



Nurse Sensitive Quality Indicators

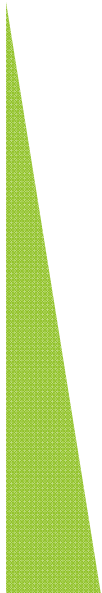
Debra Frenn DNS, MSN, FACHE
Adjunct Faculty The Sage Colleges
Previously served as Senior Vice President
Patient Services Seton Health Troy, New York

SETON HEALTH

A comprehensive integrated Catholic Healthcare system anchored by St. Mary's Hospital in Troy, New York and providing regionally based services to residents of Rensselaer, Southern Saratoga, and northern Albany counties



Glenda Kelman PhD, APN
Kathy Kelly PhD, RN Greetings
from the Sage Colleges



Definition of Nurse sensitive Indicators

- ▶ History
- ▶ In 1994 The American Nurses association (ANA) launched the Quality and Safety initiative to explore and identify the empirical linkages between nursing care and patient outcomes.
- ▶ The Nursing Care Report Card (ANA,1995), proposed 21 measures of hospital performance with an established or theoretical link to the availability and quality of nursing services in acute care settings.

National Database of Nurse Quality Indicators (NDNQI)

- ▶ Established by the American Nurses Association
- ▶ Mission is to aid the registered nurse in patient safety and quality improvement efforts by providing research based national comparative data on nursing care and the relationship to patient outcomes
- ▶ Most Magnet designated Hospitals submit their data to NDNQI

Nurse sensitive indicators

When did we begin to embrace these indicators as conditions that we could change by the care that we give?

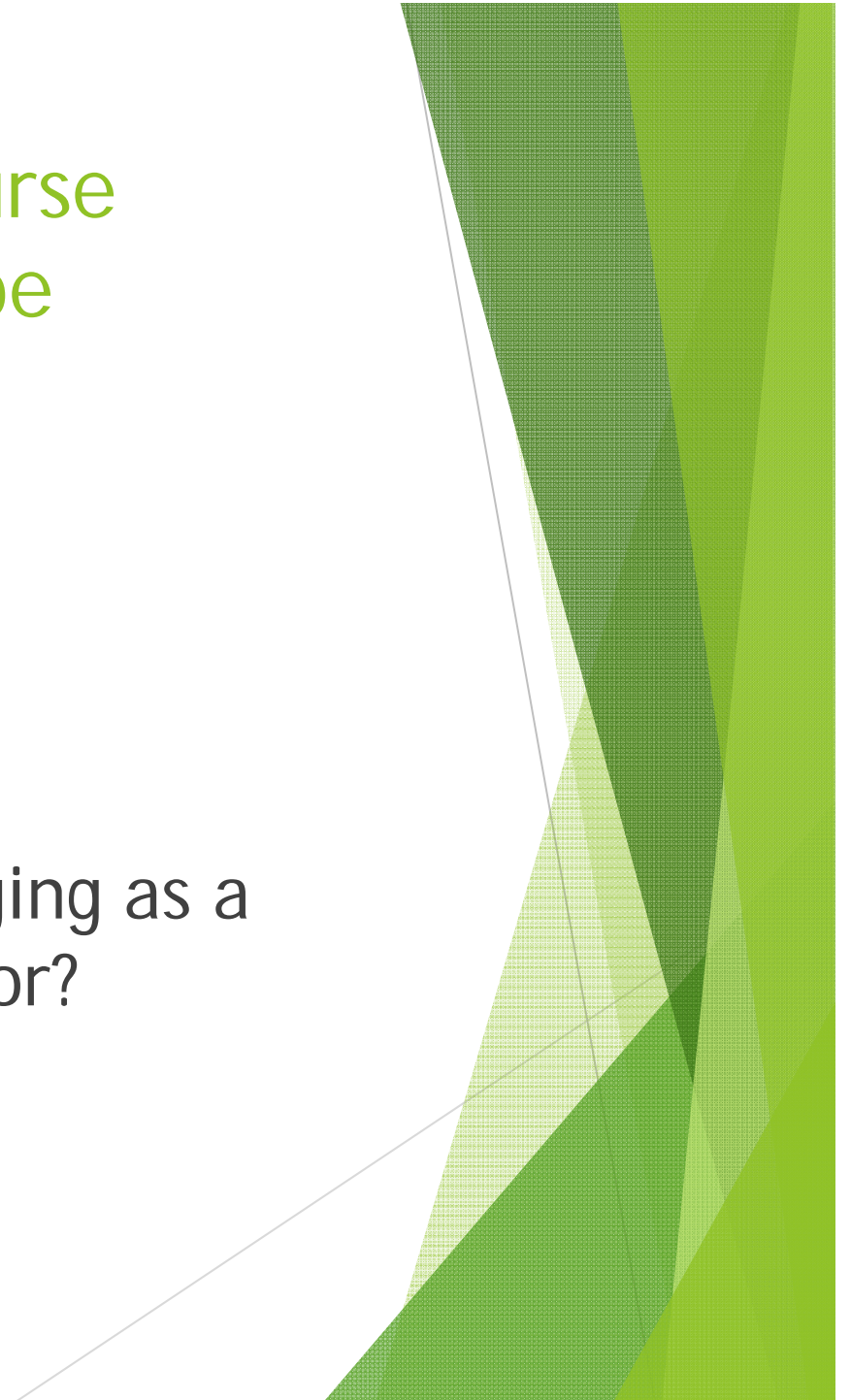
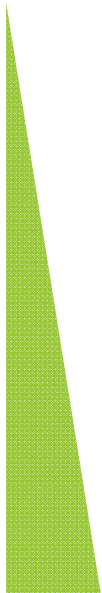


Nurse Sensitive indicators

- ▶ Original number studied by NDNQI was 21
- ▶ Most common indicators studied and followed are pressure ulcers, UTI's, falls and readmissions
- ▶ Could there be more yet unstudied nurse sensitive indicators?

Could there be more Nurse Sensitive Indicators to be discovered?

- ▶ Yes!!
- ▶ Definitely
- ▶ How do we find them?
- ▶ What do you see emerging as a Nurse Sensitive Indicator?



How do we find them

- ▶ By Asking the question at the bedside
- ▶ By looking at data and asking a question
- ▶ By doing research concerning the questions that our nurses are asking

What questions are being asked? (Examples)

- ▶ If we do hourly rounding on patients will they put the call light on less?
- ▶ If we round hourly on patients will they be more satisfied?
- ▶ If we have the home health nurse visit them in the hospital will they be more receptive thus decreasing readmission rate?

Example of questions asked

- ▶ If we round hourly on patients will they be more satisfied?



Example of Question asked

Asking the question

If we have the home health nurse visit them in the hospital will they be more receptive thus decreasing readmission rate?



Why do we want staff to ask these questions?

- ▶ It gets them involved in evidenced based practice
- ▶ It brings out the curiosity needed for professional growth
- ▶ It adds to nurses body of knowledge
- ▶ It illustrates proven solutions for better outcomes

How do we encourage Nurses to participate in research about the questions they have?

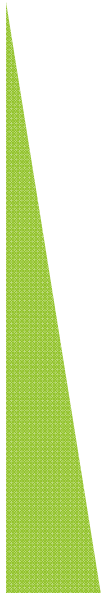
- ▶ Share data already collected on current nurse sensitive indicators
- ▶ Form a unit based quality improvement committee

How do we encourage nursing staff to participate in research about the questions they have?

- ▶ Have Master's/Doctorate prepared nurses available to help mentor the bedside nurse in your organization
- ▶ Help them understand the link between what they do, quality outcomes, evidenced based practice and research
- ▶ Give examples and post them for nurses to read

Have a research day at your organization

- ▶ Be inclusive
- ▶ Start out including quality improvement, changes based on evidenced based practice and research
- ▶ Partner with a school to gain depth of research skills



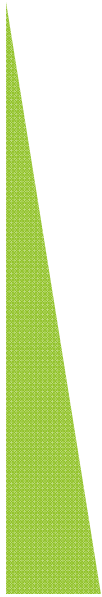


Celebrate

- ▶ Each success is important
- ▶ Honor the work of the staff members on the unit
- ▶ In a thank you note
- ▶ Model looking for evidence based practice examples when you want to make a change
- ▶ Ask nurses if they are interested in participating

Interventions for common nurse sensitive indicators

- ▶ Pressure Ulcers
- ▶ Falls
- ▶ UTI's
- ▶ Preventing Readmissions



Selected Pressure Ulcer Interventions

- ▶ Collect data on evidence of pressure ulcers on admission
- ▶ Collect data on skin integrity at intervals throughout stay
- ▶ Use bed surfaces that decrease friction
- ▶ Keep skin free of excess moisture
- ▶ Change patient position on a scheduled basis
- ▶ Make sure protein intake is adequate

Fall Reduction Interventions

- ▶ Use a fall risk assessment to evaluate persons at high risk for falls at time of admission
- ▶ Identify patients at high risk for falls with colored slippers and wrist band so caregivers know at a glance if patient should not be up without assistance
- ▶ Use bed alarms to tell when patient is trying to get out of bed
- ▶ Have patient Huddles at beginning of shift including stating which patients are at risk for falls.

Falls also happen outside the hospital

- ▶ Standardized assessment is needed
- ▶ Thai falls risk assessment test (Thai-FRAT) developed for community-dwelling elderly
- ▶ Objective: To develop falls risk assessment test that is appropriate for community -dwelling Thai elderly, and to verify this test with a second set of population.
- ▶ Results: The Thai-FRAT could predict recurrent falls after 2 years among the elderly subjects who had had a history of falls during the past 6 months in the second set of population.
- ▶ Conclusion: The Thai - FRAT is a valid and reliable measure of fall risk.

Decreasing Catheter associated Urinary Tract Infections (CAUTI)

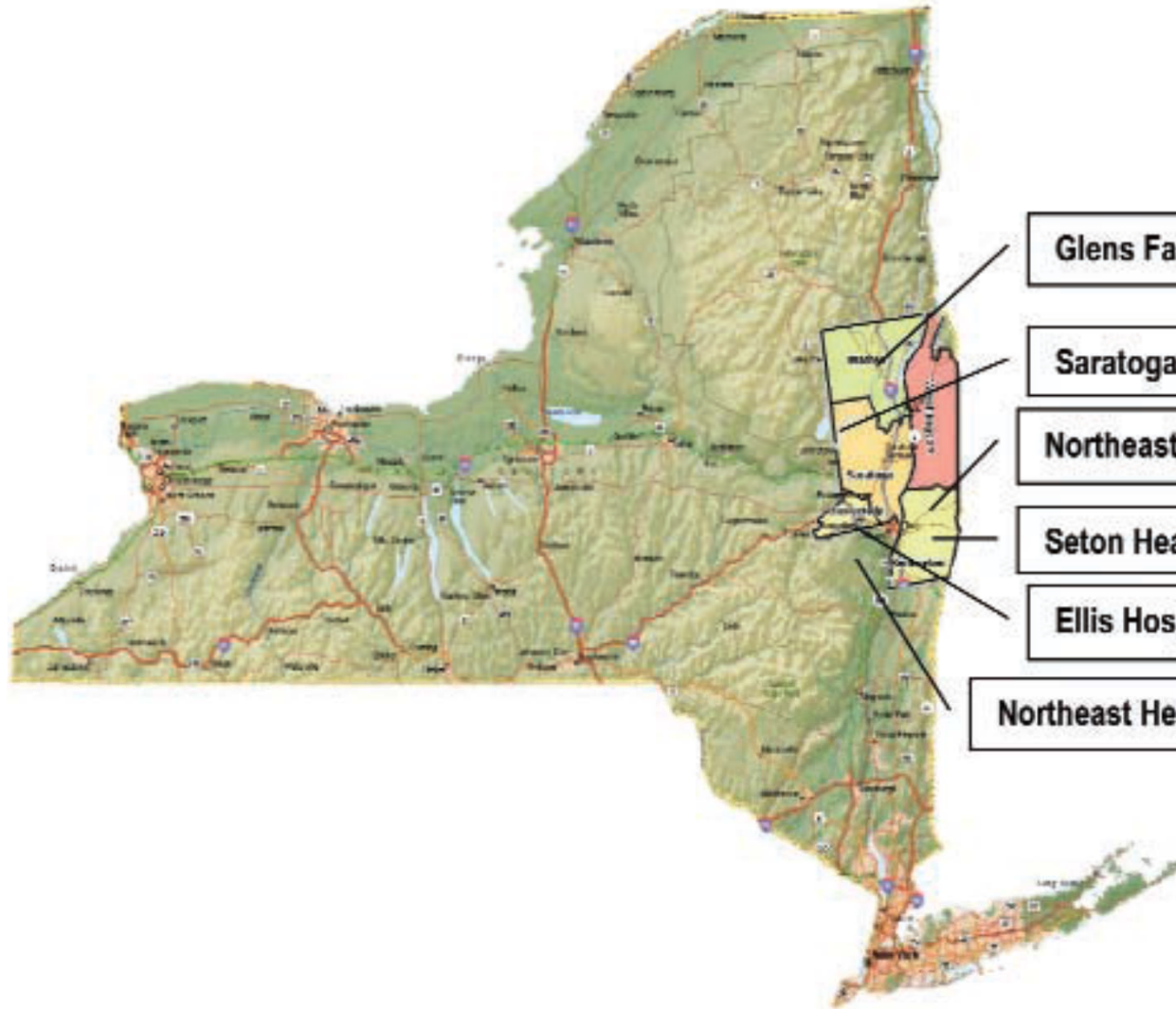
- ▶ Do not insert indwelling catheters for convenience such as tracking intake and output
- ▶ Remove Foley Catheter with 24 hours of surgery unless contraindicated
- ▶ Set up a policy for routine catheter removal with an order needed and reason if it needs to stay in longer
- ▶ Establish a timeline and process for being certain catheters are being removed in the required timeline.

Selected Interventions for Decreasing Readmission Rates

- ▶ Assure understanding of discharge instructions
- ▶ Proper medication reconciliation at discharge
- ▶ Doctor appointment within one week of discharge
- ▶ Homecare referral

Future Challenges

- ▶ Continued demand for data collection to improve quality
- ▶ Educating current nurses on the importance of evidence based practice and participating in research
- ▶ Available funding for research studies
- ▶ Increasing international participation in nursing data bases



Glens Falls Hospital

Saratoga Hospital

Northeast Health / Samaritan Hospital

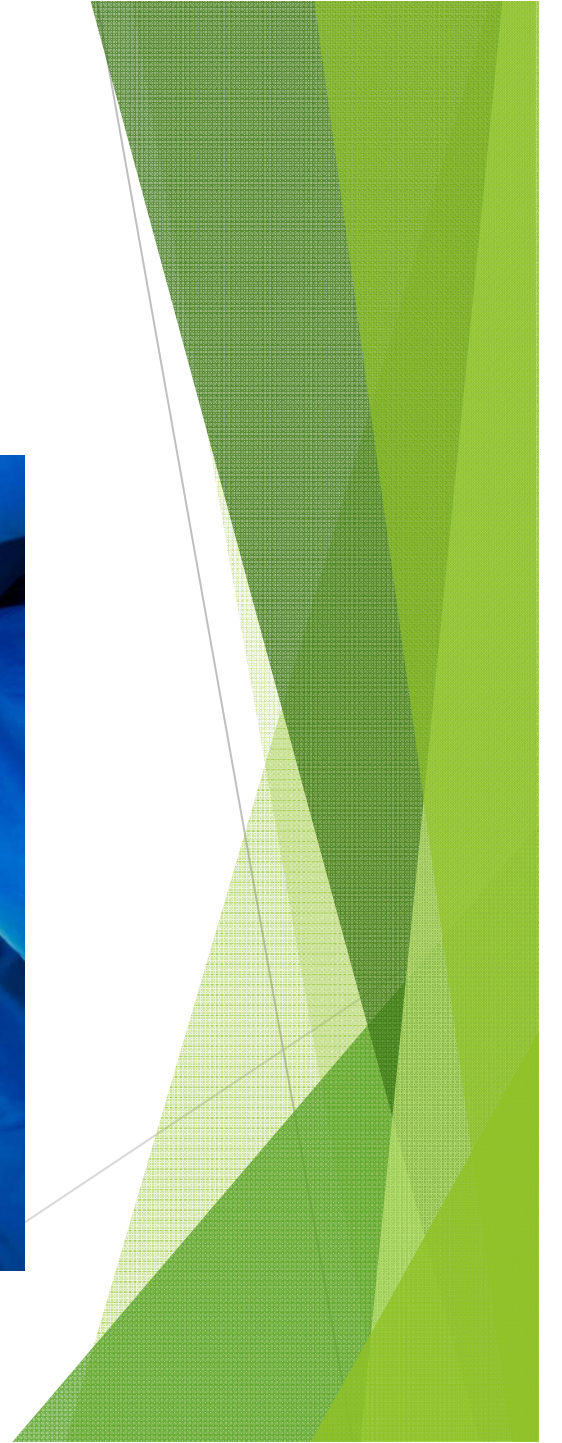
Seton Health/St. Mary's Hospital

Ellis Hospital

Northeast Health / Albany Memorial Hospital

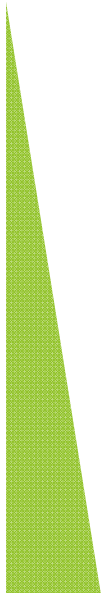
Future Opportunities

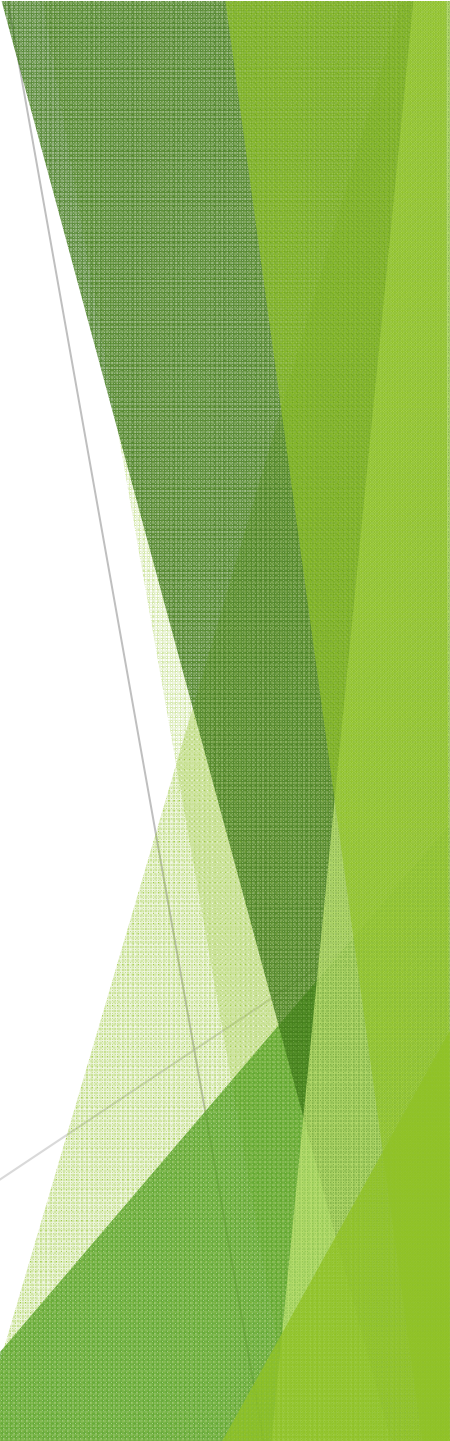

- ▶ Increase community based opportunities for improving health and increasing wellness
- ▶ Increased understanding of patient factors associated with compliance to recommendations
- ▶ Focus on population health
- ▶ Increase use of Advance Practice nurse model
- ▶ Centering appointments/Shared office visits




Nurse Sensitive Indicators

- ▶ It is up to us to demonstrate the benefit of our nursing practice interventions!



- 
- 
- ▶ Assantachai, P., Chatthanawaree, W., Thamlikitkul, V., & Pisalsarakij, D. (2002, February). Strategy to prevent falls in the Thai elderly: a controlled study integrated health research program for the Thai elderly. *Journal of the Medical Association of Thailand*, 85(2), 215-22. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/12081122>
 - ▶ Dunton, N., & Montalvo, I. (2007). *Transforming Nursing Data into Quality Care: Profiles of Quality Improvement in U.S. Healthcare Facilities*. Silver Spring, MD: American Nurses Association.

- 
- ▶ Faith, M. G., Dueweke, C., Meisner, S., & Et al (2008, September). Effect of Nurse-Led multidisciplinary rounds on reducing the unnecessary use of urinary catheterization in hospitalized patients. *Infection Control and Hospital Epidemiology*, 29(9), 815-819.
 - ▶ NDNQI: Transforming Nursing Data into Quality Care. (2013). Retrieved from <http://www.nursingquality.org/About-NDNQI2>
 - ▶ Paciella, M. E. (2009, April). "Bundle" up to prevent pressure ulcers. *American Nurse Today*, 4(4). Retrieved from <http://www.americannursetoday.com/article.aspx?id-5886>

- 
- 
- ▶ Preventing Falls in Hospitals a toolkit for Improving Quality of Care. (2013). Retrieved from <http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallpxtoolkit>
 - ▶ The National Database. (2013). Retrieved from [http://www.nursingworld.org/MainMenuCategories/ThePracticeof ProfessionalNursing](http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing)
 - ▶ Thiamwong, L., Thamarpirat, J., Maneesriwongul, W., & Jitapunkul, S. (2008, December). Thai falls risk assessment test (Thai-FRAT) developed for community-dwelling Thai elderly.