Nursing Quality: Measurement and Improvement

This self-directed learning module contains information you are expected to know to protect yourself, our patients, and our guests.

Target Audience: CMC and CMC-University Licensed Nurses

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The material in this module is an introduction to important general information. After completing this module, contact your supervisor to obtain additional information specific to your department.

- Read this module.
- If you have any questions about the material, ask your supervisor.
- Complete the online post test for this module.
- The Job Aid on page 12 may be customized to fit your department and then used as a quick reference guide.
- Completion of this module will be recorded under My Learning in PeopleLink

Learning Objectives:

When you finish this module, you will be able to:

- Identify examples of Nurse-Sensitive Indicators
- Describe our model for improvement at CMC and CMC-University
- Describe steps to improvement
Just as we ASSESS our PATIENTS, we must ASSESS our Units/Departments/Clinics…

The “vital signs” of our units/departments/clinics include Nurse-Sensitive Indicators

**Nurse-Sensitive Indicators – What are They?**

- They represent nursing’s contribution to patient care
- They reflect the **structure**, **process** and **outcomes** of nursing care
- The **Structure** of nursing care is indicated by the supply of nursing staff, the skill level, and the education/certification of the staff
  - Examples: nursing hours per patient day, % of certified nurses
- **Process** indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction or engagement
  - Examples: falls risk assessment, smoking cessation instruction
- Patient **Outcomes** that are decided to be nursing sensitive are those that improve if there is an increase in the quality or quantity of nursing care
  - Examples: falls, pressure ulcers, IV infiltrations
- Some patient **Outcomes** are related more to other aspects of hospital care, such as medical decisions and hospital policies and are not considered “nursing-sensitive”.
  - Examples: frequency of primary C-sections, cardiac failure

Some of the Nurse-Sensitive Indicators Measured at CMC and CMC-University…

- Falls
- Pressure Ulcers
- Pain
- Restraint Use
- Ventilator Associated Pneumonia (VAP)
- Catheter-Related Blood Stream Infections (CRBSI)
- Peripheral IV Infiltrations
- Catheter Associated Urinary Tract Infection (CAUTI)
- RN Job Satisfaction
- RN Education and Certification
- Patient Satisfaction
- Hemoglobin A1C levels

All CMC and CMC-U Nurses need to KNOW where the Nurse-Sensitive Indicators for their unit/department/clinic are posted!

If you don’t know, contact your Nurse Manager or your Quality Council representative.

What is Benchmarking? Why is it a good thing?

- Benchmarking enables us to compare our performance nationally against other hospitals and nursing units like us
- The competition promotes improvement effort and best practice sharing
2 of the Benchmarking Databases CMC/CMC-U Participates in (note: there are more!):

#1: National Database of Nursing Quality Indicators (NDNQI):

- Pressure Ulcers (adult inpatient units)
- Falls (adult inpatient units)
- Peripheral IV infiltration (pediatric inpatient units)
- Pain (pediatric inpatient units)
- Restraint Use (adult inpatient units)
- NDNQI RN Survey
- RN Education & Certification

#2: Centers for Disease Control (CDC) & National Healthcare Safety Network (NHSN):

- Catheter-Related Blood Stream Infections (CRBSI) – all ICU’s and inpatient adult and pediatric units
- Ventilator-Associated Pneumonia (VAP) – all ICU’s
- Catheter Associated Urinary Tract Infection (CAUTI) – will be “benchmarked” in 2011 by Infection Control Department

How are Fall RATES Calculated?

- Falls RATES are calculated based on the number of falls on a unit per 1000 patient days

Fall Rate Example:

Unit 2 North had 15 falls and 550 patient days for 1st Quarter 2010 (Jan, Feb, Mar)

Calculation of Fall Rate per 1,000 Patient Days:

\[(15/550) \times 1,000 = 0.027 \times 1,000 = 27.2 \text{ falls per 1,000 patient days}\]
It is no longer enough in healthcare just to do our work. We must constantly IMPROVE the work we do. Our patients and their families are depending on us!

**PDSA is our Model for Performance Improvement at CMC/CMC-U**

**PDSA – Plan, Do, Study, ACT**

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?


**Improvement How To…**

1. **Assessment – look at the “vital signs” of you unit/department/clinic…**
   
   a. Example: # of falls on our unit in 2010 = 30; and rate of falls = 4.1 per patient day

2. **Global Aim – what do you want to accomplish?**
   
   a. Example: reduce falls on our unit

3. **Specific Aim – what specifically is your UBC trying to accomplish?**
   
   a. Example: reduce falls on our unit by 50% from 2010 to 2011

4. **Begin PDSA cycles…..**
a. Select the changes

i. Example: have nurses and nursing assistants chart in the rooms of patients at high risk for falls

b. Test the changes

i. Plan the change. Try it out and see what happens!

1. Example: have nurses and nursing assistants on our unit (2nd shift on Tuesday December 28th) all take turns charting in the rooms of patients at high risk for falls to increase surveillance.

c. Spread the changes

i. If what you did was successful, share it! We all want to learn from your team!

1. Example: If it worked (the high risk patients didn’t fall on 2nd shift), let 1st and 3rd shift know on your unit know so they can try it too!
Continue to monitor falls…
1. **Nurse-Sensitive indicators** represent nursing’s contribution to patient care.

2. **Examples of Nurse-Sensitive indicators** used at CMC and CMC-U include: falls, VAP, pressure ulcers, pain, restraint use, Catheter Related Blood Stream Infection (CRBSI), Peripheral IV infiltrations, Catheter Associated Urinary Tract Infection (CAUTI), NDNQI RN survey, RN education & certification, and patient satisfaction – PRC & Press Ganey.

3. It is no longer enough in healthcare just to do the work. We must constantly improve the work we do. Our patients and their families are depending on us!

4. **Benchmarking** enables comparison of performance nationally against other like hospitals and nursing units.

5. **Benchmarking databases** used at CMC and CMC-U include (but are not limited to): National Database of Nursing Quality Indicators (**NDNQI**) and Centers for Disease Control (**CDC**) /National Healthcare Safety Network (**NHSN**)

6. The Plan, Do, Study, Act (**PDSA**) model is our model for performance improvement at CMC.
Posttest

Name: _____________________________________________
Date: _____________________________________________

Acknowledgement of Module Content review (Check appropriate response):

I have read the module contents: *Nursing Quality: Measurement and Improvement*
Yes □ No □

1. Which of the following is an example of a Nurse-Sensitive Indicator used at CMC and CMC-University?
   a.) Equipment maintenance
   b.) Parking passes
   c.) Ordering laboratory labels
   d.) Falls

2. Which of the following are benchmarking databases used at CMC and CMC-University?
   a.) NDNQI
   b.) CDC
   c.) AACN
   d.) a & b

3. What is the model for performance improvement used at CMC and CMC-University?
   a.) ANA
   b.) IRB
   c.) PDSA
   d.) N/3
4. It is no longer enough in healthcare just to do our work, we must work to constantly:
   a.) Improve our work
   b.) Delegate our work
   c.) Blog about our work
   d.) Retire

5. If you don’t know what your unit/clinic/department “nurse-sensitive indicators” are or where they are posted, you should:
   a.) Ask your Manager
   b.) Ask your unit/clinic/department Quality Council representative
   c.) Call Infection Control
   d.) Contact Corporate Compliance
   e.) a or b