

Surpassing NDNQI Certification Benchmarks in a Pediatric Intensive Care Unit

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Introduction

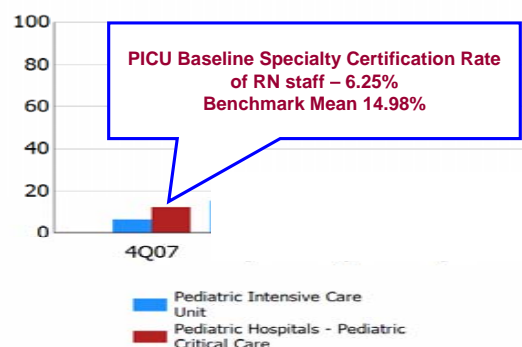
Benchmarking is an effective method for identifying targets and strategizing improvement initiatives. This PICU began benchmarking nursing sensitive outcomes with the National Database of Nursing Quality Indicators (NDNQI) in the 4th quarter of 2007. At that time, there were only two PICU staff nurses with a national certification. This represented only 6.25% of the RN workforce, which was well below the benchmark mean of 14.98 %.

The American Board of Nursing Specialties has defined certification as the formal recognition of specialized knowledge, skills and experience demonstrated by achievement of standards identified by a nursing specialty to promote optimal health outcomes. The Institute of Medicine (IOM) recommends certification as a method of validating knowledge and continuing competency.¹

The NDNQI links the education and certification of the nursing workforce to improved nursing sensitive patient outcomes such as Ventilator Associated Pneumonia (VAP) and Central Line Associated Blood Stream Infections (CABSI). Certification is also linked to retention of the nursing workforce and job satisfaction.⁴

Nursing leaders are challenged to promote, facilitate, and inspire certification achievement among their staff. The NOM and CNS collaborated to increase specialty certification in this PICU. The goal was to attain a certification percentage that would increase the rate to at least the median of the comparison group.

Percent of RNs with National Certification

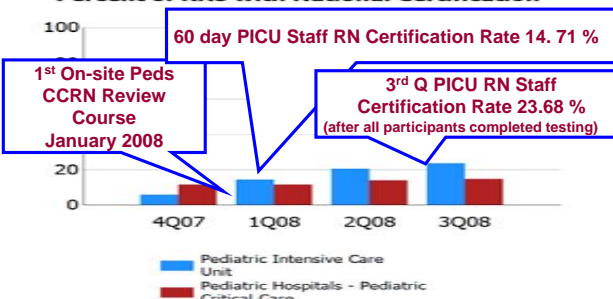


Strategy

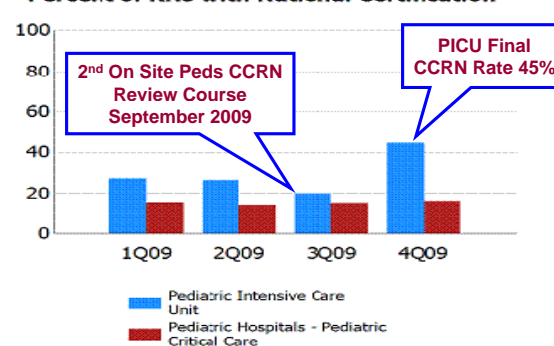
1. Arrange two certification review courses 18 months apart.
2. Incentivize participation by providing education pay for review course time.
3. Decrease staff expenses by hosting course on site and offering course at a very reduced cost.
4. Maximize examination completion thru hospital pre-payment of exam fees.
5. Prevent any out of pocket cost to staff unless the examinee was unsuccessful after second attempt or simply did not take the exam.
5. Decrease hospital expenses by pre-registering staff in groups to maximize AACN group discount benefit (cost savings \$100 per RN = cost savings)

Results

Percent of RNs with National Certification



Percent of RNs with National Certification

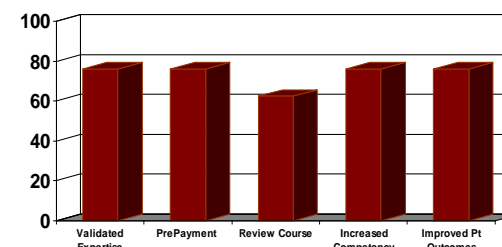


Implications

The RNs who participated in the review course & took the CCRN exam were surveyed to determine the impact of this strategy.⁴

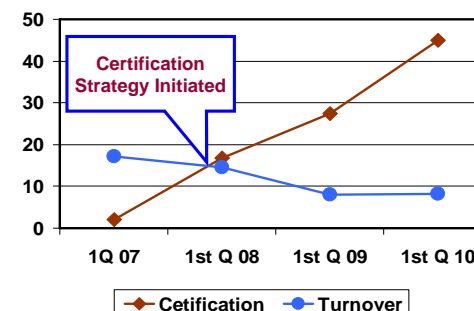
- 76% were motivated to test to validate their own expertise,
- 76% attributed participation to pre-payment & review course.
- 76% reported an increased competency as a result of test preparation.
- 76% believed their patient outcomes have improved as a result of certifying.

Value of Certification & Strategy



RN turnover is a concern for Hospital Systems. Piazza, et al. assert that certified nurses are more likely to remain employed when they feel empowered and receive recognition for their expertise.⁵ RN turnover in this PICU was 17.1% prior to initiating the certification strategy. Turnover decreased to 8% and 8.3% during the certification efforts. The financial impact of decreasing RN turnover in this PICU resulted in retention of eight RNs and a cost savings of \$320,000.00.³

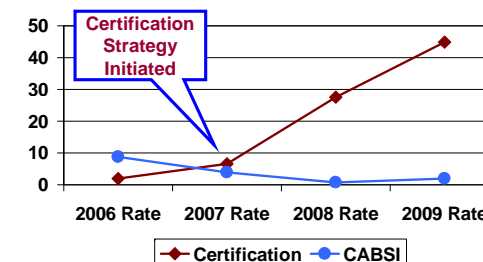
Certification & Turnover



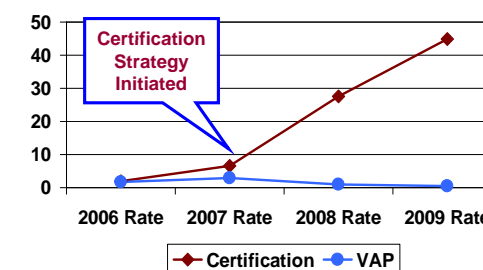
Implications

Over the two year certification period the Catheter Associated Blood Stream Infection rate sustained a 54% reduction, while the Ventilator Associated Pneumonia Rate decreased by 57%. The combined attributable decrease in length of stay is 240 patient days, which exceeds \$1 million dollars in associated costs of care.²

Certification & CABSI



Certification & VAP



Bibliography

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