Transforming Care at the Bedside: Climbing the Clinical Ladder

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Objectives

• Implement a Nursing Clinical Ladder Program to enhance, recognize and reward professional development among staff nurses
• Discuss strategies used to enrich the clinical practice environment and enhance the quality of patient care
• Promote accountability and responsibility among nursing and leadership staff
The Evolution of Quality Improvement

- Pre-June 2013 Centralized Quality Reporting by previous CNO/Quality Director. Minimal external data reporting (no HEN).
- June 2013 CEO Leadership change.
- Following discussion and buy in from Board for expanded external reporting and transparency, joined FHA HEN 1.0 Nov. 2013
- September 2013 LEAN Transformation training Quality Manager and Compliance Officer
- February 2015 Rebecca Springer, Six Sigma Yellow Belt (2012) joins staff as CNO, Temiela Blackman, Lean Healthcare Leader (2013), promoted to Quality Manager
The Evolution of Quality Improvement (cont.)

- 2015 Decentralized Quality Program with Nursing Career Ladder program implemented, following Board approval, and bedside nurses now begin collecting and reporting quality data to Quality Manager in a decentralized fashion.
- 2015 Leadership Development Institute program implemented in Nursing with staff rounding, stop-light reports, and departmental and staff rounding. All positively impacted patient experience scores. LDI expanded facility wide in early 2016 with clear expectations from Managers.
- 2016 Maximum external data reporting HEN 2.0, MBQIP, ACO, QualityNet, NHSN
- 2016-2019 HIIN participating hospital
Our Goals

• Transparency in Critical Access Hospital Reporting
• Transforming Care at the Bedside
• Nurse Empowerment
## Quality Reporting

<table>
<thead>
<tr>
<th>Type</th>
<th>Measures</th>
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<tbody>
<tr>
<td>Inpatient Quality Reporting</td>
<td>Pneumonia, Heart Failure, Sepsis, VTE</td>
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<tr>
<td>Outpatient Quality Reporting</td>
<td>AMI, CP, Pain, ED Throughput, Stroke</td>
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<tr>
<td>Medicare Beneficiary Quality Improvement Project</td>
<td>ED Transfer Communication</td>
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<tr>
<td>Florida Department of Health</td>
<td>Next Generation Trauma Registry</td>
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<tr>
<td>National Healthcare Safety Network (NHSN)</td>
<td>Influenza Vaccination Coverage among Healthcare Personnel, Infection Control Data</td>
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</tbody>
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Hospital Improvement Innovation Network (HIIN)

- Adverse Drug Events*
- Airway Safety
- Antibiotic Stewardship
- Catheter Associated Urinary Tract Infection (CAUTI)*
- Clostridium difficile (C-diff)*
- Central Line Associated Blood Stream Infection (CLABSI)*
- Culture of Safety
- Diagnostic Error
- Healthcare Disparities
- Iatrogenic Delirium
- Falls*

- Malnutrition
- Multi Drug Resistant Organisms (MDRO)
- Patient and Family Engagement
- Pressure Ulcers*
- Radiation exposure
- Readmissions - (HRMC all cause) / Medicare
- Rural and Critical Access Hospitals
- Severe Sepsis and Septic Shock*
- Surgical Site Infections*
- Ventilator Associated Events (VAE)*
- Venous Thromboembolism (VTE)*
- Failure to rescue – (HEN 2.0/Maintained reporting & focus under Clinical Ladder Program)

* Required core areas of harm
Success Stories
Success Stories - Outpatient Quality Measures
Emergency Department Throughput

• OP-20 Door to Diagnostic Evaluation by a Qualified Medical Professional
  • Triage
  • Implementation of a midlevel provider in the ED
  • Scribes
Success Stories – HIIN
Hypoglycemia: Adverse Drug Events

- Reviewed - Revised Policy
- Pamphlet for patient education in Spanish and English
- Power Point – and test for skills lab
- Physician education
- Nursing education
- Order sets established for insulin drip / insulin management
- IDT approach in patient care
- Working with failure to rescue
- Monitor data
- Physician Champion
- Pharmacist Champion
- Level 4 Nurse

This was a white board presentation at FHA’s Patient Safety Summit July 2016
Success Stories – HIIN
Wound Care: Pressure Ulcers

• Review – revised Policy on Prevention of Hospital Acquired Pressure Ulcer (HAPU) and Skin Tears
• Review of wound care products, contact of vendor (working with material management and physicians)
• Education to nurses and physicians
• Skills lab presentation of products and PowerPoint for Nurses and CNAs, EDT and CST
• Set up and organized area for products (5s organizational project)
• Set up class for CNAs for first line defense in HAPU’s
• IDT approach to patient care
• Monitoring
• Physician Champion
• Nurse Champion
• Patient education
• Level 2 Nurse
Success Stories – HIIN
Patient Identification Number (PIN): Culture of Safety

- Wrote Policy on PIN
- Education to all registration clerks
- Education to all ancillary staff
- Education to nurses
- Education to physicians
- Hand out for patients, care givers and family regarding PIN
- Monitoring
- Level 3 and 4 Nurses
Transforming Care at the Bedside
Purpose of the Clinical Ladder

• Enhance, recognize and reward professional development among staff nurses.
• Retain staff nurses in direct patient care positions.
• Enhance staff nurse employee satisfaction.
• Facilitate recruitment of registered nurses by becoming recognized as a “nurse friendly” organization.
• Promote the nursing vision throughout Hendry Regional Medical Center.
• Enhance nursing care by recognizing and utilizing nursing expertise in the care of Hendry Regional Medical Center patients.
• Transform care back to the bedside
Goals of the Clinical Ladder

• Promote, Recognize, & Reward excellence in clinical practice and professionalism of HRMC nursing staff
• Promote exceptional bedside nursing patient care and clinical performance by participation in the areas of leadership, continuing education and through evidence based practice participation
• Provide clear delineation of nursing development level
• Utilize nurses who have been educationally prepared for a variety of levels of practice
• Encourage excellence in practice to ensure quality care of patients
Goals of the Clinical Ladder – cont.

- Champion recruitment and retention of qualified registered nurses
- Commitment to customer service and HRMC excellence standards
- Promote participation in community health in literacy and wellness
- Provide explicit expectations for nursing practice that functions as guide for performance appraisals for the nursing departments
Clinical Ladder Program

- Built on Studer’s Pillars of Excellence
  - Quality
  - Service
  - Finance
  - Community
  - Growth
- Accountability
  - Improving the quality of care at bedside
- Ownership
- Empowerment
- Professional Development

Participation in the clinical ladder program is not mandatory
PRISM

• Professionalism
• Recognition
• Initiative
• Skill
• Merit
Clinical Ladder Designation Levels

- Level 1 Staff Nurse
  (no obligation to participate in the Clinical Ladder Program)
- Level 2 Staff Nurse
- Level 3 Staff Nurse
- Level 4 Staff Nurse
Clinical Ladder Prism Pins

CNO Rainbow Prism

Ambassador Purple Prism
Clinical Ladder Prism Pins

Level 2
Ruby Prism

Level 3
Sapphire Prism

Level 4
Emerald Prism
Oversite, Structure, and Responsibilities

**Clinical Ladder Oversight Committee**
- CNO (Chair)
- Human Resources Director
- Nursing Education and Support Services (Clinical Ambassadors)
- One Nurse Manager (will rotate yearly)
- One Staff Nurse Level 3 or 4 in the Clinical Ladder if Level 4 participation is available
- Additional participants as deemed by CNO

**Responsibilities**
- General oversight of the Nursing Clinical Ladder program at HRMC.
- Review of the Clinical Ladder policies and procedures
- Review and revision of the Clinical Ladder Guidelines.
- Review and revision of the Clinical Ladder Criteria.
- Clinical Ladder Program Evaluation
- Monitoring program participation and setting limits on open level 3 and 4 positions if available.
- Responding to written appeals concerning promotion decisions of the Clinical Ladder Review Committee.
- Educating the members of the CL Review Committee to their function.
- Will meet twice yearly.
Oversite, Structure, and Responsibilities (cont.)

Clinical Ladder Review Committee
- Nursing Director different from oversight committee (chair)
- Three Staff nurses participating in the clinical ladder at levels 2, 3, and 4 participation is available
- CNO
- Additional participants as determined by the CNO

Responsibilities
- Review and recommend action for each application for promotion submitted to the committee
- Review and recommend action for each renewal application for maintenance of level
- Provide individual consultation when requested to assist eligible Registered Nurses in their career development planning
Clinical Ladder Ambassadors

This Clinical Ladder Ambassadors assist staff nurses in understanding what opportunities for advancement are available to them, how the clinical ladder system is structured and the process for participation in the clinical ladder.

In addition, Clinical Ladder Ambassadors (CLA) will be available and welcome the opportunity to assist in the clinical ladder application process.

HRMC has 3 Ambassadors:

- Nursing Administration Executive Assistant
- Nursing Administration Education Assistant
- Quality Manager
Accountability

At any time a nurse may request to relinquish his or her ladder privileges by submitting in writing to the CNO their request to level to a Clinical Ladder Level I staff nurse. At that time they must wait a full year before resubmitting for readmission to the program.

OR

At any time, the CNO may request nurses to relinquish their ladder privilege due to sub-quality standards, performance issues or behavior standard issues. At that time all monetary ladders differentials will be stopped.
The Pillars
Quality Pillar Requirements

Level 2 – Must choose two requirements
Level 3 – Must choose three requirements
Level 4 – Must choose four requirements

- Maintain standard of care and meet all regulatory requirements
- Chart reviews – specific amount related to level
- Joint Commission rounding - rounding assignments made by quality manager – specific amount related to level
- 5 “S” project – Lean Six Sigma
- HIIN Project – Approval by unit director and CNO

All HIIN topics can be used- mandatory for all levels
Quality Pillar: HIIN Projects

- PowerPoint presentation for skills lab
- Chart Audits
- Staff Education
- Medical Staff Education
- Product evaluation if needed
- Patient Education
- Special projects related to HIIN Project
- Community Education if required
- Policy Review with revisions if needed
- Care Plan review/revision
- Procedure review
- Accountability form for unit if needed
Quality Pillar Requirements – cont.

• Implement unit based project related to patient care
• Patient care project with collaboration from another unit.
• ED trauma audits for registry (must be ED Nurse and assigned by Quality Director)
• Write policy reflecting best practices for patient care (must be pre-approved by CNO) depends on level to how many
• Write procedure reflecting best practices for patient care (must be pre-approved by CNO) depends on level to how many
• Alerts/implement and monitor (ED Nurses ONLY)
  • Cardiac Alert
  • Stroke Alert
  • Snakebite Alert
  • Trauma Alert
  • Influx of Patients
  • Sepsis Alert
Quality Pillar Requirements – cont.

• Alerts/implement and monitor (M/S/T, PCU Nurses ONLY)
  Cardiac Alert
  Stroke Alert
  Snakebite Alert
  Influx of Patients
  Sepsis Alert
• ED Throughput/Transfer Log
• Readmission team member (works with Case Manager and ACO Care Coordinator). Can be ED, M/S or PCU
• Assignment of joining a committee (Assigned by Quality Director). May also be ad hoc
• Core Measure Continuity of Care Project for transfers
Service Pillar Requirement

Level 2 – Must choose one service
Level 3 – Must choose one service
Level 4 – Must choose one service

• Patient Satisfaction Project
  • FROST 2.0 unit council
  • FROST 2.0 unit project
Financial Pillar Requirement

Level 2 – Must choose one requirement
Level 3 – Must choose one requirement
Level 4 – Must choose one requirement

• Action plan for cost saving idea
• Work extra shifts – amount depends on the level (non-incentive)
Community Pillar Requirements

**Level 2** – Actively participates in 2 hospital community functions

**Level 3** - Actively participates in 3 hospital community functions

**Level 4** - Actively participates in 4 hospital community functions
Professional Growth Pillar Requirements

Level 2 – Must choose two functions
Level 3 – Must choose three functions
Level 4 – Must choose four functions

• 12 hours continuing education
• Obtain or have current National Membership in nursing organization
• Presenter in Nursing Annual Skills 2018
• Professional Peer Article published – healthcare-related
• Conduct one Evidence Based Practice in-service in your area
• Participation on The Clinical Ladder Review Committee (if appointed)
• Proposes new product for unit/specialty evaluation
Professional Growth Pillar Requirements cont.

- Participation on the Clinical Oversight Committee (if appointed)
- Participation on the Clinical Ladder Review Committee (if appointed)
- Rapid Response Team Member
- Code Blue Team Member
- Participate in HIIN Fellowship program
- Actively working on undergraduate or graduate degree in Nursing (This will meet your mandatory requirement for professional development)
- Works independently as House Supervisor to cover PTO and DTO for scheduled supervisor
- Nurses Week Planning Committee
Professional Growth Pillar Requirements – Level 3 and 4 Specific

• Board Certified Specialty – Must have proof of course work started and completed by end of year of ladder
• Preceptor in area of work (Must have courses provided and pre-approval) Must be able to precept new employees in your home base area by end of clinical ladder year.
• Participation on the Clinical Oversight Committee (if appointed)
Clinical Ladder 2015
Florida Hospital Association
Annual Meeting
October 2016
Florida Hospital Association Annual Meeting

October 2016

Phyllis Byles, RN, BSN, MHSM, BC-NEA FHA (center)
R.D. Williams CEO

Hendry Regional Medical Center
FHA Annual Meeting October 2016
Presentation of the Leadership in Quality and Patient Safety Award

FHA
October 2016
FHA 2016
Leadership in Quality & Patient Safety Award

40% reduction in patient harm and
20% reduction in readmissions in
at least 80% of focus areas
Clinical Ladder 2016
“The Pearl Event”
Clinical Ladder 2017
“The Rose Event”
Level 1

All Registered Nurses start in level 1

The following must be completed before eligibility to ladder:

• 90 days of employment
• All unit orientation must be complete with a performance score of three or better
• A 90 day performance appraisal with a score of three or better
• A letter of recommendation from their Unit Director
• A peer letter of recommendation
For follow-up information and/or help on implementing the clinical ladder program contact:

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