Being Open to Improvement: The Leadership of Nurses

National Conference September 2015
Nursing: Shaping our Healthcare
The Commission

Supporting the health and disability sector to deliver safe and quality health care to all New Zealanders

It’s about…

• ‘Shining a light’ on important quality and safety issues through public reporting
• ‘Lending a hand’ through making expert advice, guidance and tools available
• ‘Being an intelligent commentator and advocate for change’

“Doing the right thing, and doing it right, first time”
Our Role (in legislation)

Provide **advice** to the Minister of Health to drive improvement in quality and safety in health and disability services

**Lead and coordinate** improvements in safety and quality in health care

**Report publicly** on the state of safety and quality, including performance against national indicators

**Identify data sets and key indicators** to inform improvements in safety and quality

**Disseminate knowledge** on and advocating for safety and quality
The New Zealand Triple Aim

Sector quality and safety outcomes

- Improved quality, safety & experience of care
- Improved health & equity for all populations
- Best value for public health system resources

QUALITY IMPROVEMENT

INDIVIDUAL

POPULATION

SYSTEM
What we don’t do

• Handle individual consumer cases or complaints
• Enforce regulations or legislation
• Quality assurance or compliance auditing e.g. for certification
• Credentialing or registration of individual clinicians
• Fund health and disability services
Key Elements of Quality

- Clinical Leadership
- Consumer Partnership
- Governance & Management
  - Values
- Building Capability
  - Information - variation, indicators

[Logo: Health Quality & Safety Commission New Zealand]
[Logo: Open: For Better Care]
Our past and current focus

Reducing harm from:

- falls
- healthcare associated infections
- medication
- surgery

Information, analysis and evaluation

Consumer engagement

Sector capability & clinical leadership
It’s about being open to:

- change, improvement and innovation
- working with patients and consumers, family and whānau
- communicating clearly and listening carefully
- supporting an honest, transparent culture
- admitting mistakes and learning from them
- working as a team and across teams
- working across the primary and secondary sector
- sharing learnings, and learning from the successes of others
Why a campaign?

“...use the energy of a campaign, built around collaboration, to achieve measurable improvement and reusable networks”
“The very first requirement in a hospital is that it should do the sick no harm.”

- Florence Nightingale
Doing things right first time
Nurses and quality

Nurses play a vital role in improving quality and safety not only in hospitals but also in primary and community-based care.

One hospital CEO said of nurses, they are the “heart and soul of the hospital.”

- Nurses are the key caregivers in health services and can significantly influence the quality of care provided.

- They are integral to quality improvement and patient safety because of their day-to-day patient care responsibilities.

A CNO noted, ‘Nurses are the safety net. They are the folks that are right there, real time, catching medication errors, catching patient falls, recognising when a patient needs something, alert to patient deterioration.’
Key Elements of Quality

Information: measurement, Variation, indicators
Nursing's improvement history

The first nurse to use data for improvement ... and publish the results?

Measurement and Information

To understand God's thoughts one must study statistics ... the measure of his purpose.
— Florence Nightingale

colorization © todayinsci
More science quotes at Today in Science History todayinsci.com
Taking action

If nurses identify a problem and are encouraged to take responsibility for fixing it, it is “the difference between reading the memo and thinking about it and writing the memo and doing it.”
Nurses unique contribution

• Nurses provide valuable insights into care processes following adverse events or as part of a root cause analysis team.

• Nurses' knowledge of the care provided is essential for designing the best improvements in care processes.

• Contributing their expert understanding is professionally gratifying work that most nurses feel will lead to more robust patient safety innovations (Hall et al., 2007).
Quality 7 Safety Marker - results of falls

OUTCOME: In-hospital falls with fractured neck of femur by month

Start of Open for better care campaign
Hand Hygiene

- Nationally, compliance with best practice hand hygiene requirements has increased from 62 percent in 2013 to 80 percent in 2015 – similar to rates in Australia and Canada.
Medication Safety

Medication safety is about making sure the right patient gets the right medicine in the right dose at the right time and by the right route.

Our focus is on:

- prescribing and administration
- safety of transitions of care
- electronic medicines management in hospitals
- high-risk medicines and situations
- measurement and evaluation
Purpose

- Measurement systems
- Theory and change ideas
- Quality improvement training
- Partnership and engagement
- Meet with wider team
- Understand the local environment

15 visits
Share and learn from each other and strengthen networks

Gain a deeper understanding of quality improvement methodologies and tools

Learn methods to accelerate testing of changes and improvements

Discuss and learn about measurement, data collection and reporting related to opioid safety

Develop change ideas to reduce harm associated with opioids and learn how to apply them practically

Develop a strategy and a plan for action period two

Learning session 2 objectives
Key Elements of Quality

Clinical Leadership

VALUES

BUILDING CAPABILITY

GOVERNANCE & MANAGEMENT

ENGAGEMENT

Consumer partnership

Clinical leadership

Information - variation, indicators
"I think one's feelings waste themselves in words; they ought all to be distilled into actions which bring results.

FLORENCE NIGHTINGALE
Strategies that foster nursing quality improvement

• Supportive nursing leadership actively engaged in improvement work;
• Setting expectations for all nurses that quality is an individual and shared responsibility;
• Educating nurses in improvement methods and tools;
• Inspiring and using nurses to champion efforts;
• Providing ongoing feedback that engages staff.
Working IN the System and ON the System

- Capabilities -- need to moving from a concept to a core competency
- Become universal for all nurses
- Can positively impact the day-to-day lives of nurses.
- Increase job satisfaction for nurses,
- Address systemic problems
- Create opportunities team-based inter-professional systematic improvements
- Create a culture that views challenges in care delivery as opportunities for improvement.
Leadership is also about Teamwork and Communication
Teamwork and communication

1. Teamwork impossible without good communication
2. Requires everyone to have a similar vision
3. Done poorly it commonly leads to errors and omissions
4. Needs training and practice
5. Needs everyone engaged in a common task
6. Needs to be present throughout the duration of the task
7. Good teamwork requires effective leadership
Topic 1: Reducing harm from falls

Nurse lead implementation

Ask, Assess, Act

April Falls
Falls displays

- Nurses across the country showed their creative side as they created fun displays.
- Walls showcased the different roles staff can play in preventing falls.
- Wairarapa DHB won a box of chocolate fish for their effort.
Northland

- Northland DHB wrote and filmed a music video to promote falls messages in a fun way.
Key Elements of Quality

Consumer Partnership

VALUES

BUILDING CAPABILITY

Clinical leadership

GOVERNANCE & MANAGEMENT

ENGAGEMENT

Consumer partnership

Information - variation, indicators
Partnerships with Patients/Consumers
Co-Design

Head & Neck Cancer Treatment

Often post-surgery

6 weeks daily radiation
Requires precise positioning (mask)

Chemo

Takes at least a year to get back to normal (physical, emotional)

Side effects:
• Skin reaction/burn
• Pain
• Taste changes
• Swallowing function
• Tiredness
... and many more!
Safety Culture

- An informed culture
- A reporting culture
- A learning culture
- A just culture
- A flexible culture
Agenda next 4 years

• **Improvement programmes** – increasing move into primary care and aged care

• **Adverse events and trigger tools** – increasing capability building and use of IT systems to assist in assessment and analysis – strong focus on imbedding changes

• **Mortality Review Committees** – turning recommendation into action

• **Patient Safety Week** – 1st week November
Agenda next 4 years continued

- **Increasing capability:** Open Forum; Framework for knowledge and skills; specific training.

- **Partners in Care:** Focus on co-design; facilitating engagement throughout the sector; evaluations.

- **Measurement and evaluation:** Using the Atlas as an improvement tool; Quality and Safety Markers; Assessments of system quality and safety; DHB “dashboard”, Publications
Challenges to nurses involvement

• Engaging nurses at all levels from bedside to management;
• Facing growing demands to participate in more quality improvement activities,
• Finding time when resources are scarce;
• Obtaining new knowledge and skills required for team and organisation improvement and patient safety activities.
The quality and safety agenda

- **Resources** are becoming more **limited** in healthcare
- Focus on **quality improvement** vital for using resources as best as possible
- Quality improvement means greater **effectiveness** and **efficiency**
- Providers, and thus nurses, do face **increasing demands to participate** in a wide range of quality improvement activities,