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Transforming A Culture Of Quality Through Nurse Engagement: A Leadership Framework

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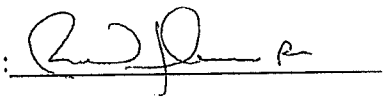
Signed: 

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Transforming a Culture of Quality Through Nurse Engagement: A Leadership Framework

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Abstract

Bedside nurses can be key in improving care. Engaging the workforce to develop processes and work through implementations can be challenging. This article focuses on a framework to help leaders engage bedside nursing staff in developing quality initiatives within their work environment. The framework, implemented in a large academic hospital in New York State, was used to reduce hospital falls. Falls reduced by 30% during the year-long implementation, despite an increase in patient volume.

INTRODUCTION

Although it has become the most important concept facing healthcare providers, patients, and governmental agencies, the delivery of quality care can be complex and difficult. The struggle to improve quality while faced with increased costs and lower reimbursements has made allocating resources extremely challenging. Organizations have attempted to mitigate quality concerns by leveraging technology, creating policy changes, and imposing regulatory standards. Yet, for most health care organizations, a successful quality program has proven to be elusive.

One reason for such disappointing results is a lack of cultural change at the bedside.[1] Nurses and other healthcare providers hold the key to transforming the quality challenges facing hospitals today. Engaging bedside staff to work towards resolving the challenges of implementing quality care is essential to the success of any quality improvement initiative. It is the bedside staff that experiences the challenges, can help develop the processes to deal with them, and will engage colleagues to institute changes.

In this article, we review the meaning of quality, summarize its historical development, and share strategies used at one academic medical center to improve it. We also share examples of how supporting and empowering nurses has improved quality metrics throughout the hospital setting.

DEFINING QUALITY

The definition of quality is based primarily on the group defining it. Healthcare institutions define quality based on regulations imposed by the federal government to determine reimbursement.[2] Medical providers often refer to quality as a ratio of complications to measure

the effectiveness of the clinician as well as the reputation of the provider.[3] Patients define quality as the expertise and technical proficiency of the person managing his/her care.[4]

In 2000, the Institute of Medicine (IOM) published a widely-cited report titled, "*To Err is Human: Building a Safer Health System"*, in which quality was defined as, "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."[5] This definition clearly conveys the intent of the three notions of quality stated above. To date, this is the most comprehensive and clear definition available based on the assumptions made by healthcare providers, institutions, and patients.

For registered nurses, quality is defined by emotional and physical support, respect, and providing the right care for the right patient.[6] The fundamental differences between hospitals', providers', and nurses' definition of quality makes nursing the most well-suited group to focus on effectively improving quality care.

THE HISTORY OF QUALITY

The concept of quality dates back centuries. However, most of its development and progression in terms of healthcare occurred during the 20th century. For registered nurses, quality healthcare dates back to the 19th century and Florence Nightingale, arguably the first infection prevention nurse. Nightingale understood the association between a clean environment and mortality. Later, following the development of Title XVII, known as the Medicare and the Medicaid program in 1965, several initiatives were advanced with an emphasis on improving quality healthcare. In 1972, utilization review committees were developed to determine if clinical services met the requirements of Title XVIII. The committees struggled to see improvements in quality healthcare due to a lack of process improvement plans following the

identification of areas of opportunity.[7] As a result, Congress established a physician-only program (Professional Standards Review Organization) to review the current healthcare environment and develop programs designed to improve quality care. Unfortunately, the program failed to garner support amongst physician organizations due, in part, to the belief that governmental organizations should not enforce clinical judgments on physicians.[7]

The Joint Commission, formed in 1951, is an organization developed to accredit hospitals through quality care and process improvements. The Agency for Health Care Policy and Research (AHRQ) was established in 1989 to improve quality care through research and evidence-based practice. From the late 1990s to the early 2000s, organizations such as Leap Frog, Hospital Compare, and the Center for Medicare and Medicaid Services' new Star Rating began to review, score, and disseminate information related to quality healthcare to consumers.

Yet, in spite of the technological progress we have made in American healthcare, we still struggle with providing quality care. In 2014, a study published by the Commonwealth Fund ranked healthcare for the top 11 industrialized nations in the world. The rankings considered the quality of care, access to healthcare, efficiency of care, equity of care, healthy lives, and healthcare costs per population. The Commonwealth Fund measured quality care by the effectiveness of care provided, patient centered care, coordinated care, and safe care.[8] The United States ranked 11th overall and 5th in quality care, surpassed by the UK, Australia, Switzerland, and New Zealand. Despite increased quality initiatives and regulations imposed by CMS, the rankings failed to improve in a repeat of the study 3 years later.[9]

THE IMPACT OF NURSING

One solution to resolving quality concerns is the development of a new framework that places nursing at the forefront of the initiative. The work on developing this framework was

conducted at a large academic institution in upstate New York. The 457-bed acute care facility had already made significant strides in the quality of care provided; however, it was noted early on that the improvements were going to be difficult to sustain and advance without aligning with bedside nurses.

Prior to 2017, quality metrics were reported to hospital leadership with minimal dissemination to bedside staff. In 2017, collaboration between the quality department and nursing was formalized through organizational changes that aligned hospital-based quality teams with the Chief Nursing Officer. The intent was to develop a partnership between quality and nursing to facilitate a cultural change within the organization. Working collaboratively, the team made changes that would better utilize bedside nurses in improving quality.

FRAMEWORK FOR TRANSFORMING QUALITY FROM THE BEDSIDE

Early in 2017, an assessment of the unit managers was conducted to identify gaps in knowledge, opportunities for improvement, and essential members of the team necessary to facilitate success. Based on the assessment it became clear that (1) the alignment between the quality department and nursing was critical for improving quality metrics, and (2) levels of knowledge regarding how to operationalize a quality improvement plan amongst the unit managers were inconsistent. Although several managers possessed fundamental knowledge of how to improve unit-specific quality metrics, none were given the tools or the opportunity to coordinate efforts. While the corporate quality team had selected 30 individual quality metrics, (3) managers had limited understanding of what metrics to focus on and (4) the metrics were not readily available for staff review. When the information was available it was formatted in a manner that was cumbersome to navigate. Finally, (5) a lack of trust between the quality department and nursing was noted. Unit Managers felt the data did not represent the work

conducted on the unit. The fear that negative quality reports would result in administrative action caused an adversarial relationship between nursing and quality.

NURSE-QUALITY PARTNERSHIP

Quality departments are typically comprised of experts in data analytics, evidence-based practices, and governmental regulatory requirements. Quality departments improve quality by tracking and sharing data, collaborating with nursing departments, and communicating evidence-based research to members of the team.[10] Utilizing the quality department in this manner allows nurses to understand the implications of patient care. The partnership between nursing, quality, and management is essential to effectively improve patient care.[11]

GAPS IN KNOWLEDGE

Unit managers began receiving education on how to operationalize quality improvement plans, how to work with data sets and manage data, and how to communicate successes and failures with their individual teams. Training and education was needed to support the understanding of quality improvements and evidence-based practice.[12] The training was provided by data analysts, experts in software applications, and members of the quality team.

Following the training, quality improvement plans were taken out of the hands of leaders and placed in the hands of bedside staff. This process facilitated nurses, aides, therapists, physician champions, etc. working collaboratively to resolve quality improvement projects.

METRICS

Rapid cycle tests were conducted to challenge each concern presented by unit managers. A rapid cycle test is a component of the Plan Do Study Act model and is a mechanism to quickly implement a process improvement plan or challenge an improvement plan.[13]

Data were made readily available to all members of the unit through huddle boards and dashboards. Resources, such as data analysts and evidence-based research, became available to all units. Finally, education was shared to explain positive versus negative trajectories.

ADDRESSING THE CONFLICT

To change the culture of opposition, the Director of Quality and the Chief Nursing Officer became aligned and focused on improving quality outcomes through nurse engagement and empowerment. Standing quality agenda items were discussed at all nurse manager meetings and manager representation at quality meetings became standard practice. Quality was no longer a nuisance; rather, quality was seen as a resource and a partner. And while fear of not meeting the goal was still present, the discussion shifted to how the departments could work together to improve quality.

FRAMEWORK FOR TRANSFORMING QUALITY FROM THE BEDSIDE

Following the assessment and implementation of tools to overcome the obstacles identified, it was time to transform the culture to focus on quality from the bedside. To do so, a framework was developed. Figure 1 depicts the variables implemented in coordination between nursing and quality. The subsequent paragraphs review the individual aspects of the framework.

Figure 1. Components of the Leadership Framework

Communicate the Vision

Organizations have different methods of communicating quality improvement goals. A quality-focused dashboard is one mechanism used to share goals and track trends. The intent of the dashboard is to bring multiple levels of leadership visibility to the data and direct attention to

the quality metric. The secondary intent of the dashboard is to establish a level of accountability amongst the unit based leaders so that the individual unit managers understand the expectations of the organization and the areas of focus.

Too many metrics on one grid can become overwhelming and can cause distraction to the end user. The end users, in this case the registered nurses and unit staff, should be able to evaluate the graph by understanding the goal and view the progress the team is making. The initiative may lose traction and can have negative implications, such as the loss of staff engagement, if the team is unable to review the progress quickly. Experts suggest that a maximum of 10-20 metrics be active at any given time.[14] An example of the unit-based dashboard displayed at each nursing unit can be seen in Figure 2.

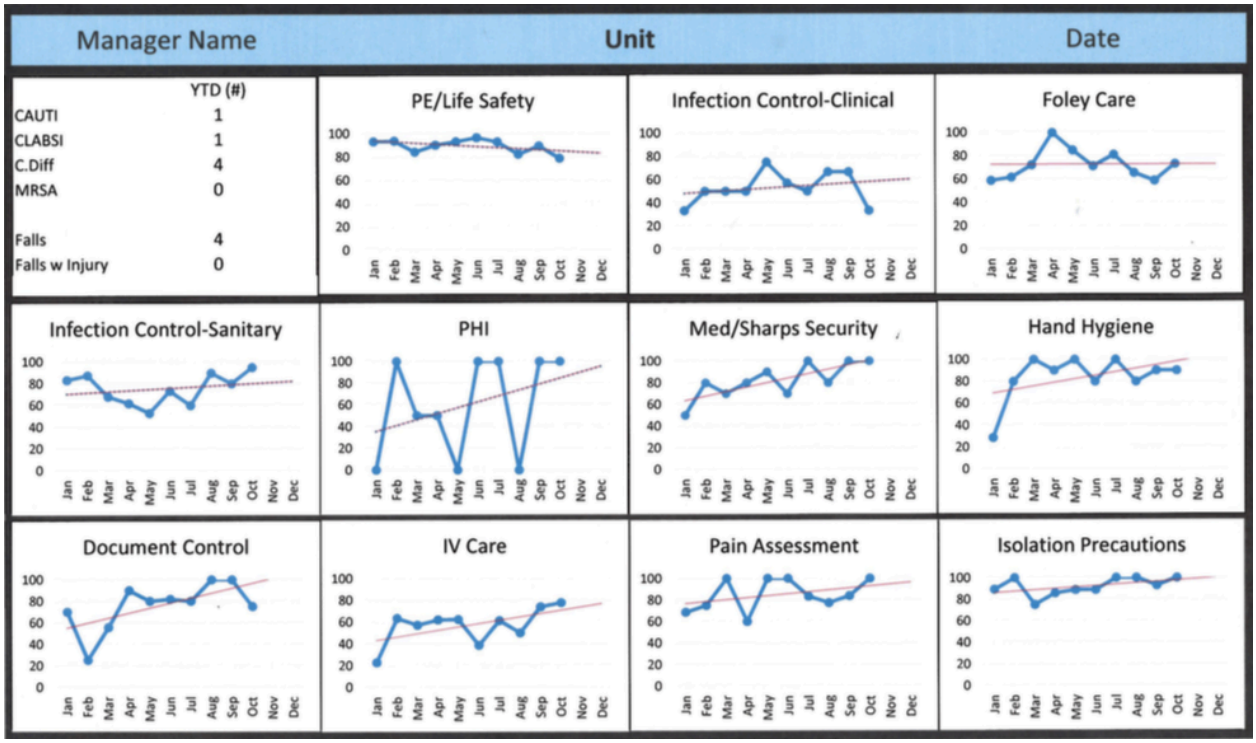

Figure 2. Unit-Based Dashboard

Create a Sense of Urgency

Changing a culture can take years to accomplish.[15] However, based on today's healthcare landscape, healthcare organizations do not have years to do so. Organizations need to implement actionable and effective change quickly. Additionally, changes in quality have implications on patient outcomes; therefore, the changes must not only be swift, but also sustainable.

One strategy to facilitate change quickly is to create a sense of urgency. This implies that every hospital leader understands the need for rapid improvements. Leaders must explain the problem, define the goal, and meet regularly to assess progress. Active rounding on units to assess progress and having dialogue with nurses reinforces the importance of quality. Additionally, raising the level of accountability is important for creating urgency. The team must understand that the new processes are non-negotiable and everyone must support the cultural shift.

Transparency of Data

To understand opportunities in quality and prepare action plans, nurses must first have access to, review, and track the data over time. Understanding data requires training and education. Leaders should support data-sharing, regardless of outcome. Negative data can also encourage more engagement and improve unit comradery.

Leadership Support

Leadership support from varying levels is essential. The support must go beyond simply managing the goal. Engagement from the Hospital President, Chief Medical Officer (CMO), Chief Operating Officer (COO), and Chief Nursing Officer (CNO) must became palpable on the floors. Each member of the hospital leadership team should speak to unit initiatives and understand the work being done.

The need for support is often necessary to build the trust of the bedside staff, to show the level of trust leaders have in the committee members, to show commitment towards improvements, and to acknowledge the hard work of committee members.

Acknowledge the Work

Change takes time, energy, and commitment. Regardless of the success of the initiative, the work conducted should be celebrated. A celebration may be a presentation to the Quality Committee of the Board of Managers, unit specific acknowledgment of the work done, or a simple handwritten thank you. It is important that members of the team feel appreciated in the work even if the results do not yield system level change. Awareness of the problem, efforts to resolve it, and enhanced staff engagement are reasons to celebrate the work.

UTILIZING THE FRAMEWORK TO REDUCE FALLS

At the close of 2016, patient fall rates were not meeting the goals set by the organization. In January 2017, the hospital saw the largest number of patient falls recorded in one month, approximately 2 falls per day. As a result, falls became the prioritized quality initiative within the hospital and meetings were conducted with unit managers regarding fall reduction strategies. On February 2nd, a safety stand-down was conducted at the hospital to identify short term and long-term strategies. The stand-down is a mandatory meeting involving leaders and staff to review an emergent concern and develop immediate strategies to make improvements.

- Short-Term Initiatives
    - Nursing and support staff would limit personnel off the floor
    - Documentation would occur in close proximity to patient rooms
    - Hourly rounding would be implemented
    - Information would be disseminated to all members of the hospital team

- Long-Term Initiatives
    - Purchase technology that would connect the bed alarm to the call bell system
    - Increase staffing to promote safe practice

Subsequent to the stand-down, the framework was introduced. An overview of the framework can be found in Table 1.

Framework	Action Taken
Communication	A quality-based dashboard was created and displayed at each nurse's station. Shift huddles are conducted at each nurse's station and the quality-focused dashboards are discussed daily by charge nurses. The dashboard is updated weekly for real time reporting.
Transparency	Along with dissemination during the daily unit huddle, the metrics were also utilized for team meetings, hospital leadership meetings, and unit leadership meetings. During leadership rounds, executive members of the hospital walked through the nursing units and reviewed the data on the boards and spoke with nurses and aides about the successes and challenges to the data.
Urgency	Monthly Nursing Mortality & Morbidity conferences were developed to create a sense of urgency and accountability. Prior to the conference a case with nursing implications was selected. The manager and team involved in the reviewable case presented the event, reviewed research, and shared the plan of correction. A second initiative was the Quality Leadership Meeting. This meeting focused on each quality initiative. Unit-based interdisciplinary quality committees were established. The unit identified a quality initiative and focused on identifying the problem, researching the evidence, and implementing a change to practice. Each person assigned to chair a quality improvement initiative shared the data regularly.
Support	Quarterly one-on-one meetings with every nurse manager were conducted with the CNO to review his/her quality metrics. The one-hour meeting was designed to review data, discuss barriers, and address concerns.
Acknowledgement	Units that surpassed 60 days without a fall were recognized

Table 1. A Leadership Framework

Following the actions taken as a result of the safety stand-down and the implementation of the framework, the hospital saw a significant reduction in falls. With a 2016 rate of 3.8 falls per 1000 patients, the 2017 goal of 3.5 falls per 1000 patients appeared difficult to achieve.

Following the implementation of the framework, falls within the hospital decreased to 3.1 per 1000 patients.

The monthly Falls Committee meets to review all falls and identify trends. The team has made changes to hospital policy related to falls and has looked at technological systems that would further support fall reductions.

IMPLICATIONS FOR NURSE LEADERS

Quality metrics are important measurements that help support better patient outcomes. As nurse leaders, we must continue to improve these operational metrics. The method by which we do this defines our style of leadership. Leadership requires focus, encouragement, guidance, and support. It is important to share the mission and goals, acknowledge the work, and foster an environment that allows for engagement. With support, our teams have the capacity to find solutions that will improve the clinical outcomes of our patients.

CONCLUSION

Nurses working at the bedside can encourage someone to get out of bed post-surgery, become a voice to someone afraid to go home, and can support someone on the road to recovery. In an average work day, nurses spend 50% of their time completing patient care tasks.[16] With so much time managing patient care, nurses are the most well-suited group to impact quality. Working collaboratively with other members of the healthcare team, nurses can research evidence based practices, develop changes to policy, implement new processes, and review findings. Nurses must be involved in the decision-making process, in the quality initiative, and in the implementation phase for quality to improve. This framework supports bedside nurse engagement, commitment, and expertise.

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