The Future is Now: Design Your Practice to Maximize Patient Outcomes

Kathleen M Vollman MSN, RN, CCNS, FCCM, FAAN
Clinical Nurse Specialist/Consultant
ADVANCING NURSING
Northville Michigan USA
www.Vollman.com
kvollman@comcast.net
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- Sage Products
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- Hill-Rom
- Eloquest
  Healthcare
Self
Advocacy
Fundamentals
Evidence
Team
Yes I Will
Self

Number 1 Respected Profession

Nursing
Gallup Poll: 82% Honesty & Ethical Rating

So Why Don’t We Feel Respected?
Reclaiming Professional Respect

Work Environment

What Behaviors or Communications Make You Feel the Recipient of Respect?

Feeling of Respect or Not being Respected


- Respected
  - Feeling listened to
  - Feeling revered for their knowledge
  - Feeling trusted
  - Feel part of the group
  - Being acknowledged
  - Sense of belonging/contributing
  - Persons look out for each other and their support
  - Fairness
  - Free to speak
  - Opportunities to excel

- Not Being Respected
  - Disregarded
  - Not revered
  - Not trusted
  - Not supported
  - Not recognized
  - Closed conversation
  - Speaking in a tone that is demeaning
  - Ideas and opinions not considered a value priority
  - Unsafe, guarded, pressured, put down
The Nature and Causes of Disrespectful Behavior

- Barrier to progress in patient safety is a dysfunctional culture rooted in widespread disrespect
  - Disruptive behavior
    - Inappropriate conduct, outburst, verbal threats, bullying
  - Humiliation, demeaning treatment
  - Passive aggressive behavior
    - Pattern of negativistic attitudes & passive resistance to adequate performance
  - Passive disrespect—suppressed anger
  - Dismissive treatment of patients
  - System disrespect
    - Patient waiting, hostile working conditions, fail to ensure the physical safety of staff.

Leape LL, et al. Academic Medicine, 2012;87(7):845-852

The Nature and Causes of Disrespectful Behavior

- Disrespect does the following;
  - Immediate aftermath; experience fear, anger, confusion, self-doubt, that can lead to error in decision-making
  - Long-term effects; Avoid the person inflicting hurtful behavior
    - Inhibits collegiality and cooperation key to teamwork
    - Cuts off communication
    - Undermines morale
    - Inhibits compliance and implementation of new practices
    - Diminishes joy and fulfillment in work and increases turnover

Leape LL, et al. Academic Medicine, 2012;87(7):845-852
Facts About Respect

- How we live our lives depends on whether we respect ourselves.
- The value of self-respect may be something we take for granted.
- We may discover how very important it is when our self-respect is threatened, or we lose it and have to work to regain it, or we have to struggle to develop or maintain it in a hostile environment.
- Respect is a foundational element of professionalism.
- It is part of everyday wisdom that respect and self-respect are deeply connected.

Leape LL, et al. Academic Medicine, 2012;87(7):845-852

Self Respect

Internal Dialogue External Dialogue
I spoke.
You listened.
I felt valued and honored.
You shared your opinion.
I trusted your wisdom.
The circle of respect was complete.
We saw in each other’s eyes are common humanity.
Now, moving to a zone of mutual affirmation, we felt safe to trust and learn and nurture in the give-and-take of life.

Yasmin Morais 2006
Advocacy

Advocacy can be seen as a deliberate process of speaking out on issues of concern in order to exert some influence on behalf of ideas or persons.

http://en.wikipedia.org/wiki/Advocacy accessed 03/05/2009

Broaden the Definition of Advocacy

“It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm.”

Florence Nightingale
Notes on Hospitals: 1859

Advocacy = Safety
• How many nurses went into the profession with the belief they could help people and be able to make a difference?
• How many nurses graduated from nursing school with a somewhat clear understanding of the skills and interventions used by the profession to achieve quality nurse patient outcomes?
• How many nurses still feel the ability to make a difference and understand what nursing uniquely contributes to quality patient outcomes?
Reasons for Confusion & Disillusionment in Nursing

- A narrow definition of health
- How we define autonomy
- Nursing’s unique contribution
- Absence of recognition for basic nursing care activities
Medicine’s Health Definition

The absence of disease and measured in terms of morbidity and mortality

Nightingale’s Health Definition

Health is not only to be well but to be able to use whatever power we have.
American Nurses Association’s Health Definition

A dynamic state of being in which the development and behavioral potential of an individual is realized to the fullest extent possible.

Lyon’s Health Definition

Health is the dynamic subjective quality of person-environment interaction which is expressed in a person’s composite evaluation of the somatic sense of self and functional ability.
Wellness & Illness

**Wellness** is comfortable somatic sensations accompanied by optimal functional ability whether we have a disease or not

**Illness** is uncomfortable somatic sensations or a decreased functional ability whether we have a disease or not

Autonomy

Means the self directed diagnosis & treatment or it is a self determined and controlled action that does not require authorization from another
Confusing Autonomous Scope of Practice

Setting  Judgments

Autonomous Nursing Scope of Practice  Medical Nursing Scope of Practice
Florence Nightingale …
An expert in nursing’s autonomous scope of practice

- Surveillance & monitoring of patient conditions for early detection of problems
- Preventing complications

“I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all of these at the least expense of vital power to the patient”

Notes on Nursing (1860/1969 p. 8)

Florence Nightingale on:

The distinction between disease and illness

“… so deep-rooted and universal is the conviction that to give medicine is to be doing something or RATHER EVERYTHING; to give air, warmth, cleanliness, etc., is to do nothing.”

(emphasis added) Notes on Nursing, (1860/1969, pg. 9)
Diagnosis Manifestations of The Human Experience of Illness

- sense of powerlessness
- lowered self esteem
- fatigue
- feeling different abnormal
- pain & discomfort
- negative/troublesome emotions
- impaired social relationships, role strain
- inadequate self care or functional abilities
- nutrition
- rest
  - sleep
  - activity
- skin care
- ventilation
- circulation
- elimination
- inability to concentrate
- problem solve

Self Directed Treatment Categories for Nursing

- Hygiene-related activities
- Nutrition-related activities
- Elimination-related activities
- Comfort-related activities
- Movement-related activities
- Rest/activity relate activities
- Learning and development-related activities
- Safety-related activities
- Sense of normalcy-related activities
- Interaction-related activities
- Coping-related activities
- Physical environment-related activities
- Alteration in ADL-related activities
Recognition & Reprimand Structures within Acute Care Settings

- Recognition
  - Physiologic assessment
  - Completing medical treatments in a timely fashion
  - Assisting physicians with activities

- Reprimand
  - Medication administration
  - Questioning content of medical orders

Behavior that is recognized and reinforced continues

Behavior that is ignored or not reinforced does not continue
Patient Advocacy/Safety Related to Clinical Practice

- Nurses knowledge of the Evidence based care
- Ability to deliver the care to the right patient at the right time, every time it is needed
- The ability to communicate patient concerns in a concise, data driven manner and take appropriate action
- Understanding that I am the voice of the patient

Why Effective Communication May Be Challenging for Nursing

[Diagram showing relationships between Self Respect, Safety Environment, Communication, Advocacy Teamwork]
The Silent Treatment: April 2011

- 85% of workers reported a safety tool warned them of a problem that may have been otherwise missed & could harm a patient
- Safety tools include: handoff protocols, checklists, COPE, automated medication dispensing machines.
- 58% said they got the warning, but failed to effectively speak up & solve the problem
- 3 “undiscussbale” issues: dangerous short cuts, incompetence & disrespect (4/5 nurses)
- 1/2 say shortcuts lead to near misses
- 1/3 say incompetence leads to near misses
- 1/2 say disrespect prevented them from getting others to listen or respect their opinion
- Only 16% confronted the disrespectful behavior

http://www.silenttreatmentstudy.com

Our lives begin to end the day we become silent about things that matter”

Martin Luther King Jr.
Understanding Your Culture & Communication Strategies

How are you going to participate in fixing it?

Have you talked to……

If you Permit it you Promote it

A good word is an easy obligation; but not to speak ill requires only our silence; which costs us nothing.

John Tillotson
Non-Verbal Communication

Speaking Up: Does a Plan Education Program Improve Advocacy

- Quasi-experimental design
- Intervention design to increase speaking up behaviors among nurses in situations were patient safety is in jeopardy
- 2 hospital, same health system
- 51 RN’s control group, 53 in intervention group
- Intervention; remove any sanctions, viewed video from CNO & CMO expressing commitment to back speaking up, discussion of organization obstacles, then individual obstacles, generate a personal action plan, planned peer support
- Results:
  - Significant increase in speaking up behaviors vs. control (p<.0001)

Courage

“Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen”
Winston Churchill

What to Do Individually?

- Prevent from occurring through training on effective communication
- Deal in real time to prevent staff or patient harm
- Initiate post event reviews, action and follow-up
- Make it as transparent as possible
- Zero-tolerance policy and procedure
- Intervention strategy: code white
Communication Strategies

- Tools to help structure communication
  - SBAR for communication with Doctors: Situation, Background, Assessment and Recommendation
  - CUS Words: I am Concerned, I am Uncomfortable, This is not Safe

Use CUS words when assertion of your communication fails…things go wrong…concern expressed but mutual decision not reached or proposed action doesn’t happen in time frame agreed upon
What to Do Individually?

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Fundamentals
Missed Nursing Care

- Any aspect of required patient care that is omitted (either in part or whole) or significantly delayed.
- A predictor of patient outcomes
- Measures the process of nursing care

*SORRY WE MISSED YOU!


Hospital Variation in Missed Nursing Care

*Figure 2.* Elements of care most and least frequently missed. The solid bars represent the means across all 10 hospitals, and the range lines indicate the standard deviations.

Patient Perceptions of Missed Nursing Care

<table>
<thead>
<tr>
<th>Missed Nursing Care*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated HOB</td>
</tr>
<tr>
<td>Mobility</td>
</tr>
<tr>
<td>Oral Care</td>
</tr>
<tr>
<td>IS/C&amp;DB</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>50%</td>
</tr>
<tr>
<td>100%</td>
</tr>
<tr>
<td>Missed</td>
</tr>
<tr>
<td>Achieved</td>
</tr>
</tbody>
</table>

• Impacted by poor teamwork between RN and aids
• Low HPPD correlated to higher missed nursing care
• Impacts LOS, pneumonia, falls, pressure ulcers, etc.

Piscotty R & Kalisch B. Nursing Management, 2014;144
Protect The Patient From Bad Things Happening on Your Watch

Implement Interventional Patient Hygiene

Interventional Patient Hygiene

- Hygiene…the science and practice of the establishment and maintenance of health
- Interventional Patient Hygiene….nursing action plan directly focused on fortifying the patients host defense through proactive use of evidence based hygiene care strategies

Incontinence Associated Dermatitis Prevention Program
INTERVENTIONAL PATIENT HYGIENE (IPH)

- VAP/HAP
- Oral Care/Mobility
- HAND
  - Patient
- HYGIENE
  - Skin Care/Bathing/Mobility
  - Catheter Care
- CA-UTI
- CA-BSI
- SSI
- HASI

Vollman KM. Australian Crit Care, 2009;22(4): 152-154

Achieving the Use of the Evidence

Factors Impacting the ability to Achieve Quality Nursing Outcomes at the Point of Care

Skills & Knowledge
Resources & System
Value
Attitude & Accountability
CNO's

Preventing Pressure Ulcer Through Evidence Based Fundamental Nursing Care Strategies

The Goal: Patient & Caregiver Safety

- Patient Progressive Mobility
- Safe Patient Handling
- Prevention of Pressure Ulcers
Patient Progressive Mobility

Planned movement in a sequential manner beginning at a patient's current mobility status and returning them to baseline & includes:

- Head elevation
- Manual turning
- Passive & Active ROM
- Continuous Lateral Rotation Therapy/Prone Positioning
- Movement against gravity
- Physiologic adaptation to an upright/leg down position (Tilt table, Bed Egress)
- Chair position
- Dangling
- Ambulation


Outcomes of Early Mobility Program

- ↓ incidence of skin injury
- ↓ time on the ventilator
- ↓ incidence of VAP
- ↓ days of sedation
- ↓ delirium
- ↑ ambulatory distance
- Improved function

Thomsen GE, et al. CCM 2006;36:1119-1124
Winkelman C et al. CCN, 2010;30:36-40
Do We Even Achieve the Minimum Mobility Standard…
“Q2 Hours”?

Body Position: Clinical Practice vs. Standard

• Methodology
  – 74 patients/566 total hours of observation
  – 3 tertiary hospitals
  – Change in body position recorded every 15 minutes
  – Average observation time 7.7 hours
  – Online MD survey

• Results
  – 49.3% of observed time no body position change
  – 2.7% had a q 2 hour body position change
  – 80-90% believed q 2 hour position change should occur but only 57% believed it happened in their ICU

Krishnagopalan S. Crit Care Med 2002;30:2588-2592
Positioning Prevalence

- **Methodology**
  - Prospectively recorded, 2 days, 40 ICU’s in the UK
  - Analysis on 393 sets of observations
  - Turn defined as supine position to a right or left side lying

- **Results:**
  - 5 patients prone at any time, 3.8% (day 1) & 5% (day 2) rotating beds
  - Patients on back 46% of observation
  - Left 28.4%
  - Right 25%
  - Head up 97.4%
  - Average time between turns 4.85 hrs (3.3 SD)
  - No significant association between time and age, wt, ht, resp dx, intubation, sedation score, day of wk, nurse/patient ratio, hospital

Goldhill DR et al. Anaesthesia 2008;63:509-515

Safe Patient Handling

Safe patient handling consists of policies and programs that enable nurses and other caregivers to move patients utilizing equipment in a way that does not cause strain or injury to the nurses, other health care providers or the patient while preserving the patient’s dignity.
A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. Moisture increases the impact of shear and friction coefficient.

EBP Recommendations to Achieve Offloading & Reduce Pressure (A)

- Turn & reposition every (2) hours (avoid positioning patients on a pressure ulcer)
  - Repositioning should be undertaken to reduce the duration & magnitude of pressure over vulnerable areas
  - Consider right surface with right frequency*
  - Cushioning devices to maintain alignment /30° side-lying & prevent pressure on boney prominences
  - Assess whether actual offloading has occurred
  - Use lifting device or other aids to reposition & make it easy to achieve the turn

O2 added a reference and connected with a statement
Owner, 5/10/2015
EBP Recommendations to Reduce Shear & Friction

- Loose covers & increased immersion in the support medium increase contact area
- Prophylactic dressings: emerging science
- Use lifting/transfer devices & other aids to reduce shear & friction.
  - Mechanical lifts
  - Transfer sheets
  - 2-4 person lifts
  - Turn & assist features on beds
  - Do not leave moving and handling equip underneath the patient


Current Practice:

- Turn & Reposition
  - Draw Sheet/Pillows/Layers of Linen
  - Lift Device
  - Specialty Bed
  - Disposable Slide Sheets
  - Breathable Glide Sheet

70%
50% of nurses required to do repositioning suffered back pain

High physical demand tasks
- 31.3% up in bed or side to side
- 37.7% transfers in bed
- 40% of critical care unit caregivers performed repositioning tasks more than six times per shift

Number one injury causation activity: Repositioning patients in bed

Fragala G. AAOHN, 2011;59:1-6

Number, Incidence Rate, & Median Days Away From Work for Occupational Injuries RN’s with Musculoskeletal Disorders in US, 2003 – 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Ownership</th>
<th>Occupation</th>
<th>Total Cases</th>
<th>Incidence Rate</th>
<th>Median Days Away From Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Private industry</td>
<td>RNs</td>
<td>8,760</td>
<td>51.6</td>
<td>8</td>
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<tr>
<td>2010</td>
<td>Private industry</td>
<td>RNs</td>
<td>9,260</td>
<td>53.7</td>
<td>6</td>
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<tr>
<td>2011</td>
<td>Private industry</td>
<td>RNs</td>
<td>10,210</td>
<td>8</td>
<td></td>
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<tr>
<td>2013</td>
<td>Private Industry</td>
<td>RN</td>
<td>9,820</td>
<td>7</td>
<td></td>
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<tr>
<td>2014</td>
<td>Private Industry</td>
<td>RN</td>
<td>9820</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Private Industry</td>
<td>NA</td>
<td>18,510</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

2006 private industry | RNs | 9,200 | 59.1 | 6 |
2005 private industry | RNs | 9,060 | - | 7 |
2004 private industry | RNs | 8,810 | - | 7 |
2003 private industry | RNs | 10,050 | - | 6 |

Attitude & Accountability

Factors Impacting the ability to Achieve Quality Nursing Outcomes at the Point of Care

Resources & System
- Breathable glide sheet/stays
- Foam Wedges
- Microclimate control
- Reduce layers of linen
- Wick away moisture body pad
- Protects the caregiver

Achieving the Use of the Evidence For Pressure Ulcer Reduction

It is not enough to do your best; you must know what to do, and THEN do your best.

~ W. Edwards Deming

WHEN WOULD NOW BE A GOOD TIME TO DO THIS?

It is not enough to do your best; you must know what to do, and THEN do your best.

~ W. Edwards Deming
Comparative Study of Two Methods of Turning & Positioning

- Non randomized comparison design
- 59 neuro/trauma ICU mechanically ventilated patients
- Compared SOC: pillows/draw sheet vs turn and position system (breathable glide sheet/foam wedges/wick away pad)
- Measured PU incidence, turning effectiveness & nursing resources

### Demographic Comparison

<table>
<thead>
<tr>
<th></th>
<th>SOC</th>
<th>PPS</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean time on product (range), d</td>
<td>7 (1-29)</td>
<td>7 (1-45)</td>
<td>1.00</td>
</tr>
<tr>
<td>Mean age (SD) (range), y</td>
<td>57.72 (18.45)</td>
<td>57.73 (17.67) (23-92)</td>
<td>1.00</td>
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<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>10</td>
<td>.83</td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Braden Scale score</td>
<td>12.77</td>
<td>13.23</td>
<td>.46</td>
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<tr>
<td>Mobility</td>
<td>0-1</td>
<td>0-1</td>
<td>1.00</td>
</tr>
<tr>
<td>BMI</td>
<td>29.62</td>
<td>30.97</td>
<td>.65</td>
</tr>
</tbody>
</table>

### Results:

- Nurse satisfaction 87% versus 34%
  - 30° turn achieved versus -15.4 in SOC/7.12 degree difference at 1hr (p<.0001)

<table>
<thead>
<tr>
<th></th>
<th>SOC</th>
<th>PPS</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>PU development</td>
<td>6</td>
<td>1*</td>
<td>.04</td>
</tr>
<tr>
<td># of times patients pulled up in bed</td>
<td>3.28</td>
<td>2.58</td>
<td>.03</td>
</tr>
<tr>
<td># of staff required to turn patient</td>
<td>1.97</td>
<td>1.35</td>
<td>&lt;.0001</td>
</tr>
</tbody>
</table>

1* PU development with 24hrs of admission

Safe Patient Handling Initiative: Decreases Staff Musculoskeletal Injuries & Patient Pressure Ulcers

SAFEPATIENT HANDLING INITIATIVE PROTOCOL
1. Does the patient have an Braden Score of 14 or less, including Braden mobility score of 1 and/or Braden moisture score of 2?
2. Does the patient have any of the following comorbidities?
   - Limited mobility or postural deformities
   - Limited mobility or postural deformities
   - Limited mobility or postural deformities
   - Limited mobility or postural deformities
   - Limited mobility or postural deformities
3. Does the patient have a prior history of pressure ulcers?

YES to the above questions, please use the turning and repositioning device

If turning and repositioning device is not available, please order body protector and rotate at least every 2 hours

If patient is at risk for both, use both body protector and in-bed technology

DESCRIPTION:
1. When patient is able to independently perform a turn,
2. In a large and in a small patient, motion may vary.
3. Braden mobility score of 1 and/or moisture score of 2.

PRECAUTIONS:
1. Single use only. If folded, wipe the glide sheet with soap and disinfectant.
2. Periodically check for signs of wear. Replace if product is damaged.

Way H  Presented at the 2014 Safe Patient Handling East Conference on March 27, 2014

RESULTS

28%↓  
$247,500 savings

58%↓  
$184,720 savings

In-Bed Technology
Evidence

Evidence-Based Practice

- It takes as long as 17 years to translate research findings into practice (Balas & Boren, 2000, Managing clinical knowledge for healthcare improvements pp.65-70. Germany: Schattauer Publishing Co.)
- Without current best evidence, practice is rapidly outdated, often to the detriment of patients.
Evidence-Based Practice

Program overview:

Challenges Incorporating EBP into Practice

- Lack of training and critical appraisal of research evidence
- Lack of clinically relevant nursing research on a particular clinical topic
- Gap between available nursing research in the form of systematic reviews and use by nurses for direct patient care
- We are not connecting quality patient outcomes to EBN
- Lack of health care agencies organizational infrastructure to promote EBN practice
Organizational & Unit Structures that Supported Empowerment & Evidence Based Practice

- Shared Governance Model
- Professional Practice Model/Clinical Ladder
- Unit Based Leadership Model
- Educational Support
- Continuous Quality Improvement Model

Empowered Work Environment
What is Good About EBP!!!

- Firm foundation to do the right thing
- Improved patient outcomes
- Basis for interventions
- Basis for evaluation
- Ability to talk in a similar language with other disciplines
- Methods allow correct and more expedient movement of evidence into practice

Activity without purpose is the drain of your resources
We Make a Difference in Quality & Safety

- Increase nurse staffing was associated with; lower hospital related mortality, lower cardiac arrest, lower hospital acquired pneumonia in the surgical population, lower episodes of failure to rescue, lower UTIs, lower G.I. bleed/shock, lower falls & rates in hospital acquired pressure ulcers
- The risk of hospital deaths would increase by 31% or roughly 20,000 avoidable deaths each year if all hospitals at eight patients per nurse instead of four (JAMA 2002)
- When nurses case managed children with asthma there were fewer absences from school
- 11% improvement in failure to rescue (HealthGrades 2009 Report)

We Make a Difference in Quality & Safety

- Home care/discharge planning/APRN’s; lower length of stay, lower healthcare costs, fewer hysterectomies
- Patient satisfaction directly correlated to registered nurse satisfaction (HCAHPS)
- 10% ↑ in the # of RNs ↓ lung collapsed by 1.5%, pressure ulcers 2%, Falls 3%, UTI < 1% (Urich Med Care 2003, 41(1):142-152
- Nurses effect explained 7.9% of variance in patients clinical condition during their hospital stay (Yakusheva O, et al, HSR, 2014)
Patient Safety Strategies Strongly Encouraged for Adoption with Moderate to High Evidence

- Preoperative and anesthesia checklists to prevent perioperative events
- Bundles with a checklist to prevent CLA-BSI
- Interventions to reduce use of urinary catheters; stop orders, reminders or removal protocols
- Bundle to prevent ventilator associated pneumonia
- Hand hygiene
- Multiple component initiative to prevent pressure ulcers
- Prophylaxis intervention for venous thromboembolism
- Using real-time ultrasonography for placement of central catheters

Alspach JG. Crit Care Nurse, 2013;33(3):9-12

Patient Safety Strategies Encouraged for Adoption with Moderate to High Evidence

- Interventions to reduce patient falls
- Using clinical pharmacist to reduce adverse drug events
- Documenting patient preference for life-sustaining treatment
- Obtaining informed consent prior to medical procedures
- Team training
- Medication reconciliation
- Using surgical outcome report cards
- Rapid response systems
- Computerized provider order entry
- Using simulation training and patient safety efforts

Alspach JG. Crit Care Nurse, 2013;33(3):9-12
There is no “I” in TEAM…but there is a “ME”
Path to High Performing Teams

- Team Leadership
- Mutual performance monitoring
- Backup behavior
- Adaptability
- Team orientation

Shared Mental Model

Closed Looped Communication

Mutual Trust


Communication is Key for Effective Teams

- Effective communication amongst caregivers is essential for a functioning team
- The Joint Commission reports that ineffective communication is the most commonly cited cause for a sentinel event (70%)
- Observations of ICU teams have shown errors in the ICU to be concentrated after communication events (shift change, handoffs, etc)
- 30% of errors are associated with communication between nurses and physicians

Reader, CCM 2009 Vol 37 No 5; Donchin CCM 1995 Vol
Tools and Strategies to Improve Communication and Teamwork

• Structured Handoff
• Huddles
• Daily rounds/goals
• Pre-procedure briefing
• Checklists

Structured Handoffs/Clinical Handover

• Information Processing: Making sure the essential data are transferred for patient safety
• Structured face to face, structured tool, electronic sign outs
• Substandard or variable handoffs has contributed to errors, care omissions, treatment delays, inefficiencies from repeated work, inappropriate treatment, adverse events, increase length of stay, voidable readmissions, an increase cost.
• 2013 ACHS NSQHS Standards measure to implement a standardized approach to communication during handoffs

ACHS NSQHS Standards
Huddles

- Enable teams to have frequent but short briefings so that they can stay informed, review work, make plans, and move ahead rapidly.
- Allow fuller participation of front-line staff and bedside caregivers, who often find it impossible to get away for the conventional hour-long improvement team meetings.
- They keep momentum going, as teams are able to meet more frequently.

Hospitals With High Teamwork Ratings

- Higher patient satisfaction
- Higher nurse retention rates
- Lower hospital costs

Tools Don’t Create Safety

People Do!!!

The Most Powerful Force of Human Behavior is Social Influence

The Silent Treatment, April 2011
“Setting an Example is Not the Main Means of Influencing Others….It is the Only Means”

Albert Einstein

Yes I Will
Yes I Will

Focus on Achieving Nurse Sensitive Outcomes & Commit to a Culture of Safety & Accountability

---

Yes I Will

Be the Power of One

“ I am only one, but still I am one. I cannot do everything, but still I can do something. I will not refuse to do the something I can do.”

Helen Keller
“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You must do the thing which you think you cannot do.”

Eleanor Roosevelt

Change and growth take place when a person has risked himself & dares to become involved with experimenting with his own life

Herbert Otto
Yes I Will

Leap.....
And The Net
will appear

“The future belongs to those who believe in the beauty of their dreams.”
Destiny is not a matter of chance, it is a matter of choice.

“If you don’t like something, change it. If you can’t change it, change your attitude. Don’t complain.”  
Maya Angelou
“Joy is but the sign that creative emotion is running its purpose.”
Charles Du Bos.

“If we don’t change, we don’t grow. If we don’t grow, we aren’t really living.”
Gail Sheehy
“Don’t let life discourage you; everyone who got where he is had to begin where he was.”

Richard L. Evans

“When you are content to be simply yourself and don’t compare or compete, everybody will respect you.”

Lao-Tzu
“One’s mind, once stretched by a new idea, never regains its original dimensions.”

Oliver Wendell Holmes
The secret of success and happiness lies not in doing what you like, but in liking what you do.
“No bird soars too high if he soars with his own wings.”
William Blake
“Mentors open the door, but you must enter by yourself.”
Stu’s Proverb
“Go confidently in the direction of our dreams. Live the life you have imagined.”

Henry David Thoreau
Trust the process

Success consists of doing the common things of life uncommonly well.
“Spoon feeding in the long run teaches us nothing but the shape of the spoon.”

E.M. Forster
“An invasion of armies can be resisted, but not an idea whose time has come.”

Victor Hugo

The purpose of nurses is to help all people achieve maximum well-being within their potential, wherever they are.

Martha Rogers
“The nurse who has a desire to serve will show her sympathy by a gentle touch, a quiet voice, foresight and thoughtful attention.”

Catherine E. Moriarty, 1914
Questions?

kvollman@comcast.net
www.vollman.com