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

Background

• Role in the Center for Nursing Excellence
  • Quality Management Analyst
  • Nursing Quality data
  • QI projects
  • Research
Problem & Purpose

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

Leadership Collaboration

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

Unit Selection Process

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

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

**Protocol for Project**

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

**Unit Characteristics**

- Nephrology Unit
- 20 Bed unit
Unit Characteristics

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

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

<iframe width="560" height="315" src="https://www.youtube.com/embed/f94o3B3csYI" frameborder="0" allowfullscreen></iframe>
Observation-Nurses
- 5:1 Ratio
- Medication
- Shift report
- Assessments
- Communication with other staff

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

Observation-Unit Secretary
- Call light, call light, call light!
- Call light log
- Patient board
- Patient transfers
- Phone
Interview-Student Clinical Group

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

Key Themes Emerged

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

Observation Reflections

My Eyes
- Vomiting patient – alarming
- Calling for assistance

Nursing Staff Eyes
- Patient vomiting….again
- Another patient calling for assistance
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”?  

Action Plan

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

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
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

Results

- Responsiveness
- HCAHPS Comments
- Call Light Log
- Falls

Results

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

Possible Opportunities
- "Very good but in a hurry"
- "Everything just OK"
- "Not very helpful with discharge"
Successes

- HCAHPS
  - W8N HCAHPS Results

- Responsiveness
  - From 1st percentile to 99th percentile

- Nurse Communication
  - From 5th percentile to 99th percentile

- Care Transition
  - From 10th percentile to 99th percentile

- Overall
  - From 45th percentile to 96th percentile
Successes

- Falls

Shift from average of 2.90 to 1.27

Sustainability

- Not sustainable when nobody is looking
- Pulling the data is time consuming

Challenges

- Staffing & New Hires
- Remodeling on the unit
- Readiness to Change
- Other initiatives
Lessons Learned

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

Lessons Learned

- Communication is key but not easy

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
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

Questions