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## Connecting the Data Dots:

Nursing, Quality & IT Working Together to Create Tools that Work



Jennifer Thomas Hall, MSN, RN, CNL  
University of Virginia Health System  
Charlottesville, Va.  
jrt7c@virginia.edu



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## Objectives

- Identify methods to engage staff in data interpretation, application and display.
- Describe how structured action plan templates can be used as a coaching mechanism and process for improved outcomes.



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## Our Story

### 2009-2011

- Period of significant organizational change including:
  - Changes in leadership
  - Implementation of EMR: ambulatory, then in-patient 6 months later
- Clinical outcomes not meeting targets



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## Our Story *continued*

- No standardized approach to sharing data or action planning
- Nurses not conversant with unit data or outcomes
- Existing Dashboard:
  - Restricted access
  - No zone for nurse sensitive quality metrics
  - Format unattractive and hard to read
  - Inconsistent display from metric to metric
- Working towards Magnet re-designation- ultimately withdrew



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## Taking Action: Getting Organized

- CNO and CQO advocated for data transparency
- Formed Nursing/Quality/IT Task Force to explore options to improve Dashboard format
- Began exploring all aspects of "data fluency" of direct care nurses



Taking Action: Forging Partnerships



Goals



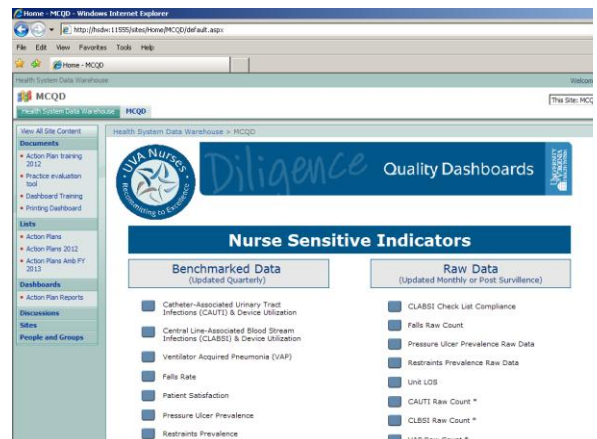
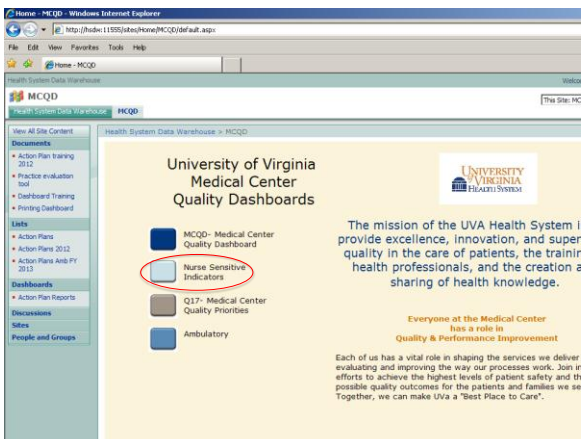
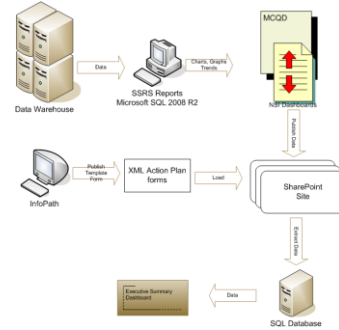
- Easy to interpret data
- Ability to view trends
- Enable transparency
- Drive performance improvement
- Focus on priorities
- Provide mechanisms for accountability

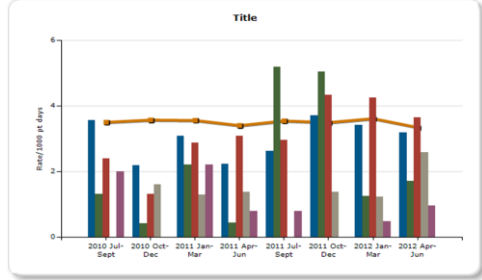
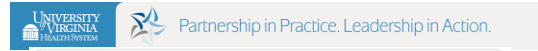
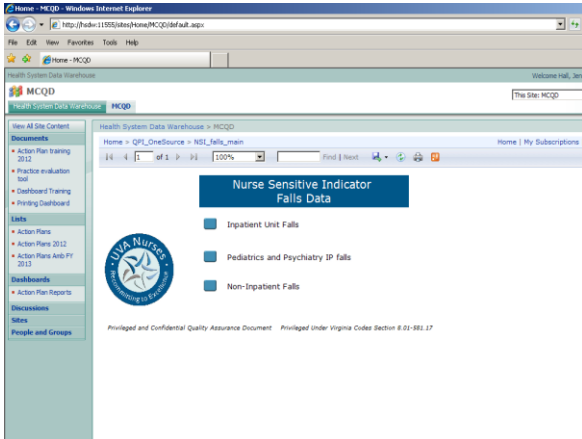
Strategies

- Improve the presentation of the data
- Provide mechanism for units to interact with data and dashboard to improve fluency
- Improve the action plan functionality
- Increase leaders' skill with action planning process
- "One stop shopping"



Technology Used



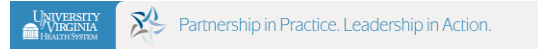


FY Qtr	2010 Jul-Sept	2010 Oct-Dec	2011 Jan-Mar	2011 Apr-Jun	2011 Jul-Sept	2011 Oct-Dec	2012 Jan-Mar	2012 Apr-Jun
Unit 1	3.6	2.2	3.1	2.2	2.6	3.7	3.4	3.2
Unit 2	1.3	0.4	2.2	0.4	5.2	5.0	1.2	1.7
Unit 3	2.4	1.3	2.9	3.1	3.0	4.3	4.3	3.6
Unit 4	0.0	1.6	1.3	1.4	0.0	1.4	1.2	2.6
Unit 5	2.0	0.0	2.2	0.8	0.8	0.0	0.5	1.0
Green Benchmark	3.5	3.6	3.6	3.4	3.6	3.5	3.6	3.4



## The Unit Quality Poster Plan

- Activity for interaction
- Connect actions to outcomes
- Structured approach
- Coaching
- Bribe with cute bulletin board materials



### Nurse Sensitive Indicators

Actions that our unit has taken to improve our nurse-sensitive clinical indicator

Outcomes related to these actions

### Patient Satisfaction

Actions that our unit has taken to improve nurse-sensitive patient satisfaction scores

Outcomes related to these actions

### Certification and Professional Development

Actions that our unit has taken to encourage certification or other PD activities

Outcomes related to these actions

### Nursing Research

Examples of how your area is involved in nursing research

Outcomes of your research

Other special projects that our unit/area can brag about:



## Example of Poster Content

### Nurse Sensitive Indicators

#### Actions:

- Unit based champions actively engage in evaluating best practices through weekly use of audit tools and in the moment feedback.

#### Outcomes:

- Now we are exceeding benchmark performance for:
  - Falls
  - HAPU
  - Restraint use
  - CLABSI

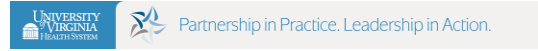
### Patient Satisfaction

#### Actions:

- Implementation of Bedside Report

#### Outcomes:

- Improvement in "Careful Listening" scores from 88.6 last quarter to 92.4 this quarter (**Exceeding** benchmark!)





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## Action planning

- GOAL: provide a tool that will provide structure and information to support success
- Sought input on action planning content from CNO, Admins, Directors
- Conducted focus groups with managers to hear feedback on usability and functionality



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## Action planning

- Metric Leads created organization level plan for each metric
- Provided 3-5 best practices for each metric
- IT and QPI partners worked together to build
  - Custom forms for each metric
  - Pre-populated with best practices
  - Links to clinical resources: Procedures, policies, guidelines



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## Action Planning Implementation

- Mandatory classes in January/February 2012.
- Communicated process goals to nurse managers:
  - New data posted to dashboard, email alert sent
  - Two week window to update action plans and unit boards with fresh data
  - "Outperforming" metrics only require a streamlined process
- Practice Evaluation tool to audit best practices (linked)



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### Action Plan

**General Information**

Unit:

Care Type:

Metric ID and Name:

Clinical Lead:

Metric Type:

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**Performance Analysis**

Reporting Dates:

Responding to Data from:

Outperforms Benchmark/Goal?

Positive Trend? - moving toward or exceeding the goal

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**Best Practices**

Best practice implemented on the found here: [Unit by Practice Area](#) [Department](#) [Clinical Lead](#) [Metric](#) [Unit / Area based](#)

Link to Protocols and Guidelines: [http://www.healthsystem.uva.edu/docs/protocolsandguidelines.aspx#id=165](#)

Best Practices

Best practice in place

Specific Actions/steps to improve performance

Responsible party	Date Implemented	Goal/Process measure - How will you know that this has been achieved?	Date Complete	Outcome
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## Evaluating & Reinforcing



- 1:1 coaching provided to nurse managers
- Additional training by metric to assist managers with action planning skill
- End user feedback and coaching observations taken back to task force to improve form

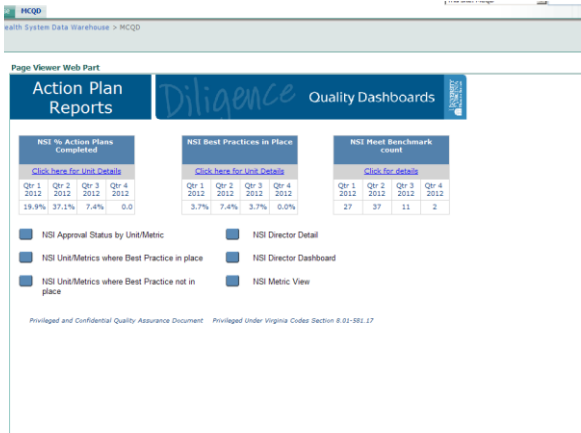


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## Action Planning Accountability

- Directors and Administrators needed a snapshot view
  - By area
  - By Metric
  - By Manager



## Lessons Learned

1. Assume nothing
2. Everything takes much longer than planned
3. Appreciate the emotional impact of transparency
4. Educate educate educate:
  - How to find the unit level data
  - Basic graph interpretation
  - Basic quality methodology
  - What is an "outcome"
  - SMART goal writing
  - Connect specific practices to outcomes
  - repeat
5. Must have an accountability loop



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## Questions?

