Prioritization, Accountability and Engagement: Programmatic Strategies for all Three to Impact Patient Safety

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Background
Magnet™ designated organizations must demonstrate unit-level nurse sensitive clinical indicator data outperform the mean or median of a national database, for the majority of units, the majority of the time. Two such required indicators are falls and hospital acquired pressure ulcers. Staff from a 24-bed medical-surgical transitional trauma unit (TTU) recognized the need to PRIORITIZE actions to improve patient outcomes by decreasing fall and pressure ulcer rates.

Prioritization
Chief Nursing Officer to clinical nurses:
Aligned and incentivized goals upon which salary increases were based.
Percent reductions in nurse sensitive clinical indicators
• Decrease in falls with injury by 20%
• Decrease in pressure ulcers by 15%

Accountability
Strong Unit Shared Governance Model
with established structures and processes

Bundled Actions
An Evidence-Based Plan
• Education Blitz
• Twice daily quality huddles - identify unit population-specific risk factors
• Transparency of data - publically displayed visibility boards
• Real-time communication of outcomes - prompted ongoing analysis and modification of strategies and actions

Engagement
‘Just Do It’ Campaign
• Address lighting concerns - place night lights in each patient room
• Determine “who” to place on bed check - at risk fall patient check list
• Hand out fall interventions at daily huddle – yellow socks, signage
• Hold Technical Partner huddles - as a double check
• Post signage in patient bathrooms – “Don’t get up unless you call”
• Create education poster – peer-to-peer interventions
• Document “LOW” or “HIGH” on white board - visual reminder to all staff entering room

Outcomes