

Establishing a Nursing Quality Improvement Roundtable

As a clinical leader, quality is always uppermost in your mind. Is it equally compelling to your entire nursing staff? It should be. Because the quality of care in your hospital is to a large degree in your staff's hands. As the most constant caregivers, they carry the heaviest obligation to safeguard the standards you set. But how can you instill in them this urgency? How can you keep it fresh in their minds, amid the pressures of day-to-day activity? With a solid teamwork structure and a well connected communication loop.

Why Should You Consider a Nursing Quality Improvement Roundtable? Ask yourself...

- ❖ Are your QI objectives being met?
- ❖ Is each department working in a vacuum, or are they learning from each other?
- ❖ Would you like to make the QI process easier for your nurses?
- ❖ How long has it been since you've performed a quality improvement exercise on your quality improvement process?

This white paper offers a step-by-step plan to develop an interactive roundtable approach to quality improvement.

1. Structure for Success
2. Support the Effort
3. Close the Information Loop
4. Learn from Each Other
5. Be Open to Opportunities
6. Celebrate Accomplishments

IMPROVING THE QUALITY OF QUALITY IMPROVEMENT

*A Nursing Roundtable
Approach*

*A QHR
White Paper*

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Step 1: Structure for Success

Build your team beginning with one staff nurse from every department. Overlap may occur between other groups such as Nursing Practice Councils or Policy and Procedure Committees. The Nursing Quality Improvement Roundtable (NQIR) should be co-chaired by a director/manager and a staff nurse. In hospitals where the Shared Governance model is fully implemented, two staff nurses can co-chair. The co-chairs should be members of the hospital quality improvement committee. Clerical support must be assigned to the Roundtable to assist with agenda development, minutes, report collection and storage.

Dedicating resources to the improvement of nursing quality demonstrates a commitment on the part of the institution.

Determine the appropriate time to develop the annual Nursing Quality Improvement

Calendar and devote a separate meeting to its creation. The timing will depend on the publication of the strategic plan or hospital goals. The calendar should list which departments are reporting in which month. You might want to take the number of nursing departments and divide by twelve. This will give you an idea of the number of reports to expect each month. Depending on the amount of time for each report, the meetings may need to be two hours in length.

Step 2: Support the Effort

Dedicating resources to the improvement of nursing quality demonstrates a commitment on the part of the institution. Many hospitals add eight to twelve hours of indirect or non-productive labor per month to each nursing unit. This allows four to six hours for meeting attendance and preparation and four to six hours for auditing, education and communication. Larger units may choose to have two QI representatives. In this case two nurses may split a team of patients over one eight or twelve hour shift, allowing one nurse to attend a morning NQIR meeting and the other nurse to work on audits in the afternoon. Be creative to be sure your departments are able to handle the responsibility:

the goal is to make efficient use of your staff's time. This system should do that, by allowing them to share the work – and the knowledge they gain from it – with each other, across departments.

Don't forget to budget for supplies and attendance at educational seminars. Additional resources may be needed, such as audit tools like daily, weekly, monthly and quarterly concurrent chart review and unit observation forms. Make data available and accessible to all QI representatives. Examples include customer service results, wound prevalence and incidence, fall counts, medication errors and events, financial indicators and employee turnover.

Step 3: Close the Information Loop

The Roundtable meetings, held monthly, are a forum for reports by nursing unit quality improvement representatives to other nursing unit quality improvement representatives.

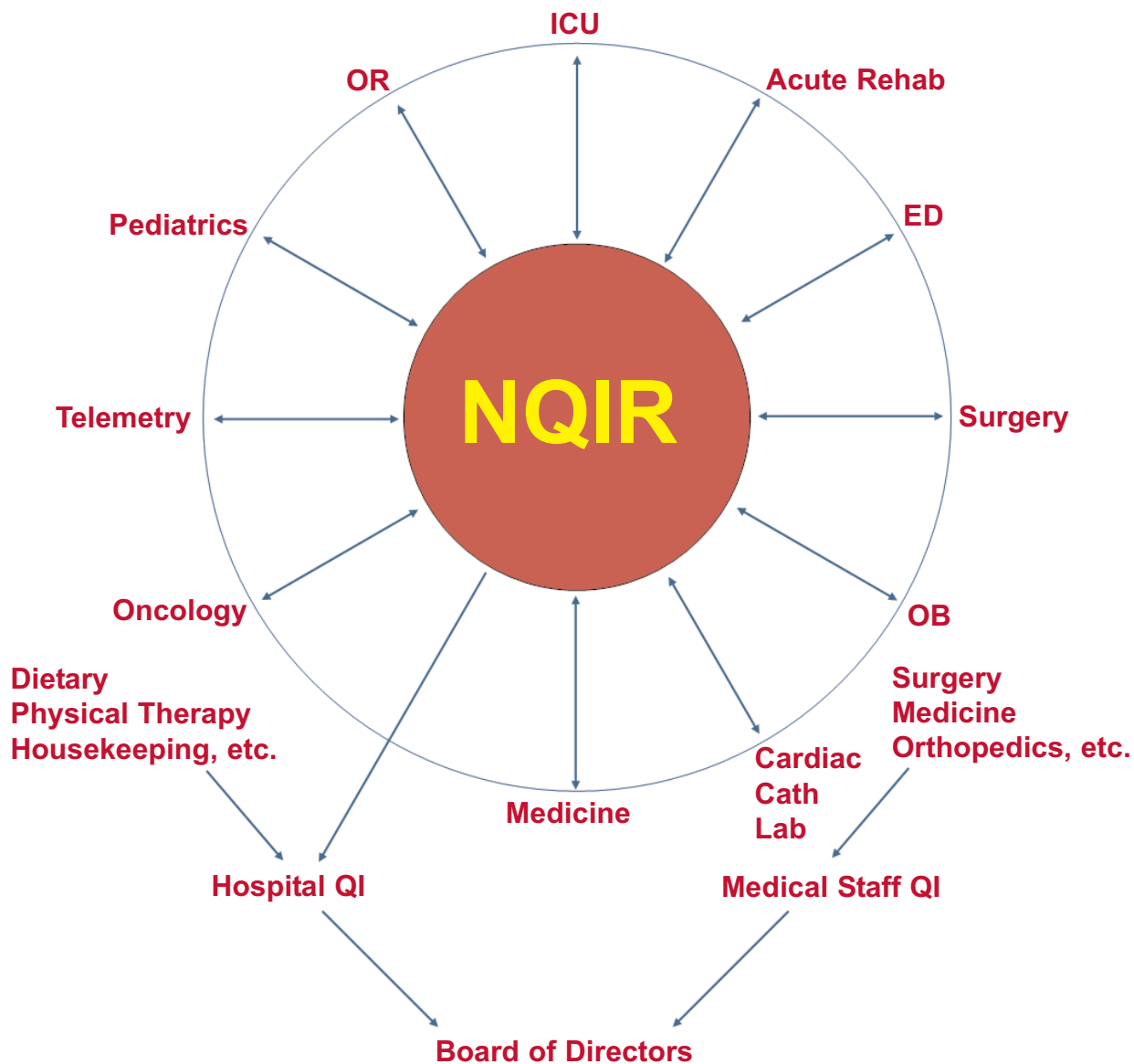
Reports should be provided using the hospital-endorsed format for QI reporting and should include outcomes for all nursing-wide indicators plus one to two specific indicators for that particular unit. Many Nursing QI Roundtables ask each unit to choose an indicator that is contained within the National Quality Forum Voluntary Consensus Standards. Others choose broad categories such as finances, patient safety or employee satisfaction. If other hospital departments aren't monitoring Joint Commission National Patient Standards or CMS Core Measures, the NQIR may be a logical team to spearhead this process. Regardless, all indicators need to be linked back to the strategic plan or hospital goals.

Representatives report back to their department teams on how they're doing in comparison to other departments

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and established benchmarks. A brief summary taken from the minutes should be presented monthly at Nursing Leadership meetings by the co-chairs and annually to the Hospital Quality Improvement committee (in large hospitals the NQIR may need to divide the information into quarterly reports). The QI committee then makes quarterly or annual reports to the Board of Directors.

NQIR: Your Clinical Think Tank



Connect your quality improvement teams, with a Nursing Quality Improvement Roundtable acting as a hub. The structure keeps communication humming, with ideas and analyses flowing in from all departments, becoming synthesized through discussion and vetting, and then circulating back to departments for implementation and enhancement. Perhaps this is a way to finally break down those silos and the shake off the numbing effect they've had on innovation for decades. What makes this approach different and better than having each department report directly to the hospital QI team? The roundtable allows you to close the communication loop, learn from one another, and create momentum toward quality improvement.

Step 4: Learn from Each Other

To promote a self-governance model, encourage a dialog among Roundtable members. Invite them to ask questions, offer suggestions and request further information or subsequent reporting. To help their peers benefit from their work, QI representatives should supply data sources, sample sizes, collection frequency and methodology. Once this pattern is established, they will embrace it. Most nurses are natural problem solvers. Offer them the opportunity to be heard, and you will not only see improved quality measures... you'll also raise staff satisfaction.

Will What Worked for Us Work for You? Take a Case Study Approach.

When an orthopedic department experienced a substantial increase in patient satisfaction from one quarter to the next, the hospital's NQIR took notice. They found the orthopedic manager had begun daily new admission rounds. She personally introduced herself to every newly admitted patient, explaining her commitment to customer service and asking that all service issues be brought to her attention before the patient left to go home. Soon, other department managers, charge nurses and QI reps were following suit in their own departments, which led to a marked increase in patient satisfaction overall.

When possible, incorporate education related to the process of quality improvement into monthly agendas; bring in internal experts to share their knowledge.

In one case, the director of case management asked the NQIR to help with the tracking of avoidable days. But most of the NQIR members were unaware of this indicator and its importance in the hospital's finances, as well as patient satisfaction and safety. After a presentation and opportunity to ask questions, nurses better understood their role in assisting physicians with preventing avoidable days.

NQIR members may also need education and support relative to focusing on clinical outcomes

improvement versus process improvement. If the hospital format for QI reporting doesn't hardwire a consistent clinical outcomes improvement focus, a hospital-wide revision may be required.

A team was tracking the completion of the skin and wound protocol to lower the incidence of hospital acquired skin wounds. They learned that tracking whether or not the protocol was completed is the process; tracking the incidence of skin breakdown is the outcome. This education helped them understand the need to improve the process... in order to improve the outcome.

Step 5: Be Open to Opportunities

Occasionally, previously unrecognized process improvement activities needing auditing will come to the nursing division. For example, a Joint Commission survey or state department of health licensure survey may lead to requirements for improvement. A process needs to be identified for adding these items to the agenda and determining how they will be monitored. Some hospitals develop a simple request form. This is particularly useful when the request comes from outside nursing services.

A CMS survey discovered expired patient food items left in nursing unit refrigerators. While the dietary department is responsible for the process of maintaining unexpired patient food, nursing can assist with checking expiration dates. The dietary department requested that the NQIR become involved.

Step 6: Celebrate Accomplishments

Never miss an opportunity to congratulate the nurses involved and point out their tremendous contribution to the safety, well-being and good health of their patients. Spreading news of their hard work and achievements hospital-wide through newsletters, staff meetings or an intranet communication vehicle can allow other employees to understand and appreciate their contribution.

An annual NQIR celebration can be offered in place of one of the meetings. The topic could be educational but also fun in nature. “Our Recipe for Patient Safety,” for example, could be themed around cooking and food. A recipe collection by NQIR members could be assembled and distributed during the festive luncheon. Have the CEO or Board member provide an introduction to demonstrate the high level of support for the work of these nurses. A paid day to network and have a little fun can go a long way in saying “thank you.”

Nursing is one of many divisions charged with furthering the strategic plan and meeting Joint Commission and CMS standards. Regardless of the methodology your organization uses to determine quality initiatives, the hospital plan must cascade down to the level of nursing staff. A Nursing Quality Improvement Roundtable can help you ensure the involvement of the staff nurse in the day to day improvement of patient care.

If you have any questions about this white paper, or would like more information about creating a Nursing Quality Improvement Roundtable Structure, please contact Kathy Hardesty, Director, Patient Services, QHR at 800.233.1470, ext. 2035, or Kathy_Hardesty@qhr.com. To read more about how QHR has successfully helped clients address hospital issues, go to www.qhr.com, and click on the Success Stories link.