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Creating a Culture of Safety in the Med/Surg Division

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# CREATING A CULTURE OF SAFETY IN THE MED/SURG DIVISION

By Elvie Sevilla BSN RNC NE-BC and Jennifer Mitch MSN RN

**H**ealth care quality and safety threats were widely acknowledged in the famous 1999 Institute of Medicine report “To Err is Human”. The report estimated that up to 98,000 Americans die annually in hospitals due to errors. Despite of numerous quality improvement initiatives, hospitals still see significant variation in quality of care. UC San Diego Health System has structures and processes in place to address safety concerns. It is easy to blame someone when mistakes happen; however, we practice a just culture where unsafe clinical care is addressed with the aim of preventing future errors. Nurses are now engaged and they are in a great position to significantly impact the quality and safety of the care we provide to our patients.

How do we create a culture of safety in a fast-paced environment like Med/Surg with such a diverse and complex patient population?

## Med/Surg. Structure to Create A Culture of Safety

- Collaborative practice: Partnership with interdisciplinary teams
- Staff engagement: Staff membership in falls, skin, safety and MERP committees
- Encouragement of innovative ideas: Frontline Leadership Academy (FLA) projects such as call before you fall and 3 o'clock wipe downs to decrease infection rates
- Quality Boards: Display nursing sensitive outcomes, keep track of days without nurse sensitive quality variance to instill a sense of unit pride in safety accomplishments
- Monthly Quality Report Outs: Med/Surg Leadership takes the time to track priority safety and quality indicators and report out on

division trends at Leaders and Unit Based Practice Council meetings

- Audits: Participation in Trifecta (monthly), Collaborative Alliance for Nursing Outcomes or CalNOC (quarterly), Wound Wednesday, Leadership Rounds
- eQVR Review: Implement review tools such as fishbone analysis (Championed by Laura Vento, RN, MSN, CNL assistant manager for quality)

## Daily Processes for the Bedside Nurse:

- Bedside Report
- Hourly Rounds
- Assessment/ Reassessment
- Patient and Family Education
- Preventive and Proactive Approach to Safety
- Patient White Board Communication

## OUTCOMES: FALL PREVENTION

### 11 West Success Story

A major dynamic to patient falls is patient reluctance to ask for help in trying to not inconvenience staff.

Many of our patients belong to a diverse specialty, ranging from transplant to hepatology with unpredictable changes in cognitive function. This risk factor was only one of many challenges that tested 11 West nurses' engagement and innovation when creating strategies for fall prevention. The “5 C” of caring behavior approach to fall prevention was implemented in FY 2011. The incorporation of connectedness, comfort, collaboration, communication, and cleanliness in all patient interactions to enhance patient safety and trust has yielded positive outcomes. See Figure 1.

For the last two years, 11 West has outperformed similar units achieving



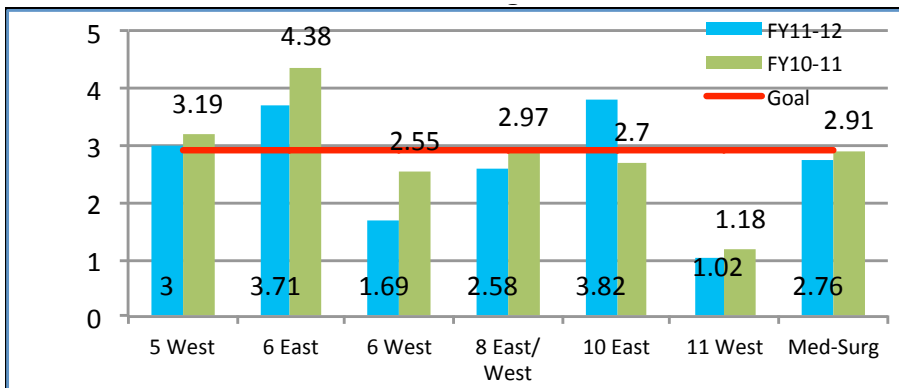
**Elvie Sevilla BSN, RNC, NE-BC** graduated with a degree in Nursing from the University of Santo Thomas, Philippines and the current nurse manager of the 11 West med/surg transplant unit. She is a member of the Leadership Oversight Committee and recently passed the nurse executive board certification.



**Jennifer Mitch MSN RN** has worked as a AN II for 11 west for almost 3 years. After her first job at 16 as a CNA, she obtained her LVN, ADN, BSN and Masters degree in nursing from the University of San Diego. Her experience includes oncology, NICU and hospice working in management and educator roles as well as nursing at the bedside. She is especially proud of her unit's excellent patient outcomes.

## Hillcrest Med Surg Fall Data

Figure 1



1.18 falls per 1000 patient days compare to a 2.91 benchmark. 11 West Fall Project was presented as a poster at the Philippine Nurses Association of America Conference. "It takes vigilance and a team effort to be successful" per Fanny Villatoro RN 11 West fall committee representative.

### Thornton 2 West is a unit to be reckoned with:

The 2 West Unit-Based Fall Committee also undertook a performance improvement project to reduce falls. Their outcomes was a reduction in fall rate from 3.6 falls per 1000 patient days to 2.4

### The evidence based strategies they implemented included:

- Post Fall Huddle
- Patient Fall Education Flyer
- Mobilization in-service of post-op orthopedic patients

### Opportunities identified as a result of the project:

1. Evaluate Current Fall Risk Tool – Since majority of the falls are moderate risks, the question is do we have a real time fall assessment

tool which can determine if a patient is at fall risk or no risk?

2. Oversensitivity to Bed Alarm - explore other types to include chair and potty alarms.

One of the challenges nurses often encounter is the difficulty to determine which patient had activated the bed alarm. Remember the old yellow and green light in every patient room? Before, the green light means the nurse is inside the room, the yellow light is for the nursing assistants. With the nurse innovative idea, now the yellow light on top of the patient room is a sign that the patient is a high risk for falls. With advances in technology, new strategies such as video monitoring with 2-way audio interaction is currently being piloted in the Med/Surg units to provide added safety to our high risks patients.

### OUTCOMES: HOSPITAL ACQUIRED PRESSURE ULCER (HAPU) PREVENTION

The approach to skin breakdown prevention in Med/Surg has been to create a partnership between management and staff to identify those

who are at risk for skin breakdown. Every unit has a skin champion who attends monthly meetings and assists with data collection for outcomes. Nurses take a proactive approach to wound prevention. Some strategies include the use of specialty air mattress, placement of protective dressings on bony prominences and frequent monitoring of medical devices for the prevention of pressure related skin breakdown. A culture of wound prevention is not limited to nursing. Cecilia Manipon, CCP on 11 West, attended a skin class and is the unit's CCP skin champion. Her practice

11 West





6 West and 6 East



10 East



2 West

entails meticulous skin care for all of her patients and actively collaboration with her RN partner. She has shared this best practice with her fellow CCPs. Elena Wilson CCP, also from 11 West, has championed the patient skin hygiene practice on night shift.

By adhering to a mobility schedule that is recommended by physical therapy, patients are more apt to achieve improved strength and circulation, further contributing to HAPU prevention. Nurses track the progress of healing wounds and upload a weekly picture into EPIC for photographic documentation. Wound Wednesday is a day dedicated to management and staff collaboration to ensure all wounds are documented and prevention

strategies are in place for those at risk. We share findings and mentor staff to help improve care plan and patient education documentation.

For fiscal year 11-12 ending June 2012, we are proud to share that the med/surg. division in both Hillcrest and Thornton have outperformed the CalNoc benchmark in 4 out of 4 quarters in skin and 3 out of 4 quarters in falls. Despite of the challenges and pressures of daily work, nurses continue to demonstrate caring behaviors that contribute to quality and safe care to our patient and their families. Through staff engagement, commitment, collaboration, innovation and aspiration, the Med/ Surg. division will continue to be the leader in patient safety and quality outcomes in the years to come.

### Recognizing Stellar Outcomes HAPU Prevention:

- 6 East- Achieved 3.6 years without HAPU (1318days)
- 10 East-890 days without HAPU
- 11 West-840 days without HAPU

Wilma Cabuang, 6 East RN and Skin Representative was asked how she has helped achieve stellar outcomes in HAPU Prevention? She stated, "It is a team effort, including the RN, CCP, and Charge Nurse. We make sure that patients with low Braden score have a prevention care plan."

Med/Surg nurses have taken the challenge of creating change within their own individual units. Without the commitment from these nurses, any initiative to promote a culture of safety will fail.

To be the leader in quality, we as nurse leaders must continue to motivate our nursing staff to D-R-E.A.M. and show our appreciation and gratitude for all their efforts and hard work.

- D- Define problems**
- R- Review current practice**
- E- Explore new ways of doing things**
- M-Measure success or outcomes**
- S- Share best practices.**