Improving Care:

EMPOWERING STAFF TO DRIVE QUALITY INITIATIVES

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Improving Care / Empowering Staff to Drive Quality Initiatives

Empowering front-line clinicians to drive quality initiatives requires a combination of leadership support, structured processes and a culture of continuous improvement.

In this executive dialogue, nurse leaders share strategies to strengthen nurse engagement in quality improvement and improve patient care. Their recommendations highlight the importance of equipping staff with the tools, education and support needed to actively participate in quality efforts. By fostering collaboration, encouraging accountability and sustaining professional growth, nurse executives emphasize empowering front-line clinicians drives better outcomes across the organization.

KEY TAKEAWAYS

1. It's essential to empower front-line staff. Real progress happens where care is delivered. Front-line providers bring critical insights when they are trusted as experts and are given ownership of quality work.
2. Data must be clear and meaningful for all clinicians. Don't assume that nursing leaders and front-line staff understand the data and are able to take actionable steps based on the data presented. Education, visuals and storytelling can help make the data more accessible.
3. Focus on achievable goals. Sustainable improvement requires focus and teamwork. Incremental progress and early successes build trust and create momentum towards long-term objectives.
4. Time constraints remain a top barrier for nurse participation in quality initiatives. Leveraging technology, including artificial intelligence (AI), can enhance efficiencies and reduce workloads, allowing front-line staff to focus on direct care and quality improvement.
5. Culture and engagement are the foundations of success. Quality initiatives succeed when supported by a culture of trust and teamwork. This can be achieved through leadership visibility and creating psychologically safe environments.

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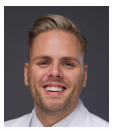

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MODERATOR *(Terese Thrall, American Organization for Nursing Leadership)*: **What are the key challenges you are facing in implementing quality programs within your organization?**

SUSAN FOWLER *(Orlando VA Medical Center)*: We have two significant challenges. First, many of our direct care nurses don't realize that they own the quality. Every staff nurse is an expert in quality — It's not just about having a master's degree or a Ph.D. The second challenge is time. Workload demands are high, and it is difficult for nurses to set aside time to work on quality projects.

ANGELA CARTER *(Vanderbilt Bedford Hospital)*: It's important to have real-time data. Too often, with nurse-sensitive indicators such as central line-associated blood stream infections (CLABSIs) and catheter-associated urinary tract infections, we learn about them only after nurse abstractions are completed and results are reported back to staff. To address this, we've created indicators that are more immediate, such as process measures or leading indicators. For example, with CLABSIs, we track whether chlorhexidine gluconate dressing is applied, when appropriate, and whether the insertion site is properly assessed. These real-time process measures help ensure we are doing the right things at the right time to reduce the risk of complications.

BRIDGET HEWITT *(Northern Dutchess Hospital)*: Our challenge is giving staff time to really participate in a project and see it through from start to finish and understand the why behind what we're doing. This is difficult because patient care must come first. When staff are engaged, they often have the best ideas and innovations, but carving out time to do that work isn't easy.

CARRIE FISHER *(Kaiser Permanente Moanalua Medical Center)*: One of our main focuses has been determining why our teams are not understanding bundle compliance or the purpose behind using the bundle. We've had to use very foundational bundles, so our teams gain insight into their use and importance. We're part of a larger system that dictates the top decile benchmarks. When a unit fails to meet those benchmarks, staff can feel set up for failure, especially when progress is tracked publicly on huddle boards. Staff see that they are not making progress towards their goal. As a result, we've adopted a strategy that focuses on small, incremental progress, allowing staff to see the small wins along the way.

Our goal is to reach the top decile benchmarks, but we're certainly not going to get there in the first year. Staff are engaged in these conversations through regular huddles with leadership, physicians, quality partners and infection preventionists. The whole team gathers together, rather than just the charge nurses. We all rally around our teams to create a stronger culture. We started with culture because, as we all know, culture trumps strategy every time. We can have amazing strategies, but if we don't have the culture and the foundation in place, we're not going to move forward. That's really the starting place for this.

> Our leaders emphasize shared governance, ownership and accountability from front-line staff.
>
> — Karla Schroeder, Emory Healthcare

MODERATOR: **How are you getting the front-line staff to get involved in the culture of continuous improvement?**

SHERI TESTANI *(Corewell Health Beaumont Grosse Pointe Hospital)*: Building a strong culture starts with leadership visibility which helps create a psychologically safe environment, meeting teams where they are, recognizing incremental progress and having our shared governance council own practice changes. Ownership is fostered by encouraging staff to develop and embrace ideas,

even when the direction is already established. We engage our informal leaders who are part of our professional nursing council to help us cultivate that environment and we aim for a one percent gain every day. That engagement is so vital to creating the culture we need to execute our long-term strategy.

Our approach extends beyond nursing to every point of contact within the organization. From valet parking to volunteer interactions, each encounter shapes the patient experience. We want to create an excellent experience.

HEWITT: To strengthen engagement, we created the Safety Champs program to recognize and empower informal leaders. It's been very successful this past year, supported by a strong partnership with the quality department. This structure has helped us implement initiatives that are often difficult to bring to the bedside, addressing key obstacles to change.

STEPHANIE JACKSON *(Sentara Obici Hospital)*: We've implemented several structural and process changes to improve outcomes. We start our day with a safety huddle. After that huddle, we share a summary of what we discussed. The update includes information such as patient falls, newly identified pressure injuries and other outcome measures. Leaders are expected to review the information with their teams.

In our nursing units, huddles typically occur twice a day. We make sure our leaders have the tools needed to share the information. Our nursing teams use Managing for Daily Improvement boards, located in every nursing unit, to guide change-of-shift huddles. The boards display the current state of patient-specific outcomes, including falls with injury, hospital-acquired pressure injuries and infections and other related metrics. The boards also include staffing data, such as turnover rates vacancies, and open positions to keep teams informed. Charge nurses review any updates during shift changes, and the boards remain assessable for all staff to review and discuss.

CHRIS WILSON *(NYC Health + Hospitals/Metropolitan)*: We recently implemented a new care delivery model. Every day our staff works through their MESS standards—Methods, Equipment, Supplies and Staffing—with a daily focus on one area identified by unit leaders. Some units are focusing on falls prevention, while others are focusing on eliminating central line infections. We asked the shared governance councils to determine what they want to see in the new care delivery model. That's been a helpful approach.

KARLA SCHROEDER *(Emory Healthcare)*: I work on the ambulatory side. We cover almost the entire state of Georgia, which adds complexity due to the scope of services we provide. Our leaders emphasize shared governance, ownership and accountability from front-line staff. Ambulatory services are heavily physician-driven, with medical assistants playing a significant role. Staff are encouraged to view themselves as experts in their areas.

> Simplifying the data presentation can help staff see whether improvements are happening.
>
> — Bridget Hewitt, Northern Duchess Hospital

We want to ensure psychological safety to build engagement in quality improvement initiatives and to ensure everyone understands the purpose behind them. Right now, we're focusing on hypertension and diabetes management in the communities we serve. We are working to educate the community about the importance of early intervention to prevent organ damage and improve long-term outcomes.

CARTER: Psychological safety is so important because care occurs at the front line. We use safety reports to track incidents, gain an understanding of why they occurred and identify ways to prevent them in the future. We work through our shared governance, giving staff accountability and the ability to elevate quality initiatives. Huddle boards display data to help staff understand the rationale behind the changes. Our front-line staff come up with some really great ideas and help sustain improvements.

FOWLER: One way we empower our staff is by sharing best practices and supporting them in those best practices through conferences, poster presentations and publications. That fuels the momentum to keep the quality initiatives going.

SCHROEDER: If our medical assistants, for example, lead a quality improvement project, we have them participate in grand rounds which creates a competitive element. Everybody loves a great competition. The recognition of which unit is on the top this week or this month actually helps the culture. It creates a culture of ongoing quality improvement, and staff are really geared up about the work that they're doing. They feel good about it.

MODERATOR: How are you using data to create those for the quality initiatives and what metrics are you tracking?

TESTANI: At Corewell Health, data drives all improvement efforts. We leverage data from the Centers for Medicare & Medicaid Services and the Leapfrog Group, among other valuable sources. Internally, we track Measures that Matter, which are categorized into quality, safety and patient experience. These metrics guide improvement initiatives. Corewell Health operates in three regions—south, east and west—and initiatives may focus on a region, a specific hospital or an individual unit. We let the data drive quality improvement and we utilize tools such as the daily check-ins, the Managing for Daily Improvement boards to communicate with our teams to drive better performance.

FISHER: We use many of the same metrics and platforms, but we discovered that our teams don't really understand the data. Just showing numbers on a board and speaking to them wasn't effective, so we have our managers do presentations about it. And then we took a different approach to align with the Hawaiian culture, where we call our patients "auntie" and "uncle." We also use storytelling to connect the patients with the outcomes. Why did this uncle fall? This helps build a deeper understanding of the data and it's helping us improve our outcomes.

FOWLER: We have a dedicated performance improvment nurse who works with the quality department. Our dashboards do show numbers, but we also share a visual of arrows pointing up or down. It's user-friendly and any staff nurse or nursing assistant can interpret it.

HEWITT: We try to be careful not to create analysis paralysis. You can have so much data that you don't even know what to do with it, and you get caught looking at that instead of focusing on meaningful actions. Simplifying the data presentation can help staff see whether improvements are happening.

WILSON: Many of our nurse managers also struggle with interpreting the data and leveraging it to drive change. We focused on that first. Another thing we did was open our quality academy to front-line nurses. It was originally available only to director-level staff and higher. Now, front-line nurses can partner with a physician or another nurse leader and drive a qual-

> …if we keep in mind that the work is humans taking care of humans, and we all keep trying to do the right thing, we're going to see progress.
>
> — Angela Newman, Medline Industries

ity initiative within their unit or service line. This has resulted in some incredible quality projects.

When I came here three and a half years ago, we had a great quality department, but then we successfully established a nursing quality department. We have five nurses, including a senior director of nursing, who focus solely on quality. They're on the floor, they're in the huddle and they lead the Gemba walks. They are experts in quality, and staff turn to them and ask for help addressing challenges. Seeing a nurse they worked alongside for 20 years driving these changes resonates with staff.

MODERATOR: What about the nurse managers who were having trouble interpreting the data? How were their needs addressed?

WILSON: After I started in my role, we hosted a nurse leader bootcamp. Additionally, we hosted intensive nurse leader academies each month and really dug into outcomes data. We brought in quality experts who taught the nurse leaders. We gave them the tools and the training to understand the data and translate the data to the front-line staff. Our nurse leaders are now able to use this education to help our quality improvement efforts.

MODERATOR: How did you get upper management to commit to having all those nurse leaders absent from their posts for a day every month?

WILSON: When I came here, the focus was on fixing the nursing culture. We had good quality metrics, but we had a great deal of leadership turnover. I've been very fortunate to have a CEO and colleagues who trust me. Our outcomes speak for themselves. We recently received the Paths to Excellence designation with distinction. We're the first hospital in our system to receive that. As long as achievements like that keep happening, we'll have the support we need.

TESTANI: Our nurse quality councils follow a rigorous structure. Each month, representatives from unit councils, middle management, senior management and our professional nursing council chair from each hospital come together to share best practices. Information from these meetings is distributed through the unit-based councils. We also host quarterly nurse quality seminars. Not all of our bedside clinicians can attend, but many do. Every time that we host one, more and more nurses are attending together, which is working very well.

MODERATOR: What advice do you have for others embarking on quality initiatives?

SCHROEDER: Don't be afraid to fail fast because that's how we learn, and we keep moving.

FOWLER: Concentrate on the three "Fs," focus, family and fun. We can't address every single quality indicator, so it's essential to focus on what's important, whether it's falls or CLABSIs, on that unit. Also remember we are family. It takes a team to address quality. Finally, we need to celebrate the successes even if they are small. Stay focused, be a family and have some fun.

> Start with a phased road map to get the small, early wins because they matter.
>
> — Carrie Fisher, Kaiser Permanente Moanalua Center

WILSON: The most important element is having the right team. We've had to do some shuffling to build strong teams. You have to have teams with mutual respect and trust in each other before you can tackle anything. We couldn't move the needle on quality until we got people to speak to each other professionally and kindly. This was probably the most impactful change we made.

FISHER: Start with a phased road map for your teams to get the small, early wins because they matter. Standardize your tools and your workflows based on evidence as that reduces confusion and

promotes consistency. Real-time data paired with clinical conversations are important. If you don't have that, then at least have the clinical conversations and build on the data you have. Then, you should be able to focus on collaborative front-line engagement to create a strong culture. It's important to emphasize the human-to-human connection and remember that is truly our purpose and why we are all here. It starts at the top and goes all the way to our front line, and we have to all be aligned with that.

ANGELA NEWMAN *(Medline Industries)*: Quality improvement is never going to go away. But if we keep in mind that the work is humans taking care of humans, and we all keep trying to do the right thing, we're going to see progress.

The most important element is having the right team.

— Christopher Wilson, NYC Health + Hospitals/ Metropolitan

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