

ANA NURSING QUALITY CONFERENCE

Improving the Odds on Quality
The Cosmopolitan of Las Vegas

EMBARCKING ON THE NDNQI JOURNEY: A MIDDLE EASTERN PERSPECTIVE 2007 - 2011

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Objectives

- ▣ Explore the search for relevant, applicable indicators to measure Nursing Quality
- ▣ Describe the roll-out plan to utilize NDNQI database for benchmarking with an International Middle Eastern Hospital

JOHN RUSKIN

"*Quality* is never an accident;
it is always the result of
intelligent effort"

The Search for Indicators

How can we demonstrate the quality of nursing?

What is important?

What makes a difference?

Internal Benchmarking (2005)

Nurse Sensitive Indicators

1. Nosocomial Infection Rate – 1000 pt/days
2. Patient Falls – 1000 pt/days
3. Pressure Ulcer Prevalence – /100 admissions & /1000 pt days
4. Medication Administration – audits
5. Nursing Documentation – audits
6. Patient Satisfaction – surveys
7. Patient Identification (ID Band & Specimen related) – OVR's
8. Type & Screen & Group Confirm done by same nurse – OVR's

Unit Level Reports

External Benchmarking (2007)

Reviewed different databases:

- No local or national benchmarks
- International Benchmarking:
 - Joint Commission International Accreditation (JCIA): Patient Safety Goals
 - Institute for Health Improvement (IHI)
 - National Nosocomial Infections Surveillance (NNIS)
 - National Database of Nursing Quality Indicators (NDNQI)



Magnet Recognition Program requires national benchmarking





Choosing NDNQI Indicators

- ▣ 2nd Quarter 2007
 - Falls /1000 Patient Days
 - Pressure Ulcers Prevalence
 - Restraints Prevalence

- ▣ 1st Quarter 2008
 - Ventilator Associated Pneumonia (VAP)
 - Catheter Associated Urinary Tract Infection (UTI)
 - Central Line Associated Blood Stream Infection (BSI)

- ▣ 2nd Quarter 2008
 - Nurse Turnover



Choosing NDNQI Indicators

- ▣ 3rd Quarter 2008
 - RN Education

- ▣ 2009
 - Re-evaluate

- ▣ 2nd Quarter 2010
 - RN Survey
 - Benchmark with Riyadh Site at a Gen. Org. Level

- ▣ 3rd Quarter 2010
 - PIV Infiltrations
 - Pain AIR Cycles



2007 - 2008 results

Compared to benchmark US Non-Magnet Hospitals

Better than benchmark

- ▣ Nursing turnover
- ▣ % nurses with BSN's
- ▣ Falls rates
- ▣ Use of restraints

Mixed results

(+ / -)

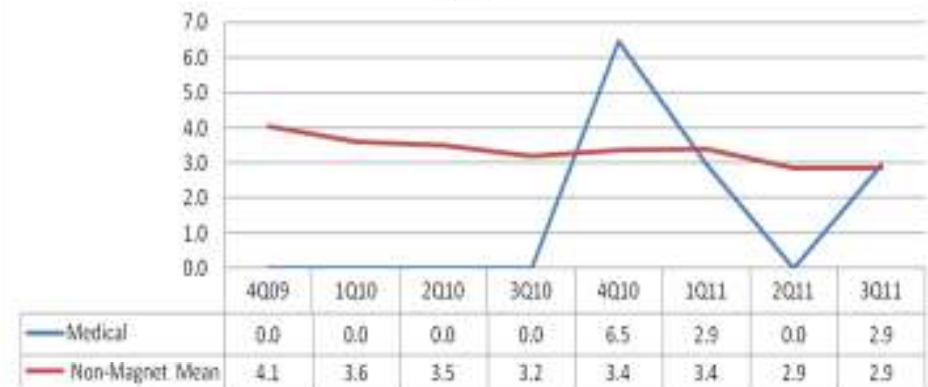
- ▣ UTI's
- ▣ VAP
- ▣ BSI
- ▣ Pressure Ulcers

Hospital Acquired Pressure Ulcers

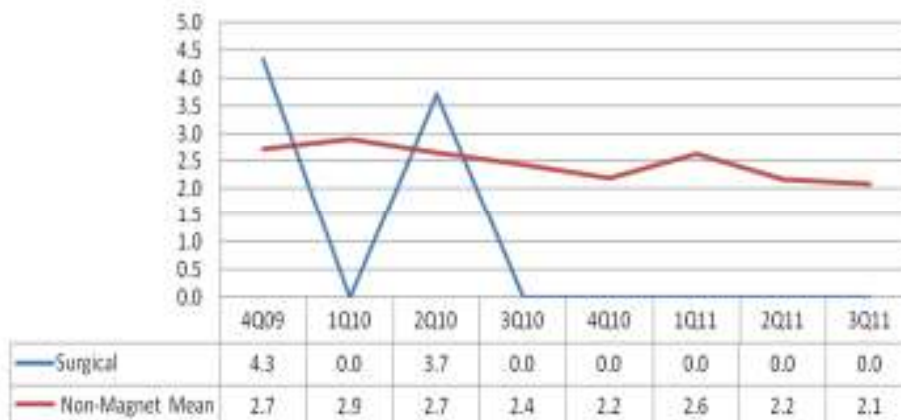
Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers - Adult Critical Care



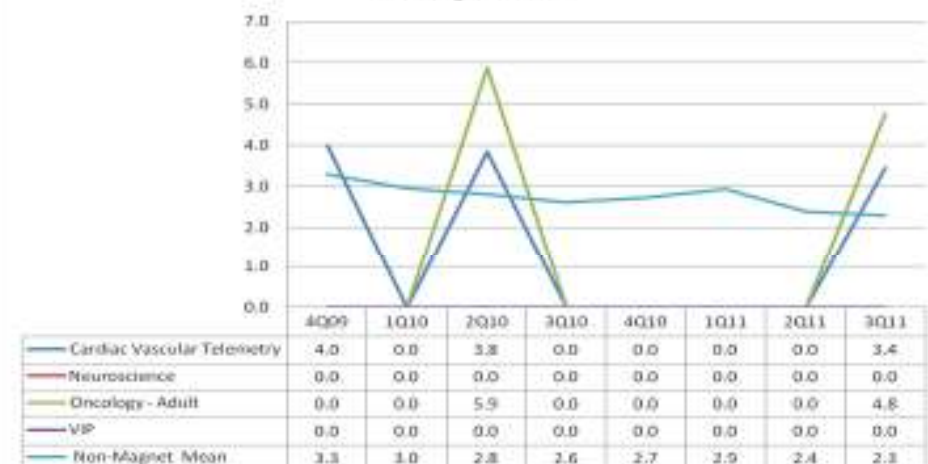
Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers - Adult Medical



Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers - Adult Surgical

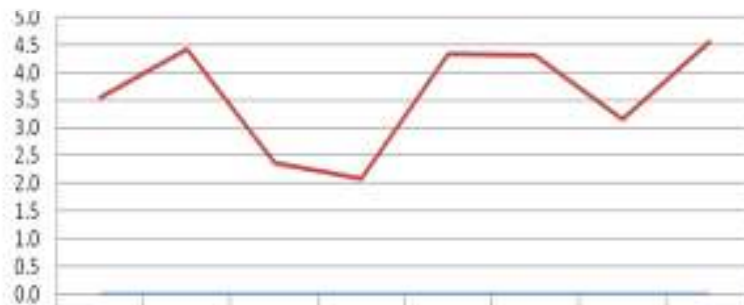


Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers - Adult Med-Surg Combined

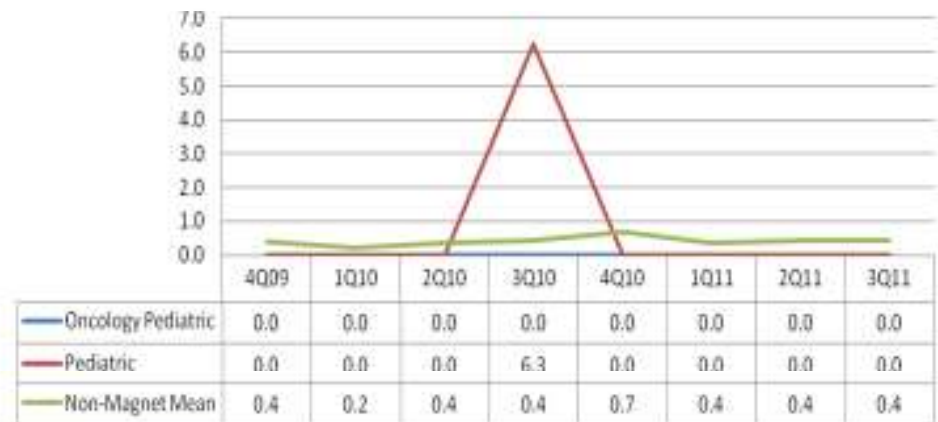


Hospital Acquired Pressure Ulcers

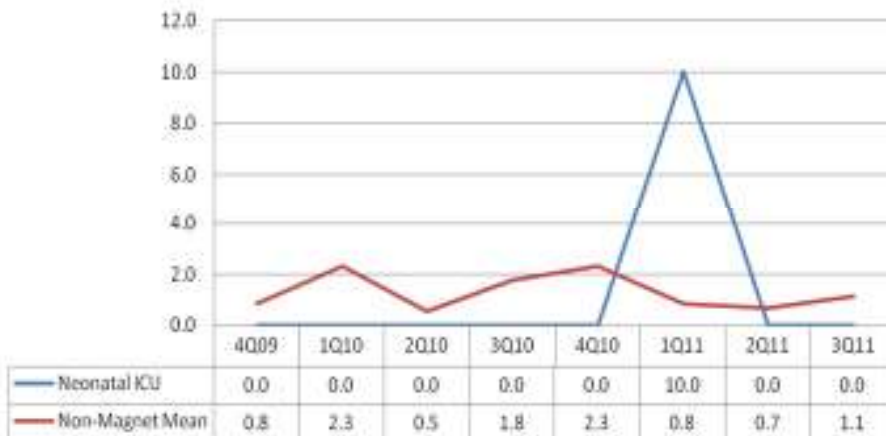
Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers - Pediatric Critical Care



Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers - Pediatric Med-Surg Combined



Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers - Level III Neonatal - Critical Care



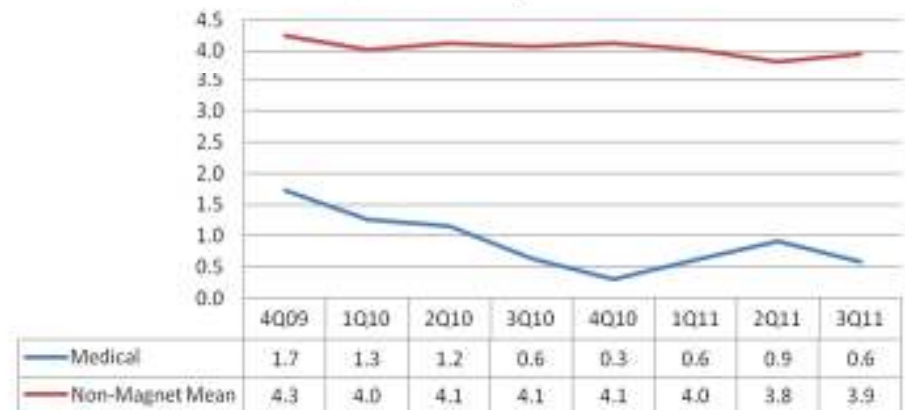
13/13 units exceeded the NDNQI benchmark
 The Surgical ICU only has 4 quarters data because it opened in November 2010 and exceeded the NDNQI benchmark for the 4 quarters.

Total Falls Per 1000 Patient Days

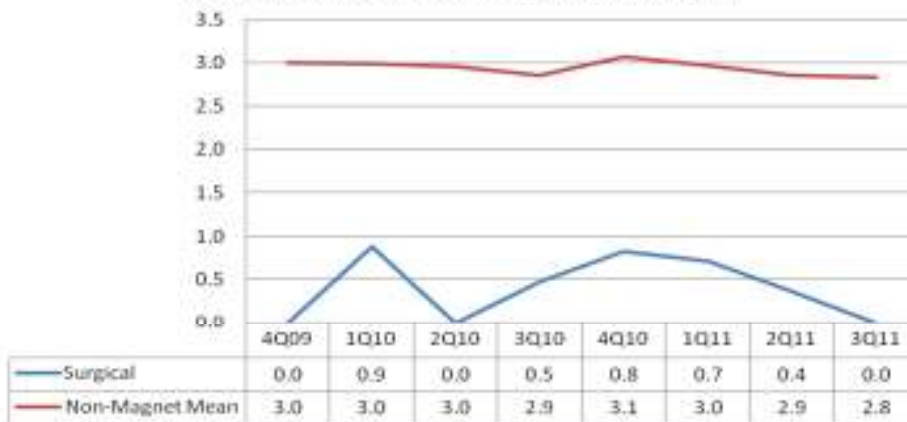
Total Falls Per 1,000 Patient Days - Adult Critical Care



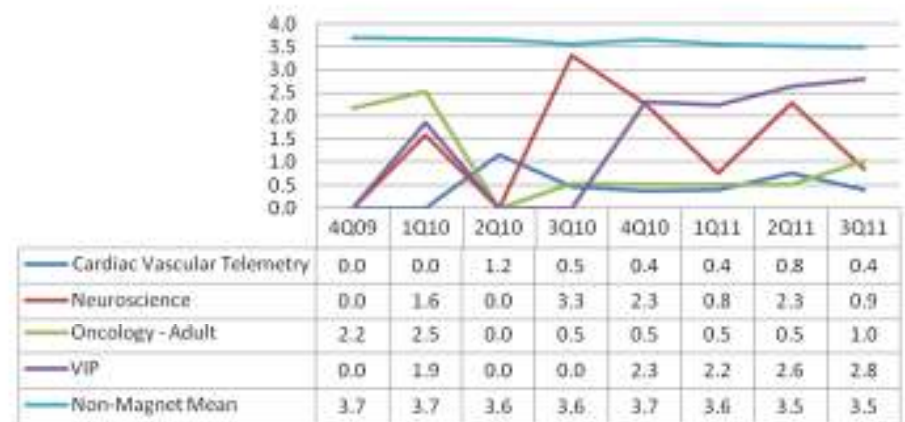
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Total Falls Per 1,000 Patient Days - Adult Surgical



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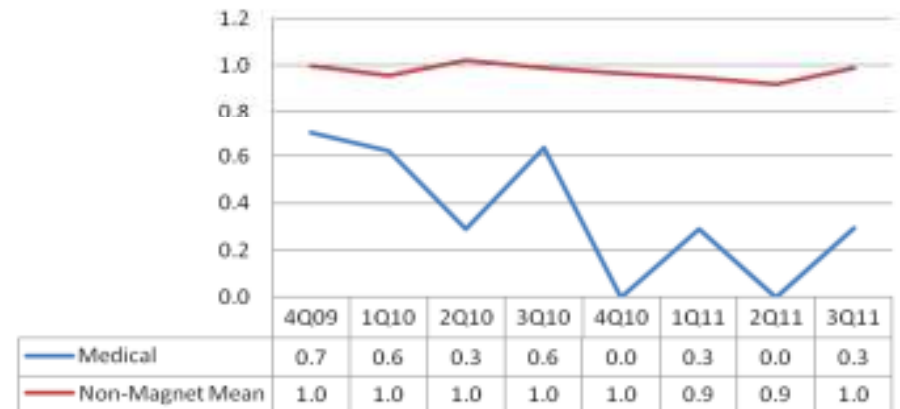
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Injury Falls Per 1000 Patient Days

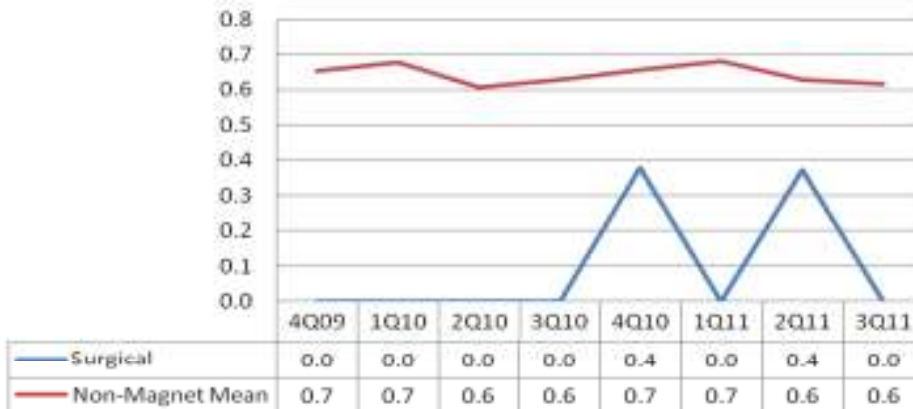
Injury Falls Per 1,000 Patient Days - Adult Critical Care



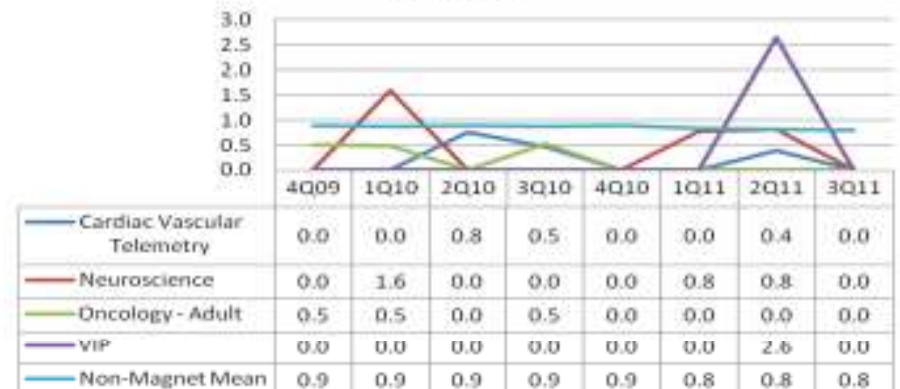
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Injury Falls Per 1,000 Patient Days - Adult Surgical



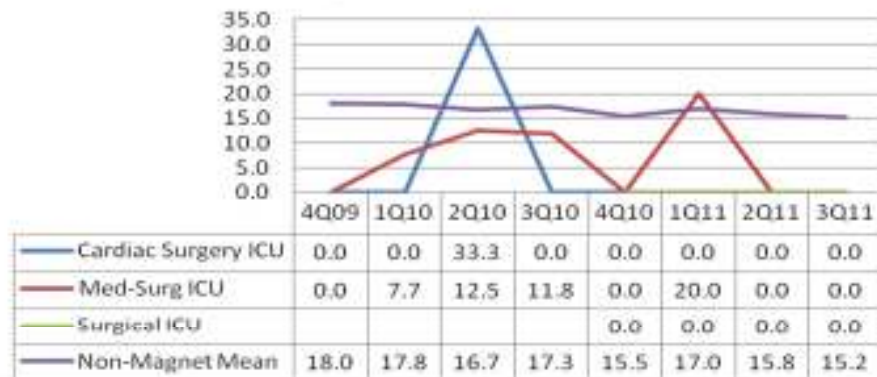
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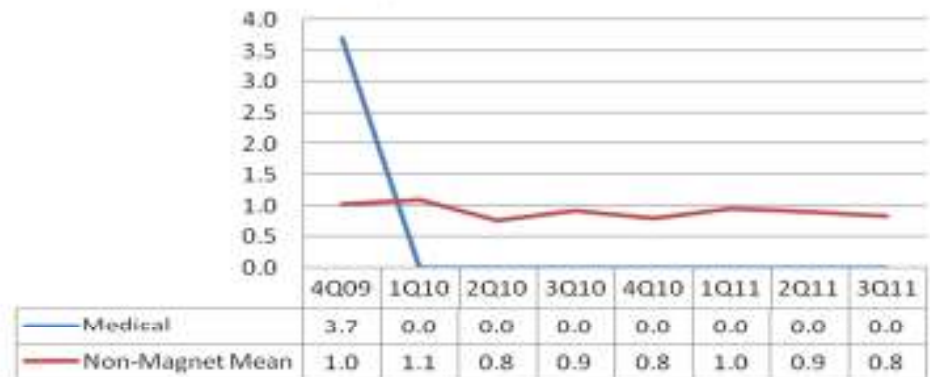
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Percent of Patients with Physical Restraints (Limb and Vest)

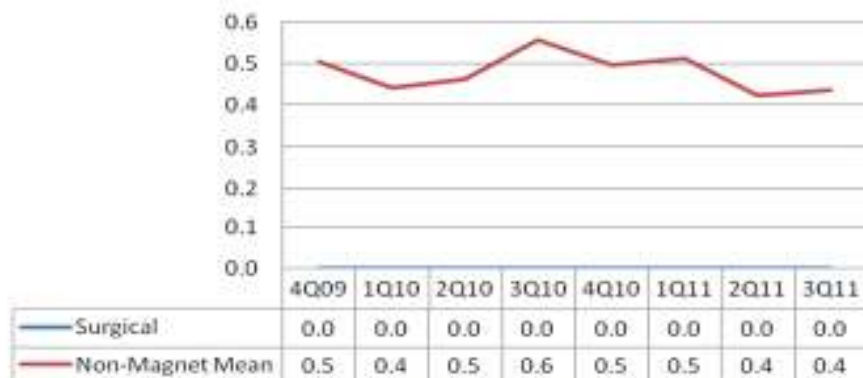
Percent of Patients with Physical Restraints (Limb and Vest) - Adult Critical Care



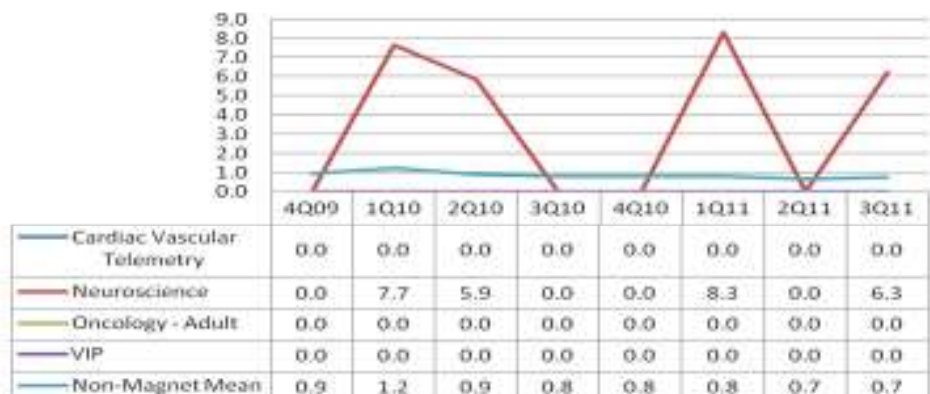
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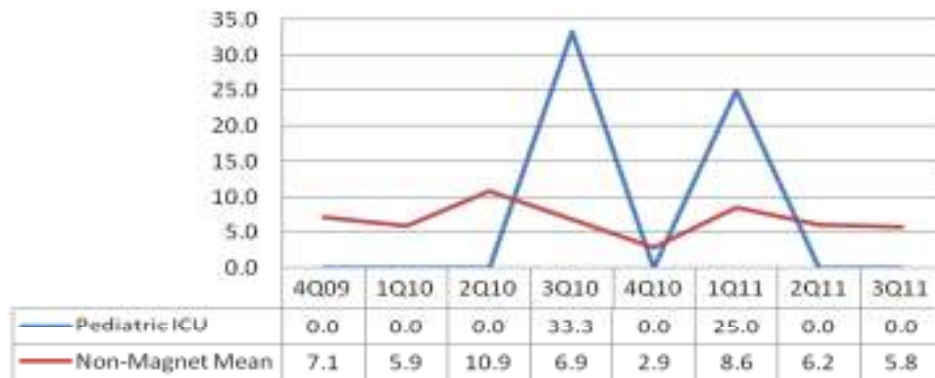


Percent of Patients with Physical Restraints (Limb and Vest) - Adult Med-Surg Combined

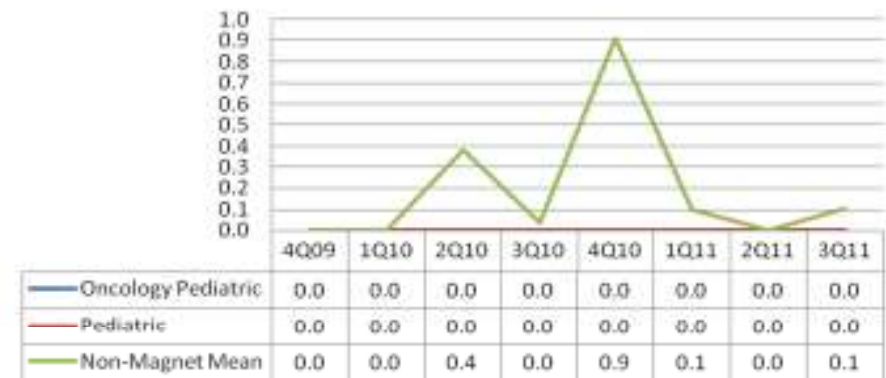


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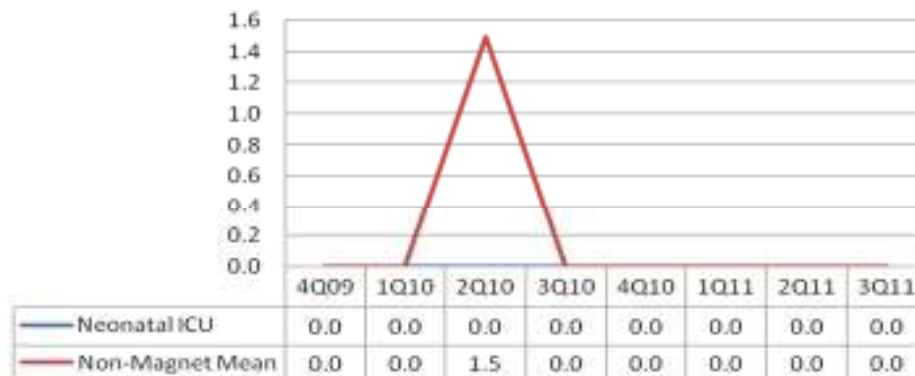
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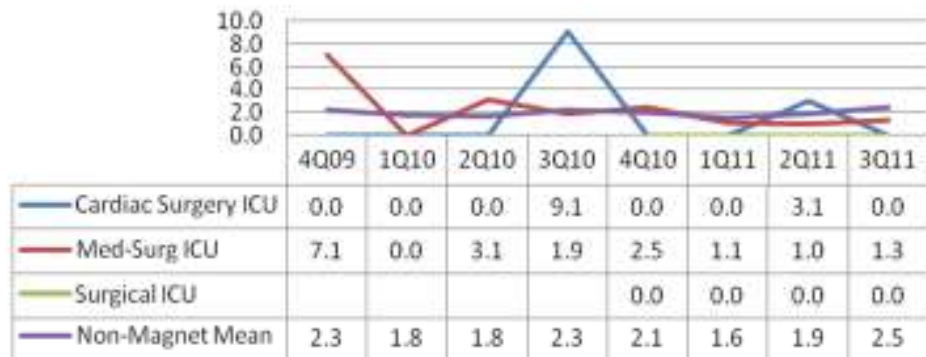
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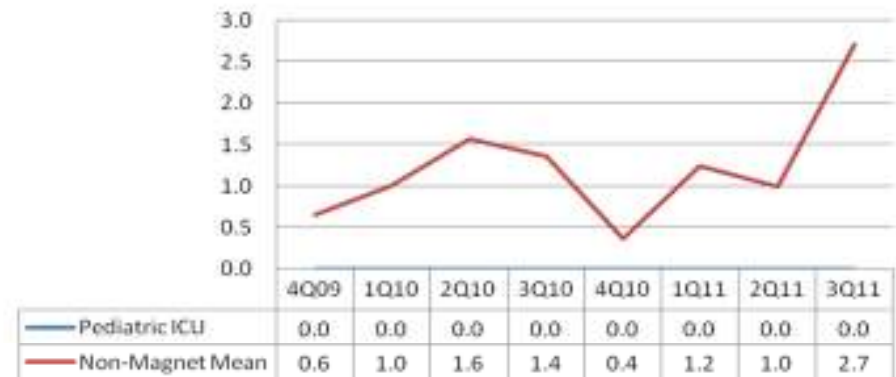
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Ventilator Associated Pneumonia Per 1000 Ventilator Days

Ventilator Associated Pneumonias per 1000 Ventilator Days - Adult Critical Care



Ventilator Associated Pneumonias per 1000 Ventilator Days - Pediatric Critical Care



4/4 units exceeded the NDNQI benchmark

The Surgical ICU only has 4 quarters data because it opened in November 2010 and exceeded the NDNQI benchmark for the 4 quarters.

Conclusion

“It should be borne in mind that there is nothing more difficult to handle, more doubtful of success and more dangerous to carry through than initiating change”

Machiavelli (1514) in the Prince