VIRTUAL Data Management Office:
“Achieving Excellence through Continuous Improvement and Innovation.”

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Manager - Office of Nursing Excellence and Magnet Program

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Vice President of Patient Services

ANA 2012 Nursing Quality Conference
Thursday January 26, 2012
The Cosmopolitan of Las Vegas
3708 Las Vegas Boulevard South
Las Vegas, NV, USA
2012 NURSING QUALITY CONFERENCE OBJECTIVES

1. To examine barriers and create solutions for direct care staff to evaluate and impact change related to patient outcomes.

2. Learn to provide timely, reliable, and actionable results to direct care staff.
The Yale-New Haven Hospital physician/LIP staff practice more than 100 medical specialties; composed of more than 3,600 university and community physicians including more than 600 resident physicians and 300 Advanced Practice Nurses. YNHH Nurses comprise more than 2500 RN’s.
**YNHH 2011 Statistics**

**Patient days of care provided:**
- 304,348

**Average Length of Stay:**
- 5.24

**Average daily patient census:**

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### Yale-New Haven Hospital

**Year end September 30, 2011**

<table>
<thead>
<tr>
<th>Total Inpatient Discharges:</th>
<th>57,451</th>
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</thead>
<tbody>
<tr>
<td>Adults:</td>
<td>47,762</td>
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<tr>
<td>Medical</td>
<td>31,397</td>
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<tr>
<td>Surgical</td>
<td>16,365</td>
</tr>
<tr>
<td>Total pediatric</td>
<td>5,094</td>
</tr>
<tr>
<td>Total newborn</td>
<td>4,595</td>
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</table>

**Total Outpatient visits: 642,342**

<table>
<thead>
<tr>
<th>*Outpatient Clinic Visits:</th>
<th>470,392</th>
</tr>
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<tbody>
<tr>
<td>Emergency Services:</td>
<td>137,911</td>
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<tr>
<td>Occupational Health:</td>
<td>34,039</td>
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</table>

<table>
<thead>
<tr>
<th>*Outpatient Clinic Visits:</th>
<th>470,392</th>
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</thead>
<tbody>
<tr>
<td>Primary Care Center:</td>
<td>29,861</td>
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<tr>
<td>Adult</td>
<td>28,515</td>
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<tr>
<td>Woman’s Services</td>
<td>92,390</td>
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<tr>
<td>Medicine</td>
<td>134,651</td>
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<tr>
<td>Surgery</td>
<td>32,597</td>
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<tr>
<td>Ophthalmology</td>
<td>27,294</td>
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<tr>
<td>Pediatrics</td>
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<tr>
<td>Otolaryngology</td>
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<td>Transplants</td>
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<tr>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
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Preparing for the Journey . . .

Step 1: YNHH Nursing Vision “Achieving Excellence through Continuous Improvement and Innovation”

Step 2: Visit Magnet® designated organizations to observe Magnet® enculturation.

Step 3: Identify Magnet® Coordinator and Magnet® Steering Committee.

Step 4: Magnet Gap Analysis – where we are? where do we need to be?

Step 5: Create Nursing Data Management Office (DMO) to provide data and outcome metrics to frontline staff.

Step 6: Incorporate Quality Metric component into the YNHH Professional Practice Model driving Nursing care.

Step 7: Ensure DMO will provide on time data components in line with the YNHH Safety & Quality Program.

Step 9: Create timeline for DMO to provide education to Magnet Champions.

Step 10: Engage front line staff in exploring innovations for improvements to outcome measures.

Step 11: Unit Magnet Champions/Cluster Ambassadors identified & educated.

Step 12: Joint Nursing Leadership Council provides educational venue for DMO statistics.
YNHH Nursing Data Management Office (DMO)

DMO Vision: To enhance the Nurses availability, understanding, and response to data.

DMO Steering Committee Members:
Diane Vorio, RN, MSN, ACNO, Vice President for Patient Services (Co-Chair)
Donna Diers, RN, MSN, PhD, Senior Clinical Coordinator, Decision Support [Founding Member]
Lori Hubbard, RN, BSN, YNHH Office of Nursing Excellence Manager (Co-Chair)
Joan Rimar, RN, DNSc, Director Decision Support
Sheila Eckenrode, RN, BSN, MA, Nursing Performance Improvement Coordinator
Andrea Benin, M.D. YNHH System Executive Director of Performance Management
Diana Russo, Senior Information Access Analyst, Performance Management
Carmine Scasino, Office of Nursing Excellence Nursing Data Analyst
BetteAnn White, CPA, Financial Consultant to Nursing

YNHH Nursing creates a VIRTUAL Nursing Data Management Office (DMO) to engage staff in the data elements of the Magnet® Journey
YNHH Professional Practice Model

Quality Metrics: Reflects an organizational commitment to a culture of safety.

Quality Metrics:
YNHH Nurses participate in both institutional and discipline specific metrics that reflect current performance and inform future performance improvement efforts.

- Nursing has identified those metrics that are nurse sensitive.
- Nursing Unit-specific quality metrics are posted monthly for nurses to view and to have input into an appropriate action plan if warranted.
- Nurses are key participants in organizational quality structures and initiatives that incorporate national best practices.

"The enculturation of the application of the Professional Practice Model (PPM) in practice was remarkable in that every staff nurse encountered could give an example of how the model had become the foundation for care on their units…"

"Every unit visited displayed a visual board that specified how the nurses embodied patient centered practice into every level of care provided. This was true for both adult and pediatric patient population"

ANCC Magnet® Program Award - Exemplar
YNHH Nursing Safety & Quality Program

The goals of the Nursing Safety & Quality Program in alignment with YNHH Clinical Performance Improvement Plan and National Nursing Organizations are to:

- Develop a **standard format** for information sharing and reporting of performance improvement projects based on national standards.
- Develop an **education module** for Nursing Leadership Council (NLC) and staff RNs.
- Demonstrate excellence and high performance in achieving and sustaining Magnet standards/quality outcomes.
- Demonstrate every day **readiness to regulatory requirements** designed to deliver the highest quality care.

Members of the DMO steering committee worked to capture the required data sets necessary to evaluate nursing practice and monitor patient outcomes.
The ANA defines Nursing Sensitive Indicators as: “Indicators that captures care or outcomes most affected by Nursing care.”

1. Falls per 1,000 Patient Days
2. Overall Patient Satisfaction
3. Hand Hygiene
4. Restraint Episodes and Duration
5. How well was Pain Controlled
6. RN Turnover and Vacancy Rate
7. Pressure Ulcer Prevention
8. Percent of patients Discharged by 11AM.

DMO Committee members distribute timely reliable and actionable nursing data to all patient areas (monthly) in the form of Nurse Sensitive Metrics.
YNHH inpatient and Ambulatory - Nursing Metric Boards
YNHH Nursing GOLD Report

DMO provides education to staff at all levels on how to read and use the metric graphs.

Yale-New Haven Hospital Nursing Gold Report

Component I: Nursing Staff Demographics, Care Giver Hours per Patient Day.
Component II: NDNQI Nurse Sensitive and Magnet Recognition Program® Metrics.
Component III: Outpatient and Ambulatory Metrics.
Component IV: Patient Satisfaction / HCAHPS by service lines.
The DMO has created and addressed a much-needed focus on information management, analysis and reporting in nursing which in turn has made more visible, to the organization, the impact of nursing in patient care.
Successful execution of data

1. Nurses understand Nurse Sensitive Metrics posted monthly by PSM/APSM.
3. Nurses direct the continual improvement of quality, safety, and value of health care by knowing how to identify good care from the scientific evidence, analyzing posted data, and knowing the actual measured performance in the context where the health care professional is practicing (Nurse Sensitive Metrics – posted monthly).
4. Nurses drive the identification of non-value added interruptions.
5. Nurses integrate Evidence-Based Practice into practice, policy, and procedure.
**Ambulatory-Perioperative-Inpatient**

**Fall Data - Medicine**

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<thead>
<tr>
<th>Unit</th>
<th>1Q09</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
<th>1Q10</th>
<th>2Q10</th>
<th>3Q10</th>
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<tbody>
<tr>
<td>Unit 5-5 52581</td>
<td>6.88</td>
<td>8.39</td>
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<td>4Q10</td>
<td></td>
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<td></td>
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</tr>
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</table>

| Mean | 4.36  | 4.03  | 3.99  | 4.14  | 4.09  | 3.75  | 3.88  | 4.05  |

**Radiation Oncology**

The patient’s last visit is followed by a telephone call 7-10 days post their discharge or last visit.

**1st Case Starts All Pavilions**

- Baseline: 46%
- Threshold: 46%
- Target: 65%
- Max: 75%
- Current: 60%
- Status: Between Threshold and Target Trend: ↑

**Safety/Quality Plan of the Month**

- Pediatric Hematology/Oncology: Guilford Press Ganey Patient Satisfaction Survey

**Treatment Center transition to YNHH May 2010**

**We sure do shine!**
End Result for YNHH & YNHHS

- Nursing is driving its own data.
- Nursing has a place at the hospital data steering committee.
- YNHH/YNHHS familiar with outcomes and work of nursing by unit and Service Line.

"I can tell your staff members are committed, it (YNHH) feels like being in a Magnet Hospital"

ANCC Appraiser
March 30, 2011
The future of Data Management at YNHH/YNHHS