



Baccalaureate Preparation ...

- Karen M. Mayer, MSN, MHA, RN, FACHE – Vice President, Patient Care Services
- V. Susan Carroll, MS, RN CNE –
 Education Quality Coordinator

OAK PARK HOSPITAL

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2007 Background—Yikes! Size Services Quality RN Vacancy



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Studies have demonstrated that health care institutions with greater numbers of nurses educated at BSN or higher levels report higher quality, safer patient care. Their care has been linked to improved nurse-driven quality outcomes. The American Association of Nurse Executives (AONE) and the American Association of Colleges of Nursing (AACN) also support BSN-prepared entry to practice as essential in the care of patients in very complex healthcare arenas.



- Aiken and colleagues (2003) provided empirical evidence that hospitals' employment of nurses educated at the BSN or higher level is associated with improved patient outcomes.
- Strong evidence suggests educational preparation as a key component in patient safety and quality outcomes; every 10% increase in the proportion of a hospital's nursing staff who hold at least a baccalaureate degree is associated with a 5% decrease in patient mortality (Aiken, 2010).



- Benner and her team recommend preparing entry-level nurses at the baccalaureate level so they can successfully meet practice demands across settings; this group would also require all nurses to earn a master's degree within 10 years of initial licensure (2009).
- In the interest of providing the best patient care and leadership, nurses in all branches of the US military and commissioned RN officers in the US Public Health Service must hold a baccalaureate degree (AACN, 2010).
- The Veterans Administration (VA), the largest US employer of nurses has established the BSN as the minimum preparation needed for promotion beyond entry-level (AACN, 2010).



The Vision ...

Empowered nurses who:

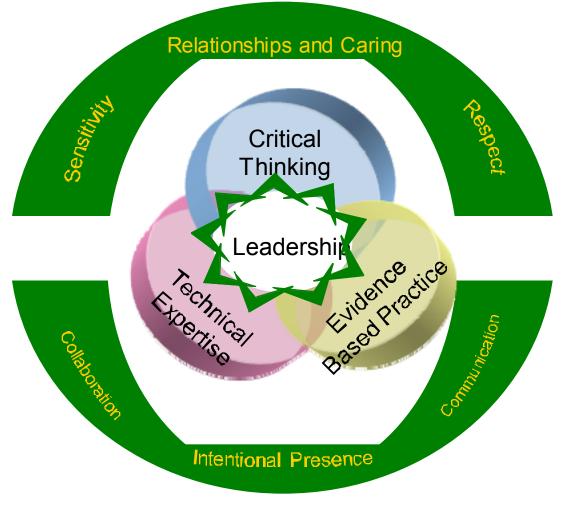
- · own their work environment,
- are patient advocates,
- accept they are not perfect

achieving the highest levels of care.



Theoretical Framework

ROPH Model of Professional Nursing Practice

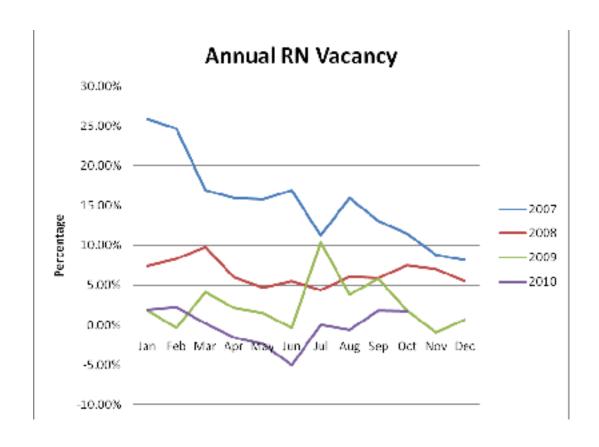




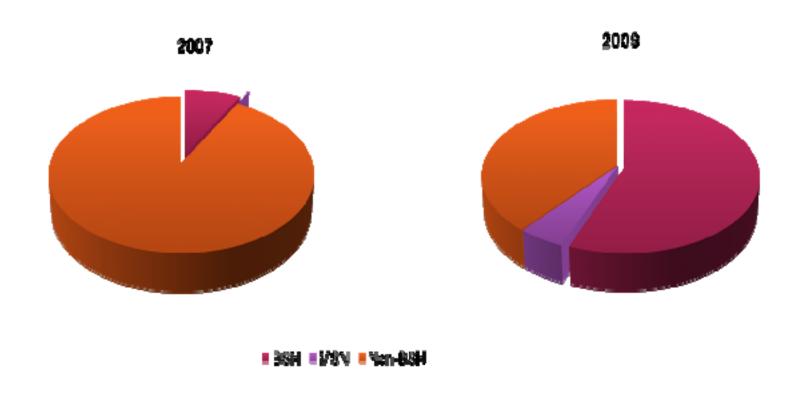
Methods/Strategies ...

- 2007 changes in staff nurse recruitment and hiring -a nursing culture shift reflecting "re-visioning" of nursing leadership at the bedside
- Strategies included:
 - 1:1 interviews with CNO all RN candidates
 - Interview script that focuses on: (1) critical thinking skills; (2) solutions for safety-related problems; and (3) degree to which an individual believes she/he can implement EBP
 - Clinical practice/development ladder
 - Bedside handoff process and restructuring of staff nurse-led interdisciplinary rounds
 - Staff-led Peer Review Council
 - Collaborative relationships with 3 regional BSN/MSN programs

RN Vacancy by Year



Rise in BSN & MSN rates

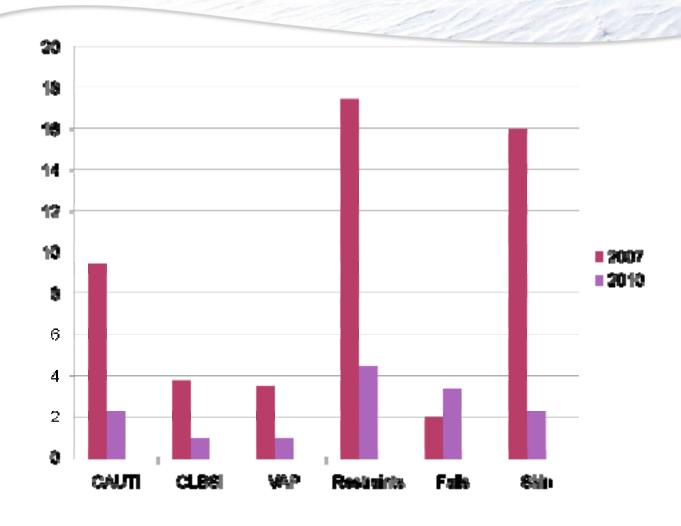




Patient Satisfaction and CORE Measures

- ~ 8% ↑ "Skill of the nurse"
- ◆ 10% ↑ "Nurses kept you informed"
- ❖ 7% ↑ "Staff responds to your concerns"
- ♦ 10% ↑ Overall "Nurses" score
- ❖ 100% compliance AMI outcomes
- ❖ 90% compliance CHF outcomes

Nurse Sensitive Data





Results

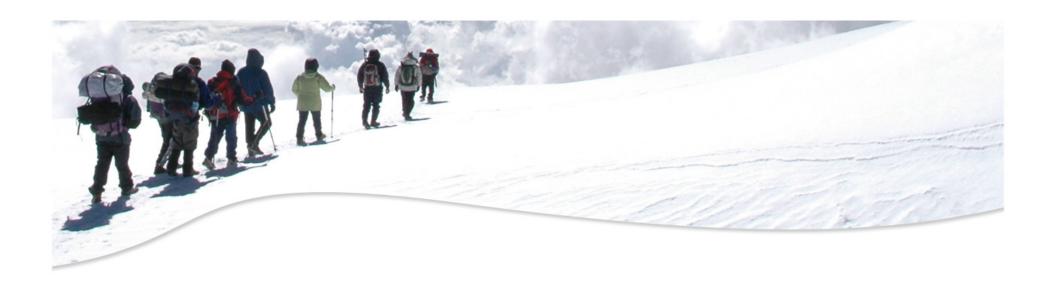
Nurse-Sensitive Measures

- ❖ CAUTI rate = 2.3 (NHSN comparison 4.9)
- **❖** CLBSI rate = 0.5 (↓ from 3.8)
- \star VAP = 0.2 (NHSN comparison 0.7)
- Restraint use = 4.5/1000 days (↓from 17.5/1000 days)
- \Rightarrow Falls = 3.4/1000 days (\uparrow from 2/1000 days)
- Pressure ulcer prevalence = 2.3% of patients surveyed (↓ from 16%)



Future Directions ...

- Continued recruitment of staff nurses with a minimum of baccalaureate preparation
- "Residency"/New Graduate program to solidify retention
- Promotion of nurses through clinical ladder
- Continued improvement in nurse sensitive quality indicators, CORE measures scores and patient satisfaction
- Implementation of Clinical Nurse Leader program for targeted outcomes – e.g., fall risk and injury prevention



Climb the heights with your vision so others can see the future and their participation in that future.