A Mechanism to Increase Awareness of Workarounds in Med-Surg Units
Robert Ferrer, MD, MPH
UT Health Science Center San Antonio
Kathleen R. Stevens

Problem:
In frontline nursing, workarounds are a response to first order operational failures exposing patients to errors and creating inefficiencies in care. Endemic shortages of nursing staff and difficult working conditions present substantial barriers on the path to improvement.  

Evidence:
Detection of first order operational failures provides opportunities to fix problems and contributes to organizational learning. Failures occur about one per hour per nurse on hospital units and 95% of problems are managed through workarounds.  

Strategy:
As part of a larger project on frontline improvement, pocket cards (index-sized cards listing common workarounds) were used to identify workarounds occurring during work shifts. This approach was developed in the funded project, “Small Troubles, Adaptive Response (STAR): Fostering a Quality Culture in Nursing” to capture small problems encountered in daily practice.  

Practice Change:
Practice change consisted of using pocket cards to detect workarounds. Staff devoted time to using the tool to detect first order operational failures. This exposed individual experiences with small troubles during routine care. A summary of workarounds was presented to the group.  

Evaluation:
The strategy was evaluated through cross validation of the tool’s ability to capture self-report of first order operational failures, identify problems and create awareness of common workarounds among nurses working in the units/ hospital microsystems. Results were compared to Tucker’s findings and confirmed by key informant interviews.  

Results:
Preliminary findings show staff reported about six workarounds per twelve hour shift. Frequency was half of that expected, yet type of workarounds detected with pocket cards were comparable to those directly observed, with highest failures in equipment/supplies, facilities, and communication.  

Recommendations:
Given nurses can self-detect workarounds, pocket card approach can be used to identify first order operational failures as a basis for improvement interventions.  

Lessons Learned:
Careful planning is needed to encourage pocket card use. Success depends on championing by mid managers/microsystem leaders. A clinical-academic partnership can open new avenues for detecting targets for frontline improvements.
Bibliography: