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NCPS VA National Center for Patient Safety

The Daily Plan®: Involving Patients in Patient Safety

By Amanda M. Fore, R.N., M.S., NCPS nurse coordinator, and Beth J. King, R.N., B.S.N., M.A., C.C.M., NCPS program manager

The Daily Plan® is an important new initiative that enhances patient safety and patient involvement.

This article provides not only background information about the plan, but reinforces the concept that helping patients understand their care is the right thing to do!

Introduction

The Daily Plan® was initiated to increase patient safety during hospitalization by empowering patients – and their families – to ask questions about their care; in particular, to speak up if they believe a patient's care plan is different than expected.

The plan is a patient-specific document reviewed with patients each day of their hospitalization. It's based on a simple principle: When a patient knows what to expect each day, he or she may be able to identify an unplanned or unexpected event.

The plan includes items such as allergies, medications, scheduled procedures, clinic appointments, and diet.

The Goals of The Daily Plan® are to:

- Provide patients and families with a document that lists what to expect during each day in the hospital.
- Enhance patient safety by encouraging the patient to ask questions if something seems different than planned.
- Strengthen the communication process between patients and caregivers.
- Help meet the Joint Commission National Patient Safety Goal 13.01.01, "Encourage patients' active involvement in their own care as a patient safety strategy."
- Make the process efficient by drawing upon information already in the electronic medical record.

Benefits for Patients Include:

- Encourages patients to speak up and be involved in their care.
- Helps prevent possible adverse events.
- Improves the patient safety culture.
- Enhances continuity of care.
- Strengthens the connection between the patient and those involved in his/her care.
- Provides an opportunity for patient education and identification of patient education needs.
- Establishes a plan to help guide/progress the care.
- Facilitates and augments the discharge planning process.

Why is the Plan Important to Patients?

A great deal of research supports the use of The Daily Plan®:

The Institute of Medicine's report, *Crossing the Quality Chasm* (2001),[1] recommended that patients be viewed as members of the health care team and be actively involved in the care process. Traditionally, patients have not been active participants in their health care;[2] however, current thinking now suggests patient involvement is imperative for good patient care.

Studies have shown that personal health records have had a significant impact on aspects of communication and are associated with greater involvement by patients in their own care.[3] Involving patients and families in the health care experience can also serve as a safeguard, preventing unintended mistakes.[4]

Use of records such as The Daily Plan® can improve patient safety by providing patients with an opportunity to discuss their concerns without being confrontational. It also enables them to see that checks are being done and that they have a chance to speak up with any concerns.[5]

Continued on page 4

A Review of NCPS' Fiscal Year 2009 Patient Safety Initiative (PSI)

By Ryan Wilson, NCPS program analyst

For the past four years, NCPS has allocated funds for field-generated patient safety initiatives that enhance patient safety across the VA. The program's goal is to stimulate creative approaches to complex issues.

Participants for this year's Patient Safety Initiative (PSI) were required to complete a package outlining their projects in detail. Each proposal was rated on predefined criteria that included:

- Rationale and Utility
- Outcome Measurement Strategy
- Creativity
- Matching Funds

How the Program Works

Participants – primarily patient safety managers – were given the opportunity to submit an online application package describing their projects in detail.

Each participant was given several months to put together a draft prior to the application deadline. The draft proposal was reviewed by an NCPS staff member, who provided guidance and assisted with the application process.

Final proposals were submitted to NCPS, April 2009. Thirty-one individual proposals were submitted from 16 facilities (some facilities submitted multiple proposals).

Three NCPS evaluators individually reviewed each final proposal and rated them on a point scale, to include detailed comments for the rating.

Final funding decisions were made following deliberations by a 12-member NCPS committee and concurrence by the NCPS director.

Of the 31 proposals submitted for fiscal year 2009, 18 were funded. The winners were announced at the 2009 Patient Safety Managers Conference, held in May.

Initiatives Selected

Points of contact are noted so that other VA patient safety officers and managers can find out more information about specific initiatives. If readers have specific questions about PSI, my contact information is provided at the end of this article.

Education

- Enhancing ambulatory care medical emergency readiness. Janie Walker, Southern Nevada Healthcare System, Las Vegas, Nev.
- Multidisciplinary "Resuscitation Fair" to enhance and improve response to emergency events. Elizabeth Mattox, Puget Sound Health Care System, Seattle, Wash.
- CSI VABHS-clinical safety investigation: through virtual patient safety rounds. Pamella Bellino, VA Boston Healthcare System, Brockton, Mass.

Falls

- Passive infrared bed-exit alarm for prevention of falls in a high risk population. Jeff Johnson, VAMC Tuscaloosa, Ala.
- Redoing wheelchair-related fall injuries by installing automatic wheelchair locks/brakes. Kent Wagoner, VAMC Martinsburg, W. Va.

Hand Hygiene

- Use of alternative imagery and media to improve hand hygiene compliance. Linda Keldson, VA Maryland Health Care System, Baltimore, Md.

Infection Detection

- Search and destroy. Christine Billings, VAMC Lebanon, Pa.
- Beyond the surface: just looking doesn't mean it's clean. Sam Robinson, VAMC Durham, N.C.

Medication

- Additional development for viral infection care and education (ADVICE). Elizabeth Moos, West Texas VAMC, Big Springs, Texas
- Facilitation of dual-care medication reconciliation by a clinical pharmacy technician. Dayna Turner, Wainwright Memorial VAMC, Walla Walla, Wash.

Sensory

- Sensory modulation room to decrease agitation/potential for assaults on a chronic psychiatric unit. Lynda Brettschneider VA Pittsburgh Healthcare System (Pa.)

Simulation

- Simulator training in central venous catheter insertion. Lynda Brettschneider, VA Pittsburgh Healthcare System (Pa.)
- Procedure safety at an academic medical center. Karen Sutton, VAMC Atlanta, Ga.

Suicide Prevention

- Suicide prevention: fitness isn't just physical…it's mind, body, and spirit. Christine Billings, VAMC Lebanon, Pa.

Other

- Emergency preparedness training for veterans and their families. Kent Wagoner, VAMC Martinsburg, W. Va.
- Don't go "up in smoke": preventing injuries with proper use of home oxygen. Joe Youngblood, Amarillo VA Health Care System, Amarillo, Texas
- Use of a behavioral modification protocol to improve sleep quality in the surgical ICU. Dea Hughes, VA New York Harbor Healthcare System, New York, N.Y.
- "Time out" memory trigger towels. Kathryn Hamlin, VAMC Huntington, W. Va.

Conclusion

The PSI is an excellent opportunity for patient safety professionals and facility staff to embark upon special patient safety projects that may not otherwise be funded. We hope more patient safety managers will get involved next year!

Contact Ryan Wilson for further details about the program: *Ryan.Wilson2@va.gov*

Nursing Crew Resource Management: Patient Safety for Front-Line Nurses

By Gary Sculli, M.S.N., A.T.P., NCPS program manager

In 2000, the Institute of Medicine suggested that health care activities adopt practices employed in other safety-sensitive industries that ensure a high degree of operational safety and enjoy low adverse event rates.

Health care organizations were advised to "establish team training for personnel in critical care areas … using proven methods such as the Crew Resource Management [CRM] training techniques employed in aviation." [1]

CRM originated at NASA approximately 30 years ago and has served to mitigate error through the effective use of all available resources – information, equipment, and people – in operational decision making. CRM is both a safety initiative and an efficiency tool. It serves to reduce error by addressing human factors issues, while teaching teams to work together in a manner characterized by enhanced communication and coordination.[2]

The VA's Medical Team Training (MTT) program is based on CRM principles. Surgery teams exposed to MTT have demonstrated improved perceptions of teamwork, communication, and safety.[3]

Front-Line Nurses and CRM

Front-line nurses on multi-bed units deliver the majority of hands-on care and spend the most time with hospitalized patients.[4] Nurses work in dynamic, safety-sensitive environments where they must juggle a supporting role on the medical team (partnering with physicians), with a leadership role on the patient care team (directing other nursing personnel and ancillary staff).

The ability to successfully function in this dual role represents a critical challenge for nursing staff: at times demanding clinical leadership; at other times requiring an ability to practice assertive "followership."

The skills to meet this challenge may not always be presented to front-line nursing staff, yet are necessary to ensure patient information is communicated in a timely manner among team members, and that patient care is managed safely.

Nurses often provide care and complete critical tasks in environments characterized by high task loads and multiple distractions, a combination that makes them susceptible to reduced awareness and fatigue.

This can adversely affect a nurse's ability to detect subtle changes in a patient's condition, which can delay treatment. It can also contribute to increased stress and job dissatisfaction.[5]

Nurses at the bedside must manage and, in some cases, eliminate these kinds of environmental forces, which clearly undermine patient safety.

Patients can benefit if nurses receive the training and tools that will help them succeed in their increasingly complex practice environments.

NCPS intends to provide this training through a new, comprehensive Nursing Crew Resource Management (NCRM) program aimed specifically at front-line nurses in the VA.

While other team building initiatives have focused on procedural-based areas with the physician as the primary team leader, this program takes CRM concepts and modifies them for use in the context of an environment where nurses routinely "touch" patients.

NCRM will teach nurses the core principles found in the disciplines of patient safety and human factors. It will also provide tools that can be implemented on nursing units to build teamwork, improve performance, and manage human error.

NCRM Program Elements

NCRM will consist of six modules, five of which will be taught via interactive learning sessions.

Module One explores the systems approach to analyzing error, reviews the foundations of human factors engineering, and outlines the attributes that define a culture of safety. Salient concepts from CRM that can be appropriately exported to nursing practice are introduced.

Module Two delineates the undesired effect of authoritative and dictatorial leadership styles on patient care.

It characterizes the attitudes and behaviors associated with leadership styles that facilitate action and feedback from subordinates.

Strategies employed by team leaders to build teamwork in the clinical setting are outlined. The art of "followership" is defined, a critical CRM behavior.

A key point in the module is the avoidance of "hint and hope" communication, a phenomenon that often leads to adverse events when safety-critical information is not directly shared.[6]

Module Three defines situational awareness and explains how nurses process information to make clinical decisions. Threats in the clinical environment that reduce situational awareness are identified and countermeasures are discussed.

Module Four demonstrates how briefings can be used on the nursing unit to enhance teamwork, communication, and situational awareness.

Methods to brief nursing assistants and patients are demonstrated. The use of debriefings to review and improve team performance after critical unit events is also reviewed.

Module Five discusses the impact of fatigue on clinical performance and outlines countermeasures that can be used by staff to combat its effect.

This module also defines sterile cockpit procedures, which are rule-based behaviors used by flight crews to reduce distraction during critical tasks. Use of these procedures during medication administration is outlined in detail.

Module Six exposes nurse teams to clinical scenarios through the use of a high-fidelity human patient simulator. Concepts in this learning session can be practiced and applied in the simulator.

More to Follow

We plan to pilot the program at 6-10 sites in 2010. As part of this effort, nurses will pilot CRM-based tools on their units.

NCPS will provide guidance and support to nursing units on an ongoing basis and offer simulation training again at one year, a key component of any credible CRM initiative.[7]

More detailed information will be provided as the program is readied for implementation.

Questions? Email the author at: *NCPS@med.va.gov.*

References available in online edition of TIPS: *www.patientsafety.gov*

The Daily Plan®: Involving Patients in Patient Safety

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A sense of ownership alone will not guarantee improved communication: Staff and patients must be motivated to use the plan.[2] There is generally a high rate of acceptance – especially, among patients and providers who use personal health records.[6]

Barriers to effective use include:

- Lack of attention to a patient's views during development of the record.[5]
- Lack of time and effort on the part of providers.[6]

Neither of these barriers are insurmountable. In fact, initiatives such as The Daily Plan® can provide a greater satisfaction to patients as an outcome of enhanced involvement.[7]

The Daily Plan® Works

The plan was pilot tested at five volunteer VA medical centers, fall 2007 to winter 2008. During Phase I pilot testing, nursing staff identified errors of omission in 35 percent of their end-of-shift summative evaluations. Twenty-one percent of the summative evaluations indicated prevention of a possible error of commission.

Sixty-six percent of the staff indicated that the plan provided an opportunity for patient education. In addition, 70 percent of the patients agreed or strongly agreed that having the plan made it easier for them to ask questions, increased their understanding of their hospital stay, and provided them with information that helped improve their care.

The Daily Plan® proved to be beneficial during Phase I pilot testing; however, several concerns were noted.

Patients and staff indicated that the medical terminology and abbreviations were difficult to understand. (Data had been imported directly from the physician's orders.) Both patients and staff members also suggested using a larger font.

After improvements are tested at Phase II pilot sites, we look forward to widespread implementation.

Data Continues to Support Use of the Plan

Although patients currently receive the original version of the plan used during Phase I pilot testing, data continues to support use of The Daily Plan.®

The plan remains a valuable tool in preventing possible patient harm. Initial data from Phase II pilot testing suggest at least one act of omission in 19 percent of the nurses' end-of-shift summative evaluations. Nursing staff also identified at least one act of commission in 14 percent of the evaluations.

Patients have also continued to view the plan favorably. Preliminary results from Phase II indicate that 77 percent of patients agreed or strongly agreed that the plan increased their understanding of their hospital stay and made it easier for them to ask their nurses and doctors questions.

Eighty-six percent of patients in Phase II agreed or strongly agreed that the plan helped them feel more comfortable with their hospital stay: Because of the plan, these patients noted that they had a clear idea of what to expect each day – and that it provided them with information that helped improve their care.

Again, the data from Phase II is preliminary; however, we are confident that future data will be positive and support further deployment of The Daily Plan.®

Conclusion

Enhancing and promoting communication with patients is in direct support of the Joint Commission's National Patient Safety Goal 13: "Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy." This is exactly what The Daily Plan® was designed to do for our veterans – and as you can see from the data above, it is working.

We encourage you to contact us for more information: *Amanda.Fore@va.gov* or *Beth.King@va.gov.*

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