Board Quality Report Template

Name:
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Department:
Nursing Administration

Current report date to Board Quality:
5/6/2020

Last report date to Board Quality:
06/12/2019

Last Quality project reported:

Develop and implement a competency based Nursing New Employment Orientation as an addition to HR NEO
Assess Registry Competency at the level of MMH staff and build orientations based on results.

Assess MMHD Staff competencies and build orientations based on results

Update on last Quality project reported:

100% of new Nursing staff complete competency based assessments pre-hire. Competency-based training plans are built and individualized based on assessment results.
100% of new nursing staff complete competency assessments pre-hire and a training plan is developed for each staff based on results.
!00% of registry completed competency assessments in 2019 that were currently working at MMHD
100% of new registry complete competency assessments before working at MMHD and orientation is

What successes have you seen based on the outcome of previous Quality projects?

New nursing staff have stated that they appreciate and are engaged in the individualized orientation based on their competency assessments completed pre-hire. They have given positive feedback regarding the 1:1 time taken with the Nursing Leadership and Nurse Educator to address their learning needs based on the competency assessment results which are discussed in detail during orientation and individualized in training plans in the RLMS.
Registry staff have been instrumental in working with HR staff and the Nurse Educator to achieve 100% compliance, which has

What issues have come up in your department relating to Quality?

Annual 2019 SNF/LTC survey had just 2 deficiency in clinical area; Hand Hygiene (< 20 seconds per policy); Abuse Reporting (failure to understand reporting criteria)
Opportunities for quality improvement were identified in the CODE BLUE mechanics.
In February 2020, the presence of a novel corona virus was reported in Hubei Provence, China with concern that it would spread globally.

PLAN: What plan was implemented to address those issues?

For each of the POC's developed in relation to the Annual SNF/LTC survey in-services were conducted, staff meetings and the RMLS platform was used to provide training modules, read and sign P&P's regarding hand hygiene and abuse reporting.
A team consisting of CNO, Director of ED and RN and nurse educator was developed, a code blue mechanics in-service at RN staff meetings, monitor/defibrillator use, and Mock Code Blue's were initiated with staff practicing in vivo code blue mechanics.

In-services regarding the corona novel virus were initiated on 2/12 with updates as they occurred, each in-service included instruction in PPE use with video, practice and competency skills checklist completed. The sessions continued until the Governors stay at home and social distancing order occurred on 3/18 at which time trainings were assigned in the RMLS.

DO: How did the implementation of that plan go?

100% of Hand Hygiene modules were completed by staff who are active and not on LOA . Hand Hygiene is also assigned in the annual reorientation.

100% of Abuse Reporting were completed by staff who are active and not on LOA.

Nurse Educator's role in the code blue events as observer/participant in debriefing. Staff reported increased levels of confidence in the mechanics, team building and role understanding increased.

STUDY: What kind of results did the implementation of the plan yield?

Staff participated in the POC at high level with 100% completion of training.

Staff participated in the Coronavirus/Covid19 trainings to a high degree and were highly engaged in the skills demonstration in which they were required to Don and Doff PPE equipment with a high level of proficiency demonstrated.

ACT: What changes were made based on the results of the plan implementation?

Hand Hygiene competency and compliance is followed by a app on nursing leaderships phone to track. (Infection Control)

Abuse Reporting training is included in HR orientation and reorientation, Nursing Orientation. IDT and CNO are included in all suspected incidences.

Mock Code Blue trainings are regularly scheduled.

Upcoming Quality Items:

Assess MMHD nursing staff competency in Relias beginning 7/2020

CNA training program (in-house) in partnership with College of the Siskiyous

Quality Related Goals for the Department:

Develop CNA training to bridge to LVN/RN role.

Develop a skills checklist for Mock Code Blue

Develop a evaluation/engagement data collection tool for New Nursing Orientation & in-service trainings (classroom, virtual

Data/Graphics supporting project outcomes:

Upcoming Quality Items:	Quality Related Goals for the Department:

Data/Graphics supporting project outcomes: