## **Promote Clinical Excellence Through Objective Staff Engagement Tool** Jessica Reese, RN, BSN, CMSRN and Nancy Dunn MS, RN

# **Salem Health**<sup>®</sup> Hospitals & Clinics

### Background

- How do you create a Magnet culture of share leadership and decision making with continue improvement?
- How do we promote staff participation in strategic goals of quality and safety, patient centered care and efficiency?

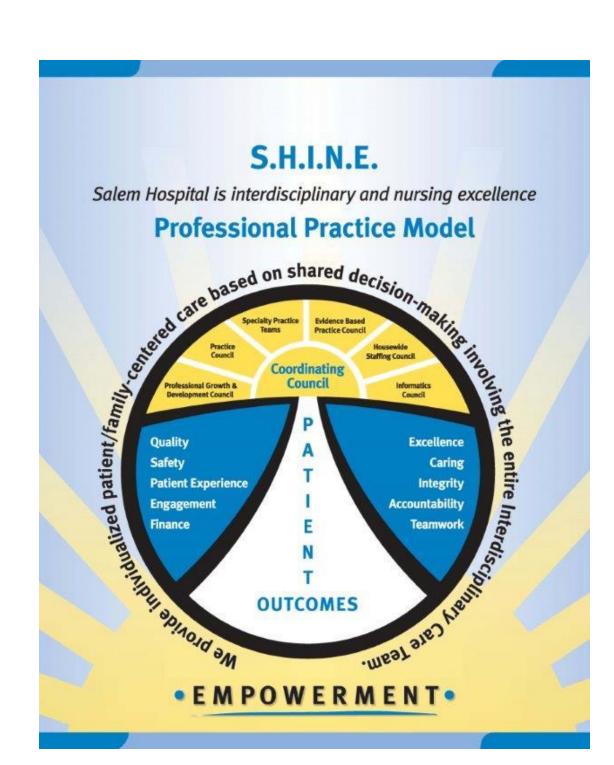
#### **Enter Engagement Metrics!**

#### Purpose

- Quarterly tracking allows for assessment, progress and top performer sharing.
- The intent is to identify where the opportunity for improvement falls, make adjustments to council structure, and reassess if changes improved engagement in subsequent quarters.

#### Process

- Members of Steering Committee and Practice Council encapsulated engagement in 5 domains for measurement.
- Specialty practice teams (unit councils) and Councils (house wide) self assess, measure and report quarterly metrics to identify opportunities for continuous improvement and to promote sharing of best practices.
- All members of the councils/teams are encouraged to participate in the self assessment during scheduled meetings before metrics are uploaded allowing for transparency and collaboration.



	5 Domains of Engage
ed ous	Award/ Recognition
	<ul> <li>Production</li> <li>Quantity of Improvement Initiatives (target ≥1)</li> <li>Quality of Improvement Initiatives Outcomes (target sustained ≥ 3 months)</li> </ul>
	Communication/ SpreadParticip• Communication via SL councils/SPTs (target ≥3 SL groups)• Attendance (t• # Applicable Replications (target ≥1)• Attendance (t

## Scoring

Within each domain are 2 quantitative metrics, each of the 10 metrics can receive a score between 0 and 2 allowing for total engagement scores to range from zero to 20. **Target goal is set at 18!** 

#### Results

5 quarters (October 2016-December 2017) reporting reveals a continuous trend of improved average composite scores:

- SPTs from a baseline of 10 to 13
- Councils from a baseline of 12.5 to 14.5

	Council Sha	red Lea	dership E	Engagem	nent Metr	ics - Quai	ter Avera	ages		Specialty	Practice Tear	n (SPT) S	Shared Lo	eadershi	ip Engage	ment Me	trics - Qu	arter Ave	erages
Subscale	Metric(s)	Low Score	Mid Score	High	FY'17 Q2 Council	FY '17 Q3 Council Averages	FY '17 Q4 Council		FY '18 Q2 Council Averages	Subscale	Metric(s)	Low Score	Mid Score	High Score	FY'17 Q2 SPT	FY '17 Q3 SPT	FY '17 Q4 SPT	FY '18 Q1 SPT	FY '18 Q1 SPT
												0	1	2	Averages	Averages	Averages	Averages	Averages
PARTICIPATION	• Attendance (target ≥80%)	0-40% members	41-79% members	≥80% members	1.5	1.5	1.5	1.7	1.5		• Attendance (target ≥80%)	0-40% members	41-79% members	≥80% members	1.4	1.5	1.6	1.6	1.7
	<ul> <li>Paid time to attend (target ≥80%)</li> </ul>	0-40% members	41-79% members	≥80% members	1.8	1.8	2.0	1.9	2.0	PARTICIPATION	• Paid time to attend (target ≥80%)	0-40% members	41-79% members	≥80% members	1.8	1.9	1.9	1.8	2.0
SHARED LEADERSHIP KNOWLEDGE	<ul> <li>Number of members with knowledge of Charter and standard work to achieve Charter (<i>target</i> ≥80%)</li> <li>Number of</li> </ul>	0-40% members	41-79% members	≥80% members	1.5	1.8	2.0	1.8	1.8	SHARED	<ul> <li>Number of SPT members with knowledge of Charter and standard work to achieve Charter (<i>target</i> ≥80%)</li> <li>Number of</li> </ul>	0-40% members	41-79% members	≥80% members	1.1	1.3	1.7	1.7	1.6
	<ul> <li>Number of members that share new knowledge obtained from professional development activities (target ≥80%)</li> </ul>	0-40% members	41-79% members	≥80% members	0.8	0.8	2.0	1.2	1.8	LEADERSHIP KNOWLEDGE	<ul> <li>Number of members that share new knowledge obtained from professional development activities (target ≥80%)</li> </ul>	0-40% members	41-79% members	≥80% members	0.9	0.9	0.9	1.2	1.1
PRODUCTION QUALITY and SUSTAINMENT	<ul> <li>Number of improvement initiatives completed to target set (target ≥ 3)</li> </ul>	0	1	>1	1.7	1.8	1.5	1.5	2.0	PRODUCTION	<ul> <li>Number of improvement initiatives completed to target set (target ≥ 3)</li> </ul>	0	1	>1	1.3	1.3	1.5	1.5	1.5
	<ul> <li>Number of completed projects sustained after 90 days (target ≥ 3)</li> </ul>	Not met	Met	Sustained (> 3 mos.)		1.0	2.0	1.2	1.8	QUALITY and SUSTAINMENT	<ul> <li>Number of completed projects sustained after 90 days (target ≥ 3)</li> </ul>	Not met	Met	Sustained (> 3 mos.)		1.1	1.5	1.4	1.5
RECOGNITION	• Number of times staff completing improvement projects (under production) are recognized	0	1-2	≥3	2	2.0	1.5	1.2	1.0	RECOGNITION	• Number of times staff completing improvement projects (under production) are recognized	0	1-2	≥3	1	1.1	1.0	1.3	1.2
	<ul> <li>Number of routine recognitions of members (target ≥2)</li> </ul>	0	1-2	≥3	1	0.8	0.5	1.0	0.8		<ul> <li>Number of routine recognitions of members (target ≥ 2)</li> </ul>	0	1-2	≥3	0.7	0.8	1.1	1.0	1.0
COMMUNICATI ON/ SPREAD (projects and/or best practice models)	• Number of projects/best practice models SPT/Council shares with others (SL or otherwise) (target ≥3 SL groups)	0	1-2	≥3	1.3	1.5	1.5	0.7	1.3	COMMUNICATI ON/ SPREAD (projects and/or best practice models)	• Number of projects/best practice models SPT/Council shares with others (SL or otherwise) (target ≥3 SL groups)	0	1-2	≥3	0.5	0.6	0.6	0.7	0.9
	• # applicable replications (you replicate or your work is replicated) (target ≥ 1)	0	1	>1	0.3	0.3	1.0	0.6	0.8		• # applicable replications (you replicate or your work is replicated) (target ≥ 1)	0	1	>1	0.4	0.6	0.6	0.6	0.5
Total Score	<u> </u>	RA	NGE = 0 -	20	12.5	13.0	14.0	14.5	14.5	Total Score		RA	NGE = 0 -	20	10	11.1	12.3	12.8	13.0

#### ement

Shared Leadership Knowledge ation cend (target

By developing a standard process for measuring engagement, we collaboratively hold one another accountable to and assist one another in achieving excellence and optimal patient outcomes.

- Councils specifically around replication and recognition.
- participate.

As we continuously improve we recognize that metrics will need to adjust to include sustainment and to reach higher targets.

#### **Special Thanks To**

Salem Health Steering Committee, **Department SPTs and Councils for their** collective work on this progressive work.

> **Questions? Please contact authors:** Jessica Reese Jessica.Reese@salemhealth.org Nancy Dunn Nancy.Dunn@salemhealth.org



Conclusion

#### **Next Steps:**

Restructuring of shared leadership has allowed time for SPT Training Lab and Best Practice Sharing which provides a venue for collaboration. Metric Tracking has highlighted areas for improvement among the SPTs and Opportunities for improvement on the engagement tracker itself are always made open to staff who