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Team Quality: Coaching Staff Towards Stardom

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Team Quality: Coaching Staff Towards Stardom

Patient Care Specialists - Medical-Surgical Division

Lehigh Valley Health Network, Allentown, Pennsylvania

Aim:

Representatives of the medical-surgical division at Lehigh Valley Health Network were charged to design a process that would actively engage and empower staff in quality issues to:

- Promote patient SAFETY;
- Optimize QUALITY;
- Successfully PREPARE for upcoming regulatory agency visits.

Background:

Healthcare's current dynamics and evolving national and state regulations are driving safer and more effective patient care. Recognizing the challenges nurses face daily to provide and document the most optimal care possible, a process was explored to enhance staff performance and improve overall outcomes.

Project Design:

- Formed a workgroup of stakeholders from the medical-surgical division, inclusive of unit educators and the nursing quality director
- Focused on 'How to improve quality outcomes?'
- Performed an extensive literature review - addressing topics such as 'use of a checklist for improvement of processes, quality improvement strategies, staff engagement, the role of the advanced nurse in promoting quality.'
- Developed a 'Quality Bundle of Care©' checklist to address priorities of care, compliance with network processes and quality issues, including:
  - FALL and PRESSURE ULCER prevention, MEDICATION safety, CATHETER-ASSOCIATED URINARY TRACT INFECTION prevention, RESTRAINT reduction, PAIN management, The Joint Commission National Patient Safety Goals, high risk/low volume skills and problem prone issues
- Communicated expectations to unit staff of the new process

Method:

- Review individual patient's plan of care utilizing the 'Quality Bundle of Care' checklist
- Coach staff during the review on topics r/t quality improvement, such as:
  - High risk for skin breakdown: Have we tried an alternative pressure reducing surface? Have we collaborated with the dietitian? Are we using specialty skin products? Have we determined and documented a skin risk score daily and updated the plan of care?
  - High risk for falls: Have we considered the low bed? Have we appropriately identified the patient at risk for falls using unit prompters? Have we determined and documented a fall score daily and updated the plan of care?
  - Actively dying: Have we considered additional supportive resources for the family who is present? Have we considered the bereavement cart?
  - Indwelling urinary catheter: Have we collaborated with the physician to determine the ongoing necessity of the indwelling catheter? Have we implemented and documented the urinary catheter bundle?
- Collate data every 2 weeks for units to review, discuss and action plan, as necessary
- Conduct medical-surgical division Quality Retreats bi-annually to discuss data, trends, and action plans

Admission database documentation completed and within 24 hrs of adm.

Response	Frequency	Percent
Yes	90	100.00
No	0	0.00

Hendrich II Fall Risk score is documented daily.

Response	Frequency	Percent
Yes	89	98.89
No	1	1.11

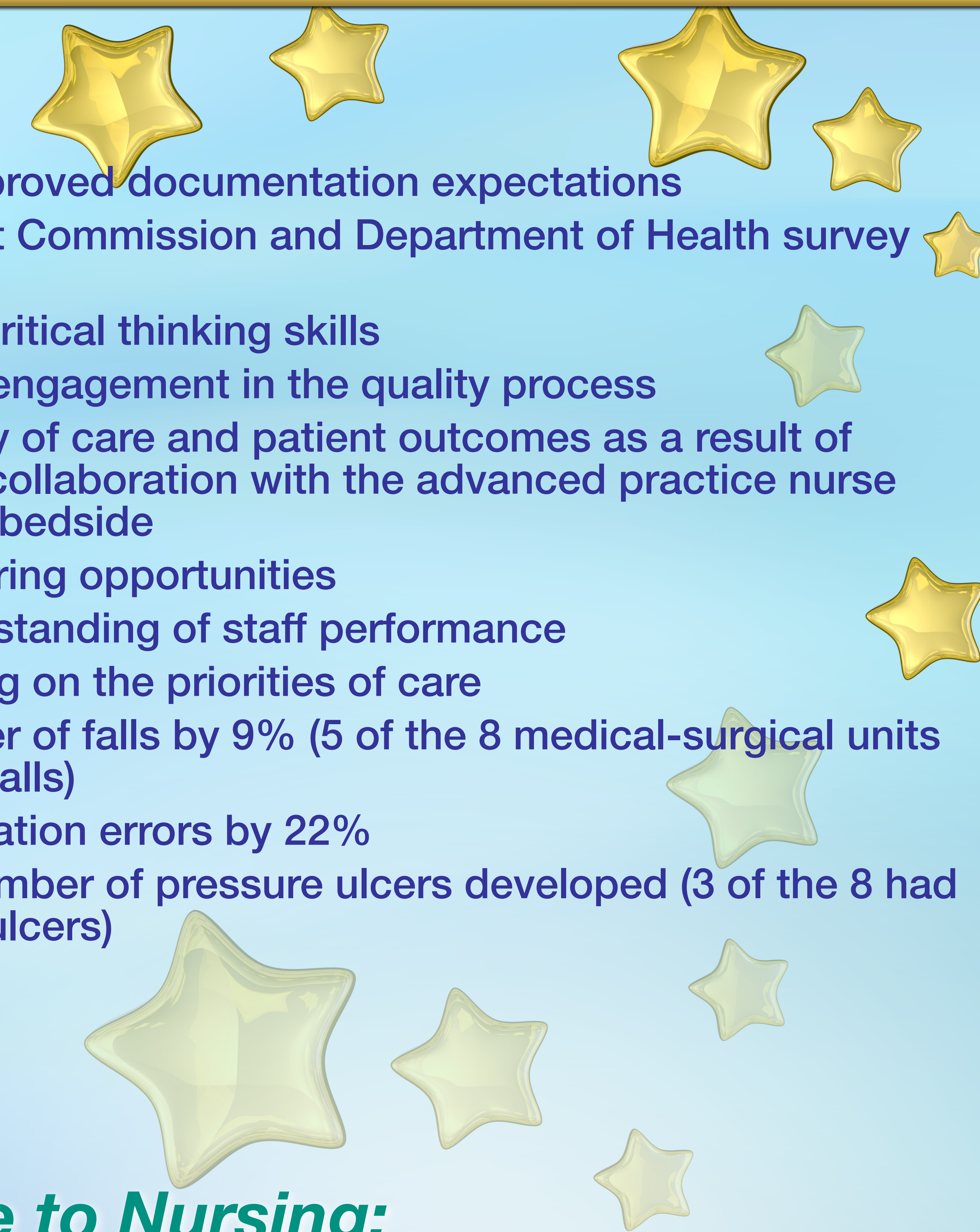
Hendrich II Fall Risk score is accurate (validated by PCS)

Response	Frequency	Percent
Yes	86	95.56
No	4	4.44

Skin assessment is documented within 2 hours of pt's arrival to unit

Response	Frequency	Percent
Yes	87	98.86
No	1	1.14

Results:



- Significantly improved documentation expectations
- Successful Joint Commission and Department of Health survey visits
- Improved staff critical thinking skills
- Enhanced staff engagement in the quality process
- Improved quality of care and patient outcomes as a result of enhanced staff collaboration with the advanced practice nurse presence at the bedside
- Provided mentoring opportunities
- Improved understanding of staff performance
- Focused learning on the priorities of care
- Reduced number of falls by 9% (5 of the 8 medical-surgical units had decreased falls)
- Reduced medication errors by 22%
- Reduced the number of pressure ulcers developed (3 of the 8 had fewer pressure ulcers)

Significance to Nursing:

A structure driven by unit-based clinical leaders promotes staff engagement in quality outcomes. The combination of a standardized tool, formal process and feedback of results in real-time contributed positively to quality outcomes and improved safety for our patients. In addition, the tool can be used by any clinician (unit council member, management team) as a self or peer review.