If Florence Knew…How & When Did We Get So Lost: Examining Nursing Unique Contribution to Health Care

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Disclosures

Kathleen Vollman

- Sage Products: Speaker Bureau & Consultant
- Hill-Rom: Speaker Bureau & Consultant
- Eloquest Healthcare
It is Time to Change!!

- 44,000 to 98,000 preventable death in hospitals related to medical errors annually (IOM report, 1999)
- 75,000 deaths related to HAI's
- National Patient Safety Goals include prevention of HAI's
- Lack of reimbursement for preventable injury
- Value based purchasing
- $50 billion in total costs for preventable injury

www.HHS.gov

That's not the way we do it here!!!

What is a Culture?

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

Driving Components in a Work Culture

• 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
A Narrow Definition of Health

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
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

Driving Components in a Work Culture
Number 1 Respected Profession

Nursing
Gallup Poll: 82% Honesty & Ethical Rating

So Why Don’t We Feel Respected?

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

Self Respect

Internal Dialogue
External Dialogue
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)

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
Reconnect With Our Professional Purpose

“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

Advocacy Starts with Us
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 the chain of command when faced with resistance and that we are the patient's voice

What Supports Our Ability to Advocate & Use the Evidence?

- Leadership support
- Evidence-based knowledge
- Experience
- Effective communication
- Respectful communication and being respected
  - Goes both ways
  - If we as nurses don't know or believe something different than the doctors' order, what should we do?
- Understanding that it's worth it!!!!!
Communication is Key

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

George Bernard Shaw
OSHA: DEFINITION OF WORKPLACE VIOLENCE

“Any physical assault, threatening behavior or verbal abuse occurring in the work place”

Study of 8780 staff from 210 hospitals found that 46% of nurses experience 1 or more types of violence (emotional abuse, threats, physical assault, verbal sexual harassment & sexual assault in the past 5 shifts they worked.

Almost 70% of abuse towards nurses is not reported


Unit Culture Assessment

How are you going to participate in fixing it?

Have you talked to…..

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

The Most Powerful Force of Human Behavior is Social Influence
-Our lives begin to end the day we become silent about things that matter”

Martin Luther King Jr.

Silence Kills

- 84% of physicians and 62% of nurses and other clinical-care providers have seen coworkers taking shortcuts that could be dangerous to patients.
- 88% of physicians and 48% of nurses and other clinical staff work with people who show poor clinical judgment.
- Fewer than 10% of physicians, nurses and other clinical staff directly confront their colleagues about their concerns, and one in five physicians said they have seen harm come to patients as a result.
- 10% 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

Confidence in the ability to speak up breaks the chain!!
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 see better patient outcomes, they work harder, more satisfied and more committed to staying in their jobs.

www.aacn.org/WD/Practice/Docs/PublicPolicy/SilenceKills.pdf
http://www.silenttreatmentstudy.com
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

Tools Don’t Create Safety

People Do!!!
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
Communication Training

Why Effective Communication May Be Challenging for Nursing

- Self Respect
- Patient Safety
- Communication
- Advocacy
Are You A Team of Experts or an Expert Team?

There is no “I” in TEAM…but there is a “ME”
Together
Everyone
Achieves
More

We do Make a Difference
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)

Aiken KH, et al. Health Services Research, 2010; Online 04/9/2010
When Staffing Ratios Follow the Evidence

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 pts 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

Results:

• Significantly greater job satisfaction among CA RN's (p<.01)

<table>
<thead>
<tr>
<th>Issue</th>
<th>California RN's</th>
<th>New Jersey RN's</th>
<th>Pennsylvania RN's</th>
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</thead>
<tbody>
<tr>
<td>Reasonable workloads</td>
<td>73%</td>
<td>59%</td>
<td>61%</td>
</tr>
<tr>
<td>Substantial support</td>
<td>66%</td>
<td>53%</td>
<td>55%</td>
</tr>
<tr>
<td>Enough RNs to provide quality care</td>
<td>58%</td>
<td>41%</td>
<td>44%</td>
</tr>
<tr>
<td>Enough RNs to get work done</td>
<td>56%</td>
<td>40%</td>
<td>44%</td>
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<tr>
<td>30 minute break part of typical day</td>
<td>74%</td>
<td>51%</td>
<td>45%</td>
</tr>
<tr>
<td>Missed patient changes</td>
<td>33%</td>
<td>41%</td>
<td>37%</td>
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<tr>
<td>RN burnout</td>
<td>29%</td>
<td>34%</td>
<td>36%</td>
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</tbody>
</table>

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


• 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

How do We Get There?

Grass Roots Unit-Based Culture Change

Re-valuing & recognition of nursing
Unique contribution

Safety Climate

CULTURE ASSESSMENT IS CRITICAL
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

Can we change practice through process improvement alone?

or

Will successful change require an altering of the value structure within the unit?
Healthy Work Culture Standards

- Skilled communication
- True collaboration
- Effective shared decision making
- Appropriate staffing
- Meaningful Recognition
- Authentic Leadership

AACN Standards for Establishing & Sustaining Healthy Work Environments, 2005

Organizational & Unit Structures that Supported the Empowerment

- Shared Governance Model
- Professional Practice Model/Clinical Ladder
- Unit Based Leadership Model
- Educational Support
- Continuous Quality Improvement Model
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)
- The number of staff size of the unit determines the number of members of the UGC.
- Representatives to the UGC will be elected for a 2-year term with election rotations that permit only half of the members to off the council at any one time.
- Each member of the UGC (other than leadership) has 5-6 staff that are their constituents for feedback coming to & from the UGC.
The “Secret Recipe” Comprehensive Unit-Based Patient Safety Program (CUSP)

- Assess culture of safety (SAQ & AHRQ)
- Educate staff on science of safety
  http://www.safetyresearch.jhu.edu/housestaff orientation
- Identify defects
- Learn from one defect per quarter
- Assign executive to adopt unit
- Implement team/communication tools
- Reassess culture annually

www.aone.org/hrse/programs/cusp.html

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

Bedside Consultation:

Creating the Ah-hah Experience
Bedside Consultation: Changing Care Practices

Bowel Habits Task Force

Medical assessment
Interventional knowledge
Teaching
Pathophysiology & Clinical Decision Making Skills

Bedside Consultations

Bedside Consultation:
Disseminating Research
Unit Process Improvement Projects

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

Clinician and Financial Outcomes

Implement Teamwork Tools
Tools and Strategies to Improve Communication and Teamwork

- Huddles
- Learn from a defect
- Daily rounds/goals
- Pre-procedure briefing
- Morning briefing

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, avoidable 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

It Takes a Village

"Even if you are on the right track, you will get run over if you just sit there."

Will Rogers
MEASUREMENT IS KEY

- LOS and predicted mortality numbers against like comparable facilities
- Patient and family satisfaction
- Reduction in complications: pressure ulcers

GLOBAL CLINICAL MEASURES OF SUCCESS
Measuring Success:

Retention of Qualified Experienced Staff

<table>
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<th>Year</th>
<th>1997</th>
<th>1998</th>
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<td>National Turnover Rate (Hospital Nursing)(^1,2)</td>
<td>12%</td>
<td>12%</td>
<td>18.3%</td>
<td>18.3%</td>
<td>18.3%</td>
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<tr>
<td>MCC turnover rate</td>
<td>7%</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
<td>6%</td>
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<tr>
<td>% difference converted to RN positions that would of required orientation</td>
<td>2 RN's</td>
<td>2 RN's</td>
<td>8 RN's</td>
<td>8 RN's</td>
<td>10 RN's</td>
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<tr>
<td>Estimated cost of ICU nurse orientation(^3)</td>
<td>$64,000</td>
<td>$64,000</td>
<td>$64,000</td>
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<tr>
<td>Yearly orientation cost savings secondary to retention</td>
<td>$128,000</td>
<td>$128,000</td>
<td>$512,000</td>
<td>$512,000</td>
<td>$640,000</td>
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5 Year Orientation Cost Avoidance: $1,920,000.00
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
"Only as high as I reach can I grow,
Only as far as I seek can I go,
Only as deep as I look can I see,
Only as much as I dream can I be"

Sit it Out or Dance