

Aligning the Stars: Linking the ANCC Magnet Recognition Program® to CMS Value-Based Purchasing Measures

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Objectives


- Describe the CMS Value Based Purchasing Measures.
- Describe the ANCC Magnet Recognition Program® transition to Empirical Outcomes.
- Describe the alignment between the ANCC Magnet Recognition Program® Empirical Outcomes and the CMS Value Based Purchasing Measures.
- Demonstrate how to integrate CMS Value Based Purchasing Measures within your ANCC Magnet Recognition Program® structure.


Baptist Health


- Mission-driven, faith-based, not-for profit
- Northeast Florida's only locally owned and governed healthcare system
- Five Magnet-designated hospitals w/ 1,101 beds:

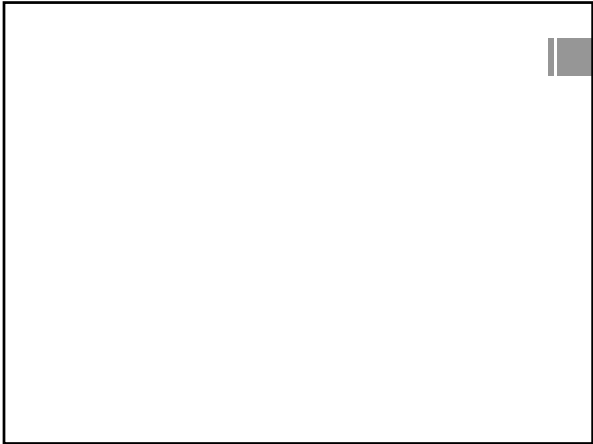

Baptist Jacksonville

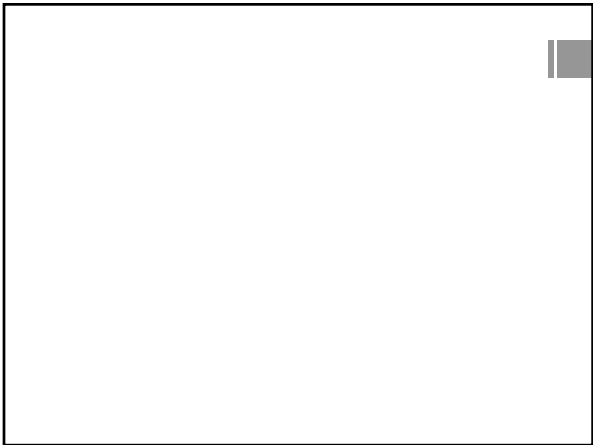

Baptist Beaches

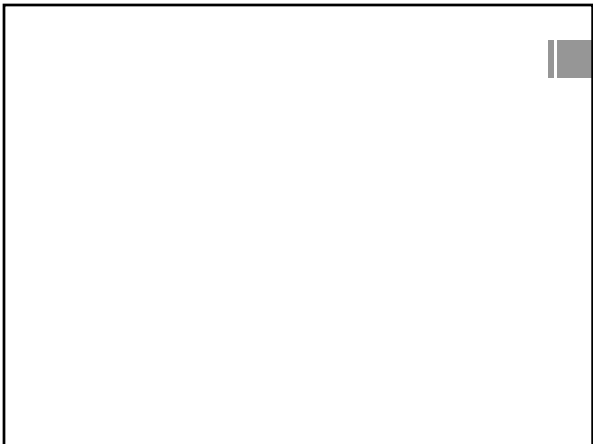

Baptist South


Baptist Nassau


Wolfson Children's Hospital







Value Based Purchasing History

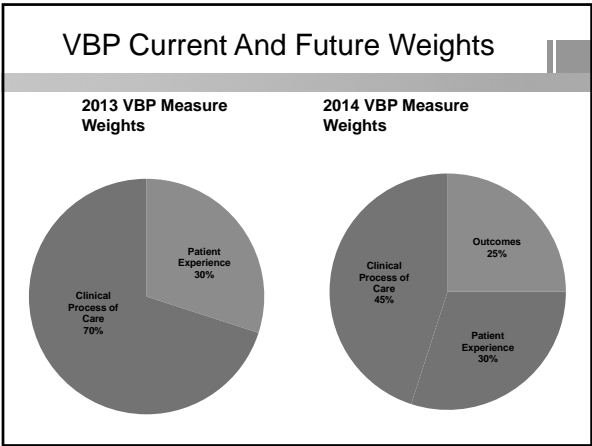
- Initially started in 2005 as a part of the Deficit Reduction Act – Hospital Inpatient Quality Reporting Program (IQR).
- Hospitals reporting quality measure data to the IQR were eligible for a 2% payment. This was also known as “Pay for Reporting”.
- The initial IQR had 10 performance measure sets and no performance expectations.

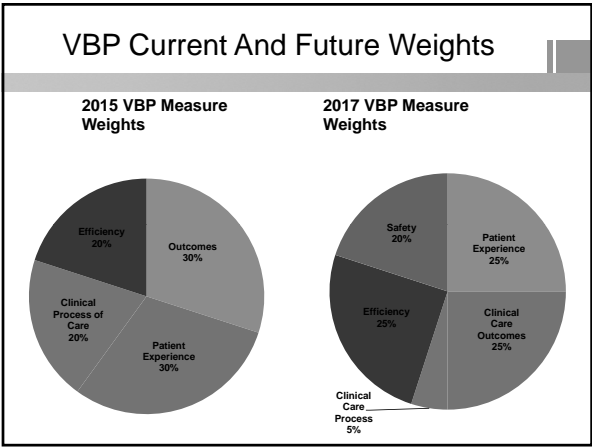
Value Based Purchasing History

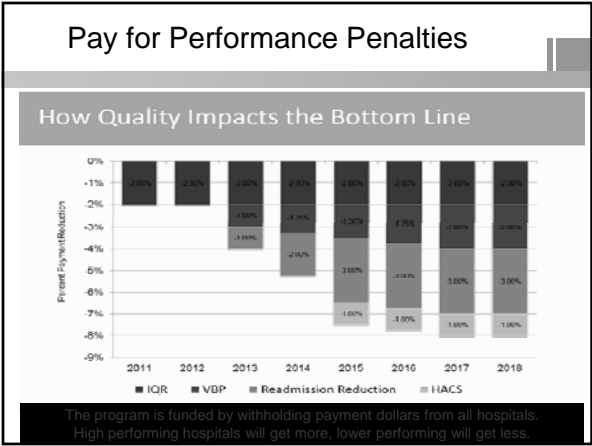
- In addition to reporting Quality Measure data to the IQR, Hospital Outcome and Efficiency measures became publicly reportable.
 - Greater than 95% of eligible Hospital participated.
 - Reported performance measures showed improvement.
- In 2010, The Affordable Care Act was passed leading to the Value Based Purchasing (VBP) Program (Pay for Performance).
 - CMS estimates for 2014 indicate that up to \$1.1 Billion may be available for redistribution as part of the VBP program.

Value Based Purchasing Overview

- Under VBP, initially 1% of payment was withheld from hospitals. The percentage withheld increases each year to a maximum of 2%.
 - 2013 1%
 - 2014 1.25%
 - 2015 1.5%
 - 2016 1.75%
 - 2017 2%
- Hospitals are scored on their performance ranking within the dataset, or by their improvement in performance on the measure from the baseline period.







Value Based Purchasing Clinical Process of Care Measures - 2015

- **AMI-7a:** Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
- **AMI-8a:** Primary PCI Received Within 90 Minutes of Hospital Arrival
- **HF-1:** Discharge Instructions
- **PN-3b:** Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
- **PN-6:** Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

Value Based Purchasing Clinical Process of Care Measures - 2015

- **SCIP-Inf-1:** Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- **SCIP-Inf-2:** Prophylactic Antibiotic Selection for Surgical Patients
- **SCIP-Inf-3:** Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
- **SCIP-Inf-4:** Cardiac Surgery Patients with Controlled 6:00 a.m. Postoperative Serum Glucose
- **SCIP-Inf-9:** Urinary Catheter Removal on Postoperative Day 1 or Postoperative Day 2
- **SCIP-Card-2:** Surgery Patients on a Beta-Blocker Prior to Arrival Who Receive a Beta-Blocker During the Perioperative Period
- **SCIP-VTE-1:** Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
- **SCIP-VTE-2:** Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Value Based Purchasing Patient Experience of Care Measures - 2015

- Nurse Communication
- Doctor Communication
- Hospital Staff Responsiveness
- Pain Management
- Medicine Communication
- Hospital Cleanliness and Quietness
- Discharge Information
- Overall Hospital Rating

Value Based Purchasing Outcomes Measures - 2015

- **Mort-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
- **Mort-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
- **Mort-30-PN:** Pneumonia (PN) 30-Day Mortality Rate
- **AHRQ PSI-90 Composite:** Complication/Patient Safety for Selected indicators (Composite)
- **CLASBI:** Central Line-Associated Blood Stream Infection

Value Based Purchasing Efficiency Measures - 2015

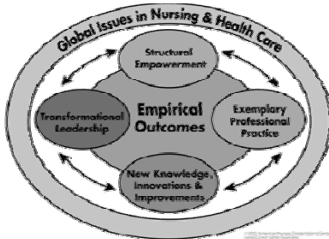
- **MSPB-1:** Medicare Spending per Beneficiary
 - Incorporates Medicare Part A and Medicare Part B payments for services during a care episode, starting 3 days prior to hospital admission and ending 30 days post discharge.

VBP Changes For 2017

- **Patient- and Caregiver-Centered Experience of Care/Care Coordination**
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- **Clinical Care**
 - **Outcomes**
 - 30 Day Mortality for AMI, HF, and Pneumonia
 - **Process**
 - AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
 - IMM-2: Influenza Immunization
 - PC-01*: Elective Delivery <39 Weeks
- **Efficiency and Cost Reduction**
 - MSPB-1 - Medicare Spending Per Beneficiary
 - Safety
 - CLABSI, CAUTI, SSI: Colon & Abdominal Hysterectomy, MRSA Infections*, C-difficile Infections*, AHRQ PSI-90

ANCC Magnet Recognition Program® Overview

The Magnet Model



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ANCC Magnet Recognition Program® Empirical Outcomes

- With the introduction of the 5 Component Magnet Model, the focus of the program shifted from Structure and Process to Outcomes.
- "Outcomes are defined as quantitative and qualitative evidence related to the impact of structure and process on the patient, the nursing workforce, the organization, and the consumer." (ANCC, 2013, pg. 4)

ANCC Magnet Recognition Program® Empirical Outcomes

- Specific criteria for documenting an Empirical Outcomes (EO's) is to be followed.
- The Empirical Outcomes are distributed through each of the Magnet Model Components.
 - Transformational Leadership: 3 EO's
 - Structural Empowerment: 5 EO's
 - Exemplary Professional Practice: 12 EO's
 - New Knowledge, Innovations & Improvements: 4 EO's

Alignment Types

- Direct Alignment:
- Indirect Alignment:
- Not Aligned:

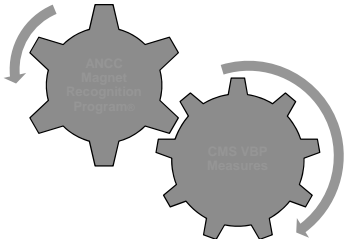
Alignment Summary

Subject Organization	Number of EOs	Number of Direct	Number of Indirect	Number Not Aligned
Transformational Leadership	3	1*	3*	0
Structural Empowerment	5	1	3	1
Exemplary Professional Practice	12	8	3	1
New Knowledge, Innovations & Improvements	4	1*	4*	0
Total	24	11	13	2

* The Source of Evidence has one example in more than one alignment category.

Direct Alignment

- ANCC Magnet Recognition Program® Empirical Outcomes with Direct Alignment to the CMS VBP Measures



Transformational Leadership Empirical Outcomes

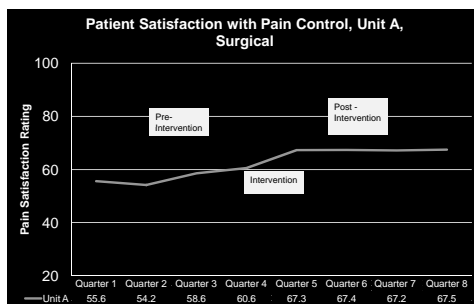
- **TL9EO:** Nurse leaders (exclusive of the CNO) use input from clinical nurses to influence change in the organization. Choose 2 of the 3.

Provide one example, with supporting evidence, of clinical nurse communication with a nurse leader that influenced a change in the patient experience.	Direct	Utilize shared governance structure or other communication type to align with Patient Experience of Care Measures.
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Example TL9EO

- Nurse Manager shares Patient Satisfaction results with nursing team during a shared governance meeting.
- Data shows that the unit is performing below the mean on the Pain Management question.
- Clinical Nurses share challenges with the order sets for post operative patients. Standard order set only includes orders for moderate pain. Patients frequently experiencing severe pain. Treatment for severe pain is delayed while waiting on MD to return call for additional orders.
- Manager pulls together an interdisciplinary team meeting to address clinical nurses concern with the pain management order set.
- Changes to the order set are initiated.
- Patient Experience data for pain management shows a sustainable improvement.

Example TL9EO



Structural Empowerment Empirical Outcomes

- **SE4EO:** Nurses participate in professional development activities designed to improve their knowledge, skills, and/or practices in the workplace.

Provide one example, with supporting evidence, of nurses' participation in a professional development activity that demonstrated an improvement in knowledge, skills, and/or practices for professional registered nurses.	Direct	Consider Outcomes Measures or Clinical Process of Care measures. Identify a development activity focused on improving these measures.
Provide one example, with supporting evidence, of nurses' participation in a professional development activity that was associated with an improvement in a patient care outcome.	Direct	Consider Outcomes Measures or Clinical Process of Care measures. Identify a development activity focused on improving these measures.

Exemplary Professional Practice Empirical Outcomes

- **EP2EO:** Clinical nurses are involved in the development, implementation, and evaluation of the professional practice model.

Provide one example, with supporting evidence, of an improvement in clinical practice as a result of clinical nurses' involvement in the implementation or evaluation of the professional practice model.	Direct	Consider Clinical Process of Care Measures. Evaluate the clinical practice model with a focus on interdisciplinary teams and enhancing communication between nurses and interdisciplinary team members.
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Exemplary Professional Practice Empirical Outcomes

- **EP7EO:** Nurses' systematically evaluate professional organizations' standards of practice, incorporating them into the organization's professional practice model and care delivery system.

Provide one example, with supporting evidence, of a change in clinical practice resulting from the application of professional organizations' standards of nursing practice.	Direct	Consider Clinical Process of Care Measures, Outcomes Measures, and Patient Experience Measures. Implement standards of nursing care focused on improving one of the measures.
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Exemplary Professional Practice Empirical Outcomes

- **EP13EQ:** Nurses participate in interprofessional groups that implement and evaluate coordinated patient education activities.

Provide one example, with supporting evidence, of an interprofessional patient education activity that was associated with an improved patient outcome.	Direct	Consider Outcomes Measures or Clinical Process of Care Measures. Utilize an interprofessional team to design and implement a patient education program focused on one of the measures.
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Exemplary Professional Practice Empirical Outcomes

- **EP19EQ:** Nurses are involved in the facility- or system-wide approach focused on proactive risk assessment and error management.

Provide one example, with supporting evidence, of an improvement in patient safety that resulted from nurses' involvement in facility- or system-wide proactive risk assessment or error management.	Direct	Consider the Outcomes Measures. Involve Nurses in the risk assessment and error reduction strategies for these measures.
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Exemplary Professional Practice Empirical Outcomes

- **EP20EQ:** Clinical nurses are involved in the review, action planning, and evaluation of patient safety data at the unit level.

Provide one example, with supporting evidence, of an improvement in patient safety that resulted from clinical nurses' involvement in the evaluation of patient safety data at the unit level.	Direct	Consider the Outcomes Measures. Involve nurses at the unit level as part of the shared governance structure to review patient safety data. Use input from unit nurses to improve a patient safety measure.
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Exemplary Professional Practice
Empirical Outcomes

▪ **EP21EQ:** Nurses are involved in implementing and evaluating national or international patient safety goals.

Provide one example, with supporting evidence, of nurses involvement in activities that address national or international patient safety goals that lead to an improvement in patient safety outcomes.	Direct	Consider the Outcomes Measures. Involve nurses in the measurement and improvement of patient safety goals.
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Exemplary Professional Practice
Empirical Outcomes

▪ **EP22EQ:** Unit- or clinic-level nurse-sensitive clinical indicator data outperform the mean or median of the national database used.

For an acute care organization with our without ambulatory/outpatient services, six nurse-sensitive clinical indicators are required. The required indicators for all acute care organizations include falls with injury, hospital-acquired pressure ulcers stages 2 and above, central line-associated bloodstream infection, and catheter-associated urinary tract infection. The remaining 2 indicators are selected a list in the manual.	Direct	Consider the Outcomes Measures. Involve nurses in the monitoring and evaluation of performance with these measures. Work with interdisciplinary team to implement improvement strategies.
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Video

Exemplary Professional Practice Empirical Outcomes

- **EP23EQ:** Unit- or clinic-level patient satisfaction data (related to nursing care) outperform the mean of the national database used.

Provide	Measure	Focus
Provide 8 quarters of patient satisfaction data at the unit- or clinic-level collected within the previous 30 months before document submission. Select and report data for four of the nine categories listed (1. Patient Engagement/Patient Centered Care, 2. Care Coordination, 3. Safety, 4. Service Recovery, 5. Courtesy and respect, 6. Responsiveness, 7. Patient education, 8. Pain, 9. Careful Listening).	Direct	Focus on the Patient Experience of Care Measures. Involve nurses in the evaluation of this data. Utilize interdisciplinary teams to develop and implement improvement strategies.

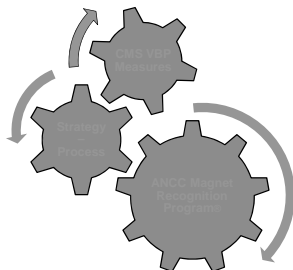
New Knowledge, Innovations & Improvements Empirical Outcomes

- **NK5EO:** Nurses are involved with the design and implementation of technology to enhance the patient experience and nursing practice.

Provide	Measure	Focus
Provide one example, with supporting evidence, of an improvement in the patient experience that resulted from clinical nurses' involvement with design and implementation of technology.	Direct	Focus on the Patient Experience of Care Measures. Involve nurses in the implementation of technology focused on improving one of these measures.

Indirect Alignment

- ANCC Magnet Recognition Program® Empirical Outcomes with Indirect Alignment with the CMS VBP Measures



Transformational Leadership Empirical Outcomes

- **TL1EO:** Nursing's mission, vision, values, and strategic plan align with the organization's priorities to improve the organization's performance.

Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement in the nurse practice environment.	Indirect	Ensure meeting VBP measures is included in the nursing strategic plan. Consider Clinical Process of Care Measures.
Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement of clinical practice.	Indirect	Ensure meeting VBP measures is included in the strategic plan. Consider Clinical Process of Care or Outcome Measures.

Transformational Leadership Empirical Outcomes

- **TL3EO:** The CNO influences organization-wide change beyond the scope of nursing.

Provide one example, with supporting evidence, of a CNO-influenced positive change that had organization-wide impact beyond the scope of nursing services.	Indirect	Could apply to all measures. CNO can influence interdisciplinary team focused on implementing a non-nursing practice change aimed at improving one of the VBP measures.
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Transformational Leadership Empirical Outcomes

- **TL9EO:** Nurse leaders (exclusive of the CNO) use input from clinical nurses to influence change in the organization. Choose 2 of the 3.

Provide one example, with supporting evidence, of clinical nurse communication with a nurse leader that influenced change in the nurse practice environment.	Indirect	Utilize shared governance structure or other communication types to align with Clinical Process of Care Measures.
Provide one example, with supporting evidence, of clinical nurse communication with a nurse leader that influenced a change in nursing practice.	Indirect	Utilize shared governance structure or other communication type to align with Clinical Process of Care Measures.

Structural Empowerment Empirical Outcomes

- **SE1EO:** Clinical nurses are involved in interprofessional decision-making groups at the organizational level.

Provide two examples, with supporting evidence, of improvements resulting from the contributions of clinical nurses in interprofessional decision-making groups at the organizational level.	Indirect	Could apply to all measures. Identify interdisciplinary teams that are working on improving performance on any of the VBP Measures.
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Structural Empowerment Empirical Outcomes

- **SE2EO:** The healthcare organization supports nurses' participation in local, regional, national, or international professional organizations.

Provide two examples, with supporting evidence, of improvements in nursing practice that occurred because of clinical nurse involvement in a professional organization.	Indirect	Align with Clinical Process of Care Measures, Patient Experience of Care Measures, or Outcomes Measures. Identify teams that used professional organization guidelines or standards to improve these measures.
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Structural Empowerment Empirical Outcomes

- **SE3EO:** The organization supports nurses' continuous professional development.
- Organization Overview -

Provide one example, with supporting evidence, illustrating that the organization has met a targeted goal for improvement in professional nursing certification.	Indirect	Could apply to outcomes measures. Consider Patient Safety.
Provide one example, with supporting evidence, illustrating that nursing has met a targeted goal for improvement in professional nursing certification by unit or division.	Indirect	Could apply to outcomes measures. Consider Patient Safety

Exemplary Professional Practice
Empirical Outcomes

▪ **EP3EO:** Unit or clinic level nurse (RN) satisfaction data outperform the mean or median of the national database used.

Provide unit-based, national benchmarked nurse (RN) satisfaction data from the most recent survey administered within the previous 30 months before documentation submission.	Indirect	Consider Outcomes measures.
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Exemplary Professional Practice
Empirical Outcomes

▪ **EP8EO:** Nurses use internal and external experts to improve the clinical practice setting. (Choose 1 of the following):

Describe one improvement in the clinical practice setting that occurred as a result of the use of internal experts.	Indirect	Consider Clinical Process of Care Measures or Outcomes Measures. Use an internal expert to guide an improvement team.
Describe one improvement in the clinical practice setting that occurred as a result of the use of external experts.	Indirect	Consider Clinical Process of Care Measures or Outcomes Measures. Use an external expert to guide an improvement team.

Exemplary Professional Practice
Empirical Outcomes

▪ **EP18EO:** Workplace safety for nurses is evaluated and improved.

Provide two examples, with supporting evidence, of workplace safety for nurses resulting from the safety strategy of the organization.	Indirect	Consider the outcomes measures.
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New Knowledge, Innovations & Improvements Empirical Outcomes

▪ **NK1EO:** The organization supports the advancement of nursing research.

Provide one completed IRB-approved nursing research study. Use format in manual.	Indirect	Consider any of the VBP measures. Develop and conduct a nursing research study focused on one of the VBP measures.
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New Knowledge, Innovations & Improvements Empirical Outcomes

▪ **NK4EO:** Innovation in nursing is supported and encouraged.

Provide two examples, with supporting evidence, of an improvement that resulted from an innovation in nursing.	Indirect	Consider any of the VBP measures. Work with nursing teams to formulate innovative proposals aimed at improving one of the VBP measures.
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New Knowledge, Innovations & Improvements Empirical Outcomes

▪ **NK5EO:** Nurses are involved with the design and implementation of technology to enhance the patient experience and nursing practice.

Provide one example, with supporting evidence, of an improvement in nursing practice that resulted from clinical nurses' involvement with design and implementation of technology.	Indirect	Consider the Clinical Process of Care Measures. Involve nurses in implementation of technology focused on improving one of these measures.
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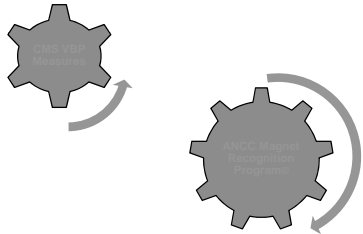
New Knowledge, Innovations & Improvements Empirical Outcomes

- **NK6EO:** Nurses are involved in the design and implementation of work flow improvements and space design to enhance nursing practice. (Choose 1 of the following)

Provide one example, with supporting evidence, of nurse involvement in the design and implementation of work flow that resulted in operational improvement, waste reduction, or clinical efficiency.	Indirect	Consider the Clinical Process of care Measures, the Patient Experience of Care Measures, or the Efficiency Measure.
Provide one example, with supporting evidence, of nurse involvement in the design and implementation of work space that resulted in operational improvement, waste reduction, or clinical efficiency.	Indirect	Consider the Clinical Process of care Measures, the Patient Experience of Care Measures, or the Efficiency Measure.

Not Aligned

- ANCC Magnet Recognition Program® Empirical Outcomes that are Not Aligned with the CMS VBP Measures



Structural Empowerment Empirical Outcomes

- **SE10EO:** Nurses participate in the assessment and prioritization of the healthcare needs of the community.

Provide one example, with supporting evidence, of an improvement in an identified healthcare need that was associated with nurses' partnership with the community.	Not Aligned	
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Exemplary Professional Practice Empirical Outcomes

- **EP11EQ:** Nurses participate in recruitment and retention assessment and planning activities. (Choose 1 of the following):

	Not aligned	Aligned
Provide one example, with supporting evidence, of clinical nurses' participation in nursing recruitment activities and the impact on vacancy rates.	Not aligned	
Provide one example, with supporting evidence, of clinical nurses' participation in nursing retention activities and the impact on turnover rates.	Not aligned	

Questions



References

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