

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

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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 effect 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

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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

What is teamwork?

When individuals function effectively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care

(American Association of Colleges of Nursing, 2013. Retrieved from: <http://www.aacn.nche.edu/qsen/Teamwork-Resource-Paper.pdf>)

Core principles of teamwork

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

Barriers to effective teamwork

- Team membership
- Inconsistency
- Lack of time
- Defensiveness
- Conventional thinking
- Communication styles
- Lack of information sharing
- Conflict
- Lack of coordination
- Distractions
- Fatigue
- Workload
- Lack of role clarity
- Poor leadership

Team growth

- Teams must work through stages to become effective
- Team growth can be separated into four stages



(Egolf & Chester, 2013)

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

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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

Creating a healthy work environment

What is civility?

Civility is authentic respect for others requiring time, presence, engagement, and intention to seek common ground

(Clark and Carnosso, 2008)

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)

Behaviors associated with incivility

- Being ignored or excluded
- Spreading of gossip and rumors
- Persistent criticism of work
- Repeated reminders of errors or mistakes
- Eye rolling, teasing, sarcasm
- Being shouted at or the target of spontaneous anger
- Having your professional opinion ignored

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)

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

Strategies to promote civility in the workplace

- Begin with ourselves....self-reflection
- Complete the [Clark Workplace Civility Index](#)

Role modeling for civility

- Respectful of colleagues
- Honesty
- Positive
- Be flexible, willing to change
- Responsible
- Accountable
- Willing to admit mistakes
- Willing to ask for help or question when you don't know
- Be a strong team player
- Good communicator
- Your behavior starts the day you walk into an organization

Improving communication, particularly in times of conflict

- Speak one at a time
- Address the person directly
- Use a calm voice
- Avoid personal attacks
- Be respectful in both verbal and body language
- Be objective

Seek out a mentor

- Different from a preceptor
- Mentor's role is to shape and guide
- Mentors share knowledge, experience and encouragement
- Can help you navigate your new career
- Mentorship can be for a short period or for a lifetime
- Mentors can be instrumental in the development and nurturing of your career

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

Healthy Work Environment pre & post-test answers

1. False
2. True
3. False

References

- Feblinger, D.M. (2008). Incivility and bullying in the workplace and nurses' shame responses, *Journal of Obstetrics, Gynecologic, and Neonatal Nurses*(37), 234-342. doi:10.1111/j.1552-6909.2008.00227.x
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Managing Conflict in Healthcare

Lori A. Hodges RN, MSN



Home of the Indiana Action Coalition

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

Communication failure

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

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

Structures

- This includes
 - Individual experiences
 - Physical work environment
 - Available resources

History

- This includes the background or history of the individuals in conflict in conjunction with the environment
- Another issue is the clinical experience and level of expertise between the 2 parties involved in the conflict

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

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- Anonymous, (2007). *Managing Conflict*. Critical Care Nurse. Medical Sciences—Nurses and Nursing. Alicia Veijo.
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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

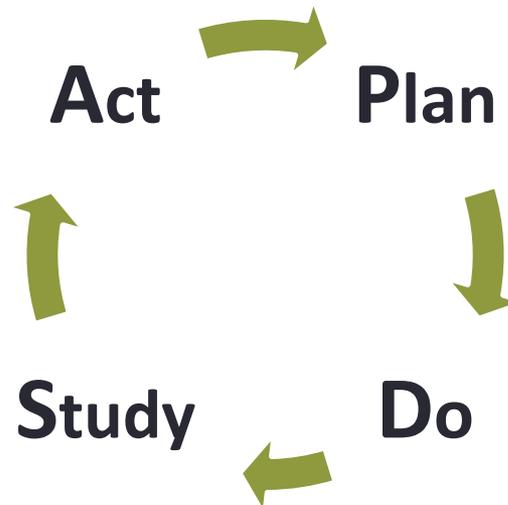
Your role in quality

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**



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

Quality Improvement pre & post-test answers

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

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

Reynolds, Alicia (2009). Patient Centered Care. *Radiologic Technology*. Nov-Dec; 81 (2): 133-47.(61 ref).

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