Innovation NK5

a. Provide one example, with supporting evidence, of an innovation within the organization, involving nursing.

Innovation – Healthy Work Environment on 5C Medicine

- A positive correlation with job satisfaction, retention, psychological health and a negative correlation with emotional strains and burnout
- An association between HWE and nurses’ interpersonal relationships in the workplace, job performance and productivity
- Effects on the quality of patient care quality
- Effects on hospital injuries
- Relationships between nurse leaders and the work environment

The evidence shows that an HWE engages nurses, improves patient satisfaction scores, enhances a culture of safety and increases nurse retention. However, creating an HWE is not easy or common.

WakeMed nursing conducts the Advisory Board Nursing Engagement Survey every other year. The nursing engagement survey results for 5C Medicine, a 29-bed general medicine unit, had historically shown a higher percent of nurses who were ambivalent and disengaged. In addition, the 5C nursing turnover rate had increased to its highest, 13.56%, in 2015. The goal for the 2016 Advisory Board Nursing Engagement Survey results was to be above the median for nurses being “content” and “engaged” while decreasing or being below the median for nurses being “ambivalent” and “disengaged.”

Nurse Manager Brigit Piercy, MHA, BSN, NE-BC, RN-BC and Supervisor/Educator Jaime Penninger, BSN, RN-BC identified an innovative and comprehensive approach to creating an HWE on 5C resulting in positive patient and nursing outcomes. Piercy and Penninger identified the need to focus on clinical nurses, unit culture and communication.

Nursing Involvement
Recognizing that their unit culture needed to be improved, Piercy and Penninger turned to the 5C Unit Council members to use the survey feedback to identify root causes and determine how to address opportunities for improvement. In October 2015, Human Resources was invited to meet with clinical nurses and nursing assistants for facilitated discussions in a safe environment to gather honest feedback for opportunities to improve. 5C Medicine clinical nurses and nursing assistants shared the following opportunities: management was not receptive to feedback, staff members were treated unfairly, the staff wanted more recognition, and a system for accountability was needed.
Once the key themes were identified through these third-party discussions, groups of clinical nurses and nursing assistants were formed to address the themes.

During November 2015 staff meetings, the 5C Unit Council re-educated nurses and nursing assistants on the preexisting culture contract with four areas of accountability: communication, accountability, teamwork and safety. All clinical nurses and nursing assistants were asked to recommit to these areas of accountability. (Evidence NK5-1, Signed 5C Unit Contract Agreement) (Evidence NK5-2, Staff Meeting Minutes, November 2015) Buy-in from clinical nurses and nursing assistants was obtained through a multipronged approach based on hardwiring their commitment:

- Contract guidelines were part of every conversation.
- Consistency in emphasizing the expectations – these were included in onboarding and evaluations.
- Every staff member is expected to role model the behaviors.

During the discussion in the November 2015 5C Medicine staff meetings, the clinical nurses and nursing assistants said that they wanted the culture contract to be introduced to candidates during interviews, made part of the orientation process and posted on the unit to assist in hardwiring the culture. They also reviewed the conflict resolution algorithm that is part of the unit culture and ground rules. 5C clinical nurses and nursing assistants wanted everyone on the team to sign the ground rules as a working agreement or commitment to one another. They wanted to treat these ground rules or contract that they signed and agreed to follow as permission to go directly to each other to express any concerns. This meant engaging with each another without always needing to involve members of the management team. (Evidence NK5-2, Staff Meeting Minutes, November 2015)

A key theme identified by the clinical nurses and nursing assistants in the third-party discussion groups was that they wanted input into scheduling processes. A self-scheduling committee was therefore created in November 2015, consisting of Clinical Nurses Kaytlin Bakehorn, RN; Amy Bullock, RN; Jocelyn Colosanti, RN; and Julia Glass, RN; Nursing Assistants Crystal Dozier, CNA; Rhonda Heath, CNA; Monica Pendleton, CNA; and Alysha Smith, CNA; and Piercy and Penninger. This group met monthly to gather feedback from other nursing units, build the schedule guidelines for 5C and educate their peers on the changes by providing an overview of budget, FTEs and how to build a successful schedule.

While scheduling committees are not necessarily innovative, Piercy and Penninger wanted to give the clinical nurses and nursing assistants a better understanding of the entire process. An innovative approach for the unit was to educate key nurses on the budget, FTEs and how to build a successful schedule. Those clinical nurses then educated their peers and led an initiative to vote on how they wanted to manage their holiday schedule. Clinical nurses now manage all aspects of the unit schedule and are aware of how the budget and FTEs factor into a successful and fully staffed unit schedule. (Evidence NK5-3, Scheduling Guidelines 5C Schedule Task Force)
Piercy and Penninger recognized through rounding on the unit, their interactions with clinical nurses and the clinical nurses’ feedback to management that they needed help in going beyond the paper contract to effecting actual changes in daily behaviors and outcomes. In December 2015, they researched Advisory Board evidence-based best practices and found a tool to assist with accountability. To encourage staff-to-staff feedback, they used the innovative method of feedback cards that assume good intentions on the part of one’s peers and provide for immediate informal communication during change of shift.

In December 2015, all nurses and nursing assistants determined and voted on a unit “safe word” for them to use whenever they feel uncomfortable with management or peers to lighten the mood and serve as a wakeup call.

Clinical nurses and nursing assistants also wanted a way to recognize each other. Clinical Nurse Brenda Gould-Owen, RN, one of the Unit Council team leaders, therefore worked with the council to create and roll out the kudos card recognition program. (Evidence NK5-4, Staff Meeting Minutes, December 2015)

From February to July 2016, all 5C clinical nurses and nursing assistants attended system-wide training on communication and personal interactions to maintain momentum by keeping all staff members involved. On the unit, all clinical nurses and nursing assistants participate as members of the Unit Council, which has resulted in fruitful unit projects. Clinical nurses are also encouraged to participate on a hospital or system-wide council to demonstrate that their voice is valued.

The power of a culture of recognition was a priority in the culture change of 5C Medicine. Recognition was provided through a visible, public kudos board where nurses and patients can leave notes of gratitude; weekly unit newsletters; and shift huddles at which clinical nurses and nursing assistants review assignments and offer help to each another. (Evidence NK5-4, Staff Meeting Minutes December 2015)

Leadership implemented the following to improve staff connectivity and accountability: bulletin boards detailing what “you asked” and what “we listened” in response, production boards, staff meetings, charge nurse meetings, nursing assistant meetings and leadership rounding. Historically, Piercy and Penninger had focused on 5C staff involvement in clinical outcomes by reviewing patient data. Piercy and Penninger shifted their focus to changing the work environment to a culture of communication to increase staff engagement and commitment to each other and the patient.

While Piercy and Penninger used literature and evidence-based practice from other organizations to build a package of tools to focus on the culture of the unit, the innovation in this package lies in the culture they have created to back up the tools. They creatively used multiple tools from various organizations and literature sources to develop a single innovative program. This innovative program enables their leadership to be transformational, as it is positive, creative and accountable, and it fosters closed loop communication and teamwork. The dedication to follow-up and the assurance that
the clinical staff continues to use the tools as part of the unit culture does not take a backseat to quality measures. Piercy and Penninger recognize that the culture of the unit is what supports the quality outcomes, placing equal focus and accountability on both the culture and outcomes in daily practice.

Outcomes
As a result of the innovative and comprehensive approach to 5C’s HWE, the results of their 2018 Nursing Engagement Survey showed drastic improvement: 60% of staff members were engaged, 40% were content, 0% were ambivalent and 0% were disengaged. 5C’s turnover rate for 2018 was 8.77%, its lowest ever. Patient outcomes include one CAUTI in four years, two CLABSIs in two years and 1 HAPU in two years. Piercy and Penninger presented their innovative work at the 2018 Magnet Conference. (Evidence NK5-5, Paper to Practice, Magnet Conference PowerPoint)

This innovative cultural transformation package is now being disseminated throughout WakeMed Health & Hospitals as a program for teaching transformational leadership. The tools from this package are presented in Charting the Course: Unit Operations, which all new nursing leaders attend over their first year in the role. The tools were also presented at the system-wide Clinical Nurse Council meeting on February 7, 2019.