Quality Measure Incentives: When Conventional Methods Fail

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Abstract
Numerous studies have demonstrated that compliance with best practice standards produces higher quality of care which results in decreased mortality, disability, length of stay, and cost of care. In the current healthcare environment, competition for bedside nurses’ attention is intense. How do we keep quality initiatives front and center until they become ingrained in the staff practice patterns? It is not just stroke care that has opportunities for improvement; there are institutional initiatives, Center for Medicare & Medicaid Services (CMS) initiatives, Joint Commission initiatives, as well as various payer initiatives. All have good intentions, but the collective effect can be described as campaign fatigue. By thinking outside the box, we have improved compliance and continue to educate staff on best practice.

Objectives
- Discuss challenges to consistency with quality improvement measures
- Describe successful incentives

Project Summary
These successful strategies appealed not just to our desire to “do the right thing”, but also to our human desire for recognition & appreciation, positive feedback, and rewards.

- Compliance with dysphagia screening: we pulled a name each month from the list of patients who had been screened appropriately and provided them with a $5 gift card to Starbucks; in addition, an email went out to all the nurses congratulating this nurse for their efforts to protect their patients from aspiration pneumonia.

- Door-to-needle (DTN) time of less than 60 minutes: we provided $2 cafeteria dollars and thank you notes to the ED nurse and neurology resident who were involved with any case in which DTN goal was met. Copies of the notes went to their managers or resident directors for their files. Each note provides a brief case review, and a reminder of the value of early intervention to patient outcomes.

- Severity Scale Documentation: The enthusiasm for the DTN initiative has recently generated another layer of incentive from our medical directors. At the quarterly Stroke QI meetings, both the neurosurgery resident and neurology resident most consistent in documentation of severity scores, now receive a $25 cash card.

- Blood Pressure Management: After creating a blood pressure algorithm for nursing staff to follow, we started an incentive program which includes a small note of congratulations and attached chocolate gold coin. Each nurse who has implemented the algorithm and successfully controlled BP within one hour receives the note in their mailbox. The notes are also distributed to residents and mid-level practitioners who are involved in blood pressure management.

Results
- Our dysphagia screening compliance improved by 50%, with a 36% reduction in aspiration pneumonia.

- We have seen a 22% increase in the number of patients treated within 60 minutes. In addition, we have had enthusiastic suggestions from the neurology residents for process improvement in the paging system in order to ensure accurate arrival times.

- We have seen an increase in the number of cases with appropriate documentation of severity scores.

- We anticipate improvement in the timeliness of getting BP under control now that the process has been expedited.

Discussion
Despite the transparency and extensive reporting of our stroke program data, we remained challenged to meet some of the evidence-based quality standards that improve patient outcomes. Successful strategies related to simple human needs that too often go unfilled in the chaos of a typical day. Recognition of a job well-done and appreciation for efforts made go a long way, especially when shared with one’s peers. In addition, feedback of any kind related to various initiatives is often lacking, leaving healthcare professionals to wonder if what they do makes any difference.

Conclusions
Our methods of thinking outside the box could be translated as “turning the tables” on our nursing and physician colleagues. Rather than using a punitive approach to non-compliance, we used a simple technique proven in parenting for generations: catch them doing the right thing and celebrate it.

References
Berry, J. 2009. There are three basic steps to motivating nurses. Nursing Standard, 24(6): 33.