

# Driven to Succeed

## *Creating a Nursing Dashboard*

Presented By

Rebecca Marrone, BS, RN

Frederick Memorial Hospital



# The Objectives

- Understand the process FMH used to improve patient outcomes
- Understand the tool FMH uses to communicate data concerning Nursing Sensitive Indicators (NSI), core measures and infection control measures that impact patient outcomes and patient safety

# The Issue

- Quality data was located in multiple reports
- There was inconsistency with respect to how data was displayed across nursing units
- Reports were sent to leadership only
- Staff were unfamiliar with quality data
- Staff were unable to prioritize and focus on key quality improvement needs



# The Team

*Mission: Create a “dashboard” for each nursing unit*

- Performance Improvement
  - Sharon Powell
  - Barbara Mosser
  - Rebecca Marrone
  - Patricia Stark
  - Tracy Cyr
- Nursing Professional Development
  - Page Etzler
  - Cheryl Cioffi

# The Plan

- Develop NSIs specific to each unit
- Collect data for each measure
- Utilize MediSolv as a data collection tool
- Determine benchmarks

Department	Top Four Nursing-Sensitive Indicators			
2G	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Restraint Prevalence (NDNQI)	Catheter-Associated UTIs
3A	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Restraint Prevalence (NDNQI)	Catheter-Associated UTIs
3B	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Restraint Prevalence (NDNQI)	Catheter-Associated UTIs
3G	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Restraint Prevalence (NDNQI)	Catheter-Associated UTIs
4B	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Restraint Prevalence (NDNQI)	Catheter-Associated UTIs
4G	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Restraint Prevalence (NDNQI)	Catheter-Associated UTIs
Cardiac Cath	Falls	Pressure Ulcers	Groin Site	Door-to-Balloon time
Family Center (falls + 2)	Falls	Exclusive Breastfeeding	Hand Hygiene	
ICU	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Cather-Related Blood Stream Infections - BSI (NDNQI)	Ventilator-Associated Pneumonia - VAP (NDNQI)
Interventional Unit	Falls	Pressure Ulcers	Cather-Related Blood Stream Infections - BSI (NDNQI)	Cathereter-Associated UTIs
L&D (falls + 2)	Falls	Decision-to-Incision or Hand Hygiene	Birth to Breast (need info)	
NICU	Cather-Related Blood Stream Infections - BSI (NDNQI)	Pressure Ulcers (NDNQI)	IV Infiltrations	Pain
Peds	Falls (NDNQI)	Pressure Ulcers (NDNQI)	Hand Hygiene	Catheter-Associated UTIs

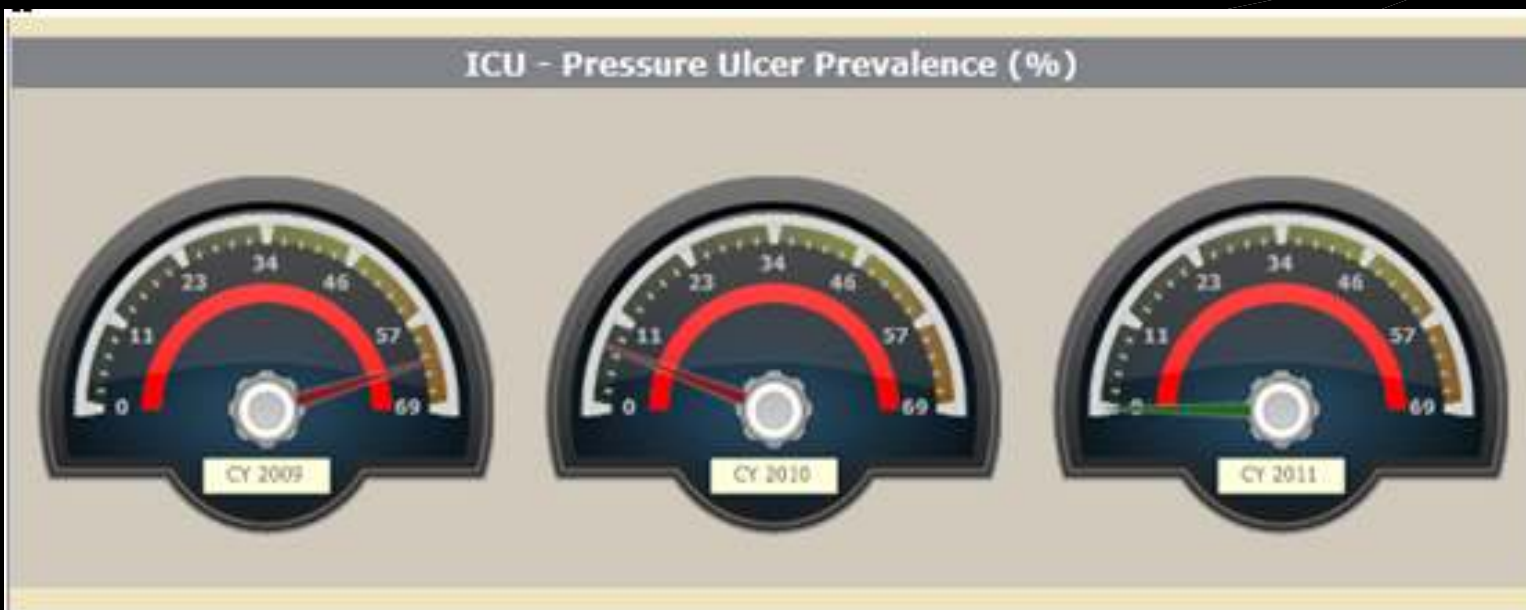
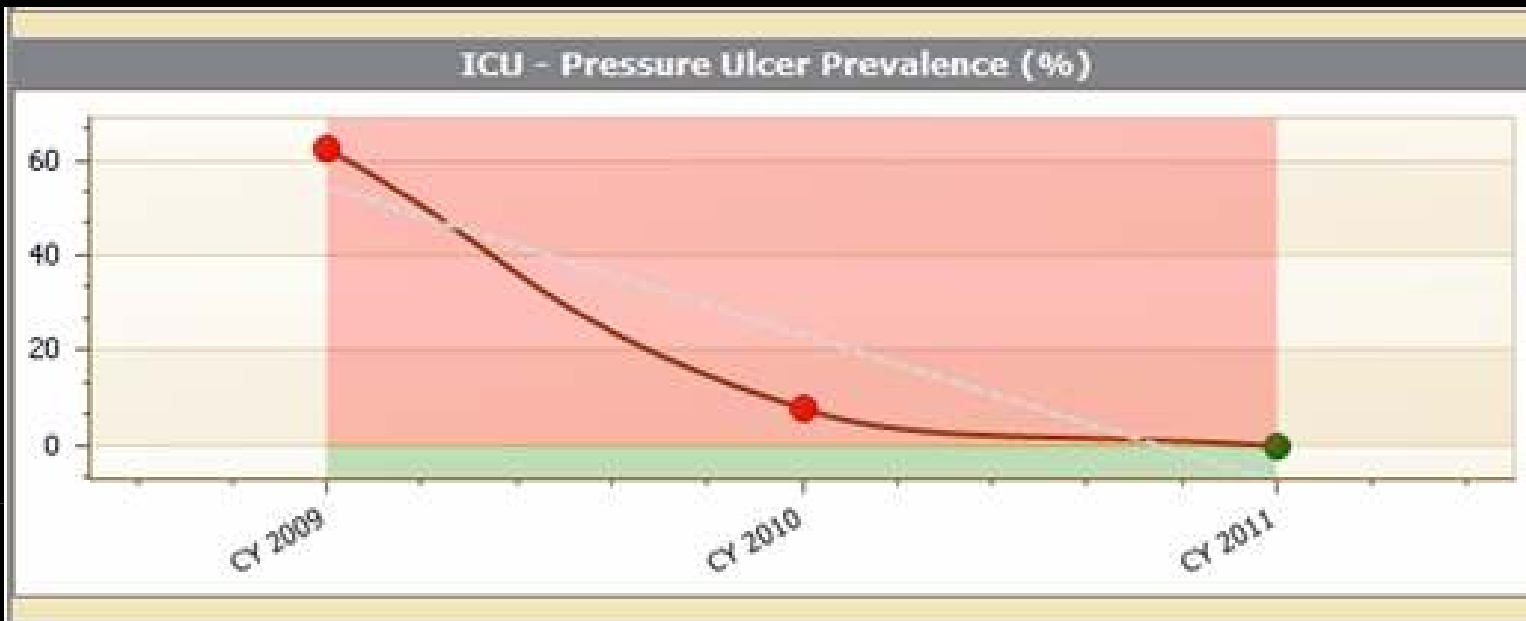
# The Strategy and Implementation

- Data is compiled into 1 data bank - MediSolv
- Simple to read - concise, comprehensive, visual report - colored like a traffic light
  - Utilizes symbols recognizable by the color blind
- Monthly distribution to each director, manager and unit
- Action planning

# The Sample Dashboards

	Trend	CY 2010	CY 2011	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011
ICU - C Diff (Number)	↗	1.00	5.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	2.00	0.00	
ICU - Critical Value Documentation (%)	↗	59.07	64.64	51.24	67.27	60.68	66.97	72.34	69.16		71.74	76.47	49.48	73.73	
ICU - Hand Hygiene (%)	↗	57.67	89.45	92.31	85.71	68.00	85.23	92.70	90.00	92.36	92.31	87.77	92.62	92.53	
ICU - Transfusion Vital Signs (%)	↑	71.43	61.71	42.86	91.67	41.94	52.63	48.94	100.00		84.00		79.33	78.09	
ICU - Central Line Associated BSIs (Rate)	→	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
ICU - Falls (Rate)	↓	0.64	3.83	10.00	17.24	0.00	0.00	5.18	0.00	0.00	0.00	0.00			
ICU - Pressure Ulcer Prevalence (%)	→	7.69	0.00			0.00			0.00			0.00			
ICU - Restraint Prevalence (%)	↓	7.69	20.00			20.00			22.22			0.00			
ICU - VAPs (Rate)	→	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			





# The Results

- Each unit has a specific place to display the dashboard
- Staff able to better interpret data and speak with co-workers, leadership and surveyors
- Staff better able to develop effective PI plans
- Improved patient outcomes



# The Results - Improvements

- The pressure ulcer NSI prompted a new skin assessment initiative where 2 RNs are required to perform the assessment on each new patient
- Falls NSI led to the development of a huddle form and team huddles for each patient fall
  - Each fall is reported organization wide for awareness
- Hand Hygiene Collaborative formed to increase awareness and compliance throughout the organization

# The Results – Data Outcomes

<u>Measure</u>	<u>Examples of Results</u>
■ Hand Hygiene	■ 45 - 83% (housewide)
■ HAPU	■ 75% - 0 (ICU)
■ Falls	■ 52% reduction (4B)
■ VAPs	■ No VAPs for 12 months
■ CAUTIs	■ 7 out of 8 units with 0 (3 <sup>rd</sup> Qtr 2011)
■ Indwelling Catheters	■ 50% decrease in usage (housewide)
■ BSIs	■ Last one 11/09 (ICU)

# The Current Status

- The physician's and other hospital committees utilize the dashboard
- Nursing opted for weekly reports and different style of graphs
  - Data wasn't coming out fast enough for Nursing
  - Data doesn't always correlate to National Results

# Thank You

Rebecca Marrone, BS, RN  
Frederick Memorial Hospital

The End