Leadership for the Staff Nurse
Surviving and Thriving in Your New RN Role
Components included in this module

1. Managing Resources in the Changing Healthcare Environment
2. Communication, Delegation and Team Dynamics
3. Team Functions within a System
4. Creating a Health Work Environment—Addressing Incivility
5. Managing Conflict in Healthcare
6. Continuous Quality Improvement
7. What Does Patient-Centered Care Mean?
Managing Resources in the Changing Healthcare Environment

Lori Hodges, RN, MSN
Purpose

To increase understanding of the importance of managing resources effectively in the healthcare system and its positive impact on safe, quality, evidence-based patient care
Objectives

- Define resource management
- Identify the resource management process
- Explain the responsibility and accountability of resource management
- Describe the results of proper resource management
Defining resource management

- Managing resources in the ever changing healthcare environment is challenging and stressful

- It is important that staff and charge nurses understand the concepts associated with productivity

- It is important to understand how to meet fiscal goals while maintaining patient safety and providing quality care
The resource management process

Charge RNs

- Charge RNs need to be aware of expertise level of staff RNs and ancillary staff

- Ability to identify charge nurse resources (nursing supervisor, nurse manager, on-call physician)

- Ability to identify what resources are needed if shift becomes busier with increasing census or acuity
RN resource management

- Staff RNs need to be aware of level of expertise among coworkers

- RNs must be able to identify reliable resources (LPN, charge RN, medical assistant, physician on-call, medical secretary) during shift
Effective resource management

- Encourage staff to think in terms of blocks of time rather than the entire shift

- Example:
  
  You may not need a full staff for triage when traditionally triage is busiest after 12 noon. So, at 0700am, instead of having an additional nurse for triage at the beginning of the shift, bring nurse in at 1100am
Effective resource management

- Analyzing skill mix during staffing decision-making is vital for managing resources effectively

- Example:

  Perhaps you have a call-in and are short an RN. Based on patient needs and acuity, you are aware that a nursing assistant can be helpful if patient quality and safety will not be compromised
The responsibility and accountability of resource management

- Hiring agency and contract staff is known to satisfy a nursing shortage; it also increases quality and safety risks and patient satisfaction will decrease as people do not like to be cared for by staff they do not know

- This resource should be used as a last resource
The results of effective resource management

- Effective management systems eliminate the practice of hiring outside agency and contract staff to fill a staffing gap
- The financial cost of hiring temporary staff is enormous
- Effective resource management and systems that retain employees have been known to increase patient quality and safety, and eliminate the practice of hiring temporary staff
References

Communication, Delegation and Team Dynamics

Lori Hodges, RN, MSN
Julie Harrison, RN, BSN
Erin Johnson, RN, BSN
Pre-test

1. Communication involves both verbal and non-verbal actions
   a) True
   b) False

2. Skillful communication allows for effective coaching, coordinating, evaluation, counseling and supervision
   a) True
   b) False
Pre-test

3. Communication should be repeated in many ways and numerous times to provide/promote understanding
   a) True
   b) False

4. It is important to avoid negative body language
   a) True
   b) False

5. As a leader on the unit, it is important to remember that others’ anger or frustration is not directed at you personally
   a) True
   b) False
Purpose

To increase understanding of the importance of effective communication in the healthcare system and its positive impact on safe, evidence-based patient care.
Objectives

- Define communication
- Demonstration of communication effectiveness as one of the most importance elements of leadership
- Provide communication and interpersonal skills and tips
- Identify strategies for effective communication and collaboration with co-workers and physicians
- List barriers to effective communication
Definition of communication

- Communication is “an interaction between two or more persons that involves the exchange of information between a sender and a receiver”

  (Perry & Potter, 2006, p.23)

- Communication involves the expression of ideas, thoughts, and emotions through verbal and non-verbal means
Leadership & successful communication

- Leaders must provide skillful communication and promote understanding

- Leaders must ensure that the end result of effectively transmitted communication is the receiver’s complete understanding of exact ideas and information

- Skillful communication allows for effective coaching, coordinating, evaluation, counseling and supervision

- Skillful communication allows leadership to align staff with positive behaviors, performance improvement and safe patient outcomes
Communication must

- Be clear, concise and consistent
- Be aligned with facility policies and procedures
- Be repeated in many ways and numerous times to provide/promote understanding
- Include specific, pertinent information with rationale
- Positive, effective communication can directly affect employee and patient satisfaction

Your staff is more likely to adopt behaviors if they understand why you are asking them to do something  

(Studer, 2010)
Barriers to communication

- Incongruent verbal and non-verbal communication
- Time constraints and busy, chaotic, interruptive environments
- Poor communication or communication overload
- Prior experiences
- Differing perceptions

  Effective communication plays a central role in the development and maintenance of collaborative relationships between healthcare workers and their patients, and between members of the healthcare team (Kelly, 2005)
Communication skills and tips

- Provide undivided attention
- Clear your mind of distractions, find time
- As a leader, guide the conversation: clarify, restate, paraphrase, reflect, be silent, summarize
- Avoid negative body language
- Respond, don’t react
- Be a good listener
- Don’t take another’s anger or frustration personally
- Provide time for feedback
Effective communication with physicians

Facts:
- Nurses and doctors have segregated and level-specific preparation for clinical practice
- Nurses and doctors are expected to communicate effectively in the workplace
- Poor communication and communication overload have a direct correlation with stressors among healthcare workers and adverse patient outcomes

(Curtis, Tzannes & Rudge, 2011)
Practical considerations for effective nurse-physician communication

- Recognize your emotional state and examine preparedness.
- Understand that follow-up questions are for clarification and should not be taken personally.
- Decide the outcome you desire.
- Anticipate all information the physician will need to make a decision regarding patient plan of care.
Practical considerations for effective nurse-physician communication

- Prepare your case
- When giving physician report, utilize structure tool such as SBAR
- Contact the specific physician at an appropriate time
- Utilize appropriate assertiveness as your patient’s advocate
- Acknowledge receiver’s perspective and explore understanding
Conclusion

- Miscommunication can lead to adverse outcomes

- We all have the same goal: optimal, safe, evidence-based patient care

- Giving and receiving of effective communication to direct and facilitate high quality patient care is imperative

- Strive to promote a positive work environment through open and effective communication and the development of personal relationships
Post-test

1. Communication involves both verbal and non-verbal actions
   a) True
   b) False

2. Skillful communication allows for effective coaching, coordinating, evaluation, counseling and supervision
   a) True
   b) False
Post-test

3. Communication should be repeated in many ways and numerous times to provide/promote understanding
   a) True
   b) False

4. It is important to avoid negative body language
   a) True
   b) False

5. As a leader on the unit, it is important to remember that others’ anger or frustration is not directed at you personally
   a) True
   b) False
Communication, Delegation, Team Dynamics pre & post-test answers

1. True
2. True
3. True
4. True
5. True
References


Team Functions Within a System
Teamwork and Communication

Ronda McKay DNP, CNS, RN, NEA-BC
Objectives

Upon completion of this program the new graduate nurse will be able to:

- Describe the core principles of teamwork
- Explain how individuals with different strengths make an effective team
- Identify barriers to effective teamwork
- Discuss how communication can effect patient outcomes
- Describe SBAR
Pre-test

1. In today’s healthcare environment teamwork is essential to the health of an organization
   a) True
   b) False

2. Lack of effective nurse–physician communication can lead to medical errors
   a) True
   b) False

3. Team growth can be separated into three stages: forming, storming and norming
   a) True
   b) False
Pre-test

4. Nurse-physician communication is not enhanced by the use of SBAR
   a)True
   b)False

5. Lack of communication can lead to: medical errors, nurse turnover and reduced reimbursement
   a)True
   b)False
Today’s healthcare settings are dynamic with multiple disciplines and a variety of cultures and backgrounds.

Different language, religion or individual beliefs make each of us individuals, it’s who we are.

These differences can create a barrier to the development of a cohesive functioning team.

Open honest communication including listening and expressing genuine interest in each other’s points of view can facilitate the development of a collaborative functioning team.

It is the development of mutual trust and respect and understanding and accepting differences and understanding that supports professional teamwork.
Core principles of teamwork

- Shared goals
- Clear roles
- Mutual trust
- Effective communication
- Measureable outcomes

Function effectively within nursing and inter-professional teams

Fosters open communication, mutual respect, and shared decision-making to achieve quality

Enhances patient care and safety
<table>
<thead>
<tr>
<th>Barriers to effective teamwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team membership</td>
</tr>
<tr>
<td>Inconsistency</td>
</tr>
<tr>
<td>Lack of time</td>
</tr>
<tr>
<td>Defensiveness</td>
</tr>
<tr>
<td>Conventional thinking</td>
</tr>
<tr>
<td>Communication styles</td>
</tr>
<tr>
<td>Lack of information sharing</td>
</tr>
<tr>
<td>Conflict</td>
</tr>
<tr>
<td>Lack of coordination</td>
</tr>
<tr>
<td>Distractions</td>
</tr>
<tr>
<td>Fatigue</td>
</tr>
<tr>
<td>Workload</td>
</tr>
<tr>
<td>Lack of role clarity</td>
</tr>
<tr>
<td>Poor leadership</td>
</tr>
</tbody>
</table>
It is important for the team members to know that teams don't just form and immediately start working together to accomplish great things. There are actually stages of team growth and teams must be given time to work through the stages and become effective.

Team growth can be separated into four stages:
- **Forming** – Learning about each other
- **Storming** – Challenging each other
- **Norming** – Working with each other
- **Performing** – working as one

Communication is a key element to teamwork and team growth.
Importance of nurse-physician communication & teamwork

- Nurse-physician communication is an essential component to providing quality care in any healthcare organization

- Lack of communication can lead to:
  - medical errors
  - nurse turnover
  - reduced reimbursement
Importance of communication

- Preventable medical errors in the U.S claim the lives of between 200,000- 400,000 people each year  
  (James, 2013)

- Poor nurse-physician communication threatens patient care and undermines organizational culture and mission  
  (Crawford, Omery & Seago, 2012)

- Poor communication in a healthcare environment can become polarizing and affect the care provided to patients  
  (Cypress, 2011)
Patient safety/quality concerns

- According to The Joint Commission (TJC), improved and increased communication by and among physicians and other healthcare professionals is essential for patient safety and quality and warrants special focus.

- The communication gap between nurses and physicians is documented to have caused 70% of sentinel events reported to TJC (Tjia et al., 2009).
Studies revealed poor communication resulted in...

- 70-80% of medical errors
- 63% of sentinel event occurrences--communication breakdown is leading root cause
- Medical malpractice claims
- Major safety violations
- Heartache to all involved
- Patient injury/death
- Loss of license
How can we address these issues to communicate more effectively?

**SBAR** communication

- Technique utilized to communicate with nurses and physicians
SBAR

Situation
- Problem

Background
- Brief history
- Relevant context: what has now changed with the patient

Assessment
- What do you think is going on?

Recommendation
- What do you want? What needs to be fixed?
Communication advantages with **SBAR**

- Efficient and standardized
- Systematic and convenient
- Minimizes handoff errors
- Promotes a culture of safety
- Clear and simple
**SBAR communication tips**

- Be prepared, clear, concise

- Focus on problem and report only relevant information

- Assess patient and determine appropriate individual to call

- Have medical record at hand

- 5-10 second punch line: what is happening now, what are acute changes
Benefits of effective communication

- Positive patient outcomes
- Improved information flow
- More effective and timely patient interventions
- Improved patient safety
- Enhanced employee morale
- Increased physician satisfaction
- Improved quality
- Improved nurse-physician relationships
Activity

#1
Identify areas on your own unit where you have witnessed gaps in nurse-physician communication

#2
Discuss with your nurse manager if there is an opportunity during a staff meeting to discuss opportunities to enhance nurse-physician communication
Post-test

1. In today’s healthcare environment teamwork is essential to the health of an organization
   a) True
   b) False

2. Lack of effective nurse–physician communication can lead to medical errors
   a) True
   b) False

3. Team growth can be separated into three stages: forming, storming and norming
   a) True
   b) False
Post-test

4. Nurse-physician communication is not enhanced by the use of SBAR
   a) True
   b) False

5. Lack of communication can lead to: medical errors, nurse turnover and reduced reimbursement
   a) True
   b) False
Pre & post test answers

1. A - True
2. A - True
3. B - False
4. B - False
5. A - True
References


Behaviors that undermine a culture of safety. (2008). Retrieved from:
http://www.jointcommission.org/sentinel_event_alert_issue_40_behaviors_that_undermine_a_culture_of_safety/
References


References


References


Creating a Healthy Work Environment
Addressing Incivility in Nursing

Marsha M. King DNP, MBA, RN, NEA-BC
Objectives

Upon completion of this program the new graduate nurse will be able to:

- Describe what is civility and incivility
- Identify behaviors consistent with incivility
- Discuss the effects of workplace incivility
- Complete the Clark Workplace “Civility Index”
- Identify strategies to address incivility in the workplace
Pre-test

1. In today’s healthcare environment, the concept of incivility is not seen
   a) True
   b) False

2. An unhealthy work environment can lead to an increased turnover of employees
   a) True
   b) False

3. The best way to handle incivility in the workplace is just ignore it and not let it affect you
   a) True
   b) False

1. False  Widespread in the healthcare
2. True. Incivility and bullying can lead to disengagement, leaving the organization, or actually leaving the nursing profession
3. False. Ignoring incivility in the workplace is an act of accepting this type of behavior.
In today’s healthcare world with increased pressures and use of technology having a face to face dialogue can be challenging. If we center on a common purpose of patient care with positive outcomes, meaningful dialogue can be enhanced. Within nursing practice there are stressors that can contribute to a less than healthy work environment: Constant and rapid change, staffing challenges, generational differences, fast paced, high stress, high acuity of patients, complex workloads, and lack of knowledge and skills in being able to manage conflict. All of these identified factors can create an environment that is not as healthy as it could be. Recognizing this type of environment is the first step in helping to change it.
Creating a healthy work environment

What is Incivility?
Rude or disruptive behavior which can often result in psychological or physiological distress for the people involved

(Clark, 2009, 2012)

There is a high cost to incivility in the workplace. Behaviors that are disruptive or intimidating can have negative effects on individuals, teams, units, and even organizations. Workplace incivility can lead to disengagement, burnout, emotional exhaustion, reduced work efforts, reduced quality of work, and leaving place of employment due to job dissatisfaction. New nurses often feel a reality shock from the academic school environment to actual nursing practice. This can be a vulnerable time at the start of their career.
These are some of the behaviors that can be associated with incivility. They can be subtle or more overt.

When nurses experience incivility or “bullying” in their workplace, they are more likely to leave their workplace or even leave nursing as a profession. Nursing leaders both formal (Nurse Managers) or informal (leaders on the unit) can assist in addressing incivility in the workplace.

Incivility or bullying can occur at various levels, from physicians, nurse managers, fellow nurses, faculty and students. Incivility occurs in all occupations, however, healthcare occupations have been identified as having a higher incidence of workplace bullying.
Behaviors that undermine a culture of safety

Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction, and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians and others to seek new positions in more professional environments

The Joint Commission Sentinel Event Alert (Issue 40, July 2008)

- The Joint Commission made a strong statement related to the impact of disruptive behaviors on safe patient care.
- These behaviors are not limited to just physicians and nurses, but can include other healthcare professionals, such as therapists, support staff, administrators etc.
- These types of behaviors need to be identified and addressed. If allowed to continue puts the healthcare teams ability to deliver excellent care at risk.
Creating a healthy work environment

Effective January 2009, all accreditation programs must have the following:
- The hospital/organization has a code of conduct that defines acceptable and inappropriate behaviors
- Leaders create and implement a process for managing disruptive and inappropriate behaviors

The Joint Commission requires a formal process for all accreditation programs that specifically address incivility or disruptive behaviors in the workplace. Each organization’s policies may differ slightly. Do you know if your organization has a policy on this? Where would you find it? Does your organization have zero tolerance for bullying in the workplace?
Strategies to promote civility in the workplace

- Begin with ourselves....self-reflection
- Complete the Clark Workplace Civility Index

Organizations that do not address incivility in the workplace through a more formal process are indirectly promoting or accepting this type of behavior. Where do we start to begin the assessment....first within ourselves. Completing this tool will allow reflection and discussion amongst ourselves, colleagues, and team members of how their own unit or organization’s environment promotes civility and respect. There are two forms of the Clark Workplace Civility Index. These will be attachments to this PowerPoint presentation. They are posted on ICN RN Residency program page. One has a yes/no index and it can done quickly. The other index uses a Likert scale, which may give deeper analysis. This can serve as a discussion amongst the Nurse Residents or one widespread for team members on a unit. By having the group take this Workplace Civility Index will allow them to reflect on their own behaviors and look for change and also as a catalyst for further discussion with their Nurse Leader and or team members on their unit.
<table>
<thead>
<tr>
<th>Role modeling for civility</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Respectful of colleagues</td>
</tr>
<tr>
<td>▪ Honesty</td>
</tr>
<tr>
<td>▪ Positive</td>
</tr>
<tr>
<td>▪ Be flexible, willing to change</td>
</tr>
<tr>
<td>▪ Responsible</td>
</tr>
<tr>
<td>▪ Accountable</td>
</tr>
<tr>
<td>▪ Willing to admit mistakes</td>
</tr>
<tr>
<td>▪ Willing to ask for help or question when you don’t know</td>
</tr>
<tr>
<td>▪ Be a strong team player</td>
</tr>
<tr>
<td>▪ Good communicator</td>
</tr>
<tr>
<td>▪ Your behavior starts the day you walk into an organization</td>
</tr>
</tbody>
</table>
In this time of high tech communication, emails, texts, phones, etc., the art of fostering honest and meaningful communication is being lost. Fostering civility in the workplace is about having genuine conversations to resolve conflict. This may not always be easy and may require intervention or mediation if the conflict is significant enough. Learn early in your nursing career that communication and respect for every employee and the work they do can foster positive relationships that will last for years.
It may take a period of time before you find a mentor. The mentor may be within an organization or outside of an organization. Be able to listen to advice, reflect on it, and act on that advice. As you progress through your career remember you may be a mentor in the future also. A healthy work environment starts with ourselves. Practice respect and civil behavior in your daily life.
Activity

#1
Complete the Clark Workplace Civility Index (yes/no version) and determine areas of improvement for you personally.

#2
Discuss with your Nurse Manager having the unit take the Clark Workplace Civility Index. This will assist in creating an environment of awareness associated with a healthy work environment.
Post-test

1. In today’s healthcare environment, the concept of incivility is not seen
   a) True
   b) False
2. An unhealthy work environment can lead to an increased turnover of employees
   a) True
   b) False
3. The best way to handle incivility in the workplace is just ignore it and not let it affect you
   a) True
   b) False

1. False  Widespread in the healthcare
2. True. Incivility and bullying can lead to disengagement, leaving the organization, or actually leaving the nursing profession
3. False. Ignoring incivility in the workplace is an act of accepting this type of behavior
Healthy Work Environment pre & post-test answers

1. False
2. True
3. False

1. False  Widespread in the healthcare
2. True. Incivility and bullying can lead to disengagement, leaving the organization, or actually leaving the nursing profession
3. False. Ignoring incivility in the workplace is an act of accepting this type of behavior
References


References


Managing Conflict in Healthcare

Lori A. Hodges RN, MSN
Objectives

- Define conflict
- Demonstration of conflict management as an important element of leadership
- Provide tips for effective conflict management
- Identify strategies for conflict resolution among co-workers and physicians
- List barriers to conflict management
Pre-test

1. The results of conflict affect morale, productivity and patient care
   a) True
   b) False

2. Peoples’ emotions have no bearing on conflict
   a) True
   b) False

3. Nurses and physicians are not expected to communicate effectively with each other
   a) True
   b) False
Pre-test

4. The SBAR is an effective communication tool for health care providers
   a) True
   b) False

5. It is vital to be a good listener in health care
   a) True
   b) False
The issue

According to Bernard Mayer (2013), there are 5 major sources of conflicts:
1. Communication
2. Emotions
3. Values
4. Structure
5. History
Conflict affects

- Productivity
- Morale
- Patient care

Conflicts on any unit will result in decreased productivity from the frontline team, a demoralized clinical staff that negatively can impact patient care when the patient and family interact with a team member who is disenchanted and disengaged.
Communication failure

- Results from the way the message is sent or received
- Includes messages that involve
  - Emotions
  - Complex issues
  - Language barriers

The communication failures can result from the tone or demeanor of the person sending the message, or the way it is received or perceived by the recipient of the message.
Emotions

- Sometimes jealousy and anger can fuel or intensify the conflict
Values

- A person’s moral and ethical beliefs usually guides decision-making and subsequent actions

- If a person’s values differ from another’s, then individual conflicts can occur
Conflicts that occur as the result of structure issues include individual experiences, the physical work environment and resources. Examples include disagreements over resources allocation and use, limited or disrupted work space, or delegation or work that the worker perceives as below their abilities.
This means that the backgrounds of the individuals participating in the conflict factor into how they relate to the conflict while working in their environment. For example, this includes conflicts between physicians and nurses where the nursing staff may perceive the physician as an authority figure and in a powerful position and this affects conflict resolution. The person perceiving themselves as less powerful may in fact contribute to increasing the conflict and may be opposed to resolution. Or the opposite may be true; the person in the perceived less powerful position may be quick to agree to a resolution when in fact may be feeling as though they are forced to because of the perceived power struggle within this relationship.
These are seven strategies by Simpao (2013), that are effective ways for negotiating and managing conflicts in the workplace.

7 Strategies for negotiating and managing conflict

- Identify the problem
- Identify the facts
- Create solutions
- Evaluate the possible solutions
- Decide upon a or more than one solution
- Implement the solution
- Evaluate the implementation
Resolution results

- Because conflicts impact employees, patients and the organization in its entirety, it is vital that conflicts be identified and resolved quickly

- Collaboration and compromise

Collaborative organizations with a cooperative conflict resolution process is key for health care entities to function within it’s true potential.
References


Simpao, Allan F., MD. (November-December, 2013). Conflict Management in the Health Care Workplace. PEJ.
Post-test

1. The results of conflict affect morale, productivity and patient care
   a) True
   b) False

2. Peoples’ emotions have no bearing on conflict
   a) True
   b) False

3. Nurses and physicians are not expected to communicate effectively with each other
   a) True
   b) False
Post-test

4. The SBAR is an effective communication tool for health care providers
   a) True
   b) False

5. It is vital to be a good listener in health care
   a) True
   b) False
Managing Conflict pre & post-test answers

1. True
2. False
3. False
4. True
5. True
Continuous Quality Improvement

Cheryl Joy, RN, BSN
Pre-test

1. PDSA is a model of Continuous Quality Improvement
   a) True
   b) False

2. Quality is doing the right thing at the right time for every patient every time
   a) True
   b) False
Pre-test

3. PDSA stands for: Plan, Do, Study, Act
   a) True
   b) False

4. We are all part of improving quality
   a) True
   b) False

5. Data shows measurable improvement
   a) True
   b) False
Continuous Quality Improvement

- What is Continuous Quality Improvement?
- What is quality?

  Quality is doing the right thing at the right time for every patient every time
Your role in quality

We are all part of improving quality

▪ It can be as simple as saying, “Can I do anything else for you?”

▪ Or ..... It may be many things that are tracked on a department’s quality dashboard such as patient satisfaction or the number of falls
Improving quality

- An organization will not improve without a clear and firm intention to do so
- One model of quality improvement is **PDSA**

![Diagram of the PDSA cycle: Act → Plan → Do → Study → Act](image-url)
PDSA: PLAN

- The team establishes measures. They ask the question “How will we know that a change is an improvement?” The team uses quantitative measures to determine if a specific change actually leads to an improvement.

- The team selects changes they will test. They ask the question “what changes can we make that will result in improvement?”
PDSA: DO

- The team tests the selected change

- The team may test a change on a small scale, learning from each test, and refining the change through several PDSA cycles
PDSA: STUDY

- The team observes and learns from the change tested
- The team completes the analysis of the data
- They compare the data to their predictions of what they thought may happen
- They summarize and reflect on what was learned
PDSA: ACT

- The team refines the change, based on what was learned from the test
- They may refine the change through several PDSA cycles
- They implement the change
- Implementation is a permanent change to the way work is done, and involves building the change into the organization. Determine what modifications should be made.
Example of PDSA

- The team plans to implement a individualized patient education plan to reduce patient’s readmission with the diagnosis of COPD
- Three nurses on different shifts use the proposed education plan
- The team makes changes as suggested to the new education plan
- All nurses on the pilot unit begin using the new patient education plan
- Data shows measurable improvement in reducing readmissions using the new patient education plan
Your role

- Know your department’s continuous quality improvement goals, for example:
  - Reducing falls by __%
  - Reducing central line infections by __%
  - Early elective deliveries <5%.
- Know what actions have been implemented to reach your goals
- Join a quality improvement team
Post-test

1. PDSA is a model of Continuous Quality Improvement
   a) True
   b) False

2. Quality is doing the right thing at the right time for every patient every time
   a) True
   b) False
Post-test

3. An organization will not improve without a clear and firm intention to do so
   a) True
   b) False

4. We are all part of improving quality
   a) True
   b) False

5. Data shows measurable improvement
   a) True
   b) False
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality Improvement pre &amp; post-test answers</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>True</td>
</tr>
<tr>
<td>2.</td>
<td>True</td>
</tr>
<tr>
<td>3.</td>
<td>True</td>
</tr>
<tr>
<td>4.</td>
<td>True</td>
</tr>
<tr>
<td>5.</td>
<td>True</td>
</tr>
</tbody>
</table>
What Does Patient-Centered Care Mean?
Effectiveness of Patient-Centered Care Delivery

Lori Hodges, RN, MSN
Pre-test

1. Patient-centered care involves the healthcare team making all the care decisions for the patient
   a) True
   b) False

2. Examples of patient-centered care are using a pain scale to identify the level of pain
   a) True
   b) False

3. RNs who work in patient-centered care units use the whiteboards as a tool of communication
   a) True
   b) False
Pre-test

4. Patient-centered care does not involve the patient in the decision-making process
   a) True
   b) False

5. An example of patient-centered care involves asking the patient at discharge if there is anything else they need to understand prior to leaving
   a) True
   b) False
Purpose

To increase understanding of the importance of patient-centered care in the healthcare system and its positive impact on safe, evidence-based patient care
Objectives

- Define patient-centered care
- Demonstration of patient-centered care
- Identify strategies for providing patient-centered care
- List barriers to providing patient-centered care
Definition of patient-centered care

- According to the Studer Group (2010) patient centered care is simply:
  finding out what the patient wants
  and making that happen

- The goal is to see the patient and the family (as defined by the patient) as a single unit. All decisions made for the patient include the patient’s wishes
Positive results

- The patient prioritizes what will be most important during the hospital stay

- Once the patient identifies the priority, the nursing staff can write this on the whiteboard

- All who enter the room--nurse, physician, housekeeper and family--can focus on what is important to the patient
Benefits

- Patient-centered care reduces anxiety and creates an improved patient perception of care.
- It leads to improvements in communication between the patient and hospital employees, promotes teamwork and efficiency.
- It also decreases anxiety within the patient by demonstrating that everyone is working together to meet his or her needs.
Evidenced-based research

Suggests that patient-centered care is directly related to improvements in:

- Patient safety
- Staff efficiency
- Patient satisfaction
- Patient outcomes
Examples of patient-centered care

- Asking the patient:
  - What does very good or excellent care look like?
  - What is your current pain level on a scale of 1-10, and where would you like to be on that pain scale?
- Shared decision-making
- Note items on whiteboard
- Ask patient at shift change
- Ask at discharge
Post-test

1. Patient-centered care involves the healthcare team making all the care decisions for the patient
   a) True
   b) False

2. Examples of patient-centered care are using a pain scale to identify the level of pain
   a) True
   b) False

3. RNs who work in patient-centered care units use the whiteboards as a tool of communication
   a) True
   b) False
Post-test

4. Patient-centered care does not involve the patient in the decision-making process
   a) True
   b) False

5. An example of patient-centered care involves asking the patient at discharge if there is anything else they need to understand prior to leaving
   a) True
   b) False
Patient-Centered Care pre & post-test answers

1. False
2. True
3. True
4. False
5. True
References
