

Quality and Safety Matters

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The Future of Nursing

Campaign for Action

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Class of 2018

In 2008, the Robert Wood Johnson Foundation formed a partnership with AARP to champion the role of nurses in healthcare. Through this alliance, in 2010, *The Future of Nursing: Campaign for Action*¹, came to fruition. The Campaign was founded on the mandates within the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*², which focused on improving the inter-workings of the health care profession—through nurses¹. Even from this report alone, it is evident that it is our responsibility as nurses to implement and encourage this essential transformation. It begins with us.

The central vision for the Campaign is to provide the highest quality care to all Americans¹. To accomplish this, *The Future of Nursing: Leading Change, Advancing Health* recognizes four focus areas within the nursing profession that require improvement—training, education, professional leadership, and workplace policy.

To begin, workplace barriers must be removed, in order to enhance nurses' ability to practice to the full extent of their capabilities. The goal is to increase the rate of nursing staff with a BSN to 80% by 2020 and double the number of nurses with either a PhD or DNP by 2020, as less than 1% of nurses currently holds this credential¹. Additionally, nurses must be prepared, enabled, and willing to be the leaders of this crucial transformation which includes collaborating with other professionals in order to enhance the health and well-being of patients. The nurse's role is not limited to the quality of services, but to also work to decrease costs, improve teamwork, and increase job satisfaction². To accomplish this, nurses must become active members on hospital boards to influence policies—a position that very few RN's have access to.

It also calls for nurses to influence workplace policy by implementing programs that collect and analyze data within the healthcare system to be used to identify and remedy areas where improvement is possible. Advances within these four key areas will indubitably have marked effects on the advancement of health care as a whole.

For students, the Future of Nursing Campaign² highlights a need for increased and lifelong learning, as well as the development of knowledge, skills, and attitudes required to demonstrate full comprehension of the clinical proficiencies essential to caring for our diverse population. It encourages advanced education to provide an expanded knowledge base from which to draw on for clinical reasoning to provide high quality, safe care to patients, as well as provide opportunity for greater choices with

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Patient-Centered Care

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The Institute of Medicine has released reports over the past several years addressing core competencies for delivering high quality, safe, care. One competency receiving a lot of attention is providing care that is patient-centered. At the core of patient-centered care is the relationship between the patient, the patient's family, and health care providers, with everyone focusing on the patient's values, needs, and preferences¹. Allowing patients to be active participants in their care offers greater choice and self-efficacy. Patients are often in a vulnerable position and incorporating patients' preferences allows for individualized care and a sense of control over their situation.

Some guiding principles for patient-centered care include dignity and empathy, both of which are easy to adopt when one views the care through the patient's eyes. With the busy environment of healthcare, it is easy to be task oriented while caring for patients, but when accomplishing tasks is the driving force behind care, the patient experience suffers. Often patients are going through a hard and confusing time. Offering them control over their care and incorporating their preferences provides a better healing environment and brings joy as a nurse, to know that you improved the patient's experience.

There are many strategies for providing patient-centered care. To start, a core belief of patient centered care is that the patient controls his or her care. For the patient to be the source of control, there needs to be transparency and effective communication of information¹. The nurse can play a crucial role in facilitating the transfer of knowledge and ensuring that information is shared between the entire healthcare team, which includes the patient and family¹. This is essential for the patient to be able to make informed decisions.

Additionally, the nurse can ensure the patient and family are an essential part of the health care team by facilitating their connection to providers through face to face contact and encouraging them to ask questions and voice concerns². The nurse supports the patient, emotionally and physically, through active listening, and recognizing the uniqueness of each individual². When patient-centered care is fluid, care is based on a continuous healing relationship, instead of episodic healing.

Patient-centered care is one of the key elements of high-quality care. Care that is patient-centered respects the rights of patients to be active participants in their care, gives voice to their individual preferences, and values their choices as part of the plan. Nurses can make it happen by recognizing the dignity of all people, respecting patients' right to be active participants in their care, and sharing information so that they and their families can make informed decisions.

1. Boykins, A. (2014). Core communication competencies in patient-centered care. *American Journal of Forensic Nursing*, 25(2), 40-45.

2. Barry, M., & Edgman-Levitan, S. (2012). Shared decision making — The pinnacle of patient-centered care. *New England Journal of Medicine*, 366(9), 780-781.

Advocating For Patients

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In healthcare, communication failures are the leading cause of inadvertent patient harm¹. Simple techniques can be adopted by nurses working in complex medical environments to standardize communication and improve patient outcomes. A safe environment is one where all employees feel empowered to speak up when they believe patient safety is in jeopardy. Strategies to make this a reality include adopting critical language and using the two-challenge rule in the workplace.

The U.S. Healthcare system is hierarchical in nature. Oftentimes, nurses feel uncomfortable questioning those with more experience or education. However, advocating for patients is a nursing responsibility, even if that means questioning an authority figure. Commonly, a nurse recognizes something is wrong with a patient or feels uneasy about a treatment being employed, yet will be indirect and deferential when communicating about it with a physician. It is called a “hint-and-hope” approach. The nurse touches on the fact that something is wrong in hopes that the doctor catches on and amends the plan of care. It is extremely dangerous for patients when nurses do not directly voice the concerns they have about patient safety.

To break through this culture of power-fraught dynamics, critical language can be a useful tool. The purpose of critical language is to create a standardized phrase to act as an alert to the listener that there is a possible safety breach². Upon hearing the phrase, the listener is cued in to pause and pay attention because the information being relayed is relevant to patient safety. Critical language allows a nurse to speak frankly and to be listened to without concern of offending a colleague.

CUS is an example of critical language. It is an acronym standing for “Concerned, Uncomfortable, Safety”. CUS is a communication technique employed to bring attention to an aspect of patient care that is amiss. For instance, a student in clinical might notice a potential drug interaction between two medications he is assigned to administer. He could bring this to the attention of his instructor and the physician by saying, “I’m **concerned** about the medications ordered for this patient. I’m **uncomfortable** giving both warfarin and aspirin. I think this combination is not **safe** as it could increase the risk of bleeding” By relaying his concerns in this format, the student alerts others in explicit terms to the possible breach in safety protocol. Implementing this type of critical language tool supports effective communication and patient safety.

Closely related to CUS is the two-challenge rule. When concerned about a potential breach in safety, it is the nurse’s responsibility to raise the issue at least twice to ensure that the concern has been heard and acknowledged. Nurses should voice their concern assertively, using the CUS method or phrasing the advocacy in the form of an inquiry. For example, a student might say to a physician, “I’m concerned that you plan to insert a PICC line into the patient’s left arm. I’m uncomfortable because he has a limb alert on that arm. I don’t think it is safe.” If the initial assertion is ignored, the nurse should restate his or her concerns

again, in altered phrasing. If the concern is still not addressed, the nurse should then seek supervisory involvement.

It is a vital nursing function to speak up for patients when an aspect of care is unsafe. Failing to do so, breaks nurses’ unspoken contract with patients to provide the safest possible care. Implementing these simple communication techniques supports nurses to effectively advocate for their patients.

1. Leonard, M., Graham, S., & Bonacum, D. (2004). The human factor: The critical importance of effective teamwork and communication in providing safe care. *Quality & Safety in Healthcare*. doi: 10.1136/qshc.2004.010033
2. Agency for Healthcare Research and Quality. (2013). *Pocket guide: TeamSTEPPS team strategies & tools to enhance performance and patient safety*. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.html>

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employment. Once the BSN is completed, nurses should continuously pursue advanced knowledge, participate in lifelong learning, and participate in evidence-based practice to ensure the best care for patients. Additionally, nurses should employ the leadership skills they are taught as undergraduates to bring change to practice settings where nurses are respected, autonomous, and secure in their patient advocacy.

Patients, likewise, will benefit from the health care system transformation outlined in the Campaign. As its vision implies, the Campaign aims to expand health care availability to ALL Americans¹. With advances in the education, clinical competence, and leadership skills of nurses, patients will receive superior care that is high quality, and delivered safely. With these improvements, it is hoped that the overall health status of our population will improve, patients will have greater access to care, and the rate of disease and hospitalizations will decrease.

The Future of Nursing: Campaign for Action is not limited to improving the nursing profession— patients, as well as other professionals within the health care system, will certainly benefit. This transformation relies on nurses. With the projected enhancements of the four key areas noted above [training, education, professional leadership, and workplace policy], this revolution is well on its way. As nursing students, we are the future of the profession. Our generation of nurses must be the leaders of change, not only for the sake of our profession, but also for the health of our patients.

1. Center to Champion Nursing in America (CCNA). (2014). *Future of nursing: Campaign for action*. Retrieved from <http://campaignforaction.org/about-us>
2. Institute of Medicine (IOM). (2011). *The future of nursing: Leading change, advancing health*. Washington, D.C: The National Academic Press.