Number 1 Respected Profession

Nursing
Gallup Poll: 82% Honesty & Ethical Rating

So Why Don’t We Feel Respected?

Reclaiming Professional Respect

Work Environment

Respect
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


<table>
<thead>
<tr>
<th>Respected</th>
<th>Not Being Respected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling listened to</td>
<td>Disregarded</td>
</tr>
<tr>
<td>Feeling revered for their knowledge</td>
<td>Not revered</td>
</tr>
<tr>
<td>Feeling trusted</td>
<td>Not trusted</td>
</tr>
<tr>
<td>Feel part of the group</td>
<td>Not supported</td>
</tr>
<tr>
<td>Being acknowledged</td>
<td>Not recognized</td>
</tr>
<tr>
<td>Sense of belonging/contributing</td>
<td>Closed conversation</td>
</tr>
<tr>
<td>Persons look out for each other and their support</td>
<td>Speaking in a tone that is demeaning</td>
</tr>
<tr>
<td>Fairness</td>
<td>Ideas and opinions not considered a value priority</td>
</tr>
<tr>
<td>Free to speak</td>
<td>Unsafe, guarded, pressured, put down</td>
</tr>
<tr>
<td>Opportunities to excel</td>
<td></td>
</tr>
</tbody>
</table>

### The Nature and Causes of Disrespectful Behavior

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

- 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.
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

Causes of Disrespect

- Endogenous factors
  - Characteristics of the individual, including insecurity or aggressiveness, threats to self-esteem, depression, narcissism, aggressiveness, prior, victimization
- Exogenous Factors
  - It can be learned, tolerated and reinforced
  - Culture can reinforce, top-down hierarchy
  - Worsens in a stressful healthcare environment

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.

Self Respect

- Internal Dialogue
- External Dialogue

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

- Develop effective methods for responding to episodes of disrespectful behavior
- Initiating cultural changes needed to prevent the episodes
- Disrespectful behavior must be addressed consistently and transparently
- Organization set up a code of conduct and it must be enforced
- Culture of respect requires building a shared vision

Leape LL, et al. Academic Medicine, 2012;87(7):853-858

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
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

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

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
What Happens When You Speak Up!!

- 16% of healthcare workers who raise these crucial concerns observe better patient outcomes, work harder, are more satisfied and are more committed to staying in their jobs.

www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf
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

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 where patient safety is in jeopardy
- 2 hospitals, same health system
- 51 RNs in 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 Training

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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- Deal in real time to prevent staff or patient harm
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- Make it as transparent as possible
- Zero-tolerance policy and procedure
- Intervention strategy: code white

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


Missed Nursing Care*

- 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

Hand Hygiene
Comprehensive Oral Care Plan
Incontinence Associated Dermatitis Prevention Program
Pressure Ulcer Prevention
Bathing & Assessment
Catheter Care
INTERVENTIONAL PATIENT HYGIENE (IPH)

- VAP/HAP
- Oral Care/Mobility
- Hands
- 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 NV-HAP Through Evidence Based Fundamental Nursing Care Strategies

Oral Cavity & VAP

- 89 critically ill patients
- Examined microbial colonization of the oropharynx through out ICU stay
- Used pulse field gel electrophoresis to compare chromosomal DNA
- Results:
  - Diagnosed 31 VAPs
  - 28 of 31 VAP’s the causative organism was identical via DNA analysis

- 49 elderly nursing home residents admitted to the hospital
- Examined baseline dental plaque scores & microorganism within dental plaque
- Used pulse field gel electrophoresis to compare chromosomal DNA
- Results
  - 14/49 adults developed pneumonia
  - 10 of 14 pneumonias, the causative organism was identical via DNA analysis

El-Solh AA. Chest. 2004;126:1575-1582
Pathogenesis → Prevention

Germs in Mouth
- Dental plaque provides microhabitat
- Bacteria replicate 5X/24 hrs

Aspirated into Lungs
- Most common route
- 50% of healthy adults micro-aspirate in sleep

Weak Defenses
- Poor cough
- Immunosuppressed
- Multiple co-morbidities

Why NV-HAP?
- HAP 1st most common HAI in U.S.
  - Increased morbidity → 50% are not discharged back home
  - Increased mortality → 19.8%
  - Extended LOS → 4-7 days
  - Increased Cost → $40,000-$150,000

NV-HAP SMCS Research Findings: 2010

Incidence:
- 115 adults
- 62% non-ICU
- 50% surgical
- Average age 66
- Common comorbidities:
  - CAD, COPD, DM, GERD
- Common Risk Factors:
  - Dependent for ADLs (80%)
  - CNS depressant meds (79%)

Cost:
- $4.6 million
- 23 lives
- Mean Extended LOS 9 days
- 1035 extra days


SMCS HAP Prevention Plan

Phase 1: Oral Care

- Formation of new quality team: Hospital-Acquired Pneumonia Prevention Initiative (HAPPI)
- New oral care protocol to include non-ventilated patients
- New oral care products and equipment for all patients
- Staff education and in-services on products
- Ongoing monitoring and measurement
  - Monthly audits

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Tools</th>
<th>Procedure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Care / Assist</td>
<td>Brush, paste, rinse, moisturizer</td>
<td>Provide tools</td>
<td>4 X / day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brush 1-2 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rinse</td>
<td></td>
</tr>
<tr>
<td>Dependent / Aspiration Risk</td>
<td>Suction toothbrush kit (4)</td>
<td>Package instructions</td>
<td>4 X / day</td>
</tr>
<tr>
<td>Dependent / Vent</td>
<td>ICU Suction toothbrush kit (6)</td>
<td>Package instructions</td>
<td>6 X / day</td>
</tr>
<tr>
<td>Dentures</td>
<td>Tools + Cleanser Adhesive</td>
<td>Remove dentures &amp; soak</td>
<td>4X / day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brush gums, mouth</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rinse</td>
<td></td>
</tr>
</tbody>
</table>

### Oral Care Frequency Per 24 Hours – All Units

X-bar chart mean oral care May, 2012 through December, 2013 (excludes months with < 10 cases)
NV-HAP Incidence
50 % Decrease from Baseline

Open Heart Surgery Patients:
NV-HAP Reduced 75%

Oral chlorhexidine periop started
Return on Investment

- 60 NV-HAP avoided Jan 1 – Dec. 31 2013
- $2,400,000 cost avoided
  - $117,600 cost increase for supplies
- $2,282,400 return on investment

**PRICELESS**

HAP Significant Trend Downward
Jan 2010-June 2014

![Control chart for non-ventilator HAP January 2010 to June 2014](chart.png)
It is not enough to do your best; you must know what to do, and THEN do your best.
~ W. Edwards Deming
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:

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
Challenges Incorporating EBP into Practice

• Misconceptions that EBN is cookbook nursing
• 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
• Lack of health care agencies organizational infrastructure to promote EBN practice
• We are not connecting quality patient outcomes to EBN

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
- The leader directs & coordinates team activities
- Team members monitor each other performance
- Team members anticipate & respond to one another’s needs
- Team adjust strategies based on new information
- Prioritize team goals over individual goals

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.

Tools and Strategies to Improve Communication and Teamwork

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

Reader, CCM 2009 Vol 37 No 5; Donchin, CCM 1995 Vol 23
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 Silent Treatment, April 2011
The Most Powerful Force of Human Behavior is Social Influence

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

Albert Einstein
Together
Everyone
Achieves
More

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

Be the Innovation for
Driving Change in
Nursing Quality and
Patient Safety

Questions?

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