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Igniting Innovation

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HCAHPS Patient Survey Results (Top Box Percentile Rank, All Press Ganey)	Baseline 1/1/17 to 7/4/17	Implementation 7/5/17 to 2/28/18	6 Months Post Implementation 3/1/18 to 6/30/18
Likelihood to Recommend	90 (n=79)	98 (n=82)	91 (n=42)
Communication with Nurses	29 (n=81)	39 (n=82)	21 (n=43)
Communication with Doctors	8 (n=80)	39 (n=82)	76 (n=43)
Communication about Medicines	17 (n=51)	57 (n=200)	66 (n=91)
Discharge Information	74 (n=74)	86 (n=74)	78 (n=42)
Care Transitions	83 (n=80)	94 (n=82)	88 (n=43)

Table 1. JMC 5FG Patient Satisfaction Survey Results

implementation.

Table 1 shows the Press Ganey scores on JMC 5FG. Patient satisfaction outcomes overall improved on Likelihood to Recommend, MD Communication, Communication about Medicines, Discharge Information and Care Transitions from baseline. Communication with Nurses decreased from baseline. Factors that may have contributed to this are changes in nursing and other department personnel. Outcomes continue to be monitored to ensure the sustainability of FIT Rounds on the unit.

The impact of staff experience was assessed through pre and post intervention surveys. Comparison of staff surveys (using a 10-point Likert-type scale) pre and post implementation showed statistically significant improvement in mean scores (range 1-10) for communication among team members (6.29 vs. 7.29, p<0.001), satisfaction that concerns raised on FIT rounds were addressed in a timely manner (6.48 vs. 8.04, p<0.001), and understanding of daily care plans by all team members (7.21 vs. 8.07, p<0.05). Furthermore, improved estimates of discharge date by Care Managers (35% versus 51% pre and post FIT implementation respectively) indirectly reflected improvement in team communication.

FIT Rounds has been implemented for about 1.5 years on 5FG. It has been part of the unit routine and has shifted the milieu to a team-based culture. Our nurses look to FIT Rounds to clarify plans. It has been successful in integrating the healthcare team into a daily rounds process and has proved to be sustainable. Ongoing challenges we face include time limitations, fluctuations in census and cohorting, new hire onboarding and inconsistent staffing.

REFERENCES:

1 - Malec, A., Mørk, A., Hoffman, R., & Carlson, E. (2018). The Care Team Visit: Approaching Interdisciplinary Rounds With Renewed Focus. Journal of Nursing Care Quality, 33(2), 135–142. https://doi.org/10.1097/NCQ.0000000000000279

Igniting Innovation

By: Melissa Callahan BSN, RN, OCN, Jessica Mathers MSN, RN, CNL, CCRN, Laura Vento MSN, RN, CNL

Monitoring quality improvement is a cornerstone of a nurse leader's role and responsibilities. While there is a substantial amount of time devoted to optimizing the quality of patient care and service, there is no standardized methodology with which to share what is being done with everyone in the department and system wide. With two assistant managers and one manager all working on issues simultaneously, we found a need to improve our own leadership process. In an effort to break the pattern of operating in silos, the leadership on Jacobs 4th floor reimagined quality improvement structures and in doing so has expedited innovation and optimized communication within the microsystem of operational activities.

Purpose Rounding Recognition and Improving System Efficiencies (PRRAISE) is the first standardized system, which promotes solution-oriented problem identification and peer recognition. On a weekly basis, the leadership team rounds for two hours on both night and day shift. During rounds, they ask the following questions:
1. What is working well?

2. Is there an individual, group or department that I can recognize for dong exceptional   work?

3. Are there any systems that need improvement?

4. Do you have the tools and equipment you need to do your job?

Through the consistency of the questions presented and time dedicated to the process, team members have begun to anticipate PRRAISE rounds and formulate ideas prior to the formal rounds. Leadership facilitates innovation brought forth by bedside team members and maximizes communication, which accelerates

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Figure 1

Jessica Mathers, MSN, RN, CNL, CCRN
is an Assistant Nurse Manager on the Surgical Oncology Progressive Care Unit at UC San Diego Health Jacobs Medical Center. She earned her BSN from Medical College of Georgia and her MSN from the University of Alabama. She has been a nurse for 16 years, joining UCSD in 2009. Prior to working at UC San Diego Health, she worked on a Coronary Care Intensive Care Unit as well as various medical intensive care units. Jessica has certification as a Clinical Nurse Leader (CNL) and in Critical Care Nursing (CCRN). She is a member of the American Association of Critical Care Nurses (AACN) and the Association of California Nurse Leaders (ACNL).

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the rate at which solutions are identified. Furthermore, the quantity of issues presented has decreased significantly over the course of implementation. Once a process issue is recognized by staff and communicated to leadership, it is added to a color-coded spreadsheet (green=done, yellow= in progress, and red= cannot complete at this time), (see figure 1), and emailed weekly with status updates to all staff. In evaluation of the spreadsheet, improvements that were a product of the PRRAISE process, and thus led by team members, are highlighted.

The PRRAISE process has directly increased staff satisfaction and communication. It has produced an accountability structure for leadership and as a result increased transparency. It provides insight for staff as they witness the multiple steps necessary to fix a process issue and gives staff real time updates. For example, if an opportunity for improvement or clarification is identified within an ancillary department, the leadership team contacts the leadership of that department to review and discuss next steps. Historically, this communication would occur without staff knowledge or input in the process. Furthermore, staff generally had limited access to the exact status or actions of leadership without inquiring directly. Due to PRRAISE, staff can access updates on the shared database in real time. Over the course of nine months, 22 issues have been identified and solved through this process. Additionally, the integration of this model has led to an increase in interdisciplinary collaboration as many departments have presented at the unit based practice council meeting.

The second structure introduced to the microsystem was the Idea Team Collaborative. After completing Kim Scott's Radical Candor within a summer leadership book club, Jacobs 4th floor implemented a process inspired by their reading that supported innovation led by bedside team members. Scott discusses her structure within the text in which

ANCC Category	Percent of Work Units above the National Average	National Nursing Excellence July 2018 Average	National Nursing Excellence July 2018 NURSE MANAGER Average	2018 UCSD Overall RN Average (1213)	Nurse Manager Score (166)	JACOBS MEDICAL CENTER 4 - PCU - 250304 - Laura Vento (61)
Adequacy of Resources & Staffing	41.67%	3.51	3.91	3.21	3.81	3.99
Autonomy	66.67%	3.92	4.38	3.76	4.38	4.13
Fundamentals of Quality Nursing Care	58.33%	4.14	4.47	3.96	4.39	4.30
Interprofessional Relationships	58.33%	3.82	4.01	3.69	4.01	3.89
Leadership Access and Responsiveness	66.67%	3.90	4.32	3.73	4.28	4.39
Professional Development	66.67%	3.99	4.26	3.80	4.05	4.18
RN to RN Teamwork and Collaboration	66.67%	4.27	4.51	4.11	4.39	4.52
Percent of work units with three or more categories above Natl Benchmark	91.67%	Number of Categories Above Natl Benchmark			0.00	7.00
Engagement Score						4.4
Tier						1
Action Plan Readiness						95

Figure 2

ideas are critically evaluated:

"The ideas team had to commit to listening to any idea that anyone brought to them, to explain clearly why they rejected the ideas they rejected, and help people implement ideas that the ideas team deemed worthwhile" Radical Candor

The Ideas Team methodology was born from the notion that those at the frontline are the most capable of identifying inefficient processes and thus have the greatest ability to make meaningful change. While the PRRAISE process catalogs daily operational system issues and aims to correct these identified deficits quickly, the Idea Team standardizes the quality improvement process on a larger scale and develops projects over time. This collaborative now serves as the platform for all project development and implementation under the oversight of Jacobs 4th Floor's Unit Based Practice Council. Every member of the collaborative is encouraged to critically think and appraise idea proposals. The collaborative considers the project objective in terms of whether it is applicable now, later, or perhaps never and if it will yield outcomes that are in alignment with the professional practice model and Magnet. The collaborative does not merely say "yes" to every proposal.

The structure of the collaborative is conducive to stimulating constructive feedback and purposeful discussion. The process for a team member with a project idea is as follows:

• Idea is emailed to leadership team

• Leadership teams responds via email with attached PowerPoint template for presentation to the Ideas Team and schedules date for presentation

• All project proposal presentations occur within the first hour of the two hour meeting

• Implementation plan developed

and objective statement honed collaboratively directly after team decides if proposal is approved

• Monthly check in and update of implementation plan from all team leaders of ongoing projects

• Process supported by weekly "Office Hours". Leadership team devotes 1.5 hours to mentoring, answering questions, and identifying next steps for in-progress projects.

The outcomes associated with the implementation of the collaborative have been an expedited clinical advancement of three nurses to Clinical Nurse III, an elevation in peer oversight and comprehension of evidence based practice and research, and a significant improvement in manager time efficiency. Additionally, bedside team members are able to refine their public speaking skills and their ability to speak directly to quality outcomes. Those with active projects are encouraged to bundle their identified needs to discuss during Office Hours or during the meeting time. Ongoing tracking of project status is simple with up to date implementation plans housed in a shared database.

Effective communication, standardization of processes, facilitating and expediting innovation, and peer oversight are the core foundation of both PRRAISE, the Ideas Team Collaborative. Nurses are able to identify process improvement opportunities, classify them appropriately, and succinctly identify solutions. Additionally, tier 1 staff satisfaction was achieved on Jacobs 4th floor, outperforming benchmark (see Figure 2). The paradigm has slowly shifted and now, frontline staff are empowered to lead innovation with the support of leadership.