



structure.
process.
outcomes.

MAGNET MONDAY

DECEMBER 10, 2012

Quality Initiatives

A quality initiative can begin with the question “Why?”...

- Why are we seeing an increase in falls with injury?
- Why are we providing the care this way?
- Why are the other surgical units doing better than us in quietness scores?

Who can best ask the question WHY?

Staff who are closest to the patient or a process provide the best “view” of things that could be better. They also have the best ideas because they are doing it every day. Successful Magnet organizations encourage and engage staff (structure) to raise the questions and provide ideas for action (process) so that we can make things better for our patients (outcomes).

What is different about quality improvement in a Magnet hospital?

Magnet hospitals are committed to involving direct care nurses in monitoring and improving care. Magnet nurses are encouraged to ask questions, to participate in quality initiatives, and to evaluate the outcomes. It is the direct care nurses, in collaboration with nursing leaders, that should be looking at the results of a quality initiative and asking the question, “Did it make a difference?”

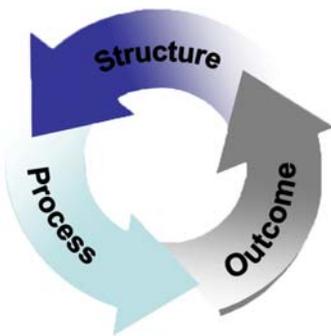
Other questions that can spark a flame for change:

- Who could I involve on my unit to help me with a project I have to improve care?
- What can I do to create a culture of quality and safety for my patients and my unit?
- When would be a good time to introduce a quality project on my unit?
- Where do I find the resources to help me with a really good idea I have to improve care?

Magnet Lunch Forum

12-1pm, every Thurs., Lunder 234

(lunch provided) An opportunity for leadership, Collaborative Governance champions and other staff to learn more about Magnet Recognition and the Magnet Monday topic-of-the-week.



Donabedian, 1966; 1990
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PLAN: Identify the problem and current process- create a plan

DO: Implement or carry out the plan

CHECK: Evaluate the change- did you get the results you wanted?

ACT: Continue with the change or modify the plan until you get the results you are looking for

Once the right question is asked, is there a specific process for a quality improvement project?

Plan Do Check Act (PDCA) is the standard tool that is used for quality initiatives at MGH. It helps to provide a nice step-by-step approach to problem solving. The PDCA process and one or more champions set the ball in motion toward improvement. However, asking a “why” question is only the beginning. Following the steps of PDCA keeps the project on track and also provides the narrative for why a project was chosen; how you planned for the change; how you implemented the change; and, if the change met your goals.

The best part about being a part of an improvement effort is the level of excitement and accomplishment that accompanies a positive change. The beauty of the PDCA model is that it can be used for any project. Quality initiatives do not need to be big and time consuming. One person with one question can create change! Successful quality initiatives begin with a question and end with an exclamation.

Here are some examples of the evidence that Magnet wanted to see reflected in our document that spoke to direct care nurses and quality:

- How nurses at every level—CNO, nurse administrators, and direct care nurses—advocate for resources...to support unit/division goals
- The structure and processes by which input from direct-care nurses is used to improve the work environment and patient care
- Changes in the work environment and patient care based on input from the direct care nurses
- The structures and processes that enable nurses from all settings and roles to actively participate in organizational decision-making groups such as committees, councils, and task forces
- Improvements in different practice settings because of nurse involvement in organizational decision-making groups such as committees, councils, and task forces
- The structures and processes that include direct-care nurse involvement in tracking and analyzing nurse satisfaction or engagement data

