All That Glitters
New NDNQI Indicators

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Overview

- NDNQI Goals for Indicator Development
- Indicator Development Process
- Recently Developed Indicators
  - Practice Environment Scale
  - Restraint Prevalence Rate
- Indicators in Development
  - Voluntary Turnover Rate
  - Nosocomial Infection Incidence
Goals

- Have indicators for all nursing units
- Offer the National Quality Forum indicators
  - Why NQF?
- Offer the Magnet indicators

Development Process

- Conceptualization
- Literature Review
- Draft definition, data collection guidelines and forms
- Review by experts
- Revise guidelines and forms
Development Process

- Collect comments from site coordinators via the NDNQI Bulletin Board
- Revise guidelines and forms
- Pilot Test data collection with sample hospitals
- Evaluate pilot data and feedback from hospitals
- Revise guidelines and forms

Implementation

- Define business rules for programmers
- Build database, data entry, and reports
- Build the on-line tutorial module for training site coordinators in data collection
- Implement data collection
Not Doing: Musculoskeletal Injury

- Deemed not ready for implementation after literature review and discussions with experts.
  - Reliability problems
  - Validity problems
  - High reporting burden for data collection
- Lack of uniform data source, coding
- Different definitions in use

Practice Environment Scale

- Definition of Practice Environment
  - Organizational characteristics of a work setting that facilitate or constrain professional nursing practice (Lake, 2002, p. 178).
**Practice Environment Scale**

- **NQF Definition**
  - Five subscales are included:
    - Nurse participation in hospitals affairs
      - 9 items
    - Nursing foundations for quality of care
      - 10 items
    - Nurse manager ability, leadership, and support of nurses
      - 5 items
    - Staffing and resource adequacy
      - 4 items
    - Collegial nurse-physician relations
      - 3 items

- **Stem**
  - Indicate the extent to which you agree that the item is present in your current job.

- **Response Options**
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
Practice Environment Scale

- Nurse Participation in Hospital Affairs
  - Opportunity for staff nurses to participate in policy decisions

- Nursing foundations for quality of care
  - Working with nurses who are clinically competent

- Staffing and Resource Adequacy
  - Enough staff to get the work done

- Nurse Manager ability, leadership, and support of nurses
  - Praise and recognition for a job well done

- Collegial Nurse-Physician Relations
  - A lot of teamwork between nurses and physicians

NQF scoring
- Score each item so that higher numbers indicate greater agreement
- Calculate subscale scores as the mean of the items in the subscale
  - For hospital-level scores, calculate the item-level means at the hospital level
    - This permits all nurse responses to be included
- Calculate the composite score as the mean of the five subscale scores
  - This gives equal weight to subscales, rather than items
Practice Environment Scale

- NQF defined population
  - Random sample of staff RNs with a minimum of 30 completed surveys at the hospital level

Practice Environment Scale

- Modifications of NQF specifications to adapt to NDNQI
  - Based on communication with Dr. Lake:
    - Wording of one item corrected
    - Eliminated one item
      - Use of nursing diagnoses
Practice Environment Scale

- Modifications of NQF specifications to adapt to NDNQI
  - NDNQI defined population
    - All hospital RNs, not a random sample
    - Minimum of 50% direct patient care
    - Minimum of 3 months on unit
    - Exclude contract and agency RNs

Practice Environment Scale

- NDNQI Data Collection
  - Annual RN Survey instrument option

- NDNQI Scoring
  - Item-level means are calculated at the unit level
  - Consistent with all NDNQI indicators

- NDNQI Reports
  - Unit-level scores for each of the five subscales and a composite score
Restraint Prevalence Rate

- NQF indicator
- Developer: CalNOC
- Adaptation to NDNQI
- Definition
- Data Collection Forms
- Report Contents

Definition & Data Elements

- Percent of patients with limb &/or vest restraints (prevalence)
- Other types of restraints excluded from indicator (NQF defined)
- Also collect restraint category and clinical justification
Data Collection

- Quarterly prevalence, all patients on the eligible units
- May also collect concurrently with quarterly pressure ulcer survey
- Instruments provided for separate or concurrent collection

Instrument
Reports

• Percent of all patients with limb & vest restraints
• Distribution of restraint category and clinical justification
• First data collected Q4, 2006

Nurse Turnover

Unit nurse turnover rate is the proportion of unit nursing personnel who leave the unit during the quarter.
NQF Nurse Turnover

- Developer: VHA
- RN & APN and LPN/LVN & NA
- Number of employees
- Hospital Level
- Type of Turnover
  - Voluntary
    - Dissatisfaction with job

Magnet Nurse Turnover

- Direct care providers: RN, APN, LPN/LVN, NA
- Full Time Equivalent (FTE)
- Hospital and nursing unit level
- Type of Turnover
  - Controllable
    - Resignation that results from an issue under the control of the employer
  - Uncontrollable
    - Resignation that does not result from an issue under the control of employer
NDNQI Nurse Turnover

- Direct care providers: RN, APN, LPN/LVN, NA
- Number of employee
- Nursing unit level
- Type of Turnover
  - Voluntary
    - Dissatisfaction with job, job related injury/illness, employee initiated move from area
  - Other
    - Other transfers, promotions, resignations, terminations

NDNQI Nurse Turnover

- Deviations from NQF
  - Unit level
  - Include turnover for reasons other than job dissatisfaction
- Deviations from Magnet
  - Number of employee
Nurse Turnover

• Pilot Test
  – Pilot Data collected
  – Evaluations being collected
  – Revise and refine

Pilot Data Collection Form

<table>
<thead>
<tr>
<th>UNIT DIRECT CARE NURSING STAFF SEPARATIONS</th>
<th>Separation #1</th>
<th>Separation #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE of person separating:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position of person separating (check position):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN</td>
<td></td>
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<tr>
<td>APN</td>
<td></td>
<td></td>
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<tr>
<td>LPN/LVN</td>
<td></td>
<td></td>
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<tr>
<td>UAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resignation due to:</td>
<td>Separation #1</td>
<td>Separation #2</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion within unit or hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer due to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>job related injury/disability/illness</td>
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<td></td>
</tr>
<tr>
<td>non-job related injury/disability/illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Termination (or layoff) due to:</td>
<td></td>
<td></td>
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<tr>
<td>cutbacks or workforce reduction</td>
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<td></td>
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<tr>
<td>performance or discipline</td>
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<tr>
<td>Resignation due to:</td>
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<td>performance or discipline</td>
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<td>non-job related injury/disability/illness</td>
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<td></td>
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<tr>
<td>employee initiated move from area</td>
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<td></td>
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<tr>
<td>other reason (specify reason)</td>
<td></td>
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</tr>
</tbody>
</table>

If resignation, check if work environment or job dissatisfaction related

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Pilot Data Collection Form

<table>
<thead>
<tr>
<th>UNIT DIRECT CARE NURSING STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs</td>
</tr>
<tr>
<td>FTEs</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Budgeted FTEs</td>
</tr>
<tr>
<td>Employed 1st day</td>
</tr>
<tr>
<td>Employed last day</td>
</tr>
</tbody>
</table>
Nurse Turnover

- Expected Implementation
  - 3rd Quarter, 2007
- Report Contents (likely)
  - Unit Level Quarterly turnover rates
    - NDNQI
    - NQF
    - Magnet

Nosocomial Infection Rates

- NQF Indicators: ICU, PICU, NICU
  - Catheter-associated Urinary Tract Infection (CAUTI)
  - Central Line Associated Blood Stream Infection (CLABSI)
  - Ventilator-Associated Pneumonia (VAP)
- Developed by CDC
- Current Stage of NDNQI Development: Conceptualization and Consultation
Definitions

- CAUTI = CAUTI per 1000 urinary catheter days
- CLABSI = CLABSI per 1000 central line days
- VAP rate = VAP per 1000 ventilator days

Comparison Groups

- Adult Critical Care Units
- Pediatric Critical Care Units
- Neonatal Critical Care Units (Level II & III) Stratified by birth weight
  - ≤ 750 Grams
  - 751-1000 Grams
  - 1001-1500 Grams
  - 1501-2500 Grams
  - > 2500 Grams
Nosocomial Infection Rates

- Will recruit pilot testers in February 2007
- Likely deviations from NQF relate to reporting
  - Collapsing categories
- Expected implementation

Next Steps

- Will roll out current NDNQI indicators to units not currently permitted to submit data, for example
  - Injury Assaults in Emergency Departments
  - Falls on Psychiatric Units
- Continue to develop NQF and Magnet indicators
- Searching for indicators for Labor and Delivery and Peri-Op
Questions and Answers