# One Hundred Nurses Partner for Exemplary Nursing Sensitive Quality Indicators

Cheryl Christ-Libertin, MS, RN, CPNP-PC, DNP(c), Evidence-based Practice Coordinator Akron Children's Hospital, Akron, OH







## Purpose

Akron Children's Hospital, a freestanding children's hospital with Magnet re-designation, established seven NSQI teams to engage nursing staff, interdisciplinary staff, and parents to develop and sustain a culture of safety with exemplary NSQI outcomes.

## Strategy and Implementation

- In 2011, the organization's nursing shared governance core assembly formed NSQI teams to focus on NSQI most relevant to inpatient units:
- Patient falls
- Facility-acquired pressure ulcers
- Central line associated blood stream infections
- Peripheral intravenous catheter infiltration
- Restraint use
- Catheter associated urinary tract infection
- Pain assessment intervention reassessment cycle
- Recruited and appointed team members
- Direct-care nurses
- Shared clinical experience
- Participated in review/synthesis of literature
- Serve as data collectors
- Completed education on EBP and NSQI
- Shared governance council member review of practice changes
- Clinical experts
- Identified professional standards related to NSQI
- Shared clinical experience
- Assisted with synthesis of the literature
- Helped standardize NSQI terminology
- Interdisciplinary perspective
- Evidence-based practice coordinator
- Developed charters to guide scope of work
   Provided team education and mentoring on skills for implementing Rosswurm-Larrabee Model<sup>2</sup>
- Coordinated a workshop with sessions on statistically sound data sampling methods, use of collaboration software, time for mentoring on the literature critique, development of an evidence table
- Presented a EBP Mock Court Nursing Grand Rounds with Magnet Coordinator, staff nurses, and CNO
- Mentored groups on performing searches of electronic databases and hand-searches of published literature
- Coordinated integration of evidence into nursing guidelines
- Performance improvement coordinators
  - Lead a Lean, Six Sigma Green Belt project for Falls
  - Reviewed internal data and benchmark statistics for NSQI outcomes
  - Developed online data collector training for increased reliability of NSQI data
  - Required data collector training prior to data collection
  - Provided NSQI data graphs for unit dashboards
  - Mentored teams on QI methodology (e.g. Model for Improvement<sup>1</sup> to test changes on a small scale using Plan-Do-Study-Act cycles)
  - Tracking, trending, and analyzing NSQI data determines the effectiveness of sustaining practice changes
  - Nursing staff education on NSQI through presentations, online learning modules, and Intranet tip sheets
  - Quality Council member education on analysis of unit level NSQI data
  - Guidance on development of an action plan for NSQI data trends below the threshold
- Parent Advisory Council members
  - Provided parent perspective (e.g. safety interventions, parent education content)
  - Kept family-centered care focus
- Quality Advisors
  - Transformational nurse leaders
  - Structural empowerment (e.g. schedule flexibility, secretarial support, paid time to attend education and mentoring sessions, access to external experts)
  - Fiscal resources for participation in multi-center collaborative for two NSQI
  - Navigated competing priorities and resources (e.g. electronic health record (EHR) implementation)

Acknowledgments: This initiative would not be possible without the vision and support of Lisa Aurilio, MSN, MBA, RN, NEA-BC, VP Patient Services/CNO; our team of transformational nurse leaders; and our direct-care nurses' commitment to nursing excellence. A special thank you to Joyce Burton, MSN, RN, Nursing PI Coordinator for partnering on QI education and providing data for this session.

#### Rosswurm-Larrabee Model<sup>2</sup>

1. Assess
need for change
in practice

2. Link
problem
interventions &
outcomes



**4. Design** practice change

5. Implement & evaluate

change in

practice

6. Integrate & maintain change in practice

## Interventions

- Each workgroup selected and implemented evidence-based nursing interventions
- Patient falls
- Visual cue, arm band, and hand-off communication
- Identification of four fall categories
- Modified safety event reporting software for more detailed report
- Evidence-based plan of care in EHR
- Facility-acquired pressure ulcers
- Standardized age specific risk assessment scales
- Integrated risk assessment scales into EHR
- Developed EHR report for data collection
- Removed ring, foam cut outs or donut-type devices from supply inventory
- Central line associated blood stream infections
- Insertion bundle
- Maintenance bundle (adapted for unique populations)
- Peripheral intravenous catheter infiltration
- Phlebitis scale and Infiltration scale integrated into EHR
- Patient information on need for IV checks on all shifts and during sleep
- Standardized peripheral IV securement method
- Posters for unit staff with images of infiltration stages
- Violent and non-violent restraint use
- Disseminated The Joint Commission standards and Centers for Medicaid and Medicare regulations for safe use
- Developed EHR screens for documentation of required interventions
- Developed EHR report for data collection
- Evidence-based plan of care in EHR
- Catheter associated urinary tract infection
- Insertion bundle
- Maintenance bundle
- Research study for burn population
- Pain assessment intervention reassessment cycle
- Adoption of Verbal Analogue Scale
  Standardized method for documenting pain score for sleeping patients
- Developed EHR report for data collection
- Evidence-based plan of care in EHR

## Evaluation

- Improved NSQI outcomes as compared to internal trends and national benchmark statistic (data graphs available at conference session)
- Two awards for low central line associated blood stream infection rates
- Team members serve on national advisory panels
- Team member serves on national manuscript team to disseminate collaborative work
- Team members serve on OCHSPS collaborative to spread and sustain patient safety
- Organization re-designation as a Magnet Hospital with 10 exemplars for outcomes

## Significance

- Nursing leaders are key in promoting evidence-based practice to for planned changes in practice
- Nurses benefit from mentoring in evidence-based practice (EBP) and quality improvement (QI)
- Implications for patient outcomes, cost and reimbursement for care, and recognition of quality nursing care
- This strategy can be replicated in other healthcare settings

# Implications for Practice

- Mentoring in workgroups develops staff EBP and QI skill sets through experiential learning
- The EBP model requires involvement of key stakeholders with the right mix of clinician expertise/experience and parent perspective
- Staff ownership of NSQI outcome data leads to enculturation of best practices
- Sustained practice changes requires nursing leadership and staff commitment

#### References

- 1. Langley, G.L., Nolan, K.M., Nolan, T.W., Norman, C.L., & Provost, L.P. (2009). The improvement guide: A practical approach to enhancing organizational performance (2nd ed.). San Francisco, CA: Jossey-Bass Publishers.
- 2. Rosswurm, M.A. & Larrabee, J.H. (1999). A model for change to evidence-based practice. Image Journal of Nursing Scholarship, 31(4), 317-322.