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10 creative nursing ideas that helped transform an entire health system.
How do you measure quality? Here at University of Utah Health Care, it’s not just reflected in our data and metrics. It’s the smile on a patient’s face. It’s a hug given freely to a family member in crisis. It’s nurses and physicians and researchers and administrators all working together to deliver an exceptional patient experience along with superior clinical outcomes. And it’s what we do, each and every day.

Five years ago when we began this journey, University of Utah Health Care was an excellent medical center. But something was missing. Although we’d always provided outstanding care, our quality and patient satisfaction scores ranked us in the middle of the pack for academic medical centers. We knew we could do better—much better.

To drive transformation, our nursing department looked at everything we did through a single lens: the patient experience. From our professional practices to educational opportunities to physical spaces, everything was subject to change. And every change we made had to answer the ultimate question: Will it improve our patient care?

Five years later, the answer is yes. In addition to ranking #1 for most improved patient satisfaction, University of Utah Health Care is currently ranked #1 in quality among academic medical centers. We did it by thinking creatively, working together, and empowering every staff member from every level of the organization.

As we shifted our focus, things began to change—slowly at first, then more dramatically. This year, we were honored to be named #1 in Quality by the University HealthSystem Consortium for our clinical outcomes, as well as Top Improver by Press Ganey for our dramatic rise in patient satisfaction. Now, we’d like to share some of the ideas that got us to this point in our journey, and we’d love to hear your great ideas as well. Please take a look at the top 10 creative ideas that helped transform our organization. Then, take a moment to share your ideas with us at NursingInnovation.UofUHealth.org.

I look forward to hearing from you.

Margaret Pearce, RN, Ph.D.
Chief Nursing Officer

A message from our Chief Nursing Officer

Where creative nursing ideas flourish.

#1 in Quality in the Nation
Quality and accountability study among academic medical centers ranked by the University HealthSystem Consortium

2010 / 1st out of 98
2009 31st out of 93
2008 50th out of 88

University of Utah Health Care

Transforming patient care.

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Developing creative nursing ideas.

Some of the changes we made seemed too small to make an impact—like giving needy families a free meal. Others seemed too monumental to get approved—like building a multi-million dollar ICU. But when the idea was the right thing to do for the patient, we got it done. And with every change we made, something remarkable happened: our satisfaction numbers shot up, our operational costs went down, and our professional practice flourished.

How, exactly, did we do it? Read on to discover the creative ideas behind our remarkable transformation.
Hospitals aren’t like typical businesses. They don’t sell merchandise. And they don’t slash prices. Instead, they have a clear, singular mission: To care for people.

But here’s the conundrum: In order to provide the best patient care, hospitals must think and act like the best-run businesses—and that’s not always easy for organizations that think and act like, well, hospitals. “Hospitals need more than just a clinical model,” says Margaret Pearce, our CNO. “They also need a business model.” And that’s exactly what we created for our nursing department.

01. Run your nursing department like a business.

“Everything we do is for our patients. But in order to do it, our hospital must stay financially viable.”

—Eric Allen, Senior Business Financial Analyst

Building a 5-year business plan.

Together, we developed a nursing business plan devoted to making our hospital nationally known for the professional practice of nursing. We identified gaps in quality, efficiency, and patient satisfaction, and we used them to drive our strategy for improvement. We knew that to achieve our ultimate goal of providing excellent care without compromise, we’d have to add two more goals: improving our fiscal responsibility and increasing our quality outcomes.
Bringing nursing experts and process experts together.

Our nurses worked closely with the process engineers on our Performance Excellence Team to identify ways to work smarter, leaner, and faster—all while providing better patient care than ever before. We assigned a quality specialist to each unit to ensure consistent collaboration, ongoing analysis, and continual improvement. “No one is sitting in an office, evaluating data and telling nurses what to do,” says Mike Swanicke, a management engineer on the Performance Excellence Team. “We’re working together to solve problems.”

When it comes to staffing, look at the big picture.

For a hospital to stay financially viable, every department—and every person within that department—must work efficiently. But we couldn’t get there when we staffed nurses unit by unit. We’d bring in agency nurses only to find that we didn’t need them. We’d staff up to meet a perceived need only to find that we had too many nurses for the tasks at hand. We’d send nurses home on one unit, while hiring someone new on another. It didn’t make sense.

Global staffing changed all that. We put our entire nursing department on a centralized staffing grid and made hospital-wide staffing decisions based on our census status to ensure an ideal nurse-to-patient ratio. With this one change, we were able to optimize our staffing 24 hours a day.

Improvement is a science.

We’ve developed each of our creative nursing ideas with a structured, systematic approach. Here’s how we do it:

1. Analyze the data
   Listen to staff concerns, examine financial performance data, and pinpoint any gaps in quality or patient safety.

2. Develop a pilot
   Try out the new idea on one unit and measure results.

3. Expand the program
   Bring the idea to other units after a pattern of success has been established with the pilot.

$1.2 Million Saved—
By predicting vacancies and staffing globally, we’ve increased our labor management efficiencies, resulting in annual savings of $1,248,000.

With centralized, global staffing and smaller, flexible nursing pods on each unit, University of Utah Health Care has a healthier financial outlook than ever before, taking care of 11% more patients with 4% less labor—a reduction in nursing labor costs of $100 per patient day.

To further improve efficiency and staffing, we designed each of our new units with three smaller pods and three separate nursing stations. Now, if our census is low, we can simply shut down a pod—so we don’t have to staff up on a unit that’s not fully loaded. This strategy can be used in conjunction with the opening and closing of our Flex Unit (see Idea #6).

But that’s just the beginning. Our pods also allow us to co-locate patients based on their clinical needs, so we can assign specialized nurses to very specific areas. What’s more, the smaller pods keep nurses in closer proximity to their patients and create a quieter and less chaotic environment. “It’s a great way to give more personalized care,” says Margaret. “And it’s incredibly cost effective.”

Improve efficiency—and quality—with smaller, more flexible units.
02. Nurses should walk in their patients’ shoes.

Nurses can’t go through the difficult work of treating patients if they don’t care about them. And while our nurses have always cared about our patients, it simply wasn’t showing five years ago like it should have. Our patient satisfaction numbers were uncomfortably low—and to turn them around, we knew we needed to better connect with the emotional needs of our patients and their families. So we created a whole new type of professional development for our nurses, and we called it empathy training.

Compassion as curriculum.

Nurses are constantly building their clinical skills, but that’s only part of what they need to be successful. With empathy training, we help them understand what it feels like to be in a hospital and to feel angry or scared or confused or helpless or alone. In other words, we help them understand what it feels like to be a patient.

During the training, nurses are given real-world patient scenarios. They’re asked to put themselves in the patient’s shoes and think about what that person might be feeling. Then they identify any barriers that could keep them from meeting that patient’s needs—and they discuss ways to break them down.

Imagine that …

+ You come to the hospital for the birth of your second child, and your wife dies during labor.
+ You need emergency surgery, but you don’t have enough insurance or money to cover the medical bills.
+ You get in a serious car accident, wake up in the ER, and learn that you’re paralyzed.

These are just a few of the real-world patient scenarios that we work through during empathy training.

“It’s a transformational experience. It’s a chance for nurses to stop and think about just how hard it is to be a patient.”

—Teri Olsen, Director of Project Development

Changing personal attitudes—and professional practices.

Empathy training shifts nurses’ personal thinking and professional actions. At the end of each session, nurses are asked to commit to this new perspective by stating what they’ll stop doing as well as what they’ll start doing. Through this practice, we’ve made hundreds of big and small changes to our nursing practices—from avoiding medical jargon, to saying “I’m sorry,” to giving a hug. “With empathy training, our nurses have a chance to reach inside of themselves and really identify with their patients,” says Teri. “And that has made all the difference.”

Getting to the heart of the matter:

Like all of our nurses who’ve been through empathy training, Tammy Van Tuwal knows that emotional care is just as important as clinical care.
03. For patients, the little things mean a lot.

Nurses usually know what their patients need. The problem is, they haven’t always known exactly how to go about giving them those things—especially when those things are related to guest services, not clinical care. We decided to change that.

As part of our nursing business plan to boost patient satisfaction scores, we stopped asking consultants and executives what our patients needed, and we started asking our bedside nurses. We created a Patient Experience Team comprised of high-performing nurses on each unit, who became our “unit champions,” and we let them tell us exactly what needed to change.

Food, shelter, clothing … and a better comb.

By surveying patients and staff throughout the hospital, our Patient Experience Team pinpointed a number of small kindnesses and conveniences that brought big smiles—or simply a sigh of relief. We started giving free cafeteria meal coupons, pre-paid phone cards, and even free hotel stays to families who seemed to need them. We gave cards to patients who were spending their birthdays in the hospital. We provided new clothes for trauma patients to go home in. We upgraded the flimsy combs in patient rooms.

“When a new mom can’t leave the hospital as soon as expected, we do everything we can to make her stay a little easier,” says Christine Pettit, unit champion and clinical nurse coordinator for Women’s & Children’s Services.

Patient satisfaction isn’t just measured by numbers on a chart. It’s also measured by the hugs, smiles, and thank yous we receive each and every day.

Championing compassion: Christine Pettit, unit champion and clinical nurse coordinator for Women’s & Children’s Services, knows that small gestures of empathy can have a big impact on patient satisfaction.
“Spending a little downtime in a patient room, especially in the middle of the night, can help someone feel a little less homesick, and a lot more comfortable.”

—Christine Pettit, Unit Champion and Clinical Nurse Coordinator for Women’s & Children’s Services

Building patient satisfaction
University of Utah Health Care National Percentile Rank

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Also in 2010, University of Utah Hospital was named Top Improver by Press Ganey for our dramatic rise in patient satisfaction.

White nursing uniforms create positive patient perceptions.

Patients don’t judge nurses just based on their clinical training or the letters behind their names. Like all of us, they make judgments based on first impressions. And research shows that they perceive nurses in white uniforms as more professional and competent than nurses in scrubs. Uniforms also help patients distinguish their nurses from their nursing assistants—or any other staff that enters the room.

For those reasons, we decided to eliminate our hospital’s chaotic rainbow of scrubs and put our nurses in consistent uniforms. But as part of our culture of collaboration, we let our nurses have the final say on color. Ultimately, they chose three color options for pants, along with all-white tops; not because they loved the color white, but because they felt it was the right thing to do for our patients.

$107,000 saved in just two years

Before we moved to uniforms, it seemed like everyone in the hospital wore scrubs—from housekeepers and call center workers to RNs and physicians. Today, scrubs are used for their intended purpose: surgery. This simple change has significantly decreased the amount we spend on scrubs.
Look around your hospital. Really look. Look at the people making beds in patient rooms, drawing blood in the phlebotomy lab, or wheeling patients to radiology. What if you could take the best and brightest of them and help them become RNs? And what if you could further guarantee that they’d launch their RN careers right in your hospital?

It might sound like a crazy idea, but that’s exactly what we did. It all started when one of our promising health care assistants, Trent Bassett, couldn’t get into nursing school. He had great grades and solid work experience, and yet he’d been rejected by multiple programs. But he didn’t come to us to complain. He came to us with an idea.

A nursing assistant driving change.

We helped Trent create a program in our hospital called FUUN—Future University of Utah Nurses. The group met to discuss nursing application strategies, hear from admissions counselors at local schools, and help each other through the application process. The networking and collaboration paid off. Within a year, all but one FUUN participant had been accepted to nursing school. And today, Trent is one of our critical care nurses.

A new kind of nursing school is built.

Through FUUN, we learned that there were plenty of people, right within our own hospital walls, who would love to help fill our nursing gaps ... if they could just get the clinical training they needed. And so we took Trent’s idea and pushed it to the max: We created our very own nursing program.
We knew that the difficulty for nursing hopefuls was getting an RN, and once that was accomplished, the RN-to-BSN program was more readily available. So we developed an RN associate’s degree program in partnership with Salt Lake Community College and the University of Utah College of Nursing.

Now in its 4th year, our program is open only to current University of Utah Health Care employees, so staff with the right grades and prerequisites have an easier way to get into school, get trained and get to work. We pay for each student’s tuition and books with a single caveat: They must agree to work with us as an RN for three years after they graduate.

“Students are elated when they find out they have the opportunity to go to nursing school. We have been able to help fulfill dreams as well as fill open nursing positions.”

—Tiffany Noss, Staff Development Educator, Clinical Staff Education

“It’s a win for our staff and a win for our hospital, too,” says Tiffany Noss, who manages our student programs. “The program requires an investment of about $12,000 per student, but it pays for itself.” Indeed it does. According to the American Nurses Association, recruitment can range from $22,000 - $64,000 per nurse, depending on factors like turnover, unit specialty or location. With a guaranteed pipeline of new nurses for our hospital each year, we save hundreds of thousands in recruiting costs and our new RNs are busy continuing their education to BSN and beyond.

Student success story: From cafeteria to clinicals.

Carmen Cannon knew she wanted to be a nurse at University of Utah Health Care, but there was only one problem. She didn’t have an RN, and she had no idea how long it would take to get into a traditional nursing program. She didn’t want to give up, but she was having a hard time moving forward. “I was working in the cafeteria at the U—I just wanted to get into the hospital any way I could, and I knew I had to start somewhere.”

When she got accepted to our Salt Lake Community College nursing program, she knew she was finally on her way to fulfilling her dream. “It was shocking and thrilling to get in,” she says. “The opportunity to receive free tuition and books is pretty unbelievable.” Today, Carmen is finishing her program, confidently making it through her clinicals, and preparing for her next move: a doctorate in psychiatric nursing. “The SLCC program opened up more opportunities for me and other people like me who work at the hospital,” she says. “And I’m forever grateful.”

83 NEW RNs.
60 MORE IN THE QUEUE.
$0 SPENT TO RECRUIT THEM.

University of Utah Health Care currently has 74 graduates from our associate’s degree program working as RNs in our hospital, and 60 more students in the queue to become our new RN hires. Because they’ve agreed to work for us for three years after graduating, we’ve saved $3 million - $9.1 million in recruitment costs.

05. Transform your float pool into a highly trained SWAT team.

Five years ago, we managed our resource nurses in the same way that most other hospitals in America do it. We used them to float in, help out, and move on. We gave them our routine, low-acuity tasks—so they weren’t overwhelmed, but they were often overlooked for career advancement or special assignments. They were missing out on opportunities to build clinical skills, and we were missing our opportunity to get truly valuable contributions from them.

All that changed when we made the decision to turn resource nursing into a career path, not just a fill-in job. “Our resource nurses have always received essential education, but they weren’t overwhelmed, but they were often overlooked for career advancement or special assignments. They were missing out on opportunities to build clinical skills, and we were missing our opportunity to get truly valuable contributions from them.”

—Karen Nye, manager of resource nursing.

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Training to the max: Resource Nursing Manager Karen Nye, pictured with nurse Jacob Moon, makes sure that every resource nurse has the opportunity to pursue specialized, advanced education.
“Our resource nurses are the hospital’s SWAT team: highly trained, autonomous, and ready for anything.”
—Karen Nye, Manager, Resource Nursing

From standing at the bedside to soaring over the Wasatch mountains.

Our resource nurses can receive specialized certifications for our ER, ICU, burn and neurology units. And with our new AirMed track, we’ve taken resource training even higher. “AirMed needs highly specialized nurses who also possess incredible versatility,” says Karen. “Our resource nurses work all over the hospital and can perform many specialized procedures.” In other words, they’re the perfect candidates for the job. And we’re giving them the education they need to be part of that team.

“We’re changing the way people think about resource nursing,” says Karen. And we’re changing the way resource nurses work in our health system. Gone are the days when unit nurses would have to take time out of their shifts to show the float staff what to do. Instead, our resource nurses can teach them a new skill or take on a challenging patient. “They add real value to our professional nursing staff,” says Karen. “They’re an integral part of our critical care service line.”

Schedule proactively, not reactively.

In order to work more efficiently than ever before, and to provide even more value from our resource nursing staff, we’ve taken a big-picture approach to resource scheduling by staffing a full month ahead of time. “There’s no more scrambling,” says Karen. “Our nurses can look at the schedule, choose where they want to work, and help us fill known, active holes instead of perceived holes.”

62% reduction in overtime hours

Before implementing pre-scheduling, our ICU units averaged 42 hours/week of overtime. Now, they average 16 hours/week of overtime.

$102,000 saved annually

Proactive scheduling has enabled our hospital to save $102,000 annually in overtime pay costs—just in our ICU units alone.
When it comes to patient census, every hospital unit has its sweet spot—the number of patients that is most productive and efficient. Problem is, it’s all too easy to find your units operating in a very sour spot—understaffed and stretching human resources too thin, overstuffed and unnecessarily wasting financial resources, or worse: completely maxed out and turning patients away.

It’s a situation that’s bad for patients, bad for nurses, and bad for business. And it’s the situation that drove University of Utah Health Care to create a brand-new mode of operation: the Flex Unit, a 13-bed unit that opens and closes based on the daily hospital census.

Boosting hospital-wide efficiency.

“We couldn’t keep thinking the same way and expecting different results,” says Tracey Nolen, Nurse Manager of the Flex Unit. “The critical red census alerts were unacceptable. Going on divert was unacceptable.”

Nolen’s flexible, use-only-what-you-need solution turned out to be a million-dollar idea. Literally. Staffed by the hospital’s committed, highly trained resource nurses, the Flex Unit has helped the hospital to consistently run at its sweet spot and save over $1,084,000 in staffing costs. At the same time, the unit boasts a patient satisfaction rate of 99%—one of the highest in the hospital.

“Our patients aren’t tasks. Our patients are people.”

— Tracey Nolen, nurse manager, Flex Unit

06. Open more beds when you need them. Close them when you don’t.
Building an overflow unit that patients actually love.

At many hospitals, getting “stuck” on an overflow unit leads to low patient satisfaction marks. But that’s not the case on the Flex Unit. “The patients who come to us are really sick and often unhappy,” says Tracey. “The hospital is the last place in the world that they want to be; especially if they feel like they’ve been put in the wrong place due to overcrowding. It’s our job to turn that around.” Citing excellent clinical care as a basic patient expectation and right, Tracey talks about how her Flex Unit nurses consistently exceed that expectation.

“Our nurses understand the risk of low patient satisfaction on an overflow unit, and they go the extra mile to make sure the emotional needs of patients and families are met,” says Tracey. It could be grabbing snacks for a tired, hungry family. Or providing new clothes for a trauma patient to go home in. “Our patients on the Flex Unit have lost their control,” says Tracey. “We look for ways to give some of it back—and to give them back their dignity. Above all, we always remember that our patients aren’t tasks. Our patients are people.”

$1,084,000 saved

As a 13-bed unit that can be opened or closed based on hospital need, the Flex Unit helps every unit in the hospital to run at its sweet spot—providing more efficient care, without spending more money.

In an overflow unit where patients could easily be grumpy, if not downright angry, the Flex Unit has made each patient feel like they are welcome, cared for, and exactly where they should be—which is why patient satisfaction consistently soars.

07. Use more video cameras and fewer patient sitters.

When we started extolling the virtues of video monitoring, skepticism was understandably high. How could we possibly replace human sitters with impersonal video cameras? If we didn’t have someone in the room, could we really keep patients safe? Would we be able to respond quickly enough? And how would our patients feel about being on camera 24/7?

We answered these concerns in the same manner that we’d answered concerns about other innovative-but-controversial ideas. We created a pilot program.
The Neuro Acute Care unit volunteered to be our first video monitoring pioneers. “We were hesitant at first,” says Elizabeth Armour-Roth, the unit’s nurse manager. “But we also recognized that it could be a great thing for our unit.” Working with the management engineers on our Performance Excellence Team, we developed a structured methodology for training staff on the new technology and procedures—so everyone felt confident that patients would stay safe.

Increasing close supervision.

As it turns out, video monitoring allowed us to keep patients safer than ever before. With a health care assistant dedicated to watching up to six patients at a time on the monitor, we were able to provide close supervision to patients who wouldn’t have received it otherwise. And with fewer staff members sitting in patient rooms, we were able to better allocate our nursing resources.

Boosting patient safety.

We located our video monitoring station close to our patients’ rooms, so that we could react to any sudden movements or behavior changes in an instant. And even though we’d removed sitters from many of our rooms, something remarkable happened: in our first year of video monitoring on close supervision patients, we had just two falls.

Building better perceptions.

“Video monitoring made our patients and their families feel safe,” says Elizabeth. “It promoted a sense of caring. Patients knew we were watching over them, honoring their concerns, and anticipating their needs.” Perceptions among hospital staff have changed, too, as physicians and nurses throughout our health system have learned about the pilot’s success.

$282,000 in savings

From September 2010 to June 2011 we gradually implemented video monitoring in four units, and were able to increase close supervision cases while dramatically decreasing sitter costs. Savings will continue to grow as a result of our acute care areas using this technology.

Expanding the pilot.

With the success of the pilot on the Neuro Acute Care unit, video monitoring has been adopted by all acute care units throughout the hospital, including our Rehab Unit, which has seen a significant drop in falls since implementing video monitoring.

Rehab Unit Results

![Graph showing the results of video monitoring on the Rehab Unit](image-url)

With an uncomfortably high number of falls, our Rehab Unit was a perfect candidate for video monitoring. Two falls occurred initially while staff oriented to the video program. After quickly changing their processes, falls in the unit decreased dramatically, and falls on video-monitored patients dropped to zero.

07. Use more video cameras and fewer patient sitters. (cont.)

08. Prevent falls with signed patient agreements.

Janiel Wright, nurse manager at our Orthopaedic Hospital, can remember the moment when the light bulb for her creative nursing idea came on. “We’d already had a bad month with a few heartbreaking falls,” she says. “Then one of my nurses came to me and she was extremely upset.” They’d had another fall, even though the nurse had spent extra time with the patient, talking about the risks. So what, exactly, had the nurse said to her patient at the end of their falls prevention chat? Call me if you need anything.

That’s when Janiel knew it was time to get creative. And specific. Instead of simply telling patients to call for help, her team created a Patient Assistance Agreement document—and they asked each and every patient on their unit to sign it prior to receiving any medication or going into surgery. With this simple action, patients formally acknowledged that they’d call for help anytime they needed to get out of bed or even when they just needed to reach for an object.

“Talking just doesn’t have the same impact as actually signing something,” says Janiel. “Our patients took the agreement seriously, because we were taking their safety seriously.”

“We can get so caught up in our fear of offending the patient, that we miss opportunities to keep them safe.”

—Janiel Wright, Nurse Manager, Orthopaedic Hospital

Getting it in writing: Every patient in the Orthopaedic Hospital formally agrees to call for help anytime they need to get out of bed, or even when they just need to reach for an object.
Can signed patient agreements really prevent falls?
The answer is an unequivocal “yes.”

Orthopaedic Hospital Inpatient Unit / Falls by month

Since implementing Patient Assistance Agreements in August 2009, there have been only two falls at the Orthopaedic Hospital.

Involving patients, families and staff.

Before implementing the Patient Assistance Agreement, fall prevention ideas had been limited to putting high-risk patients in grippy socks or taping falling leaves to their doors. Asking all Orthopaedic patients to sign an agreement was a bold shift in falls prevention—and some worried that patients would be offended. But it was an idea whose time had come. “It’s okay to be firm with patients when it’s for their own protection,” says Janiel.

Committing to safety.

The prevention process doesn’t end after the agreement is signed. Patients and families are verbally reminded of their commitment throughout their hospital stay—and the agreements are posted conspicuously in patients’ rooms. Info posters with the message “Please call, don’t fall” are also hung in each room. And when a patient does call, nurses drop everything to go to their bedside. “Everyone takes ownership and commits to holding up their end of the bargain,” says Janiel. “Patients, families, staff … we all hold each other accountable.”

2 years, 2 falls.

After implementing Patient Assistance Agreements, the Orthopaedic Hospital went seven months without a single fall. And in the two years that the program has been in existence, there have been only two falls, one of which was an assisted fall. The agreements have been so popular and successful, that they are now being used by other units within our hospital, including the surgical post-op unit.

Traditionally, nurses in leadership roles manage other nurses, not global research centers. But we don’t follow tradition for tradition’s sake. And Jeremy Fotheringham, a former bedside nurse and the current director of our Comprehensive Arrhythmia Research and Management Center (CARMA), embodies this philosophy.

“Jeremy is the bridge between nursing and medicine at CARMA,” says Margaret Pearce, our CNO. “He’s helping us to build nursing as a professional practice.” Jeremy not only serves as director of CARMA, but also as the nursing director of the Cardiovascular service line, managing inpatient cardiovascular units as well as EP and Cath Labs.

Boasting a law degree as well as a business administration background, Jeremy Fotheringham brings business acumen, team building skills, and nursing expertise to his leadership post at the CARMA Center. It’s the perfect match for this highly collaborative environment, where nurses, research fellows, and physicians work together to translate cutting-edge academic research into real-time patient care procedures.

09. Put nurse, physician, and researcher heads together for better patient outcomes.
“We’re building a direct correlation between academic research and real patient results.”

—Jeremy Fotheringham, Director, CARMA Center

Collaboration breeds innovation.

CARMA center nurses work alongside physicians and researchers to improve diagnostic procedures and clinical outcomes for arrhythmia patients. They participate in AFib screening events across the Western states, they attend European conferences to see and present the latest scientific research, and they track and measure outcomes right here in our Utah lab.

“Our nurses are true partners with our physicians and researchers,” says Jeremy. “They’re fully engaged in the leading-edge research that’s changing people’s lives.” This deep research knowledge, combined with the CARMA Center’s collaborative atmosphere, translates directly to the front lines of nursing. “Our nurses ask more questions,” says Jeremy. “They’re constantly looking for better ways to do things, and they feel empowered to challenge the status quo.”

It’s the perfect illustration of what happens when nurses, physicians, and researchers put their heads together to drive better patient outcomes. And it’s all part of our vision for building a diverse team of innovative—and empowered—nurses.

Top 10% for patient satisfaction nationwide.

“Everyone at the CARMA Center shares the same vision for high-quality care and an exceptional patient experience,” says Jeremy. And with truly engaged nurses and physicians partnering with leading arrhythmia researchers, CARMA patients don’t just go home healthy. They go home happy.
10. Let nurses step outside of traditional roles.

Nursing Director Colleen Connelly didn’t know anything about construction when she started the multi-million dollar build-outs of our Intensive Care and Burn units. But here’s what she did know: She knew what nurses needed to do great work. She knew what patients and families needed to feel comfortable and happy. And she knew how to find the best talent to get just about any job done. “Colleen is one of the most capable people I’ve ever met,” says Margaret Pearce, our CNO. “She’s got the kind of no-nonsense personality that can handle anything.”

From bedside nurse to jobsite manager.

Like her colleague Jeremy Fotheringham (see Idea #9), Colleen has been given a unique leadership opportunity that’s highly uncommon for nurses—and yet perfectly suited to her expertise. “I started at University of Utah Health Care as a staff nurse,” she says. “And as nurses, we know what’s going to work or not work for a unit’s physical space. We understand the flow. After all, we’ve lived it.” Combine this practical nursing experience with a collaborative, can-do attitude, and you’ve got the perfect person to lead two major construction projects for the hospital.

“I feel like I’m the luckiest person in the world,” says Colleen. “Our organization has given me, and so many other nurses, really exciting opportunities. They’re not afraid to hire from within and train people. And by allowing nurses to step outside of their traditional roles, they’ve helped us to grow.”

Tearing down walls.

Taking on a massive construction project isn’t for the faint of heart. And securing funding for the ICU build-out was the first major challenge. Although the proposal had been put forward multiple times and the need for a new space was painfully obvious, the project had always been turned down. “I decided to find out exactly why it had been declined in the past, and I built a new proposal that removed those barriers,” says Colleen. The biggest barrier turned out to be the request to spend $20 million in a single fiscal year. So Colleen proposed spreading it out over four years—and the ICU build-out was finally approved.

Building the dream.

The old medical ICU had only a single bathroom for 12 beds. Its rooms were too small for family visits, and there was barely enough space for nurses to manage the equipment and patients. Our new ICU, under Colleen’s leadership, changes all that. Patient rooms boast picturesque windows, more square footage, and pull-out beds for family members. Nursing areas are wide open, so that staff can see each other and communicate problems quickly. Equipment rooms are centralized for easy accessibility.

On the heels of this project, Colleen will lead the build-out of our new Burn Unit, which will be renovated to meet similar patient- and staff-friendly standards. “We’ve taken the best pieces from all around the hospital and incorporated them into these designs,” says Colleen. She’s also brought together the ICU nursing staff in every step of the decision-making process. And this culture of collaboration is key to the ICU build-out’s success. “We’ve been trusted to work together, make decisions and figure it out,” she says. The result? A place that’s altogether better for the hospital, the staff, and most importantly, the patients we serve.

“I thought getting approval was a long shot. But I was wrong. Hospital administration liked my idea and trusted me to get it done right.”

—Colleen Connelly, Nursing Director

On time, on budget.

By seeking out the best possible pricing for construction materials and leveraging legacy equipment from the existing unit where possible, Colleen is expected to finish the ICU build-out on time, with a 33% contingency. What’s more, by working closely and consistently with ICU staff and involving them in every decision, the real savings are most likely to come at the very end of the project, because costly, last-minute changes—the kind that arise all too often due to lack of communication—will have been avoided.
To continue to grow, we must continue to change. That’s why our journey to professional nursing excellence doesn’t end with our 2010 #1 Quality ranking from University HealthSystem Consortium, or our Top Improver award from Press Ganey, or the conclusion of this report. Instead, we’re continuing to move forward each and every day, and we’re preparing for the next leg of our journey.

There will undoubtedly be new challenges to face along the way, new barriers to remove, and new creative ideas to adopt. And we’re ready to take them on. In the coming year, we’ll learn to work even more efficiently across all of our hospitals and departments. We’ll build new spaces to provide better care for patients and we’ll form new alliances between all care providers. We’ll enhance our electronic medical records, take on new pilot projects, and continue to build the professional practice of nursing.

All the while, we’ll be making sure we accomplish what we’ve set out to do: To care for our patients—and to give them the exceptional experience they deserve, every time they come through our doors.

Now, we want to hear from you.

We hope you’ve learned a little something from us. Now, we’d like the opportunity to learn from you. Tell us about your innovative ideas, and let’s talk about creative ways to build the professional practice of nursing nationwide.

Share your creative ideas with us!

Let’s talk about how we can work together to build the professional practice of nursing nationwide.

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