CIT Helps Nurses Drive Patient Safety at the Bedside

Patient Safety Week Webinar
March 16th, 2016
Today’s Presenters:

CIT Program Introduction
Janet Stifter, PhD, RN, CPHQ

CDIFFerently
Kathy Green, MBA, RN, NE-BC & Danielle Garrett, MBA, BSN, RN-BC

Medication Teaching for Patient Safety
Artishea Davis, BSN, RN & Robbie Muldoon, RN
CIT Program Introduction

Janet Stifter, PhD, RN, CPHQ
Director, Center for Care Innovation and Transformation
AONE
Chicago, IL
Webinar Objective

The purpose of this webinar is to introduce the AONE’s Care Innovation and Transformation Program (CIT) and share innovative examples of projects developed by frontline nurses who attended the program and implemented rapid cycle tests of change to enhance patient safety.
What is the CIT?

- The Care Innovation and Transformation (CIT) program offered by the AONE’s Center for Care Innovation and Transformation (CCIT) is an interactive learning community that comes together through face-to-face meetings, monthly conference calls, webinars, information sharing, data collection and analysis.

- **10-14 nursing units** from hospitals and healthcare organizations from around the country comprise a Traditional CIT cohort and develop into a learning community over the 2 year CIT journey.
Purpose of the CIT

• The CIT program is designed to improve patient care, hospital performance and employee satisfaction through the engagement of frontline staff, collaboration, innovation and leadership development.

• The CIT program challenges bedside nurses to lead innovative change transforming their environment of care to one of higher quality, safety and satisfaction.
CIT Background

- TCAB (Transforming Care at the Bedside) history
  - TCAB commenced in 2003 in response to 1999 IOM report
  - Coordinated 68 participating hospital sites

- CIT’s evolution
  - Launched in 2010
  - Over 100 participating hospitals to date
  - Additional element of Nurse Manager development
Strategic Objectives of CIT

• To develop improvements and innovations on nursing care units that will:
  o Improve the quality and safety of patient care
  o Increase patient-centeredness
  o Create more effective care teams
  o Improve staff satisfaction and retention
  o Improve efficiency

• To develop leadership skills of front line staff and managers
• To facilitate an environment of transformational leadership
• To promote nurse autonomy and ownership of practice
Key Aspects of the CIT

- Rapid cycle tests of change using the PDSA methodology
- Learning communities with 4 face-to-face on-site meetings and webinar programs
- Rigorous program of innovation, improvement and data collection
- Ongoing sharing of successes and challenges among the participating hospitals through our Ring of Knowledge, monthly conference calls, and listserv
AONE Nurse Leader Development

- **Executive** – Health Care Finance, CENP, CIT, SG, AM, Board Governance
- **Nurse Director** – Health Care Finance, Fellowship, CENP, Board Governance, CIT, SG, AM
- **Nurse Manager** – NMI, Fellowship, CNML certification, ENMO, CIT, SG, AM
- **Emerging Nurse Leader** – ENLI, ENMO, CIT, SG, AM
- **Bedside Nurses** – CIT, Shared Governance, Annual Meeting
In Summary

The CIT Program Is . . .
Nurse Leaders at the Bedside
Empowering Nurses to Lead Change
Nurse Manager Development
Nurse Autonomy and Ownership of Practice
Sharing Successes and Challenges
Creating Learning Communities and Lifelong Friendships
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For more information on CIT go to:
http://www.aone.org/education/cit.shtml
CDIFFerently

Danielle Garrett, MBA, BSN, RN-BC
Assistant Nurse Manager

Kathy Green, MBA, RN, NE-BC
Nurse Manager

North Shore University Hospital
Manhasset, New York
CIT Cohort 5
The problem being investigated is the high rate of hospital acquired *C* difficile rates on 6 Monti.
AIM

Reduce hospital acquired C difficile rates by 25% in six months.

2014: 14
2015: 25% Reduction Goal
2015: 50% Stretch Goal

7
SIGNIFICANCE

Patient not acquiring additional infections as a result of hospitalization

Improved patient safety by decreased infection rates

Incremental cost estimates ranged from $2,871 to $4,864 per case for primary CDI and from $13,655 to $18,067 per case for recurrent CDI”

CDIFFerently Time Line

8/14
• Initial meeting with interdisciplinary team to discuss improvement strategies utilizing evidence based practice. (Nursing, Environmental, Materials Management, Infection Control)

9/14
• Utilization of Peer Review process1 to competency/ re-educate interdisciplinary team on PPE usage (PPE Champions), Isolation Pack creation by Materials Management (stocking on unit), “C DIFF Terminal Clean” status initiation in Teletracking system.

10/14
• Environmental Dept. demonstrates UV technology to determine effectiveness of “C DIFF Terminal Clean”5 and educate staff on importance. Development of additional signage encouraging proper hand hygiene

11/14
• Plan unit “kickoff”, design of T-shirts, present plans at hospital c diff task force.

1/14
• 6 Monti official kick off “CDIFF SOIREE”

2/15
• 6 Monti joins North Shore University Hospital Cdiff task force

6 Monti official kick off “CDIFF SOIREE”
CDIFFerently Time Line

**03/15**
- 6 Monti shares CDIFFerently pilot with system-wide CdiffTask Force Collaborative

**04/15**
- Begins planning stages of the spread of CDIFFerently throughout the hospital

**05/15**
- Design of iLearn and creation of Cdiff awareness video

**07/15**
- Creations of ILearn

**08/15**
- Rollout of CDIFFerently to 3 units with highest Cdiff rates

**09/15**
- Selected team members rounded the 3 selected units educating staff and reviewing best practices utilized in CDIFFerently
CDIFFerently Results

Cdiff Cases per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Cdiff Cases per year</th>
</tr>
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<tbody>
<tr>
<td>2013</td>
<td>19</td>
</tr>
<tr>
<td>2014</td>
<td>14</td>
</tr>
<tr>
<td>2015</td>
<td>7</td>
</tr>
</tbody>
</table>
CDIFFerently Results

Annual Cost Per Case

CDIFF Annual Costs
2013 $194,028
2014 $142,968
2015 $71,484
Sharing Success

• Patient care services leadership meeting
• Health system Cdiff task force
• Hospital Cdiff task force
• Health system VAT committee
• Unit road show
• Nursing grand rounds
• Ilearn modules
• Nurse Leader journal publication January/February 2016
Impact on Staff Satisfaction

NDNQI Job Enjoyment Scale T-score

<table>
<thead>
<tr>
<th>Location</th>
<th>T-score</th>
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<tbody>
<tr>
<td>6 Monti Magnet Hospitals</td>
<td>66.50</td>
</tr>
<tr>
<td>Magnet Hospitals</td>
<td>52.02</td>
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Medication Teaching for Patient Safety

Artishea Davis, BSN, RN  
Charge Nurse

Robbie Muldoon, RN  
Staff Nurse, Patient Educator

Lee Memorial Hospital  
Fort Myers, Florida  
CIT Cohort 4
The Old Way

Our Beginning:
- Low HCAHP Scores
- Low teach back on side effects
- Micromedex CareNotes
  - Printouts hard to read (small print)
  - Too much information
- No standardized process
A Patient Safety Problem

An educated patient is a safer patient. The patient:

- Knows the signs of danger and what to do if they occur
- Understands the common and less severe side effects
- Knows what medications they are taking decreasing the risk of drug interactions and adverse effects
The Educated Patient is a Safer Patient

- **Evidence Based-Research** has shown that:
  - The importance of providers for supporting patients comprehension is widely recognized.

- “effective self-care depends on understanding and learning many types of information. Patients who learn that their illness […], requires long-term treatment […] are more likely to take their medications as prescribed.” (Federman, Wisnivesky, Wolf, Leventhal, & Halm, 2010)
CIT Brainstorming

Process:

• A Sub-Team of Nurses was formed: Eunita, Robbie, and Artishea
• Armed with the C.I.T Chicago convention under our belts our brains began storming with ideas
• New Medication cards developed
• Standardized Process introduced
• The New Easy to Teach and Easy to Learn Process started
Easy to Read and Understand Medication Education Cards
Designed by 4 West CIT Members

Micromedex Care Notes
New Admission Folder with Special Section Dedicated to Medication Information
Universal Medication Sheet along with Medication Card
Follow-up and Outcomes

- Challenges we face
- Down side
- Dissemination of the new process
- Accountability
## Patient Experience Metrics

<table>
<thead>
<tr>
<th>Key Performance Indicator (KPI)</th>
<th>Measurement</th>
<th>Initial – FY’15</th>
<th>Target 90&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>Current- Nov, Dec, Jan 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Communication</td>
<td>Percent Top box</td>
<td>73.7%</td>
<td>86.5%</td>
<td>82.6%</td>
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<tr>
<td>Communication About Medication</td>
<td>Percent Top box</td>
<td>59%</td>
<td>75%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Responsiveness of Staff</td>
<td>Percent Top box</td>
<td>56.5%</td>
<td>79.3%</td>
<td>79.1%</td>
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Questions?

Please type your question into the chat box.