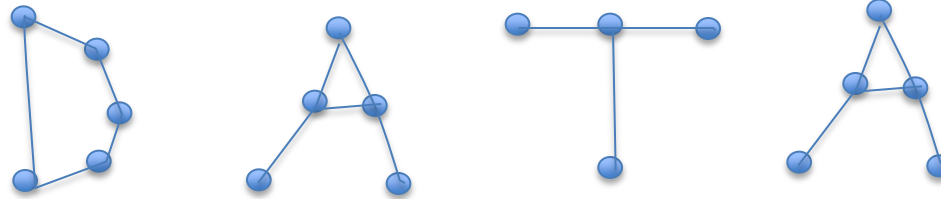




Connecting the Data Dots:

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 in-patient 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





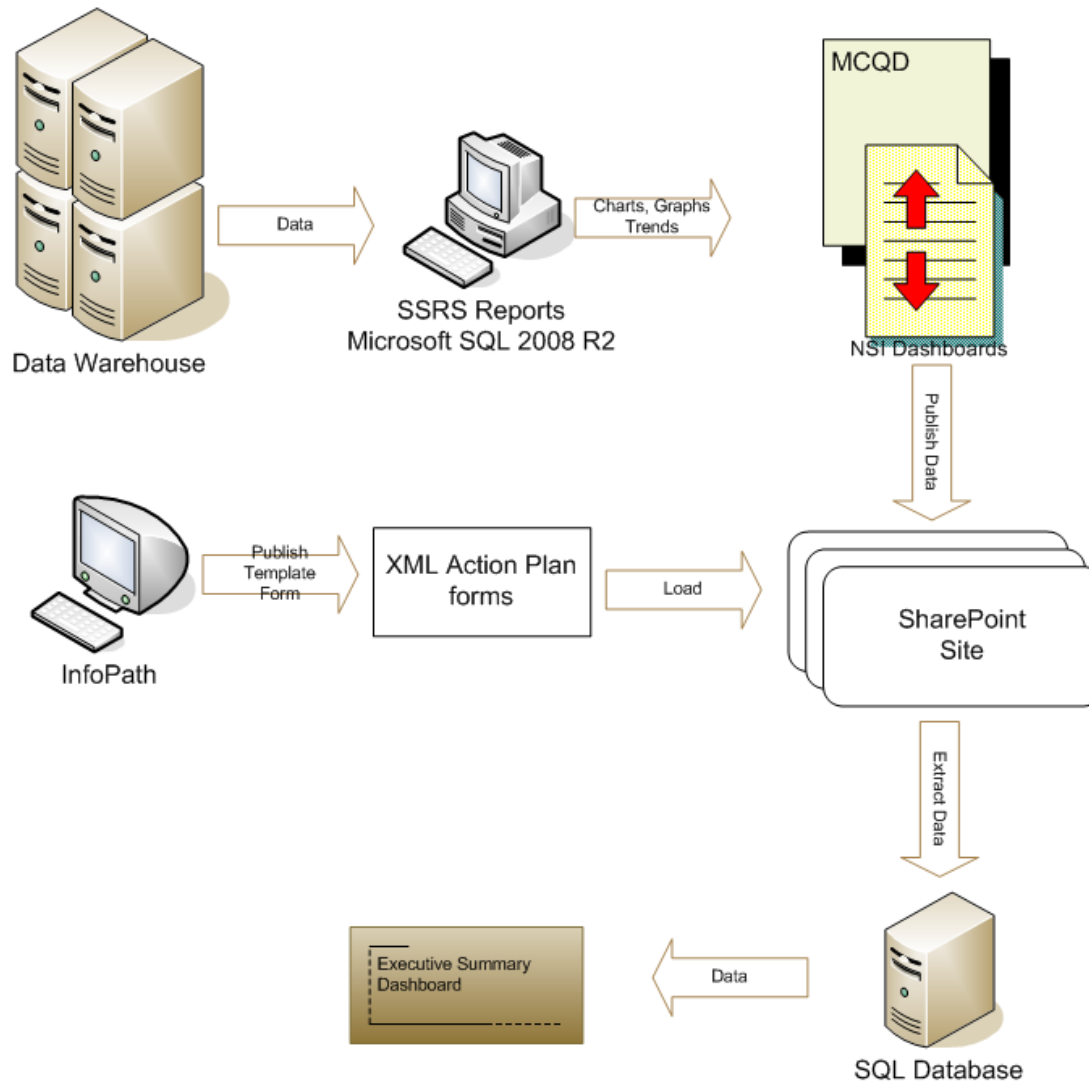
Strategies

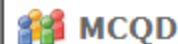
- Improve the presentation of the data
- Provide mechanism for units to interact with data and dashboard to improve fluency
- Improve the action plan functionality
- Increase leaders' skill with action planning process
- "One stop shopping"





Technology Used





View All Site Content

Documents

- Action Plan training 2012
- Practice evaluation tool
- Dashboard Training
- Printing Dashboard

Lists

- Action Plans
- Action Plans 2012
- Action Plans Amb FY 2013

Dashboards

- Action Plan Reports

Discussions





Sites

People and Groups

Health System Data Warehouse > MCQD

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 superior 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".



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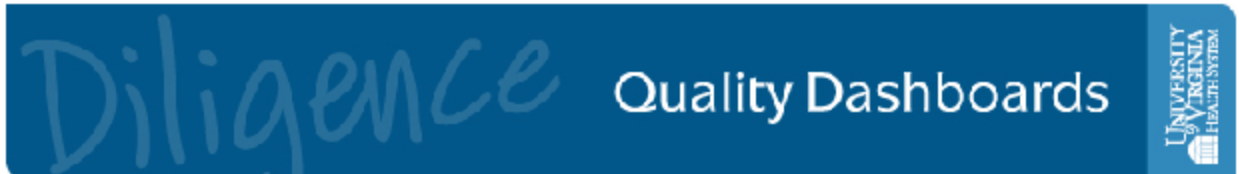
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Nurse Sensitive Indicators

Benchmarked Data
(Updated Quarterly)

Raw Data
(Updated Monthly or Post Surveillance)

- 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

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



This Site: MCQD

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Health System Data Warehouse > MCQD

Home > QPI_OneSource > NSI_falls_main

Home | My Subscriptions |

1 of 1 100% Find | Next

Nurse Sensitive Indicator Falls Data

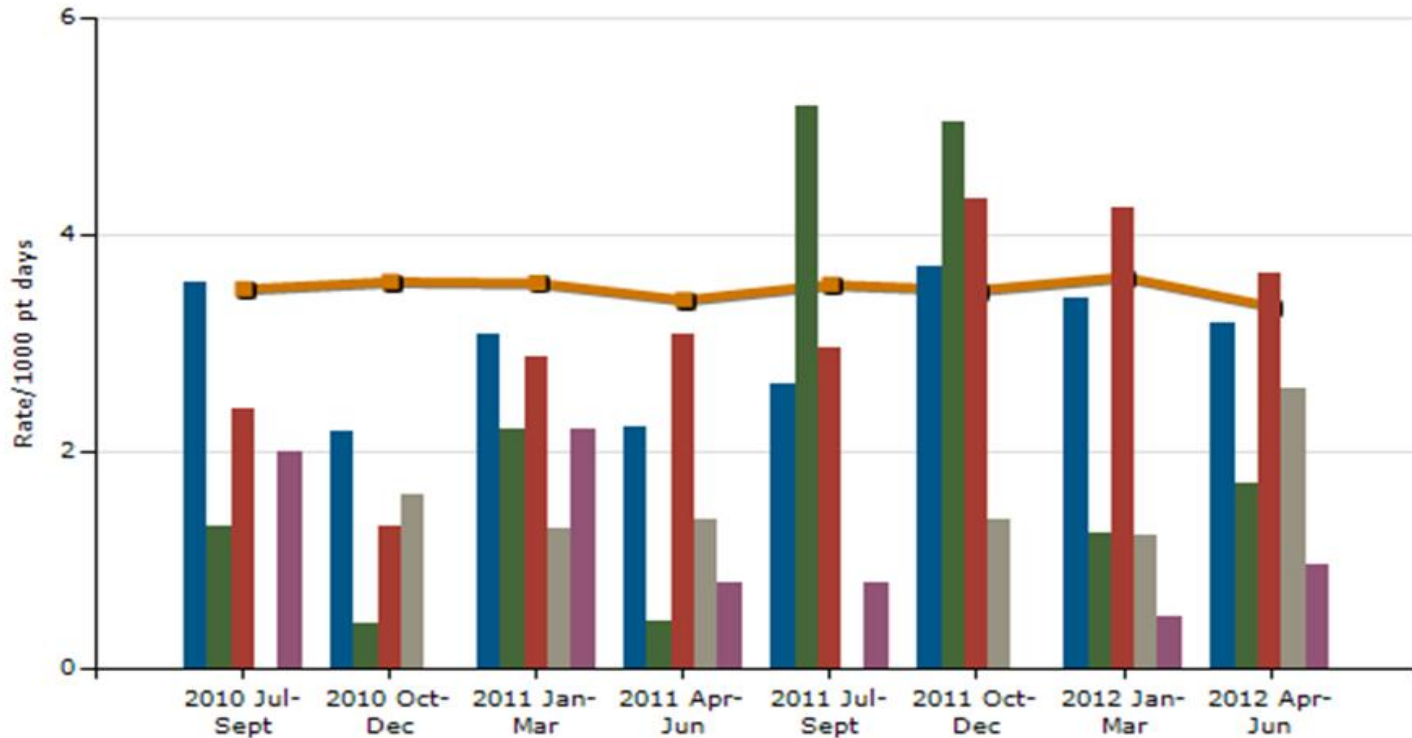


- Inpatient Unit Falls
- Pediatrics and Psychiatry IP falls
- Non-Inpatient Falls

Privileged and Confidential Quality Assurance Document Privileged Under Virginia Codes Section 8.01-581.17



Title



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
Generic 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!)





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:

Care Type:

Metric ID and Name:

Clinical Lead:

Metric Type:

Performance Analysis

Planning Dates:	Jan-Mar 2013 FY 13 Q3	Apr-Jun 2013 FY 13 Q4	Jul-Sep 2013 FY 14 Q1	Oct-Dec 2013 FY 14 Q2
Responding to Data from:	Jul-Sep 2012 FY 13 Q1	Oct-Dec 2012 FY 13 Q2	Jan-Mar 2013 FY 13 Q3	Apr-Jun 2013 FY 13 Q4
Outperforms Benchmark/Goal?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Positive Trend? - moving toward or surpassing the goal for at least two consecutive quarters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Best Practices

Best Practice information can be found here- Link to Focus Area <https://www.healthsystem.virginia.edu/intranet/pnso/practiceportal/focusareas.cfm>
 Link to Protocols and Guidelines <http://www.healthsystem.virginia.edu/docs/manuals/quidelines/cpqqguidelines>

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



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

Page Viewer Web Part

Action Plan Reports

Diligence Quality Dashboards



NSI % Action Plans Completed

[Click here for Unit Details](#)

Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012
19.9%	37.1%	7.4%	0.0

NSI Best Practices in Place

[Click here for Unit Details](#)

Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012
3.7%	7.4%	3.7%	0.0%

NSI Meet Benchmark count

[Click for details](#)

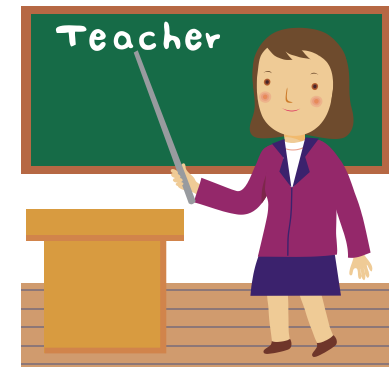
Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012
27	37	11	2

- NSI Approval Status by Unit/Metric
- NSI Director Detail
- NSI Unit/Metrics where Best Practice in place
- NSI Director Dashboard
- NSI Unit/Metrics where Best Practice not in place
- NSI Metric View



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





Acknowledgements

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Questions?

