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# Nursing-sensitive indicators paint vivid picture of organizational commitment

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The use of nursing-sensitive indicators as a measure of quality care is a relatively new development in the healthcare industry. It wasn't until the mid-1990s that many national healthcare organizations and regulatory agencies began to recognize a correlation between certain interventions performed by nurses and the overall quality and safety performance of healthcare institutions. In 1998, the National Database of Nursing Quality Indicators (NDNQI) was established by the ANA to begin formally collecting data related to (at that time) ten nursing-sensitive quality indicators. In 2002, the Joint Commission started incorporating nursing-sensitive indicators into its standards for accreditation. And today, nursing-sensitive indicators are widely used as a barometer of quality care by the Centers for Medicare and Medicaid (CMS), the Patient Care Link (formerly Patients First), the National Quality Forum (NQF), and the Magnet Recognition Program (the American Nurses Credentialing Center).

A broad definition of nursing-sensitive quality indicators might be: a set of standardized performance measures intended to help hospitals assess the extent to which nursing interventions have an impact on patient safety, quality, and the professional work environment. A partial list of nursing-sensitive indicators includes:

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- Mix of nurses and unlicensed staff caring for patients in the acute-care setting
- Total nursing-care hours provided per patient day
- Nosocomial infections
- Patient falls
- Pressure ulcer rate
- Patient satisfaction with overall care
- Patient satisfaction with nursing care
- Patient satisfaction with pain-management
- Patient satisfaction with educational information
- Staff nurse satisfaction

If you think about what the data related to these indicators says about a particular healthcare organization, it really does paint a vivid picture of its commitment to, and focus on, quality and safety.

Our interest in nursing-sensitive indicators dovetails with the new model put forth by the American Nurses Credentialing Center (ANCC) for the Magnet Recognition Program. In an effort to provide greater clarity and eliminate redundancy among the 14 Forces

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of Magnetism, the ANCC's new model re-configures the Forces into five components placing less emphasis on process and structure and more on outcomes. The Forces continue to be the foundation of the Magnet Recognition Program, but going forward, the primary question will shift away from, "What do you do, and how do you do it?" toward, "What difference are you making?" The new configuration puts Empirical Outcomes at the center of the model supported by Structural Empowerment; Exemplary Professional Practice; New Knowledge, Innovations, and Improvements, and Transformational Leadership.

For several years we have collected data for our own internal use and for inclusion in a number of national databases (NDNQI, CDC, and others). We've collected data to accompany our application for Magnet recognition and re-designation. When looked at over time, this data tells a story—important themes and trends emerge that inform our practice and drive organizational decision-making. But to derive the most benefit from this data, we need to share it with clinicians at the unit level. We need to engage in conversations about what this data means and how we can craft improvements based on what it's telling us. We need to close that information loop.

Starting this month, the PCS Office of Quality & Safety will assist us in this effort by preparing quarterly reports reflecting the data collected on each unit and sharing those reports with nursing directors. These unit-specific reports will serve as a tool to help staff identify unfavorable trends, brainstorm, and implement solutions.

We've already learned a great deal from data related to nursing-sensitive indicators. We've developed new programs and initiatives based on the 'stories' embedded in this data. Our LEAF program (Lets Eliminate All Falls) is an excellent example. Led by Deborah D'Avolio, RN, LEAF is a comprehensive, evidence-based, fall-prevention program that has been rolled out on all inpatient units. The program uses a universal train-the-trainer approach to educate staff on all aspects of fall-prevention with special considerations for older and other at-risk patient populations. (Look for more about the LEAF program in future issues of *Caring Headlines*).

Safety rounds is another initiative related to nursing-sensitive indicators. Studies show that rounding regularly in patient rooms to assess the seven Ps (Person, Plan, Priorities, Personal hygiene, Pain-management, Position, and Presence) has a dramatic affect on many of the areas measured by nursing-sensitive indicators (reducing falls and pressure ulcers, improving pain-management, and increasing patient-satisfaction).

Nursing-sensitive quality indicators are just another way of describing our efforts to achieve Excellence Every Day. It's important to remember: we don't strive for excellence just to raise a score on a spreadsheet. We strive for excellence to ensure our patients' needs are met, to ensure they're safe and comfortable, and to ensure they consistently receive the highest-quality care we can provide.

For more information about nursing-sensitive indicators, call Keith Perleberg, RN, director of the PCS Office of Quality & Safety at 3-0435.

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