



How Nurses Can Drive Quality & Impact Financial Performance

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Market Forces Driving Change

- Despite landmark IOM study in 2000, patient mortality has not decreased
- Change in CMS rules related to treating preventable errors, injuries, and infections
- Rainmaker roles may be changing




What's happening in California?

- The sad case of Martin Luther King Jr.- Harbor Hospital, in South LA




Workforce Issues

- According to one survey, workforce issues are prioritized lower than all other complex issues except for managed care contracting.
- Yet, working conditions are the #1 nurse satisfier.



Some well-known facts...

- 49% of total organizational costs for most hospitals are labor costs.
- About 30% of hospital employees are RNs.



The cost of ignoring nurses

- Nurse burnout and job dissatisfaction are consistently strong predictors of nurse turnover.
- Turnover costs can be as high as \$64,000 per RN.
- Based on an average hospital of 350 full-time equivalent nurses, each percent in increased nurse turnover costs an average hospital about \$300,000 annually.

Practice environments that promote expert nursing care


- Workplace empowerment
- Magnet hospital properties

Principles of Workplace Empowerment

- Information
- Support
- Resources
- Opportunities


Information

- All information regarding the hospital's operations, status, projections need to be shared with nursing staff.
- Nurses can't help implement the strategic plan if they don't know what it is!
- Transparency of operations is key.



Support


- Nurses need to be supported by nursing and hospital administration to be able to provide expert nursing care.
- Example from Mayo clinics of what "support" looks like.



Resources

Resources include:

- supplies,
- time,
- extra help,
- Inservices, or other educational offerings



Opportunities

- Nurses need to be shown the "bigger picture".
- Getting paid time away from the bedside can make a powerful impact.
- Serving on hospital-wide committees can also be an eye-opening experience: for nurses as well as administrators!

Another way to look at nursing practice environments


Magnet hospital program

- The term "magnet hospital" began with a study in the 1980's.
- In study after study since then, magnet hospital properties have consistently been linked to better nurse and patient outcomes.

Do you need to "go magnet"?

- Going through the rigors of a magnet hospital application is expensive and resource intensive.
- Application fee (\$3,500) appraisal fee (\$9,765-\$47,250+), documentation review fee (\$4,500+), site visit fee (\$1,850+) plus travel, hotel, per diem expenses for each Magnet appraiser.

- As of 8/8/07, there were 251 health-care organizations designated as magnet hospitals,
- 14 in FL (4 all part of one health system)




- It is possible to absorb magnet hospital properties without going through magnet hospital designation.
- How??




Forces of Magnetism

- Strong, visible nursing leadership
- Adequate staffing & resources
- Professional model of care
- Collegial nurse/physician relationships
- Nursing involvement in hospital affairs



What do nurses do?

- Prevention
- Detection
- Management of impairments
- Monitoring (surveillance) of potential impairments




- There are strong links between nursing performance and patient health



Processes that allow nurses to positively impact quality

- Nursing surveillance
- Autonomous decision making
- Staffing
- Equipment and supply allocation



Nursing Surveillance

- Nursing care forms the fabric of the 24 hour surveillance system for hospitalized patients.
- It makes sense that nurses should be able to detect patient complications early enough to either prevent them from occurring or minimize the harm they cause.
- Surveillance should help improve patient outcomes.



Nursing Surveillance

- Surveillance is linked to staffing variables such as staffing ratio and skill mix, because during times of inadequate staffing nurses may not be able to monitor patients as frequently or as thoroughly as needed.
- There is more to surveillance than an adequate number or type of nurse.



Nurse Experience


- Nursing experience may help to improve surveillance because experience may be an important source of practice knowledge for nurses.
- Nurse experience has been associated with lower rates of patient falls, medication errors, and wound infections.



Making the case for nursing autonomy


When decisions are deferred up the chain of command, by the time a decision is reached, two things have happened:

- The telephone effect
- The condition has changed, and the decision is no longer valid




Staffing Issues

- The relationship between inadequate staffing and patient mortality has been well documented.
- Staffing issues include:
 - Staffing ratios
 - Skill mix
 - Absolute number of bedside providers




Staffing Issues: Adequacy

- The business case for staffing adequacy has to include staffing ratio as well as skill mix.
- Staff involvement in staffing and resource decisions
 - Involved staff experience less burnout
 - Involved staff have higher job satisfaction




Fatigue

- Fatigue decreases
 - Nurses' abilities to attend to cues
 - Adequate surveillance by nurses
- Long work duration contributes to:
 - Increased risk of errors
 - Decreased nurse vigilance




Equipment & Supply Issues

- Faulty equipment has been implicated in at least one tragic death.
- Equipment must be maintained on a regular schedule, and repaired as needed.
- Supply allocation should be based on patients' needs and reassessed periodically to make sure that as patient needs change, so do supplies.



Equipment & Supplies

- Information technology competency should be a requirement for nurses.
- Nurses will embrace tools that can reduce non-patient care duties.
- "Think ergonomics":
 - Lifting assistance
 - Preventing other work-related injuries
 - Excessive walking or standing
 - Inadequate visual displays



Nurse/Physician Relationships

- Team-based approach to providing care may be more time-consuming, but only initially.
- Providing incentives for improved outcomes that arise from teamwork will be valuable.

Nurse/Physician Relationships

- Work environment characteristics and miscommunication between nurses and physicians contribute significantly to errors, causing variation in patient outcomes.
- Why can't nurses and physicians talk to one another?

How Nurses are Taught...

Take VS

Do physical assessment

Administer meds and other treatments

Monitor response to the above; monitor trends in VS and assessment

Consider psychosocial & family issues that are impacting recovery

Holistic approach to patient: mind, body, spirit

How Physicians are Taught

History & Physical


Differential Diagnoses

Lab work; other diagnostic tests

Prescribe meds


Compile results of all the above

Medical diagnosis



Knowledge differences


- Physicians tend to use case knowledge
- Nurses tend to use patient knowledge
- These differences contribute to difficulties in communication



Results from my own research

Not all facets of RN/MD communication are equally attributable to adverse outcomes:


- More timely communication may be necessary to reduce pressure ulcers,
- garnering more uniform understanding may help to reduce VAP rates



Improving RN/MD communication

Communication tools are on the upswing:

SBAR: Situation
 Background
 Assessment
 Recommendation




STICC

- **S**ituation (Here's what I think we face),
- **T**ask (Here's what I think we should do),
- **I**ntent (Here's why),
- **C**oncern (Here's what we should keep our eyes on),
- **C**alibrate (Now talk to me: tell me if you don't understand, cannot do it, or see something I do not)



Nursing Models of Care

- Nurses develop nursing practice standards
- Continuous assessment and reassessment of functional status, signs and symptoms
- Work flow configured by nurses
- Nursing practice drives unit activities
- Quality initiatives



Applying these lessons to Florida

- So, how can nurses drive quality and impact financial performance in Florida hospitals?



What are outcomes?

- Result of care
- Can be both intentional as well as unintentional
- Can be from the perspective of the care provider as well as the care recipient




Variation in Patient Outcomes

- Patient characteristics
 - Demographics (age, gender, ethnicity, etc.)
- Quality of patient care, including the structures and processes by which health care are delivered
- Random variation in care processes that affect outcomes




Outcome Indicators that are Sensitive to Nursing Care

- Outcome indicators are sensitive to nursing care if they can demonstrate the effect of nursing on quality patient care.
- Nursing sensitive outcomes provide evidence of accountability, and
- demonstrate the value of nursing




Patient Outcomes

- Rates of pressure ulcers
- Nosocomial infections
- Adverse drug events
- Satisfaction with the hospital experience
- Length of stay
- Functional status
- Pain control



How Nurses Can Help

- Practice environment factors
- Nursing process factors
- Nurse/physician communication factors
- Nursing model of care factors




Practice Environment Factors


- Workplace empowerment
- Magnet hospital characteristics

 **Nursing Process Factors**

- Surveillance
- Autonomous decision making
- Staffing
- Equipment/supplies

 **Nurse/Physician Communication Factors**

- Remember how each discipline was taught.
- Act as "translator"

 **Nursing Model of Care Factors**

- The case of the missing antibiotic (SCIP-3).
- The case of the forgotten discharge instructions for that "frequent flyer" heart failure patient (HF-1).

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