Connecting the Data Dots:
Nursing, Quality & IT Working Together to Create Tools that Work

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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.
Our Story

2009-2011

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

Data Warehouse

SSRS Reports
Microsoft SQL 2008 R2

MCQD

NSI Dashboards

InfoPath

XML Action Plan forms

SharePoint Site

Executive Summary
Dashboard

SQL Database
University of Virginia Medical Center Quality Dashboards

- MCQD - Medical Center Quality Dashboard
- Nurse Sensitive Indicators
- Q17 - Medical Center Quality Priorities
- Ambulatory

The mission of the UVA Health System is to provide excellence, innovation, and superb quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge.

Everyone at the Medical Center has a role in Quality & Performance Improvement

Each of us has a vital role in shaping the services we deliver and in evaluating and improving the way our processes work. Join in our efforts to achieve the highest levels of patient safety and the best possible quality outcomes for the patients and families we serve. Together, we can make UVA a "Best Place to Care".
Nurse Sensitive Indicators

**Benchmarked Data**
(Updated Quarterly)

- Catheter-Associated Urinary Tract Infections (CAUTI) & Device Utilization
- Central Line-Associated Blood Stream Infections (CLABSI) & Device Utilization
- Ventilator Acquired Pneumonia (VAP)
- Falls Rate
- Patient Satisfaction
- Pressure Ulcer Prevalence
- Restraints Prevalence

**Raw Data**
(Updated Monthly or Post Surveillance)

- CLABSI Check List Compliance
- Falls Raw Count
- Pressure Ulcer Prevalence Raw Data
- Restraints Prevalence Raw Data
- Unit LOS
- CAUTI Raw Count *
- CLABSI Raw Count *
- VAP Raw Count *
Nurse Sensitive Indicator Falls Data

- Inpatient Unit Falls
- Pediatrics and Psychiatry IP falls
- Non-Inpatient Falls

Privileged and Confidential Quality Assurance Document Privileged Under Virginia Codes Section 8.01-581.17
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!)
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
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
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)
Action Plan

General Information

Unit: Test
Care Type: Adult Inpatient Services
Metric ID and Name: 
Clinical Lead: 
Metric Type: Unit / Area based

Performance Analysis

Planning Dates:

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Responding to Data from:

Outperforms Benchmark/Goal?

Positive Trend? - moving toward or surpassing the goal for at least two consecutive quarters

Best Practices

Best Practice information can be found here: https://www.healthsystem.virginia.edu/intranet/pnso/practiceportal/forusareas.cfm
Link to Protocols and Guidelines: http://www.healthsystem.virginia.edu/docs/manuals/guidelines/copeguidelines

Specific Actions/steps to improve performance

Best practice in place

Responsible party
Date implemented
Goal/Process measure - How will you know that this has been achieved?
Date Complete
Outcome
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
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 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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