Best Care Always Initiative – Powerful Leadership & Management

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100 000 Lives Campaign

• The Best Care Always (BCA) initiative has been a wonderful opportunity to implement evidence based practice in the management of:
  – Hospital acquired infections (HAI) – Central line infections, surgical site infections, catheter associated urinary tract infections & ventilator assisted pneumonias
  – Prevention of patients dying from heart attacks (Acute myocardial infarction)

• The bundles have been developed by Institute for Healthcare Improvement (IHI) through a peer reviewed process and has been implemented internationally with significant results.

• The bundles were part of the 100 000 lives, now 5 million lives campaign and was first introduced in South Africa by the Life Healthcare group

• BCA was established to create SPREAD and ensure that private and public institutions in South Africa are implementing the bundles
Bundles

• Each bundle is made up of a set of elements (actions/preventive measures)
• Philosophy of the bundles is that you apply every element of the bundle on every patient every time
• The elements if implemented, will ensure improved patient outcomes
• The bundles are assessed by the relevant registered nurses in the specific units
• A sample of the patients are observed and files reviewed and the results published
Implementation & Spread

• Data is audited manually and the plan is to use tablets/ipads going forward to capture same
• The data is captured on an electronic system - LHC uses Infoquest and monthly statistics are generated
• New Bundles available include:
  – Antimicrobial stewardship
  – Caesarean Section - Surgical Site Infections
Learnings

• The bundles work if all the stakeholders are informed
• Implementation must be a way of life
• Results must be communicated and showcased to create awareness
• A non punitive approach improves reporting
• Analysis of data and action plans are necessary
• Statistics must be accompanied by commentary
• Publishing is important
Other Projects

- Adverse drug events
- Transforming Care at the Bedside
- Patient Safety
- Magnet Principles
Adverse Drug Events

• Prevention of adverse drug events (ADEs) by implementing medication reconciliation
• ADE is the harm caused by the drug or harm from the use of the drug
• Medication errors are mishaps that occur during prescribing, transcribing, dispensing, administering or monitoring of the drug – some times called near misses or close calls
• ADEs managed like a bundle of preventive measures have been developed by IHI
• Requires clinical leadership
Transforming Care at the Bedside

- **Focus:** Increasing Nurses’ time in direct patient care
- **TCAB principles**
  - Engaging Senior Leadership
  - Selecting Units & Forming the team
  - Engaging the frontline staff
  - Engaging Physicians
  - Setting Goals
  - Generating Ideas
Patient Safety

- Patient safety for Selected Indicators
  - Pressure Ulcer Rate
  - Iatrogenic Pneumothorax rate
  - Central Venous Catheter related bloodstream infection
  - Post Operative Hip Fracture Rate
  - Post Operative Complication rate - various
  - Accidental puncture or laceration rate

- Requires clinical leadership
- Involvement from senior nurse leadership team
Magnet principles

• Awarded by the American Nurses Credentialing Centre (ANCC), an affiliate of the ANA

• Principles
  – Transformational Leadership
  – Structural Empowerment
  – Exemplary Professional practice
  – New Knowledge, Innovation and Improvements
  – Empirical Quality Results
Model for Improvement

• Ask the following questions?
  – What are we trying to accomplish?
  – How will we know that a change is an improvement?
  – What changes can we make that will result in improvement?

• 4 Point Plan (PDSA)
  – Plan
  – Do
  – Study
  – Act
Don’t waste time reinventing the wheel!

Call for Clinical Leadership & Excellence
Leadership

• Leadership is a “personal” or “individual” activity and is therefore not a defined role, and is not tied to a position of authority.
• Rather, it is a characteristic of an individual and can occur at any level within an organization.
• Each professional nurse has the potential and perhaps the responsibility to provide leadership within our practice, our institutions, our professional organizations, our communities and our profession.

Grossman and Valiga (2009)
Leaders

- Proactive about formulating goals they are passionate about.
- Shape ideas; act to change the way people think about what is desirable, possible, and necessary.
- Act to develop fresh approaches to long standing problems and open issues to new options.
- Take risks, challenge “sacred cows,” challenge existing assumptions and ask “why not?”
- Create excitement in their work.
- Concerned with how decisions affect others.
- Promote development and creativity of followers.
- Internal “sense of self.”
Leadership & Management

- A person can be both an effective manager and an effective leader.
- Much can be achieved when leaders are in positions of authority and have both the skills and resources to move an organization forward.
- People want to work in an organization that is going places.
- Organizations tend to be well managed by an effective leader.
- Leadership is a complex, multifaceted phenomenon that does not “just happen;” it is deliberative and can be learned.
- “Managers are people who do things right. Leaders are people who do the right thing.” (Warren Bennis and Burt Nanus)
Clinical Leadership in Action

• Facilitating the clinical development of others
• Coaching others in interpreting, forecasting, and responding to patient transitions
• Bridging the gaps in patient care
• Negotiating conflict with angry and demanding patients and/or families; from control to connection and understanding
• Building and preserving collaborative relationships
• Transforming care delivery systems
Attributes of Clinical Leaders

• Creative and innovative about clinical practice
• Highlight best practice
• Influence the multidisciplinary team
• Respect the work of others
• Support new clinical initiatives
• Adopt a transformational leadership style
Clinical Excellence

• Means striving to be the very best you can be in everything you do or setting high standards
• Clinical excellence is about achieving a level of mastery
• People are recognized with respect for their acumen, knowledge, and their scholarship approach to clinical practice
• True experts are identified for the profession
• Experts publish their work
Principles of Clinical Excellence

- **Discipline** – drawing on knowledge and experience in practice in a systematic way that is of the highest calibre
- **Choreography** – successfully balancing competing demands in our pursuit of goals
- **Responsibility** – Acknowledging that we have done well or poorly and blaming no one
- **Caring** – consistently demonstrating a concern and compassion for others and ourselves
- **Scepticism** – not accepting everything blindly, open mind approach
- **Perseverance** – continually striving to fulfil a goal
- **Passion** – being inflamed by our work
Strive for Excellence

• Excellence can be attained if you....
  – Care more than others think is wise
  – Risk more than others think is safe
  – Dream more than others think is practical, and
  – Expect more than others think is possible
Where can we start?

• Competencies for clinical specialists
• Education to support clinical leadership
  – Post graduate diploma – nurse specialist
  – Clinical Masters – advanced nurse specialist
• Limited period for experienced nurses in specialist units
• Clinical leadership career ladder
• Write our stories and then move into scientific publishing
What’s in it for me? (WIIFM)

- Career growth
- Records to defend nursing practice
- Scientific systems and processes to manage clinical practice
- Publishing best practice
Improved Patient Care

• Clinical leadership and the quest for clinical excellence will lead to the development of a defined improved nursing care
• Clear perceptions and generalizations about nursing
• Change the focus of nurse leaders from administration to clinical focus