



YALE-NEW HAVEN
HOSPITAL

VIRTUAL Data Management Office:

“Achieving Excellence through Continuous Improvement and Innovation.”

Lori Hubbard, RN, BSN
Manager - Office of Nursing
Excellence
and Magnet Program

Diane Vorio, RN, MSN
Associate Chief Nursing Officer
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

Yale-New Haven
NURSING
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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.





Yale-New Haven Hospital

20 York Street - New Haven, CT

*Yale-New Haven Hospital
Yale-New Haven Children's Hospital
Yale-New Haven Psychiatric Hospital
Yale-New Haven Hospital Smilow Cancer Hospital
Yale-New Haven Hospital School Based Health Clinics
Yale-New Haven Hospital Ambulatory Services Division
Yale-New Haven Community Health Outpatient Clinics
Yale-New Haven Hospital Shoreline Medical Center Emergency Services*

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

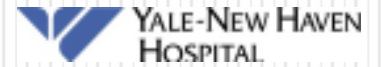
Patient days of care provided:

304,348

Average Length of Stay:

5.24

Average daily patient census:



Yale-New Haven Hospital

Year end September 30, 2011

Total Inpatient Discharges:

57,451

Adults:	Medical	31,397
	Surgical	16,365

Total adults
47,762

Total pediatric 5,094

Total newborn 4,595

Total Outpatient visits:

642,342

***Outpatient Clinic Visits: 470,392**

**Emergency Services:
137,911**

Occupational Health: 34,039

*Outpatient Clinic Visits:

470,392

Primary Care Center: Adult
29,861

Pediatric

28,515

Women's Services 92,390

Medicine 134,651

Surgery 32,597

Ophthalmology 27,294

Pediatrics 2,532

Otolaryngology 12,625

Transplants

10,146

Dermatology

10,071

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Yale-New Haven Hospital, New Haven, CT First Designation – May 24, 2011



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HOSPITAL



**2011 ANCC
National Magnet Conference®**
October 4 - 6, 2011 Baltimore, Maryland



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 8: Post-DMO Sensitive Metrics by All Locations/Units 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

“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

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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.

Yale-New Haven Hospital
Nursing Safety & Quality Program

FY 2012

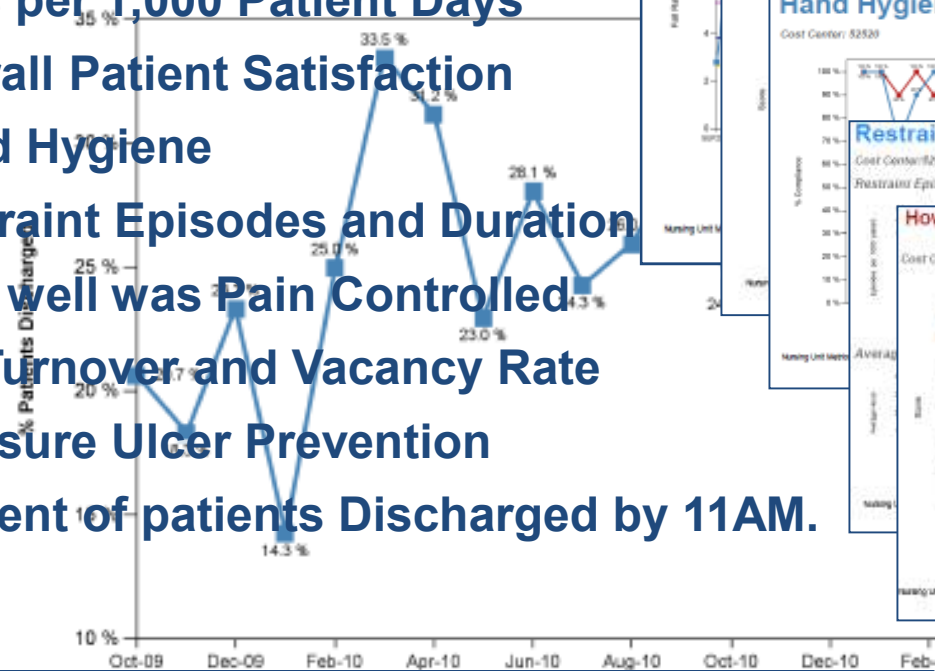
Members of the DMO steering committee worked to capture the required data sets necessary to evaluate nursing practice and monitor **patient outcomes.**

The ANA defines Nursing Sensitive Indicators as:
 “Indicators that captures care or outcomes most affected by
 Nursing care.”

Percent of Patients Discharged by 11AM

Cost Center: 52520

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.



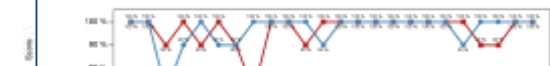
Fall Rate (per 1000 patient days)

Cost Center: 52520 Patient Event Reporting System Falls - Modified Target =



Hand Hygiene

Cost Center: 52520 Target =



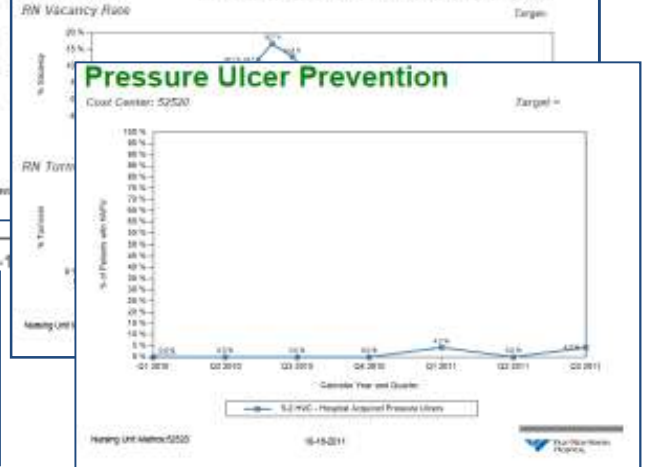
How Well Was Pain Controlled (by Received Date)

Cost Center: 52520 Target =



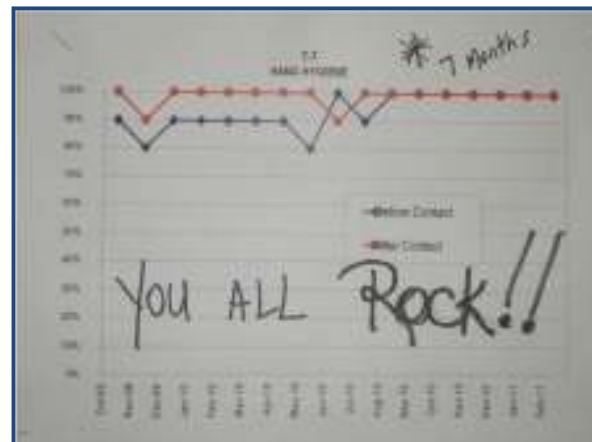
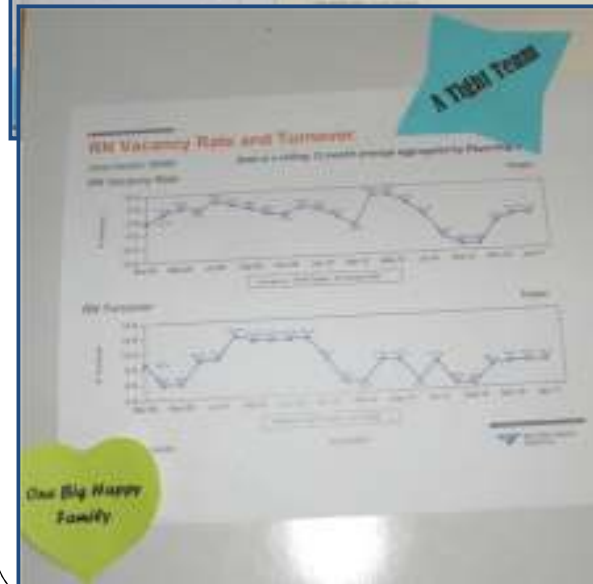
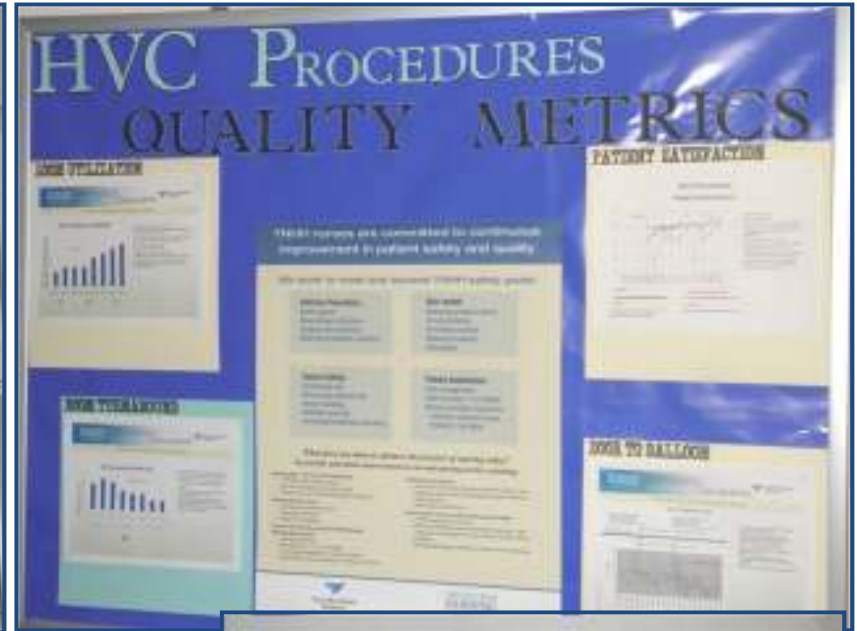
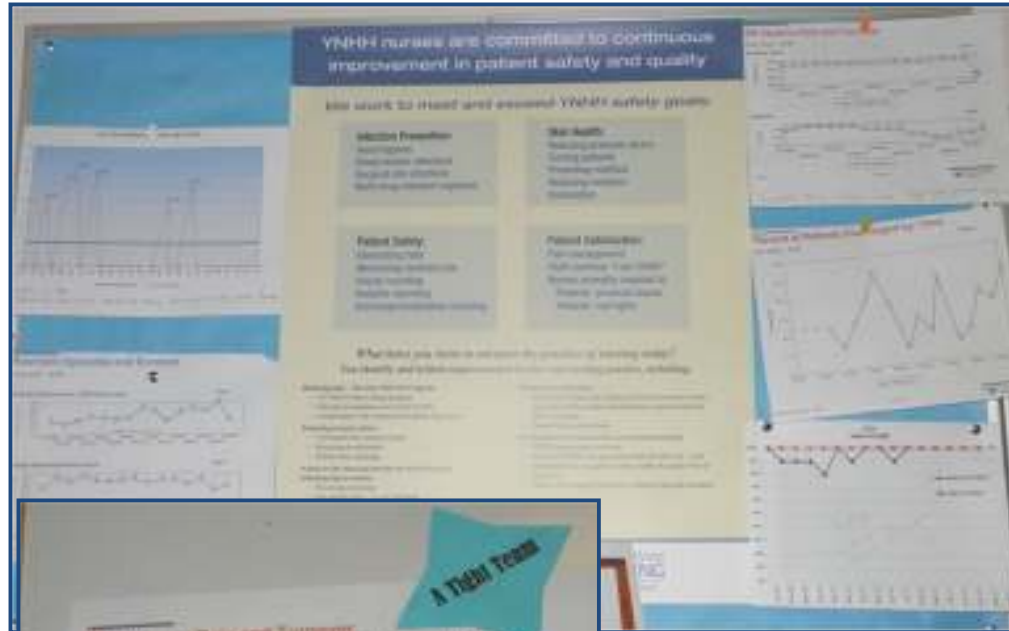
Pressure Ulcer Prevention

Cost Center: 52520 Target =



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

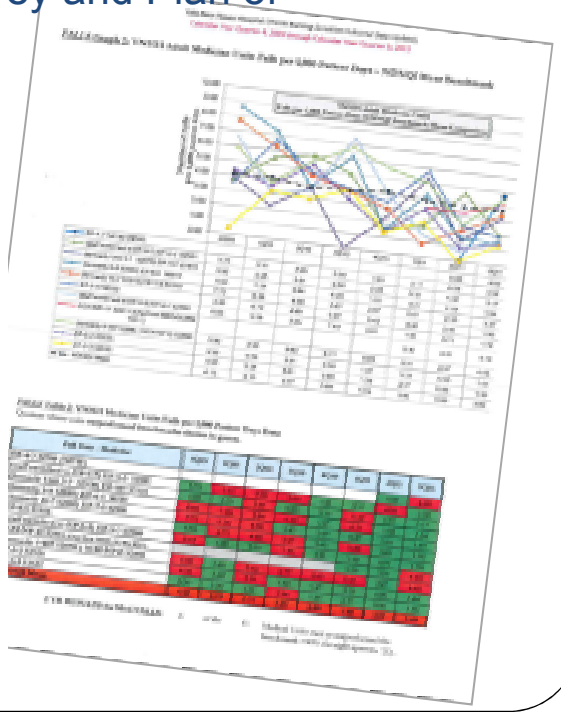
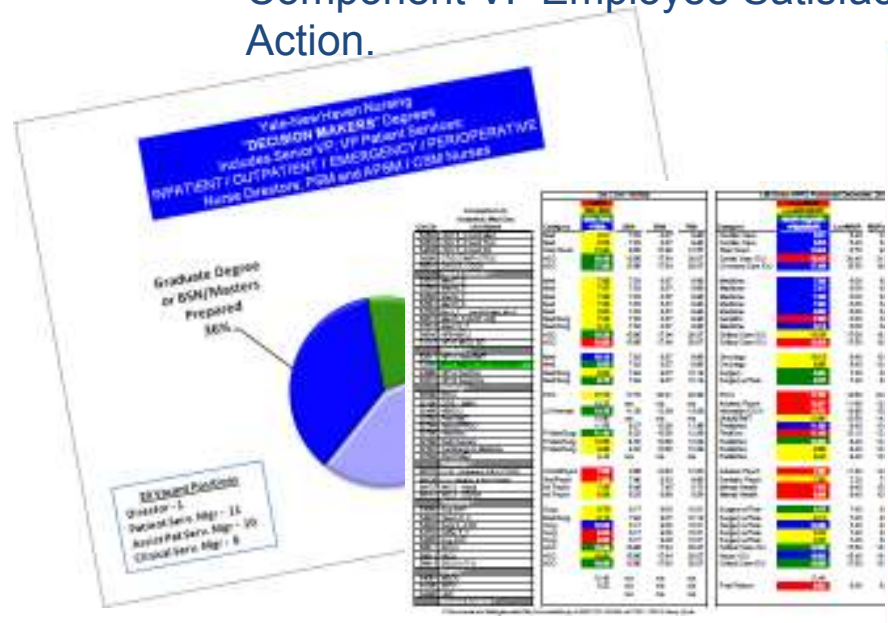


YNHH Nursing **GOLD** Report

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.
- Component V: Employee Satisfaction/Engagement Survey and Plan of Action.



YNHH Education for ALL front line staff: IT!

LIVE IT! LEARN YALE-NEW HAVEN HOSPITAL



YNHH nurses are committed to continuous improvement in patient safety and quality

We work to meet and exceed YNHH safety goals:

<p>Infection Prevention: Hand hygiene Blood stream infections Surgical site infections Multi-drug resistant organisms</p>	<p>Skin Health: Reducing pressure ulcers Turning patients Promoting nutrition Reducing moisture Amputation</p>
<p>Patient Safety: Eliminating falls Minimizing restraint use Hourly rounding Bedside reporting Discharge/medication teaching</p>	<p>Patient Satisfaction: Pain management Staff courtesy: "I am YNHH" Nurses promptly respond to: Patients' personal issues Patients' call lights Provider of choice</p>

*What have you done to advance the practice of nursing today?
You help identify and initiate improvements in care and nursing practice, including:*

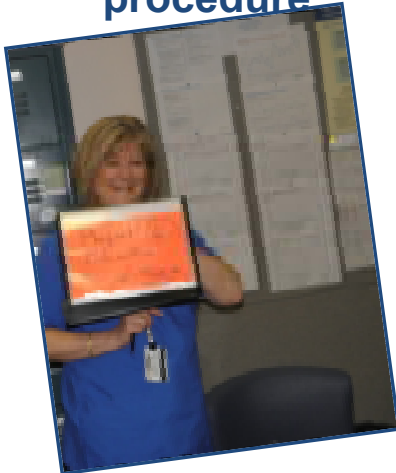
<p>Reducing falls - The Stay With Me Program</p> <ul style="list-style-type: none"> • A YNHH evidence-based program • Fall risk for patients most at risk for falls • Collaborative with Connecticut Hospital Association <p>Reducing pressure ulcers with high quality care</p> <ul style="list-style-type: none"> • Data-based ulcer resources matrix • Standardized approach to newly admitted patient at risk for skin ulcers <p>Nurses at the front line are key for blood clots and fall injury improvements</p> <ul style="list-style-type: none"> • Preventing infections • Daily patient flow - 21 case challenge • Overall patient satisfaction - Provider of Choice • Reduced ED wait and emergency room - Employer of Choice 	<p>Collaborative governance contributions</p> <ul style="list-style-type: none"> • Staff Nurse Council and leaders give their expertise a voice • Applying an evidence-based, interdisciplinary practice improvement outcomes • Patient-led by content area <p>Nurse retention and care for the world's greatest mobility</p> <ul style="list-style-type: none"> • YNHH nurses impact safety measures directly • PSRs and APNs - just graduated results for each unit - Staff in balance with managers to create a Safety & Quality Plan of the Month • Cross-unit mobile and clinical expertise reflect outstanding nursing practice
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YALE-NEW HAVEN HOSPITAL **Yale-New Haven NURSING**
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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.

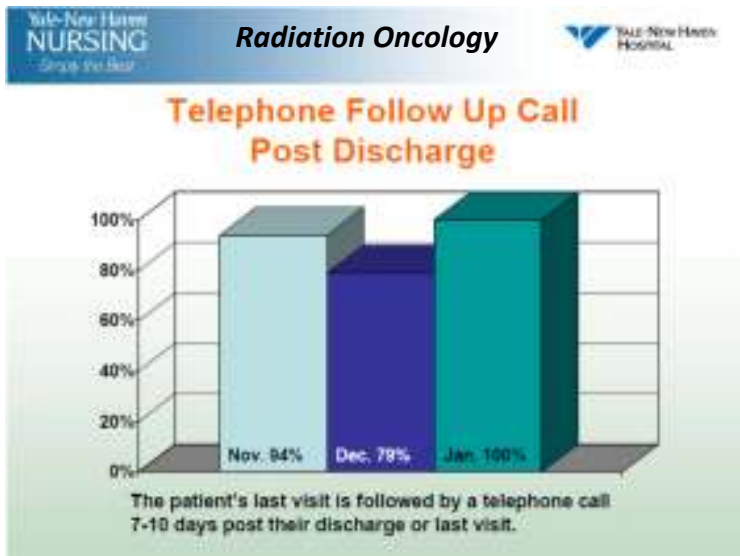
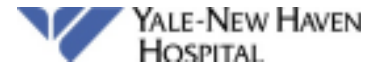
Successful execution of data

1. Nurses understand Nurse Sensitive Metrics posted monthly by PSM/APSM.
2. Nurses document interventions on posted Nurse Sensitive Metrics and initiate implementation and follow progress of interventions.
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

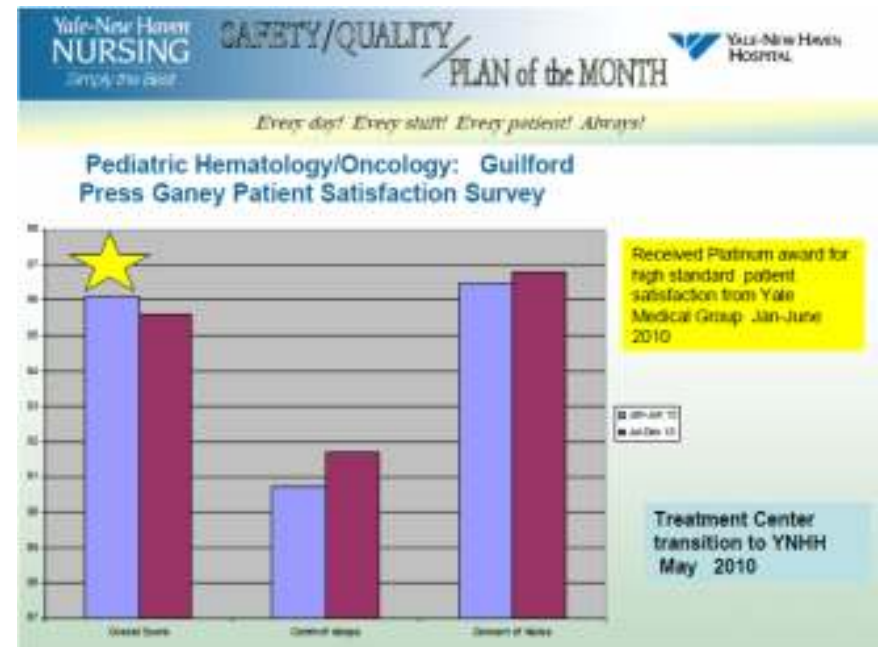
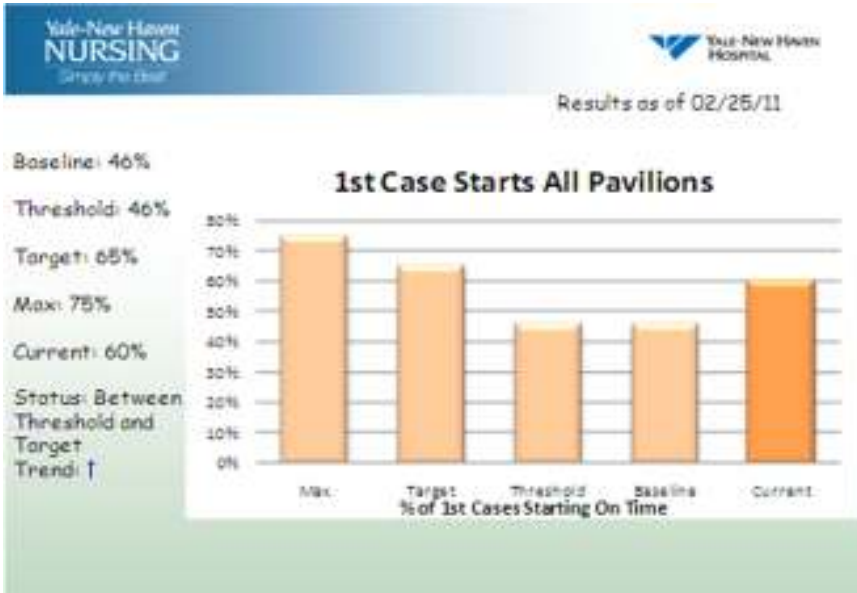


WOW "We sure do shine!"

Ambulatory-Perioperative-Inpatient

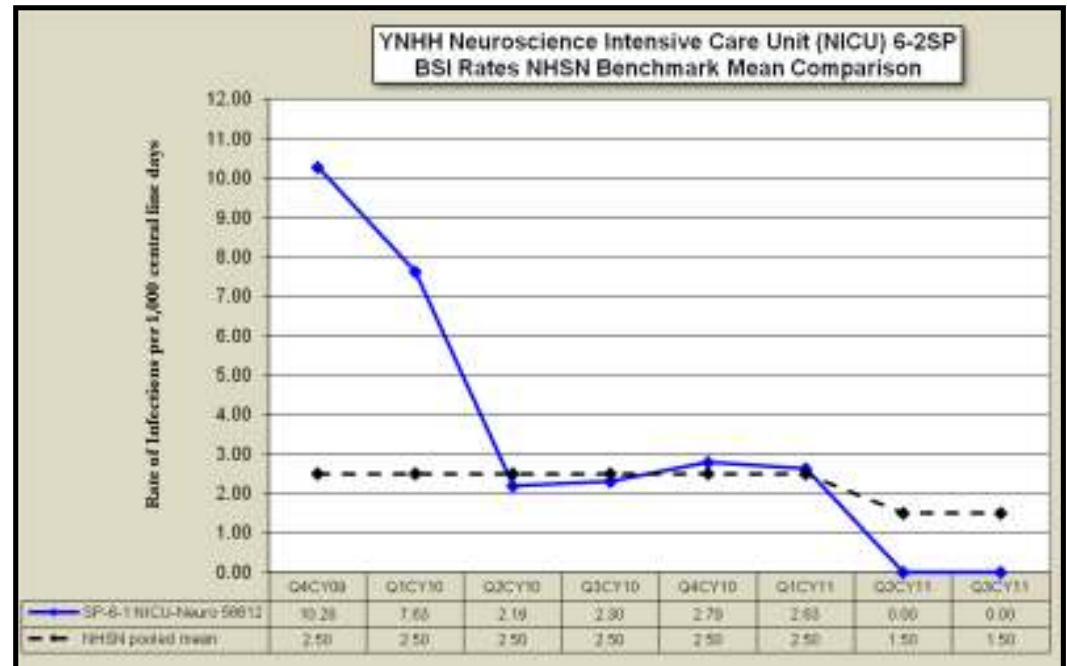


	1Q09	2Q09	3Q09	4Q09	1Q10	2Q10	3Q10	4Q10
Fall Data - Medicine								
(staff switched) Unit 5-5 52581	6.88	8.39	8.00	3.75	5.51	5.98	5.00	1.61
(formerly Unit 5-7 52570) Unit 10-7 57515	5.67	4.22	6.68	3.92	2.25	3.81	3.48	2.35
(formerly 8-8 52880) Unit 6-5 56515	8.28	8.02	9.67	8.66	7.28	3.84	6.20	1.57
(formerly 10-7 52510) Unit 7-5 52510	12.85	6.93	6.40	7.72	6.26	4.58	3.87	2.97
Unit 9-5 52550	4.39	5.22	9.50	3.55	6.72	4.80	3.97	3.42
(staff switched) Unit 9-7 52580	6.03	6.45	4.58	6.64	3.09	3.55	7.44	3.91
(formerly 9 WP 52890) Unit NP12 52890	8.04	3.56	3.77	5.90	3.85	5.62	6.77	5.63
Unit 5-2 52520	0.90	2.95	3.86	4.36	3.62	5.31	3.30	1.47
Unit 5-3 52532	3.53	4.10	0.48	0.50	3.25	3.01	3.94	1.39
Unit 4-7 54780								
Mean	4.36	4.03	3.99	4.14	4.09	3.75	3.88	4.05



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

