Chief Nursing Officer Leadership Team  
Monday, February 16, 2015  
9:30 a.m. – 11:30 a.m.  
Forbes Tower Boardroom 11029  
Dial-in Option: 1-888-744-8762; Access Code: 6472880#

9:00 a.m.  
• Call to order, announcements, agenda check  
  - Dr. Shapiro – March 30, 2015  
  - TMR Session – April 27, 2015  
  Holly Lorenz

PRESENTATIONS

9:05 a.m.  
• Quarterly Informatics UpdateSP  
  Marianne McConnell

9:20 a.m.  
• Moving the Needle on Culture and Safety at HamotSP  
  Jim Donnelly, Kristin Grande

OPERATIONAL ISSUES

9:35 a.m.  
• Care Coordination Business Unit Update  
  Lynn Wehrli, Group

10:20 a.m.  
• PSYCHCallSP  
  Cami Herisko

10:35 a.m.  
• Delirium UpdateSP  
  Dan Shearn

10:50 a.m.  
• Inpatient Suicide/Homicide Risk Assessment  
  Lynn Wehrli

STRATEGIC ISSUES

11:00 a.m.  
• Span of Control  
  Suzanne Brett

11:10 a.m.  
• Nursing Strategic Planning Retreat Update  
  Jill Larkin

11:20 a.m.  
• Nurses Week Ticket Allocation UpdateSP  
  Jill Larkin

SP - SharePoint

UPCOMING MEETING NOTICES

The UPMC Nursing Strategic Planning Retreat will take place on March 2, 2015 at Cumberland Woods Village.

The next CNO meeting will take place on March 13, 2015 from 9:30 am – 11:30 am in Forbes Tower Board Room 11029.
Culture of Safety Survey Debrief

James Donnelly and Kristin Grande
CNO Council Meeting
February 16, 2015
2012 Culture of Safety Survey
  - Hamot surveyed 42 units/domains
  - A total of 1471 paper surveys were completed
  - A goal of 80% compliance for each unit was set by Hamot
  - Achieved an overall compliance rate of 93%

2014 Culture of Safety Survey
  - Hamot surveyed 46 units/domains
  - A total of 1446 paper surveys were completed
  - A goal of 80% compliance for each unit was set by Hamot
  - Achieved an overall compliance rate of 89%
Safety, Quality and Regulatory Operations Committee (SQR Ops)

- COS results and debriefs roll up to SQR Ops Committee
  - Existing committee with already scheduled monthly meetings
  - 8 committee members in leadership roles, Chairperson CNO
  - Chose 3 elements of primary focus for all debriefs
    - Staffing,
    - Facility Handoffs and Transitions
    - Non punitive Response to Error
  - Created a roll out plan for organizational and specific unit results
  - Created specific unit based Powerpoints for structured discussion
  - Mandated utilization of the Culture Item Discussion Form
  - Held team members accountable to keep debriefs moving forward
  - Reviewed all unit debriefs in roundtable discussions
  - Provided feedback and support for difficult unit debriefs
  - Roll up the finalization of all unit “Action Items”
The Debrief Process

• 2 person assignment for each debrief - one narrator, one scribe
• Leaders were not assigned to debrief direct reports
• Supervisors/Directors were not allowed to attend debriefings
• Each unit had 2-3 debrief sessions lasting 1 hour to capture employees on all shifts
• Data driven debrief to reduce the interference of dominant personalities and political concerns
• The staff ranked the 3 focus areas (staffing, handoffs & transitions, and non-punitive response to error) in order of importance to them
• Just listen! Facilitate discussion and do not defend or explain
• Ask for specific examples and not generalities
• Understand why employees answered questions a certain way
• Seek staff input for solutions to create an “ideal unit”
Debrief Commentary

• Staffing:
  – Employees feel overworked and overwhelmed by the amount of work
    • “We don’t need to hire anyone else. You are all money hungry and want the overtime.”
    • “This culture of cutting corners and only focusing on costs is burning us out.”

• Handoffs and Transitions:
  – Delays occur when handoff communication does not occur
  – Poor coordination with other departments when multiple tests are ordered
    • “We could kill a patient if hand-off forms are not done or incomplete.”

• Non-punitive Response to Error:
  – Policies inconsistently enforced by management
  – Hierarchy among the medical staff
  – Management is reactive and not proactive
    • “You are just a bunch of monkeys that push buttons.”
### Action Plan

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### PARKING LOT ITEMS

- Manager's Signature__________________________
- SQR Ops Signature__________________________
- VP Signature______________________________

- Post unit debriefs, the debriefing team met with the Director / Supervisor plus their direct report to share specific qualitative data.
- The Director/Supervisor was charged to come up with 3 action items – one from each of the focus areas.
- A plan was created and each Director/Supervisor was given the directive to share the plan with their staff.
Example: Mother Baby Unit Debrief

- Facility Handoffs and Transitions
  - Mom’s drug histories are often not communicated to MBU
  - The handoff tool is not completed and important information is left off
  - The Lifewings HST Handoff Form is not used consistently
  - There is no consequence for not using the form – so why complete it?
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<td>Handoff Report from L&amp;D to MBU - Staff not receiving a complete report if Life Wings form is not being completed.</td>
<td>Life Wings Form created to ensure consistent handoff and staff have trialed and revised handoff form numerous times to ensure it is a working document. LifeWings team in WH currently working with staff to ensure a &quot;focused beside report&quot; in which each nurse is looking at the Life Wings report and not writing on another piece of paper during report time. Also have placed a signature line for both RN's giving and receiving report to ensure accountability and completion of the form.</td>
<td>Completed Life Wings handoff form and focused bedside report for each patient transferred to the MBU.</td>
<td>Jun-13</td>
<td>Life Wings Team/Nurse Managers and Clinicians will be responsible for reviewing forms and interviewing staff to ensure that goals are achieved by June 2013.</td>
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<td>Staffing/Patient Census- Staff would like the number of expected inductions and C-sections a day ahead of time so that we can ensure adequate staffing on the unit for the number of admissions expected.</td>
<td>L&amp;D staff/Secretary will provide that information via fax when they get the schedule for the next day</td>
<td>The schedule will be provided for the next day at least 12 hrs. in advance.</td>
<td>April 1, 2013.</td>
<td>Schedule for the next day is already being faxed from L&amp;D unit to MB unit and it is working well. Staffing is adequate.</td>
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<td>Staff Schedules- Staff would like work schedules out sooner than two weeks ahead of time.</td>
<td>Scheduling committee met with Nurse Director and dates for the entire year of 2013 discussed and sent out to staff with due dates for requests and the date the schedule would be posted to staff.</td>
<td>Staff schedule would be out to staff at least 3 to 4 weeks in advance.</td>
<td>Current</td>
<td>Schedules have been out consistently at least 3 to 4 weeks in advance with the addition of a clinician and scheduling committee.</td>
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Mother Baby Unit: Lifewings HST Handoff Form

Mother Patient Label

Allergies: ___________________ Gestational Age: _______ Blood Type: _____ PPH Risk: □ High □ Med. □ Low

Medical History: ________________________________________________________________

OB History: ________________________________________________________________

Social History: ________________________________________________________________ Marital Status: □ M □ S □ O

Drug Screen: □ Yes □ No Support People: ______________________________

Beta Strep Status: □ Negative □ Unknown □ Positive Treated: ________________

Membranes: A □ S □ Clear □ Mec □ NICU notified

Tracing: FHT's/CTX's ______ FSE □ IUPC Interventions

Delivery History: Date ______ Time ______ Labor Onset ________ 2nd Stage ______

Placenta: □ Vaginal - Lacerations ______ Fundal Height ______ Lochia _______

Anesthesia: □ Epidural □ Spinal □ Duramorph □ Local

Meds: ______________________________ Site ______________________________

Elimination: □ Void □ Foley

Red Flags: □ Yes - See Back □ No

Reporting RN: ______________________________ Receiving RN: ______________________________

Baby Patient Label

APGARS _________ Weight ____________

BG _________ Lab _________ Time _________ Hypoglycemia protocol initiated

□ Admission meds given: DR □ Yes □ No □ Transition nursery □ Yes □ No

Parent refused

□ ID photo taken □ ID bands on: □ mother □ infant □ infant security band on

UPMC Hamot
Mother Baby Unit COS Results 2012 vs. 2014

- Facility Handoffs and Transitions
  - Things fall between the cracks when transferring patients from one unit to another.
    - 2012: 30%
    - 2014: 50%
  - Problems often occur in the exchange of information across units in this facility.
    - 2012: 40%
    - 2014: 46%
Example: Intensive Care Unit - Debrief

• Staffing
  – Staff are burned out and feel like no one cares
  – Nurses are being set up to fail
  – Staff cannot do their best and feel like they are neglecting aspects of safe patient care

• Nonpunitive Response to Error:
  – Nurses hear about their mistakes but are never thanked for doing a good job
  – Nurses are blamed or put in the middle of physician behavior
  – Not all staff are treated equally
  – Staff do not like “T-Cell” file maintained by the manager
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<td>Staffing, Three patient assignments, No lunch breaks. Work Life Balance</td>
<td>Continue to increase number of RN's in the Units. Three patient assignments limited to transfer patients. Improve Lunch breaks with a buddy system. Meetings included in time worked to help with work life balance</td>
<td>Continue to hire RN. Explain that transfer patients can be three patient assignments per budget. Lunch buddy system in place</td>
<td>Staffing-October all new grads will be off orientation, Buddy system in place 3/13</td>
<td>Meal breaks increased, Improved survey scores</td>
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<td>Punitive environment, Tcell, No one says thanks,</td>
<td>Staff meeting Review of T cell, just culture review. More aggressive Thank you campaign-notes, emails, anniversary</td>
<td>Staff meeting review of T-cell, Just culture review. Anniversary party, email, cards, recognized for good ideas</td>
<td>Jul-13</td>
<td>Understanding of tcell, just culture, improved nurse survey scores</td>
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<td>Concerned about orientation, note enough time for so much to learn. Preceptors having to take assignments while precepting a new person with a full assignment</td>
<td>Split of the units so that individualized orientation to the patient population would help the new staff feel more confident.</td>
<td>Review preceptor goals, orientation goals and form dates to keep them on track. Clinicians will help with staffing to reduce chance of multiple assignments.</td>
<td>Split of unit done October 2013—July 2013 for preceptor/orientation revisions</td>
<td>Survey was taken in a poster that showed improved RN job satisfaction with the unit split. Improved satisfaction with orientation through post orientation interview with changes in orientation and preceptor program.</td>
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Intensive Care Unit: COS Results 2012 vs. 2014

- **Staffing**
  - We have enough staff to handle the workload
    - 2012: 13%
    - 2014: 94%
  - We work in “crisis mode”, trying to do too much, too quickly.
    - 2012: 13%
    - 2014: 82%
  - Staff in this unit work longer hours than is best for patient care.
    - 2012: 28%
    - 2014: 71%

- **Nonpunitive Response to Error**
  - Staff feel like their mistakes are held against them.
    - 2012: 20%
    - 2014: 75%
  - Staff worry that their mistakes are kept in their personnel file.
    - 2012: 8%
    - 2014: 57%
  - When an event is reported, it feels like the person is being written up and not the problem.
    - 2012: 27%
    - 2014: 74%
Key Improvements

- Staffing improved from 43.1% to 55.4%
- Facility Handoffs and Transitions improved from 35.9% to 46.4%
- Non-punitive Response to Error improved from 30.3% to 37.1%
- Facility Management Support for Safety improved from 53.6% to 63.5%
- Teamwork Across Facility Units improved from 44.7% to 49.7%
- Overall Perception of Safety improved from 58.0% to 64.3%