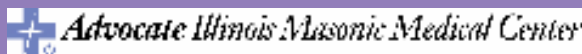


Shining A Light:

NDNQI RN Satisfaction Survey Shows the Way to a Better Nursing Environment

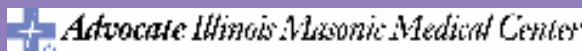
Eric Chandler, PhD
Virginia Morse, PhD, RN, NEA-BC
Advocate Illinois Masonic Medical Center



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OBJECTIVES

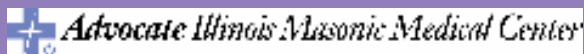
- Describe a successful staff motivator for participating in NDNQI RN Satisfaction Survey
- Explain how data display connects the dots between identified problems and selected interventions



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ADVOCATE ILLINOIS MASONIC MC

- Part of Advocate Health Care
- Non-profit Teaching Hospital on Chicago's North Side
- Magnet Status in Jan 2008
- NDNQI Participation since 2004

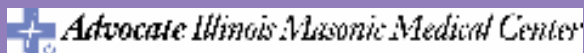


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RN SATISFACTION

Success requires:

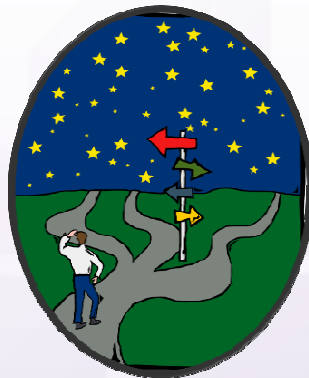
- Strong participation
- Familiarity with results
- Clear link between results and interventions
- Measurable outcomes



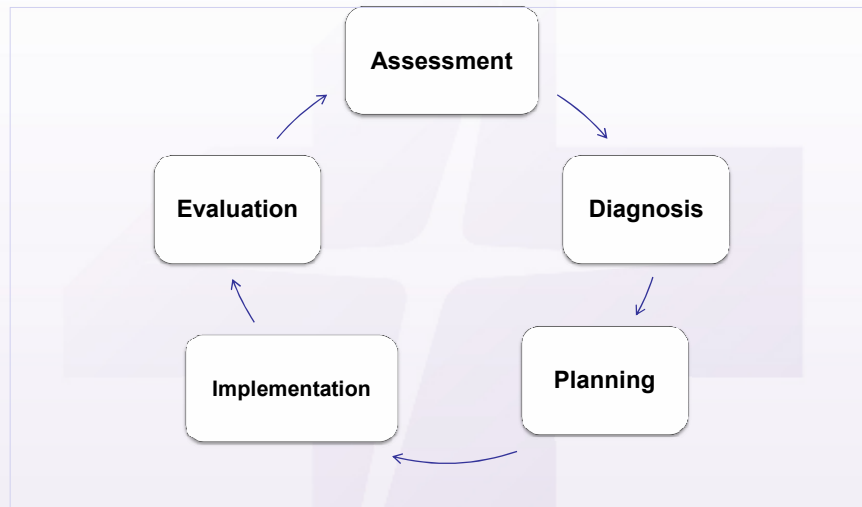
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PROJECT GOALS

- Broad participation
 - 85% overall hospital response rate
 - min. 70% response rate for each unit
 - min. 5 responses for each unit
- Identify unit-specific opportunities
- Improve RN satisfaction
- Ownership by units and direct-care staff



NURSING PROCESS (ADPIE)



NURSING WORK ENVIRONMENT (NWE)

RN Survey with Job Satisfaction Scales

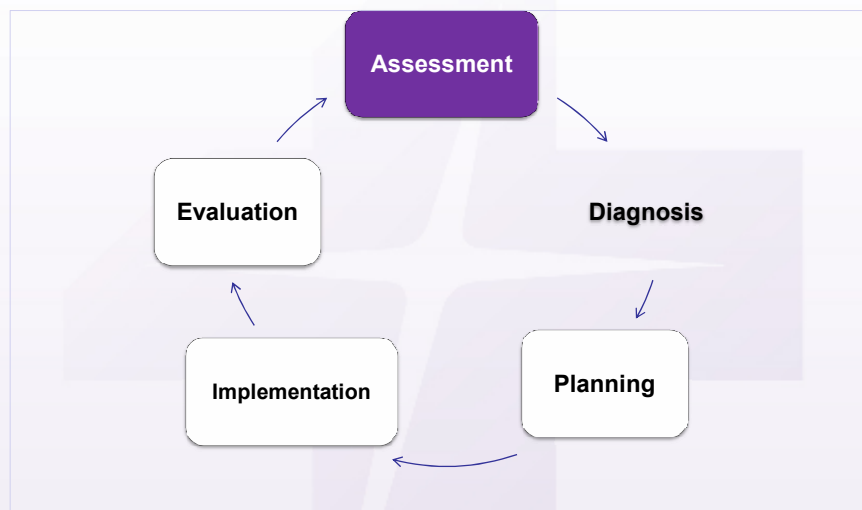
- Nurse turnover
- Patient satisfaction
- Clinical outcomes

INNOVATION

Link ADPIE to NWE challenges

- Clarify RN role
- Familiar approach

Nursing Process



ASSESSMENT

To obtain the NSS data we would need to:

- Encourage participation
- Emphasize professionalism
- Rely on unit champions
 - CNS
 - Managers and Assistant Managers
- Provide regular feedback



Survey Response Rates as of 5/5/2009 6:51:45 AM

Total Units	Total Eligible RNs	Total Survey Responses	Average Unit Response Rate
27	666	14	2%
Unit	Eligible RNs	Survey Responses	Unit Response Rate
Operating Room	24	4	17%
5431	29	3	10%
SDS - Same Day Surgery	10	1	10%
Ambulatory	14	1	7%
APNs / Ambulatory	15	1	7%
Cardiology	17	1	6%
631	24	1	4%
SSU-CSU	65	2	3%
331	15	0	0%
571	9	0	0%
671	23	0	0%
7 Stone	43	0	0%
9 Stone	25	0	0%
Cardiac Rehab	6	0	0%
Dialysis	8	0	0%
Emergency Department	50	0	0%
Eye Surgical Suite	2	0	0%
GLAB	6	0	0%
Labor/Delivery	45	0	0%
MICCU	34	0	0%
Mother-Baby	29	0	0%
NICU	65	0	0%
PACU	11	0	0%
PCCU	21	0	0%
Peds	16	0	0%
RADIOLOGY	4	0	0%
SICU	53	0	0%

To reach 85% participation, NDNQI indicates we need to be over 40% participation by the end of Week 1, and over 60% by Week 2.

All Hospitals

Survey Response Rates for the 88 hospitals participating in the May 2009 RN

Total Units	Total Eligible RNs	Total Survey Responses	Average Unit Response Rate
2,194	60,913	2,611	5%



Survey Response Rates as of 5/25/2009 9:08:04 PM

Total Units	Total Eligible RNs	Total Survey Responses	Average Unit Response Rate
27	625	528	85%

Unit

Unit	Eligible RNs	Survey Responses	Unit Response Rate
APNs / Ambulatory	12	13	100%
671	21	21	100%
Dialysis	6	6	100%
Eye Surgical Suite	6	6	100%
GI Lab	5	5	100%
Operating Room	23	23	100%
Peri	16	16	100%
RADIOLOGY	5	5	100%
SDS - Same Day Surgery	9	9	100%
PCCU	20	19	95%
9 Stone	23	21	91%
MICCU	32	29	91%
PACU	11	10	91%
Emergency Department	43	38	88%
Rehab (331)	15	13	87%
5431	28	24	86%
Cardiology	14	12	86%
Cardiac Rehab	6	5	83%
NIKU	65	54	83%
7 Stone	42	34	81%
PSU (571)	10	8	80%
CSU-SSU	61	49	80%
Psych (631)	30	15	50%
NICU	53	39	74%
Ambulatory	11	8	73%
Mother-Baby	26	18	69%
Labor & Delivery	43	29	67%

All Hospitals & Magnet Facilities

Survey Response Rates for the 100 hospitals (10 Magnet facilities) participating in the 2009 RN Survey, as of June 30, 2009

Total Units	Total Eligible RNs	Total Survey Responses	Average Unit Response Rate
103 Hospitals/3297	na	68,121	81%
(Magnet)1313	na	30,647	81%

AIMMC

Survey Response Rates as of 5/25/2009 9:08:04 PM

Total Units	Total Eligible RNs	Total Survey Responses	Average Unit Response Rate
27	625	528	85%

PSM: 80513.D: Survey Open May 4 - 24, 2009

To reach 85% participation, NPNQ indicates we need to be over 40% participation by the end of Week 1, and over 60% by Week 2.

Green indicates met AIMMC goal!
Blue indicates above national average.
Red indicates below national average.

100% Participation

Diabetes
GI Lab
Eye Surgical Suite
Peri
Operating Room
RADIOLOGY
Same Day Surgery
APNs / Ambulatory
Unit 671

ADIMC Goal = 85%

PACU
MICCU
Cardiology
Emergency Department
9 Stone
Rehab(331)
PCCU
Unit 5431

Week 2 Goal = 61%

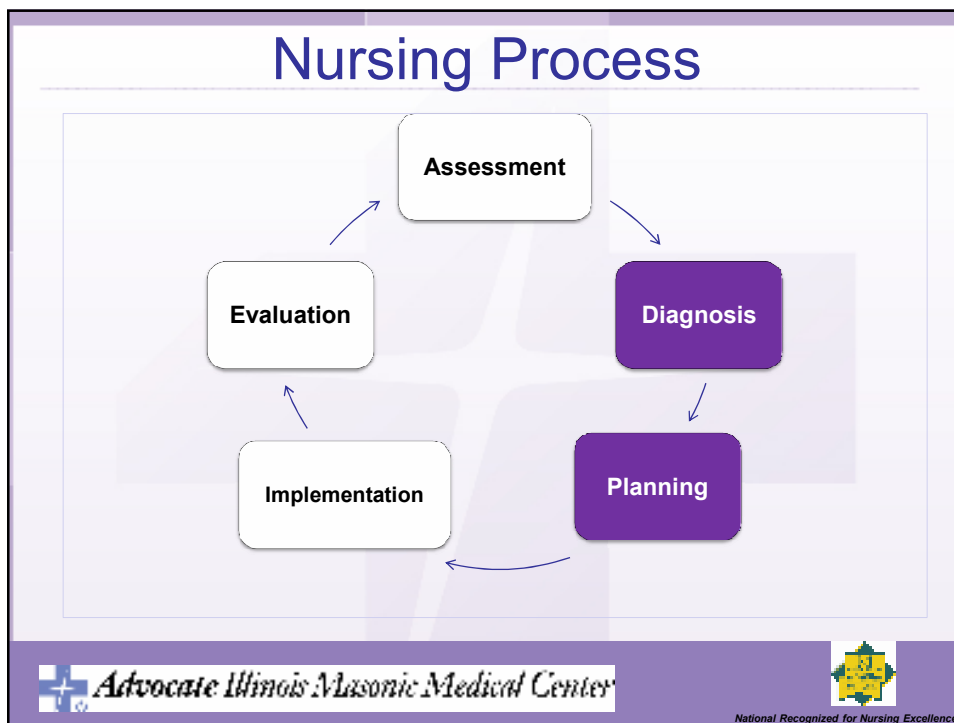
Psych (631)
Ambulatory
CSU-SSU
Cardiac Rehab
Labor & Delivery
7 Stone
Mother-Baby
NICU
PSU (571)

Week 1 Goal = 41%

all units

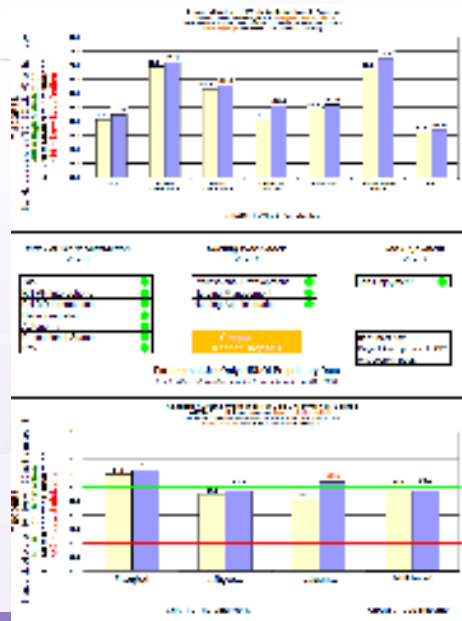
Advocate Illinois Masonic Medical Center

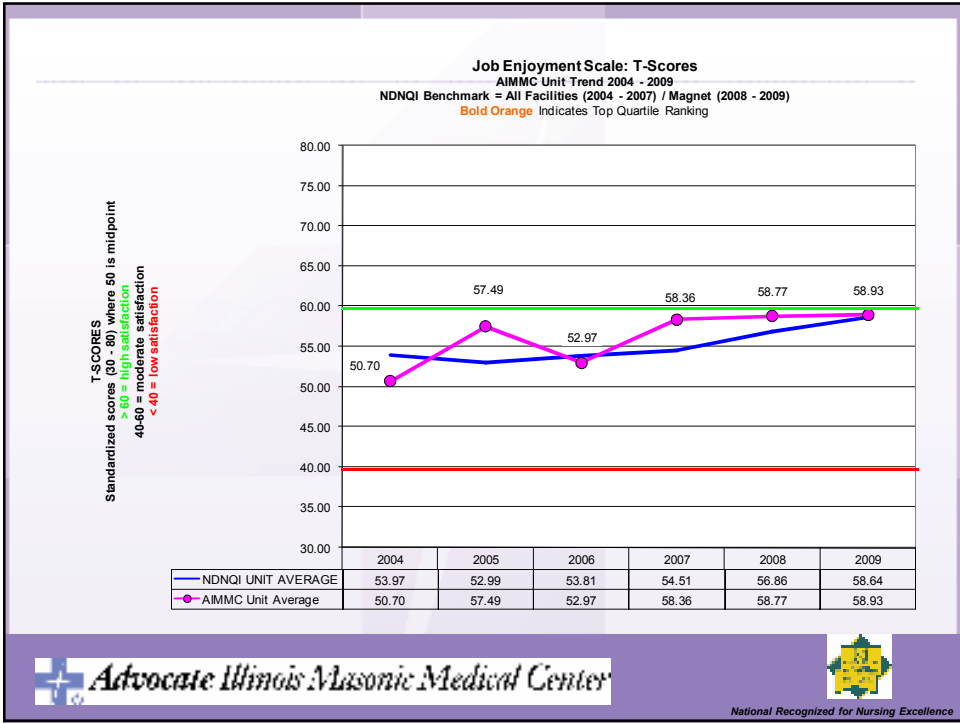
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DIAGNOSIS / PLANNING

- AIMMC outcomes & priorities
DASHBOARDS, TRENDS, SLIDES
- Link data to unit experience
UNIT DASHBOARDS
- Leadership engagement
- Staff involvement

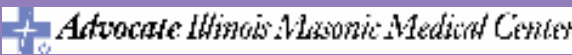



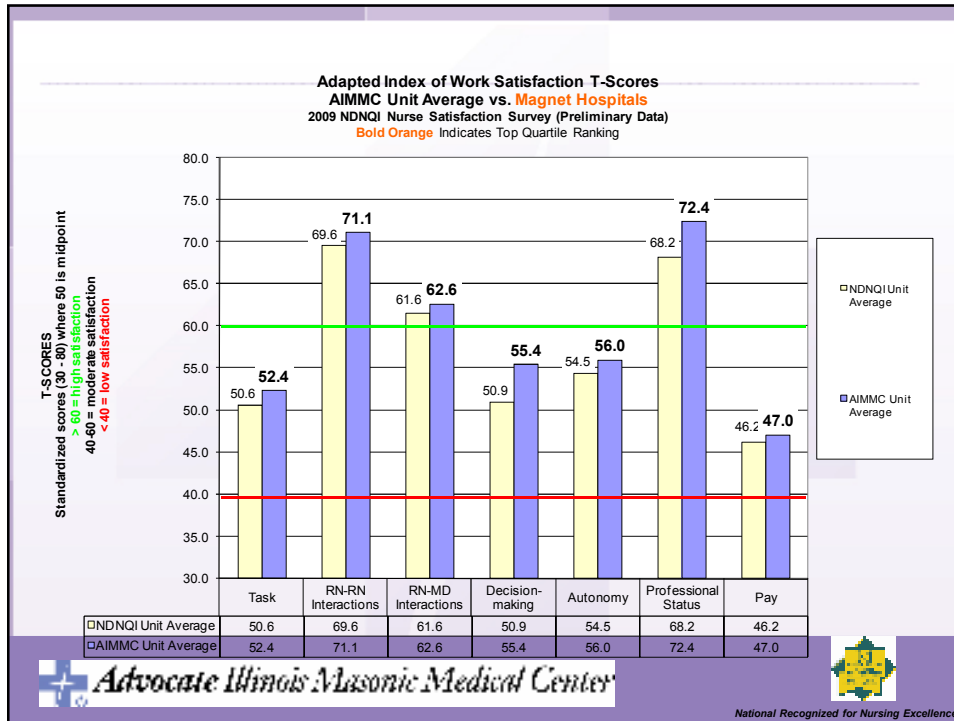


Nursing Satisfaction Action Plans October 2009

Nursing Satisfaction Survey
National Database of Nursing Quality Indicators (NDNQI)

Virginia "Ginger" Morse, PhD, RN, NEA-BC
 Director, Professional Development and Clinical Research



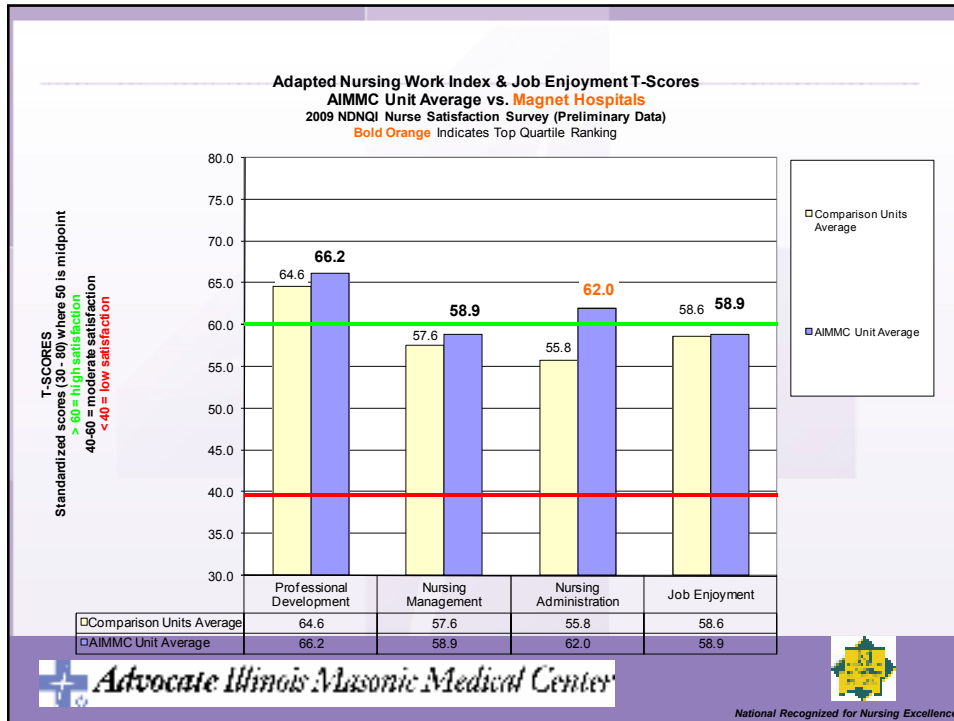
NDNQI Nursing Satisfaction Survey AIMMC - 2009

< 40 = low satisfaction, 40-60 = moderate satisfaction, > 60 = high satisfaction

- Index of Work Satisfaction (Adapted) T-Scores**
- AIMMC all categories above the Magnet mean
- Individual Unit Results:

Subscale	Below Magnet mean	Low or moderate Satisfaction	High Satisfaction
Task	37% (n=10)	85% (n=23)	15% (n=4)
RN-RN Interactions	33% (n=9)	4% (n=1)	96% (n=26)
RN-MD Interactions	30% (n=8)	33% (n=9)	67% (n=18)
Decision-making	15% (n=4)	70% (n=19)	30% (n=8)
Autonomy	33% (n=9)	78% (n=21)	22% (n=6)
Professional Status	19% (n=5)	0% (n=0)	100% (n=27)
Pay	33% (n=9)	100% (n=27)	0% (n=0)

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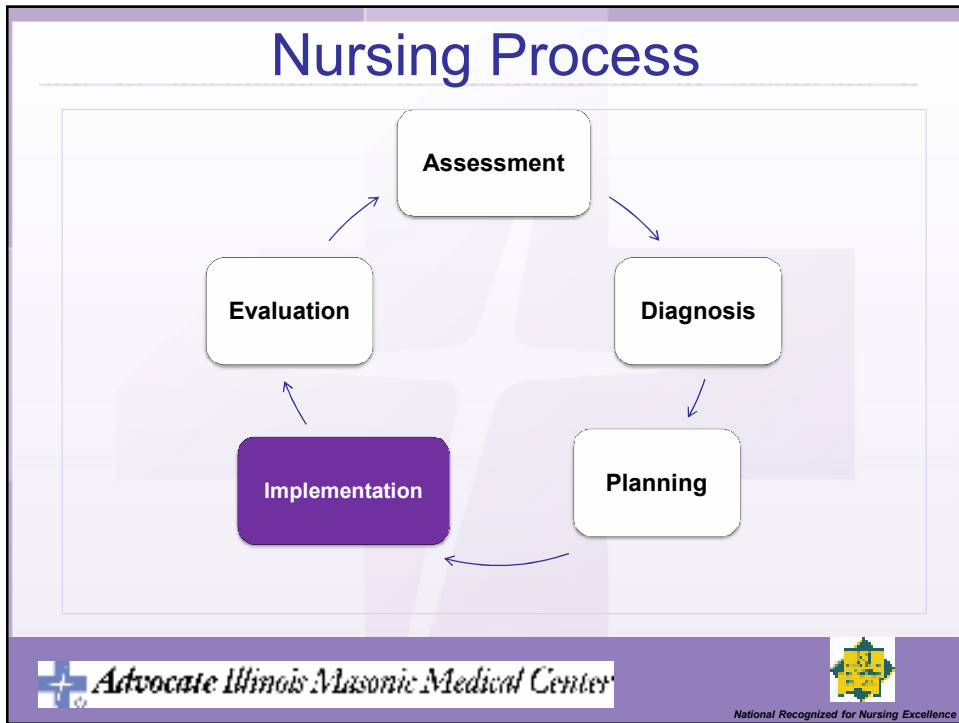
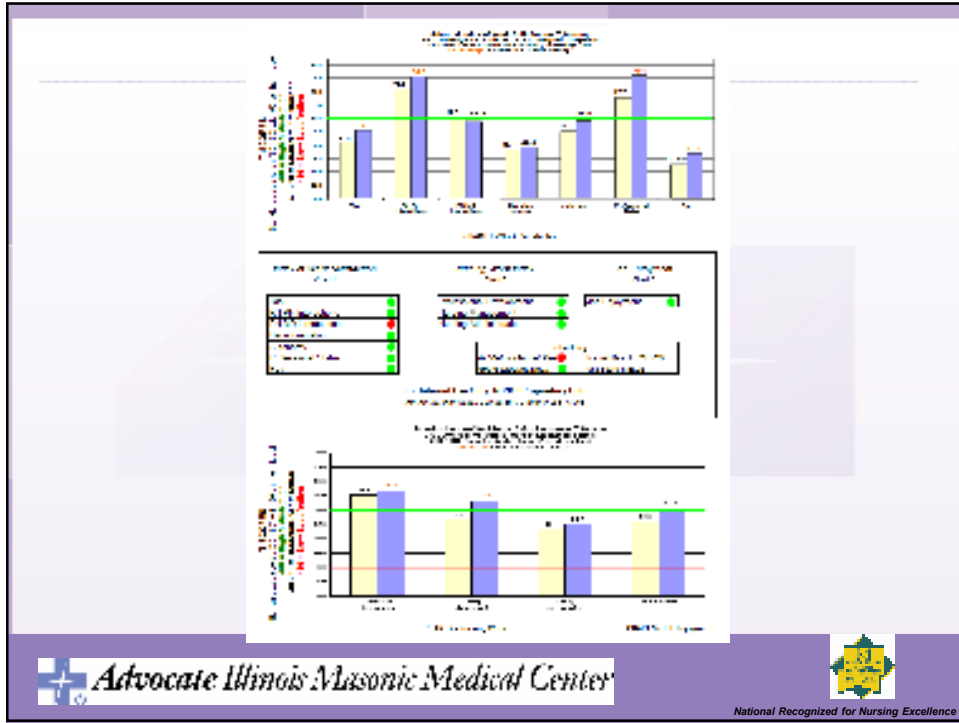
NDNQI Nursing Satisfaction Survey AIMMC - 2009

< 40 = low satisfaction, 40-60 = moderate satisfaction, > 60 = high satisfaction

- Work Index and Job Enjoyment T-Scores
- AIMMC overall - above Magnet mean
- Individual Unit Results:

Subscale	Below Magnet mean	Low or moderate Satisfaction	High Satisfaction
Professional Dev	33% (n=9)	11% (n=3)	89% (n=24)
Nursing Management	33% (n=9)	44% (n=12)	56% (n=15)
Nursing Administration	15% (n=4)	41% (n=11)	59% (n=16)
Job Enjoyment	48% (n=13)	56% (n=15)	44% (n=12)

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IMPLEMENTATION

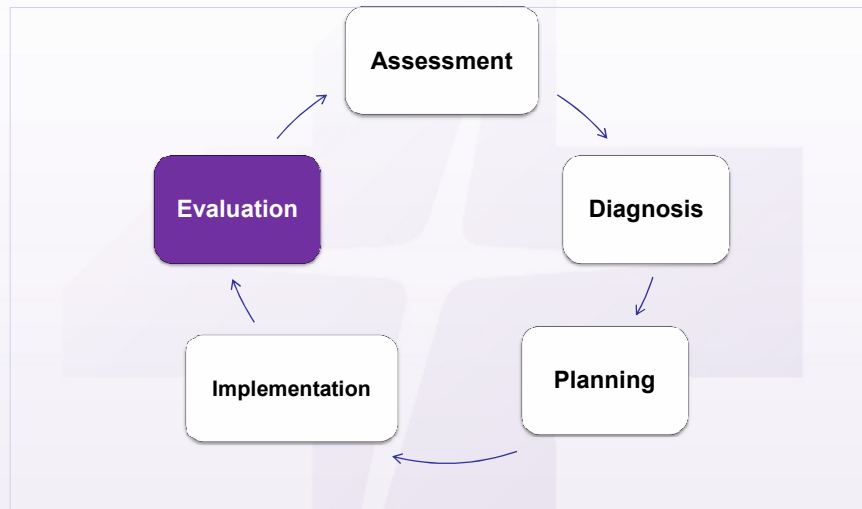
- Action plans tailored to individual units
LINKED TO PRIORITIES
- Monitored by unit managers
- Guided through shared governance (CPC)
- Driven by unit councils
- WYS / WWD Posters



AIMMC Biennial Report Worksheet	
<p>Indicators must be measurable and objective. Indicators should be selected to provide the most value to the unit/facility. It should be chosen that can be benchmarked at the broadest level possible.</p> <p>Indicator: <u>NDNQI Index of Work Satisfaction RN-ND Interactions</u></p> <p>Unit: <u>SCU</u> UC Chair/Rep: <u>Charm Margaret Wasylivskyi, RN, BSN, CCRN, NCCU</u> Written by: <u>Lisa Matlock, RN, BSN, CCRN</u> EMT: <u>SL-1924</u></p>	
<p>Indicator Selection:</p> <ul style="list-style-type: none"> • How did you decide to track the patient care/nursing outcome? Review of most recent NDNQI data revealed that SCU's scores for RN-ND interactions were 58.9 benchmarked against NDNQI data results of 60.7. This was an area for the team to focus on and to work on improving. • What nurse(s)/clinician(s) are involved in selecting this indicator? Lisa Matlock, Nurse Manager, SCU Janet Davison, RN, RN, NCCU Michael Frye, RN 	
<p>Indicator Benchmark and Targets:</p> <ul style="list-style-type: none"> • What organization/department is your data being benchmarked against? E.g. is this a specialty-specific nationally benchmarked indicator? The organization / database that our data is being benchmarked against is the national database of NDNQI. • How did you set the targets or goals for improvement? We set the targets for improvement after a five question survey was distributed to each staff nurse (see attached). The questions focused on RN's perceptions of existing RN-ND interactions. One question simply asked for suggestions to improve. 	
<p>Performance Improvement Structure:</p> <ul style="list-style-type: none"> • What nurse(s)/clinician(s) are involved in creating the action plan to improve outcomes? Janet Davison Michael Frye Abby Laine • Are there any other partners/teams participating in your FOCUS PDSA PD work? Yes. Our other partners included Richard Fanta, Medical Director of the SCU, and the trauma team. 	
<p>Outcomes:</p> <ul style="list-style-type: none"> • Discuss unit trends noted. Unit trends were that we as a 20 bed surgical ICU, attendings differ from patient to patient. Trauma patients and MD's were noted by staff to not have communication barriers as much as other teaching MD's. 	
<ul style="list-style-type: none"> • Discuss unit interventions implemented (site names of individuals or teams involved if applicable). The unit met as a whole after the survey result were obtained. One of the key issues identified was equipment push back from attending MD's and residents in using Eicu protocols. A subcommittee comprised of the aforementioned individuals met to design a plan of intervention related to this problem that our RN subcommittee formulated an Eicu protocol guidelines sheet and performed (one) 1:1 education with attendings and residents. Eicu protocol "cheat sheets" were laminated and posted at every computer station and in the doctors' drafting area. • Discuss impact of interventions on outcomes. The subcommittee decided that through enhanced and consistent physician education ND interactions could become more positive. • Discuss outcomes, good or bad, that were opportunities for learning. • What did your team learn, e.g. outlier outcomes, good or bad, that were opportunities for learning? Many things were learned through this experience. Most of the difficult interactions between some doctors and nurses was facilitated by assumptions on both sides. Nurses assumed that all doctors were alike and understood the entire Eicu protocol. Doctors assumed that such protocols were not necessary and unhelpful in the treatment of their patients. Once these two sides collaborated and dialogue initiated, doctor and nurse understanding for why the protocols are necessary was achieved. And, yes, we dealt with a few doctors and nurses who just didn't believe that an amicable solution could be reached. <p>Conclusion:</p> <ul style="list-style-type: none"> • Describe the key impact to Nursing/Clinical Practice and Patient Care. New resident physicians received a "Welcome to SCU" brief orientation when their rotation begins. The orientation is a 15 minute review of indicators specific to the unit - led by an SCU staff nurse. The orientation thoroughly explains the Eicu protocols and clearly sets out expectations. Communication is facilitated and the provides the opportunity for dialogue to begin. Some form one resident group to the next, the word spreads and we are now 95% - 100% compliant with the ordering of protocols. The practice that once was strong and at times intimidating, is no longer exists. 	



Nursing Process



EVALUATION

- Coaching
CLC OR CPC OR 1:1 WITH DR. MORSE
- Results shared
 - Unit Council meetings
 - Hospital leaders
- Action plans tweaked



HOSPITAL OUTCOMES

- 88% AIMMC response rate
- 67% was lowest unit response rate
- All units achieved 5+ responses
- All but 2 units reached 70% response rates
- Action plans hardwired
- Annual Research Forum



UNIT OUTCOMES

Units identified specific objectives and interventions

- Rehab Unit (331)
 - Action Plan: Task (time spent with patients)
 - Status: UAP staffing proposal, location of pt
- Med-Surg Unit (7 Stone)
 - Action Plan: Task, RN-RN Interaction
 - Status: Pagers, Break Team Assignments

No battle plan ever survives
contact with the enemy.

-- Field Marshall Helmuth Carl Bernard von Moltke

IMPLICATIONS FOR PRACTICE

- “Professionalism not pizza”
- Individual results for all areas translates to more focused action plans.
- Data-driven strategies are based in broad representation.
- Ongoing engagement, reflected by improving participation, in turn influenced by demonstrating the value of feedback and link of data to interventions.

OPPORTUNITIES

- Reinforce link between outcomes & action plans
- Frequency of data
 - 6-month pulse survey in Nov 2010
- Highlight link of ADPIE to NWE



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