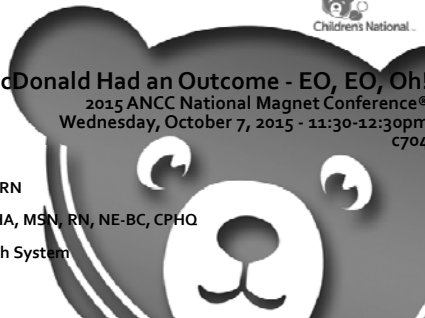


Old MacDonald Had an Outcome - EO, EO, Oh!

2015 ANCC National Magnet Conference®
Wednesday, October 7, 2015 - 11:30-12:30pm
C704

Pamela Petto, MEd, BSN, RN
Tangee' Pruitt, MHSA
Renee' Roberts-Turner, DHA, MSN, RN, NE-BC, CPHQ



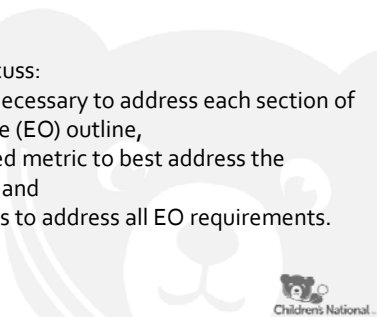
Children's National Health System
Washington, DC



Objective



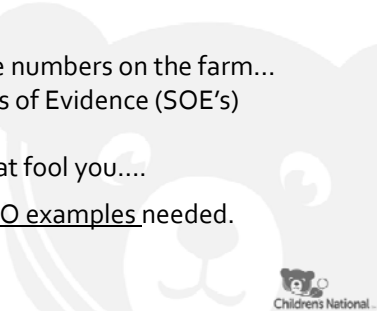
This session will discuss:

- the specific steps necessary to address each section of the Empirical Outline (EO) outline,
- identify the required metric to best address the Source of Evidence, and
- how to build graphs to address all EO requirements.

EO, EO, Oh!

- Let's look at the numbers on the farm...
49 Total Sources of Evidence (SOE's)
24 EO's
But don't let that fool you....
There are **31** EO examples needed.

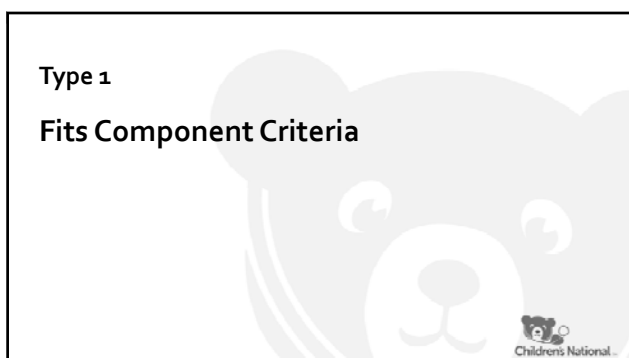




And on this farm there were...4 Types of EO's

Fits Component Criteria		Certification	Nurse Sensitive Indicators	Research Study
TL1 EO	EP11 EO	SE3EO	EP3EO	NK1EO
TL3 EO	EP13 EO		EP22EO	
TL9 EO	EP18 EO		EP23EO	
SE1 EO	EP19 EO			
SE2 EO	EP20 EO			
SE4 EO	EP21 EO			
SE10 EO	NK4 EO			
EP2 EO	NK5 EO			
EP7 EO	NK6 EO			
EP8 EO				

Type 1

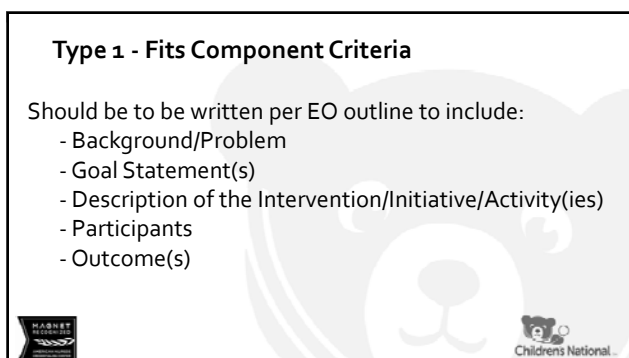
Fits Component Criteria



Type 1 - Fits Component Criteria

Should be to be written per EO outline to include:

- Background/Problem
- Goal Statement(s)
- Description of the Intervention/Initiative/Activity(ies)
- Participants
- Outcome(s)



Background/Problem

- Provide relevant background information
- Describe the problem(s) that exist(s) in the organization
- Be brief, clear, and concise
- Our background(s) averaged about 3.5 paragraphs



EO Example – TL1EO

- 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.



Background/Problem Example – TL1EO

Children's National Health System's Division of Nursing will describe and demonstrate the alignment between the organizational and Nursing's mission, vision, values, and strategic plans to achieve improvements in the nursing practice environment and clinical practice. The Nursing Strategic Plan aligns directly with the organization's mission, vision, values, and strategic priorities to provide quality patient care and a quality experience for patients and families. The Nursing Strategic Plan states under Tactical Area of Focus #1- Goal #4- Utilizing the nursing process, study the communication processes within the Division of Nursing as well as interdisciplinary communications with a goal of improving and refining methods of communication. The objective is to improve interprofessional communication across all patient care areas. The example below will demonstrate how Children's National implemented role-based communication as a means to improve the nurse practice environment.



Goal Statement(s)

- Should reflect a measurable goal attainment
- Must match the quantitative data measurement used
- State the goal(s), that is the desired improvement(s)/change(s)/result(s)
- Identify the measure(s) selected to demonstrate the improvement(s)/change(s)/result(s) (e.g. hours, errors, incidents, satisfaction, indicators)



Goal Statement(s)

- Not looking for SMART goal
- Objective is to demonstrate an improvement
- Metric should not be a compliance or process measure, it is BEST to use an outcome measure
- Choosing one (1) goal statement keeps it simple



Choosing Your Metric

- TL1EO Change in clinical practice– Percentage increase in seamless MRI exams
- TL9EO Nurse practice environment– Increase in RN FTE's and decreased vacancy rate
- TL9EO Patient experience– Improved patient satisfaction scores



Choosing Your Metric

- SE1EO Involvement in decision-making– 1. Increased percentage of direct admissions and 2. Decrease in adverse events
- SE2EO Professional organizations– 1. Improved patient satisfaction with discharge preparedness and 2. Increased use of mother’s milk



Goal Statement(s) Example – TL1EO

To decrease the number of incident reports filed related to interruptions in workflow per quarter from 26 to less than 15.



Description of the Intervention/Initiative/Activity(ies)

- Describe the actions that had an impact on the problem and resulted in achievement of your goal
- Include where the intervention/initiatives occurred (e.g. unit, department, product line, organization)
- Include the date(s) when the intervention/initiatives took place (exact timeline)
- Pre-intervention data, intervention, and post-intervention data must all occur within 48 months prior to documentation submission.



Description of the Intervention/Initiative/Activity(ies)

- Pre-data is required to validate problem existed prior to the implementation of a change.
- Pre-data cannot be zero (0).
- Each intervention described must have a minimum of THREE (3) post-data points to demonstrate effectiveness.
- It is important for dates listed within this description to match exactly to dates within the outcome graph.



Description of the Intervention/Initiative/Activity(ies)

- Using ONE (1) intervention keeps it simple
- If you have more than one (1) intervention for an example you MUST have three (3) data points after the LAST intervention
- Our Description sections averaged about 4.5 paragraphs total



Description of the Intervention/Initiative/Activity(ies)**Example – TL1EO**

An increase in incident reports related to interruptions in workflow due to inability of clinical nurses to identify the correct provider for their patient was identified as an issue after safety issues were identified within the Clinical Effectiveness Committee (CEC). The focus of the intervention was to improve the nurse practice environment through the implementation of Role-Based Communications. This work was led by Ann O'Brien, MSN, RN along with a physician colleague who initiated an interprofessional team charged by the CEC with changing the focus from the individual provider to the provider's role through the implementation of role-based pagers. Identifying provider roles, assigning role-based contact information, and then forwarding these devices appropriately to the covering provider or role, allowed for providers to be reached 24/7 using a single virtual pager number. The Role-Based Communications method leveraged the current technology available at Children's National whereby a virtual pager is a paging number that only exists in our internal paging system. When a virtual pager number is forwarded/rolled-over to an individual, a Children's National durable pager receives these messages, eliminating the need to manage multiple durable pagers. The team began to meet and developed a plan to implement the virtual pagers which could be set-up to forward via the intranet or by phone, making it useful for many of our off-site handoff communications. This work was essential in addressing the frustrations related to workflow interruptions that had been expressed by clinical nurses throughout the organization.



Participants

Include all requirements:

- Name
- Discipline
- Title
- Department

We also included Credentials & Role on project

List the RN's first

Denote clinical RN's where indicated



Participants Example – TL1EO

Ann O'Brien, MSN, RN; Nursing; Clinical Enterprise Project; (Project Lead);
 Padma Pavuluri, MD, MPH; Medicine; Medical Unit Director; 7 East Medical Care Unit/Hospital-Based Services;
 Linda Talley, MS, BSN, RN, NE-BC; Nursing; Vice President and Chief Nursing Officer; Division of Nursing;
 Debbie Freiburg, MS, BSN, RN; Nursing; Director for Medical Nursing and Patient and Family Education Program;
 Division of Nursing;
 David Stockwell, MD, MBA; Medicine; Pediatric Intensive Care Unit (PICU); Hospital-Based Services;
 Todd Harrison; Support Services; Communications Manager; Information Technology;
 Jeff Hooper; Support Services; Director; Bio Medical Engineering;
 Chris Moran, BS, RN, CPN; Nursing; Clinical Supervisor; PICU;
 Eliana Maldonado, BSN, RN; Nursing; Clinical Instructor; Surgical Care Unit;
 Maggie Finke, BSN, RN, NE-BC; Nursing; Clinical Supervisor; 7 East Medical Care Unit;
 Tom Scheller; Respiratory Therapy; Clinical Manager Respiratory Care Services; Hospital-Based Services;
 Caroline Kusenda; Support Services; Assistant Director, Dietician and Formula Lab; Food and Nutrition Services;
 Gayle Gilmore MSSA, LICSW; Social Work; Manager; Family Services;
 Megan Bellagamba BSN, RN; Nursing; Shift Coordinator; Neonatal Intensive Care Unit; and
 Janice Mason, MHA, MSN, RN, CPN; Nursing; Professional Practice Specialist, 4 Main and 6 East/North Intestinal
 Rehab Unit.



Outcome(s)

- Selected measure must correlate with the desired goal
- Demonstrate achievement of the desired goal with data displayed in a clearly labeled graph with data table
- Trended data must be supported to show the improvement/result(s)
- Minimum of THREE (3) trended data points post-intervention must be shown
- Post-data should be better than pre-intervention data
- More than three (3) post-data points can be shown to demonstrate sustained improvement



Outcome(s)

Pre-intervention, intervention, and post-intervention data must:

- Use the same measure to demonstrate the effect of the intervention/initiative
- Be clearly labeled with dates on the graph and data table
- Intervention timeframe/date(s) must be clearly identified on the graph and data table

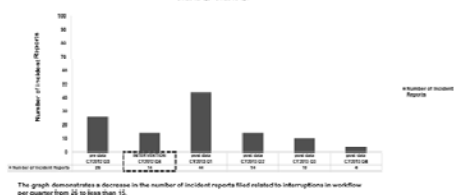


Outcome(s) Example – TL1EO

The graph demonstrates and serves as your evidence

Example 1. TL1EO EXAMPLE: INITIATIVE IDENTIFIED IN THE NURSING STRATEGIC PLAN
IMPROVEMENT IN NURSE PRACTICE ENVIRONMENT

Reduction in the number of Incident Reports filed related to interruptions in workflow
CP2012 Q3-CP2013 Q4



The graph demonstrates a decrease in the number of incident reports filed related to interruptions in workflow per quarter from 25 to less than 15.



Data Display

- Label axes with dates, times, and title of the graph
- A legend must be included
- Indicate on the graph the date(s) for pre-data, intervention/initiative(e), and post-data
- Measurement units need to be the same for pre- and post-data



Data Display

- Graph displays should be in a consistent format
- Measurement time periods should be consistent (week, month, quarter, etc)
- Measurement periods must be consecutive (can not skip measurement periods)

For example if measuring in months- if pre-data was measured in August 2014, your intervention period should be September 2014, and your (3) or more post-data point should be October, November & December 2014, etc.



Data Display

- Last intervention data point must be the same as your last intervention date/period described in the narrative
- Must be (3) post-data points after the LAST intervention described

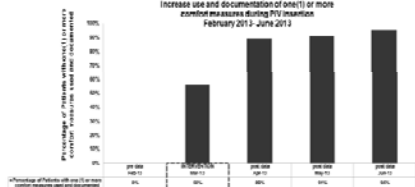


Data Display Examples

What's wrong with this graph?

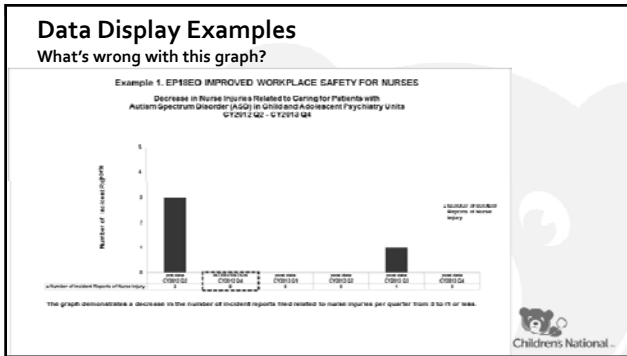
EPTEO EXAMPLE OF NURSES INCORPORATING PROFESSIONAL STANDARDS INTO PRACTICE

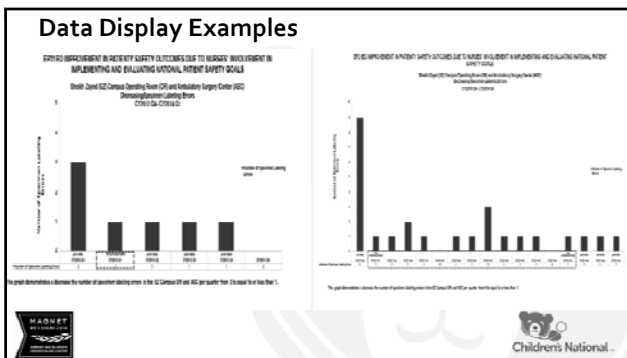
Emergency Medical Trauma Center (EMTC)
Increase use and documentation of one(1) or more
comfort measures during PIV insertion
February 2013- June 2013



This graph demonstrates an increase in the use and documentation of one(1) or more comfort measures during PIV insertion per month from 50% to greater than 80%.







Lessons Learned

13 Requests for Additional Information in our EO's:

- No pre-data calculation
- Interventions overlapping with the (3) post-data points, needed (3) post-data points after the LAST intervention
- Mismatched dates within narrative and graph
- Missing a quarter of data

Children's National

Summary Statement

Example-TL1EO

The outcomes demonstrate achievement of the goal to decrease the number of incident reports filed related to interruptions in workflow to below 15. Due to the heightened awareness and focus on using the new Role-Based Communications process, the number of incident reports filed in the immediate quarter following the intervention increased to 44; this was higher than pre-intervention (26 incident reports filed). However, we have appreciated an overall decline in the number incident reports filed over time. This example of an initiative identified within the Nursing Strategic Plan resulted in an improvement to the nurse practice environment by supporting fewer workflow interruptions for the clinical nurses.



Type 2

Certification



Type 2 - Certification

SE3EO

Provide one example, with supporting evidence, illustrating a targeted goal for improvement in professional nursing certifications-

1. organizational target
2. unit or division target

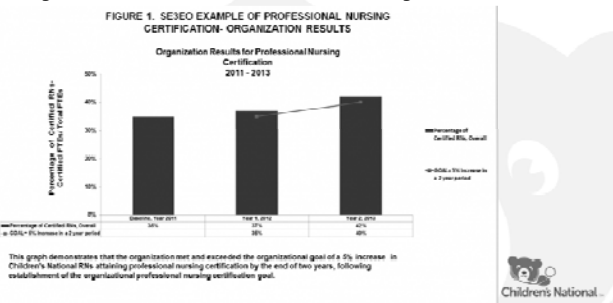


SE 3EO – Tables and Graphs

- A stated goal must be present
- Must demonstrate the goal/target has been met
- Graph must have date and title
- Each example must have 3 years of graphed data



SE 3EO - Example 1 Organizational Results for Professional Nursing Certification



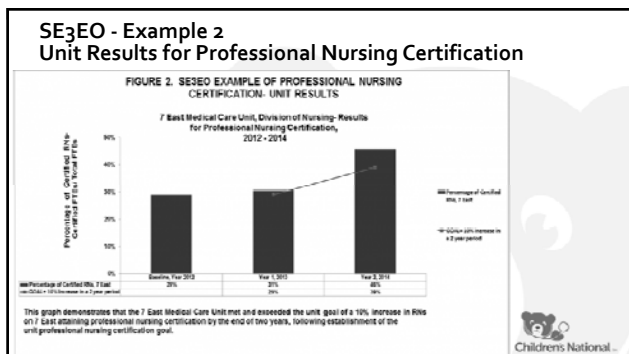
SE3 EO- Example 2 – Unit or Division Goal

Intent:

- The EO requests "a targeted goal for improvement in professional nursing certification by unit or division."
- Use ONE (1) goal for ONE (1) unit or ONE (1) division
- Do not provide a goal for several units or divisions, or several goals for one unit or division.

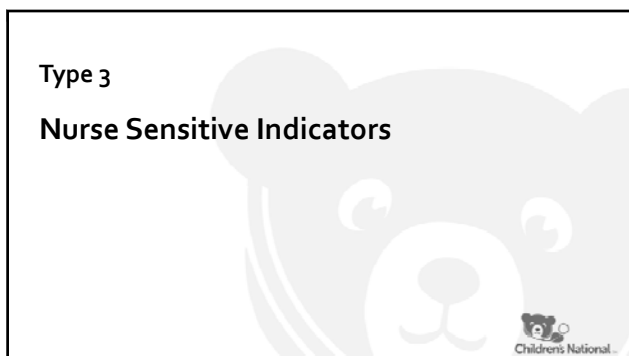


SE3EO - Example 2 Unit Results for Professional Nursing Certification



Type 3

Nurse Sensitive Indicators



EP3EO, EP22EO, & EP23EO- General Requirements

- Organizations must contribute data for patient and nurse satisfaction and clinical nurse-sensitive indicators to national databases, when one is available.
- National databases are available for falls with injury, hospital-associated pressure ulcers (HAPU), catheter-associated urinary tract infections (CAUTI), central-line-associated bloodstream infections (CLABSI), other nurse-sensitive clinical indicators, patient and nurse satisfaction.



EP3EO, EP22EO, & EP23EO – National Databases

- ANCC will not accept data if the organization has not submitted it to a national database when available.
- If a national database is not available for unique clinical areas/subjects, choose another appropriate way to benchmark data.
- Organization must provide explanation.
- Organization must benchmark at the highest level possible (e.g., national, state, specialty-specific) for meaning and value.



EP3EO, EP22EO, & EP23EO – Level of Data

- Use unit/clinic-level data.
- If data are not available at the unit/clinic level, present at the next aggregated level available from the vendor (e.g., clinic groups).
 - Explain units/clinics within aggregated data.
 - Explain any units not included in a written statement.



EP3EO, EP22EO, & EP23EO – Benchmark Statistic

- Use the mean, median or other measure of central tendency provided by the vendor's national database benchmark
- Include in the legend of the graph data tables, next to the vendor name, the specific benchmark used (e.g., bed size; teaching hospitals; all hospitals; or specific specialty if applicable, such as adult critical care, pediatric medical/surgical, etc.).



EP₃EO, EP₂₂EO, & EP₂₃EO – Comparison Group/Cohort

- Organizations may use a different appropriate comparison group for each unit/clinic
- Comparison group label must be depicted on table and graph



EP₃EO, EP₂₂EO, & EP₂₃EO – Graphs

- Up to four (4) units/clinics may be presented on one graph with elements consistent for all (i.e. benchmark, cohort)
- For single unit/clinic presentation, a different mean or median may be used for each graph



EP₃EO – Nurse Satisfaction

- Use the most recent survey within 30 months prior to documentation submission.

Note: New requirements for EP₃EO in the 2014 Manual do not become effective until April 1, 2016. Otherwise use the 2008 Application Manual.



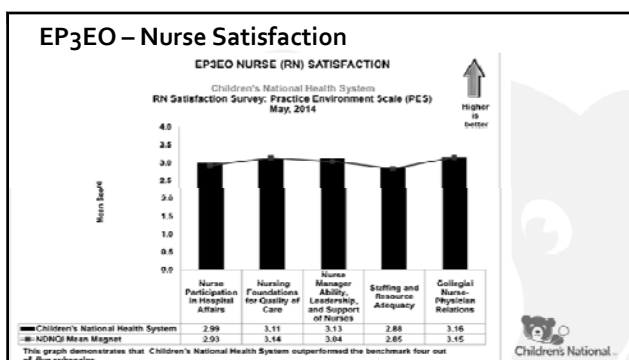
EP3EO – Graphs

Label Graphs with the following items:

- Organization's unit name(s)
- Unit type (e.g. med-surg, critical care)
- National database vendor
- Subscale categories
- Survey date
- Benchmark used
- Include data table



EP3EO – Nurse Satisfaction



EP3EO – Nurse Satisfaction

- Our EO included a 6-8 paragraph narrative to include:
 - Participation rates
 - Analysis and evaluation of the data



EP22EO – Clinical Indicators

- Most recent eight (8) quarters prior to documentation submission
- Present data for EP22EO by listing each indicator
- Include data for all inpatient units that collect and benchmark to a national database for each of the four (4) required indicators



EP22EO – Clinical Indicators

- For a nurse-sensitive Core Measure, present data at the organizational level compared with a national benchmark.
 - *This is the only indicator displayed at the organizational level.*
 - *We submitted data on Children's Asthma Care Plans.*
- For an outpatient indicator, include data from any outpatient area(s) that collects the data and compare to a specialty guideline or internal goal.
 - *For instance, we submitted Left Without Being Seen in the ED, so we only provided data from one applicable clinical area.*



EP22EO – Clinical Indicators

- Label graphs with the following items:
- Organization's unit name(s)
 - Unit type (e.g. med-surg, critical care)
 - Indicator
 - National database vendor
 - Calendar quarters and years
 - Benchmark used
 - Include data table



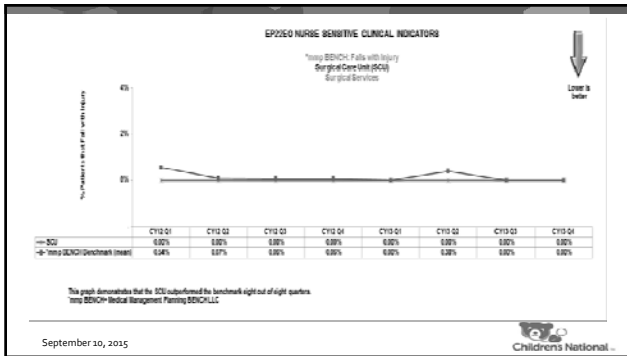
Clinical Areas	Assigned Nurse sensitive indicators				Nurses' Clinical expertise from Core Measures	Nurse's Clinical Specialty Outpatient Measure
	Rate with Injury	Pressure Ulcers (Stage II and Above)	Central Line Associated Bloodstream Infection (CLABSI)	Chemotherapy Induced Febrile Neutropenia (CI-FN)		
<p>Data Source: <i>Internal data source is a combination of:</i></p> <p>1. <i>Discharge Data</i></p> <p>2. <i>Medical Records</i></p> <p>3. <i>Physician Orders</i></p> <p>4. <i>Pharmacy Records</i></p> <p>5. <i>Lab Data</i></p> <p>6. <i>ICD-9-CM</i></p> <p>7. <i>ICD-10-CM</i></p> <p>8. <i>ICD-10-PCS</i></p> <p>9. <i>ICD-10-PCS</i></p> <p>10. <i>ICD-10-PCS</i></p> <p>11. <i>ICD-10-PCS</i></p> <p>12. <i>ICD-10-PCS</i></p> <p>13. <i>ICD-10-PCS</i></p> <p>14. <i>ICD-10-PCS</i></p> <p>15. <i>ICD-10-PCS</i></p> <p>16. <i>ICD-10-PCS</i></p> <p>17. <i>ICD-10-PCS</i></p> <p>18. <i>ICD-10-PCS</i></p> <p>19. <i>ICD-10-PCS</i></p> <p>20. <i>ICD-10-PCS</i></p> <p>21. <i>ICD-10-PCS</i></p> <p>22. <i>ICD-10-PCS</i></p> <p>23. <i>ICD-10-PCS</i></p> <p>24. <i>ICD-10-PCS</i></p> <p>25. <i>ICD-10-PCS</i></p> <p>26. <i>ICD-10-PCS</i></p> <p>27. <i>ICD-10-PCS</i></p> <p>28. <i>ICD-10-PCS</i></p> <p>29. <i>ICD-10-PCS</i></p> <p>30. <i>ICD-10-PCS</i></p> <p>31. <i>ICD-10-PCS</i></p> <p>32. <i>ICD-10-PCS</i></p> <p>33. <i>ICD-10-PCS</i></p> <p>34. <i>ICD-10-PCS</i></p> <p>35. <i>ICD-10-PCS</i></p> <p>36. <i>ICD-10-PCS</i></p> <p>37. <i>ICD-10-PCS</i></p> <p>38. <i>ICD-10-PCS</i></p> <p>39. <i>ICD-10-PCS</i></p> <p>40. <i>ICD-10-PCS</i></p> <p>41. <i>ICD-10-PCS</i></p> <p>42. <i>ICD-10-PCS</i></p> <p>43. <i>ICD-10-PCS</i></p> <p>44. <i>ICD-10-PCS</i></p> <p>45. <i>ICD-10-PCS</i></p> <p>46. <i>ICD-10-PCS</i></p> <p>47. <i>ICD-10-PCS</i></p> <p>48. <i>ICD-10-PCS</i></p> <p>49. <i>ICD-10-PCS</i></p> <p>50. <i>ICD-10-PCS</i></p> <p>51. <i>ICD-10-PCS</i></p> <p>52. <i>ICD-10-PCS</i></p> <p>53. <i>ICD-10-PCS</i></p> <p>54. <i>ICD-10-PCS</i></p> <p>55. <i>ICD-10-PCS</i></p> <p>56. <i>ICD-10-PCS</i></p> <p>57. <i>ICD-10-PCS</i></p> <p>58. <i>ICD-10-PCS</i></p> <p>59. <i>ICD-10-PCS</i></p> <p>60. <i>ICD-10-PCS</i></p> <p>61. <i>ICD-10-PCS</i></p> <p>62. <i>ICD-10-PCS</i></p> <p>63. <i>ICD-10-PCS</i></p> <p>64. <i>ICD-10-PCS</i></p> <p>65. <i>ICD-10-PCS</i></p> <p>66. <i>ICD-10-PCS</i></p> <p>67. <i>ICD-10-PCS</i></p> <p>68. <i>ICD-10-PCS</i></p> <p>69. <i>ICD-10-PCS</i></p> <p>70. <i>ICD-10-PCS</i></p> <p>71. <i>ICD-10-PCS</i></p> <p>72. <i>ICD-10-PCS</i></p> <p>73. <i>ICD-10-PCS</i></p> <p>74. <i>ICD-10-PCS</i></p> <p>75. <i>ICD-10-PCS</i></p> <p>76. <i>ICD-10-PCS</i></p> <p>77. <i>ICD-10-PCS</i></p> <p>78. <i>ICD-10-PCS</i></p> <p>79. <i>ICD-10-PCS</i></p> <p>80. <i>ICD-10-PCS</i></p> <p>81. <i>ICD-10-PCS</i></p> <p>82. <i>ICD-10-PCS</i></p> <p>83. <i>ICD-10-PCS</i></p> <p>84. <i>ICD-10-PCS</i></p> <p>85. <i>ICD-10-PCS</i></p> <p>86. <i>ICD-10-PCS</i></p> <p>87. <i>ICD-10-PCS</i></p> <p>88. <i>ICD-10-PCS</i></p> <p>89. <i>ICD-10-PCS</i></p> <p>90. <i>ICD-10-PCS</i></p> <p>91. <i>ICD-10-PCS</i></p> <p>92. <i>ICD-10-PCS</i></p> <p>93. <i>ICD-10-PCS</i></p> <p>94. <i>ICD-10-PCS</i></p> <p>95. <i>ICD-10-PCS</i></p> <p>96. <i>ICD-10-PCS</i></p> <p>97. <i>ICD-10-PCS</i></p> <p>98. <i>ICD-10-PCS</i></p> <p>99. <i>ICD-10-PCS</i></p> <p>100. <i>ICD-10-PCS</i></p>	Data Source: Internal data source is a combination of:	Data Source: Internal data source is a combination of:	Data Source: Internal data source is a combination of:	Data Source: Internal data source is a combination of:	Data Source: Internal data source is a combination of:	
<p>Discharge/Outpatient Measure Transition</p> <p>1. <i>Discharge Data</i></p> <p>2. <i>Medical Records</i></p> <p>3. <i>Physician Orders</i></p> <p>4. <i>Pharmacy Records</i></p> <p>5. <i>Lab Data</i></p> <p>6. <i>ICD-9-CM</i></p> <p>7. <i>ICD-10-CM</i></p> <p>8. <i>ICD-10-PCS</i></p> <p>9. <i>ICD-10-PCS</i></p> <p>10. <i>ICD-10-PCS</i></p> <p>11. <i>ICD-10-PCS</i></p> <p>12. <i>ICD-10-PCS</i></p> <p>13. <i>ICD-10-PCS</i></p> <p>14. <i>ICD-10-PCS</i></p> <p>15. <i>ICD-10-PCS</i></p> <p>16. <i>ICD-10-PCS</i></p> <p>17. <i>ICD-10-PCS</i></p> <p>18. <i>ICD-10-PCS</i></p> <p>19. <i>ICD-10-PCS</i></p> <p>20. <i>ICD-10-PCS</i></p> <p>21. <i>ICD-10-PCS</i></p> <p>22. <i>ICD-10-PCS</i></p> <p>23. <i>ICD-10-PCS</i></p> <p>24. <i>ICD-10-PCS</i></p> <p>25. <i>ICD-10-PCS</i></p> <p>26. <i>ICD-10-PCS</i></p> <p>27. <i>ICD-10-PCS</i></p> <p>28. <i>ICD-10-PCS</i></p> <p>29. <i>ICD-10-PCS</i></p> <p>30. <i>ICD-10-PCS</i></p> <p>31. <i>ICD-10-PCS</i></p> <p>32. <i>ICD-10-PCS</i></p> <p>33. <i>ICD-10-PCS</i></p> <p>34. <i>ICD-10-PCS</i></p> <p>35. <i>ICD-10-PCS</i></p> <p>36. <i>ICD-10-PCS</i></p> <p>37. <i>ICD-10-PCS</i></p> <p>38. <i>ICD-10-PCS</i></p> <p>39. <i>ICD-10-PCS</i></p> <p>40. <i>ICD-10-PCS</i></p> <p>41. <i>ICD-10-PCS</i></p> <p>42. <i>ICD-10-PCS</i></p> <p>43. <i>ICD-10-PCS</i></p> <p>44. <i>ICD-10-PCS</i></p> <p>45. <i>ICD-10-PCS</i></p> <p>46. <i>ICD-10-PCS</i></p> <p>47. <i>ICD-10-PCS</i></p> <p>48. <i>ICD-10-PCS</i></p> <p>49. <i>ICD-10-PCS</i></p> <p>50. <i>ICD-10-PCS</i></p> <p>51. <i>ICD-10-PCS</i></p> <p>52. <i>ICD-10-PCS</i></p> <p>53. <i>ICD-10-PCS</i></p> <p>54. <i>ICD-10-PCS</i></p> <p>55. <i>ICD-10-PCS</i></p> <p>56. <i>ICD-10-PCS</i></p> <p>57. <i>ICD-10-PCS</i></p> <p>58. <i>ICD-10-PCS</i></p> <p>59. <i>ICD-10-PCS</i></p> <p>60. <i>ICD-10-PCS</i></p> <p>61. <i>ICD-10-PCS</i></p> <p>62. <i>ICD-10-PCS</i></p> <p>63. <i>ICD-10-PCS</i></p> <p>64. <i>ICD-10-PCS</i></p> <p>65. <i>ICD-10-PCS</i></p> <p>66. <i>ICD-10-PCS</i></p> <p>67. <i>ICD-10-PCS</i></p> <p>68. <i>ICD-10-PCS</i></p> <p>69. <i>ICD-10-PCS</i></p> <p>70. <i>ICD-10-PCS</i></p> <p>71. <i>ICD-10-PCS</i></p> <p>72. <i>ICD-10-PCS</i></p> <p>73. <i>ICD-10-PCS</i></p> <p>74. <i>ICD-10-PCS</i></p> <p>75. <i>ICD-10-PCS</i></p> <p>76. <i>ICD-10-PCS</i></p> <p>77. <i>ICD-10-PCS</i></p> <p>78. <i>ICD-10-PCS</i></p> <p>79. <i>ICD-10-PCS</i></p> <p>80. <i>ICD-10-PCS</i></p> <p>81. <i>ICD-10-PCS</i></p> <p>82. <i>ICD-10-PCS</i></p> <p>83. <i>ICD-10-PCS</i></p> <p>84. <i>ICD-10-PCS</i></p> <p>85</p>						

September 10, 2015

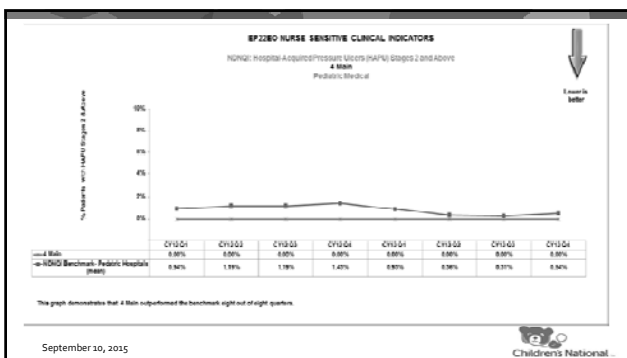




September 10, 2015







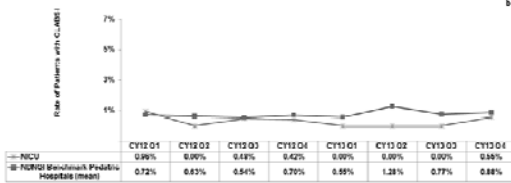
CLABSI

September 10, 2015



EP22EO NURSE SENSITIVE CLINICAL INDICATORS

NRNQI: Central Line Associated Bloodstream Infection (CLABSI)
Neonatal Intensive Care Unit (NICU)
Level III Neonatal Critical Care



September 10, 2015



CaUTI

September 10, 2015



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- Magnet
WEST VIRGINIA STATE
UNIVERSITY
HOSPITAL
- Children's National

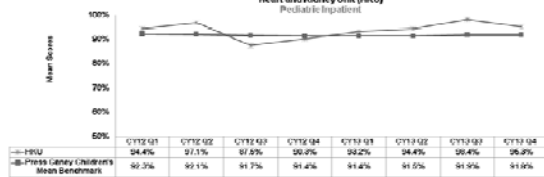
Patient Engagement

September 10, 2015



EP22EO INPATIENT PATIENT SATISFACTION

Question Category: Patient Engagement
Press Ganey Question Text: Degree to which our staff kept you informed using language you could understand?
Heart and Kidney Unit (HKU)
Pediatric Inpatient



This graph demonstrates that the HKU outperformed the benchmark six out of eight quarters.

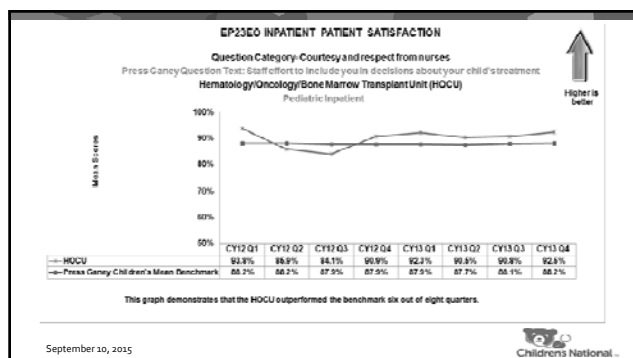
September 10, 2015

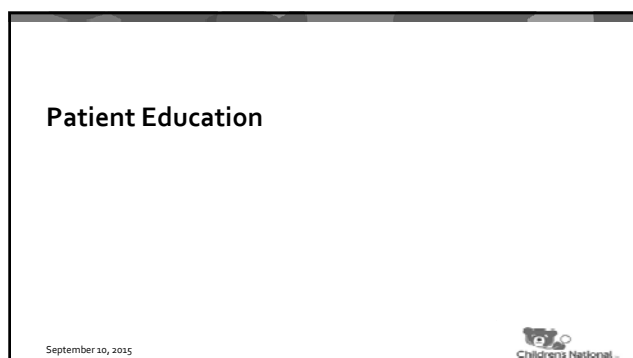


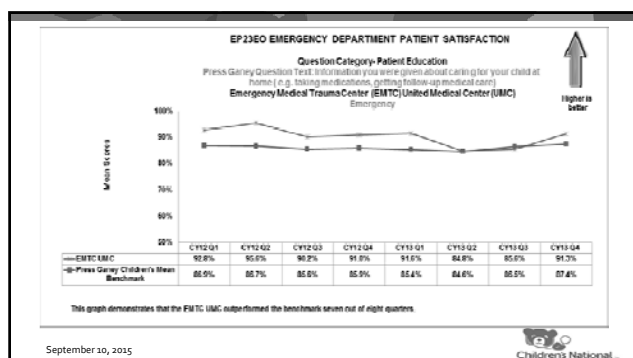
Courtesy and Respect

September 10, 2015







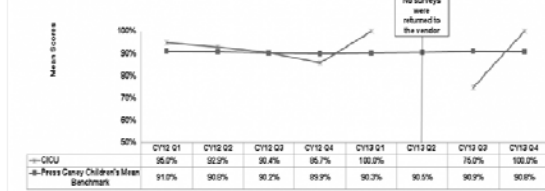


Careful Listening

September 10, 2015



EP23EO INPATIENT PATIENT SATISFACTION
Question Category-Careful Listening
 Press Ganey Question Text: Amount of attention paid to your child's special or personal needs
Cardiac Intensive Care(CICU)
 Pediatric Inpatients



This graph demonstrates that the CICU outperformed the benchmark five out of seven quarters.

September 10, 2015



Type 4 Research Study



NK1EO

- Requires one (1) example
- One (1) completed IRB- approved nursing research study
- Follows its own outline in the manual
- Within 48 months of document submission



NK1EO

Introduction

- Research question & hypothesis
- Rationale
- Lit review

Participants

- Nurses
- PI & Co-I's



NK1EO



Methods

- Design
- Timeline (start date & completed date)
- IRB-approved date
- Research Sample
- Data collection methods



NK1EO

Study Timeline
 Start date: February 2, 2011
 Nursing Research Advisory Committee Approval: October 7, 2010
 Full IRB Review Approval date: February 2, 2011
 Data Collection started: September 3, 2011
 Completed date: Data collection for the final data point was completed on January 6, 2013. Data analysis completed on March 20, 2014






QUESTIONS



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References

American Nurses Credentialing Center (2014). 2014 Magnet Application Manual. Silver Spring, MD. ANCC (2014). Retrieved from <http://www.nursecredentialing.org/magnet.aspx>