

Magnet Recognition Journey 2012: Nursing Sensitive Quality Indicators 101



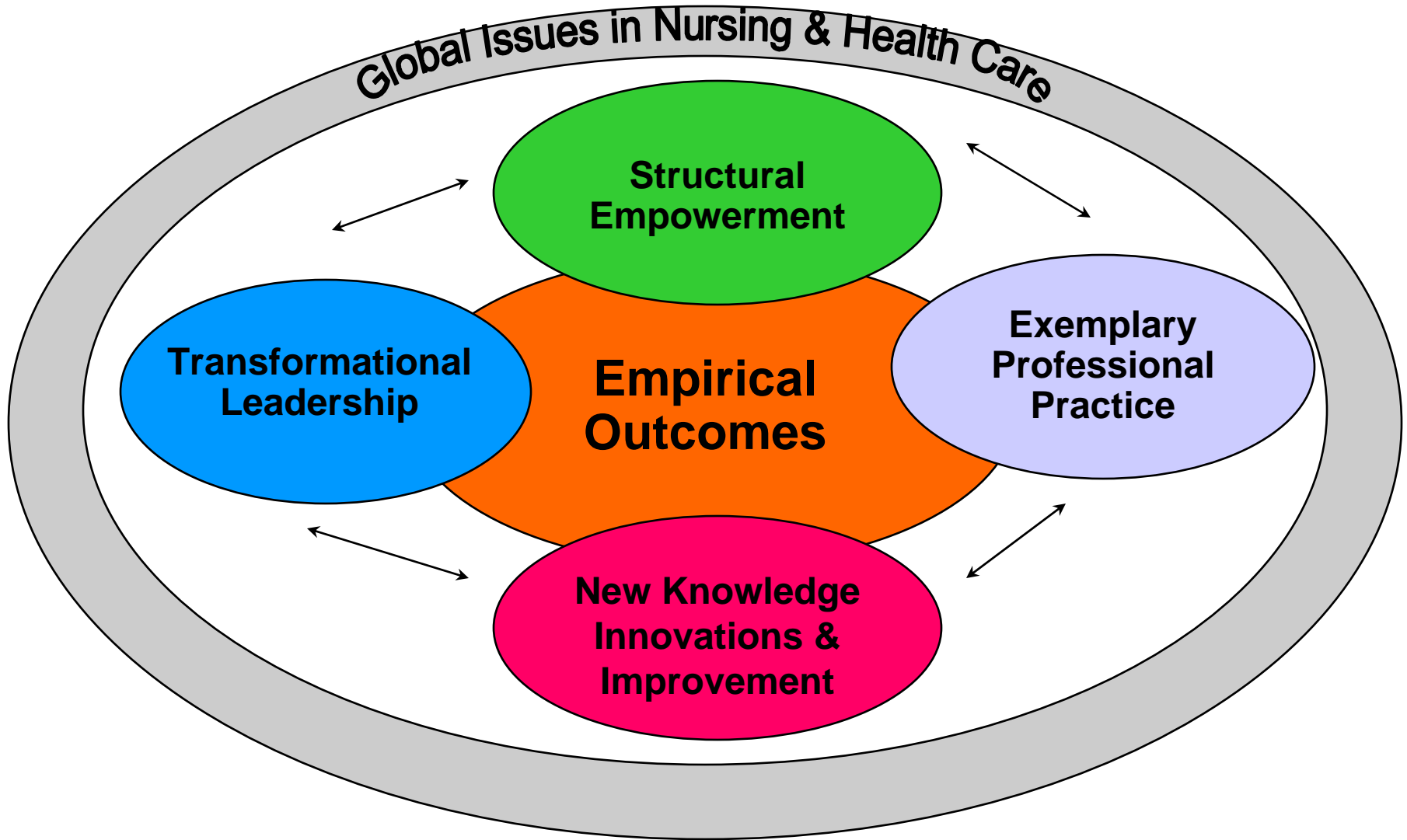
MASSACHUSETTS
GENERAL HOSPITAL

1811 - 2011

Agenda

- Introduction to Nursing Sensitive Indicators (NSI) 101
- 2012 Magnet Expectations
 - The difference in expectations this time around
 - Exemplary Professional Practice Empirical Outcomes (EP32EO)
 - Organizational Overview (OO23)
- Developing a plan for data collection when not readily available
 - Collecting NSI Data in a meaningful way
 - Format / Standardization
- Tools for reporting data
- NSI Data must be reported, analyzed & responded to
 - Unit based response - looking at trends
- Communication Strategies around NSI

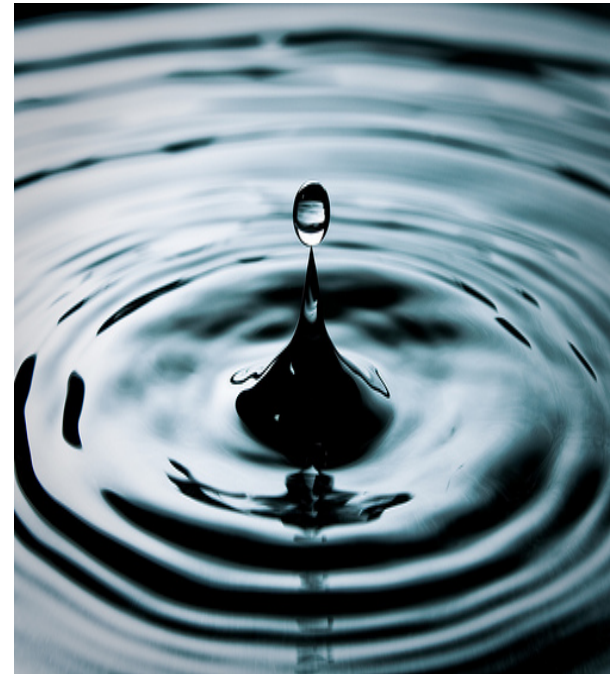
A New Model for ANCC's Magnet Recognition Program[®]



2012 Magnet Redesignation will focus on:

New Knowledge, Innovation & Improvement with Evidence of Empirical Quality Results

- Magnet organizations are in a key position to advance nursing science, learning, & discovery.
- Expected to establish new ways to achieve new heights of quality, efficiency, and effectiveness.
- Shift from structure and process to **outcomes**.
- Highlight key indicators that paint a picture of the organization.
- Focus on **“What difference have you made?”**



Nursing Sensitive Quality Indicators: ANA Definition

Nursing-Sensitive Quality Indicators (NSI) are those indicators that capture care or its outcomes most affected by nursing care.

Magnet NSI Data Requirements

- Must collect data reflecting nursing-sensitive outcomes and quality indicators at the unit level
- NSI Data must be reviewed quarterly and compared to a national benchmark for at least two years prior to written documentation submission (July 2010-June 2012)
- Must contribute to external databases that compare the organization's performance against national benchmarks.
 - If a national benchmark is available, it should be used (NDNQI).
 - For clinical areas / subjects not covered by a national database, we can choose another appropriate way to benchmark but must be able to justify the reason for doing so.
 - Benchmarking should be done at the highest level possible to have meaning and value.

There are Two Portions of the 2012 Magnet Submission that Require Nursing Sensitive Indicator Data:

1. Exemplary Professional Practice Empirical Outcomes: EP #32 EO
2. Organizational Overview: OO #23

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

- Must provide the most recent 8 quarters of data for **four nurse-sensitive clinical indicators** including the mean/median of the national database used.
 - Can display data at single unit level; by clinical groups of multiple like-units; or at organizational level.
 - Data must be statistically valid.
 - **The majority of the data must out-perform the mean or median the majority of the time** (a.k.a. >50% of the units must out-perform the benchmark >50% of the time).
- Two of the indicators must be all **patient falls** and all nosocomial **pressure ulcer** incidence / prevalence on applicable units.
- Two other indicators must be selected from:
 - **Blood stream infections**
 - Urinary tract infections
 - Ventilator-associated pneumonia
 - **Restraint use**
 - Pediatric IV infiltrations
 - Other specialty-specific nationally bench-marked indicators

NDNQI	Unit Name	Falls (NDNQI)	Pressure Ulcers: Transitioned from bi-annual Pts First State reporting to Quarterly NDNQI National reporting in 9/2010	Restraints (NDNQI): 9/2010	Central Line Assoc Blood Stream Infections (CDC): 3/2011
2869	Cardiac SICU	x	x	x	x
2870	CCU	x	x	x	x
2884	SICU	x	x	x	x
2880	MICU	x	x	x	x
2867	Blake 12	x	x	x	x
2863	Bigelow 13	x	x	x	x icu
2864	Bigelow 14	x	x	x	x
2865	Bigelow 7	x	x	x	x
2868	Blake 6	x	x	x	x
2877	Ellison 6	x	x	x	x
2878	Ellison 7	x	x	x	x
2879	Ellison 8	x	x	x	x
2883	Phillips House 22	x	x	x	x
2888	White 6	x	x	x	x
2889	White 7	x	x	x	x
32057	Ellison 19 Surgical	x	x	x	x
2862	Bigelow 11	x	x	x	x
2871	Ellison 10	x	x	x	x
2872	Ellison 11	x	x	x	x
2874	Ellison 14	x	x	x	x
2875	Ellison 16	x	x	x	x
2881	Phillips House 20	x	x	x	x
2882	Phillips House 21	x	x	x	x
2885	White 10	x	x	x	x
2886	White 11	x	x	x	x
2890	White 8	x	x	x	x
2891	White 9	x	x	x	x
32056	Bigelow 9 Medical ICU	x	x	x	x
2873	Ellison 12	x	x	x	x
2887	White 12	x	x	x	x
44823	Blake 11 - Psychiatry	x	x	x	x
44820	Bigelow 6 - Pediatric ICU	x	x	x	x
44821	Ellison 17	x	x	x	x
44822	Ellison 18	x	x	x	x
44819	Blake 10 - Neonatal ICU	x	x	x	x

Organizational Overview

(OO #23) Requirements; **Not Scored**

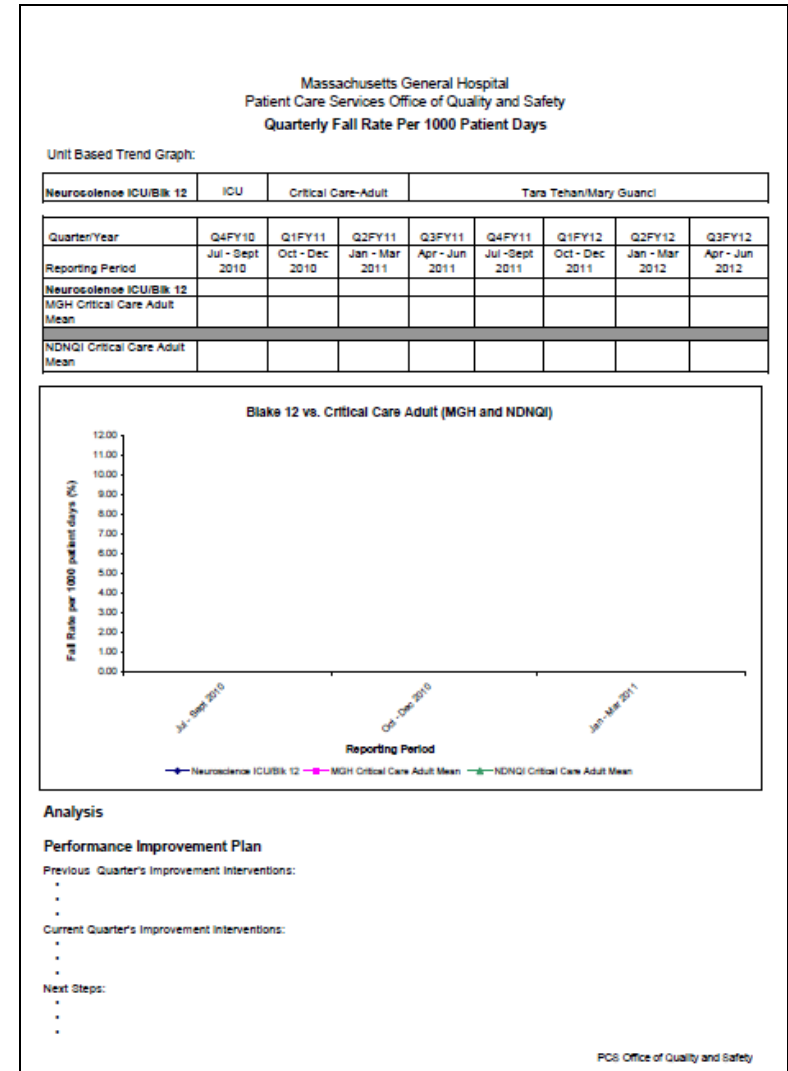
- Must provide **unit-based, nationally benchmarked quarterly incidence/prevalence** for every applicable unit for:
 - Patient falls
 - Nosocomial pressure ulcer
- Additionally, **for each unit**, display data for two other applicable nurse-sensitive clinical indicators selected from the list below:
 - blood stream infections
 - urinary tract infections
 - ventilator associated pneumonia
 - restraint use
 - pediatric IV infiltrations
 - other specialty specific nationally benchmarked indicators
- On units where nurse sensitive indicators are not available, "clinically-relevant" data can be presented, e.g., pain assessment and reassessment audit data.

NSI Data Collection Plan

- Most units will be using measures that we already collect and report to a national database (NDNQI, CDC, etc). These measures include:
 - **patient falls**
 - **nosocomial pressure ulcer**
 - **blood stream infections**
 - **restraint use**
- For units where the above measures are not applicable, we have been working with the unit leaders to find other appropriate nursing sensitive quality indicators and to identify acceptable benchmarks
 - In some of those cases, data for the selected measures may not be readily available and units will be expected to collect and submit data for those measures. Over the months ahead, we will assist those units to make sure:
 - Data is being collected in a meaningful way
 - Data is being collected in an organized, standardized format.

NSI Data Reports:

- Must include a graphic display and a table of the data that clearly identify:
 - Database to which data was contributed
 - All data from the most recent 8 quarters
 - The benchmark mean or median for each quarter, for the selected cohort (such as hospitals, bed size, Magnet hospitals, etc.)
 - Labels for each axis
 - Whether a data point is “no data submitted” or “zero”
- * May not use internally benchmarked data.

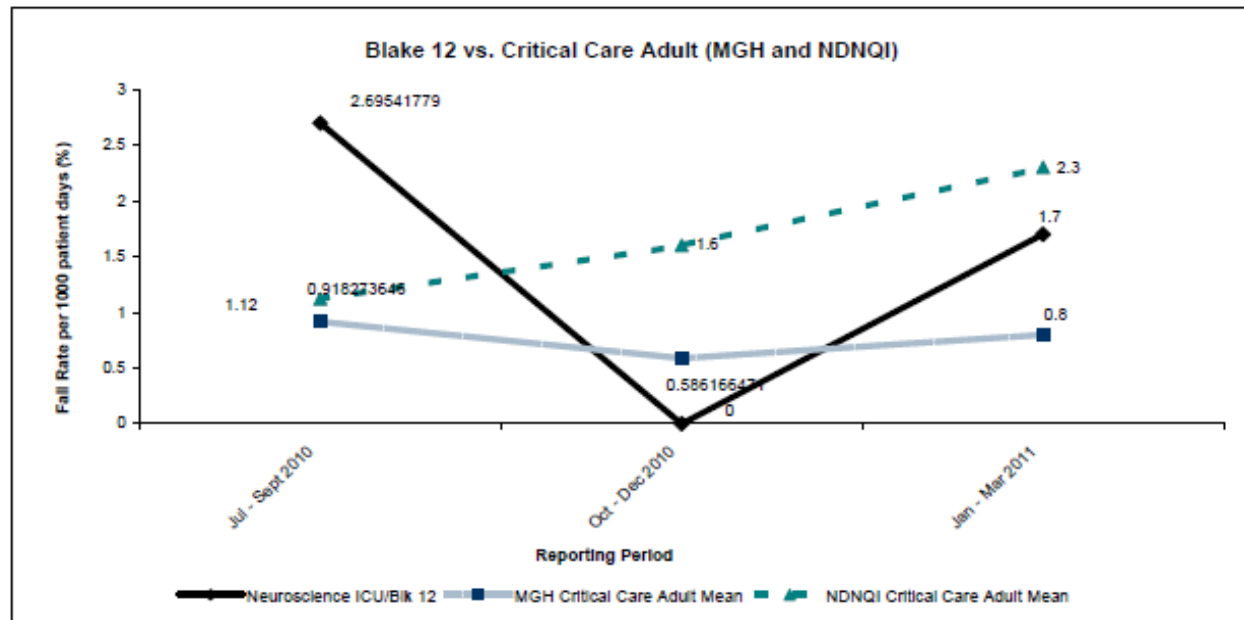


NSI Data Reporting Tool Example

Massachusetts General Hospital
Patient Care Services Office of Quality and Safety
Quarterly Fall Rate Per 1000 Patient Days

Unit Based Trend Graph:

Neuroscience ICU/Blk 12	ICU	Critical Care-Adult	Tara Tehan/Mary Guanci					
Quarter/Year	Q4FY10	Q1FY11	Q2FY11	Q3FY11	Q4FY11	Q1FY12	Q2FY12	Q3FY12
Reporting Period	Jul - Sept 2010	Oct - Dec 2010	Jan - Mar 2011	Apr - Jun 2011	Jul - Sept 2011	Oct - Dec 2011	Jan - Mar 2012	Apr - Jun 2012
Neuroscience ICU/Blk 12	2.70	0.00	1.70					
MGH Critical Care Adult Mean	0.92	0.59	0.80					
NDNQI Critical Care Adult Mean	1.12	1.60	2.30					



NSI Data Must be Reported, Analyzed and Responded to

- Reports will be shared quarterly with unit leadership
- Nursing Directors will be expected to review these reports with their staff and to track performance improvement interventions.
- This information will be collected by the Office of Quality and Safety for use in the Magnet submission.

Analysis ← Q& S completes

Unit fall rate has increased from 0.00 to 1.70 from previous quarter and is currently higher than MGH Service specific mean.
++ However unit fall rate remains lower than NDNQI mean ++

Performance Improvement Plan ← Unit leadership completes this section

Previous Quarter's Improvement Interventions:

- ← e.g. Safety Rounds
-
-

Current Quarter's Improvement Interventions:

-
-
-

Next Steps:

Communication Strategies around NSI

- Need your input and guidance on:
 - How should we message this to the staff?
 - What do you need to help roll this out on your floor and to communicate it to your staff?
- We will be coming back with more details over the weeks ahead.

Next Steps

- Expect to start seeing NSI reports from PCS Quality & Safety in late March/early April; please post these on your unit
- Continue to collaborate with Magnet core team if you are a unit not on the list for the four standard NSIs
- More information will be coming re: Performance Improvement planning expectations and communication between the units and PCS Quality and Safety
- Initiate dialog with nursing staff re: NSI data and benchmarks

Any Questions/Comments??