



structure.
process.
outcomes.

MAGNET MONDAY

JANUARY 14, 2013

MGH Site Visit:
March 4-7, 2013

Magnet Lunch Forum

*12-1pm, every Thurs.,
Lunder 234
(lunch provided)*

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): Patient/Staff Satisfaction

How do we measure patient satisfaction and why is it important?

- Providing an excellent patient experience is part of our mission.
- MGH inpatients are called randomly and asked to complete the HCAHPS Survey, which stands for “Hospital Consumer Assessment of Healthcare Providers & Systems.” The survey is required for all hospitals by the government.
- Emergency Department and Pediatric patients complete specialized surveys to assess their satisfaction with their patient experience.
- Radiation Oncology and Infusion Center patients complete a specialized survey administered by Press Ganey.
- The outpatient population receives the Clinician and Group Consumer Assessment of Healthcare Providers & Systems (CG-CAHPS) Survey. This standardized survey is currently voluntary, but CMS is moving toward making these scores publicly reported, as with the HCAHPS survey. MGH is exploring ways of incorporating nursing-specific questions into this survey.
- These surveys measure patients’ perceptions of “how often” they felt they received high quality clinical and customer service.
- The HCAHPS scores are publicly reported and are tied to the hospital’s reimbursement—so the results impact our reputation and our bottom line!

What are the Magnet requirements for patient satisfaction?

- Magnet requires data to be submitted on four patient satisfaction nursing sensitive indicators (NSIs) at the Hospital and unit/department level, as well as action plans to improve scores. MGH submitted data on the following indicators: pain management, courtesy and respect from nurses, nurse listening, and nurse education/explanation.
- The most recent eight quarters of data must show that greater than 50% of the units out-performed the benchmark more than 50% of the time.
- Patient Satisfaction data and improvement efforts are included in the Magnet submission in sections EP 35 EO and EP 35 OO.

Next week’s topic: “Professional Development”



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What are we doing to improve our performance on these indicators?

Examples include:

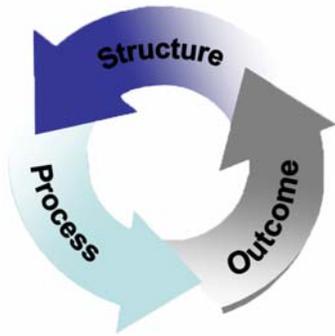
- Regular circulation of unit level HCAHPS results through use of communication boards (coming soon!)
- Staff education around hourly safety rounds
- Patient white boards: introduce care team members and promote patient engagement
- Use of Key Words at Key Times to help set patient expectations
- Pain Management: Pain Relief Champion Program and patient education
- Patient and Family Notebook: patient engagement tool that promotes relationship-based care
- Discharge Envelope: repository for all patient education materials, including discharge instructions
- Discharge phone calls: calls made to recently discharged patients to follow up and assess their perception of their experience

Are these interventions making an impact?

MGH has made significant improvement on all of the indicators mentioned above over the past year, outperforming the benchmarks required for Magnet recognition.

How do we measure staff satisfaction and why is it important?

- MGH Credo states, “My colleagues and I are MGH’s greatest assets.”
- Strong sense of satisfaction by MGH nurses has been cultivated and measured over time.
- Since 1998, nurses have been surveyed every 12-18 months using the MGH-developed Staff Perceptions of the Professional Practice Environment Survey (SPPPE) tool. Our chief nurse views this tool as a “report card” for evaluating MGH’s practice environment and identifying what is working, and, just as importantly, what’s not working, to support care delivery. The SPPPE survey tool measures staffs’ perceptions of: autonomy, control over practice, clinician-MD relations, communication, teamwork/leadership, conflict management/handling disagreements, internal work motivation, and cultural sensitivity.
- The National Database of Nursing Quality Indicators (NDNQI) survey has been used since 2010 and meets Magnet Recognition Program criteria by providing mean scores benchmarked nationally against other academic medical centers.
- In addition, through NDNQI, MGH administers the Practice Environment of the Nursing Work Index (PES-NWI) scale to measure staff satisfaction with five organizational characteristics:
 - RN Participation in Hospital Affairs
 - Nursing Foundations for Quality of Care (*continued next page*)



Donabedian, 1966; 1990
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For more information, visit mghpcs.org/PCS/Magnet



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- RN Manager Ability, Leadership, and Support of Nurses
- Staffing and Resource Adequacy
- Collegial RN-MD Relations
- In the last survey over 2,000 responses were received for a response rate of 68%

What are the Magnet requirements for staff satisfaction?

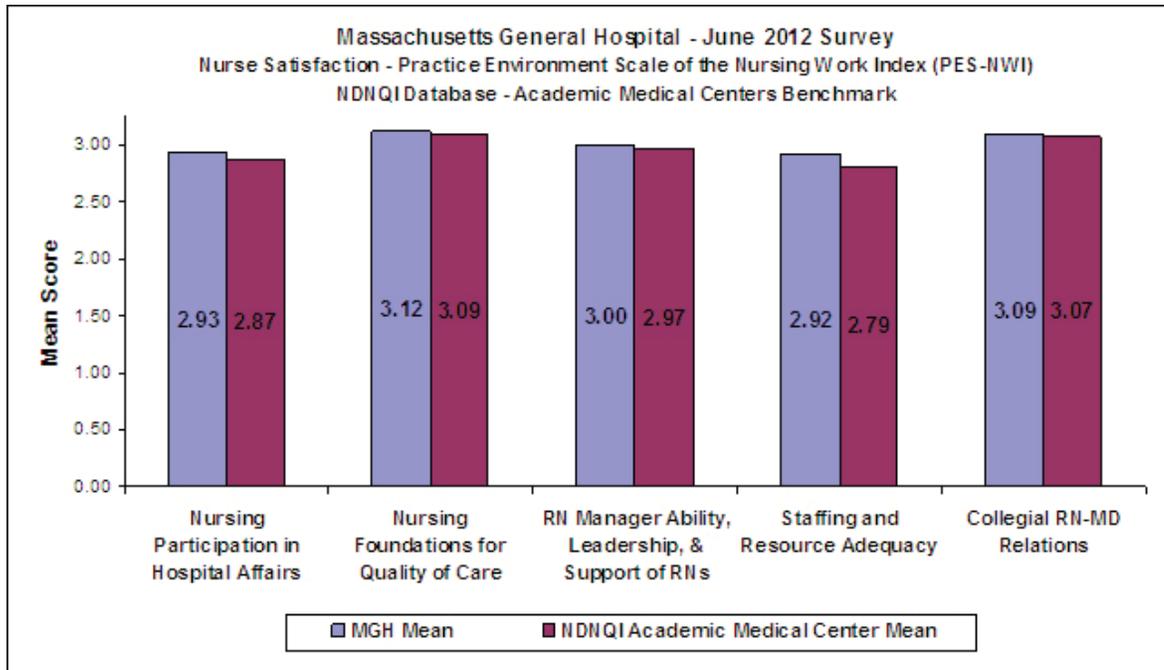
- Magnet requires unit-level data for the two most recent, nationally-benchmarked nurse satisfaction or engagement surveys.
- Organizational-level data from the most recent survey must outperform mean of national database used; Participation rates, analysis and evaluation of data must be included.

What are we doing to improve staff satisfaction?

MGH has identified many best practices that improve staff satisfaction. The list may include: Continuing Education, Clinical Recognition Programs, Professional Organizations, Collaborative Governance, Investments in systems and infrastructure like the EED Portal, Quadramed, ECARE, Safety Reporting Systems, as well as leadership support, including direct access to our chief nurse. Think about what may be important to you.

Are these interventions making an impact?

- In our June 2012 Survey, MGH nursing mean scores compared favorably against national benchmarks for academic medical centers.
- MGH exceeded the benchmark mean score on five out of five organizational characteristics. See graphical display below:



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