Chief Quality Officer Rounds: Charting a New Course for Performance Improvement

Nicole Hartman MSN, RN
Lehigh Valley Health Network, Nicole_M.Hartman@lvhn.org

Jennifer Devine BSN, RN, CMSRN
Lehigh Valley Health Network, Jennifer.Devine@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Nursing Commons

Published In/Presented At
Poster presented at: The Pennsylvania Organization of Nurse Leaders Nursing Leadership Symposium, Harrisburg, PA. (October 2011)
**Chief Quality Officer Rounds: Charting a New Course for Performance Improvement**

*5T Medical-Surgical Oncology Unit*

**Lehigh Valley Health Network, Allentown, Pennsylvania**

### Background:
- Changes in CMS reimbursement and value-based purchasing systems dictate closer scrutiny of nurse-sensitive quality outcomes
- Unit’s fall rate remained well above benchmark, despite implementation of various evidence-based practice initiatives
- Root cause analysis and an evidence review prompted development of an innovative new approach to improve nursing sensitive indicators inclusive of four key elements: prioritization and exclusivity; staff awareness of data; transparency of outcomes; and, ownership and accountability

### Purpose:
- Improve nurse sensitive quality outcomes
- Facilitate critical thinking
- Foster real-time learning
- Hold staff accountable for ensuring patient safety and improving quality
- Improve nurse sensitive outcomes with a patient centered approach

### Chief Quality Officer Rounds:
- Rounds focused on one quality issue of prioritized importance to the unit
- Chief Quality Officer—Unit based educator
  - Assesses each patient situation
  - Ensures appropriate interventions are implemented
  - Educates staff regarding opportunities for improvement
- Prompts critical thinking by staff at the bedside in real time during crucial teachable moments
- Data transparency is key
  - Quality boards on the unit serve as a visual aid
  - Rounds can be modified for any clinical setting or by any interdisciplinary team member (respiratory, critical care, dietary, etc.)

### Implications for Nursing:
- Pulls RN and unlicensed staff into performance improvement process
- Assists and encourages RN in critically thinking at the bedside
- Involves patient and family in bedside learning
- Improves leadership visibility on the unit and at the bedside
- Allows staff to focus on one quality indicator that is of the utmost importance to any clinical setting and current state

### Outcomes:

**Lehigh Valley Health Network, Allentown, Pennsylvania**