Nursing Education and Quality

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Uplifting Quotes

- “To do what nobody else will do, a way that nobody else can do, in spite of all we go through; that is to be a nurse.”
  – Rawsi Williams, BSN, RN
- “The most important practical lesson than can be given to nurses is to teach them what to observe.”
  – Florence Nightingale
- “Nursing encompasses an art, a humanistic orientation, a feeling for the value of the individual, and an intuitive sense of ethics, and of the appropriateness of action taken.”
  – Myrtle Aydelotte, PhD, RN, FAAN

Objectives

- Describe steps needed for collaboration between staff educator/developer and quality
- Investigate barriers to facilitate evidence based practice and optimum quality outcomes
- Design a plan of action to tackle barriers and re-educate/remediate nursing staff
- Demonstrate the impact the partnership between education and quality has upon producing optimal quality outcomes
Collaboration

- Collaboration is an intricate concept with multiple attributes. It is defined in a variety of ways, many of them explicitly referring to interdisciplinary collaboration (Henneman, Lee, & Cohen, 1995).
- Attributes identified by several nurse authors include sharing of planning, making decisions, solving problems, setting goals, assuming responsibility, working together cooperatively, communicating, and coordinating openly (Baggs & Schmitt, 1988).
- Related concepts, such as cooperation, joint practice, and collegiality, are often used as substitutes. They share some, but not all, of collaboration’s attributes.

Steps needed for collaboration

- Interdisciplinary collaboration between Education and Quality – Developing a partnership
- Inter-professional teams in the clinical setting
- Bridge to patient-centered care
- Securing good nurse-physician relationships
- Backing and support from Administration
- Continued auditing of quality measures
- Positive communication

Interdisciplinary Collaboration

- Trends towards interdisciplinary collaboration in healthcare
- Collaboration among healthcare professionals
- Creating a team approach
- Building educational bridges
- Promoting process change
- Engage all nurses in process change
Yikes! Barriers!

Identifying the Barriers

- Barriers can be categorized as technical, structural, psychosocial, managerial, and goals and values (Ziegenfuss, 1991)
- Nurse Leader resistance
- Nursing Practice and knowledge
- Organizational barriers
- Lack of self definition and structure

ANNNDDDD – ACTION!!!
Plan of Action!

- Develop a Quality and Performance Improvement Plan
- Quality and performance improvement is a dynamic, interdisciplinary process
- Nursing Shared Governance – Nursing Quality Council
- Engaging nurses in quality performance clinical activities
- Tracking Quality Indicators
- Re-Educate and Remediate!

Vanderbilt University

Let’s take a look at Vanderbilt University example from their Nursing Quality and Performance Improvement Plan

Six Goals and strategies

Verbiage utilized = FOCUS, REDESIGN, ENGAGE, BUILD, PUT IN PLACE, ESTABLISH

Goals

- Focus on transformational leadership at all levels of nursing
- Redesign care to optimize nurses’ professional expertise and knowledge
- Engage nurses to work with other members of the healthcare team to ensure safe and reliable care
- Build systems and a culture of safety that encourage, support and spread vitality and teamwork in all areas of nursing
- Put in place structures and processes that ensure patient-centered care
- Establish a quality learning system so that nurses at all levels throughout VUMC have access to measurement and feedback about innovative care delivery
Objectives – Just to name a few...

- Develop transformational leaders who can create and implement programs/products/environments to meet the patient population needs and organizational quality goals
- Engage and empower nurses to act as leaders in ensuring high quality patient care
- Provide organizational learning opportunities for individual leaders and leadership teams to learn together and obtain or create tools to meet their desired objectives

Objectives, Cont.

- Lead the nation in producing evidence that will drive nursing practice, recognizing and legitimizing the evolution of knowledge in a rapidly changing environment.
- Consistently achieve and exceed all of the publicly reported and internally developed core measures targets as well as comply with all regulatory standards.
- Support the deployment and use of evidence based order sets and decision making where applicable

Just a few more...

- Utilize evidence based practices designed to reduce error and improve patient safety
- Optimize healthcare team performance through initiatives designed to improve communication and create a shared understanding of the patient and family condition
- Develop a culture of safety which is not accepting of healthcare acquired conditions and encourages practices designed to prevent such
Jack of all Trades = Educator!

- Roll out creative learning strategies (online, classroom, mentor) as an active participant in the VUMC wide initiative to develop a quality learning system
- Develop definitions and tools to measure learning effectiveness that are focused around the Vanderbilt Pillar Goals and appropriate specific indicators

Strategies

- Train nurses at all levels in quality improvement
- Engage all nurses in the development and execution of focused initiatives
- Develop training modules
- Ensure benchmarking tools are available
- Develop nursing champions
- Utilize the Quality/Research Council

Impact of Improvement and Performance Plan

- Producing evidence that will drive nursing practice
- Developing documentation and care systems
- Developing definitions and tools to measure learning effectiveness that are focused on specific indicators
- Providing shared leadership
- Developing leadership competencies
- Creating champions of quality and safety
- Holding staff accountable for quality and safety initiatives through monitoring, evaluation and coaching
The Results

- Vanderbilt was awarded with Magnet Status in 2006 and has continued to receive this status to this day
- Nursing Quality and Performance Improvement Plan (NQPIP) Summary published on 1/19/12
- **Model for Improvement:**
  - Guided by 3 fundamental questions:
    1. What are we trying to accomplish?
    2. How will we know that a change is an improvement?
    3. What changes can we make that will result in improvement?

Frankfort Regional Medical Center

- Increased Quality Department staff from one RN to 3 RN’s – this dynamic group offers shoulder to shoulder support to nursing staff
- Daily Core Measures list is emailed to all nursing staff
- Quality Director works directly with Education Director for needs assessment and continued education
- Quality Director/Team meets with all new nursing staff every month at orientation

FRMC Educators – Jack of all Trades!

- Director of Clinical Applications/Nursing Informatics/Education Director – wears many hats!
- Education Clinical Coordinator – has many duties!
- 6 Clinical Educators: Medical/Surgical, OR, Women’s Care, ED, ICU/PCU/Cath Lab, Informatics – shared workloads, staffing on units, rotation of teaching courses, etc.
New Processes for FRMC + Education = Quality

- Nursing Orientation – revised by Educators
- New Onboarding Program developed by Educators
- Newly revised Preceptor Program – revised by Educators
- New Mentoring Program to begin in 2013 – created by Educators
- New Graduate RN Program and mentoring
- Charge Nurse education and training
- Performers – Low, Middle, and High
- Leadership Discussion Forms

Example of FRMC Impact

- FRMC is the pilot site for Meditech 6.0
- Educators reviewed current Ramsay scale in relation to PCA use
- Literature review and Evidence based practice research revealed POSS scale easier for nurse’s to use and more appropriate for PCA use
- Quality/Research Council reviewed and provided Meditech with letter of POSS adoption
- Nursing Informatics Council approved POSS adoption
- Submission for change made by CNO
- Submission and change accepted by Meditech!

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