Displaying Clinical Excellence on Hospital Units: Transparency Drives Interdisciplinary Approaches to Improving Patient Care Outcomes

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Objectives

- Describe a process designed to enhance clinical nurses' understanding of empirical outcomes.
- Demonstrate how the innovative, transparent strategy results in improved patient outcomes.





Background

- 726 bed, tertiary care facility
- 3rd Magnet Designation in 2014
- Nurses must see their baseline and outcome data
- Nurses must understand empirical outcomes
- Nurses must translate improving empirical outcomes to improving practice

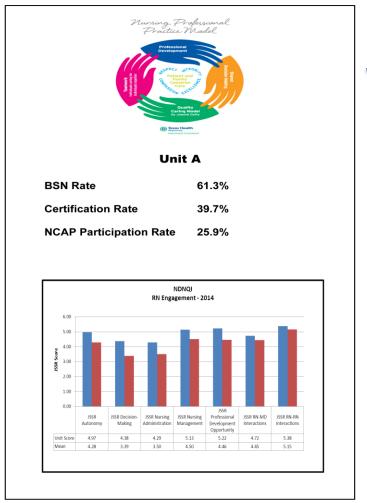




- Exhibits 8 quarters of unit specific, benchmarked data
- Includes Nursing Quality Data, RN Engagement, Patient Satisfaction, and Professional Development
- Green stars denote data above the benchmark for a majority of the time
- Displayed in 100% of nursing units









Professional Practice Model



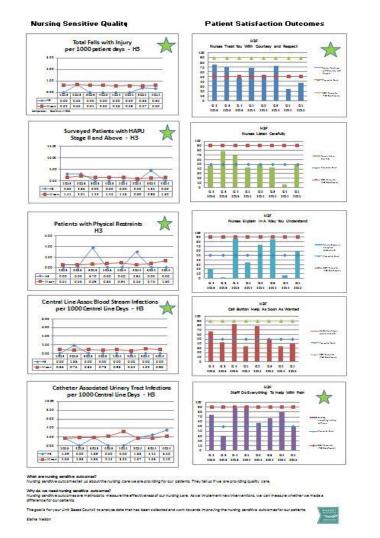
Professional Development

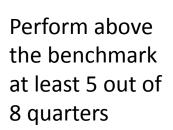


RN Engagement









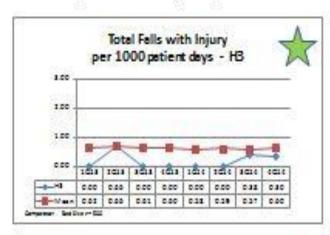
This unit has 6 GREEN stars out of 10 possible

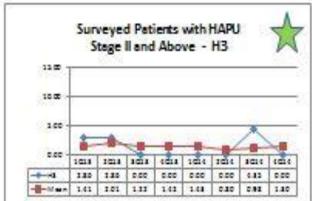
Unit recognition



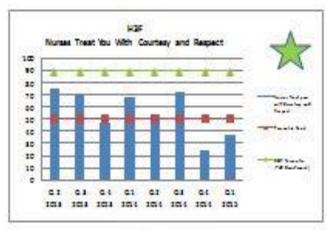


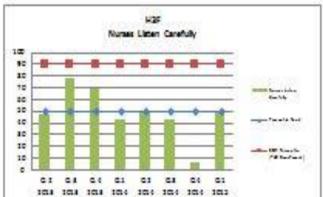
Nursing Sensitive Quality





Patient Satisfaction Outcomes









- Nursing Score Card is on 1 page
- Shows compiled data from Clinical Excellence Boards
- Color coded for easy interpretation
- Easy visualization of trends
- Shared in council and committee meetings
- Identifies struggling units





Texas Health Harris Methodist Hospital*				Νι	ırsing I	KPI Score	card
	Λ	Лау	20:	15	Stretch	Touch Below	<u>Fouch</u>
QUALITY INDICATORS - Monthly	Touch	Stretch	Actual		Not Met Month	Not Met Prev 2 Months	Not Met 7/12 Months
VTE (Quarterly YTD 2015)	99.50%	100.00%	100.0%		-	-	-
CAUTI	2.99	2.85	0.93	MS	іси,нз,зіѕ	-	
PATIENT SATISFACTION (Percentile Ranking)	Touch	Stretch			Not Met Month	Not Met Prev 2 Months	Not Met 7/12 Months
Nurse Communication	60	90	82		15,H6,H8,MSICU, ,R4,R5,R6,ED	H2,H3,H5,H6,H8, MSICU,R4,R5,R6,ED	NA
				H8,2JN,2	CU,H2,H3,H5,H6, US,3JN,NSICU,R4, R6,R3,TICU	CT3,CT4,CCU,H2,H3, H5,H6,H8,2JN,2JS, MSICU,NSICU,R4,R5,	NA
Cleanliness of Hospital	75	90	37	03.04.00	J,CVICU,H2,H3,H5,	R6,R3,TICU	NA NA
Quietness of Hospital	75	90	52	H6,H7, NSICU,P	H8,2JS,3JN,3JS, CU,R4,R5,R6,TICU	CT3,CT4,CCU,CVICU, H3,H5,H6,H7,H8,2JS, 3JN,3JS,NSICU,PCU, R4,R5,R6,TICU	
IP-HCAHPS Index Percentile Rank	60	90	58		5,H6,H7,H8,3JS, I,PCU,R4,R5,R6	H2,H3,H5,H6,H7,H8, 3JS,R4,R5	NA
ED-Overall Score (THFW)	75	90	94		-	-	NA
ED-Overall Score (Burleson)	75	90	98		-	-	NA
ED-Overall Score (WillowPark)	75	90	99		-	-	NA
OP-Overall Score	75	90	91	CV Med, H	ox,CV Diag, lyprbar,Klab/Ben, led,PDAC,Rad	Blox,BurlCTS,CVDiag, FamRsrc,Hyprbar, Klab/Ben,OPAssess, OUMDSRV,Rad	NA
AMB-Overall Score	60	90	66	CathLab,	OUSurg,SpecProc	OUSurg,RAD,SpecProc	NA
NON-NDNQI NURSING SENSITIVE INDICAT	C Touch	Stretch	Actual		Not Met Month	Not Met Prev 2 Months	Not Met 7/12 Months
First Case On Time Starts Peri-Op	60%	70%	48%		x	x	×
Turnover Time Peri-Op	≤34 min	≤30 min	24 min		-	-	-
Breastfeeding Rate (exclusive) Women	's 81.9%	90%	82%		-	-	x
Elective Deliveries <39 weeks gestation Women	s 5%	O96	896		-	-	-
Retention Rate (>1 Year) Ambulatory (Avg	90%	95%	79.2%	٧	ein Clinic	-	-
		Quarte	erly Da	ta			
NDNQI NURSING SENSITIVE INDICATORS	(Quarterly	Data)	4Q2014				
Measure	Touch	Stretch	Not 40	Qtr		ot Met ious 2 Qtrs	Not Met 5 of 8 Qtrs
HAPU (stage 2 and above) Critical Care Units		0	MSICU,C		MSI	cu,cvicu	CVICU,MSICU
HAPU (stage 2 and above) Non Critical Care	1.30	0	H6,R4,			-	R4,CT3,CT4 CVICU,MSICU,
Restraints Critical Care Units Restraints Non Critical Care	17.00	0	MSICU,C		cvicu,i	MSICU,NSICU H6	NSICU,TICU H6,3JS
Falls (Injury) Critical Care Units	0.02	0		6		-	H0,333
Falls (Injury) Non Critical Care	0.07	0	н	3		-	H5,R5,3JS
Professional Development	Touch	Stretch	Actual	9888	Vice Control		
RN Education - % BSN or Higher (Direct Care)	62%	70%	65.20%				
RN Education - % BSN or Higher (All)	65%	70%	66.40%				
RN Certification *ANCC Approved (Direct Care)	43%	45%	29.00%				
RN Certification *ANCC Approved (Nurse Managers	43%	45%	59.00%				







Nursing KPI Scorecard

	May		2015 Stretch		Touch Below Touch	
QUALITY INDICATORS - Monthly	Touch	Stretch	Actual	Not Met Month	Not Met Prev 2 Months	Not Met 7/12 Months
VTE (Quarterly YTD 2015)	99.50%	100.00%	100.0%	-	-	-
CAUTI	2.99	2.85	0.93	MSICU,H3,3JS	-	-
PATIENT SATISFACTION (Percentile Ranking)	Touch	Stretch		Not Met Month	Not Met Prev 2 Months	Not Met 7/12 Months
Nurse Communication	60	90	82	H2,H3,H5,H6,H8,MSICU, PCU,R4,R5,R6,ED	H2,H3,H5,H6,H8, MSICU,R4,R5,R6,ED	NA
				C3,C4,CCU,H2,H3,H5,H6, H8,2JN,2JS,3JN,NSICU,R4, R5,R6,R3,TICU	CT3,CT4,CCU,H2,H3, H5,H6,H8,2JN,2JS, MSICU,NSICU,R4,R5,	NA
Cleanliness of Hospital	75	90	37	C3,C4,CCU,CVICU,H2,H3,H5, H6,H7,H8,2JS,3JN,3JS,	R6,R3,TICU CT3,CT4,CCU,CVICU, H3,H5,H6,H7,H8,2JS,	NA
Quietness of Hospital	75	90	52	NSICU,PCU,R4,R5,R6,TICU	3JN,3JS,NSICU,PCU, R4,R5,R6,TICU	
IP-HCAHPS Index Percentile Rank	60	90	58	H2,H3,H5,H6,H7,H8,3JS, MSICU,PCU,R4,R5,R6	H2,H3,H5,H6,H7,H8, 3JS,R4,R5	NA
ED-Overall Score (THFW)	75	90	94	-	-	NA
ED-Overall Score (Burleson)	75	90	98	-	-	NA
ED-Overall Score (WillowPark)	75	90	99	-	-	NA
OP-Overall Score	75	90	91	Blox,CV Diag, CV Med,Hyprbar,Klab/Ben, OU Med,PDAC,Rad	Blox, BurlCTS, CVDiag, FamRsrc, Hyprbar, Klab/Ben, OPAssess, OUMDSRV, Rad	NA
AMB-Overall Score	60	90	66	CathLab,OUSurg,SpecProc	OUSurg,RAD,SpecProc	NA





October 2015

NON-NDNQI NURSING	S SENSITIVE TORS	Touch	Stretch		Not Met Month	Not Met Prev 2 Months	Not Met 7/12 Months
First Case On Time Starts	Peri-Op	60%	70%	32%	Х	х	х
Turnover Time	Peri-Op	≤34 min	≤30 min	21%	-	-	-
Breastfeeding Rate (exclusive)	Women's	81.9%	90%	91%	-	-	-
Elective Deliveries <39 weeks	Women's	5%	0%	4%	Х	х	-
Retention Rate (>1 Year) Sep	Ambulatory (Avg)	90%	95%	100.0%	х	Х	-

Quarterly Data

NDNQI NURSING SE	NSITIVE INDICATOR	ks (Quar	terly Data	a) 2Q2015		
Measur	e	Touch	Stretch	Not Met 2Qtr	Not Met Previous 2 Qtrs	Not Met 5 of 8 Qtrs
HAPU (stage 2 and above)	Critical Care Units	4.00	0	CVICU,MSICU,PCU	MSICU	MSICU
HAPU (stage 2 and above)	Non Critical Care	1.30	0	H2,H5,H7,CT4,R6	R4,R6	R4,R6
Restraints	Critical Care Units	17.00	0	MSICU,NSICU	-	MSICU
Restraints	Non Critical Care	1.30	0	H5	-	-
Falls (Injury)	Critical Care Units	0.02	0	-	-	-
Falls (Injury)	Non Critical Care	0.07	0	-	-	-





October 2015

NON-NDNQI NURSING	G SENSITIVE TORS	Touch	Stretch			ot Met Month	Not Met Prev 2 Months	Not Met 7/12 Months
First Case On Time Starts	Peri-Op	60%	70%	32%		х	х	x
Turnover Time	Peri-Op	≤34 min	≤30 min	21%		-	-	-
Breastfeeding Rate (exclusive)	Women's	81.9%	90%	91%			-	-
Elective Deliveries <39 weeks	Women's	5%	0%	4%		х	х	-
Retention Rate (>1 Year) Sep	Ambulatory (Avg)	90%	95%	100.0%		х	х	-
			Qua	arterly	Data			
NDNQI NURSING SEN	SITIVE INDICATO	RS (Quar	terly Dat		2015			
Measure		Touch	Stretch	Not I			Not Met vious 2 Qtrs	Not Met 5 of 8 Qtrs
HAPU (stage 2 and above)	Critical Care Units	4.00	0	CVICU,MS	ICU,PCU		MSICU	MSICU
HAPU (stage 2 and above)	Non Critical Care	1.30	0	H2,H5,H7	,CT4,R6		R4,R6	R4,R6
Restraints	Critical Care Units	17.00	0	MSICU,	NSICU		-	MSICU
Restraints	Non Critical Care	1.30	0	H5	5		-	-
Falls (Injury)	Critical Care Units	0.02	0	-			-	-
Falls (<i>Injury</i>)	Non Critical Care	0.07	0	-			-	-
Professional Developme	nt	Touch	Stretch	Actual				
RN Education - % BSN or Higher	(Direct Care)	62%	70%	63.60%				
RN Education - % BSN or Higher	(AII)	65%	70%	65.80%				
RN Certification *ANCC Approved	(Direct Care)	43%	45%	27.50%				
RN Certification *ANCC Approved	(Nurse Managers)	43%	45%	58.80%				
NCAP Participation *RN by	Application only	15%	20%	15.50%				
NCAP 4 Participation *RN by	Application only			10.50%				10/14/2015





Implementation of Sustainable Change

- Magnet Champions create Clinical Excellence Boards and provide education
- Inter-disciplinary teams tour 100% of nursing units to validate understanding of data
- Unit Based Councils develop measureable goals based on unit quality data
- Nurses sustain excellent clinical care 4 units with 10 stars





Implementation of Sustainable Change

Clinical Excellence Board Rating Tool

Jnit name		
eviewer		
Required Elements	Yes	No
Unit Specific Nursing Sensitive Outcomes restraints, falls, pressure ulcers, VAP, CLABSI, CAUTI)		
Unit Specific Nursing Engagement scores		
Unit Specific Patient Satisfaction		
Unit specific BSN Percentage Rate		
Unit specific Certification Rate		
Clarity (Does it make sense)	Clear	Not Clear
Creativity	Scale 1-5	<u> </u>





Evaluation: Unit Based Council Outcomes

- 100% of Unit Based Councils established measureable goals
- 60% of Unit Based Councils reported improved professional development
 - 55% certification
 - 50% RN-BSN
- 86% of Unit Based Councils reported improved patient satisfaction
 - 72% patient satisfaction
 - 75% quietness
 - 83% collaboration and teamwork



