

# Nurse Leader Rounds for High Reliability: Teaching, Reinforcing and Building Accountability using Audit and Feedback



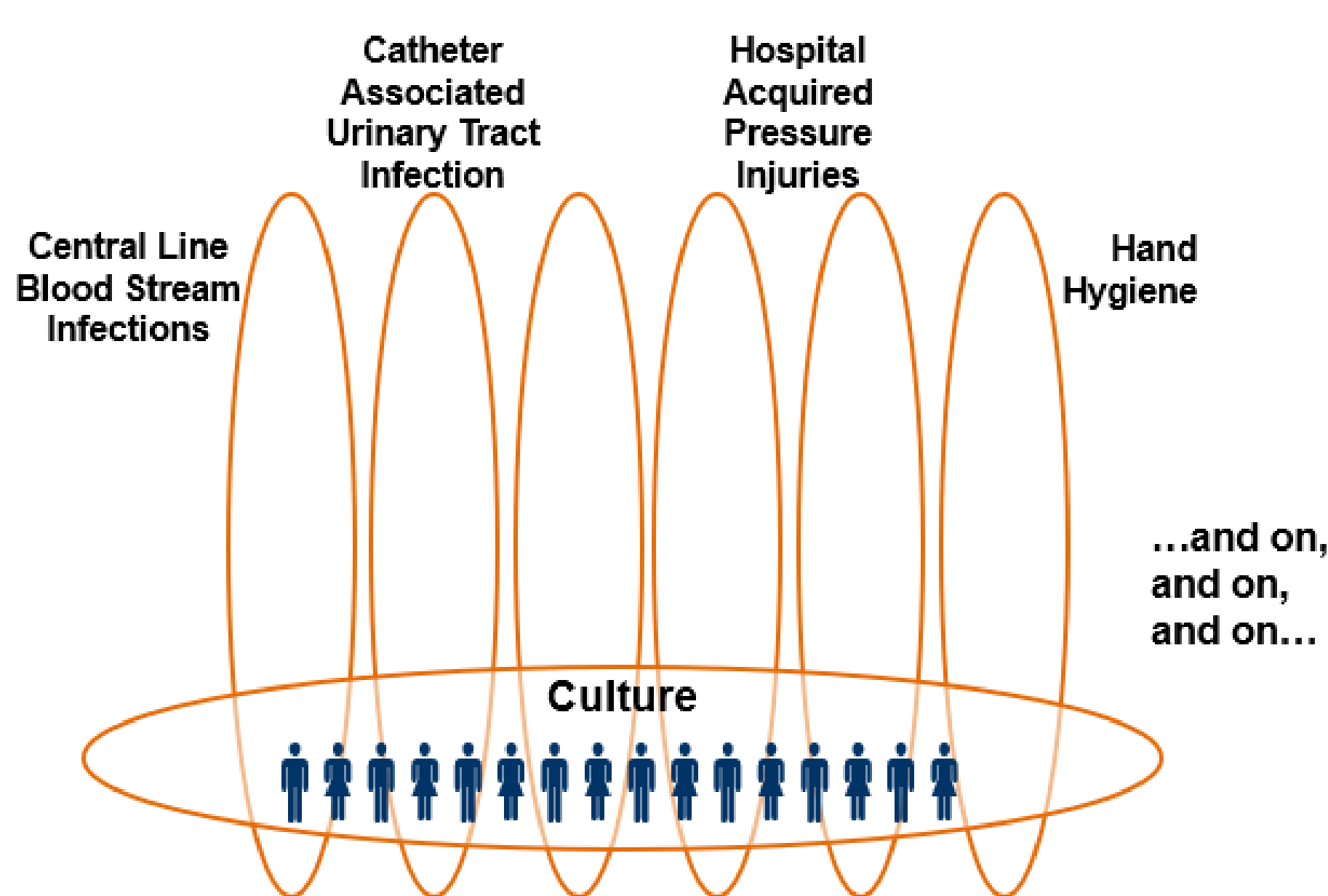
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## Background

- Preventable medical harm is the 3rd leading cause of death in the U.S. (Jha & Pronovost, 2016).
- Hospitals widely use audit and feedback (A&F) to standardize behaviors that reduce specific harm events (Ivers et al., 2012).
- High Reliability Organizational (HRO) practice embedded at all levels of a hospital could broadly impact safety culture and integrate efforts to prevent all harm (Day et al., 2018).



## Purpose & Aims

The purpose of this project was to evaluate the implementation of an A&F intervention on nurse leader adherence to daily safety rounds.

### Project Aims:

- Standardize nurse leader safety rounding to increase precursor incident reporting
- Increase connections of daily rounding practices to HRO theory
- Refine a toolkit for senior leaders to use to sustain A&F

Twelve nurse leaders from a regional children's hospital in the Pacific Northwest participated in the project.

## Methods

- Prospective, descriptive mixed methods design with iterative rapid-cycle improvements



- A&F interventional design included the following characteristics:

- Individualized, in context of group performance
- Timely
- Specific, with correct solution information
- Frequent
- Provided by superior colleague/specialist
- Private
- Designed with input of the recipients
- Written and verbal
- Designed using a theoretical framework
- Coupled with education & reminders

- Adherence data to the following rounding practice standards were collected:

Frequency	High Quality	HRO Leader Practice
Nurse leaders round 5 days/week* to:	Nurse leaders demonstrate*:	Nurse leaders* influence by:
<ul style="list-style-type: none"> <li>Reinforce error prevention</li> <li>Heighten proactive awareness</li> <li>Increase situational awareness</li> <li>Identify system defects to improve</li> </ul>	<ul style="list-style-type: none"> <li>Mirroring body language</li> <li>Uninterrupted engagement</li> <li>Asking clarifying questions</li> <li>Paraphrasing</li> <li>Praising for safety behaviors</li> <li>Follow-up to team</li> </ul>	<ul style="list-style-type: none"> <li>Articulating expectations so clearly that deviations stand out</li> <li>Encouraging people to simulate work mentally</li> <li>Thinking/questioning out loud</li> </ul>
*Self-reported	*Measured by A&F	*Measured by A&F

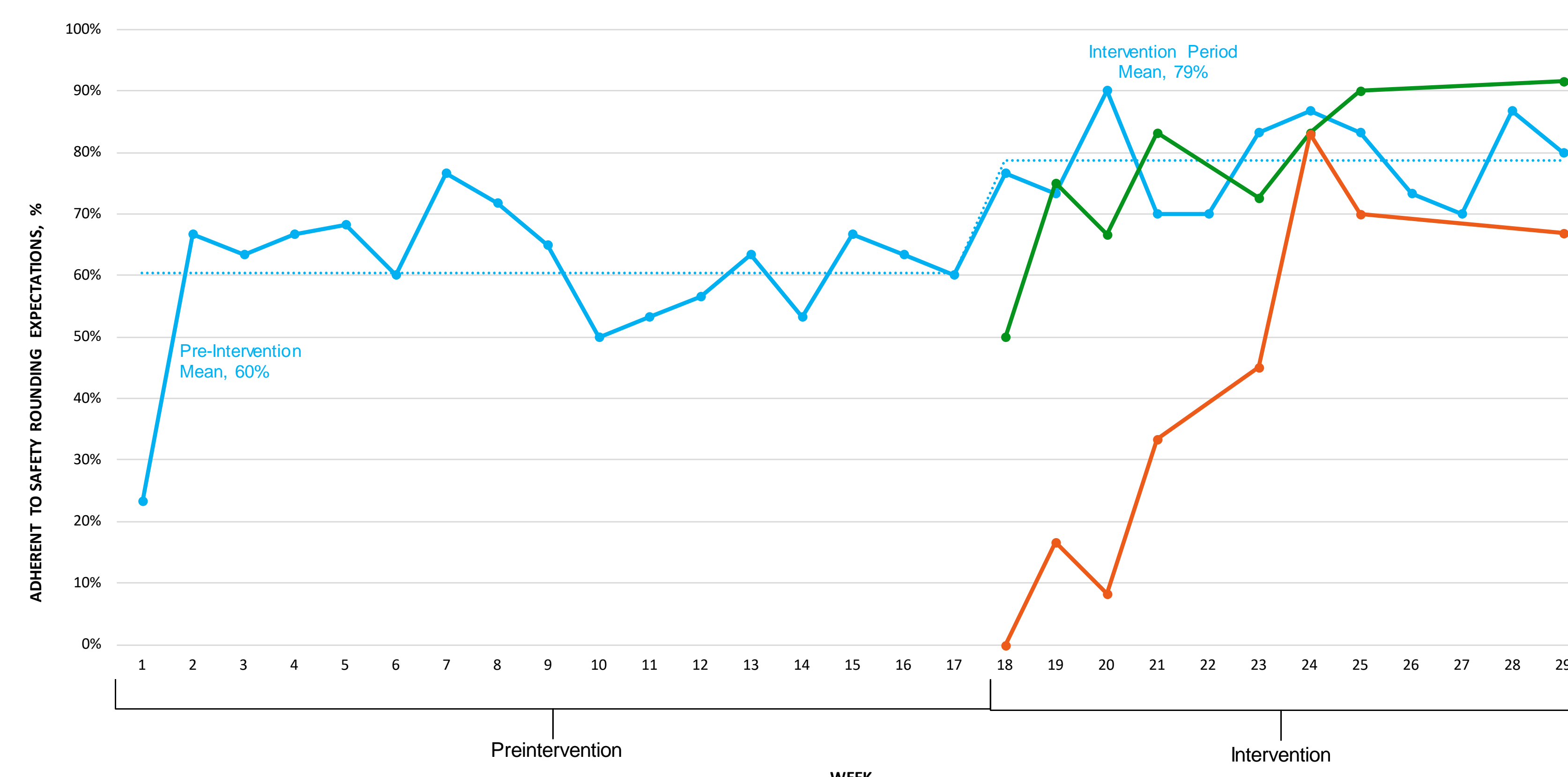
- Incident reporting data were collected on precursor events categorized as:

- Severity 1: Safety of the Environment
- Severity 2: Near Miss/Good Catch

- Qualitative data were collected to identify major themes to drive recommendations for sustained A&F upon project completion.

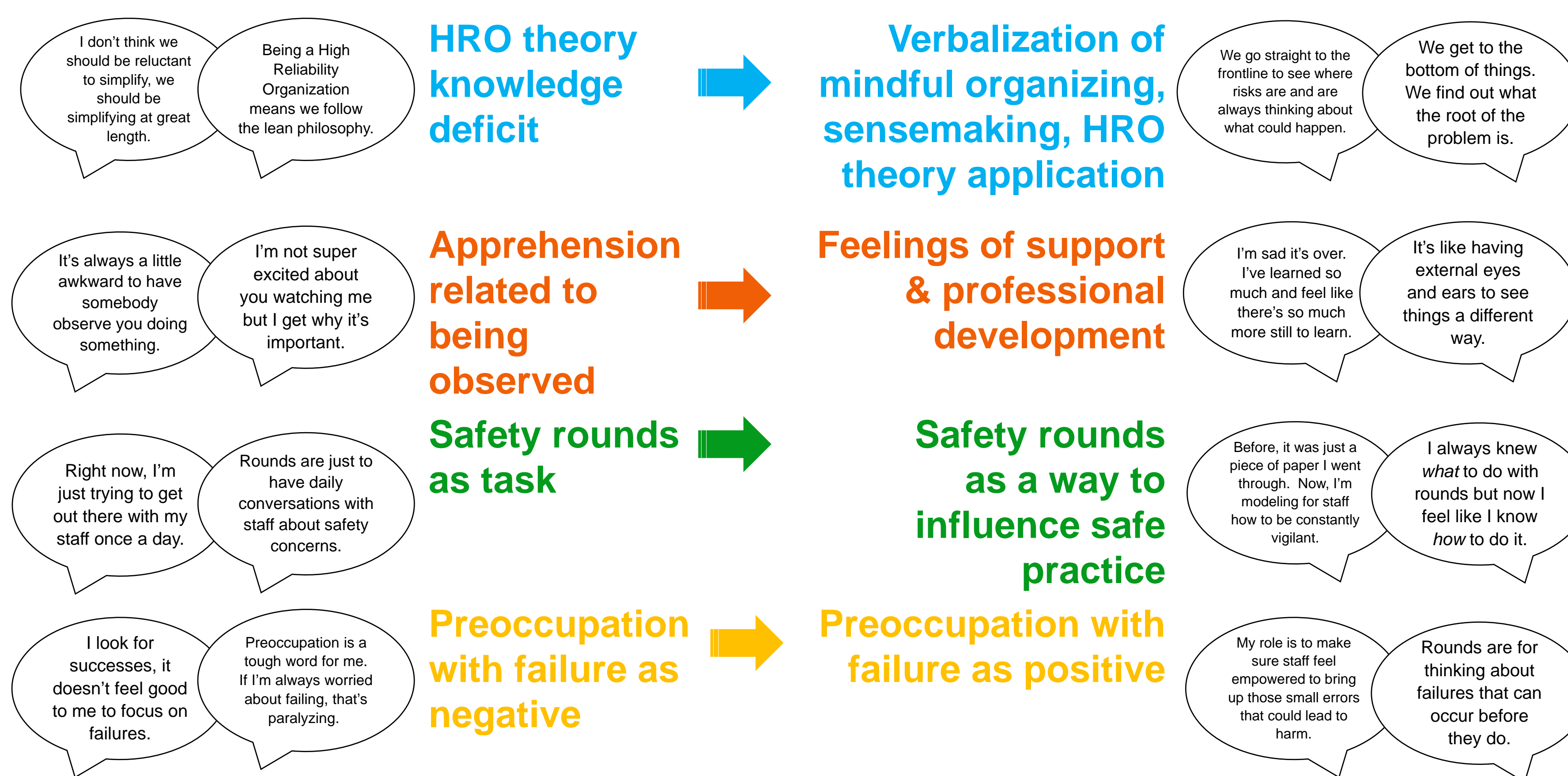
## Results

Nurse Leaders' Adherence to Frequency, High-Quality, and HRO Leader Practice Standards



N = 12. 3 observations missing due to unforeseen circumstances preventing A&F during intervention period; listwise deletion used for analysis. Nurse leaders were made aware but not held accountable for HRO leader practice indicators until the 4th week of the intervention period (Week 21 on graph).

- Precursor event incident reporting increased by 25% during A&F intervention period from preintervention
- Major themes preintervention to postintervention:



## Conclusion

A&F can effectively reinforce quality and build nurse leader accountability for daily safety rounds. Utilization of HRO theory as a framework to guide direct observational feedback offers an innovative way to translate HRO influence into nurse leader practice.