Abstract

Development Of Falls Occurrence Report

In 2004, a Falls Committee Task Force was established to explore better data collection methods for NDNQI falls occurrence reporting. The Task Force recognized that the form needed to serve dual purposes, because falls reporting also was required by the Pennsylvania Patient Safety Reporting System. As a result, a 19-item Fall Occurrence Report form was created that included NDNQI data elements as well as required items for regulatory compliance. In addition, the task force recommended additional data collection on fall injury severity and fall prevention strategies. The data collected on the form are used to calculate the injury falls rate. To gain feedback, the form is used to develop a quarterly staff satisfaction survey. This comprehensive reporting format raised awareness about patient falls across the medical center. An example from one acute care unit shows how data have been tracked and used to enhance patient care. This acute care unit had specific concerns because of the obvious increase in the fall rate. With leadership from the nurse manager, they were able to institute the use of bed alarms, and show a dramatic improvement in falls prevention over five quarters. Recent trends have shown an increase in the falls rate compared to previous quarters. Consequently, the unit Practice Council is exploring this increased occurrence and additional preventive measures for implementation. They believe the increased number of high injury patients now admitted to their unit is becoming the primary admitting unit for neurological patients may be a contributing factor.

Nurses provide the majority of patient care in the nation's hospitals, thereby making a major contribution to care and quality. Research findings have shown that the capacity for making sound clinical decisions, having access to education and resources, and working well with nurse and physician colleagues contribute to high quality patient care. The data shown in the graphs provide an example of how NDNQI results are shared with nursing staff. In addition, at Penn State Hershey Medical Center emphasis has been placed on using actual NDNQI falls occurrence data by conducting quarterly staff satisfaction surveys. Nursing and ancillary staff from each unit participate via Survey Monkey. Approximately 100 to 150 staff have responded each quarter to an 8-item questionnaire that asks about perceptions related to communication, resources, teamwork on the unit and with physicians, support by leadership, work environment, and recognition and autonomy.

Surveying and Reporting Staff Satisfaction

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Using NDNQI Participation in Moving Forward to Magnet Achievement

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Autonomy

What NDNQI Data Tell Us about Autonomy in Nursing Practice

Why is autonomy important? And how do we make autonomy viable in a Magnet organization? Autonomy in nursing practice is recognized by nurses as a key component in a hospitals’ ability to attract and retain professional nurses. Such organizations provide nursing care consistent with competence, professional expertise, and knowledge. In settings where autonomy is evident, nurses are permitted and expected to exercise independent judgment as part of a multidisciplinary team approach to patient care. At Penn State Hershey Medical Center, nurses share examples of autonomy in their nursing practice. Results of NDNQI data related to autonomy also were shared with the group.

Summary

The Department of Nursing at Penn State Hershey Medical Center has a long history of NDNQI participation. Embarking on the American Nurses Credentialing Center Magnet Recognition Program has stimulated involvement by nurses at all levels in trending, benchmarking, and analyzing NDNQI nurses satisfaction and nurse sensitive quality indicator data. The continual assessment and evaluation of data on nurse satisfaction and nurse sensitive quality indicators is raising organizational awareness of nursing’s contribution to quality care and nurse autonomy has a direct positive impact on patient outcomes.