

Quality Report



A special report on quality improvement in Wisconsin hospitals

Staff Nurse Survey on Quality Improvement: Keys to Knowledge and Engagement

As a follow-up to the spring 2009 QI Managers Survey, WHA requested participating QI Managers solicit a sample of staff nurses to answer a similar set of questions. This survey was conducted with funding from Aligning Forces for Quality (AF4Q).

Aligning Forces for Quality is supported by the Robert Wood Johnson Foundation, through a grant to the Wisconsin Collaborative for Healthcare Quality (WCHQ). In Wisconsin, Aligning Forces for Quality is a joint project by the WCHQ, WHA, and other organizations.

In the earlier QI Managers survey, the improvement models PDCA or PDSA were used in 86 percent of the 92 hospitals responding. What would staff nurses say if asked the same question? In this population, the PDCA/PDSA models were the most widely used and/or familiar to nurses. Interestingly, some 40 percent of responding nurses noted that they were not at all familiar with this improvement model (Chart 1).

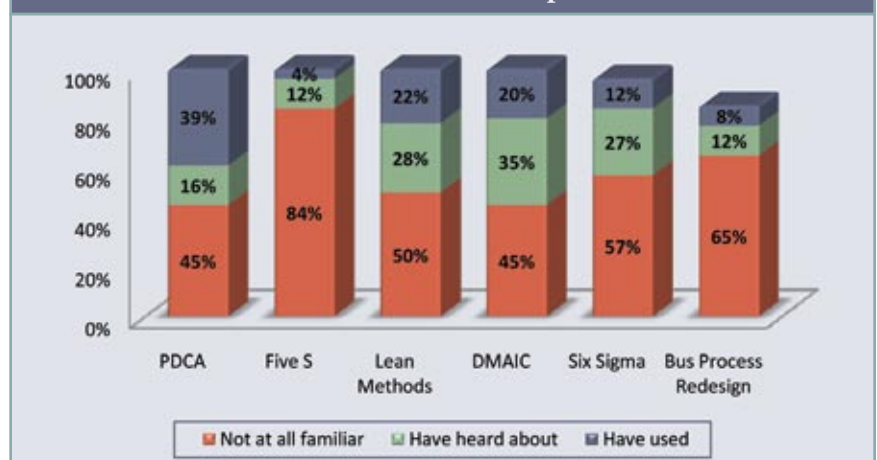
Table 1: Represented Hospital Size

25 Beds or Less	43%
26 to 200 Beds	26%
More than 200 Beds	31%

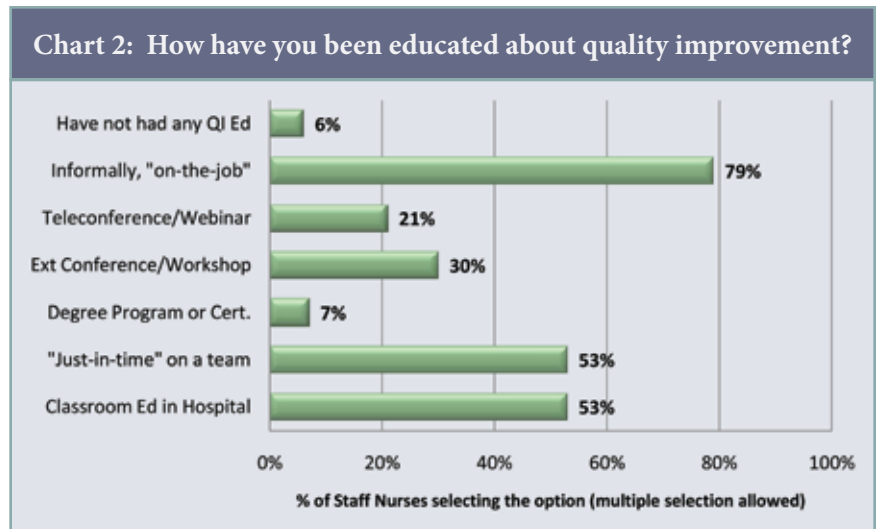
Table 2: Staff Nurse Tenure in the Profession

Less than 5 years	10%
6 years to 15 years	28%
16 years to 25 years	26%
26 years to 35 years	26%
More than 35 years	10%

Chart 1: How familiar are you with these QI methods that are in use in Wisconsin hospitals?



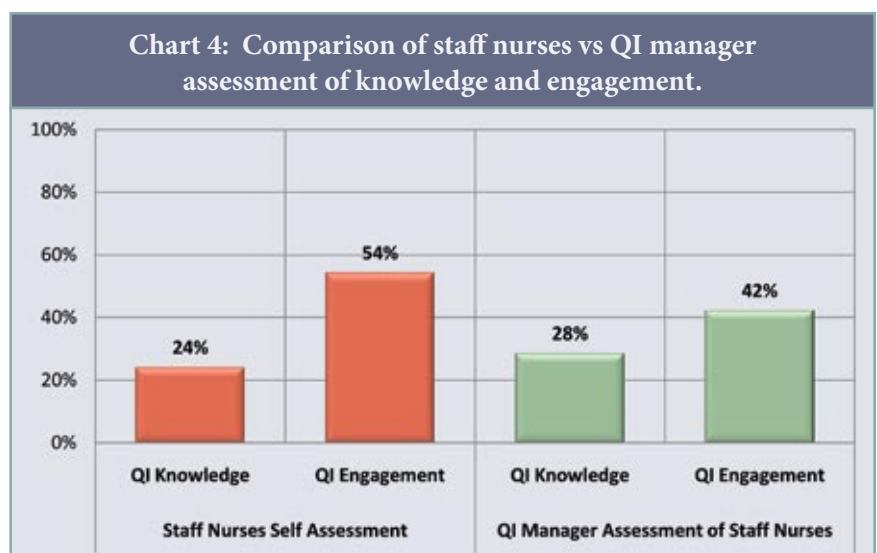
When asked how they learned about improvement methods, 79 percent of staff nurses stated they learned QI “on-the-job” or informally, and 53 percent stated they learned the methods while serving on a team, or “just-in-time.” In the initial introduction of QI in hospitals, at least 15 to 20 years ago, a classroom approach was most widely used to introduce QI concepts to staff and management. In this study, only 53 percent of staff nurses indicated they were taught in a classroom setting, as noted in Chart 2.



Participation on improvement teams or clinical quality efforts require a set of skills that enhance the productivity and effectiveness of groups. Staff nurses were asked if they received training in any of these skills. As noted in Chart 3, staff nurses do not appear to be learning the skills of running a meeting, group decision-making, or the science of working with data at a rate in line with the demands for improvement. Since each of these skills are important to successful clinical improvement, this may be indicative of barriers to involving more staff, and achieving spread across the hospital.



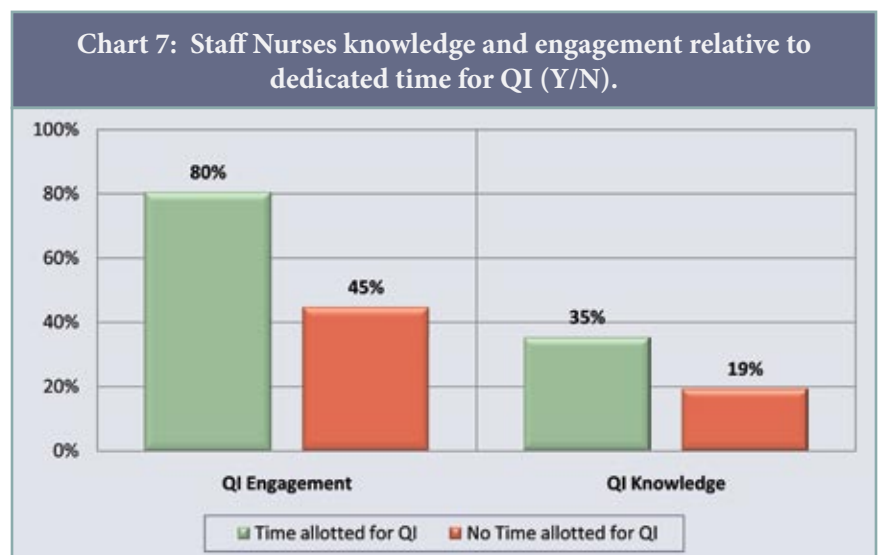
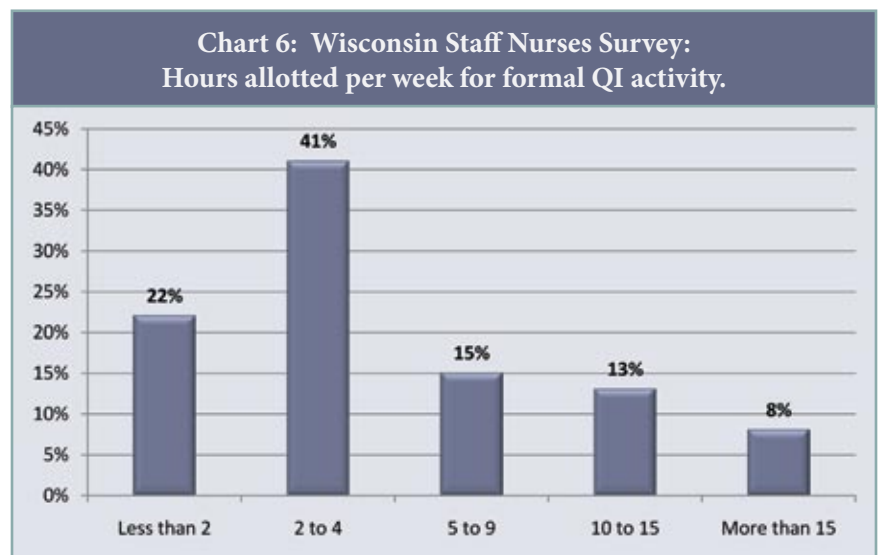
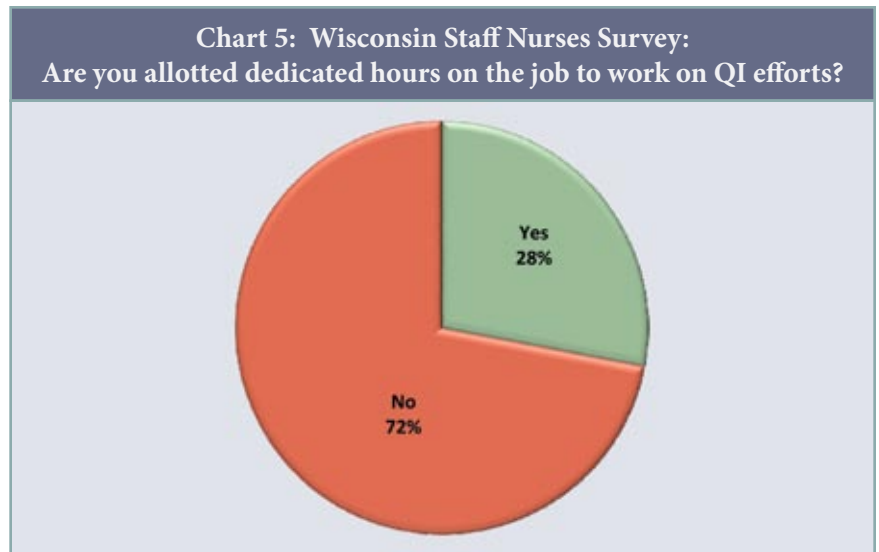
In the spring survey, QI managers were asked to assess staff nurses’ degree of QI knowledge and their engagement in QI efforts. To follow-up in this data collection, staff nurses were asked to self-assess these two factors. Comparing the responses of both surveys shows a similar pattern emerging – engagement is outpacing knowledge (Chart 4).



Generally speaking, increasing knowledge of QI is a more straightforward effort than increasing engagement since knowledge is improved through education. What does it take to become more engaged? Some hospitals have added QI work to staff job descriptions and have gives staff dedicated time to meet with teams or work on other aspects of improvement. Nurses were asked if they are allotted a certain number of hours per week to participate in QI efforts. Seventy-two percent indicated that they did not have allotted time for QI participation (Chart 5). When nurses indicated they did have time allotted for QI work, the number of hours in one week is noted in Chart 6.

Taking this analysis one step further, a comparison of knowledge and engagement of those nurses who had time allotted versus those who did not is displayed in Chart 7. One key factor may be the ability of the staff nurse to spend time on the hospital’s key improvement efforts. Those who indicated that they have allotted work time to attend to clinical or process improvement show a markedly better rate of engagement and degree of QI knowledge.

When the responses from nurses who self-identified as being less engaged are analyzed, there are a variety of factors influencing their perceived lack of engagement. While some of these responses indicated that intrinsic factors are in play (Not Interested/Other Priorities), many of the common responses (Not Enough



Time, Not in Job Role, Never Asked, Too New) result from factors in place in the work setting (Chart 8).

Just what is the role of staff nurses in the improvement process? Respondents were asked to rate how relatively easy or difficult were a set of generalized steps to make an improvement at their hospital. For these seven steps, nurses noted that some were very easy (scoring 80 percent or better on the ‘easy ‘ scale), while other factors were listed on the ‘more difficult’ side of the scale (score more than 20 percent on difficulty). Ideally, all of these steps should be clear, documented, and easily navigated to ensure broad participation for all hospital staff (Table 3).

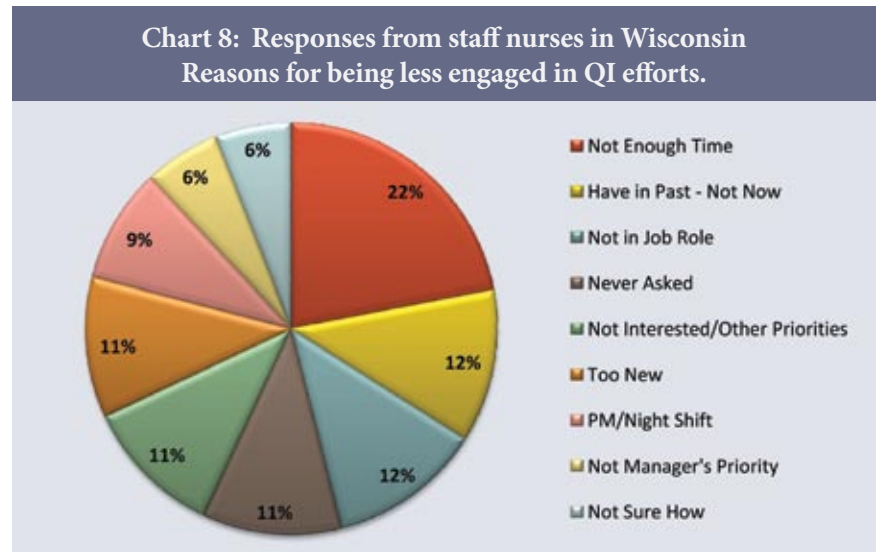


Table 3: Implementing Improvement
How easy is it for you to do the following steps to make an improvement at your hospital?

Relatively EASY to Do:	Relatively DIFFICULT to Do:
<ul style="list-style-type: none"> Bring ideas for improvement to your co-workers (84%) Bring ideas for improvement to your manager (85%) Participate in improvement efforts (86%) 	<ul style="list-style-type: none"> Obtain approval for making a change (43%) Apply a systematic way of improving (38%) See the results of implemented changes (28%) Convince your manager about the need for change (24%)

Here are a few summary observations:

- Improved methods of education in QI would enhance the spread of QI effort across the hospital.
- A clear reliance on informal learning may indicate the need for re-designing QI training to move toward more flexible learning approaches.
- An emphasis on measurement in clinical improvement requires skills in handling data, a subject area that may be lacking in hospital workforces today.
- Incorporating leadership skills and project management approaches would also be beneficial to enable hospitals to have a larger pool of QI team leads to supplement the formal QI roles.
- Workplace factors such as allowing time for participation, and clearly identifying QI as part of a staff nurses’s job would likely enhance the efficiency and effectiveness of hospital improvement efforts.

For additional information:

You may view the previously released Quality Report on the QI Managers Survey results at www.whaqualitycenter.org.

Beginning in October, see the WHA’s new Quality Resource website. A ‘one-stop-shop’ for QI news, topics, and information. Visit www.whaqualitycenter.org.