Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the International Year of the Nurse and Nurse Midwife. And what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host, Jessica Spruit, and I'm so glad you're here.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for joining us for another episode of Nightintales. We are joined today by Diana Anderson. Diana is the principal quality consultant for the Henry Ford Medical Group at Henry Ford Hospital. And she's joining us today to talk about her role in quality improvement and risk management, and to teach us about this element of nursing that is so critical but perhaps something we don't understand quite as well. Diana, thank you so much for joining us today and spending some time with us.

Diana Anderson, MSN, RN:

Absolutely. Thanks for having me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

If you don't mind, can you start by just telling us, please, a little bit about your background? So perhaps where you went to school and where you started in nursing compared to where you are today?

Diana Anderson, MSN, RN:

Absolutely. I started my nursing endeavor at Michigan State University. I went to Michigan State knowing that I really liked science, but not knowing that I would really love nursing. And my sophomore year decided that nursing was going to be my field of study. Completed the nursing program and took my first job at Henry Ford Hospital in Detroit, working in pediatrics and pediatric ICU. I only worked on those units for about nine months when I was asked to take a charge nurse role on the afternoon shift. Those of us as old as I am remember when we used to have a shift from 3:00 to 11:00 every single day that no one wanted to work, and I was offered the charge nurse role on that shift and I took it. Leadership has always been a passion of mine from way back in middle school student council, to clubs and activities that I did in college. I've always sought leadership roles. And I saw this as a way to do that.

Diana Anderson, MSN, RN:

So I became a charge nurse. And a few months after that, when I'd been a nurse for about a year, my manager left and I was asked to assume the manager role for the pediatric unit and pediatric ICU at that hospital, which I did. That unit closed about two years later, not because of my leadership, but because of a lot of economic issues in the city of Detroit with pediatric care and disproportionate pay going to Children's Hospital of Michigan. I was devastated, but it actually led to a lot of really awesome opportunities. I had a group of nurses and some beds, and we were asked to open a short stay surgical unit for adult patients, so I managed that. And then was recruited and moved around several times within the same hospital to manage various surgical units. Ultimately, was asked to manage the surgical intensive care unit, which at the time was the largest surgical ICU in the state of Michigan. And then was asked to open a transplant surgery unit.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh wow.

Diana Anderson, MSN, RN:

Henry Ford Health System opened a new hospital in West Bloomfield about 10 years ago. And I was asked to be part of that design team to design the hospital and then open it. So I moved over to that facility and spent about another six years managing inpatient pediatrics, postpartum observation in women's health. And then the opportunity came up in the risk and quality department. I have always been a data dog wanting to understand where the numbers come from, "Why was my score so low when I felt it should be higher on one of our unit dashboards?" And really wanting to fix problems and prevent problems from happening. So the opportunity came available to work in the quality and risk department for Henry Ford West Bloomfield Hospital and I jumped at it. I worked there for about five years and then recently transitioned into a job where I now work for the Henry Ford Medical Group. And I support all of the ambulatory sites.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. That's such an interesting journey from pediatric nursing to leadership, and then now into this leadership role within quality. Before we talk a little bit more about what that role looks like, I was curious, you became a leader very early in your nursing career. And I think that when you think about becoming a charge nurse and even a manager, especially in the off shifts, that's something that many newer nurses may have an opportunity to do. And I was curious what helped you the most? So if you think about maybe the challenges that you encountered or how you overcame them, is there any guidance you would offer to a nurse who's fairly new in their career, but obviously an effective leader and charged with some of those responsibilities?

Diana Anderson, MSN, RN:

That's a great question. I think that no leader ever knows it all. But what you have to know are your resources. So when something would go wrong and I didn't know what to do or I didn't know how to handle it, did I at least know who to call who could help me? I worked at a hospital, like most hospitals, that has a house manager that is available 24 hours a day. If I got stuck, I would reach out to the house manager. Reaching out to my manager when she was at home, if needed. Having identified resources in other departments or other charge nurses on other floors. I think the worst thing to do is to not ask for help if you need it. And my job now, I cover everything from clinics, ambulatory EDs, ambulatory pharmacies, ambulatory operating rooms. And I don't have all the answers, but I know who to ask so that I can get the right answers.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. I think that's so validating too, that even at this point in your career with all of the expertise that you've gained and everything that you've done, you still need to ask for help and you're still willing to do that. I think that's an important lesson for all of us to remember to just identify our resources. I love of the way you said, "I don't know everything."

Diana Anderson, MSN, RN:

And I never will.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

No. And none of us will. That's, I think, the truth. Especially in a specialty like nursing where it's evolving so quickly and there's so much to keep up with, it's impossible for anyone to know everything. So thank you for answering that.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

If you don't mind, tell us a little bit about what your job looks like now. What are you responsible for? What does your day-to-day work life look like?

Diana Anderson, MSN, RN:

So my day-to-day work, it's different every single day, which is one of the things that I love about the job. I am responsible for all things risk that happen in the Henry Ford Medical Group. So essentially when things go wrong, I get a call. We could have actual errors where we create patient harm, something maybe where we give a wrong medication or we miss a diagnosis. We might have a patient complaint or grievance where a patient writes us a letter or calls us or finds us on social media, and it's their perception that something went wrong. We have regulatory agencies and insurance companies that contact us. We also have a lot of near miss events, so we didn't actually hurt a patient, but we almost hurt a patient. Maybe a nurse goes to give a vaccine and she draws up the vaccine and realizes, "Oh my goodness, this is the wrong vaccine." So we're looking at how did that vaccine get on that shelf and that refrigerator?

Diana Anderson, MSN, RN:

We look at employee harm, staff who are hurt while taking care of patients. It gotten really interested with COVID-19 how we're handling exposures with our staff, staff who are exposed to positive patients, staff who are exposed to other positive staff and even staff coming into work who perhaps were exposed outside of work. My department is doing a lot of work right now on making sure that our ambulatory sites are safe for patients, how we're social distancing, encouraging patients to wear masks, screening patients when they come into the building, all of those now fall under work that I do. Day-to-day, we have an electronic system called Radical Logix Solutions, where staff input risk issues. We go through those, we report those out on huddles. I work with department leaders on tracking and trending their data, doing deeper dives into big events or repeat events, and then working on process improvements to make sure that those things don't recur.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. When you describe all of that and how much it could change, I imagine that none of your days look alike. There are so many elements to that. And I think there are probably... as much as it's sad to know that there are events happening where patients and families may be dissatisfied or where things aren't going perfectly, I think it must be really rewarding to feel like you are part of the solution and feel like you are part of the change that means that future people will not encounter those same challenges.

Diana Anderson, MSN, RN:

Oh, absolutely. Any employee you that I've ever encountered, and I don't only cover nursing, I cover everyone from the housekeepers and the facility people shoveling the snow in the parking lots to the physicians and providers in the clinics, when people make a mistake and especially when someone gets hurt, it's devastating for the people involved. Some of the reactions that people have, they can be career ending mistakes for people. And to be able to immediately intervene and let people know that we're going to figure out what happened... I believe that good people come to work every day to do their best work and the systems that we work with are so complex that mistakes still happen. Sometimes we did all of the right things and we still had a bad outcome.

Diana Anderson, MSN, RN:

So to intervene immediately with our teams to talk to them about what happened, to let them know that we're going to help to make sure that this didn't happen again, they are not going to be held personally liable if they weren't intentionally negligent and that we are going to make sure that they feel safe coming to work and taking care of patients. Similarly, I do spend some of my day talking to patients and visitors and explaining to them what happened and making them feel better about the care that they received, helping to recover service so that people can come back into our facilities to receive care again in the future, and to know that competent and compassionate people are caring for them and that it's okay for them to come back and get care again with us in the future.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. I love hearing you describe that. I think it's reassuring for all of us who work as nurses to know that there is a group of people, a group of experts who are willing to support us, who will help us intervene and recover those things. Because as you suggested, we are human and being human means that none of us are perfect. And I think it's really reassuring to know that there are processes in place to help support us through mistakes or near mistakes. And that sounds really reassuring. I'm also curious, I imagine that at times you've had to engage in really challenging conversations with disappointed patients or families. And more than disappointed, perhaps devastated. Are there any strategies that you would suggest based on all of the expertise you have in approaching those conversations for people who need to approach a difficult conversation where something hasn't gone perfectly in nursing?

Diana Anderson, MSN, RN:

Yeah. There's actually a lot of research out there are on disclosures and what patients and family members want with disclosures. We know that an immediate disclosure, when a mistake happens, leads to less litigation. Patients and families really want a sincere, honest apology with an appropriate explanation. It's hard sometimes for us to explain the complexity of what happened to a family member in lay terms, because some of what happens in the operating room and with making a crucial diagnosis is extremely complicated. But having a clinical person, typically a physician, who sits down with the patient and family explains, "This is what happened. This is what we know about what happened. And this is what's going to happen as a result of that mistake." Explaining to them what we would expect the patient's trajectory to be, what the new plan of care is going to be for that patient. If we expect there to be long-term harm, if we expect there to be no harm.

Diana Anderson, MSN, RN:

Oftentimes when we call patients because they got the wrong vaccine, there's really no harm. But patients want to know, "Am I protected against this illness now? Do I have to come back and get another vaccine? And why would I back there when you made a mistake the first time?" So a timely, honest, and passionate disclosure is key. Part of my job is making sure we have the right people involved in that. We have amazing clinicians who want to be the ones to make the apology if they were involved in the error. Sometimes the person who was involved in the error isn't the best person to sit down with the patient and family. There's a skillset involved in that. So making sure that we have the right people involved. We always follow up with a letter in writing so that we can remind people that we had this conversation, and this is our guarantee to you in the future.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. Wow, those are great tips. I think this sounds like a really challenging environment, but one that is so important and that any of us who have worked in, as you describe, such complex health systems understand how absolutely necessary your role is and how critical it to supporting the day-to-day function of what we do. Diana, are there any certifications or is there certain continuing education that you participate in so that you are able to provide this service? Or is this something that you learn primarily on the job and through experience?

Diana Anderson, MSN, RN:

So it's a little bit of both. There are national certifications for healthcare and for risk. I am a board certified nurse executive. I also maintain my pediatric nursing certification. There are a lot of courses offered through the National Quality Foundation, MHA. The Joint Commission and CMS also do a lot of work with quality and risk, as do a lot of insurance companies. Making mistakes is very expensive and it is to everyone's benefit to minimize the number of errors that are made. So there are a lot of CEU opportunities out there. I make sure to maintain not only my certifications, but to stay competent with things as they change. Again, even back to COVID-19, some of our rules and regulations change weekly. In the state of Michigan with the governor's executive orders, it is part of my work to understand what has changed and make sure that we're applying those new executive orders correctly. That also has traipsed into my OSHA work because my OSHA is very involved in keeping our staff safe when it comes to COVID-19. So there are a ton of resources, certifications and educational opportunities out there.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah, those sound like really nice resources. I was just thinking, as you were talking about COVID-19 and the implications of that pandemic on your practice and the way that you are charged with keeping staff and patients safe, and I imagine that keeping up with something that was evolving so rapidly was really challenging. And I also think that when we think of nursing impacted by COVID-19, we think of the people in the emergency departments and the people in the intensive care units. But we don't think about all of the people who are striving to keep staff and patients safe. And it sounds like your role was so critical in that. Just as we think of the impact on a pandemic in our world of nursing, that's just evidence that no one was unfazed by it, but you certainly were charged with a lot of responsibility it sounds.

Diana Anderson, MSN, RN:

Yeah, I was lucky enough to get to sit on the incident command center for the medical group. And the decisions that had to be made immediately about preservation of PPE, distribution of supplies, keeping sites open and closing sites, we know that the entire state of Michigan ended up canceling nonelective medical care. We know that there were patients not getting mammograms and not getting colonoscopies. And a percentage of those patients would've had a cancer finding during those screenings. So how were we going to mitigate that when we opened our services again? How do you decide who gets care first? How do you decide who can wait? How do you decide if something is elective or emergent?

Diana Anderson, MSN, RN:

Luckily, we had people at much higher pay grades than I working [inaudible 00:18:02] that. But to see how those decisions were made and then for those of us in the command center and those of us working in quality to be a part of reopening the facilities, making sure they were safe, making sure that as employees were coming back to work in this new environment who maybe were furloughed because their clinic was closed, that they knew what the expectations were now, how things were different, how cleaning was different between patients. And then of course, as I've said before, none of that matters if the patient's perception is that we're not doing the right things. So I love working in a crisis. That's what draws me to this work. And COVID-19 has been a four month long crisis.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh my God.

Diana Anderson, MSN, RN:

So [inaudible 00:18:47] fascinating. I hope I never have to do it again in my career. But we really have learned a lot.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, I was thinking that sounds exhausting, I imagine. How often did the instant command center meet?

Diana Anderson, MSN, RN:

Daily, Monday through Sunday, seven days a week.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh my gosh.

Diana Anderson, MSN, RN:

For people who work at the front lines to know that every hospital in this area, mine was not unique, had groups of leaders that were working 12 to 16 hours a day in command centers, seven days a week. I think when the crisis hit, I worked 39 days straight. Physically reporting to different sites, getting work done trying to make sure that our policies, processes, equipment, staffing, that everything was aligned. And that was all health systems in the area that had teams doing what we did. I think sometimes people forget all of the work that goes on behind the scenes, and that just to get that box of N95s to the staff caring for the patients, the number of things that that had to happen.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. This is such a timely conversation, I think, to highlight what an important role this is and what a great opportunity this is for people who feel themselves drawn to perhaps a leadership role who tend to be natural problem solvers and seeking to do recovery work like this, it's such a timely conversation to illustrate your role. I appreciate you sharing all of that with us.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Diana, I was just curious if there's anything you would say to people who are pursuing nursing, who maybe aren't sure what they want to do, or may be unsure that their first job will be their dream job. Do you have any tips or pearls for people entering our profession and how best to find their perfect fit the way it sounds that you have?

Diana Anderson, MSN, RN:

Yeah, absolutely. So nursing has limitless opportunities. When I went into nursing, I never thought that I would be working in an office type setting or working from home, which I do often now, dealing with the things that I deal with. One of the reasons that I have been able to move around so much in the healthcare system that I work in and I've had so many opportunities is because when they were looking for volunteers, I threw my hand up in the air. Joining committees, being involved in unit governance. When there's a problem, volunteering to be part of the solution is really helpful. Even some really low level problems like staff on my floor aren't getting a lunch break. There's a solution to that. And the people who know the solution are typically the people working on the floor.

Diana Anderson, MSN, RN:

I think a lot of people are afraid to join because they think it's going to be a huge time commitment, or maybe they haven't worked in the department, it that long and they don't think that they have the expertise. I have joined committees and done things that I had no skillset in at all. In building a new hospital, I thought it sounded interesting, I threw my hand in the air and it created multiple job opportunities for me. So I think just being willing to be involved. Looking at national certifications, the whole process for studying and preparing for a national certification teaches people a lot of things. Most hospitals have resources for people who are studying for a certification. Joining national organizations, we are so lucky here in southeastern Michigan that if you're looking for a chapter of something, we have it somewhere. Even if it's not run through your hospital.

Diana Anderson, MSN, RN:

To look for, I call them, "Your people." Finding your people, people who have the same interests and passions that you do. Looking for conferences, if there's something that you want to know more about or something that you're interested in. And if you have done something or you know something, putting it on a poster. There are a lot of national organizations that will let you go to their conferences for free if you take the time to put something on a poster. And most healthcare organizations have of departments that will help your poster look professional and neat and print it for you, make sure that your data looks like data should look on a poster. The more involved that people get, the more opportunities that will come their way.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

And I think in my own experience, and it sounds like you've experienced this too, the more involved that you get and the more opportunities you have to be at the table, the more rewarding and fulfilling the work is too.

Diana Anderson, MSN, RN:

Oh yeah.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

More than something you do for a certain number of hours per week. But it's something that you are invested in and you are part of the continued progress. I've always found that to make everything more rewarding and more exciting to be part of it. And it sounds like that's been your experience as well.

Diana Anderson, MSN, RN:

100%. Absolutely.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah. I think those are such valid points too, of put this work on a poster. So many people don't realize the things that they're doing are so worth sharing and that so many people across the country when you're thinking of a national conference could benefit from the information that you may have to offer, something that you do daily. And to think that you don't have to know how to create your poster or how to make the most technical graphs, that there's support for that, is also I think just really reassuring and something for all of us to keep in mind.

Diana Anderson, MSN, RN:

Even this podcast. I never thought anyone would want to talk to me about my job on a podcast. But it's all about opportunity and meeting different people. And yeah, nursing is awesome.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. This is great. Well, is there anything else you would like to tell us or do you think that we've summarized things?

Diana Anderson, MSN, RN:

I think we've summarized. My takeaway to nursing is always don't be afraid to fail, don't be afraid of making mistakes. But also don't be afraid to speak up and speak out. A lot of things that happen are because people know that there's a flaw in the system, people know that there's a gap or a broken spoke in a wheel and they don't speak up soon enough and little problems then become a bigger problem.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

This was such a great conversation, Diana. I thoroughly enjoyed learning about the role of someone who works in quality improvement and risk management. And I really appreciate you sharing this. It's inspiring to hear someone who's so passionate about their work and who works in an area of nursing that I think really touches all of us in nursing, but is not something that we immediately think of when we think of our profession. Thank you for sharing this with us.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer or the professional organization that they're active in. The stories of career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.