

Promoting the Spread and Integration of Huddle Boards at the James A. Haley Veterans (JAHVH) Hospital

Lisa Murchison DNP, ARNP, WHNP - BC, FNP-C

Purpose

- Promote spread & integration of Huddle Boards at JAHVH
- Develop plan for future DNP projects & enhance academic- practice partnership between USF CON & JAHVH

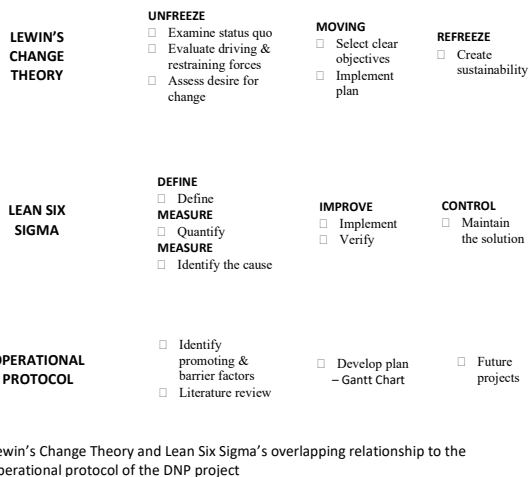
Background

- VHA provides comprehensive care to 21.8 Million Veterans
 - 170 hospitals
 - 1,065 outpatient clinics
- JAHVH provides comprehensive care to 227,635 veterans
 - 504-bed inpatient facility
 - 100-bed Spinal Cord Injury/Disorder Center
 - 4 outpatient clinics & a dental clinic
- JAHVH turned to Huddle Boards
 - increase efficiency
 - boost safety
 - Improve the quality of care.
- Huddle Boards are visual displays
 - Help team members better conceptualize QI ideas
 - Implement suggestions for improvement
 - Track improvement process through to final outcomes.
- Each military member enters into a contractual agreement with the U.S. government for their service.
 - The U.S. has a mandated duty to provide accessible, quality and safe healthcare to those members.

(U.S. Department of Veterans Affairs, n.d.; U.S. Department of Veterans Affairs (2015))

Framework

- Lean 6 Sigma is quickly attaining superiority among healthcare visionaries
- The 3 phases of Lewin's Change Theory seamlessly correspond to the phases of the Lean Six Sigma model.
- Lean Six Sigma and Lewin's change theory combined
 - Defines then quantifies the problem
 - Analyzes the cause and confounding factors
 - Eliminates waste, develops and implements a solution and cultivates a means for sustainability
- Used in the development of the operational protocol
(Mitchell, 2013; Shirey, 2013; Yaduvanshi & Sharma, 2017)



Findings

Strong parallels found in barrier and facilitating factors gathered from interviews and expressed in the literature

- The most common overriding barrier themes
- Lack of dedicated time (#1 barrier consistently expressed by staff & the literature)
 - Acuity levels & staffing fluctuations
 - Insufficient leadership/mentorship.
- The most common facilitating factors/mitigating strategies
- Allocation of designated work time for improvement projects
 - Increased mentoring
 - Increased educational training.
 - Obtaining staff buy-in

BARRIER FACTORS



Barrier Factor Themes of the 8 Acute Care Units

Barrier Factor Themes from the Literature

Combined Barrier Factor Themes

- Lack/Missing resources
- Staffing fluctuations/acuity levels
- Staff resistance to change

PROMOTING/ MITIGATING FACTORS



Promoting Factor Themes of the 8 Acute Care Units

Promoting Factor Themes from the Literature

Combined Promoting Factor Themes & Strategies to Mitigate Barriers

- Allocating designated work time for QI
- Implementing Champions & Teams
- Provide increased educational training
- Increase mentorship/feedback
- Dedicated resources (staff/supplies)
- Increase unit managerial support
- Staff engagement, staff buy-in
- Seeing the difference that involvement makes on the unit

Methods

- Face-to-face Interview questionnaire developed
 - All nurse managers of the 8 acute care units interviewed
 - Data obtained on perceptions regarding promoting and barrier factors affecting Huddle Board and QI
- A comprehensive literature review performed
 - Barrier and promoting factors studied
 - Mitigating strategies used to negotiate barriers evaluated
- Compiled comprehensive summary of results from 1 & 2
 - Recommendations developed for promoting the spread of Huddle Boards & quality improvement in the 8 units
- Companion presentation based on the results was developed

OPERATIONAL PROTOCOL

Barrier Factor Themes of the 8 Acute Care Units

Promoting Factor Themes of the 8 Acute Care Units

Barrier Factor Themes from the Literature

Promoting Factor Themes from the Literature

Combined Barrier Factor Themes

Combined Promoting Factor Themes

Recommendations

- Establishing consistently dedicated time for staff to work on the Huddle Boards
- Consistent and reliable manager buy-in & mentoring. Managers to initially be the "Driver" of the Huddle Boards to assist with its adoption until it is routine
- Managers develop a routine to engage with the staff on SAIL measures. Discuss those metrics & mentor staff to promote changes on their units that affect their unit as well as VA hospital metrics
- Develop a system such as SharePoint, so the staff can see the benefits/contributions the Huddle Boards make toward patient outcomes
- Insertion of USF DNP students on each of the 8 acute care units to be a consistent and reliable dynamism promoting sustainability

Acknowledgment

I would like to thank Dr. Catherine Ling, Dr. Melanie Michael, Dr. Jill Massengale & the JAHVH staff.

