

A key to success in healthcare education: Getting stakeholder commitment

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Introduction

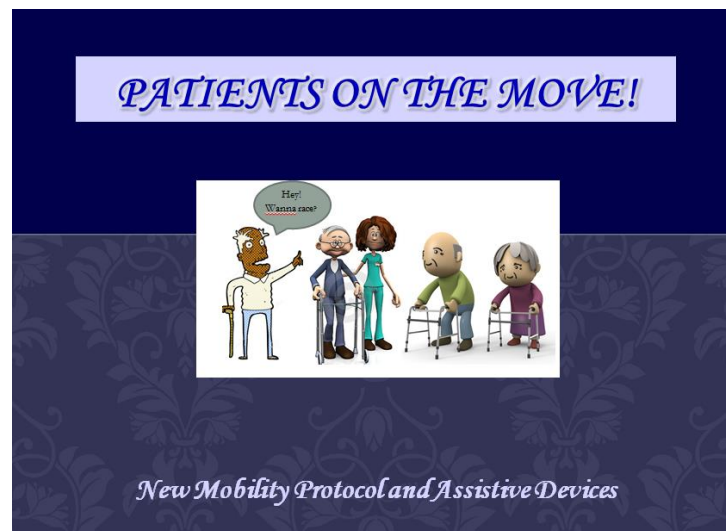
Acute care hospitals are working to improve outcomes related to falls, delirium, pressure ulcers and length of stay. One contributor to all of these concerns is a lack of mobility of patients. Nurses seek physician orders and help from physical therapy to get patients moving. An evidenced-based, nurse-driven protocol was developed by an Advanced Practice Nurse at Hackensack University Medical Center so nurses could take the initiative in getting patients moving. A Nursing Professional Development (NPD) practitioner was assigned the project of getting 1100 nurses, nursing assistants and patient care technicians in the adult, in-patient setting educated in all aspects of this protocol. The cost in time and the impact on staffing to get everyone prepared was challenging. To be successful, educators, managers and leaders had to be committed to the project. Recognizing and balancing the various priorities of the stakeholders was important to consider. The early involvement of program stakeholders, and through all phases of the project, is key to implementing evidence-based practice (EBP) projects in clinical settings (Manchester, et al. 2014, p. 82).

Learning Outcome

Current state: NPD practitioners struggle to acquire support and commitment from various stakeholders to education projects that will necessitate the dedication of large amounts of human resources.

Desired state: NPD practitioners will develop strategies to promote and maintain teamwork and commitment to an education initiative without compromising collegiality.

Learning Outcome: At the conclusion of this presentation the participant will be able to identify strategies that will promote teamwork and commitment among the stakeholders in an education initiative.



Establishing Goals & Celebrating Successes



Congratulations to everyone!!! We hit 96.7% as of yesterday's deadline.

1038 of 1073 staff active and working in adult in-patient areas received the education. Another 107 people left Hackensack, transferred to areas that don't need it, are inactive (on leave) or work in areas where the managers wanted them to know the information even though they will not use it very often. That's a total of 1144 people that all of you got to the program!

Only 35 people did not get to the class.

Thank you for making the education for this initiative such a success!

Have a GREAT holiday weekend!

Required Resources and Challenges

The Program Content:

Why patients need to be more active	The nurse-driven protocol	The mobility tool
Lift equipment	Ambulatory assistance devices	Documentation
Major considerations: <ul style="list-style-type: none">Program crossed multiple domains: cognitive, psychomotor and affective.Varied level of education of participants		Continuing Education credits

The Resources Needed:

Skills lab	Lift equipment	Assistive devices (walkers, canes, crutches)
Time	Educators	Handouts, laminated cards with information to be available on unit
Changes in Electronic Medical Record to coincide with staff readiness		

The Educators:

Available around the clock	Needed to learn the information	Flexibility - to be able to work around current responsibilities
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The Unit Managers:

Adequate staffing	Budget neutral	Needed to learn the information and support changes
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The Physical Therapists:
(3 assisted)

Reinforce with educators proper use of assistive devices	Assistance with classes	Provide assistive devices for training
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Strategies

Educator commitment:

- Department meeting explaining what needed to be taught and why. Educators gave input on how it should be done and what to include. Determined the length of the class and estimated how long the project would take to complete.
- Department meeting to review/learn content and how to use the assistive devices.
- Schedule based on skills lab availability and already scheduled programs posted on a shared drive monthly. Weekend and evening classes scheduled close together to minimize schedule disruption and travel time.
- Each educator signed up for classes as they best fit their schedule. One person was the lead educator for each class. Two others signed up to assist with the hands-on training and could be dismissed by the leader if the class was small. Physical therapists signed up to help in some classes.
- Content added to orientation.
- Weekly email updates on progress with attendance.

Manager commitment:

- NPD practitioner attended a manager council meeting to explain the project and why the protocol was being implemented.
- Requested input from managers on times and days they could make it work.
- Attended a second meeting of the council at 6 weeks to reaffirm commitment, validate schedule requirements, encourage their attendance.
- Weekly email attendance updates with compliments for good attendance and progress and encouragement when attendance fell off. This was cc'd to leadership also.
- Calendar of classes for the month sent weekly.

Ongoing teaching & reinforcement:

- Reminders (Boosters) sent via email to managers to be forwarded to staff and posted on units with reminders of material learned.
- Content reinforced and reviewed in 2017 annual competency classes.

Subject: Mobility
Attachments: Mobility Education Booster Shot.pdf (1 MB)

Hi managers and AHNs

As you know most people forget much of what they learn in classes pretty quickly. To promote information retention and implement mobility protocol I am sending this booster shot of education. Please post the attached flyer on your unit, email to all of your staff, read it. Share at a staff meeting, huddle, whatever. Let me know if there are questions, your educator or I will be happy to drop in them.

Watch for another booster shot in a couple of weeks!

Linda

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The Important points:

- Bedside Mobility Assessment Tool (BMAT)
 - Daily
 - Document in screenings
- Place order for associated amount of activity
 - Individual Order Protocol & attending ID
- Mobilize the patient
 - Actual activity in real time
 - Take PCGs and notes
- Use the assistive devices
 - EZ Lifts and
 - Walker, cane, crutches

Need help? New questions?
Contact your educator or
Linda Parry Carney: Ext 3169 or
page 221-485-4142

Remember the Goals

Maintain function especially in the elderly	Reduce incidence of delirium
Reduce falls	Reduce pressure ulcers
Prevent DVT	Reduce LOS

BRAIN BOOST

Subject: Mobility
Attachments: Mobility Education Booster Shot.pdf (1 MB)

Hi everyone

Time for another Brain Boost!

Please forward this email and post this flyer.

There is some confusion about documenting the activity. It is the **ACTUAL** activity when it happens not the order. The wording is not conducive to this but that is what is to be done. This concern is bringing broug Informatics Council.

Let me know if there are any other questions or concerns.

Thank you!

Linda

Are Your Patients On The Move?
New Mobility Protocol and Assistive Devices

What to do:

- Bedside Mobility Assessment Tool (BMAT)
 - Daily
 - Document in screenings
- Place order for associated amount of activity
 - Individual Order Protocol & attending ID
- Mobilize the patient
 - Actual activity in real time
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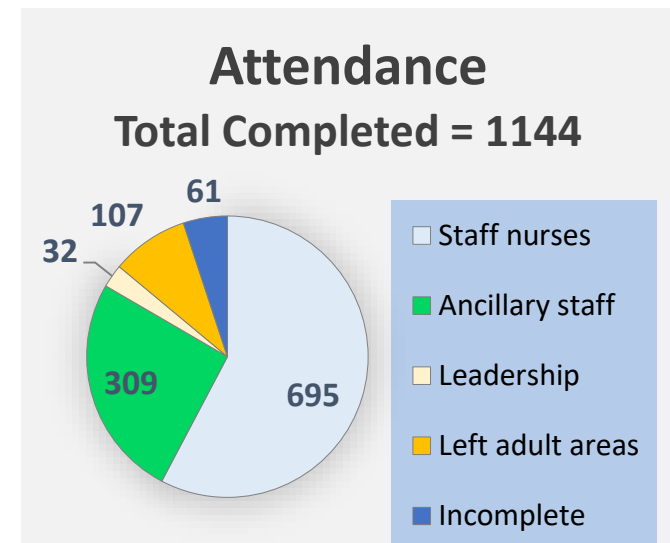
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Results

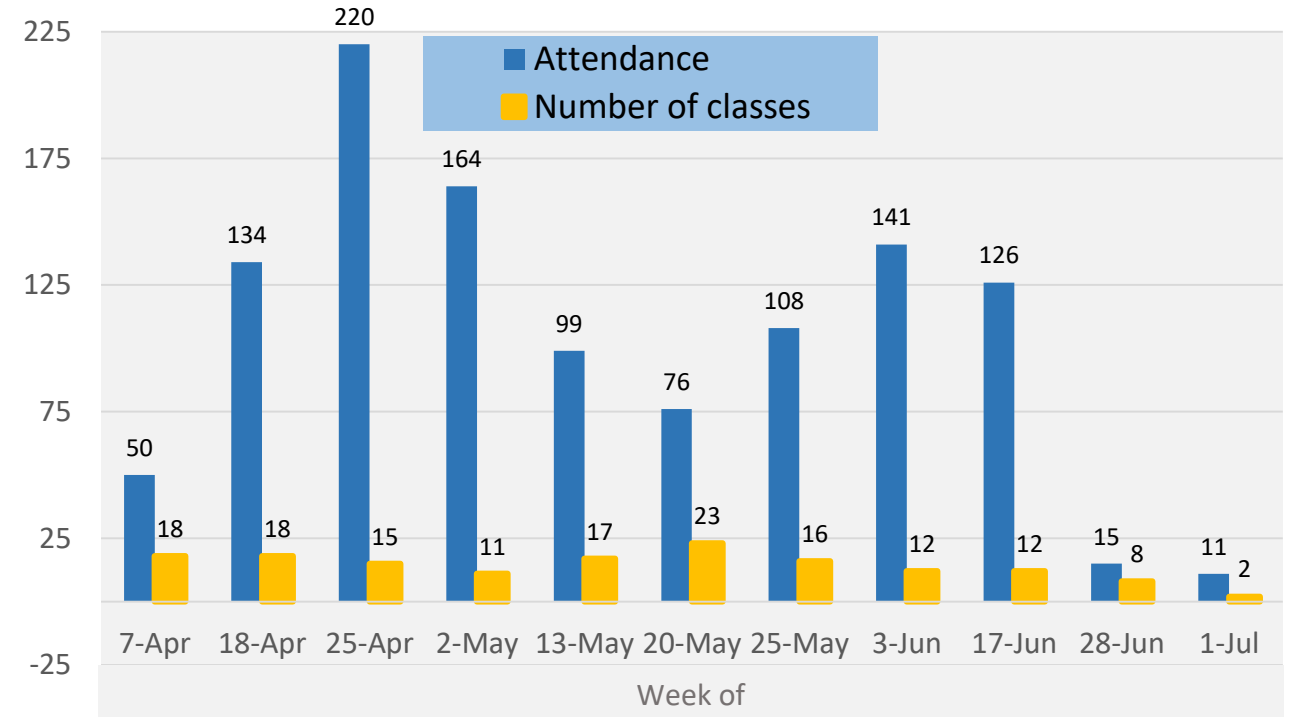
Program Data:

- Weeks - 14
- Classes - 152
- Attendance – 1144
- Educators – 9 full time, 2 part time
- Successful Launch:

June 14, 2016



Attendance & Classes



References

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Acknowledgements & Contact Information

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