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:

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

![Table Image](image-url)
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/Bk 12

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<th>Quarter/Year</th>
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<th>Critical Care-Adult</th>
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#### MGH Critical Care Adult Mean

<table>
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**Blake 12 vs. Critical Care Adult (MGH and NDNQI)**

- Neuroscience ICU/Bk 12
- MGH Critical Care Adult Mean
- NDNQI Critical Care Adult Mean
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**

Previous Quarter's Improvement Interventions:

- [ ]
- [ ]

Current Quarter's Improvement Interventions:

- [ ]
- [ ]

Next Steps:

- [ ]
- [ ]

Unit leadership completes this section
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 with 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??