Nursing Leadership (Directorate's)

- Key to Nursing Excellence

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Session Title: Developing Clinical Nursing Leaders

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Learner objectives: Discuss the process of achieving Nursing Excellence through Nursing Leadership (Directorate's) by applying the GHC’s framework on accreditation preparedness – Key to Nursing Excellence

Employer: Global Hospitals Group, India

Acknowledgement:

Dr. K. Ravindranath, Chairman & Managing Director – Global Hospital Group, India

Dr. G. Raja Sekhar, Head of Organization, Global Health City Chennai
• Excellence of Nursing is measured in terms of quality of nursing care that is appropriately delivered at the right time and it is a continuum that enables one to compete with self (person/department/directorate) and propel forward.

• Nursing care excellence is achieved by fine balancing cost, quality & safety with Leadership and Empowerment.
MEASURABLE OBJECTIVES OF NURSING DIRECTORATE

1. Increase patients’ & RNs’ satisfaction
2. Reduce ALOS (Average Length Of Stay)
3. Increase patient turnover rate
4. Lean waste and maximize resource utilization
5. Retain and develop nurses at all levels
6. Develop ethical and error prevention culture
7. Empower Nursing and develop Leadership
8. Build Image and popularity (Branding) for hospital and profession
9. Build new knowledge / innovations through projects and researches
10. Establish Global recognition through International collaboration and Memorandum of Understandings with Institutions of Repute.
NANE (National Accreditation for Nursing Excellence) - Conceptualization similar to Magnet Status

“Reshaping Nursing Profession in Indian Hospitals,” on January 6<sup>th</sup>, 2011

Representation from **Quality Council of India**, National Accreditation Board for Hospitals and Health care Providers, **Global Group of Hospitals**, State Nursing Council & 11 Nursing Leaders across India
First Nursing core committee Meeting – Jan 6, 2011 National conference on “Reshaping Nursing Profession in Indian Hospitals”

First draft for NANE Jan 4 2011 – Feb 18 2011 and submitted to Quality Council of India on Feb 19 2011

Second, third Nursing core committee meeting - NABH Head office 2013 to build standards at Quality Council of India

Fourth core committee meeting - Feb 2014, Launched as standards by NABH.

First plan of Implementation (POI) is tentatively planned on October 2014
A framework was conceptualized at GHC, applied and evaluated over the past 3 years incorporating Nursing, Medical and Operational excellence (TRIO concepts of HCO) to improve clinical outcome, patient safety and satisfaction of both patient and staff with a fine balance between cost, quality and safety.
INPUT, THROUGHPUT, OUTPUT

INPUT
- Structural Empowerment
- Transformational Leadership
- Vision, Mission and Objectives
- Philosophy & service excellence goal

THROUGHPUT
- Clinical Excellence
- Continuous Quality Improvement
- Preventive and Proactive Approach
- Evidence Based Practice
- Error Prevention Ethical culture

OUTPUT
- Error reporting & reduction
- Patients satisfaction & RNs job satisfaction
- Nursing care standardization
- Care, Quality & Safety
1. Identify standards of nursing care excellence set by accreditation body

2. Explore Gaps by matching existing practice with identified standards

3. Categorize gaps, identify relevant measures and metrics

4. Refine SOP’s / policies Identifying strategies to fill gaps & Prepare quality task force

5. Monitor Quality Indicators / Conduct CQI, Nursing Care & Multidisciplinary Clinical audits

6. Raise the Bar of Quality indicator to reach higher level of Excellence

7. Benchmark care excellence
NURSING CARE EXCELLENCE CONTINUUM (INITIAL TO HIGHER LEVEL)

**Clinical Excellence**
- Categorize gaps, identify relevant measures and metrics
- Explore Gaps by matching existing practice with identified standards
- Identify standards of nursing care excellence set by accreditation body

**Continuous Quality Improvement**
- Refine SOP’s/policies identifying strategies to fill gaps & Prepare quality task force
- Monitor Quality Indicators/Conduct CQI, Nursing Care & Multidisciplinary Clinical audits.

**Preventive and Proactive Approach**
- Nursing Care Excellence
- Nursing Administrators
- Nursing Middle Managers
- Nurses

**Evidence Based Practice**
- Transform
- Motivate
- Facilitate
- Evaluate
- Support
- Decide
- Direct
- Lead
- Update
- Comply
- Sustain
- Perform
- Delegate
- Innovate
- Participate
- Self assess

**Error Prevention Ethical Culture**
- Benchmark care excellence
- Raise the Bar of Quality indicator to reach higher level of Excellence

**Philosophy & Service excellence goal**
- Vision, Mission and Objectives
- Transformational Leadership
- Structural Empowerment

**GHC’s Framework on Accreditation Preparedness – Key to Nursing Excellence**

Author: Dr. Prof. Jothi Clara J Micheal, Group Director - Nursing, Global Hospitals Group, India
### Evolution of Nursing Quality Indicators

<table>
<thead>
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<th>Year</th>
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<td>GHC 2014</td>
<td>65 Nursing Quality Indicators</td>
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<tr>
<td>NABH 2014</td>
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<td>GHC 2013</td>
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<tr>
<td>NABH 2011</td>
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After reinforcement of Richard Morgan’s Early Warning Scoring system among RNs there was a rapid decline in Code blue occurrence after 2012.

Fig 2: Frequency distribution of Nursing Quality indicators at GHC, JAN(2010)-AUG(2014)
From 2012 there was 100% compliance to medication chart checking by MOM & Clinical Pharmacist.

Fig 3: Percentage Distribution of Nursing Quality indicators at GHC, JAN(2011)-AUG(2014)
After training and education of Nursing Bundle Care for VAP, CLABSI, CAUTI, SSI among the RN’s showed a drastic decrease in HIC indicators.

**Fig 4: Percentage distribution of HIC Quality indicators at GHC, JAN(2010)-AUG(2014)**
After improving the empowerment among nurses, resulted in improvement in implementing patient safety goals.

Fig 5: Percentage distribution of Self reporting, Error capturing & Nursing Empowerment among RNs at GHC, JAN(2011)-AUG(2014)
Fig 6: Percentage distribution of RNs Satisfaction & Patient’s Nursing Care Satisfaction at GHC, JAN(2012)-MAY(2014).

Application of king’s goal attainment theory enhanced mutual goal setting, communication and satisfaction

<table>
<thead>
<tr>
<th>Year</th>
<th>Job Satisfaction</th>
<th>Patient Satisfaction</th>
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<tr>
<td>2012</td>
<td>44</td>
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<td>2014</td>
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OUTCOMES -6

- DVT
- VAP
- Extravasation
- IV contrast

Clinical Audit

- Intake & Output Audit
- IV Line compliance audit
- Fall risk awareness audit
- Hand washing compliance Audit

Nursing care Audits

QIP

- PRE
- VAP
- NCP
- Job Satisfaction etc

Hospital Committee Membership

- Mortality & Morbidity Committee
- Pharmacy, OT, HIC, Grievence handling Committee
- Patient Safety Committee
ASSESSMENT SUMMARY:
The renewal assessment of Global Hospitals and Health City, Chennai was done by a team comprising of Dr Prashant Kelkar, Col Binu Sharma, Mr Rajeev Chourey and Ms Bobby R. The assessment was done using document review, interview of patients, their families and staff, review of medical records and onsite inspection using appropriate sample size as well as interviews with top management, committee members and clinical consultants. The schedule as mentioned in HAF 1 was followed. Mock drills for fire, cardio-pulmonary resuscitation and child abduction were conducted.

The Hospital is a multi-speciality tertiary care hospital with a focus on liver transplant surgeries. The HCO has expanded its scope of services to include radiation oncology and the same has been verified by the assessment team. The commitment of different categories of staff is worthy of appreciation. The hospital has evolved several innovative practices such as cross sectional nursing care audits, development of neuro-ICU monitoring sheet etc. The hospital is engaging in several Quality Improvement projects.

**Strengths:**
The ICUs, cath lab, trauma care in the ER, infection control initiatives, audiology, rehabilitation workshop, biomedical engineering, inventory management in Cath lab & OT, are areas where NABH standards are found to be well met and worthy of appreciation. The nursing leadership is highly dynamic and has taken several initiatives to improve the quality of nursing care.
Replication of the application and evaluation of GHC’s Framework on Accreditation preparedness - A key is on progress in other group hospitals at Bangalore, Hyderabad and Mumbai
REFERENCE:

4. Jothi Clara (2011), Report on Magnet status at Indian Hospitals, Nursing Journal of India, Volume. CII No. 9, September, 212