



## Empowering Clinical Nurses to Improve Quality Outcomes

October 8, 2015  
Session C848 3:45-4:45pm  
Katie Vriezen, MSN, RN  
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- **499** bed hospital
- **22,000** surgeries a year
- **26,000** admissions
- **4,000** newborn deliveries
- **60,000** emergency visits
- **1,000** physicians on staff
- **1,200** nurses on staff

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## Objectives

- Identify methods to educate and engage clinical nurses in the quality data process.
- Describe a process to streamline quality data reporting.
- Outline approaches to empower clinical nurses to identify improvement opportunities.

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## Shared Governance

- Established in 2010
- Based on our Professional Practice Model
- Partnership, Equity, Accountability, Ownership
- Culture, not a program




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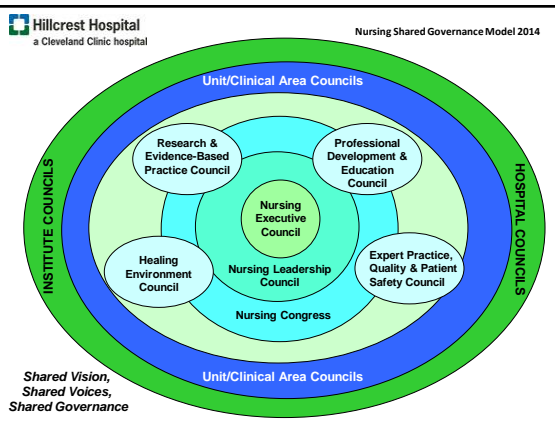
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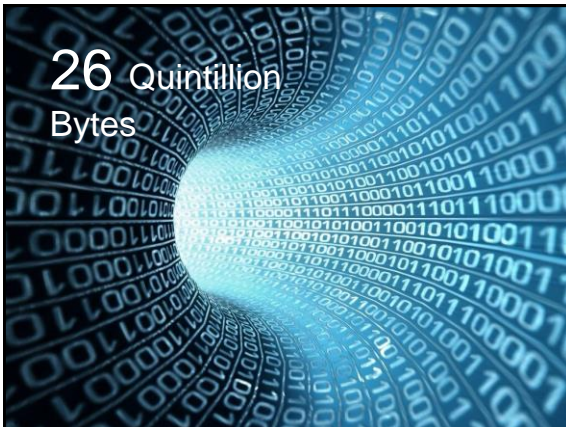
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- Journey to Magnet Excellence – 2011

- **Show me the data!**

- Roadblock



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## Ask And You Shall Receive




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## Beginning Our Data Journey

### Barriers:

1. Patient outcome data is abundant
2. Originates from multiple sources
3. Same metric – different benchmarks
4. Confusing to clinical nurses

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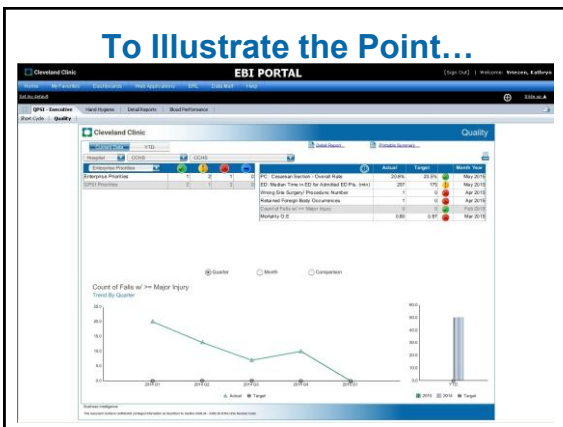
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## To Illustrate the Point...




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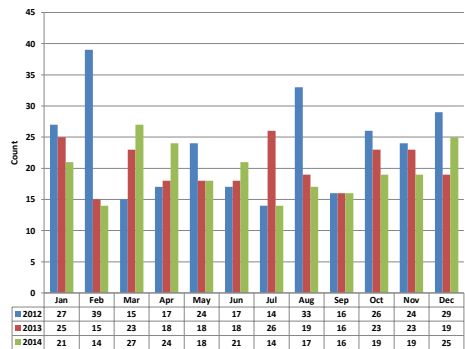
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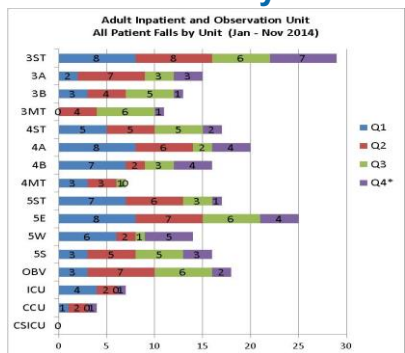
And More....

Hospital: Hillcrest Hospital		Unit: All							
CNO Quality Measures	Quality Metrics		2013	2014 YTD	2013 - '14 % Change	CQMS Average	CQMS Variance	Rating **	Score **
	Total Falls Rate (per 1K Patient Days)		2.88	2.48	-14%	2.52	-.04%		
	Falls Rate w/ Injury (all injuries, per 1K patient days)		8.94	8.89	-.5%	8.88	.06%		
	P90 % Pressure Ulcers (per 1K Patient days)		8.07	9	-10%	8.08	-.01%		
	CLABSI Rate (per 1K Foley Cath Days) - ICU		8.4	8.2	-.09%	8.28	-.23%		
	CAUTI Rate (per 1K Foley Cath Days) - ICU		8.7	5.1	-57%	1.63	-23%		
	CAUTI Rate (per 1K Foley Cath Days) - Non ICU		8.9	5.9	-34%	1.65/1.6			

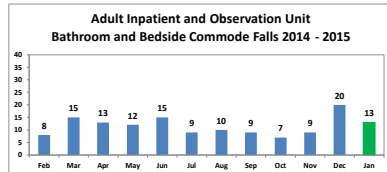
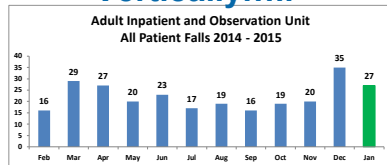
In-Patient Falls



Horizontally....



## Vertically.....



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**More...**

[illegible]

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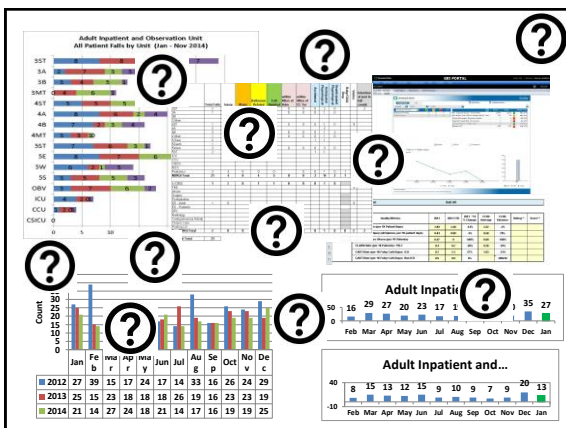
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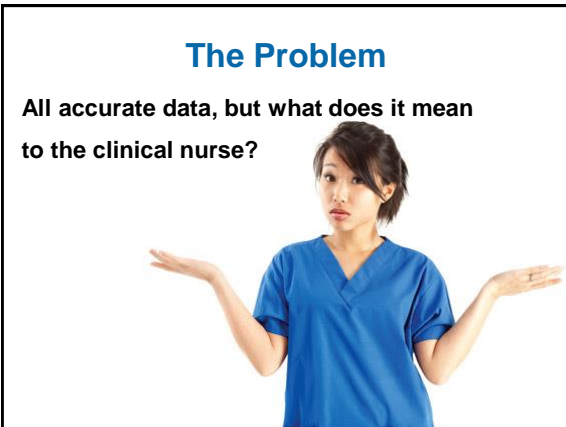
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## The Problem

All accurate data, but what does it mean to the clinical nurse?

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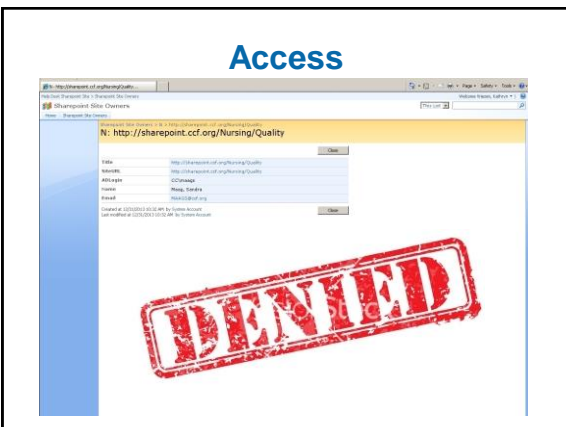
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## Access

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### Problem Statement

clinical nurse without direct access to data



inhibits RNs ability to interpret & analyze



missing opportunities to develop effective approaches for achieving optimal patient outcomes.

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### Back to Square One

- 1 clinical nurse
- 1 nurse educator
- 1 clinical nurse specialist
- 1 interim nurse manager




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## Identified Targeted Metrics

- **Quality**
  - Falls
  - CLABSI
  - CAUTI
  - HAPU
- **Patient Experience**
  - Pain
  - Response Time
  - Nursing Communication
  - Discharge

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## The Mining Process

### Gathered Existing Reports:

- What does it mean?
- Who sets each benchmark? Goal?
- Who is responsible to bring it to the table?
- *What is the process to get it to the clinical nurses?*




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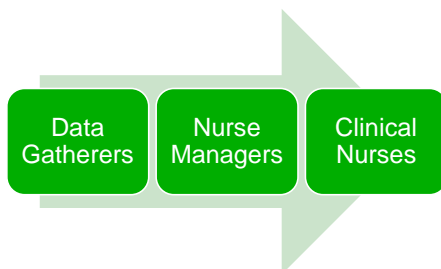
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## Ah Ha!! Moment




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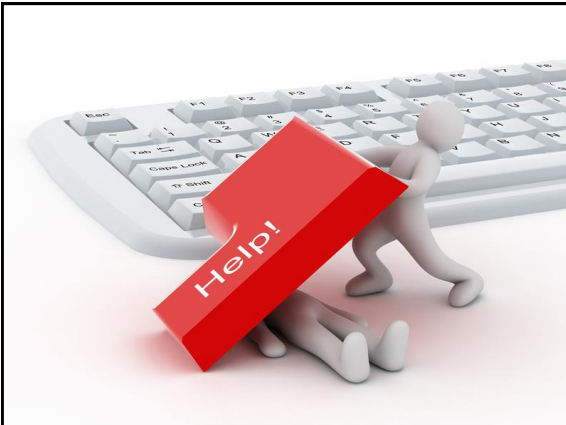
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## Simple & Uniform

Create a **SIMPLE** graph **TEMPLATE**

- Line graph
- Standardized colors (blue, red)
- Quarterly data
- Easy to read
- Visually appealing

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# Simple Simple Simple

Nurses are intelligent problem solvers,  
but they do not have **TIME**

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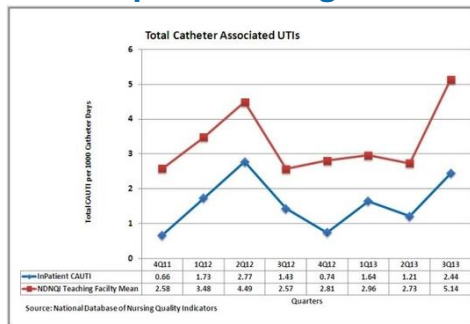
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## Simple and Gorgeous




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**Thought we were Ready!**

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## Presentation to the Leadership Team

- Excited to show our “easy process”
- Colorful graphs
- Enthusiastic presentation

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We had not addressed the  
fundamental problem...

**EDUCATION**

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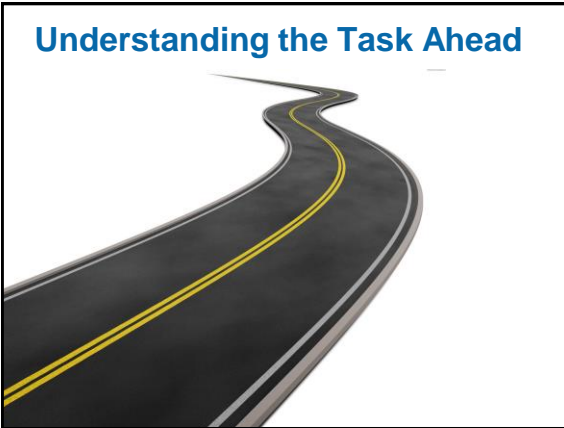
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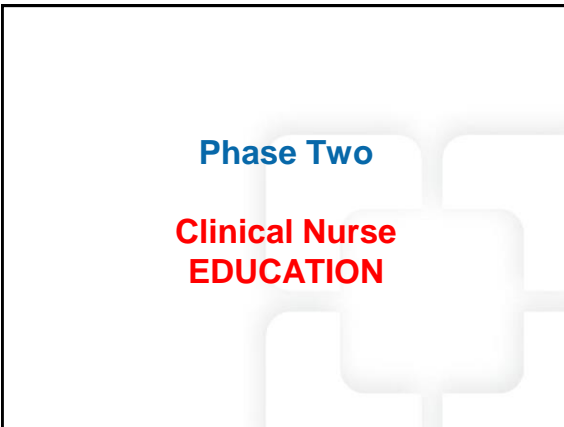
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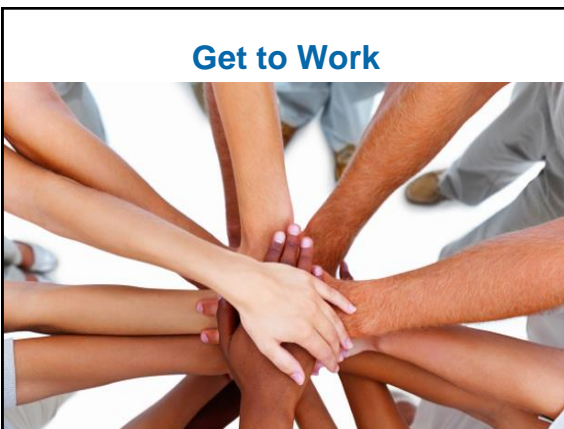
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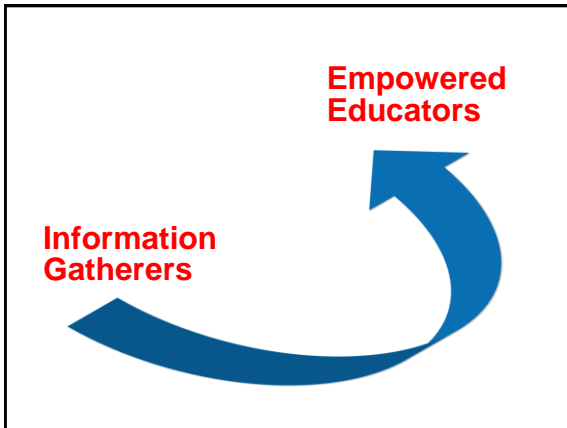
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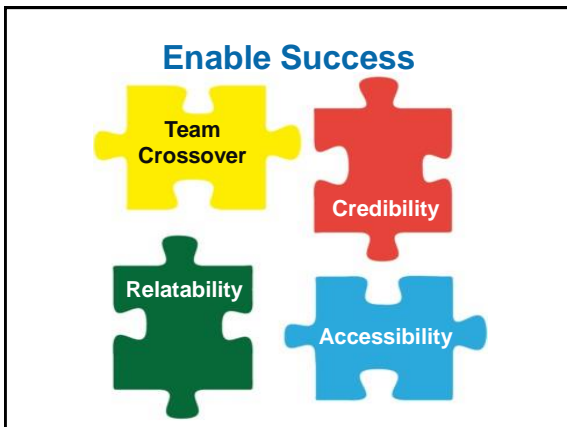
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**Educational Plan**

Three month curriculum

1. Professional Practice Model
2. NDNQI
3. Patient Satisfaction

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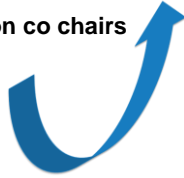
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## Go Forth and Educate!

- Educate their peers
- One month time frame
- Easy access to Champion co chairs




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## January: Professional Practice Model (PPM)




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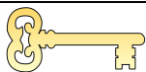
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## Two Domains Were Key

Quality & Patient Safety
National Quality Indicators
Performance improvement
Safe and clinical care supported by appropriate staffing
Competent workforce
Skilled communications and handoff across the continuum of care
Change management
Safe staffing
Fiscally responsible
Ongoing measures



Professional Development & Education
Role-based onboarding
Competency
Clinical Ladder
Certification
Leadership skills
Shared Governance
Academic partnership
Elevate the professional image of nursing
Involvement in professional organizations and communities
Life-long learning

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## February: NDNQI

- **Metrics: Falls, CLABSI, CAUTI, HAPU**
- **Started as language translators**
  - **CAUTI vs catheter infections**

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## Back to Basics

What is “Unit Specific Nurse Sensitive Data”?

- \* Unit specific = each unit able to be compared to **LIKE UNITS** from other **LIKE HOSPITALS**, nationally
- \* Nurse Sensitive = measures and outcomes that we **directly effect** in our daily practice
- \* Data = the number of incidents compiled into meaningful statistics, based on patient days

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## Don't be afraid of Graphs!

- \* You read and interpret them **EVERY DAY** in your nursing practice!
- \* Key components:
  1. **Data Points**
  2. **Bench mark (goal)**
  3. **Units of measure**

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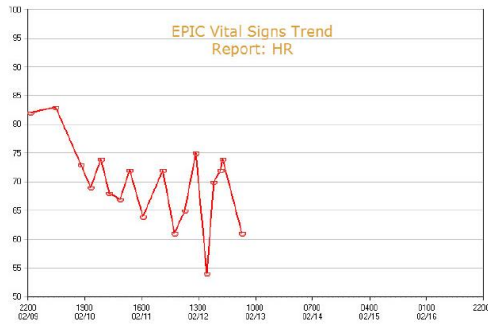
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## Start with what you Know!




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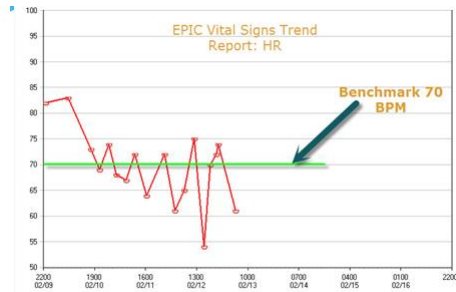
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## Add a Benchmark...




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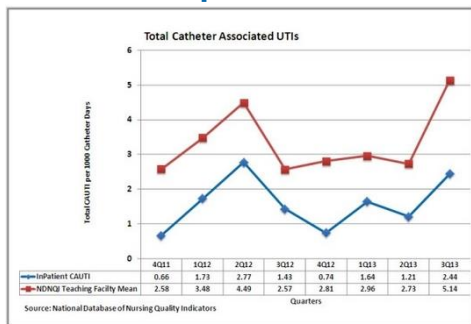
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## Hospital Data




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**Unit Based Data**

- Distributed unit specific data
- Analyzed in unit cohorts

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**Here's What Happened**



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## March: Patient Satisfaction

Same process, four measures:

1. Call Light Response Time
2. Attitude Towards Requests
3. Extent Ready for Discharge
4. How Well Pain was Controlled

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## Building on Knowledge

Let's compare

Patient Satisfaction (PG)	Nursing Quality (NDNQI)
NOT unit specific comparison	"like unit" comparison
Random sampling, some exclusions	All patients, patient days
Value based purchasing	Value based purchasing
Some nursing sensitive	All nursing sensitive

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## Unit Level Data




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# Team Engagement



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# Maintaining Momentum



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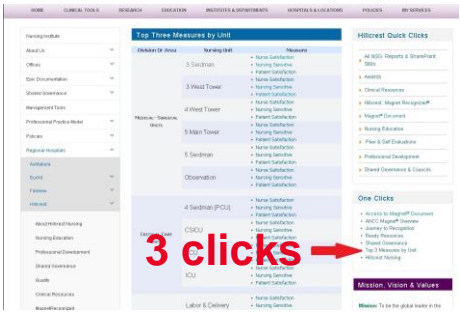
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# Electronic Platform



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# Outcomes

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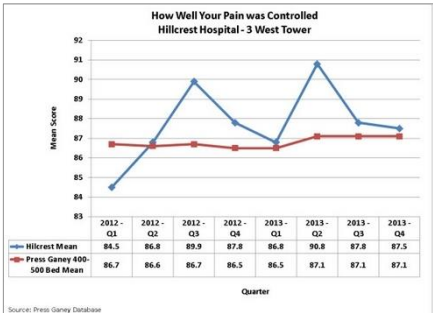
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## Outcome: 3WT



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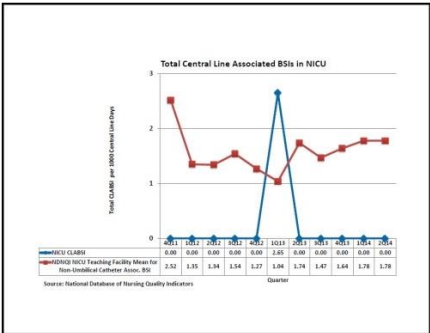
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## Outcome: NICU



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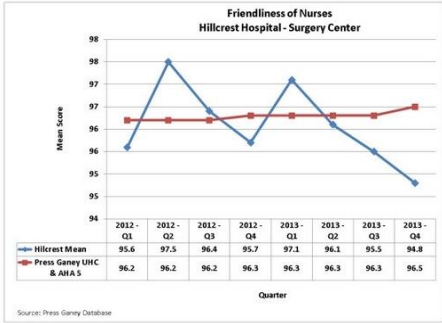
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PACU- Pre Intervention



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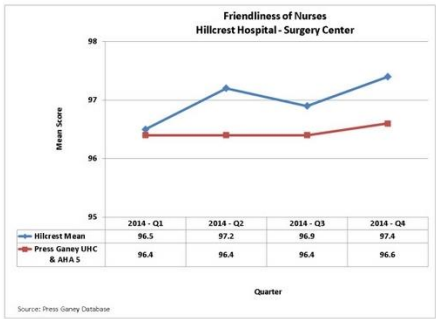
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PACU: Post Intervention



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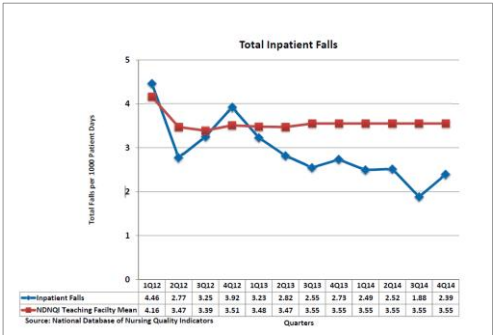
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Outcome: Falls



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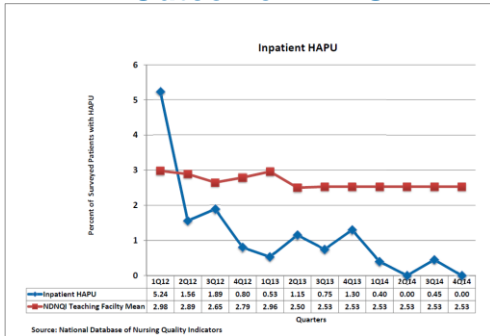
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## Outcome: HAPU



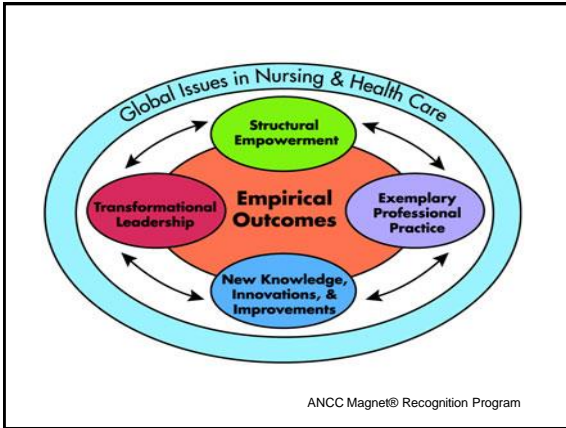
## Summary

- Data overload
- Inconsistent reports
- No access to data by clinical nurses
- Did not understand graph language



## Summary

- It's not just about understanding data and graphs
- Empowering Clinical Nurses to Improve Quality Outcomes**
- Interpret data critically
    - Use data to make changes in practice
    - Assess impact




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## Reference

All data provided from Hillcrest Magnet  
Document 2015

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