Building a Culture of Safety: Aligning Innovative Leadership Rounding and Staff Driven Hourly Rounding Strategies

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Objectives

• Describe expectations and processes used by leaders and managers to build a culture of safety and accountability

• Describe strategies and lessons learned by leaders in the culture of safety building process
Building a Culture of Safety: Implementing a New Leadership Rounding Model

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Riddle Hospital, Media, PA
Main Line Health System
Objectives

• Describe the Culture of Safety program and the metrics used to measure success

• Describe how the leadership rounding program has evolved into a robust, transparent and partnership model.
Why is “leader rounding” so important to patient and staff safety?
Building a Culture of Safety

- Main Line Health System (MLHS)
- 5 hospital-system in Pennsylvania
- Dissatisfied with its quality and safety outcomes
- In 2009, began a *culture of safety* journey
Safety is our Main Line

Our *mission* at Main Line Health is to provide a superior patient experience.

Our *goal* at Main Line Health is to be well ahead in patient safety by eliminating preventable harm.

2013 Target: Reduce serious safety event rate by 50%
Strategy for Building a Strong Culture
What Leaders Do

Set Expectations
Educate & Build Skill
Reinforce & Build Accountability

MIND THE GAP

An accountability system to convert behaviors to work habits
Rounding to Embed a Culture of Safety

Alignment

Structure/Process

Engaged Leaders

Accountability

Communication
Engaged Leaders
Make Safety a Core Value

• Submit safety start every meeting with a safety topic or stories
• Recognize & support people who “stop the line for safety”
• Encourage transparency in sharing safety events
• Recognize reporting of safety events
• Embed safety in hiring
**Structures and Processes**

- **Start every meeting with a safety topic or story**
  - Tell a story about a safety event
  - Share a success story
  - Show the most recent SSER chart
  - Identify days since the last Serious Safety Event
  - Reinforce an Error Prevention Tool

- **Recognize & support people who ask the safety question or “stop the line for safety”**
  - Support staff who took the risk to “speak up for safety” – even if it turned out to be wrong
  - Recognize an employee who went the extra mile to keep a patient or co-worker safe
  - Coach on ways to effectively “stop the line”

- **Create transparency by sharing safety events**
  - Share lessons learned from safety events available on MLH intranet site [http://intranet/patsafety/](http://intranet/patsafety/)
  - Encourage staff to “tell their own Lessons learned”
Structures and Processes

Embed safety behaviors in hiring and performance reviews

- Incorporate the five Main Line Health Safety Behaviors into interview questions
- Ask the prospective employee how they have used the tools in the past (behavioral interviewing)
- Coach and document staff use of safety behaviors and error prevention tools

Encourage and reward reporting of safety events – eliminate fear of reporting

- Encourage reporting of near misses
- Celebrate staff who have self reported events
Power Distance & Authority Gradient

**Power Distance** is the extent to which the less powerful expect and accept that power is distributed unequally.

**Authority gradient** is the perception of power and authority as perceived by the subordinate.
Power Distance & Authority Gradient

Members of a team are more likely to question decisions made and to speak up for safety when the power gradient is minimized.

Minimize the Authority Gradient
Alignment

The MLH Daily Safety Huddle
A Strategy for Finding & Fixing Problems

• Each Campus will conduct a 15 minute facility based Safety Huddle every weekday between 9:30-10:00 am

• Agenda:
  - Safety (patient or associate) concerns from the previous 24 hours
  - Safety concerns for the next 24 hours
  - Recent sentinel/serious safety events
  - Other items to consider
    • Days since last serious Safety Event
    • Days since last employee injury
    • Safety Success Stories
Communication
SBAR Briefing Format

*When you need to communicate about a problem or issue that needs resolution…*

**Situation**
- Who you’re calling about, the immediate problem, your concerns

**Background**
- Review of the pertinent information: environment, procedures, patient condition, employee status, etc

**Assessment**
- Your view of the situation: “*I think the problem is…*” or “*I’m not sure what the problem is*”
- Urgency of action: “*the situation is deteriorating rapidly – we need to do something*”

**Recommendation**
- Your suggestion to or request of the other person
# Riddle Hospital Senior Leading Rounding

**Scribe:** ____________________________

**DATE** | **UNIT:** | **UNIT:**
---|---|---
Senior Leadership | **EMPLOYEE NAME(s):** Safety Coach: | **EMPLOYEE NAME(s):** Safety Coach: 

1. **What's working well?**

2. **Can you share any success stories related to your unit?** Who? What/Why? T.Y. Card Sent?

3. **Is there anyone that I should recognize for doing great work?** Are there any physicians or other departments that I should recognize? Who? What/Why? T.Y. Card Sent?

4. **How comfortable are you raising a concern related to patient safety?**

5. **Can I count on you moving forward to always speak up for safety and to share your great stories and catches so we know of them and can recognize you for them?**
6. Is there anything that I can help you with right now?

7. What were you most impressed with during your visit?
   Example:

8. What needs additional attention?
   Example:

9. Staff issues/concerns that require follow up?
   Issue:

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Error Prevention Tools:

<table>
<thead>
<tr>
<th>Attention to detail</th>
<th>• Self-checking using STAR: Stop Think Act Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate clearly</td>
<td>• Three-way repeat back and read back</td>
</tr>
<tr>
<td></td>
<td>• Phonetic and numeric clarifications</td>
</tr>
<tr>
<td></td>
<td>• Clarifying questions</td>
</tr>
<tr>
<td>Handoff effectively</td>
<td>• Use SBAR to handoff: Situation Background Assessment Recommendation</td>
</tr>
<tr>
<td>Speak up for safety</td>
<td>• Question and confirm</td>
</tr>
<tr>
<td></td>
<td>• Use ARCC: Ask a question; Make a Request; Voice a Concern; Chain of command</td>
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<tr>
<td></td>
<td>• Stop the line</td>
</tr>
<tr>
<td></td>
<td>• Crucial Conversations</td>
</tr>
<tr>
<td>Got your back!</td>
<td>• Peer checking and peer coaching</td>
</tr>
</tbody>
</table>
Next Steps
Building a Culture of Safety: Nurse Managers as Drivers of Safety and Quality

Eileen Phillips, MSN, RN NE-BC
Riddle Hospital, Media, PA
Main Line Health System
Directors and Nurse Managers
Building a Culture of Safety

Objectives

• Describe expectations and processes used by nurse managers
• Describe strategies and lessons learned by nurse managers
Engaged Leaders

- Fundamental belief that rounding was key to embedding the culture of safety
- Director of Nursing and several Nurse Managers attended Studer conferences
- Department of Nursing identified that leader rounding was the key factor in embedding the culture of safety with staff
  - Find and fix problems, build relationships with staff, and identify barriers that prevent them from providing safe care
Next….we learned about the Structure of rounding

• Outside consultant emphasized the value of rounding

• During the visit the consultant recognized the progress by rounding with the Nurse Managers

• Provided tips to successful rounding

• Acknowledged challenges to accomplishing daily rounding

• Provided individual feedback to managers based on rounding sessions
Structure and Processes

- Worked with Nurse Managers to develop a rounding log using ideas from leading practice models
- Asked managers to clear their schedules to allow time for rounding
- Asked managers to use the rounding log and turn them in for review
Nurse Manager Leader Rounding - New Admission

Unit: __________________________
Leader: _________________________

DATE: ____________________________
* Use back of sheet for comments or follow-up
* Document staff coaching and follow-up on reverse

<table>
<thead>
<tr>
<th>Morse Score =</th>
<th>Bed Alarm (&gt;45)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOC Check</td>
<td>White Board</td>
</tr>
<tr>
<td>POC sheets</td>
<td>Bed Linen</td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
</tr>
</tbody>
</table>

**STEPS** Answer **Y (Yes)** or **N (No)** or **NA** to the following questions:

**A. COMMUNICATION:** 1. listening carefully to you? 2. Are you getting answers to any questions you may have? 3. Are you getting explanations that you understand?

**B. QUIETNESS and CLEANLINESS:** 1. Goal to provide quiet, restful, healing environment by reducing noise at night, 2. Assess for noise level.

**C. RESPONSIVENESS OF STAFF:** 1. what happens when you place the call bell on?

**D. PAIN MANAGEMENT:** Pain level? Well controlled?

**E. MEDICATION EDUCATION:** 1. Has your nurse discussed your medications and side effects with you? 2. Have you received a handout regarding your medication side effects?

**F. DISCHARGE INFORMATION:** 1. Is there any specific information that you would like to receive to better care for yourself after discharge?

**Wins Captured / Rewards & Recognition Opportunities:** Is there any staff member that I should recognize for providing exceptional care to you?

**CLOSING:** Thank you for your time and feedback. It was a pleasure to meet you. Please contact me if there is anything I can do to make your stay more comfortable. (Provide business card/welcome letter before leaving)
Structure and Processes

• Regular updates at Manager meetings
  – How was rounding going?
  – What were they learning from patients and staff?
  – Could staff identify more of the safety behaviors and tools?

• THEMES: Too many meetings and interruptions and not enough time to round.
Accountability

- Rounding logs were being turned in at varying rates by both Managers and Coordinators
- Excuses/challenges continued to be voiced
- Continued to encourage them to round and they validated they understood the importance
- Recognized some were accomplishing more rounding than others, so I made a score card and when I handed it out, they were not pleased, and the excuses continued.
So... our outside consultant came back to check on our progress.

- And it was not pretty...... again she listened and then she told us.
- NO MORE EXCUSES, it was time to step it up and get it done!
- “When you do what you always did, you will get what you always got.”
- Lack of accountability for rounding caused us to not make progress on embedding our safety behaviors.
- Did not appear to be the highest priority
- Provided direct feedback to me “that I was responsible for not holding the Managers accountable.”

Accountability
Communication

• Started with communication with hospital and nursing staff
  – Badge Buddies
  – Consistent rounding and quizzing on the behaviors and tools
  – Creation of safety coaches and an embedding team
  – Twice a day unit safety huddles
  – Safety Fairs with prizes for correct answers
  – Ice cream socials with toppings for correct answers
  – Screen savers
Alignment
Superior Patient Experience

• Rounding for safety aligned with providing a superior patient experience

• Safety stories – at every meeting

• Number of days since…last fall, last VAP, last Serious Safety event were reported daily in our hospital safety huddle

• Staff were beginning to readily Speak up for Safety by reporting problems with equipment, computer connectivity issues, difficult interactions with physicians, concerns with staffing.

• Staff able to identify that their safety concerns were valued and immediately brought by the manager Daily Hospital Safety Huddle.
Recognition for Embedded Behaviors

- Recognition of outcomes was started
- Safety stories reported more frequently by staff
- Safety stories are submitted to Quality and a monthly Great Catch is chosen and then recognized at the Leadership meeting
- Began to write letters of recognition to staff recognized in daily logs by patients
Engaged Leaders
The Value of Rounding by Engaged Leaders

• Senior System Leaders
• Hospital Leaders
• Directors
• Nurse Managers
• Coordinators
• Now it was time to see the impact the staff could make by Hourly Rounding
Outcomes

• Increase of trust and two way communication

• Increase of knowledge and application of the Culture of Safety behaviors and tools

• Reduced fall rates

• Increased patient satisfaction in Nursing Communication, Pain Management and Responsiveness
Rounding to Embed the Culture of Safety Requires

• Engaged leaders at every level
• Structure, processes, and alignment throughout the organization
• Accountable to the rounding process
• Two way open and honest communication
Building a Culture of Safety: Fostering a Staff Driven Model of Safety and Engagement

Marge Rosso, MSN, RN, OCN, ONC, RN-BC
Riddle Hospital, Media, PA
Main Line Health System
Objectives

• Explore leadership methods that promote the application of the professional practice model to implement a staff driven evidence based hourly rounding pilot that drive patient safety and quality outcomes.

• Discuss practical and innovative methods used for initiating and sustaining measurable outcomes and engagement in the process.
Goal: To Re-establish Hourly Rounding at the Bedside as a Core Safety Behavior.

The Evidence has shown us that Hourly Rounding:

- Reduces call bells for increased nurse efficiency and satisfaction
- Reduces patient falls
- Reduces skin breakdown
- Gives RNs and PCT’s more time for patient care tasks
- Improves Patient’s perception of their care
- Improves patient satisfaction and HCAHPS scores
The nursing profession has often been viewed as the target of change rather than a force that proposes, leads and implements change.

Healthcare is now at the point that nurses and other professionals must know how to recognize and implement patient safety and quality improvements.
Creating Engagement in the Change Process – Key Points

• Change in practice always creates emotional responses in employees

• Planning change in an open, structured way aids communication and staff participation

• Natural resistances to change must be addressed to be able to progress

• Involving everyone in the process from the start enables resistances to be examined and constructively addressed

• Change is only sustainable if everyone involved psychologically owns the new ways of working
Engaged Unit Leadership

Unit Council

- **Nursing Shared Decision Making**

- The **unit council** is the recognized unit based decision making structure within the Shared Decision Making model for Nursing at the Main Line Health system.

- It provides the “voice for nursing” at the unit level.

- Members represent all nursing staff in their decision making process.

- Unit council members work in partnership with the Nurse Manager, Clinical Nurse Educator and others, to identify unit goals, priorities and improve the work environment and patient care outcomes.
Unit Council Structure

- **Unit Council Chair**
  - **Unit Council Co-Chair**
  - **Day Shift RN Representative**
  - **PCT Representative**
  - **Unit Secretary Representative**
  - **Night Shift RN Representative**
  - **Weekend RN Representative**
Starting Point – Engage Unit Council

Leader establishes the case for change – Creates a sense of immediacy.

**Brainstorming** - Flip Chart Exercise:

- What “**IS**” Hourly Rounding?? Why is it important??
- What **should** Hourly Rounding look like when it’s done correctly? (5 Star Performance).
- What **behaviors** do you see happening **CURRENTLY** with Hourly Rounding?? What’s going well and how can we **improve**?
- **What do you think** needs to happen to get to a 5 Star Performance?
- **What are the barriers** to success?
Structure and Processes
Unit Council Implementation Plan

- Develop Staff Education

- Guiding Principles - to help us work better as a team while improving patient safety and satisfaction.

- Gain Peer buy-in of Hourly Rounding
  - Present the Evidence
  - The Payoff – What’s in it for me… Work Smarter – Not Harder.
Structure and Processes

The What:

• Hourly Rounds - What you **DO**
  – A systematic hourly interaction with patients with specific patient-centered goals to ensure patients’ needs are assessed and addressed every hour in person by either Nurse or PCT
  – Every two hours at night (10pm to 6am)

• Narrate Your Care – What you **SAY**
  – The method used by Nurses and PCT’s during Hourly Rounds and all interactions with patients to help patients understand what we are doing and why we are doing it
Structure and Processes

The How and Why: Narrating the 5 “P’s”

• Communication framework that creates a consistent message to reduce patient anxiety and promote patient centered care:
  • PAIN
  • POTTY
  • POSITION
  • PLACEMENT
  • PLEASING
Communicating the Changes in Practice:

- Unit Council meeting minutes
- Unit Council Communication Tree
- Staff Meetings
- E-mail updates
- Safety Huddles
- Peer to Peer communication
- Change of Shift Bedside report
The unit council was presented with the challenge of establishing a mechanism to assure consistent hourly rounding practice.

Unit Council created a magnet to be used on the 5 P's section of our white boards.

Peer to Peer Accountability

Mandatory “Crucial Conversations” training for all staff
# Accountability

## Rounding Magnet

<table>
<thead>
<tr>
<th>Date:</th>
<th>Nurse:</th>
<th>Tech:</th>
<th>Housekeeper:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist of</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### 5P's Performed:
- Glasses: Y | N
- Dentures: Y | N
- Hearing: Y |

Nurse Manager: Marga Rosso

```
Please Call...
```

```
Today's Plan of Care
```

**Riddle Hospital**

Main Line Health

Well ahead.
# Accountability

## Hourly Rounding Competency

- Hourly rounding competency tool utilized.
- Unit Council performed train the trainer for peer-to-peer observations.
- Three (3) peer to peer observations plus final manager/coordinator sign off for competency completion.

### HOURLY ROUNDELING COMPETENCY CHECKLIST

<table>
<thead>
<tr>
<th>DATE</th>
<th>EMPLOYEE NAME</th>
<th>UNIT</th>
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**Directions:** Practices the steps to successful hourly rounding.

Even have a unit-based hourly rounding champion, coordinator, or manager observe and validate your competency. Hourly rounding must be performed to maintain satisfactory performance.

**Competency validation initial each shift and sign the bottom of the form.**

### STEPS TO SUCCESSFUL HOURLY ROUNDELING:

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>COMMENTS</th>
</tr>
</thead>
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</table>

**INTRODUCTIONS**

- *Please use correct form of greeting - ask permission*
- *Manage to yourself but not to your contact*
- *Use a good eye contact*

**EXPLAIN HOURLY ROUNDELING ON ADMISSION (if the stage is)**

- *Explain the process officially (knowledge, benefits, goals, etc.)*
- *Use by words such as “sincerely,” “respectfully,” “thank you,” etc.*
- *Always introduce yourself (name, title, telephone, etc.)*

**UPDATE WHITE BOARD (at shift change - before round-off)**

- *Place name checkboard*
- *Update the exam, care plan, goals, activity, etc. on board*

**ADDRESS 1 - F (PAIN, ANXIETY, COMFORT)**

- *How is patient’s pain?*
- *Do you have to go to the bathroom?*
- *Are you comfortable? No specific problem?*

**ADDRESS 2 (V) (Movement/Positioning/Activity)**

- *Move with a bath, toilet, chair, bed, walk, sit, or “other “*
- *Sleep, positioning, back, side*
- *Clean up clothes, time, and window (10 minute limit day)*
- *Stabilize the face, sit, or position (same)*

**PERFORM SCHEDULED TASKS (NURSE’S CARE)**

- *Communication with the patient and your staff*
- *Complete the proper medications, procedures, etc.*
- *Complete a task based as an issue (转移 the patient, bed, chair, etc.)*
- *Administer the patient’s medication (as ordered)*
- *Nurse care - perform tasks such as bath, feeding, medication, skin, etc.*
- *Perform routine tasks such as feeding, dressing, grooming, etc.*

**ADDRESS 3 (H) (Close the patient’s PLEASING)**

- *“Close with a smile, please take care of your patients”*
- *“If the patient is not having any problems, please don’t worry about them”*
- *Offer to help the patient to reduce stress (as appropriate)*
- *Sign completion of the work by putting the name and the date*

**Validator:**

**Validator:**

7/11/05 13
Accountability
Establish Accountability thru
Shared Team Goals:

Metrics for Success:

- Fall Rate
- Skin Breakdown
- HCAHPS – Nurse Communication
- HCAHPS – Staff Responsiveness
- HCAHPS – Pain Management

- Drives shared accountability and teamwork.
- Set expectations using SMART goals.
  - Specific
  - Measurable
  - Attainable
  - Realistic
  - Timely
- Adds focus and drive to daily work.
- Tied to overall annual merit compensation program.
Accountability
Nurse Manager Rounding on Patients

• Opportunity for the manager to assess staff performance with hourly rounding, coach, hardwire, and capture wins obtained from patient feedback.

• Opportunity to establish expectations for the stay.
# Accountability Manager Patient Rounding Log

## Nurse Manager - Patient Rounding

<table>
<thead>
<tr>
<th>KELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient = N</td>
</tr>
<tr>
<td>Existing Patient = E</td>
</tr>
<tr>
<td>Meets Standard = ( ✓ )</td>
</tr>
<tr>
<td>Does Not Meet Standard/Coach = C</td>
</tr>
</tbody>
</table>

| DATE: ______________ |

| Room Visited: New or Existing Patient |

| QUESTIONS: |
| ID Band Check (Name & DOB) |
| Perception of Care Received |
| Explanations of Plan of Care |
| Responsiveness/Help Quickly if Needed |
| Pain Management |
| Medication Education |
| Sleep/Rest/Noise |

| OBSERVATIONS: |
| Morse Score |
| Bed/Chair Alarm/HFR activated (>45) |
| Patient Clean and Comfortable |
| Call Bell/Equipment in Reach |
| Room and Bathroom Condition |
| White Board Completed |
| POC Sheets distributed |
| Admission/Red Folder distributed |

| Issues/Concerns/Coaching Opportunities: |

| Wins/Staff Recognized/Remember to Thank/Reason: |

| Common Themes Identified Today: |
Alignment
Welcome Letter to Set Patient Expectations

Welcome Letter given to all new patients by nurse manager that reinforces the expectations for hourly rounding, and providing a safe care environment for every patient, every shift, every day.

Welcome to Riddle Hospital - 4 South

At Riddle Hospital, our goal is to:
Always very good care to every patient.
Every caregiver, every day.

An important part of always providing you with very good care is hourly rounding. You will be visited by one of your caregivers every hour and after 5 PM, every two hours. If you are sleeping, we will do our best to quietly check in on you and not disturb your rest.

During this time, we will be:
- Checking on you and your well-being
- Monitoring your comfort and pain
- Helping you move and change position
- Assisting with trips to the bathroom

Your caregivers also will make sure that you have easy access to these:
- Telephone
- Bedside table
- Water or other beverages
- Glasses
- Call light for assistance
- Urinal and/or bedpan
- Wastebasket

What does this mean to you, your family and visitors?

It means that we are anticipating your personal needs and monitoring your well-being on an active, hourly basis so that you, your family and visitors can focus on your recovery.

You may receive a survey in the mail after you go home. We hope that you will take the time to give us your feedback to recognize our staff and know how to improve.

If at anytime during your stay you have any questions or concerns, please do not hesitate to call us immediately so we can address them:

Nurse Manager - 4 South
Riddle Hospital - Main Line Health System
Phone: (484) 232-1377
Email: nurse@riddlehs.org

Toni Osga, RN, BSN, ONC RN
Administrative Coordinator - 4 South
Riddle Hospital - Main Line Health System
Phone: (484) 232-1461
Email: topk@riddlehs.org

Safety is our goal
In Always Delivering Excellent Care
Thank you for allowing us to be part of your healthcare team.
Outcomes: Clinical Care

Clinical Care Metrics
Period 6/30/12-6/30/13

- Fall Rate
- Skin Breakdown

Indicator

Incidence

2012  |  2013
---|---
Fall Rate | 3 | 2
Skin Breakdown | 5 | 4
Outcomes: Patient Perception

Patient Perception Metrics
Period 6/30/2012-6/30/2013

- Nurse Communication
- Pain Management
- Staff Responsiveness

Percentile Change

2012

2013
Our Symbol of Teamwork and Shared Success
Questions
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