



Driving Quality Improvement in Today's Health System

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UC San Diego Health

Objectives

Nurse Leaders and Graduate Faculty:

- will understand how to develop a professional practice culture that drives accountability for attaining quality outcomes.
- will understand how to apply chaos theory to identify and respond to patterns in complex systems.
- will understand how collaboration between nurse leaders and graduate faculty can lead to improving practice and preparation of new graduates to thrive in complex systems.

Mission and Vision

OUR MISSION

Is to deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.

OUR VISION

Is to create a healthier world – one life at a time – through new science, new medicine and new cures.

UC San Diego Health – Clinical Enterprise



**~7,500
Employees**



**850+
Physicians**



**808-bed
Health System**



**2
Campuses:
La Jolla and Hillcrest**



**\$1.7+ Billion
Operating
Budget**

Key Statistics

7,500+ Employees

	FY 2015	FY 2016	Growth	% Growth
Average Daily Census	451	476	25	5.5%
Annual Discharges	28,043	28,719	676	2.4%
Average Length of Stay (Days)	5.9	6.1	0.2	3.4%
Emergency Visits	74,280	76,996	2,716	3.7%
Total Outpatient Visits	636,118	700,456	64,338	10.1%

UC San Diego Health – Hillcrest

UC San Diego Medical Center



390 Inpatient Beds
Emergency Department
Ambulatory Clinics

- Level I Trauma Center
- Regional Burn Center
- Comprehensive Stroke Center
- Kidney and Liver Transplant Program
- Inpatient Psychiatry
- Owen Clinic for HIV/AIDS

UC San Diego Health – La Jolla Sulpizio Cardiovascular Center



54 Inpatient Beds
Emergency Department

- San Diego's 1st
Comprehensive
Cardiovascular Center
- Global leader in pulmonary
thromboendarterectomy (PTE)
- Heart and Lung Transplant
 - Left Ventricular Assist Device

UC San Diego Health – La Jolla Jacobs Medical Center



364 Inpatient Beds
Emergency Medicine

- Advanced surgery with intraoperative imaging suite
- Medical, surgical and neuro intensive care
- Specially designed blood and marrow transplantation unit
- High-risk obstetrics with Level III NICU

Leadership: Connecting the Dots!



The Role of the Professional Nurse:

Accountable to the 4 Tenets of the Professional Nurse

- Body of knowledge
- Decision making
- Peer Review
- Patient Advocacy

Key Foundational Documents:

- Nurse Practice Act
- Nursing's Social Policy Statement
- Code of Ethics for Nurses
- ANA's Bill of Rights for Registered Nurses
- Nursing Scope and Standards of Practice
- Professional Specialty Organizations and Associations: Professional Standards and Guidelines



Key Characteristics found in Excellent Nursing Practice Environments:

- Transformational Leaders at all levels
- Clinically competent nurses
- Good nurse-physician relationships
- Adequate nursing staff
- Support for Education and Professional Development
- Patient Focused Care
- Nurse autonomy and accountability
- Nurses participate in policy decisions and perceive more control over their practice





Key Drivers to Driving Quality

- Knowing Your Culture (behaviors, norms)
- Finding Your True North
- Creating a Vision
- Financial Success
- Identifying Gaps
- Selecting a Framework
- Developing a Strategic Plan
- Formulating Structures & Processes
- Establishing Benchmarks
- Gathering Evidence
- Laser Focus on Priorities (Line of Sight)
- Identifying Highly Motivated Individuals and Teams



Vision:

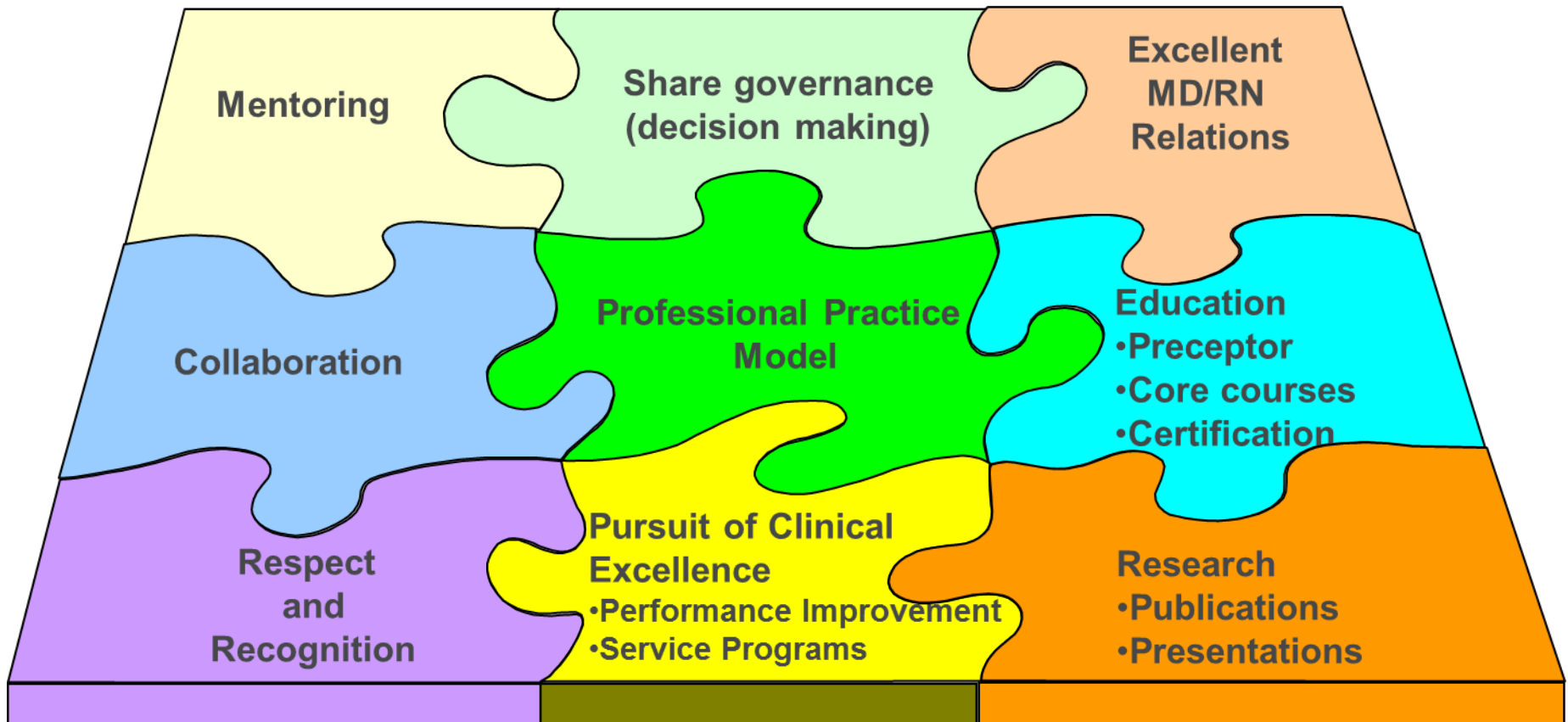
Magnet Recognition = Creating a Professional Practice Culture that is worthy of Magnet Recognition



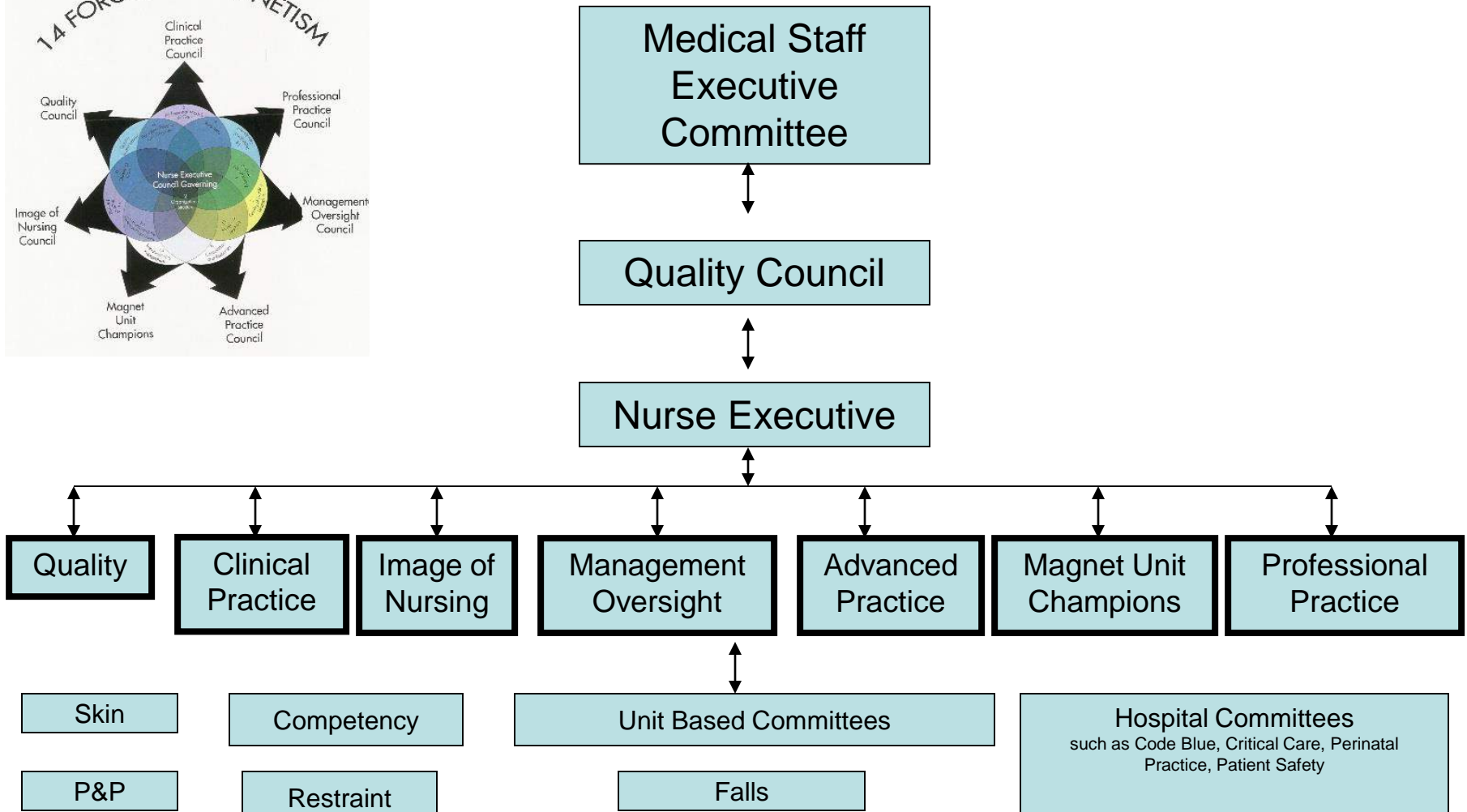
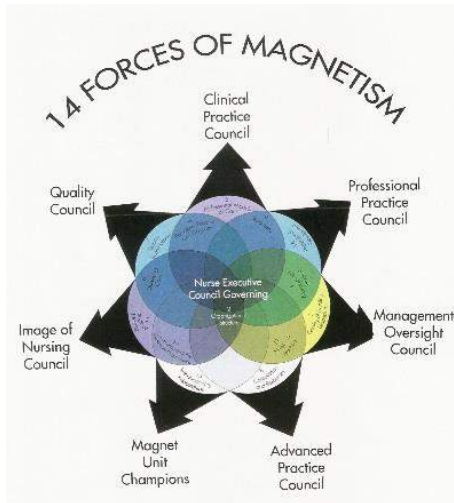
14 Forces of Magnet

- Force 1: Quality of Nursing Leadership
- Force 2: Organizational Structure
- Force 3: Management Structure
- Force 4: Personnel Policies and Programs
- Force 5: Professional Models of Care
- Force 6: Quality of Care
- Force 7: Quality Improvement
- Force 8: Consultation and Resources
- Force 9: Autonomy
- Force 10: Community and the Healthcare Organization
- Force 11: Nurses as Teachers
- Force 12: Image of Nursing
- Force 13: Interdisciplinary Relationships
- Force 14: Professional Development

Magnet Recognition Roadmap



Shared Governance Reporting Relationships



UC San Diego Nursing Professional Practice Model

The use of the starfish represents our model's five elements. A starfish communicates through its arms and coordinates movement to be successful in its environment. Like the starfish, our professional practice model uses the interaction of our five elements to achieve quality patient family-centered care.



Professional Values: ANA Scope & Standards, California Nurse Practice Act, Tenets of Professionalism: Peer Review, Patient Advocacy, Life-Long Learning, Decision Making, Professional Organizations, Regulatory Agencies, Healthy Work Environment, UC San Diego Nursing Philosophy

Professional Relationships: Commitment to Power of Excellence, C.A.R.I.N.G. standards, interdisciplinary collaboration

Patient Care Delivery System and Outcomes: Evidence-based care delivered by skillful caregivers to deliver optimal outcomes

Compensation for Professional Achievement: Clinical Ladder, Professional Certifications

Management Approach: Shared Governance structure

References: Brafman, O., & Beckstrom, R. (2006). *The starfish and the spider: The unstoppable power of leaderless organizations* (p. 35). London, England: Penguin Books LTD.
Hoffart, N., & Woods, C. Q. Elements of a nursing professional practice model. *Journal of professional nursing*, 12 (6), 354-356.

Always try to see the glass half full!



Trend Report by Total Facility - Quarterly

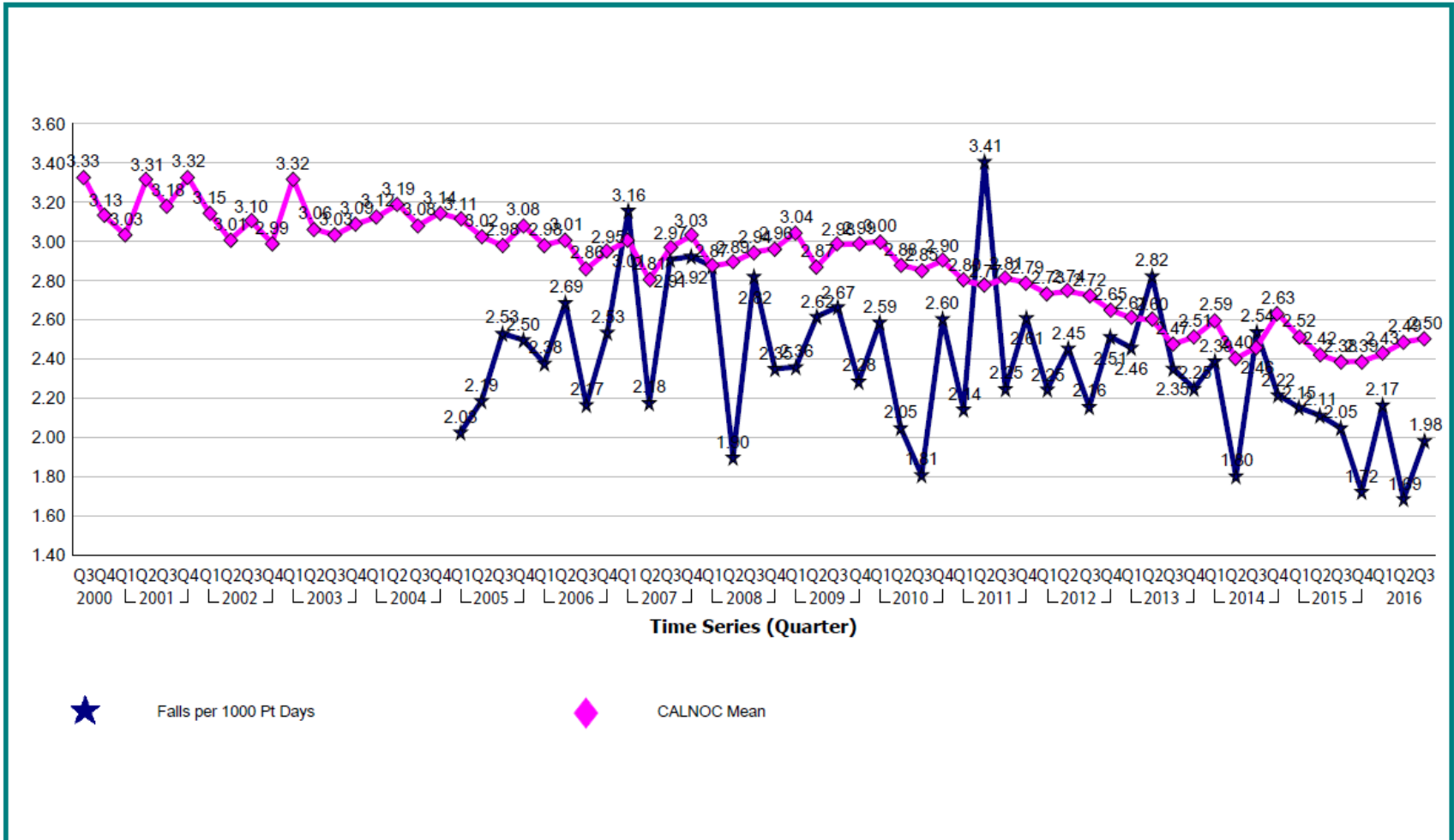
Service Line : Adult Acute Care

Measure : Falls per 1000 Pt Days

Quarter Between Jul - Sep 2000 and Jul - Sep 2016

37 - UCSD Medical Center : Total Facility

Report Group : CALNOC (N=292)



Trend Report by Total Facility - Quarterly

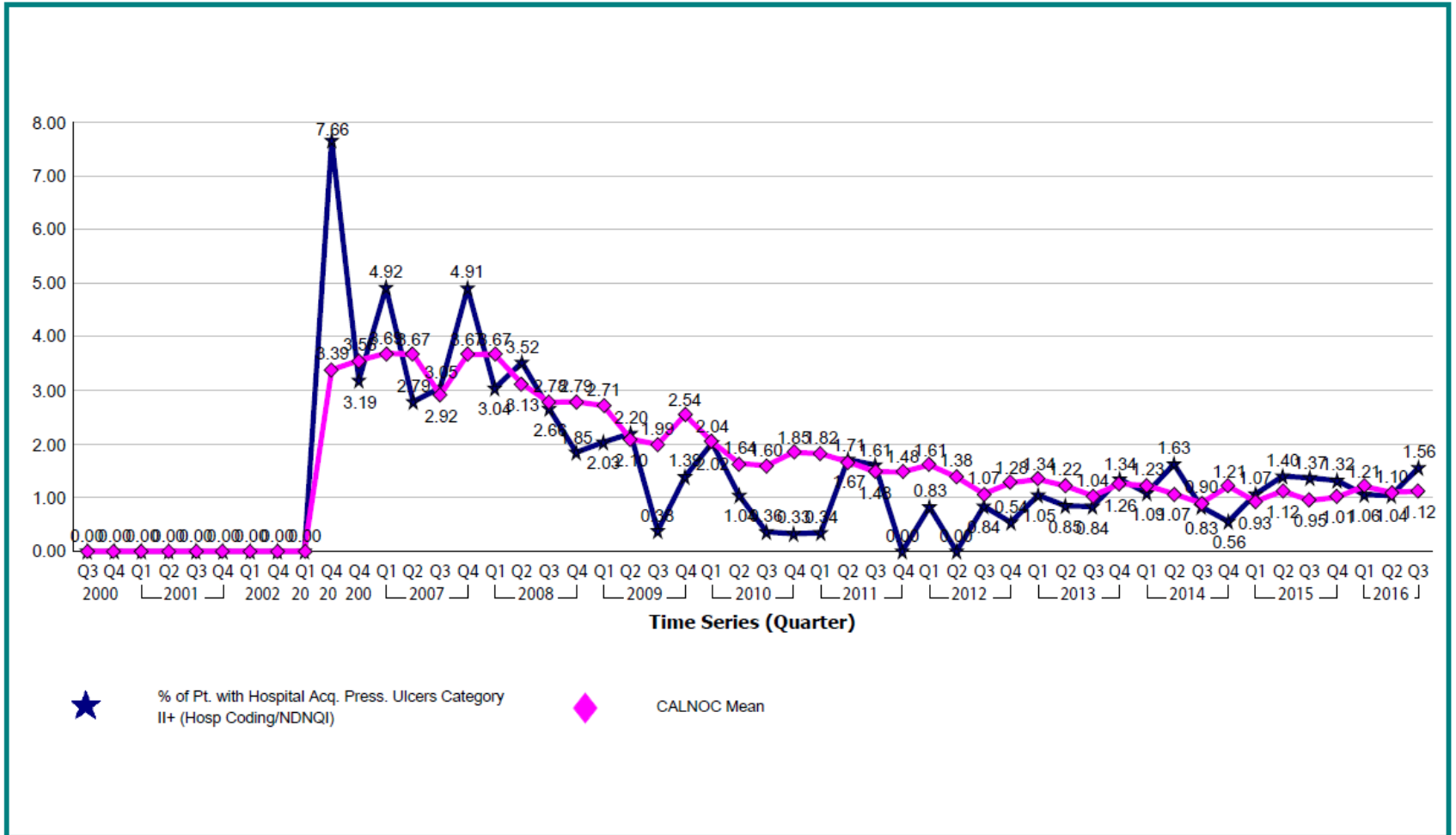
Service Line : Adult Acute Care

Measure : % of Pt. with Hospital Acq. Press. Ulcers Category II+ (Hosp Coding/NDNQI)

Quarter Between Jul - Sep 2000 and Jul - Sep 2016

37 - UCSD Medical Center : Total Facility

Report Group : CALNOC (N=300)



Achievements – Nursing Excellence

MAGNET STATUS 2011-2016

American Nurses Credentialing Center



UC San Diego Health

Maintains a four-year Magnet Recognition for Nursing Excellence, considered among the highest recognitions for quality patient care, nursing excellence and innovations in nursing practice

Exemplar

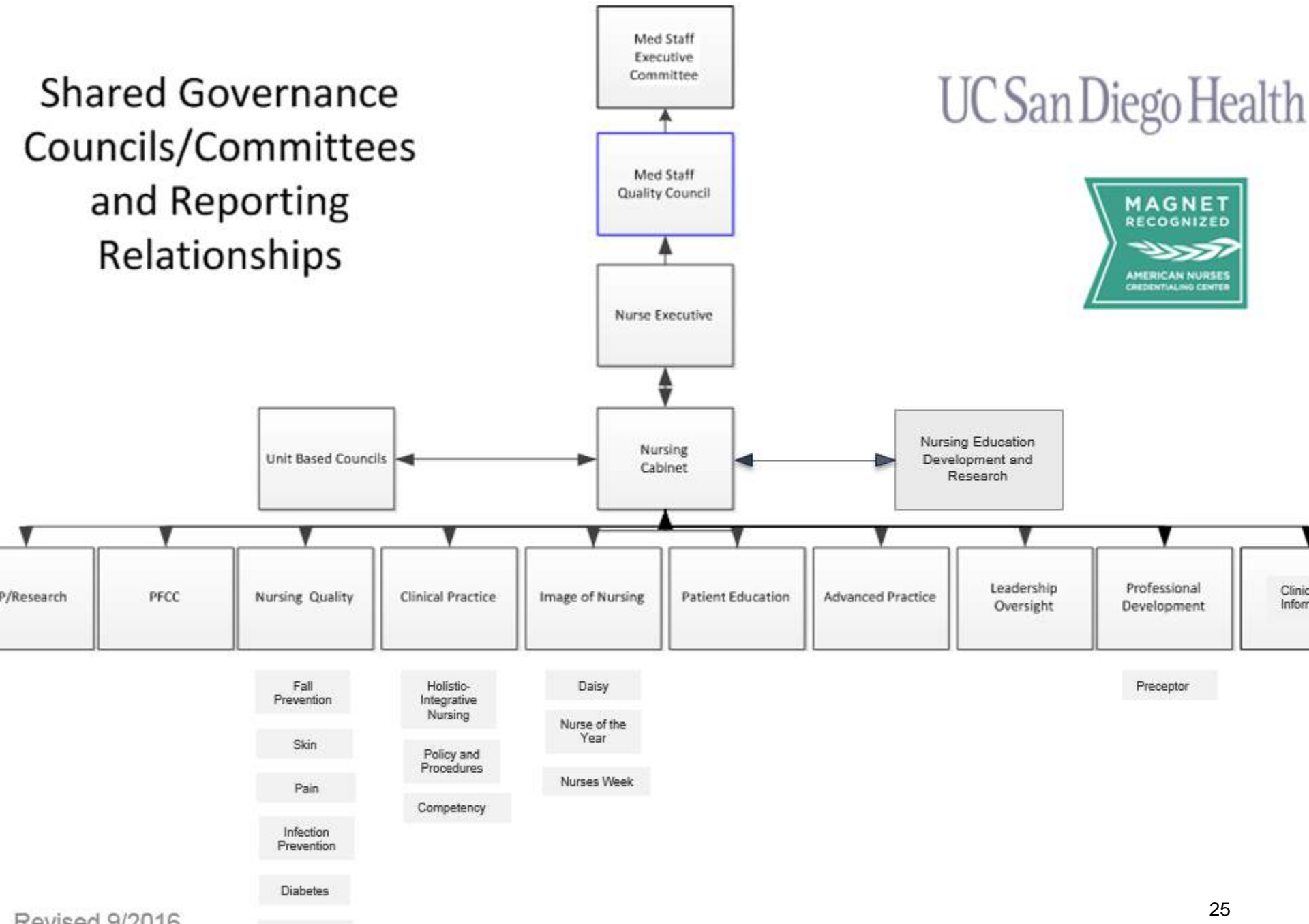
NK4EO: Describe and demonstrate nursing research studies from the past 2 years, ongoing or completed, generated from the structure(s) and process(es) in NK4.

The study described here is one of 13 research studies led by nurses at UCSD. Nursing research has become a core component of inquiry to guide patient care, nursing practice, and workplace environment. During the site visit it was evident that the CNO has facilitated a culture of inquiry that has resulted in research in many of the nursing units and across units not only in one facility, but across units in two acute care facilities and multiple outpatient care areas.

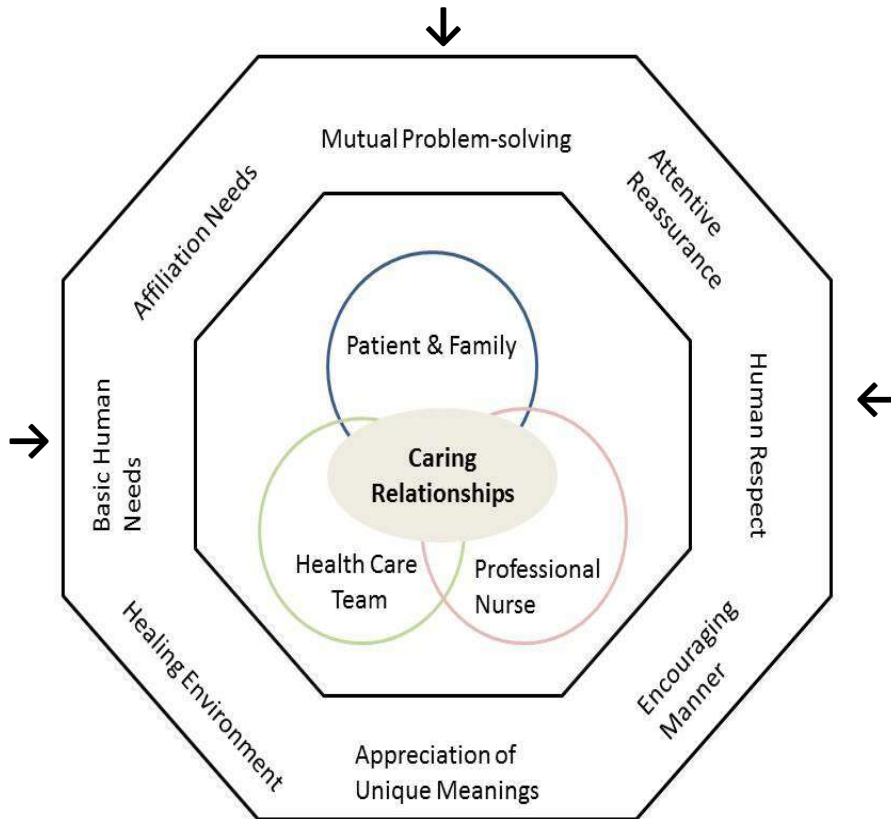
Magnet Model Framework for Excellence

- **Transformational Leadership (TL)**
- **Structural Empowerment (SE)**
- **Exemplary Professional Practice (EPP)**
- **New Knowledge, Innovations and Improvements (NKII)**
- **Empirical Outcomes (EO)**

Shared Governance Councils/Committees and Reporting Relationships



Alignment to Theoretical Framework: Duffy's Quality Caring Model



Centered on Caring Relationships

- Patient & Family

Caring Factors

- Mutual problem solving
- Basic Human needs
- Human respect

Duffy, Quality Caring in Nursing and Health Systems, 2013

Alignment to PPM

“STARFISH” Mnemonic of Key UCSD Nursing Values

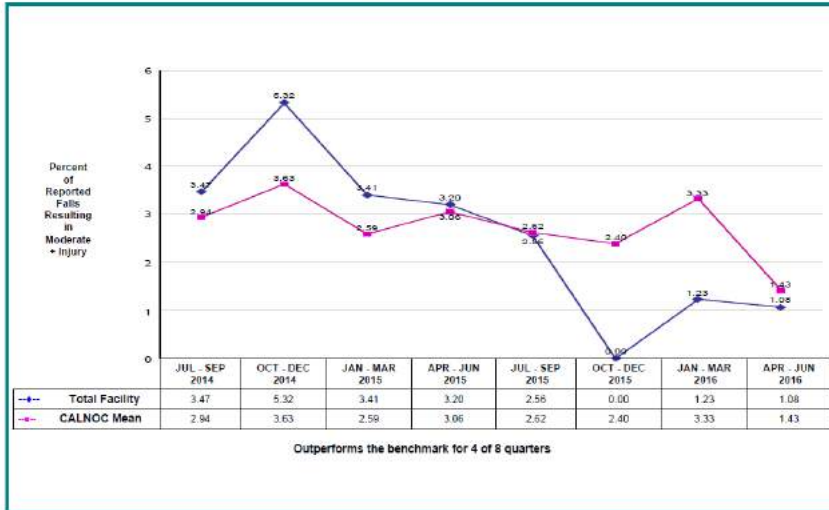


- **S**hared Governance
- **T**eaching & Professional Development
- **A**ccountability
- **R**esearch
- **F**eeling Cared For
- **I**nnovation
- **S**tellar Outcomes
- **H**ealing Environment

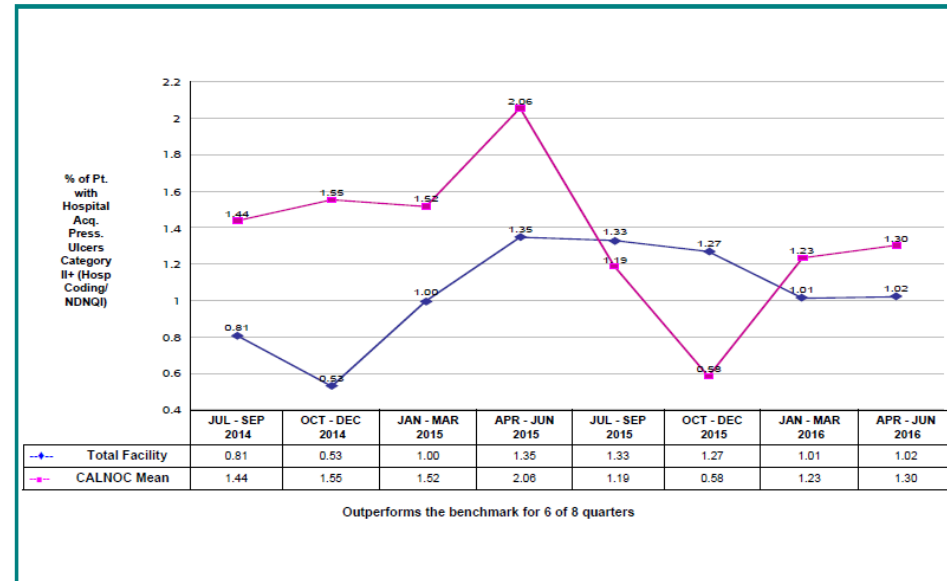
Nursing Sensitive Indicators: Falls & Pressure Ulcers



Trend Report by Total Facility - Quarterly (Magnet)
 Service Line: Adult Acute Care, Emergency Department
 Measure: Percent of Reported Falls Resulting in Moderate+ Injury
 Quarter: Between Jul - Sep 2014 and Apr - Jun 2016
 37 - UCSD Medical Center: Total Facility
 Report Group: CALNOC (N = 75)

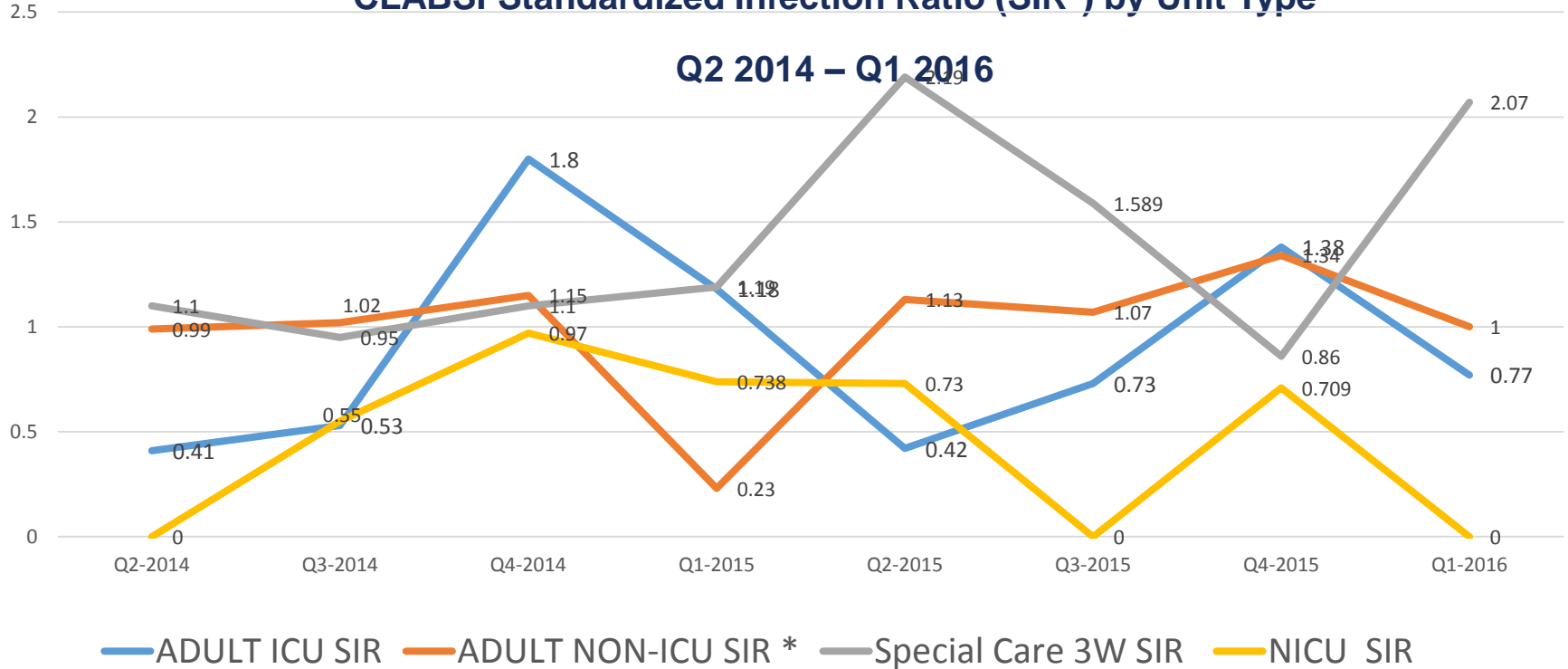


Trend Report by Total Facility - Quarterly (Magnet)
 Service Line: Adult Acute Care, Emergency Department
 Measure: % of Pt. with Hospital Acq. Press. Ulcers Category II+ (Hosp Coding/NDNQI)
 Quarter: Between Jul - Sep 2014 and Apr - Jun 2016
 37 - UCSD Medical Center: Total Facility
 Report Group: CALNOC (N = 14)



CLABSI Standardized Infection Ratio (SIR*) by Unit Type

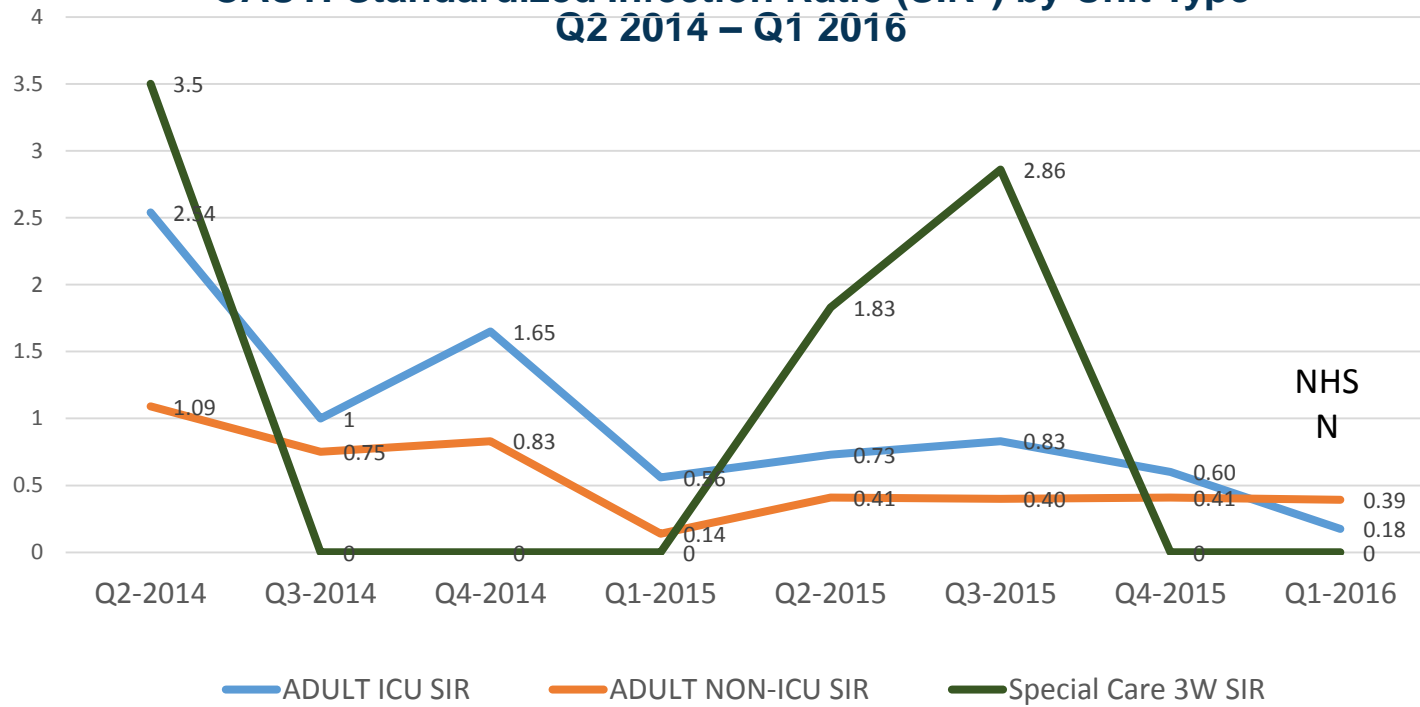
Q2 2014 – Q1 2016



* NON-ICU SIR doesn't include 10E telemetry

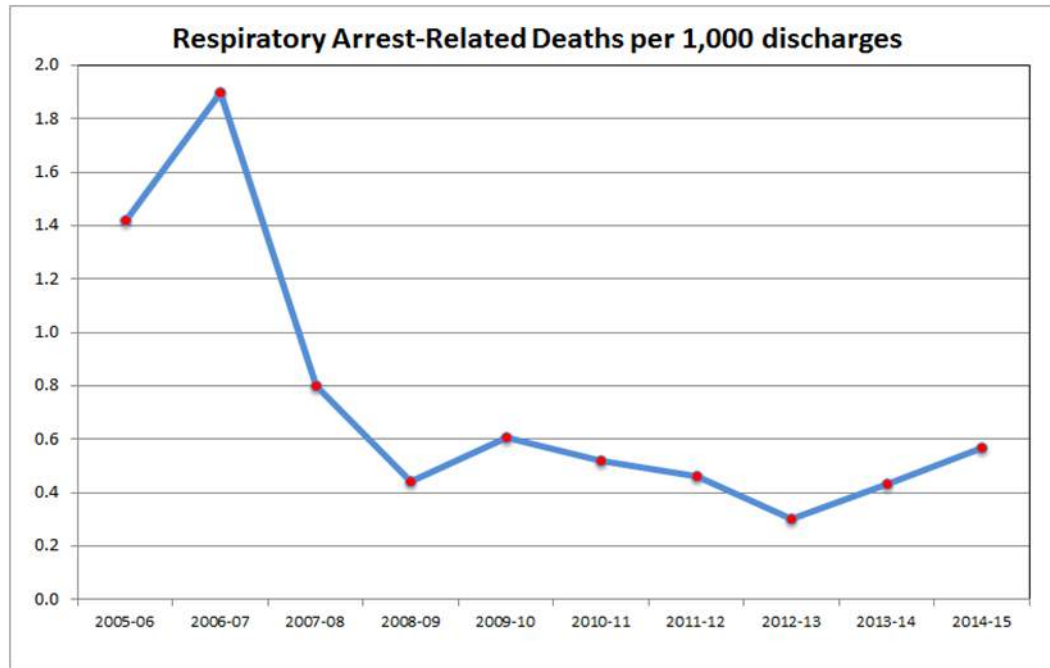
*SIR compares actual number of HAIs at each hospital, to predicted number of infections. Predicted number is an estimate based on national baseline data, and is risk adjusted by unit type. .
 If SIR = 1, then # of actual infections = # predicted infections.
 If SIR < 1, then # of actual infections is < # of predicted infections.
 If SIR > 1, then # of actual infections is > than # of predicted infections.

CAUTI Standardized Infection Ratio (SIR*) by Unit Type Q2 2014 – Q1 2016



*SIR compares actual number of HAIs at each hospital, to predicted number of infections. Predicted number is an estimate based on national baseline data, and is risk adjusted by unit type. .
 If SIR = 1, then # of actual infections = # predicted infections.
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 If SIR > 1, then # of actual infections is > than # of predicted infections.

Success Story – Code Blue



- Commitment to an innovation
- Intensive review of every event
- Continuous improvement
- Simulation & team training

QI and Patient Safety Philosophy

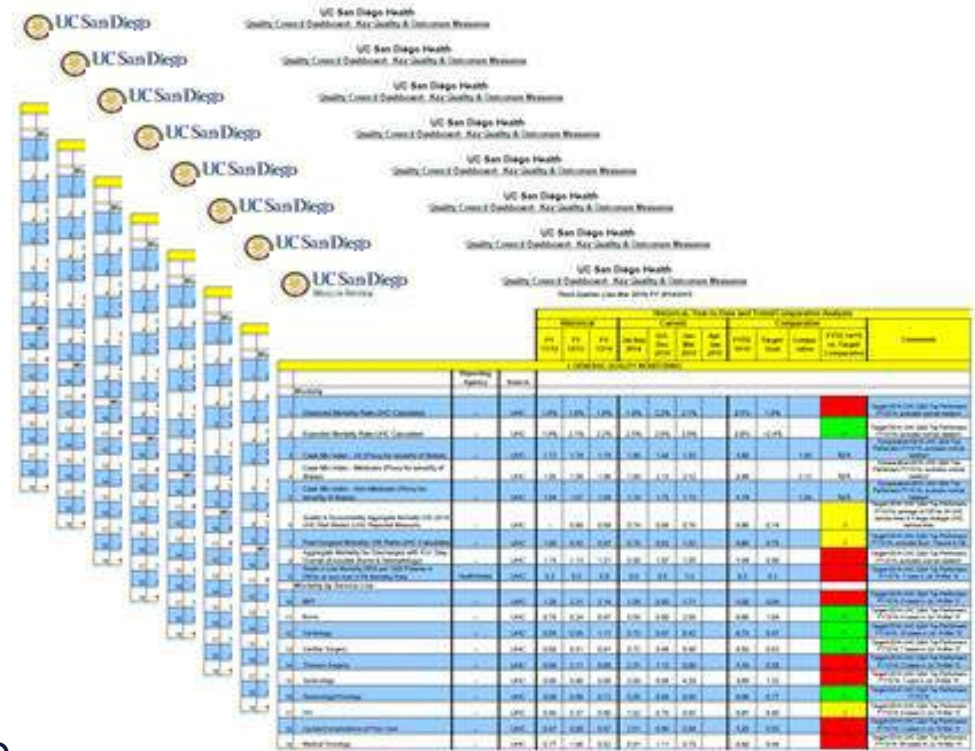
Multi-disciplinary and Data Driven

Aggregate data

- Committee dashboards
- Benchmarks
- Registries

Individual case review

- Root cause analyses (RCA)
- Medication errors
- Mortality
- Resuscitation & rapid response
- Falls
- Peer review



>200 metrics
reviewed quarterly
by Quality Council

Vital Signs Board – Components

UC San Diego Health

Vital signs

8TH FLOOR

COMMUNICATION

WHAT PATIENTS ARE SAYING

WHAT WE CAN DO TO IMPROVE

- Check on patients every hour throughout their stay
- Write your name on the whiteboards in each patient room consistently
- Introduce yourself
- Address patients by their name

HAND HYGIENE

HOW OUR UNIT IS PERFORMING

WHAT PATIENTS THINK OF US

WHAT WE CAN DO TO IMPROVE

- Cover your cough/nose
- Practice hand hygiene
- Shake hands with proper technique
- Shake with patients that qualify hands to "for their safety"
- Get vaccinated

PAIN MANAGEMENT

HOW OUR UNIT IS PERFORMING

WHAT PATIENTS THINK OF US

WHAT WE CAN DO TO IMPROVE

- Assess how well pain is being controlled
- Offer pain as needed, accurate response of pain
- Safe Handoff: Communicate top-pain-med given
- Practice the "5 Rights"

READMISSION

HOW OUR UNIT IS PERFORMING

WHAT PATIENTS THINK OF US

WHAT WE CAN DO TO IMPROVE

- Ask patients to report back what we might have done
- Exchange medications
- Follow up appointments
- Medications

PATIENT COMMENTS

"All the nursing staff was very professional, kind and knowledgeable; they give me human kind treatment all the way."

"Nurses were incredibly good! Very impressed with their attitude and communication, let alone their care giving."

"I was very please with the entire experience. Everyone that I interacted with was extremely friendly and professional."

NUMBER OF DAYS SINCE LAST:

Fall with Injury

14

HAPU Stage II+

576

Mislabeled/Unlabeled Lab Specimen

36

NUMBER OF PRIOR MONTH EVENTS

CAUTI

1

CLABSI

~~0~~

Med Error with Harm

~~0~~




Unit Poster

Days

Unit PI Projects

Achievements – Nursing Excellence

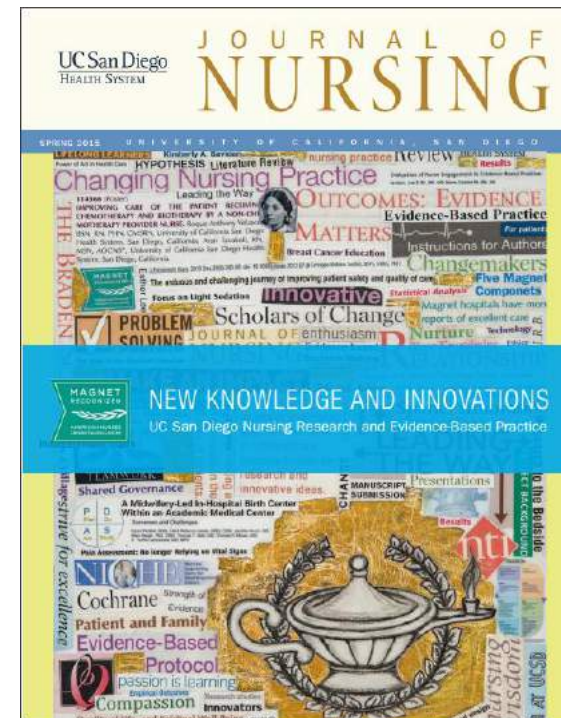
MAGNET STATUS 2016-2020 American Nurses Credentialing Center

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Exemplars

1. The Unit-Level data for diabetes A1C control outperformed the mean, median or other benchmark statistic for all eight quarters on 100% of the units presented.
2. The dissemination of nursing research to external audiences at UCSDH is exemplary. At site visit, discussion and evidence was presented that highlighted the variety of external venues where clinical nurses had disseminated nursing research to external audiences.
3. The Shared Governance Image of Nursing Council author a journal that highlights nursing. The Spring 2015 journal “UCSD Journal of Nursing: New Knowledge and Innovations” was reviewed.
4. Clinical nurses used evidence-based findings to implement a practice new to the organization.



Our Nurses Exceed the Magnet Average

Characteristic	UC San Diego Health System Nurses	Magnet Organizations
RN retention	92%	88.6%
RN Fill rate	98%	98.6%
% RNs with BSN or higher	79.5%	60.86%
% RNs with national certification	43%	37.39%

Highly Motivated Individuals & Teams



New Cultural Themes and Emerging Patterns

Structural Empowerment

Opportunity – Information – Support -- Resources

Psychological Empowerment

Meaning – Confidence – Self-Determination
Self-Efficacy -- Impact

Professional Practice Behaviors

Job Satisfaction – Commitment – Trust – Innovative
Thinking – Low Burnout

The Essence of Chaos Theory

Instead of pinpointing causes in the organization for organizational problems, the company is better served, according to chaos theory, by looking for organizational patterns that lead to certain types of behavior within the organization.

Source: Complexity Theory: Trends in Organizational Change; Wendy H. Mason.

*New
Leaders*

*245 Filled
Beds*

*Increase in
Significant
Events*

*Failure to
Speak Up*

**Emerging
Patterns**

*200
Travelers*

*Nurse-Sensitive
Indicators Below
Benchmark*

*New
Teams*

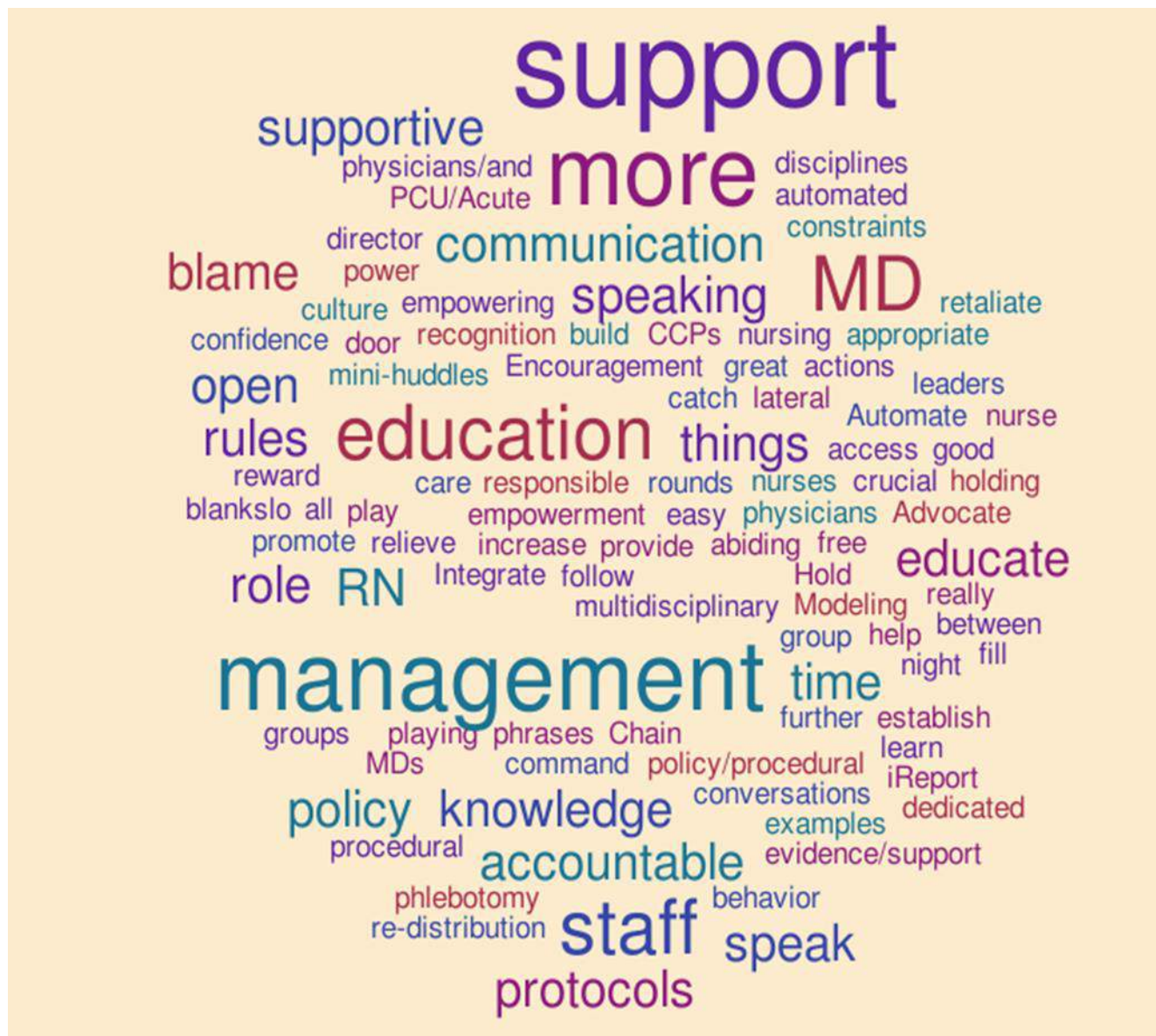
Missed Care

Key Barriers to Speaking Up

- Easier to “Stay Quiet”
- Ridicule from others
- Fear of retribution
- Perceived lack of support
- Excessive professional courtesies
- Authority gradients
- High risk, low benefit
- Training & education differences
- Cultural differences



What should we do to support nurses speaking up?



Consequences of Not Speaking Up

- 70-80% of medical mishaps are related to interpersonal interaction (Agency for Healthcare Research and Quality (AHRQ), 2004)
- 66% of sentinel events have incomplete communications among caregivers as a root cause (The Joint Commission (TJC), 2005)
- ~30% of medical malpractice lawsuits and claims caused by miscommunication (Healthcare Business & Technology, 2016)
- “We should be creating a culture where people feel comfortable talking about errors and not feeling they’re going to get fired.” – Dr. Tejal Gandhi, President of the National Patient Safety Foundation




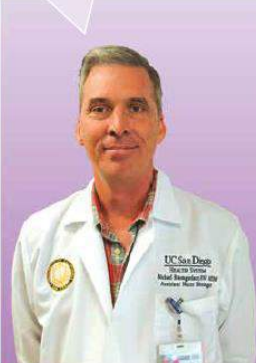


Our True North is Patient & Family Centered Care

SPEAK UP

You are the expert of your body. Be involved in your care – SPEAK UP!

At UC San Diego Health, we value your participation in decisions about your care. Help us provide you with the safest care by speaking up about your observations of these important safe behaviors. We will listen to your questions, concerns and reminders.

UC San Diego
HEALTH SYSTEM

MEDICATION	INFECTION	IDENTIFICATION	FALLS	INFORMATION	PAIN
<p>Help us prevent mistakes with medication by:</p> <ul style="list-style-type: none"> Telling us your current medications and allergies Making sure we scan your wristband before giving medications Asking us to explain why you are getting each medication Asking us to teach you how to take your medications when you get home 	<p>Help us prevent infection during your stay by:</p> <ul style="list-style-type: none"> Asking everyone, including your family, to wash their hands or use hand gel when entering your room Asking your doctor or nurse if your medical device, like a central line or urine catheter, can come out today (they can increase your risk for infection) 	<p>Before any test or treatment, we will confirm your identity by:</p> <ul style="list-style-type: none"> Asking your name Checking your wristband Checking that labs are labeled in your presence 	<p>Avoid a fall in the hospital by:</p> <ul style="list-style-type: none"> Asking for help or pressing your call button before you get out of bed Telling your nurse or doctor if you feel light-headed or confused 	<p>Educate yourself about your condition and treatment by:</p> <ul style="list-style-type: none"> Asking your nurse about handouts and videos about your illness Asking your physician about treatment options Asking questions when you don't understand 	<p>Help us do everything we can to treat your pain by:</p> <ul style="list-style-type: none"> Telling your nurse when you feel pain Talking to your doctor about your pain medication
					

Committed to Safety

2017
PATIENT SAFETY
AWARENESS WEEK
March 12-18

Speak Up!

Prevent Harm

Speak up if you see or know of something that can potentially harm a patient or a team member.

- I'm **concerned**...
- I'm **uncomfortable** because...
- This is a **safety** issue

2017 National Patient Safety Goals

Use two patient identifiers

Label medicines correctly

Listen up and act on alarms

Prevent hospital acquired infections

Assess your patients for risk of suicide

Time outs prevent wrong site & wrong patient surgeries & procedures!

iReport

Reporting safety events or other issues is the best way for us to know what we need to fix. Enter an [iReport](#) today



Hand Hygiene

Everyone's Responsibility

The 300% Pledge

- ✓ I will clean my hands when entering/leaving a patient care area
- ✓ I will tell colleagues & visitors to clean their hands if I'm not sure they have.
- ✓ I will say "Thank You" if someone reminds me!



A Force for **Unifying**
A Bridge for **Connecting**
A Lens for **Seeing** and
A New Path for **Discovering**

Team Member Safety Reminders



UC San Diego Health

Missed Nursing Care

Unfinished Nursing Care

Under use of Nursing Care

Rationing of Nursing Care

Definition of Missed Nursing Care

- Missed nursing care is a subset of the category known as error of omission. It refers to needed nursing care that is delayed, partially completed, or not completed at all.
- Missed nursing care is problematic because nurses coordinate, provide, and evaluate many interventions prescribed by others to treat illness in hospitalized patients. Moreover, nurses also plan, deliver, and evaluate nurse-initiated care to manage patients' symptoms and responses to care, and to promote health and healing.
- Thus missed nursing care not only constitutes a form of medical error that may affect safety, but has been deemed to be a unique type of medical underuse.

Kalisch B.J. (2006) Missed nursing care: a qualitative study.
Journal of Nursing Care Quality **21**(4), 306–313.

Never Doubt the Power of a Dream!



Questions?

