Examine Nursing’s Unique Contribution to Health Care & The Vitamin Recipe for a Meaningful Career

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• 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?

Number 1 Respected Profession

Nursing
Gallup Poll: 82% Honesty & Ethical Rating

So Why Don’t We Feel Respected?

Quality & Safety Drivers

› Institute for Medicine
  - IOM report
  - Crossing the Quality Chasm
  - Transforming the work culture
› Evidence based practice movement
› Quality organizations
  - Institute for Healthcare Improvement (IHI)/VHA: 100,000 lives campaign /5 million lives campaign
  - Clean Care is Safer Care/WHO
› Regulatory agencies:
  - Create & maintain a safety culture
› Public transparency
› Professional Nursing: Back to the Basics
› Economics

Reclaiming Professional Respect

Work Environment

Quality of Care You Provide to Patient & Families

What Behaviors or Communications Make You Feel the Recipient of Respect?
Feeling of Respect or Not being Respected

• Respected
  – Feeling listen 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

Facts About Respect
• How we live our lives depends on whether we respect ourselves.
• The value of self-respect may be something we can 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.
• It is part of everyday wisdom that respect and self-respect are deeply connected.

Self Respect

Who is Responsible for Nursing Image?
• Self image = public image
• Changing how we feel about ourselves changes how others think about us.
• Everyone of us is responsible for nursing’s image...from how we treat patients and colleagues, to what we tell relatives, friends and neighbors about our profession
• Walk the talk...model how we want to be perceived
• Sandy Sommers, past Director of the Center for Nursing Advocacy stated, “Individuals with no last names include pets, fast food workers and women in general. People with self-respect give you their last name
• Do you gossip to put down coworkers? Are you the one who works with others to find solutions?

Who is Responsible for Nursing Image?
• Do you treat everyone with respect from the housekeeping staff to the chief surgeon?
• Use evidence-based practice…. Data driven
• Use gratitude to reinforce what we do…when a patient says “thank you” … Don’t say “no problem”…. use it as a chance to educate by saying. I’m glad I could help you understand the importance of how to take your medication correctly
• Support each other, make recognition and meaningful and celebrate successes
• We hold the power to create our own image
• Know your elevator speech…to be determined

Dress For Respect

• What we wear identifies us as a group and says something about who we are.
• Image consultant: “You are the only thing between the patient and death and you’re covered in cartoons. No wonder you have no authority.”
• Patients need to be able to identify who the nurse is and who is not the nurse.
• Color coded scrubs resulted in a 3-8% improvement in patient and staff satisfaction.

8 Actions You Can Take Today

• Identify yourself as a nurse, use your full name on initial introduction, use RN after your name and address labels, and when making donations.
• Join a professional nursing association.
• Give nurse related books as gifts to non-nurses.
• Get the word out about the work nurses do and the contributions they make.
• Get involved in a political campaign and legislative effort related to health care.
• Serve community and organizational boards.
• Be a role model everywhere you go.

The Road to Respect

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

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 what ever 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

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**Confusing Autonomous Scope of Practice**

![Confusing Autonomous Scope of Practice Diagram](image)

- Setting
- Judgments

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**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)*

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**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)*

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**Diagnosis Manifestations of The Human Experience of Illness**

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<thead>
<tr>
<th>Manifestations</th>
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<tr>
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<td>nutrition</td>
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<td>impaired social relationships, role strain</td>
<td>inadequate self care or functional abilities</td>
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<td>inadequate self care or functional abilities</td>
<td>problem solve</td>
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Diagnosis Manifestations of the Human Experience of Wellness

- Sense of vigor
- Hardiness
- Positive emotional tone/mood states
- Optimal self care or functional ability

Self Directed Treatment Categories for Nursing

- Hygiene-related activities
  - Nutrition-related activities
  - Elimination-related activities
  - Comfort-related activities
  - Movement-related activities
  - Rest/activity related 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

Elevator Speech

- Florence Nightingale:
  - Role of the nurse is to put the patient in the best condition for nature to heal them

Mine:
I help patients feel better and function better whether they have a disease or not

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

Impacting Patient Outcomes

Returning to the foundation provided by our greatest clinician, researcher, educator & consultant........

Florence Nightingale
Factors Chipping Away at Our Nursing Soul

- Unhealthy work environment
- Self Image
- Inappropriate communication
- Challenging collegial relationships
- Change fatigue
- Lack of understanding of nursing true contribution to patients & families

Impact Of Factors Chipping Away at Us

- Lateral violence/verbal abuse
  - Communication issues are 77% of the reason for errors
  - If we don’t feel respected, we don’t share information
  - One of the major reasons why nurses leave the profession, complaint of burnout or job dissatisfaction, lose capacity for caring
- How we feel about ourselves
  - If we feel intimidated, belittled, patronized it shatters confidence
- Poor quality of work environment
  - Low autonomy, missing equipment, insufficient staff, poor design in technology
  - Performing non patient care activities

Factors that Keep Us Nursing

- Positive practice environment
- Supportive manager
- Congenial staff
- Meaningful recognition
- How we feel about ourselves: If we feel good, greater confidence, we want to give back
- Ability to participate versus being told
- Being supported, listen to, consulted with

We do Make a Difference

Nurse Staffing Levels Linked Impact on Patient Outcomes
Linking Staffing Ratios to Patient Mortality, Nurse Burnout and Job Dissatisfaction

Methodology
- 10,184 staff nurse surveys
- 232,342 general, orthopedic & vascular surgery patients from 168 non-federal adult Hospitals (d/c between 4/1/98 & 11/30/98)
- Measured: risk adjusted mortality & failure to rescue within 30 days of admission related to nurse reported satisfaction, burnout & staffing ratio's

Results:
- Each additional patient per nurse after 4 was associated with a 7% ↑ likelihood of dying within 30 days of admission & 7% ↑ failure to rescue
- After adjusted for nurse & hospital characteristics, each added patient per nurse after 4 was associated with 23% ↑ in odds of burnout & 15% ↑ odds of job dissatisfaction


When Staffing Ratios Follow the Evidence

- State of California place into law minimum staffing ratios in 2004
  - Med-Surg-5 pts, Critical Care-2pts, Pediatrics-4 pts, Labor/Delivery-3 pts & Psychiatric-6 pts
- Compared general surgery outcome data and hospital staffing in California (staffing ratios) vs. Pennsylvania and New Jersey (no staffing ratios) in 2006
- Logistic regression model to estimate the effects of nurse staffing on 30 day inpatient Mortality
- Included 22,336 hospital staff nurses in 604 acute non-federal hospitals;
  - 9257 RNs in 353 hospitals (California)
  - 5800 RNs in 73 hospitals (New Jersey)
  - 7261 RNs in 178 hospitals (Pennsylvania)

Results:
- Average workload significantly lower in California (p<.05)
  - Mean patients per shift 4.1 in CA vs. 5.4 in NJ & PA
  - Nurses in CA reported caring for 5 or less patients on last shift 88% while nurses in NJ 19% & PA 33%.
  - CA nurses care for 2 fewer pts per shift than NJ & 1.7 fewer than PA nurses.
- 13.9% fewer deaths among surgery patients in New Jersey &10.6 fewer deaths in Pennsylvania, if staffed at the same average level as California
- 468 lives might have been saved over a two-year period if California staffing levels were adopted

Aiken KH, et al. Health Services Research, 2010; Online 04/9/2010

When Staffing Ratios Follow the Evidence

- Significantly greater job satisfaction among CA RN’s (p<.01)
  - Reasonable workloads
  - Substantial support
  - Enough RNs to provide quality care
  - Enough RNs to get work done
  - 30 minute break part of typical day
  - Missed patient changes
  - RN burnout

Aiken KH, et al. Health Services Research, 2010; Online 04/9/2010

Nurse Staffing & Inpatient Mortality

- Methodology
  - Single center- Tertiary Academic Medical Center
  - Observational study involving 197, 961 admission & 176,696- 8 hour nursing shifts in 43 hospital units (excluding ped’s)
  - Examine association between mortality & patient exposure to nursing shifts where staffing by RN’s was 8hrs or more below the staffing target
  - Examine association between mortality and high patient turnover owing to admissions, transfers and discharges
  - Used Cox proportional hazard models in the analysis to adjust for patient characteristics and hospitals units

Nurse Staffing & Inpatient Mortality

• Results
  – Staffing by RN’s was within 8 hr target level for 84% of the shifts
  – Patient turnover was within 1 SD of the day shift mean for 93% of shifts
  – Predicated mortality was 3.1%/Actual 1.9%
  – 19.4% of CCU had staffing levels 8hrs or more below
  – 14% of GCU had staffing levels 8hrs or more below
  – Significant association between ↑ mortality and ↑ exposure to unit shifts during which staffing by RN’s was 8hrs or more below target levels (p <0.001)
  – Significant association between ↑ mortality and higher patient turnover (p< 0.001)
  • Risk of death increased by 2% for each below target shift
  • Risk of death increased by 4% for each high turnover shift


The Vitamins Necessary for Survival and Growth
In the Nursing Profession

Vitamin A

• Attitude
• Advocacy

Attitude

• A confident person control their attitudes, instead of attitudes controlling them
• Confidence is impossible without a positive attitude
• Confident nurses take the same negativity, but they have learned to say that the garbage that goes in now needs to go out!!!!

Use a Personal Attitude Interrupt (PAI): Intentional physical change on our part to stop the negativity from staying in our mind. It is a private signal from me, to me that I need to protect myself from incoming negativity

Keith Harrell

Attitude Test

Answer:
  – No, I don’t do this
  – Sometimes I do, sometimes I don’t
  – Yes, I do this consistently
1) I take full responsibility for how things might turn out
2) I’m confident that I can succeed at whatever I do, as long as I simply take the right actions
3) I spend time visualizing tremendously rewarding successes instead of picturing failure
4) I maintain a positive expectation for every action I take
5) I look for the best in every situation and the opportunity in every problem

Attitude Test

5) I focus more of my time on seeking solutions rather than staying absorbed in the problem
6) I see myself as someone who is capable, enthusiastic and committed
7) I speak in a positive powerful and uplifting manner
8) I persist with passion until I succeed at whatever I do
9) I embrace change, and love to learn and grow from new ideas and experiences

How did you Score?
Sustaining a Positive Attitude Over the Length of Your Career

• The most important of all human freedoms is your attitude
• We choose how we respond to each moment
• I can complain or quit, but that gets me nothing
• I can focus on the positive…. what you focus on is what you feel

Physiology Can Change Feelings.

Advocacy

Advocacy is the pursuit of influencing outcomes — including policy and resource allocation decisions within systems & institutions — that directly affect people’s current lives. (Cohen, 2001)

Therefore, 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

HealthGrades Report 2009

- 2005-2007 data
- 913,215 total patient safety events among 864,765 Medicare patients
- 2.3 percent of the nearly 38 million Medicare hospitalizations.
- 92,888 deaths directly attributable to safety indicators, $6.9 billion of excess cost.
- Eight indicators showed improvement (2.3%-52%)
  - Complications of anesthesia, death in low mortality DRGs, failure to rescue, iatrogenic pneumothorax, selected infections due to medical care, post-operative hip fracture, postoperative hemorrhage or hematoma, and transfusion reaction
- 14.5 percent of the total patient safety events
- Seven indicators worsened over the course of the study

Worsen Safety Indicators (1%-23.4%)

- Seven Indicators Accounted for 85.5% of the Total Safety Event

**Highest Incidence:**
- Failure to rescue/ 96.2 per 1000 pts, (death among surgical inpatients with serious treatable complications),
- Pressure ulcer/ 32 per 1000 pts,
- Post-operative respiratory failure/ 17.2 per 1000pts
- Post-operative sepsis/ 14.9 per 1000 pts.
  - Post-operative abdominal wound dehiscence
  - Accidental puncture or laceration

HealthGrades April 2008
Advocacy

- 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)

Advocacy = Safety

Notes on Hospitals: 1859

“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

Vitamin B

- Behavior
- Balance

Behavior

- Your shadow
- Leader vs. follower
- Influence of peers on self and unit culture

“If your actions inspire others to dream more, learn more, do more, and become more, you are a Leader” - John Quincy Adams
Every Nurse is a Leader

"The shadow of the leader" is suggestive language used to describe how a leader's choices, actions, style and values dramatically influence those same things within a unit/organization.

What Shadow Do You Want to Cast?

• Looking at our unit cultures you can often see the nurses reflection.
• The reflection we see can be a difficult for us to handle. If not careful, we respond by trying to defend or to rationalize away why what we see in others is not of our making.
• In this way, we may fail to take responsibility for what has resulted from our actions. Without taking responsibility the first steps required to change the situation becomes impossible….!

“Setting an Example is Not the Main Means of Influencing Others….It is the Only Means”

Albert Einstein

Peer Pressure

Time is the rarest of all. It is the only thing you have, and only you can determine how it will be spent. Be careful lest you let others spend it for you.

–Calvin Trillin

Balance

What are your actions inspiring others to become? What are your actions inspiring others to do? What are your actions inspiring others to learn?

• Be the best person/nurse you can be
• Stop negativity when it comes your way
• Demonstrate respectful communication with all disciplines
• Participate on unit committees that shape your practice
• Join a professional organization and participate if you can
• Demonstrate evidence of continued learning
• Demonstrate as best as possible life balance
Process of Balance

How you choose to see things affects how you think.
Thoughts produce feelings.
Feelings direct behavior.

When you consciously change a behavior, you get a result.

Kathleen Passanisi

Strategies for Helping with Life Balance

- Manage time or it will manage you
  - Set times to respond to e-mails
  - Turn off the phone... take time for yourself
  - It is a personal thing, and it must work for you
- Manage the environment by examining your habits and attitudes
  - 51% felt work was a means to an end
  - 24% found it a source of personal fulfillment
  - Find enjoyable work that may not pay the bills or unhappy work that pays the bills
  - Start to discover... decide what to love...
  - Habits are comfortable... even habitual unhappy work

Vitamin C

- Communication/Culture/Courage
- Change/flexibility
- Competency/Continued learning

Knowing yourself helps with understanding factors that affect your life balance and happiness, also finding your

For everything you have missed, you have gained something else.
And for everything you gain, you lose something else.
It is about your outlook towards life. You can either regret or rejoice.

"We don't stop playing because we grow old... we grow old because we stop playing... So live life!"
Why Effective Communication May Be Challenging for Nursing

- Self Respect
- Patient Safety
- Communication
- Advocacy

The single biggest problem with communication is the illusion that it has taken place

George Bernard Shaw

Unit Culture Assessment

How are you going to participate in fixing it?

- Tweeners
- Negatoids
- Positrons

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

Disruptive Behavior/Communication

- 4530 participants: 2846 nurses, 944 M.D.’s, 40 administrative executives, 700 other
- 77% reported witnessing disruptive behavior in MD’s (88% nurses & 51% MD’s)
- 65% reported witnessing disruptive behavior nurses (73% nurses & 48% MD’s)
- 67% of responders agreed disruptive behavior/communication is linked to adverse events (71% medical errors, 27% mortality)
- Nurse’s disruptive behavior more indirect; undermining, cliques, passive aggressive behavior
- MDs; more direct and overt

Outcomes of Disruptive Behavior/Communication

- Impaired work relationships/dysfunctional teams
- Intimidation, hostility, stress, frustration, loss of focus
- Poor communication
- Reduce transfer of important information

Adversely Affecting Staff & Patient Outcomes

What to Do?

• 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

Communication Strategies

• Tools to help structure communication
  – STIC
    • Situation: Here’s what I think we face
    • Task: Here’s what I think we should do
    • Intent: Here’s why
    • Concerned: How & what we need to keep eye on
    • Calibrate: Now talk to me-tell me if you don’t understand, cannot do or see something that I don’t
• Body language and voice inclination has more effect than words
• When in doubt…trust the body language

Courage

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

Vitamin C

• Communication/Culture/Courage
  • Change/flexibility
  • Competency/Continued learning

Healthy Work Culture Standards

• Skilled communication
• True collaboration
• Effective shared decision making
• Appropriate staffing
• Meaningful recognition
• Authentic leadership

A healthy culture begins with each person & is enhanced by self work, healthy relationships & system supports

AACN Standards for Establishing & Sustaining Healthy Work Environments, 2005
Healthy Work Cultures

• Skilled communication
  – First party/safe & accountable
  – Helps to find solutions/achieve outcomes
  – Zero tolerance for abuse & disrespectful behavior
  – Congruence with words & actions

• True collaboration
  – Unit & organizational structures to support & foster collaboration
  – Integrity & accountability of each team member
  – Common goal: giving power & respect to each person's voice (group norms)
  – Unrestricted access to forums where disputes can be resolved

Healthy Work Cultures

• Effective shared decision making
  – Education & support of strategies for collaborative decision making
  – Operational structures that ensure pt & family perspective included
  – Personal accountability to participate in team decision making
  – Systems and structures to ensure shared decision making & evaluate results

• Appropriate staffing
  – Nurses participate in organizational phases of staffing process from education to matching competencies of nurse to the patient
  – Formal processes to evaluate staffing decisions on patient care and system outcomes
  – Provide staff support services at every level of activity to ensure nurses optimal focus is on pt/family

Foundational Principles to Maximize Staff Empowerment

• Share Governance = Shared Leadership of Practice/Ownership
  – The Unit is the center of a shared governance model, the locus of control is at the point of service
  – Staff need mentoring and leadership coaching
  – Shared leadership means the clinical and administrative lead of the unit are part of the unit practice/governance council

  • Defined accountability of all members
  • Sufficient time in meetings to formulate ideas and plan work (unit meeting 4hrs)
Healthy Work Cultures

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- Meaningful recognition
  - Formal structure & processes to ensure a sustainable focus on recognizing all team members
  - Systems that reach from the bedside to board room
  - Recognition systems that are validated and regularly & comprehensively evaluated

- Authentic leadership
  - Support & access to educational programs to help nurse leaders develop in all components of the healthy work environment standards
  - Excel at generating visible enthusiasm for achieving & sustaining HWE
  - Nurse leaders are positioned to lead design of & participate in key decision making to create & sustain HWE

Leadership’s Role

- Self scheduling model
  - Rules: family & school needs first

- Team congruency
  - Combined UGC
  - Collaborative Quality Improvement Group

- Setting expectations with clear communication & consistent follow through

- Support of staff to uphold standards of practice and respectful communication

- Support for time & resources necessary for professional development activities

Empowered Work Environment

- Communication/Culture/Courage
- Change/flexibility
- Competency/Continued learning
Change/Flexibility

• Change is constant, and it's impacting everyone. While you may not be able to change the circumstances around you, what you can change is yourself and sometimes that changes everything.
• To manage change.....you need to develop new and improved attitudes and habits. When those new attitudes and habits meet the skills and knowledge you already possess, anything is possible.
• Stop resisting change and consider welcoming it as an opportunity to go from good to great.

Keith Harrell
Exercise the Muscle

Competency/Continued Learning

- Competency is multifaceted and evidence of your actions
- Clinically competent peers are the number one attribute of a satisfying unit were culture in which nurses gave the highest quality care
- It is the highest attribute of the eight essentials of magnetism
- How is competent performance demonstrated?
  - Adequacy with standards of practice
  - Having sufficient knowledge, judgment and skill

Six Competency Performance Domains

- Autonomous clinical decision-making
  - Acting out of the box not out of your scope
- Prioritizing and multitasking
- Interpersonal
  - How well the interaction ensures that rapport is established
  - Whether people hear, listen, & respond appropriately
  - Method & Approach
- Technical skill
- Knowledge
  - Certification: single best indicator of clinical competence
  - Experience and level of education
- Quality of patient outcomes

Certification is a Measure of Competency

- Certification validates clinical knowledge, skills and abilities
  - Certified nurses feel more empowered and less likely to leave their current position
  - Improves patient care and satisfaction
  - And earns praise and recognition from peers
  - Shows demonstrated improved productivity, engagement and job satisfaction

Vitamin D

- Doing/Take action
- Dedication/Passion

“One’s mind, once stretched by a new idea, never regains its original dimensions.” - Oliver Wendell Holmes
Doing/Taking Action

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

Herbert Otto

"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

Vollman Prone Positioner

WHEN WOULD NOW BE A GOOD TIME TO DO THIS?

Dedication/Passion

What ultimately determines who you become and what direction your life goes in?
The only limit to what you can achieve is the extent of your ability to define what you want and the persistence and passion to get it.

The purpose of my life is to love myself and others, make a difference and be playful.

Create A Life Mission Statement

Vitamin E

- Excellence
- Evidence-based

Evidence-Based

“When you stand on the foundation of the evidence you stand on a much firmer platform on which to make a decision, whether it is in your professional or personal life.”

Kathleen Vollman

Let the Evidence Help you Make Your Decisions
How Can You Have the Power to Change Anything?

Become an Influencer

Professional Influencers

Not about power of persuasion – using words

- Key Behaviors – e.g. “10/10 scanning”
- Try something new

Principle of “Positive Deviance”

- Guinea Worm story (high leverage behaviors that drive change)
- Our behavior is shaped by observing others
- Key point: need multiple strategies (not just one)

Find Vital Behaviors

- Decide what you are trying to change
- Focus on the “vital few” behaviors
- Search for behaviors – not easy

Examples of Vital Behaviors

- Married Couples – 15 min. observation and could determine with 90% accuracy the outcome of their marriage. Vital behavior: those that blame – doomed; those that conversed on same subject with respect and shared purpose – promising future.

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

~ W. Edwards Deming
Change the Way You Change Minds

- People will attempt to change their behavior if:
  - They believe it will be worth it
  - They can do what is required

- Don’t use verbal persuasion – talk is easy. Help people experience for themselves the proposed behavior.

How do We Get There in Our Collective Work Cultures?

Grass Roots Unit-Based Culture Change to Improve Safety

What is a Safety Culture?

Represents a set of shared attitudes, values, goals, practice & behaviors that makes one unit distinct from the next

Sharing a Story of Unit Based Culture Change

New Culture
New Rules
New Values

Shift Culture from Individual Blame to System/Process Errors

Assessment Process

- current culture
- values
- professional nursing practice
Assessment of Safety & Work Culture

- SAQ (Safety Attitudes Questionnaire)
  - Teamwork
  - Safety
  - Working conditions
  - Job satisfaction
  - Stress recognition
  - Perception of upper management
  - Perception of unit management

Strive for 80%, if > 60% SAQ scores correlates to decreases in clinical outcomes

Assess Culture of Safety and Teamwork

I would feel safe being treated here as a patient?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Assess Culture of Safety and Teamwork

Medical errors are handled appropriately in this unit.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Assess Culture of Safety and Teamwork

I am encouraged by my colleagues to report any patient safety concerns I may have.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Assess Culture of Safety and Teamwork

Nurse input is well received in this clinical area.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Can we change practice through process improvement alone?

or

Will successful change require an altering of the value structure within the unit?
Organizational & Unit Structures that Supported the Change

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

Initial Assessment of the MICU

- Focus on pathophysiology
- Medical model of clinical decision making
- Reward structure based on early identification of medical problems & the ability to anticipate treatment

Clinical Indicators of Nursing Practice Problems

- 23% incident in pressure ulcers
- Limited use of mobility techniques
- Complication of foot drop
- Limited use of PT/OT & social work
- Absence of oral care

Strategies to Impact Value Structure

- Patient Care Conferences
- Role Modeling
- Bedside Consultation
- Unit Process Improvement Projects

Patient Care Conferences

- Medical Focus
- Nursing Therapeutics
### Nursing Rounds Format

1. **Brief Medical History:** Past history, reason for admission, stable/unstable
2. **Pulmonary:** Secretions/type and amount, single use or in-line catheter, ability to tolerate repositioning, assess need for continuous lateral rotation therapy and/or the prone position, assessment of functional readiness to wean
3. **Psych/Coping:** Assess for agitation/Dx of anxiety, pain and/or delirium, safety issues, sleep/rest pattern, use of diversional activities, Dx of powerlessness
4. **Family:** Coping, support systems, discussion of code status, evaluation of home environment/discharge needs
5. **Activity:** Physical therapy needs, activity/exercise schedule, prevention of contractures
6. **Skin:** Braden score, support surface/specialty bed, preventive measures, skin status, management of incontinence, nutrition/goal achievement
7. **Communication issues:** Family, collegial, collaborative

### Purpose of the New Rounds Format

- Impact care practices that prolong LOS or create complications
- Reinforce Ownership of nursing practice
- As a Nursing practice reward structure
- To enhance continuity of care
- To build intellectual confidence

### Role Modeling

"If your actions inspire others to dream more, learn more, do more, and become more, you are a Leader" - John Quincy Adams

### Every Nurse is a Leader

"The shadow of the leader" is suggestive language used to describe how a leader’s choices, actions, style and values dramatically influence those same things within a unit/organization
Bedside Consultation:
Creating the Ah-hah Experience

Bedside Consultation: Changing Care Practices

Teaching Pathophysiology & Clinical Decision Making Skills

Journal Club
- Structured format
- Informal
- Unit-based

Journal Club Outcomes
- Increased familiarity of the research terminology and process
- Revisions in policies and procedures
- Stimulated additional clinical questions
Bedside Consultation:

Disseminating Research

- CNS guidance
- Staff designed, implemented & evaluated
- Develops sense of ownership, pride & accomplishment

UNIT PROCESS IMPROVEMENT:
Skin Care
Assessment of the problem

- Incidence rate was 23%
- Incidence air low specialty bed utilization > 320 bed days per year
- 90% of our population at high risk for breakdown (Braden < 12)
- All patients were on a standard hospital mattress
- Current fecal & urinary incontinence products ineffective

UNIT PROCESS IMPROVEMENT:
Skin Care
The Process Improvement

- Use of static air overlay to reduce pressure upon admission to the unit
- Mattress replacement project to provide cost savings without affecting quality
- Criteria for use of low air loss therapy introduced
- Education on prevention & treatment
- Education tools placed at the bedside
- Product evaluation & purchase of incontinence barrier products
- Standardized risk assessment

UNIT PROCESS IMPROVEMENT:
Skin Care
Outcomes Achieved

- Decrease in incidence rate < 5%
- Reduction in low air loss therapy bed days (46)
- Sense of pride & valuing of skin care
- 7 member skin committee for education & quality outcome measurement
- Initial cost savings

UNIT PROCESS IMPROVEMENT:
Skin Care
SKIN CARE COST ANALYSIS

<table>
<thead>
<tr>
<th></th>
<th>Treatment Costs</th>
<th>Prevention Costs</th>
<th>Cost Savings**</th>
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<tbody>
<tr>
<td></td>
<td>$78,000.00</td>
<td>$11,666.00</td>
<td>$66,334.00/yr</td>
</tr>
<tr>
<td>(Based on 5 ulcers)</td>
<td>Static air mattress &amp; Moisture barriers/</td>
<td>8 bed MICU</td>
<td></td>
</tr>
<tr>
<td>per month/ per year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figures based on variable cost for treatment per ulcer of $1,300.00
**Additional $6,500.00 cost savings with reduction in low air loss bed days
LOS and predicted mortality numbers against like comparable facilities

Patient and family satisfaction

Reduction in complications: pressure ulcers

In God We Trust!
Everyone else please bring data

The things included in the measurement becomes relevant, the things omitted are out of sight out of mind
Peter F. Drucker

Nurse Sensitive Care Indicators

- Death among surgical patients with treatable serious complication
- Pressure ulcer prevalence
- Falls prevalence
- Falls with injury
- Restraint prevalence (vest & limb only)
- UTI rate/ICU
- Blood stream infections (BSI) from invasive catheters (ICU and high risk nursery)

Nurse Sensitive Care Indicators

- Ventilator-associated pneumonia (VAP and high risk nursery)
- Smoking cessation for AMI
- Smoking cessation counseling for heart failure and pneumonia
- Skill mix
- Nursing care hours per day
- Voluntary turnover

Nurse Sensitive Care Indicators

- Practice Environment Scale-Nursing Index (5 sub-scales)
  - Nursing participation in hospital affairs
  - Nursing foundation for quality of care
  - Nursing manager ability, leadership and support of nurses
  - Staffing and resource adequacy
  - Collegial nurse-physician relations

Nursing Quality Forum 2004
Nursing Quality Forum 2004
Nursing Quality Forum 2004
Nursing Quality Forum 2004
**MICU/ Patient/ Family Satisfaction**

- Did you feel comfortable sharing your concerns with the nursing staff?
- Do you feel the nursing staff was concerned about you as a person?
- Did you receive satisfactory answers to your questions from the nurses?

**Measuring Success:**

**Retention of Qualified Experienced Staff**

**Professional Growth: MCC Staff Statistics**

<table>
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<tr>
<th>Classification</th>
<th>1996</th>
<th>1998</th>
<th>2001</th>
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<tbody>
<tr>
<td>BSN's</td>
<td>42%</td>
<td>53%</td>
<td>50%</td>
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<tr>
<td>CN I's</td>
<td>18%</td>
<td>19%</td>
<td>10%</td>
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<tr>
<td>CN II's</td>
<td>60%</td>
<td>66%</td>
<td>69%</td>
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<tr>
<td>CN III's</td>
<td>23%</td>
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> 5 Years of Experience in MCC 70%

**MCC Bed / Staff / Turn Over Indices**

<table>
<thead>
<tr>
<th>Year</th>
<th>Beds Staffed</th>
<th>Authorized Positions</th>
<th>Average Positions Filled</th>
<th>Est. Avg. Vacancy Rate</th>
<th>Resigns</th>
<th>Turnover Rate</th>
<th>Wastage Rate</th>
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<td>32</td>
<td>24</td>
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<td>1991</td>
<td>32</td>
<td>24</td>
<td>87</td>
<td>3.33%</td>
<td>7</td>
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<td>32</td>
<td>24</td>
<td>87</td>
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<td>6</td>
<td>2</td>
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<tr>
<td>1994</td>
<td>32</td>
<td>24</td>
<td>87</td>
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<td>2</td>
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<td>1995</td>
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</tr>
<tr>
<td>1996</td>
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<tr>
<td>1998</td>
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<td>24</td>
<td>87</td>
<td>0.33%</td>
<td>2</td>
<td>2</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Reasons for Leaving (5 Year Period)**

- Promotion/New Career: 24%
- Same City ICU: 12%
- Traveler: 16%
- Retired/Medical/Mom: 40%
- Moved: 8%
Professional Growth Outcomes

- Greater than 70% of the staff have worked in the Medical Critical Care area for greater than 5 years.
- Intermediate medical unit changed over to an ICU in 8 weeks with no loss of staff.
- American Association of Critical Care Nurses (AACN) National Teaching Institute staff participation: general sessions, research posters, creative solutions posters & presentations.
- Staff nurse principle investigator for a study examining the effect of cooling by convection vs. conduction. Presented results at the Society of Critical Care Medicine's annual symposium and published an article in the American Journal of Critical Care.

Professional Growth Outcomes cont’d

- Media interviews on prayer & other complimentary interventions used in practice, a bereavement program in the ICU, noise reduction in the ICU, and strategies for creating a healing environment.
- Assisted in the design of a web-based educational program on creating a healing environment for AACN & an article in Critical Care Nurse regarding the reduction of noise in the ICU.

How do we measure staff empowerment?

Evidence of Empowerment:
Pick up an idea and implement

Bereavement Committee
Staff Empowerment: Participatory Management

Active leadership in the shared governance structure

Evidence of Practice Ownership: Outcomes of Clinical Process Improvement Projects

- Bowel habits
- Agitation protocol
- Potassium protocol
- Product evaluations
- Clinical nursing research studies

Staff designed & conducted interview process...

building the team

Capturing the Essence

“nursing primarily assists the individual (sick or well) in the performance of those activities contributing to health, or its recovery (or a peaceful death) that he would perform unaided if he had the strength, will or knowledge. It is likewise the unique contribution of nursing to help the individual to be independent of such assistance as soon as possible.”

Henderson 1959

“Your Future Depends on Many Things, but Mostly Yourself.”

Frank Tyger

Make the Change on Your Terms!

There may come a point in your career where you have to put yourself first and say it may be time for me to start a second career or change it up by selecting a different unit or specialty.
Most Important Words of Personal Responsibility

- The 10th most important words: I won't wait for others to take the first step.
- The 9th most important words: If it is to be, it is up to me.
- The 8th most important words: If it is not me, who? If not now, when?
- The 7th most important words: Let me take a shot at it.
- The 6th most important words: I will not pass the buck.
- The 5th most important words: You can Count on me.
- The 4th most important words: It Is my job!
- The 3rd most important words: Just do it!
- The 2nd most important words: I will.
- The 1 most important word: Me

B. J. Gallagher & Steve Ventura

Who are "They" any way?

Sit it Out or Dance