Using a Game Format to Improve Compliance with Required Review of Hospital Standards and Policies
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ABSTRACT
Maintaining quality patient care requires frequent review of hospital standards and policies. This repetitiveness, however, proved to be boring and not much fun, resulting in poor staff participation. The anticipation of a visit from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) provided the impetus for individual nursing units to develop a means of addressing this problem. Utilizing shared governance concepts, staff developed a game format to stimulate interest. This not only made learning and reviewing fun, but also empowered the staff to become accountable for the quality of their work. This article describes the development of the game format, its implementation, and evaluation of its effectiveness.

Evaluations of current standards and quality improvements are major priorities for all nursing staff members on a continuous basis especially when preparing for a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) visit. Since patient safety, hospital policy, and unit procedures are components in quality improvement, a review of these components is essential. A mechanism to address the quality improvement components is a goal for each nursing unit.

The mechanism reported here was conducted on the cardiac intensive care unit (CICU) at a 713-bed, non-profit, community-based teaching hospital in the Chicago suburbs. The nursing administration at this institution is implementing shared governance. Shared governance is a professional practice model for nursing based on an identified need for giving staff nurses more control over their working environment.

Part of shared governance as operationalized in this institution involves the formation of quality circles (QC). A QC consists of a group of employees who meet regularly to identify problems, to find the causes of the problems, to develop solutions, and then to propose the solutions to management and implement them if accepted (Goldberg & Pegels, 1985). At this institution, the QC consists of a facilitator and groups of four to 15 members.

The QC on the CICU, consisting of the assistant clinical manager, a unit secretary, and staff nurses, took on the challenge. Brainstorming brought out several important factors that could be incorporated into the quality improvement review: (1) this type of review needs to be done on a regular basis, (2) it needs to be part of the orientation to the unit, and (3) since it is repetitive, it should be fun to keep from being dull.

Because the review would be conducted on a regular basis, it would be established as an annual inservice offering. The development of the review format became the responsibility of the QC. Using the clinical ladder system instituted in this hospital, the QC decided that implementation of the review would be done by staff nurses at the Clinician II level.
FIGURE 1
Example of Questions for Small Groups

1. What are the nursing responsibilities in case of disaster?
2. What is our standing order for PVCs?
3. What is our standing order for V-tach?
4. With regard to multidose vials, how do you label them, how long are they good?
5. What does an electrical outlet with a red receptacle signify?
6. How must PRN drawers of med carts be arranged?
7. What are the nursing responsibilities in a CODE RED?
8. How must juice for patients be stored?
9. Where are the unit resource books kept?
10. Where is the hospital library and how do you take out books?

FIGURE 2
Example of Items for Treasure Hunt

1. Where is the fire alarm code located? What is the code (bell sequence) for a fire in the ER?
2. Where is the Disaster/Fire/Safety manual kept?
3. Where is the infection control policy? What number is it?
4. Where is the infectious waste policy? What number is it?
5. How many exits are there on the unit and how are they marked?
6. Are all patients wearing legible ID bracelets?
7. Are all employees wearing legible ID tags?
8. When should the med carts be locked? Are they?
9. How should needle boxes be labeled? Are they?
10. Are all monitor alarms turned on?

PREPARATION OF FORMAT
To decrease apathy and boredom, a game format was suggested to conduct the review. Games and simulations have been used as an enjoyable format to present a variety of topics in nursing (Cooper, 1990; Haryzak, 1987; Marte, 1988; Patton, 1989; Proctor, 1989).

Development of the content began with the identification of objectives incorporating principles of adult learning. The initial impetus was to prepare the staff for possible questions that the JCAHO team might ask. However, a more important goal was the staff's recognition of its ongoing professional responsibilities in daily practice. In addition, the process of peer review through a nurse chart audit would further support shared governance concepts.

IMPLEMENTATION AND EVALUATION OF REVIEW FORMAT
The game was developed and prepared by members of the QC and consisted of three parts: (1) questions to be answered informally by small groups, (2) identification of the location of various items to be done alone or with a partner, and (3) a chart audit to be done alone. Attendance at in-service offerings is incorporated into the clinical ladder system and upon completion of all three components, credit for attending an in-service offering is awarded.

Part 1: Question and Answer
The first part of the game consisted of informal question-and-answer sessions conducted in small groups at shift report, at breaks, and during slow periods on the unit. These flexible group sessions were meant to be informative and nonintimidating. This was accomplished by rewarding staff involvement and providing correct answers when necessary. Group members were asked questions dealing with the physical structure of the unit, policies and procedures, plan of care, and documentation (Figure 1). For positive reinforcement, a small prize was given to all participants.

Group participants were enthusiastic and looked forward to the second part of the game. Feedback revealed that prior to these sessions the staff sometimes used assumptions rather than actual policy when providing care. According to staff, the game format provided accurate information and clarified assumptions in a fun manner.

Part 2: Treasure Hunt
The second part of the game was set up as a treasure hunt (Figure 2). The questions required the individual to locate and identify items on the unit. The treasure hunt could be done individually or with a partner. All patient care providers (professional and ancillary) were required to complete this exercise.

The treasure hunt was also well received as demonstrated by the 100% participation. Nursing administration commented on this active participation, noting that it was an excellent way to foster learning.

Part 3: Chart Audit
The final component of the game was the chart audit (Figure 3). This was to be done individually on a current chart. Using a peer review approach, each nurse audited another nurse's chart. Any question regarding documentation were brought to the specific registered nurse. This provided immediate feedback regarding the quality of documentation.

CONCLUSIONS
The QC in the CICU recognized the need for continual review of patient safety, hospital policy, and
unit procedures and practices. The QC developed an enjoyable game format to be used as part of orientation and as an annual inservice offering. By having the staff implement the game, they became empowered to be accountable for the quality of their work.

Completion of the entire game took approximately 20 to 30 minutes for each participant. Since a review of hospital standards and policies was needed, the game format actually provided an organized and cost-effective means of reaching our goal. The small prize was a donated candy bar. No additional costs to the unit were incurred above the normal operating expenses.

Staff schedules differed, resulting in different parts of the game being played simultaneously. Seeing staff throughout the unit at different points in the game proved to be quite humorous for those who had completed the game earlier. Watching staff try to locate items elicited humorous comments from the participants and from those observing.

While the game format made the review enjoyable, staff members never lost sight of the serious nature of the content. They felt prepared for the JCAHO visit and had a new appreciation of their professional responsibilities in daily practice. Orientation of new personnel, annual inservice offerings, and a visit from JCAHO now provide an opportunity to learn and have fun!

REFERENCES