

Accelerating Clinical Transformation

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BON SECOURS VIRGINIA HEALTH SYSTEM
CLINICAL INNOVATION FORUM – 2012



Achieving Quality Outcomes Through Alignment of BSHSI SQP, St. Mary's Nursing Strategic Plan, Magnet Components and Success Factors

Facility

- St. Mary's Shared Governance Structure was utilized to align BSHSI SQP, St. Mary's Nursing Strategic Plan, Magnet Components, and Nurse Sensitive Indicators in order to improve patient outcomes.

Best Practice Implemented

- Dashboards were implemented at both the unit and facility wide governance council levels.
- The Unit Based Councils and Shared Governance council delegates for each unit are able to provide bi-directional communication of best practices implemented and the correlation with patient outcomes.

Problem Statement/Reason for Change

- Opportunity was identified to increase individual staff awareness of their units' data, the correlation with the Shared Governance Council work and impact on patient outcomes for both the unit and St. Mary's Hospital.

Process

- Dashboards were developed with input from each department and each shared governance council.
- Dashboard metrics are aligned with the St. Mary's Nursing Strategic Plan and the Success Factors matrix for St. Mary's Nursing.
- Dashboard outcomes are discussed at monthly UBC (Unit Based Council) and Shared Governance Council meetings.
- Nursing Coordinating Council utilizes the dashboards as part of the yearly evaluation of each Shared Governance Council.

Team Members

- Executive Sponsor:** Francine Barr
- Team:** Nursing Executive Council, Nursing Operations Council and Nursing Coordinating Council

Contact Name(s) for more information

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Results

SMH Council Dashboard FY2012: Nursing Congress Council

	Target	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	YTD
AHRQ Culture of Safety # Participants	953	953	953	953	953	1188	1188	1188	1188	1188	1188	1188	1188	1188	1188
1. Overall Perception of Safety	61	61	61	61	61	65	65	65	65	65	65	65	65	65	65
2. Frequency of events reported	65	65	65	65	65	70	70	70	70	70	70	70	70	70	70
3. Supervisor / manager expectations and actions promoting safety	77	77	77	77	77	83	83	83	83	83	83	83	83	83	83
4. Organizational learning-continuous improvement	75	75	75	75	75	84	84	84	84	84	84	84	84	84	84
5. Teamwork within units	85	85	85	85	85	90	90	90	90	90	90	90	90	90	90
6. Communication Openness	66	66	66	66	66	73	73	73	73	73	73	73	73	73	73
7. Feedback and communication about error	68	68	68	68	68	76	76	76	76	76	76	76	76	76	76
8. Nonpunitive response to error	49	49	49	49	49	57	57	57	57	57	57	57	57	57	57
9. Staffing	59	59	59	59	59	66	66	66	66	66	66	66	66	66	66
10. Hospital management support for patient safety	72	72	72	72	72	79	79	79	79	79	79	79	79	79	79
11. Teamwork across hospital units	60	60	60	60	60	69	69	69	69	69	69	69	69	69	69
12. Hospital handoffs and Transitions	47	47	47	47	47	56	56	56	56	56	56	56	56	56	56
Gallup RN Satisfaction	4.63	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.54	4.63	4.63	4.63
NDNQI RN Satisfaction-T Score	60.91	60.91	60.91	60.91	60.91	63.84	63.84	63.84	63.84	63.84	63.84	63.84	63.84	63.84	63.84
NDNQI PES Score	3.08	3.08	3.08	3.08	3.08	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18
Gallup: MD Satisfaction Quality of Nursing Care	86%	86%	86%	86%	86%	>90%	>90%	>90%	>90%	>90%	>90%	>90%	>90%	>90%	>90%
Gallup Q12: My opinions count (SMH RN compared to entire Gallup Database-SMH RN's 90%)	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18

Success Factors Decision Matrix FY13

Magnet Domains, SMH Foundational Element	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Does Not Meet	Shared Governance Council
Goal 1: Bring our Communities to Wholeness: (Empirical Quality Outcomes, Culture of Safety) • Clinical Transformation specific to dept • AHRQ culture of safety survey % participation improved from FY10 (unit) • AHRQ culture of safety survey plans fully implemented with documented improvement of outcome selected for reporting at Outcomes Summit • Meets global measures expectation improvement in influenza vaccines administration (hospital) • Meets global measures improvement in pneumococcal vaccines administration (hospital) • AMI-core measures (hospital) • HF-core measures (hospital) • PN (hospital) • Scip (hospital) • Zero SSI (unit) • Mislabeled specimens decreased to zero (unit and individual) • Zero readmissions • LOS (CT) • Mortality (CT/Sepsis)	CT quality targets met (AHRQ survey participations ≥ 75% and ≥ 75% of additional 9 targets met)	CT quality targets met (AHRQ survey participations ≥ 60% and ≥ 60% of additional 9 targets met)	CT quality targets met (AHRQ survey participations ≥ 50% and ≥ 50% of additional 9 targets met)	CT quality targets met (AHRQ survey participations ≤ 75% and ≤ 75% of additional 9 targets met)	Nursing Congress PPC
Goal 2: Liberate our People's Potential: (Transformational Leadership, Culture of Caring, Teamwork) • Achieve employee engagement participation rate at the 90th percent • Physician engagement with nursing care at the 90th percentile • CEI1 > 90th percentile • HCAHPS at top box > 90th percentile • NDNQI RN survey > 85% participation • Improve the NDNQI PES score above Magnet mean per unit type • % BSN • % Certifications • % PNAP • 20% NICHE-GENE certification • 20% sepsis certification • % involvement in professional organizations • # internal posters, presentations and articles • # external posters, presentations and articles	> 90% compliance (10 goals met)	> 75% compliance (9 goals met)	≥ 50% compliance (6 goals met)	< 50% compliance (< 5 goals met)	SPC, Nursing Congress

NDNQI Nurse Sensitive Indicators 2010 Q3 - 2012 Q2 (July 2010 - June 2012)

Green = Outperforming Magnet Mean Majority (≥5) of 8 quarters

Quarter Results	Falls	Falls with Injury	HAPU	CAUTI	CLABSI	VAP	RESTRAINTS	PIV	PAIR	ASSAULTS
Dept 1	no	y	y	y	y	y	y	not collected	not collected	not collected
Dept 2	y	y	y	y	y	y	y	not collected	not collected	not collected
Dept 3	no	y	y	y	no	y	y	not collected	not collected	not collected
Dept 4	no	y	y	y	no	no data	y	not collected	not collected	not collected
Dept 5	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 6	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 7	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 8	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 9	no	y	y	y	no	no data	y	not collected	not collected	not collected
Dept 10	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 11	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 12	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 13	y	y	y	y	y	no data	y	not collected	not collected	not collected
Dept 14	not collected	not collected	y	y	y	y	y	y	y	not collected
Dept 15	not collected	not collected	y	y	y	no data	y	y	y	not collected
Dept 16	not collected	not collected	y	not collected	y	y	y	y	y	not collected
Dept 17	not collected	not collected	not collected	not collected	not collected	not collected	y	not collected	not collected	y

SMH Success Factors Dashboard FY2013: Template

	Target	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Midyear FY 2013	March 2013	April 2013	May 2013	June 2013	July 2013	Aug 2013	YTD
Goal 1: BRING OUR COMMUNITIES TO WHOLENESS																
AHRQ Culture of Safety % participation	% > FY 11															
AHRQ Culture of Safety improvement in Outcomes	> FY11															
Influenza Vaccination	> FY11															
Pneumococcal Vaccination	> FY11															
Core Measures Appropriate Score: AMI	90%															
Core Measures Appropriate Score: HF	90%															
Core Measures: PN	90%															
Core Measures SCIP: Urinary Catheter removed POD 1 or POD 2 with day of surgery = 0	90%															
SSI (unit)	0															
Mislabeled Specimens	0															
Zero Readmissions	0															
Goal 2: LIBERATE OUR PEOPLE'S POTENTIAL																
Employee Engagement participation	> 90%															
Q12 Mean	4.6															
Physician Engagement with Nursing Care	> 90%															
CE 11	4.6															
HCAHPS at top box	> 90th %tile															
HCAHPS: Pain Mgmt	> 90th %tile															
HCAHPS: Communication about Meds	> 90th %tile															
HCAHPS: Communication with Nurses (Listening Carefully)	> 90th %tile															
HCAHPS: Communication with Nurses (Explain)	> 90th %tile															
HCAHPS: Communication with Nurses (Respect)	> 90th %tile															
HCAHPS: Responsiveness of Hosp. Staff	> 90th %tile															
HCAHPS: Discharge Information	> 90th %tile															
NDNQI RN Survey % participation	> 85%															
NDNQI RN Satisfaction: Practice Environment Score	> Magnet Mean															