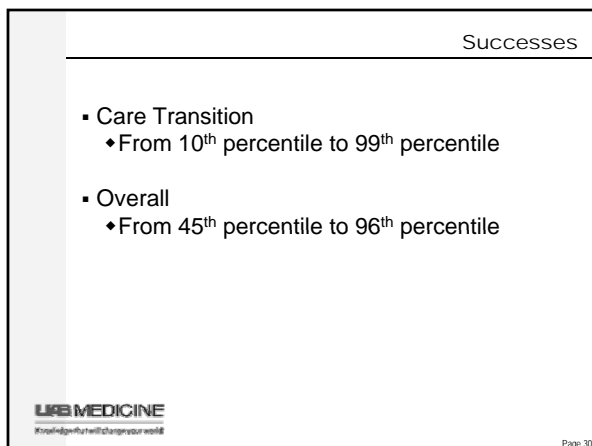
- The Good
 - ♦ "My nurses were amazing!"
 - ♦ "Care has never been so important, heavenly sent"
 - ♦ "Thank God for your staff....lowest I have ever been & you were there for me"
 - ♦ "My nurses were wonderful!"
- Possible Opportunities
 - ♦ "Very good but in a hurry"
 - ♦ "Everything just OK"
 - ♦ "Not very helpful with discharge"

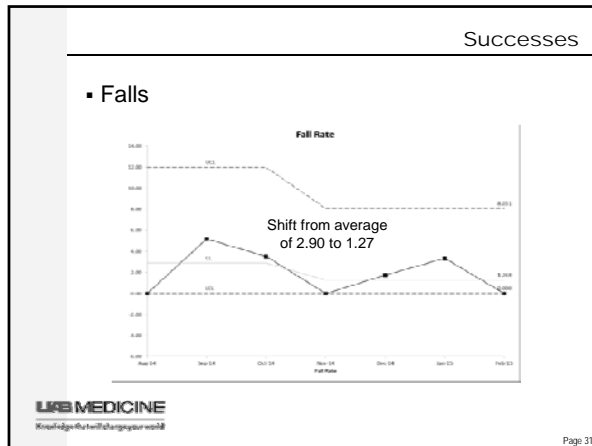
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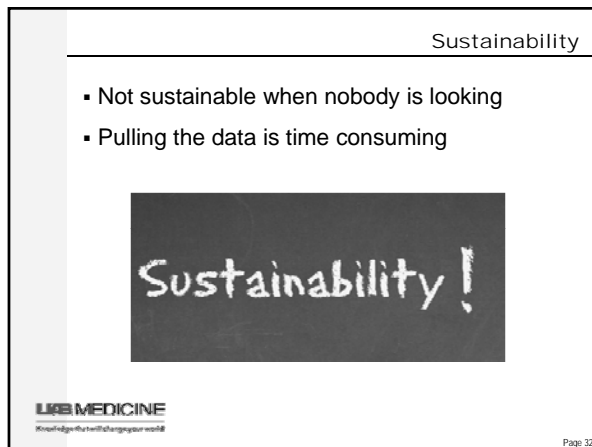
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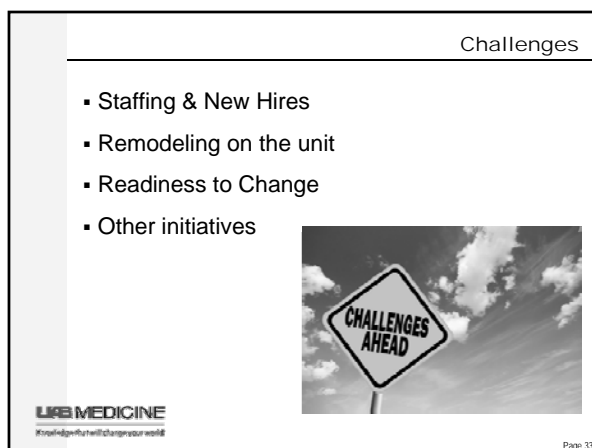












Lessons Learned

- The “basics” apply to all but cookie cutter approach not always effective
- Small changes can equal big improvement

The graphic features the words 'small actions' in a stylized font, followed by a large 'X' symbol, then 'lots of people' in a similar font. To the right of these is an equals sign, followed by the words 'BIG CHANGE' in a large, bold, blocky font. The background is a light gray with some faint grid lines.

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Lessons Learned

- Communication is key but not easy

The graphic shows two gray silhouettes of human heads facing each other. Between them is a brain shape filled with various small icons representing communication, such as speech bubbles, a megaphone, a person at a computer, and a network diagram.

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Next Steps

- Quality Academy & inter-professional teams
- Targeted focus on units
 - ♦ Utilizing students from schools of nursing, health care professions and public health to work on unit specific improvement projects
- Fall 2015
 - ♦ Falls – 2 units
 - ♦ Pressure Ulcers – 1 unit
 - ♦ Hourly Rounding/Patient Satisfaction – 1 unit

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Thank you

- Special thank you to the following:
 - ♦ All the staff on W8N
 - ♦ Connie White-Williams
 - ♦ Faye Williams
 - ♦ Terri Poe
 - ♦ Tammy Canter
 - ♦ David James
 - ♦ Emily Simmons
 - ♦ Christy McDougal

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Questions



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