

# STAR-2++ Research: Frontline Nurse Engagement in Quality Improvement



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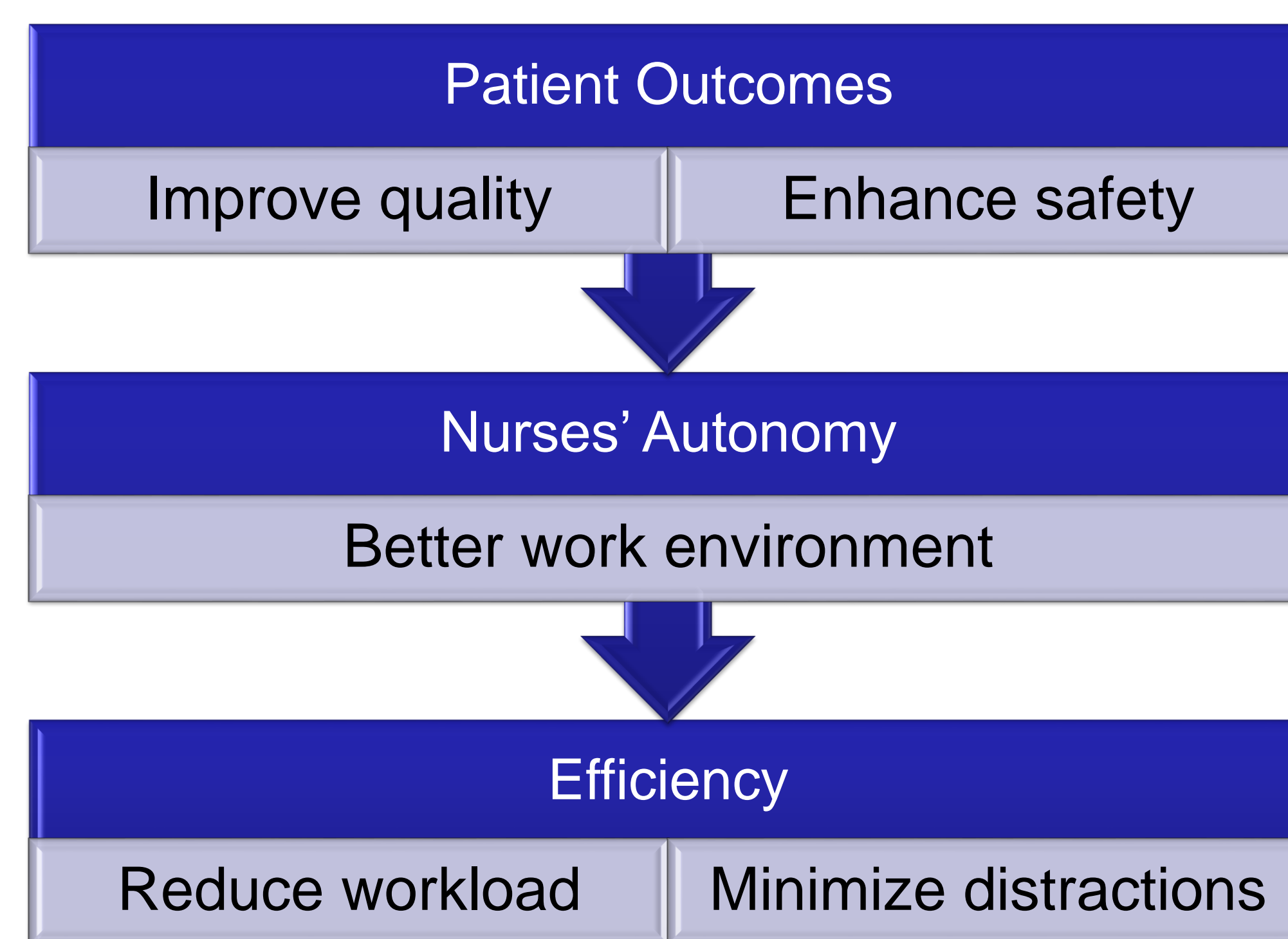
## Introduction

Medical errors cost approximately \$37.6 billion annually in the US with \$17 billion associated with preventable errors.

- About half of the cost of preventable medical errors is related to direct health care  
(Kohn, Corrigan & Donnalson, 1999)
- Leveraging nurse experiences to identify & resolve operational failures is an underutilized opportunity for improvement  
(Tucker, Singer, Hayes & Falwell, 2008)

## Aims

Simultaneously, Covenant Health will address the following three aims:



## Background

- Organizational climate in hospitals are potentially modifiable to produce better patient outcomes & workforce satisfaction.
- Causal links between macro- & micro-system features & improvement are poorly understood.

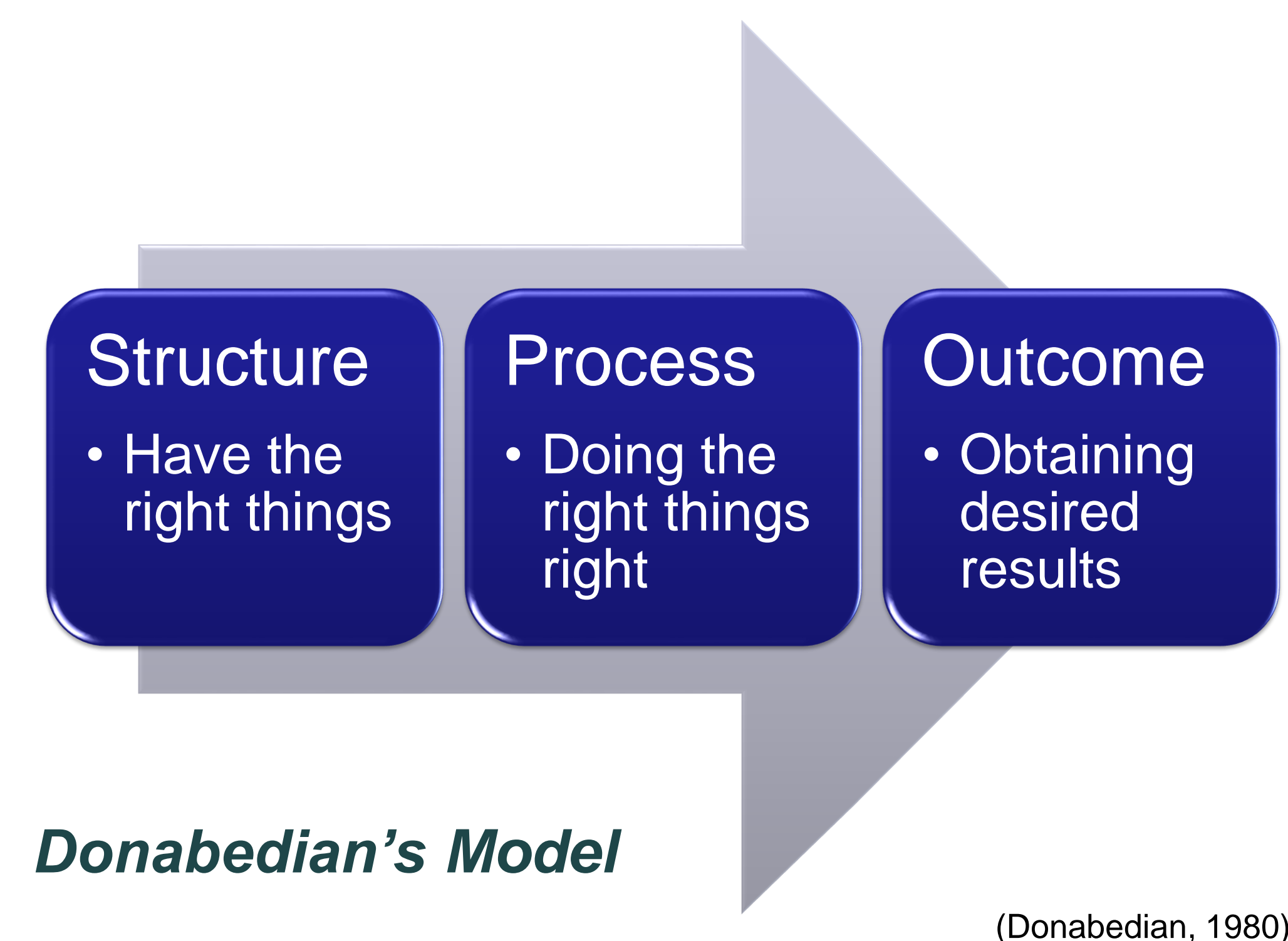
**STAR-2 Research Trial**  
*Small Troubles, Adaptive Responses*

## Significance

### Improve the Nursing Practice Environment

- nursing shortages
- job satisfaction
- low productivity
- quality of care  
(Institute of Medicine, 2004)

## Conceptual Framework



### Reflection of Organizational Learning "Building Blocks"

The STAR-2 study incorporates three building blocks required for organizational learning:

(Garvin, Edmondson, Gino, 2008)

- Supportive environment for learning:
  - ✓ psychological safety for asking questions & questioning the status quo
  - ✓ openness to new ideas & tolerance of differences
  - ✓ time for reflection that incubates creativity
- Set of concrete learning practices providing opportunities for:
  - ✓ information gathering
  - ✓ experimentation
  - ✓ analysis
- Leadership reinforcement of learning through:
  - ✓ active engagement with staff on the design & interpretation of learning opportunities
  - ✓ openness to divergent opinions

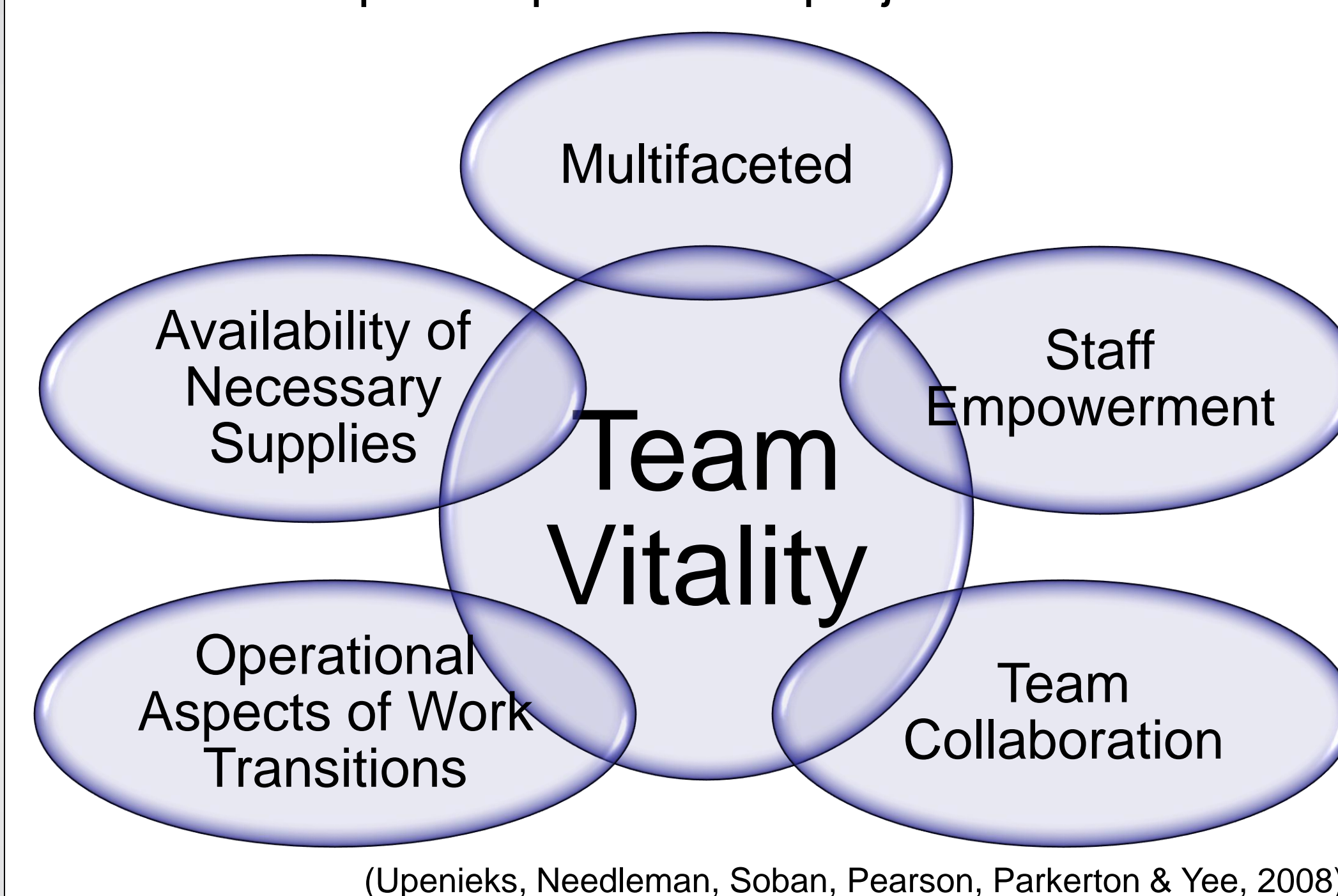
### Move Toward Shared Governance

- Builds on principles of organizational learning
- Integral to quest for Magnet distinction
- Successful when an ongoing quality improvement process engages nurses in decisional involvement
- Enhances team vitality for system improvement & practice standards
- Frontline nurses are engaged in formal & informal leadership

(O'Grady, 2003; Anthony, 2009; O'May & Buchanan, 1999)

### The Value of Teamwork

Basis for hospital improvement projects:



**Team vitality** Effective in transforming healthcare work environments into one exhibiting quality of care & patient safety

(Upenieks, Lee, Flanagan & Doebbeling, 2009)

## Methods

Variables measured using quantitative self-report approaches as follows:

Study Variable	Measurement Approach
Frequency & type of operational failures	STAR Pocket Card (Ferrer & Stevens, 2010)
Team collaboration	Team Vitality Instrument (Upenieks et al., 2009)
Hospital staff opinions about patient safety issues, medical error, & event reporting	AHRQ Hospital Survey on Patient Safety Culture (HSOPS) (Sorra & Nieva, 2004)
Work environment	Practice Environment Scale of the Nursing Work Index (PES-NWI) (Lake, 2002)
Volume of QI activities	QI Action Scale (Adapted from Upenieks et al., 2009)
Quality of care	Nurse Assessment of Quality (Aiken, Clarke, Sloane, 2002)
Overall job satisfaction	Visual Analog Scale (Schmalenberg & Kramer, 2008)

### Research Design

Multisite, cross-sectional, multivariate

- Covenant Health is one of 40 participating hospitals
- 3 nursing units will participate in the research project
- Covenant Health has the first & only intensive care unit & pediatric unit to enroll in the research project & report data



## Conclusions

The STAR-2 study will examine how frontline nurse engagement in detecting system failures is related to organizational learning for quality & safety in the hospital work environment at Covenant Health & other national sites.

This study will advance our understanding of relationships among nursing practice environment, frontline quality improvement engagement, & outcomes in acute care clinical units.

## References

References available upon request

**STAR-2 Research Trial**  
*Frontline Nurse Engagement in Quality Improvement*