

# NURSING EXCELLENCE

## 2017 Magnet<sup>®</sup>-Recognized Organization Success Stories



**Special  
Section**

# Bringing nursing orientation back to life

## How our Magnet® journey helped us achieve excellence

By Stephanie A. Walton, MSN, RN, and Deb Sitter, MA, BSN, BSM, RN-BC

Our hospital systems' journey to obtain Magnet® recognition led to an excellent opportunity: the chance to revamp and improve our nursing orientation program as part of the effort to achieve excellence in nursing practice. Our system consists of three hospitals that historically held separate nursing orientations—we combined them into a single, standardized orientation program.

But we didn't just standardize our practices. We took the leap from using a passive learning lecture-style approach to implementing active, innovative learning strategies—giving our nurses a better chance to succeed at patient care.

### Finding solutions

We were two nurse educators responsible for three hospitals. Together, we identified challenges to combining resources and standardizing the orientation program, then brainstormed ways to address these challenges.

To coordinate multiple schedules at three different locations, we created a master orientation schedule and designated one educator as the main contact for scheduling. We selected the main campus as the location for orientation since the simulation lab, guest speakers, and majority of newly hired nursing staff were based there.

As the project progressed, we addressed scheduling glitches and the need for more instructors. We also enhanced coordination between departments. For example, based on feedback from new hires, we combined a half-day class in patient handling taught by the physical therapy department with a half-day class in electronic health records taught by the informatics department into a 1-day session. This helped decrease costs associated with travel and time spent in orientation.

We discovered that hospitals in our system didn't always schedule time for nursing staff to attend ori-



entation. We worked with human resources and nursing leadership to help make orientation for new hires standard practice across the health system.

### Life after death by PowerPoint

Once we completed plans for combining all three hospitals'

orientation programs, we reviewed the curriculum for the 2-day nursing orientation. We wanted to change the orientation format from lecture—death by PowerPoint—to a learner-centered approach.

We reviewed all three hospitals' orientation programs to determine what content was shared in common. Our goal was to develop one or more active-learning strategies for each topic category identified. Research shows that active learning strategies can increase retention of information and satisfaction with the learning experience and strengthen learner engagement. (See *Topics and activities for first day of orientation.*)

For example, in keeping the millennial generation's love of technology, we incorporated a tablet-based game into the review at the end of the first day's session. We made use of three tablets allocated for nursing education. An app guided a charade-style game in which learners had to describe a topic covered during orientation without saying the actual name in their description. If the app displayed the words "bedside report," the nurse could say, "informing the next shift about the patient in the room." Nurses responded positively to this active approach to learning.

### Simulation reinforces patient safety

For the second day of orientation, we used simulation techniques to teach key patient safety topics. Simulation-based education engages the learner in hands-on activities, providing a safe but effective learning environment and creating fresh opportunities to improve communication and build knowledge and skills.

## Topics and activities for first day of orientation

The chart below summarizes the topics covered and activities scheduled for day one in our revamped nursing orientation curriculum, which places greater emphasis on active learning.

Category	Topics	Activities
Patient experience and satisfaction	<ul style="list-style-type: none"> <li>• Patients with limited English proficiency</li> <li>• Cultural diversity</li> <li>• Pain management</li> <li>• Patient rights</li> <li>• Ethics</li> <li>• The Hospital Consumer Assessment of Healthcare Providers and Systems</li> <li>• Performance improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstration of the language program on the laptop with projection to the entire group</li> <li>• Review of two case studies; one needing a volunteer to find the answer in the online cultural competency book and one involving group discussion</li> <li>• Showing of “Speak Up,” The Joint Commission’s video on pain</li> <li>• Small group workshop —identifying a quality graph, how to read it and interpret; answers are shared with the large group</li> </ul>
Skin care and wound prevention	<ul style="list-style-type: none"> <li>• Braden scale</li> <li>• Resources</li> <li>• When to place a wound care consult</li> <li>• Skin products</li> </ul>	<ul style="list-style-type: none"> <li>• Case study in which a nurse and nursing assistant are paired—the nurse uses the Braden scale and both discuss interventions to reduce pressure injuries</li> <li>• Large group discussion on the results of case study</li> </ul>
Patient safety and safety	<ul style="list-style-type: none"> <li>• Abuse and neglect</li> <li>• Safety procedures and codes</li> <li>• Culture of safety</li> <li>• Occurrence reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Small group activity in which learners draw cards with safety codes and use their handbook to find answers</li> <li>• Answers from the small group activity are shared with the large group using teach-back techniques</li> </ul>
Centers of excellence programs	<ul style="list-style-type: none"> <li>• Primary stroke center</li> <li>• Chest pain center</li> <li>• Heart failure certification</li> <li>• Level II trauma center</li> </ul>	<ul style="list-style-type: none"> <li>• Showing of video on signs and symptoms of a stroke</li> </ul>
Professionalism and accountability	<ul style="list-style-type: none"> <li>• Scope of practice, delegation</li> <li>• Participation in Magnet® recognition program</li> <li>• Practice expectations</li> <li>• Policy review</li> </ul>	<ul style="list-style-type: none"> <li>• Small group work to match word clouds to policies (dress code, tuition, attendance, clinical ladder) followed up by large group discussion</li> <li>• Interactive quiz on delegation</li> </ul>
Review	<ul style="list-style-type: none"> <li>• Key topics covered during the day</li> </ul>	<ul style="list-style-type: none"> <li>• Charade game using a tablet-based app to review the day</li> </ul>

Course content was based on National Patient Safety Goals established by The Joint Commission to help healthcare organizations address issues related to patient safety. A manikin was used to simulate unsafe situations. (See *Simulation activities to teach safety*.)

### Overview of the safety curriculum

Instructors present nurses with a patient care scenario using the manikin. Nurses must observe and identify what they find unsafe, as if participating in a scavenger hunt for clinical insights. In the discussion that follows, nurses gain insight into the relationship between their observations and safety goals.

The next activity reinforces expectations for customer service, defined in our health system’s standards for critical moments of service. Each nurse

selects a card inscribed with a critical moment of service standard. He or she then has to demonstrate delivering care according to that standard as part of a simulation experience using a high-fidelity manikin operated by the instructor.

The group then takes a break. During the break, instructors use the manikin to set up a patient fall scenario. When nurses return from break, they must simulate the appropriate response to the fall. The instructor then leads a discussion on proper fall investigation procedures and interventions to prevent future falls.

Next, nurses practice donning and doffing basic personal protective equipment, included in the curriculum as part of heightened awareness of highly contagious infections. The instructor asks the nurses to peer review a partner and correct any mistakes to reinforce proper procedures.

## Simulation activities to teach safety

The chart below summarizes simulation techniques used to teach key patient safety topics. Much of the course content is based on National Patient Safety Goals established by The Joint Commission.

Safety goal	National Patient Safety Goal identification number	Manikin setup
Use at least two ways to identify patients.	NPSG.01.01.01	Two different armbands
Make sure that the correct patient gets the correct blood when he or she gets a blood transfusion.	NPSG.01.03.01	Fake blood bag with a different patient name than the ID band
Label medicines that are not already labeled.	NPSG.03.04.01	Syringe with tap water but no label at the bedside
Take extra care with patients who take medicines to thin their blood.	NPSG.03.05.01	Heparin drip not on an I.V. pump
Make improvements to ensure that alarms on medical equipment are heard and responded to on time.	NPSG.06.01.01	Oxygen saturation set at 78%, alarm flashing on the monitor with no sound
Use proven guidelines to prevent infection of the blood from central lines.	NPSG.07.04.01	Central line on the manikin with no dressing
Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.	NPSG.07.06.01	Foley catheter hanging on the bed rail with a label reading "post op day 5"

### Additional patient safety concerns

Bed in low position, bed locked, call light in reach	Bed not locked, call light on floor, bed in high position
Medication safety	Home medication bottle at the bedside
Restraint application	One restraint too tight, one too loose and not secured

Other topics are I.V. therapy, during which nurses complete hands-on practice with an I.V. pump, and code blue procedures, including a basic review of the crash cart monitor and how to activate a code.

### The need for ongoing innovation

We implemented evaluation procedures to ensure that our new orientation program meets nurses' needs and effectively prepares them to deliver safer care. We send a survey to nurses soon after they attend. Feedback indicates that most find learner-centered orientation effective and engaging.

Nursing orientation at our health system is now more streamlined, more efficient, and, most important, relies more heavily on active learning. We continue to monitor for barriers to effective learning to ensure continued success of the orientation program and make sure the learning experience remains optimal. Ongoing innovation in orientation is needed to give nurses new to

our organization the best chance to succeed in practice. ■

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- Structural Empowerment;
- Exemplary Professional Practice;
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For additional information, please visit: [www.ChildrensNational.org/Nursing](http://www.ChildrensNational.org/Nursing)

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David Keeler, BSN, RN, CPN | Intestinal Rehabilitation Program Coordinator

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# How to plan a successful Magnet® site visit

## Advice from a Magnet maven

By Wendy Tuzik Micek, PhD, RN, NEA-BC

**A**fter preparing and submitting documents to the Magnet Recognition Program®, you and your colleagues wait, hoping for a phone call to announce a site visit, the next step in the process of obtaining designation as a Magnet® organization. Finally, the anticipated phone call occurs, and the visit is scheduled. You and your colleagues experience a flood of emotions as you begin preparing for this high-energy event.

The Magnet Recognition Program identifies healthcare organizations that provide quality patient care and achieve excellence in professional nursing practice. Nursing staff must take specific steps for their facility to achieve this recognition. Early steps include submitting an application and preparing and submitting supporting documentation. In this article, I'll discuss, based on my experience, how to manage the next part of the

process—a site visit by appraisers from the American Nurses Credentialing Center (ANCC), the organization that grants Magnet recognition.

### Getting started

Your site visit may be scheduled anywhere from 4 to 9 months after you submit your documentation. The timeline differs for every organization. Once site visit dates are confirmed, the ANCC Magnet office emails the chief nursing executive (CNE) and the designated Magnet Program Director (MPD) at your facility. This email marks the official start of the site visit phase of the Magnet recognition process, although I recommend that you begin preparing for the visit before you receive this email. (See *Getting started: Resources to help prepare for a site visit.*)

Staff members take on a variety of roles when

getting ready for a site visit. When assigning roles, consider who can best meet the associated responsibilities rather than focusing on titles. (See *Site visit roles and responsibilities*.)

Preparing for a site visit is a major undertaking. To help make sure your site visit is successful—be flexible, stay focused, encourage staff to engage appraisers, and be prepared. And, yes, have fun.

### Coordinating the site visit

The MPD coordinates the site visit and oversees all activities. If you take on this role, expect to:

- Work with the lead appraiser from the ANCC to set the site visit agenda.
- Send the lead appraiser your facility's unit staffing schedules for site visit dates. Scheduling information is used to select participants for the breakfast, lunch, and dinner interviews.
- Add to the agenda any interviews that, although not requested by the lead appraiser, may be helpful in obtaining Magnet recognition. Share your recommendations and reasons for wanting to add these interviews. For example, my team added an interview with a group of staff who had attended a Magnet conference to our site visit agenda.
- Notify people scheduled for interviews.
- Confirm the time as soon as possible for community members and other people scheduled for interviews who are not on staff. If someone scheduled for an interview is not available during the requested time, notify your lead appraiser.
- Update documentation. Consider how much time has passed since you submitted Magnet documents. You may need to update your site's patient satisfaction, quality indicators, nursing satisfaction, and nurse education and certification material.

As MPD, you must have a strong understanding of all aspects of a site visit. My advice: Don't try to do it all yourself. Plan to partner with others during each phase of the visit. Seek administrative support to help book meeting rooms, schedule interviews, organize meals for appraisers, schedule meals for interviewees make travel arrangements, and coordinate completion of the attendance roster for each interview.

### Educating staff

Another important role is serving on the Magnet Tracer Team. This team is responsible for educating staff in preparation for the site visit. Our organization established five Tracer Teams consisting of five members each.

## Getting started: Resources to help prepare for a site visit

Your organization will receive an email containing materials to help guide your staff in the weeks leading up to the site visit from Magnet® appraisers from the American Nurses Credentialing Center (ANCC). Inside this email you will find:

- information about your Magnet site visit, including guidelines for escorts who will accompany appraisers during the site visit
- a list of documentation that the appraisers will need during the site visit, including a staff complaint log and patient complaint log
- guidelines for notifying public and staff about the visit, including templates
- guidelines for appraiser travel and accommodations.

Members of the Tracer Team were instrumental in creating a series of newsletters focused on preparing staff for the site visit. Newsletter content was based on concepts from the Magnet® Model, including transformational leadership, structural empowerment, exemplary professional practice, and new knowledge, innovations, and improvements. We sent a newsletter each month to nursing units and other healthcare team members, starting about 6 months before the site visit.

In the course of a month, each Tracer Team visited six to 10 units and held rounds, asking staff questions related to the content of the most recent newsletter. These rounds simulated interviews with Magnet appraisers. The next month, each Tracer Team rotated to different units.

Following each round, the team gave the MPD an evaluation of the strengths and weaknesses of the unit to help guide future activities. Once all newsletter topics were covered individually, Magnet Tracer Team members compiled all the questions and randomly selected review questions to allow for ongoing practice and to help staff build confidence.

We also created a newsletter titled *Magnet Is for Everyone* targeted toward nonnursing employees, such as guest services, environmental services, and building operations, as well as volunteers, and another newsletter to provide basic Magnet information for physicians.

### Reinforcing Magnet concepts

Committees working on Magnet recognition collaborated to organize an engaging kickoff event

Appraisers will seek to **verify, amplify, and clarify** the contents of your Magnet application.

## Site visit roles and responsibilities

In preparing for the site visit, identify the best people to fulfill key roles and responsibilities.

Role	Responsibilities
Magnet Program Director	<ul style="list-style-type: none"> <li>Oversee and coordinate all site visit activities</li> <li>Update required quarterly data</li> <li>Notify people to be interviewed by appraisers</li> <li>Prepare various council teams selected for interview</li> <li>Coordinate preparation of committee and council binders requested by the Magnet® appraisal team</li> </ul>
Administrative support	<ul style="list-style-type: none"> <li>Make reservations for appraisers</li> <li>Schedule mealtime interviews and order food</li> <li>Oversee interview attendance rosters</li> </ul>
Tracer Team	<ul style="list-style-type: none"> <li>Educate and prepare staff for site visit</li> <li>Create newsletters for staff education, working with the Magnet Advisory Council</li> </ul>
Escorts	<ul style="list-style-type: none"> <li>Guide appraisers throughout the facility</li> <li>Help keep appraisers on schedule</li> <li>Help appraisers remain comfortable during site visit</li> </ul>
Magnet Advisory Council	<ul style="list-style-type: none"> <li>Prepare escorts for site visit</li> <li>Work with the Tracer Team to create educational newsletters</li> <li>Plan events to educate staff about Magnet recognition, working with the shared governance unit council</li> </ul>
Shared Governance Unit Council	<ul style="list-style-type: none"> <li>Plan events to educate staff about Magnet recognition, working with the Magnet Advisory Council               <ul style="list-style-type: none"> <li>Review unit quality performance indicators</li> <li>Provide information about professional practice model, care delivery model, and innovative unit projects</li> </ul> </li> </ul>
Support services	<ul style="list-style-type: none"> <li>Functions specific to each department:               <ul style="list-style-type: none"> <li>post Magnet site visit public notices internally and externally (public relations department)</li> <li>compile staff complaint log (human resources department)</li> <li>assemble patient complaint log based on guidelines (patient relations department)</li> <li>provide meals for appraisers and interviewees (food and nutrition department)</li> <li>announce arrival of appraisers to the staff and patients on a daily basis (communications department)</li> <li>provide ground transportation to and from the hotel and airport (public safety department)</li> </ul> </li> </ul>

for both clinical and nonclinical staff—the Fall Festival. Participants visited educational stations that featured games to reinforce concepts essential to Magnet recognition; for example, a spin-the-wheel station to reinforce concepts of transformational leadership, a duck pond game to teach about structural empowerment, a trivia game to reinforce exemplary professional practice, and Bozo buckets to reinforce new knowledge concepts.

As a further step to keep employees informed, we provided each unit with a customized binder that contained the following items:

- updated, unit-specific graphs of key indicators
- patient and nursing satisfaction graphs
- tips for conducting unit rounds
- the nursing strategic plan
- presentations on topics related to Magnet recognition

- questions from the Tracer Team
- Fall Festival questions
- a summary of projects included in the Magnet document submission.

Some units created a bulletin board to display materials.

### Preparing staff for interviews

The MPD conducted sessions to prepare each team scheduled for appraiser interviews about 8 weeks before the site visit. The MPD provided examples of materials interview teams could take to the interview, materials already sent to appraisers, and new material to be shared with the appraisers once on site.

Interview teams have 60 minutes to share their accomplishments with appraisers. Encourage them to be creative. For example, our nursing research

council displayed research and evidence-based practice posters throughout the interview room during their session.

### Helping keep to schedule

During the site visit, appraisers will seek to verify, amplify, and clarify the contents of your Magnet application. They will hold meetings in many different locations at your site. Magnet escorts are responsible for making sure the appraisers arrive at the right place at the right time. Escorts and appraisers spend a lot of time together, so fostering successful relationships between them is important.

You'll need to create an escort schedule that works for your organization. We implemented 4-hour shifts and matched escorts with appraisers according to clinical specialty.

Escorts have to know where, when, and to whom they need to hand off the appraiser under their charge. A team of clinical and nonclinical staff who provide consistent focus on Magnet recognition over the years, the Magnet Advisory Council met with the escort team for the site visit. At the meeting, escorts introduced themselves and reviewed expectations and schedules for the visit. During the visit, each escort used a worksheet to document the names of patients who interacted with appraisers, key questions asked by appraisers, files requested, and physician interactions.

Escorts need strong time-management skills. They should carry a cellphone, know key phone numbers, and be familiar with the patient population of the units they'll be visiting. Responsibilities include making sure appraisers have plenty of bottled water and pointing out where bathrooms are located. When meeting an appraiser for the first time, the escort should ask how he or she prefers to be notified about time limits.

### Enhancing the experience

We developed an onsite resource called an Appraiser Guidebook, which was customized for each appraiser. Guidebooks were placed in each appraiser's hotel room on arrival day. The book included copies of the site visit staff notice, the public notice, updated unit graphs, background information on each escort, attendance rosters by interview, unit descriptions, and any new information provided by interview teams.

During the site visit, designate one room in your facility as the appraisers' homeroom. This way, they have a place to store their belongings, as well as to debrief with the CNE, the MPD, or each other. They can also use this room for onsite document review. Appraisers often are conducting interviews and taking notes while everyone else is eating, so make sure you have grab-and-go food items available for them in this room and at the hotel.

## Three key points about preparing for a Magnet® site visit

Three important recommendations for this important step in obtaining ANCC Magnet Recognition®—prepare, delegate, create.

### Get started as soon as possible

Preparing for a site visit is a major undertaking. It involves clinical and nonclinical staff and extends to the surrounding community. Start preparing staff before you receive your email from the American Nurses Credentialing Center confirming your site visit dates.

### Share and delegate responsibility

Obtaining Magnet recognition is a collective effort. It should not be perceived as the Magnet Program Director's responsibility, but as a shared responsibility of nursing and other staff. Every phase of preparing for the site visit is a group effort, from large-scale planning to accommodating everyday needs of visiting site appraisers.

### Use creativity to enhance the experience

Creativity will help you engage people throughout your organization before the site visit. Make educational events and materials as lively and interesting as you can, to convey the significance of Magnet recognition. Creativity also helps in the preparation of materials that effectively demonstrate evidence of quality nursing care.

### The end of the visit: What's next?

Thank the appraiser team before they leave for the airport as the site visit ends. Debrief with staff and team leaders. Share appraiser comments, determine what worked well, and get feedback on how the experience could be improved for the next time. Be sure to thank everyone for his or her hard work and contributions.

Take satisfaction in the positive effects the site visit had on your organization and the professional growth it inspired. More than likely, you worked long hours to prepare for it. Now organize your office, refocus on other work responsibilities, spend time with your friends or family, or even take a vacation. And be patient. You may wait as long as 8 weeks before learning whether you received Magnet recognition. (See *Three key points about preparing for a Magnet® site visit.*) ■

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# Learning from mistakes

## Mobile simulation of clinical errors helps create a culture of safety.

By Sonya Wood-Johnson, MSN, RN, PCCN; Suzanna Ho, MSN, RN; and Melanie Rainford, MSN, RN-BC, ACNS-BC

Today's healthcare organizations need to improve patient safety, which includes effectively communicating information to nurses about safety incidents and how to address them. After all, frontline nurses are at the sharp edge of patient care—the last step before an error occurs. But communicating to staff in a large, academic, Magnet®-designated medical center can be challenging, to say the least. In this article we describe a new, engaging format—the Roving Patient of Errors—that keeps clinical nurses informed and educated about internal safety events.

### Re-creating patient safety incidents

The Roving Patient of Errors uses an interactive, team-based approach to teach staff about actual patient safety incidents. It's best described as a mobile simulation-based educational strategy that encompasses a series of specific steps.

A team of educators and facilitators:

- reviews recent internal patient safety incident reports
- identifies opportunities for improvement, based on internal trends and healthcare standards, such as The Joint Commission's National Patient Safety Goals
- creates practice scenarios including appropriate orders, based on their review of real-life incidents
- outfits a manikin with props, such as medications, stretchers, and functioning medical equipment—creating a Roving Patient of Errors that can be used to effectively re-create real-life patient incidents; the team creates as many manikin-patients as needed
- deploys presenters to units; at each unit, presenters call a huddle and simulate patient care scenarios using the manikin and props.



The presenters:

- allow staff to examine the manikin to identify errors
- debrief and review all errors on the manikin, after each scenario
- explain that the errors originated from recently reported internal incidents.

The team spends 10 to 15 minutes with each unit on average. Staff members complete a short evaluation to help monitor the effectiveness of each activity. Ongoing review of internal incident reports allows team members to identify trends that still need attention, recurring events, and new issues.

### Simulation as a path to learning and motivation

Simulation-based education is at the heart of Roving Patient of Errors. Using simulation techniques fosters new knowledge, reinforces safety measures and clinical skills, helps shape attitudes, and ultimately, improves patient outcomes by providing a safe environment for nurses to learn from their mistakes. (See *Why is learning from mistakes so effective?*)

Roving Patient of Errors allows us to deliver education directly to clinical staff in their practice setting, rather than pulling them away to a classroom.

An added benefit is that educators can cover more issues in a single session.

During each simulation exercise, nurses attempt to discover clinical errors. Participants get a second chance to learn from mistakes during debriefing when unrecognized errors are revealed. They can quickly deduce the effect on patient outcomes if they were to make the same mistakes and can better understand the significance of errors for their own practice.

## Colorectal Cancer Screening Saves Lives

Colorectal cancer is the 2nd leading cancer killer in the U.S.

But it can be prevented. Screening helps find precancerous polyps so they can be removed before they turn into cancer. Screening can also find colorectal cancer early, when treatment is most effective.

**If you're 50 or older—don't wait. Talk to your doctor and get screened.**



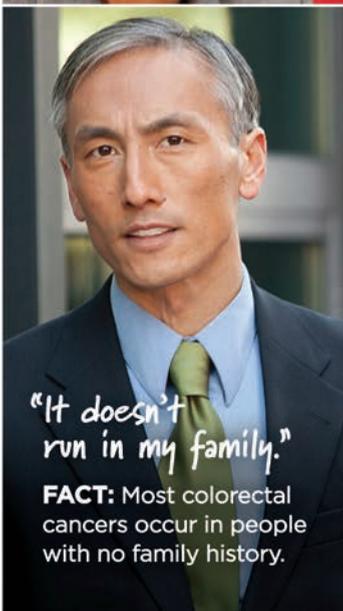
[www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife)  
1-800-CDC-INFO (1-800-232-4636)

U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention



*"I don't have symptoms."*

**FACT:** Colorectal cancer doesn't always cause symptoms, especially early on.



*"It doesn't run in my family."*

**FACT:** Most colorectal cancers occur in people with no family history.



*"But that test..."*

**FACT:** There are several kinds of screening tests for colorectal cancer.

Craig Hosp AD

## Enhancing awareness through transparency

Most frontline staff members become aware of only a limited number of patient safety events—usually incidents occurring on their shift, unit, or department. This is due to the reality of silos within healthcare organizations and difficulties disseminating information.

According to research, the absence of transparency in healthcare organizations distorts collegiality, erodes patient trust, and inhibits healthcare professionals from learning from their mistakes. Lack of transparency is one reason why overall improvements in patient safety have been slow.

The Roving Patient of Errors method can be part of an organizational strategy to improve transparency. Simulation helps communicate organizational safety trends more effectively. Multiple reported incidents may be reviewed in a single learning session. During debriefing and review, several nurse participants were surprised to learn the errors depicted occurred at our organization.

Greater awareness of clinical vulnerabilities helps nurses better understand the importance of being vigilant against errors. They come to realize they cannot assume everything is correct when they receive a patient. Facilitators encourage nurses to report safety incidents, since early identification of errors and near misses provides leadership with the opportunity to support needed safety improvements.

### Minimal costs, maximal outcomes

Costs associated with the Roving Patient of Errors include the time invested to review internal patient safety reports as well as the time needed for staff to make presentations to units. The cost for outfitting the manikins was minimal; our organi-

## Why is learning from mistakes so effective?

Simulation-based learning, which allows you to experience reenactments of clinical errors, is powerful. It can strengthen your ability to detect similar errors when they occur in real life.

One research study found participants picked up on errors much faster if they had made the same mistake before. In fact, it took only 0.1 seconds to recognize an error, indicating the error was detected before there was time for conscious consideration.

Experience creates heightened awareness. Researchers explain that seeing the same error creates an early warning signal from a lower region of the brain that quickly signals something isn't right.

## Key points about Roving Patient of Errors

- Recent patient safety incident reports are used as the basis for a mobile simulation to educate staff. Use of real-life safety incidents as examples helps promote organizational transparency.
- Greater transparency helps motivate nurses to become more informed and vigilant against errors.
- Getting information to nurses on the front lines of care is key to improving practice; however, leaving the bedside for educational activities is a hardship for most nurses. One of the essential benefits of the Roving Patient of Errors simulation activity is that it is mobile—it meets nurses where they practice care.
- The Roving Patient of Errors model can be replicated and customized for any clinical setting to enhance quality patient care.
- Transparency and shared learning contribute to creating a culture of safety within a healthcare organization.

zation already had manikins, and we used mostly expired equipment for props.

The Roving Patient of Errors approach achieved several positive outcomes at our facility:

- Four presenters working in teams of two were able to reach 256 staff members in 4 hours.
- 100% of participants said they would participate again.
- 100% of participants said that the activity increased transparency and awareness of patient safety issues.
- Using a scale of poor, fair, neutral, good, and excellent, 82% of participants rated this activity overall as excellent, and 18% rated this activity as good.
- Participants described the format as appreciated, novel, engaging, insightful, directly applicable, and relevant for staff in feedback.

People learn from their mistakes, but when nurses make mistakes, patients may be harmed. The Roving Patient of Errors model provides nurses with a safe and effective way to do what comes naturally to human beings—learn from mistakes. (See *Key points about the Roving Patient of Errors*.) ■

Visit [www.AmericanNurseToday.com/?p=25184](http://www.AmericanNurseToday.com/?p=25184) for a list of selected references.

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