A Standard Process for Assessing Unit Concerns

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Nursing leaders must listen to frontline staff and investigate concerns they have. A tool was developed to complete a unit assessment when complaints arise.

Leader visibility is an important component of one's leadership practice. Through scheduled structured rounding events, leadership can obtain viable information as it relates to the overall health and well-being of the microsystems within a complex organization.

In late May 2018, the system chief nurse executive (CNE) and hospital chief nursing officer (CNO) rounded to each of the inpatient units. This has historically been done 3 to 4 times per year for ensuring leadership visibility, delivering information to staff (standard communication per a prepared document), and for having time to obtain feedback from staff to identify what processes are working well and what processes need improvement.

During the leadership rounds on an 18-bed critical-care unit, several staff members gathered to meet with the CNE and CNO, bringing forth numerous concerns regarding their unit. The concerns centered around 2 main themes—staffing and unit layout. Four months prior to the rounds, this unit had moved into newly renovated space. Although updated and contemporary, the new unit is very different from their previous unit layout. Simultaneously, the organization had engaged with a health care consulting firm to help identify ways to remove waste (cost) and become a more efficient and sustainable organization. The unit staff expressed feeling that the issues and concerns they were experiencing were due to the changes the consultant teams had recommended and implemented by the organization.

After the meeting, it was important to the CNE and CNO to ensure that the staff felt heard, their concerns were assessed, and a plan be formulated to support the unit advancing to better health and well-being.

USING A DEFINED METHODOLOGY TO SOLVE THE PROBLEM

The organization, a hospital system in the Midwest, is on a journey of developing a performance improvement method and implementing a daily management system.[1] This system includes frequent huddles, "go & sees," visual management, and standard work. A go & see is essentially the same as the *gemba*—a Japanese term meaning "where the work gets done."[2] This allows one to perform observations, listen to people, and demonstrate commitment to improvement. It was determined by the CNE and CNO that the components of the developing daily management system would be beneficial to this unit. Further, it was determined that the clinical director for the area should lead an assessment and bring forth recommendations. It was paramount that the clinical director do the assessment since a primary goal was to assure the staff that departments leaders were responsive while being supportive of changes being implemented, not simply placing blame on the consulting partners. The information shared from the staff was first validated by the nurse manager.

We chose to partner with one of the consultant staff to complete the unit assessment—this allowed the organization and the consulting partners to demonstrate a collaborative partnership aimed at addressing staff concerns while continuing the performance improvement method journey.

The obvious choice for the first step was to do a go & see. In establishing the process for a go & see event (which is going to the place of work to understand the experiences of staff and customers), it was emphasized that there should be clearly defined goals, preparation of tools, and a methodology for tracking and

KEY POINTS

- **As concerns from nursing areas can come up frequently, it is important for our leaders, staff, and outcomes to have a standardized assessment process to utilize.**
- **Going to where the work is being done is an important component of an assessment.**
- **Leaders must be visible and demonstrate active listening when assessing unit concerns.**

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Process Name:	Go and See, Ask Why, Show Respect	Process Owner:	
Date Last Revised:	9/13/2018	Date for Next Revision:	12/12/2018

Key Steps	Responsible person	Sub-steps	Timeline or Frequency	Key Tools/Resources
1. Go and See	Executive	• Choose one project or initiative that is important to assess right now • Identify one process within that project or initiative that would be helpful to learn more about or evaluate • If needed, use the Go and See Template to prepare and conduct the Go and See • Schedule time for the Go and See and notify the leader of the area of the time and purpose • When you arrive, introduce yourself and the purpose of the Go and See • Silently observe, writing down your findings • If needed, ask clarifying questions	Bi-Weekly	Talking Points: • Go and Sees are simply used for learning! They help us gain a deeper undersatnding of the work by seeing it when and where it happens • Our leaders are shifting to leading out where the work happens rather than from their offices or in meetings. This will be a gradual adjustment but these are the first steps being taken.
2. Ask Why	Executive	• Use humble inquiry to learn more about what you saw • Review the opportunities, waste, and questions you wrote down during the Go and See and ask them to tell you more about that	After the Go and See	Open-Ended Questions: • Tell me more about… • I'm curious about why… • I saw this problem that you encountered. What do you think are some of the causes for that? • What barriers or obstacles do you encounter in your work? • What works really well here?
3. Show Respect	Executive	• Demonstrate Respect by expressing gratitude to the people who do the work. • Share the great things you saw. • Tie their work to the vision and goals of the organization.	After the Go and See	
4. Follow Up	Executive	• Huddle with the leader of the area to share what you learned • Meet with your learning buddy to share how it went and how you can do better next time	Within one week of Go and See	

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Observer		Date	
Key Process		Time	

BEFORE (Planning)	**Why am I doing a Go and See? What am I hoping to learn about?**
	What data could I collect that will help me understand the process or problem better? *Get creative in finding data. Use Cycle Time, Tick and Tally, Count steps --- whatever method helps you to understand the process better.*
DURING (Observing)	**What is the process? What am I seeing? –** Write out or draw the process or data below. *You can use Process Mapping or Spaghetti Diagrams to draw the process.*

Figure 1. Go & see template

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	What variation exists in the process? What waste do I see in the process? *See the types of Waste below or learn more in the* ***Waste Toolkit*** *in the UWHIN Toolkit.*	
		Types of Waste: ☐ Motion ☐ Over-Production ☐ Over-Processing ☐ Waiting ☐ Inventory ☐ Defects/Rework ☐ Intellect ☐ Transportation
AFTER (Reflection and Action)	**What did I learn?**	
	What next steps need to happen now? *Write your plan to share your learning, offer suggestions, or take what you've learned and make changes in your area.*	

Figure 1. Continued.

documenting the flow processes for staff and customers (patients).

DEVELOPMENT OF A STANDARD PROCESS

While establishing this go & see (*Figure 1*), and remaining cognizant of the importance of decreasing variation, it was recognized that development of a "standard" process would prove beneficial for evaluating units under such circumstances. This article describes the process utilized and now being adopted organizationally for continued on-going improvement.

The clinical director and the consulting partner met to collaborate on the go & see approach. It was this planning that led to a very thoughtful and thorough design to approach the issue at hand, as well as future similar situations. The process is divided into 5 sections: preparation, staff interviews, observations, data review, and unit assessment summary.

Preparation

1. Set up a unit go & see to observe and discuss concerns with staff
   - a. Set a purpose and a goal
     - i. What do you hope to gain from the walk?
     - ii. What is important to the staff in that area?
   - b. Select or prepare tools
     - i. Go & see worksheet
     - ii. Copy of standard work processes
     - iii. Camera
     - iv. Paper and pen
   - c. Attend a huddle and/or review visual management to understand their operations and barriers
   - d. Schedule several sessions at different times to assess each shift
   - e. Educate the staff on the go & see process and the intent of your visits

Staff Interviews

2. Spend time with staff
   - a. Encourage staff to describe what their usual day on the unit looks like
   - b. Ask staff what makes for a bad day
   - c. Ask staff what their barriers are
   - d. Ask staff what would be helpful
   - e. Validate that staff concerns/voices have been heard
3. Allow staff to further clarify concerns
   - a. Ensure key stakeholders are involved from different roles
   - b. Include non-core staff such as float when possible for their perspective of workload in the unit

Patient Interviews

4. Speak with patients when possible
   a. Ask them if they have any feedback to share about their stay on the unit
   b. Ask them how often they see the staff that are working with them and if there is any difference between shifts
   c. Ask them if they feel their call lights are answered in a timely fashion and if there is any difference between shifts
   d. Ask them if they have any specific concerns that they want to share

Observations

5. Visualize and observe the unit
   a. Geography/physical layout
   b. Assignments
      i. Report and handoff processes
      ii. Number of high-risk intravenous infusions
      iii. Number of off-unit transports
      iv. Number of singled or high acuity patients as applicable
      v. Other unit-specific information, e.g., patients with video monitoring, patient safety attendants (sitter), patients requiring complete assistance with activities of daily living, etc.
   c. Capital and technology resources
   d. Staff roles and unit operational processes
6. Review and summarize subjective findings

Data Review

7. Current staffing model
8. Review and summarize objective findings
   a. Changes and trends in patient data
      i. Volume—patient days, admissions, discharges, and transfers
         1. Mean, median, mode
         2. Day of week
         3. Hour of day (if available)
      ii. Acuity and complexity
      iii. Productivity
      iv. Benchmarking
   b. Changes and trends in workforce data
      i. Turnover
      ii. Vacancy
      iii. Churn
      iv. Floating
      v. Flexing off

Unit Assessment Summary

9. Determine recommendations and impact
   a. Staffing model and matrix
   b. Financial impact
10. Present to leadership
    a. Obtain feedback
    b. Obtain approval
11. Close loop with staff
    a. Engage unit-based council and other key stakeholders
    b. Develop workplans to address issues
       i. Use A3 (or continuous improvement) thinking
    c. Communicate with staff on decisions
       i. Validate concerns have been heard
       ii. Share decisions and the "whys" behind the decisions
       iii. Ensure availability for continued communication as needs arise

RESULTS

To date, this standard process has been replicated and has demonstrated effectiveness. In the first scenario, it was found that patient volumes and the number of singled patients had increased in the critical care unit, resulting in an increased demand for both professional and unlicensed assistive personnel. The geographic concerns were brought forth to the organization's facility group, and a full assessment of the unit layout post opening is planned for the near future.

In the second scenario, the standard go & see process was replicated and again highlighted the struggles of a 24-bed combination general care and intermediate care unit. In summary, the unit was experiencing a higher than expected number of patients undergoing changes in level of care (general care to intermediate care, or intermediate care to intensive care) with a high demand for off-unit diagnostics. On the basis of the go & see, staff interviews, and review of available data, it was clearly demonstrated there was an increase in patient activity by time of day, specifically peaking from 11 a.m. to 11 p.m. As a result, a 90-day pilot was approved for an 11 a.m. to 11:30 p.m. shift to be established, staffed with an RN to address the peak activity times. Specific metrics to evaluate this pilot have been established.

CONCLUSION

Visualizing and understanding workflows while allowing staff a venue for sharing concerns is equally as important as quantitative data. Accurate collection of subjective data can only be successfully achieved at the unit and staff level. In both pilot scenarios, staff were involved in the assessment process. The feedback sessions to staff demonstrated a commitment from leadership and a strong partnership with frontline staff. In both scenarios, the staff felt their voice had been heard and change resulted. The collaboration with the clinical director and the consulting partner proved highly impactful and demonstrated a positive collaborative partnership between the organization and the consulting partners, aligning the path for the

organization to continue to advance its journey. This process has been shared with nursing leaders and is now the standard for unit assessment.

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