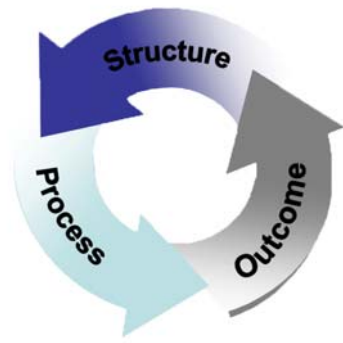




structure.
process.
outcomes.

MAGNET MONDAY

JANUARY 7, 2013



Donabedian, 1966; 1990
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Magnet Lunch Forum

12-1pm, every Thurs.
(lunch provided)

NOTE: The Jan. 10 Forum will be held in the Trustees Room, Bulfinch 2.

An opportunity for leadership, Collaborative Governance champions and other staff to learn more about Magnet Recognition and the *Magnet Monday* topic-of-the-week.

Nursing-Sensitive Indicators (NSIs): Clinical Quality Outcomes

What are Clinical Nursing Sensitive Indicators?

Nursing-Sensitive Indicators (NSIs) are measures and indicators that reflect the structure, processes and outcomes of nursing care (American Nurses Association, 2004). These measures reflect the impact of nursing care. Three types of NSIs were presented in our Magnet evidence: Clinical Quality, Patient Satisfaction and Nurse Satisfaction.

Why does Magnet Recognition focus on Clinical Quality Nursing Sensitive Indicators?

Magnet-recognized organizations are in a key position to advance nursing science, learning and discovery. They are expected to establish ways to achieve new heights of quality, efficiency and effectiveness. Current accreditation standards recognize structures and processes as the infrastructure for excellence in care; however, the empirical outcomes that result from this infrastructure remain the primary focus. The key focus is now on “What difference have you made?”

What is required in the Magnet evidence for Clinical Quality Nursing-Sensitive Indicators?

Magnet hospitals must:

- Collect data reflecting NSIs at the unit level
- Provide the most recent 8 quarters of data for four NSIs
 - Must contribute to external databases that compare the organization’s performance against national benchmarks
 - Include the mean or median of the national database used
- For clinical areas that do not have indicators submitted to national databases, select and present two Clinically Relevant Indicators and include an appropriate benchmark or performance target
- Data must be monitored, analyzed, disseminated and result in actions to improve/sustain performance when necessary

Next week’s topic: “Nursing Sensitive Indicators—Patient and Staff Satisfaction”



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How are the Clinical Quality Nursing-Sensitive and Clinically Relevant Indicator performance evaluated by Magnet appraisers?

Clinical quality NSIs and clinically relevant indicators were presented for evaluation in two sections of our Magnet evidence: Organizational Overview and Exemplary Professional Practice Empirical Outcomes.

Organizational Overview Section (OOD 23); Not Scored

- All Clinical Quality Nursing Sensitive Indicators monitored (from Magnet list)
- All Clinically Relevant Indicators
- Evaluated for sustained performance and improvement

Exemplary Professional Practice Empirical Outcomes (EP #32 EO) Requirements; Scored

- Clinical Quality Nursing-Sensitive Indicators (four)
- The majority of the data must out-perform the mean or median, on a majority of units, the majority of the time

What did the NSI data demonstrate about our performance?

Indicator	July 2010 - June 2012	
	Number of Units Outperforming Benchmark	Percentage Outperforming Benchmark
Falls per 1000 Patient Days	17 of 31	54.84%
Percentage of Patients with Physical Restraints (Limb and Vest)	28 of 36	77.78%
Percentage of Patients with Hospital Acquired Pressure Ulcers	19 of 35	54.29%
Central Line-Associated Bloodstream Infections (CLABSI) per 1000 Line Days	5 of 9	55.56%

Do you know.....?

- What data was submitted for your clinical area?
- How did your department's performance compare to the benchmark?
- What has your unit/department done to maintain or improve performance?

For more information, visit mghpcs.org/PCS/Magnet



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What We Measure



- **Pressure Ulcers**
- **Falls**
- **Physical Restraints**
- **Pediatric Peripheral Infiltrations**
- **Central Line Blood Stream Infections**
- **Catheter-Associated Urinary Tract Infections**
- **Ventilator-Associated Pneumonia**
- **Time in Therapeutic Range**
- **Completion of INRs in 28 days**
- **Administration of Prophylactic Antibiotics before Surgical Incision**
- **Universal Protocol**
- **Administration of Prophylactic Antibiotic before Cardiovascular Electronic Device Implementation**
- **DVT Prophylaxis +/- 24 hours before Surgery**
- **Administration of Prophylactic Antibiotics before Cesarean Section**
- **Administration of Appropriate DVT Prophylaxis before Cesarean Section**
- **Human Papillomavirus Vaccine**
- **Influenza Vaccine with Asthma**
- **Diabetes Self Management**
- **Informed Consent**
- **Completion of RN Machine Safety Check Prior to Initiation of Dialysis**
- **Pre-operative Fall Risk Assessment**
- **Successful First Attempts at Peripheral Intravenous Insertions**
- **Occlusion Rates in ICC Lines**
- **Proportion of Infants in 22 to 29 Weeks Gestation Treated with Surfactant within 2 hours of birth**
- **Proportion of Infants in 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity (ROP)**
- **Managing Post-operative Care Correct Tray Set-up Protocol**
- **Vascular Access Time-Out**
- **Door to IV rt-PA in 60 Minutes**
- **Door to CT Scan (median time)**
- **Acute Myocardial Infarction (AMI): Primary PCI within 90 minutes of Arrival**

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