PRESIDENT'S MESSAGE

Overcoming Barriers to Excellence

VICTORIA M. STEELMAN
PhD, RN, CNOR, FAAN, AORN PRESIDENT

It has been 14 years since the Institute of Medicine released its landmark report, *To Err Is Human*.[1] In addition to the Institute of Medicine, other organizations (eg, Institute for Healthcare Improvement, National Quality Forum) and government agencies (eg, Centers for Medicare & Medicaid Services, Agency for Healthcare Research and Quality) are leading the way, promoting national initiatives to transform health care into a safer system. Many improvements have been made, including reductions in catheter-associated urinary tract infections,[2,3] blood stream infections,[4,5] and ventilator-associated pneumonia.[6,7]

Yet, for perioperative nursing, there is much work to be done. The Joint Commission reported that wrong-patient, wrong-procedure, and wrong-site surgeries, and retained foreign bodies after surgery were two of the top three sentinel events reported in 2013. Delay in treatment, which also can apply to the OR, was the most frequently reported sentinel event.[8] Reports in the media personalize these experiences, increasing public demand for a safer health care system. Perioperative nurses should use techniques successfully used by high-reliability organizations (HROs) to realize the goals of achieving a safer health care system and overcome barriers to excellence.

HIGH-RELIABILITY ORGANIZATIONS

Transforming hospitals into HROs is one framework to improve the quality and safety of health care. *High reliability* means delivering what is intended to be delivered 100% of the time. High-reliability methods have been used successfully by complex, high-risk industries, including aviation and nuclear power. Because of their demonstrated effectiveness and high safety records, the methods used by HROs have been increasingly adopted in health care as well. The Joint Commission and Agency for Healthcare Research and Quality recommend transforming hospitals into HROs.[9,10] Hospitals that have become HROs have developed five characteristics.[11]

Sensitivity to Operations

First, leaders and staff members are sensitive to operations, acutely aware of how processes and systems affect patient care and desired outcomes. Each employee pays close attention to what is working and what is not. These observations are used to identify risks and improve the processes and systems, instead of using workarounds.

Reluctance to Simplify

Second, in HROs, leaders and staff members are reluctant to accept simple explanations of problems or excuses (eg, inadequate training, communication failure). Instead, they recognize the complexity of the processes and systems and place problems within this context. By doing a "deep dive," the underlying cause and contributing factors of problems can be explored, and acted on.

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Preoccupation With Failure

Third, employees in HROs are preoccupied with failure. Every employee is vigilant, looking for ways that the systems and processes can break down. Near misses are reported and investigated, and corrective actions taken. Instead of blaming employees or patients, this work focuses on how to improve processes.

Deference to Expertise

Fourth, HROs defer to the expertise of frontline staff members who understand the complexity of processes and the tasks involved. Leaders listen to these individuals, regardless of seniority or hierarchy.

Resilience

Five, HROs are resilient. Leaders and staff members stay on course, relentlessly seeking out solutions to problems. They have specific, measurable goals and prioritize these goals. Report cards and 90-day action plans set the stage for meeting these goals.

BARRIERS TO EXCELLENCE AND STRATEGIES FOR CHANGE

Perioperative nurses see the barriers to achieving high reliability and excellence every day. Most of these barriers are based on perception. Some perceived barriers to excellence involve workflow and schedule changes, attitudes toward failures and mistakes, and the facility's response to system's issues.

- Workflow and schedule changes throughout a work shift are sometimes seen as uncontrollable:
  - How can I prepare for the changes in the schedule if I don't know what they will be?
  - If we are efficient, will we be "rewarded" with another case?
- Failures may be seen as inevitable and acceptable: mistakes happen, and people are imperfect.
- Or, mistakes may be seen as the fault of an individual: if she were just more vigilant, she would not have left that sponge in the patient.
- There is also a common perception that reports of adverse events, near misses, and systems issues are not addressed: if the issue will not be addressed, then why take the time to report it?

These perceptions lead to complacency and lack of initiative to implement or even participate in changes to improve patient care or the workplace. These barriers may seem overwhelming. But, strategies developed by HROs can overcome these barriers and the resulting complacency. Three simple strategies used by HROs are huddles, action boards, and daily progress reports.

Huddles

One strategy that can be used effectively to promote high reliability is the use of huddles.[12] The preprocedural briefing is one type of huddle, focusing on care of an individual patient. This provides an opportunity for everyone to prepare for potential changes that might occur during the procedure. For example, sharing the anticipation that mesh might be needed during a hernia repair allows the circulating nurse time to order the mesh and prevent a delay during surgery. Likewise, knowing that blood may be needed but none has been ordered allows the circulating nurse to anticipate and obtain the blood in a timely manner. Sharing success stories about prevented delays with surgeons enhances collaboration.

Another type of huddle is at the unit level, focusing on the overall flow of the day. Key clinical leaders convene and discuss potential challenges, such as delays and add-ons, and develop a plan for addressing these challenges. This type of huddle is a stand-up meeting, is less than four minutes long, and is held at specific times every day (eg, 7 AM, 1 PM). It is important that it happens at the same time each day to use the time efficiently and to promote expectations of punctuality and attendance. The team composition depends on the facility but often includes the manager or charge nurse and the anesthesia director. In a large hospital, the team also might include clinical coordinators or the medical director.

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