

Staff Opinions of Quality Measures in The Johns Hopkins Urology Clinic

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1 Background

Under the mentorship of Renay Tyler and Julie Kubiak, I conducted a staff survey in the Johns Hopkins Outpatient Urology Clinic (JHOC).

The staff survey was born out of broader project objectives; originally we sought to distinguish between nursing and non-nursing tasks in JHOC. We used the American Academy of Ambulatory Care Nursing's (AAACN) and the Institute of Medicine's (IOM) perspectives on the role of the ambulatory nurse as a standard for comparison. The AAACN defines professional ambulatory nursing as an evidence-based practice that ensures patient quality and safety (Stokowski, 2011). The IOM takes a more future-oriented position and urges nurses to work as health care leaders alongside physicians and to become key players in the U.S. health care system's transformation under the Affordable Care Act (Institute of Medicine, 2010).

With leadership, safety, and scope in mind, the survey sought to measure staff perceptions of patient-centered care, safety, efficiency, scope of practice and empowerment. The results were to have larger implications for improving workflow and patient safety, allocating appropriate staff to the clinical unit and professionalizing ambulatory nursing scope of practice in the Urology clinic.

2 Methods

Before I implemented the survey I shadowed in Urology so that I could obtain a better sense of current nursing scopes of practice. Registered nurses (RN's) assist with procedures, administer prophylaxis antibiotics, document patient data and are able to perform a couple of procedures independently. In comparison, Clinical Technicians (CT's) assist with the same procedures and do the same documentation as nurses but do not administer medication and do not perform any procedures independently. Medical Assistants (MA's) room patients, obtain and chart vital signs and can administer medication.

After I became familiarized with staff roles in Urology, Tyler, Kubiak, and I co-developed a survey to include five areas: patient-centered care, safety, efficiency, scope of practice and empowerment. After a couple of edits done by Kubiak and Tyler, the survey was delivered by myself orally during one-on-one interviews. Questions were read so that the delivery of the question was the same for each staff.

During the interview, I asked staff to place each of the categories on a likert-type scale. For example, "If you put patient-centered care on a scale from 0 to 5 (where 0 is not patient centered at all and 5 is the most patient centered), how patient-centered do you think the care in urology is?" They were then asked a follow up question on how each of the areas could be improved on the unit.

All staff on the floor agreed to participate except for one MA. Data was compiled by role so that averages in each area by role could be analyzed.

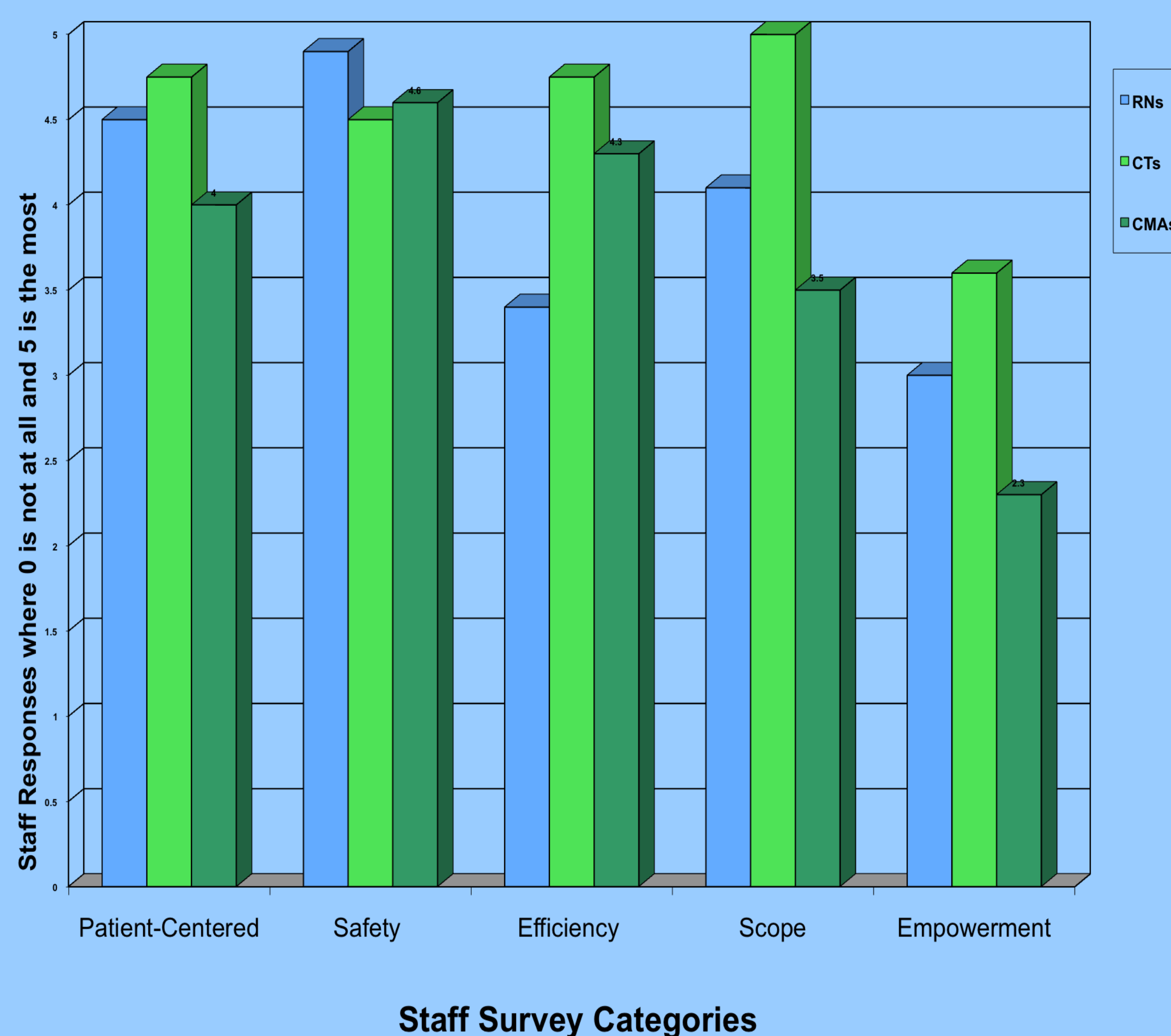
3 Results

The survey results showed that nurses (n=4) in Urology on average felt the least efficient in their jobs when compared to other staff. In the area of safety, nurses on average reported the highest scores in safety as compared to other staff, where high scores correlate with seeing the care provided on the unit as safe for patients. In the areas of patient-centered care, scope of practice, and empowerment, nurses on average scored in between CT and CMA average scores.

CT's (n=4) had the lowest safety scores among the staff, meaning that they on average found the unit to be the least safe to patients as compared to the other staff. In the follow-up interviews CT's listed specific concerns about equipment and patient beds as areas of specific concern. Compared to other staff, CT's on average had the highest scores in patient-centered care, efficiency, scope of practice, and empowerment.

The results from the survey showed that CMA's (n=3) on average felt the least empowered in their positions compared to RN's and CT's. Compared to other staff, CMA's on average reported the lowest scores on patient-centered care and scope of practice. Many of the CMA staff surveyed listed skills that they received in training that they do not use on the unit such as drawing blood, EKG's and injections.

Staff Survey Results



4 Conclusions

From the staff survey results, I learned that role ambiguity and role hierarchy appear to be a potential for miscommunication and compromised patient safety. CMA's in Urology have the least amount of clinical time with patients and reported low scores in their sense of empowerment on the unit. Also, when asked about their roles as nurses, RN's reported that at times their position was difficult to differentiate from the role of the CT. Both of these findings point to the presence of role ambiguity and role hierarchy in the Urology clinic which have been attributed as a cause of communication failure in the health care setting (Sutcliffe, Lewton, & Rosenthal, 2004). Dayton and Henriksen (2007) emphasize that communication failures in the health care setting often lead to adverse events for patients.

5 Future Directions

- Conduct a Lean Sigma project in Urology to analyze and improve performance and workflow in the clinic
- Use Lean Sigma data to determine appropriate staffing ratio

6 References

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