Nurse Sensitive Outcome Indicators: What They Are and How They Are Measured and Benchmarked

Hosted By: The Washington State, Ruckelshaus Nurse Staffing Steering Committee
Presenters

- Gladys Campbell, RN, MSN, Executive Director, Northwest Organization of Nurse Executives

- Mary Foley, RN, MS, PhD(c), Associate Director, Center for Nursing Research & Innovation, UCSF School of Nursing
Background Information

• History: Legislative Concerns
• Goal: Collaborative work on nurse staffing, including nurse sensitive outcome indicators
• Parties to the process:
  – SEIU 1199 Healthcare
  – United Staff Nurses Union 141 UFCW
  – Washington State Nurses Association
  – Washington State Hospital Association
  – Northwest Organization of Nurse Executives
Legislation

• Hospital Based Nurse Staffing Committees
  – Composition – at least 50% bedside staff nurses
  – Create nurse staffing plans
  – Staffing plans reviewed and accepted or rejected by the CEO
  – Post staffing plans
Memorandum of Agreement

- Report staffing as part of adverse event reporting (this is now a regulation)
- Collection of data on Nurse Sensitive Quality Indicators (NSQI)
- Survey what indicators hospitals are collecting
- Identify and collect data on at least five NSQI to be collected by Washington hospitals and shared with their staffing committees
Washington State: Nurse Sensitive Quality Indicators

- Falls
- Falls with injury
- Pressure ulcers
- Nursing hours per patient day
- Skill mix
Reporting

• National Database of Nursing Quality Indicators
• Collaborative Alliance for Nursing Outcomes
• Washington State Hospital Association
NURSING SENSITIVE QUALITY INDICATORS: THE ORIGIN
Professional Nursing
and the Origin of Evidence

Notes on Nursing
what it is and what it is not
by Florence Nightingale
Documenting Nursing Effectiveness

• Florence Nightingale, founder of modern nursing was a visionary

• What Florence Nightingale was documenting in the 1800s we are still trying to prove: Nurses make a difference in patients, families, and communities
Florence Nightingale Made Changes, and Kept Records, to Document Care Improvements at Scatari, 1855

Death rate peaked in February 1855 at mortality rate of 43% of cases treated. Reforms began in March and within 6 months the mortality rate was 2%

What Is the History of Nurse Sensitive Quality Indicators?

• In 1994, The American Nurses Association (ANA) started a long-term commitment to establish that patient care (quality and safety) was linked to nursing care.

• The purpose of this work was to educate nurses, consumers, and policy makers about nursing’s contribution to inpatient hospital care.
NURSING REPORT CARD
FOR ACUTE CARE SETTINGS

Prepared for:
The American Nurses Association

Prepared by:
Lewin-VHI, Inc.
The ANA commissioned a study to determine the nature and strength of the linkages and eventually the first list of possible indicators was narrowed from over 100, to 71, 21, and ultimately, to 11 nursing quality indicators.

Pilot tests were conducted in 1996 (CALNOC was one of the pilots, conducted in California) to test the 11 indicators.
Implementing Nursing's Report Card

A Study of RN Staffing, Length of Stay and Patient Outcomes
F A C T S H E E T

AHRQ Research Relevant to Understanding the Impact of Working Conditions on Patient Safety
AHRQ funded research that further promoted the connection between nurse staffing, nurse work environments, and safe patient care.
IOM Report Specific to Nursing

- Released in 2004
- Organizational culture should reflect a safe environment to encourage the reporting of errors, analysis, and prevention
What Does “Nurse Sensitive” Mean?

• Nurse sensitive quality outcomes are those patient outcomes that have been found, by clinical research, to be uniquely linked to the presence or absence of nursing care.
NURSING SENSITIVE QUALITY INDICATORS: DEFINITIONS OF THE INDICATORS
National Quality Forum (NQF)-endorsed Nursing-Sensitive Measures

Purpose – to promote highest quality and outcomes

Currently there are 15 Nurse Sensitive Indicators:

1. Failure to rescue
2. Pressure ulcer prevalence
3. Falls
4. Falls with injury
5. Restraint (vest and limb) prevalence
6. Urinary catheter-associated UTI (ICU)
7. Ventilator-associated pneumonia (ICU)
8. Central line catheter-associated BSIs (ICU)
9. Smoking cessation counseling for AMI
10. Smoking cessation counseling for heart failure
11. Smoking cessation counseling for pneumonia
NQF-endorsed Nursing-Sensitive Measures

12. Skill Mix
13. Nursing care hours per patient day
14. Practice Environment Scale-Nursing Work
15. Voluntary Turnover
Quality of Care: How is it Defined*

- By Structure - resource use or characteristics of the environment
- By Process - the tools and activities used to improve care (think of risk assessments, admission data bases)
- By Outcomes - Benefits to the patient

*Defined by Donabedian, 1980
Skill Mix and Patient Care Hours - Examples of Structural Measures
Nursing Staffing Characteristics

- Total nursing hours per patient day (HPPD)
  - RN HPPD
  - LPN HPPD
  - UAP HPPD

- Skill Mix

- % Agency Hours

- Turnover Rate
  - National Quality Forum
  - Magnet

- Job Satisfaction

- RN Characteristics
  - Education
  - Certification
  - Years of Experience
Problems exist in the measurement and benchmarking of nursing hours per patient day (NHHP) secondary to a lack of consistency in definition of terms, and a lack of consistency in “who” is included in the hours – including:

- Fixed and Variable FTE
- Direct and Indirect Nursing Hours
- Productive and Nonproductive Nursing Hours
Your staff are complaining that they are overworked. They tell you they don’t get breaks, can’t accomplish their tasks and need more staff. What you see on your daily rounds validates this… in fact you are worried that the staffing may be unsafe. As you fill out your requisition to post for a new position you notice that your Budgeted HRS/UOS are 25.24 and yet the actual HRS/UOS are 27.2. When you turn in your requisition for additional staff this request is rejected by your manager and you are told you cannot have more staff as you are already over budget. What’s wrong??
Example Score Board

Having the Data to Analyze the Problem... Analysis of Variance

| Budgeted HRS/UOS – 25.24 | Actual HRS/UOS – 27.2 |
Example Score Board

Having the Data to Analyze the Problem... Analysis of Variance

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Hospital Acquired Pressure Ulcers - An Outcome Measure
Hospital Acquired Pressure Ulcers

- According to the National Pressure Ulcer Advisory Panel (NPUAP), Pressure Ulcers are measured by **Incidence and Prevalence**
  - Incidence is the rate of new ulcers in a population over time
  - Prevalence is the number of old and new cases at any one time (like a specific day)
Hospital Acquired Pressure Ulcer Indicator

Definition:

- Pressure Ulcers are measured as the percent of patients with stage I, II, III, IV and Unstageable ulcers.
- CALNOC collects both
- Benchmarking is performed against prevalence
Falls=Outcomes
Falls, and Falls with Injury

- The concern is of course with patient injury, but all falls in fact have a risk of injury.

- While the fall is an outcome measure, many process measures are employed to assess and mitigate risk.
There Are Steps That Can Improve Accuracy of Process Measures

- There are common national definitions
- There are clearly defined and consistent processes when activities are expected to be performed
- Reliable tools help make the activities more comparable
NURSING SENSITIVE QUALITY INDICATORS ARE ENDORSED AS NATIONAL STANDARDS
QUALITY—A National Focus

What is the National Quality Forum?

The mission of NQF is to improve American healthcare through the endorsement of consensus-based standards for measurement and public reporting of healthcare performance data that provides meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable, and efficient.
Welcome to the National Quality Forum

The National Quality Forum is a private, not-for-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. The mission of the NQF is to improve American healthcare through endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient. Learn more about the NQF here...

Apply for Membership Now!

NQF Member Benefits. Members are actively involved in activities to catalyze the increased provision of high quality healthcare. Learn about this and many other benefits of membership.

- NQF Brochure
- Membership Application
- Pro-rated Dues Schedule.

What’s New for Members. Review this section to see announcements about NQF member activities.

Upcoming Meetings

- 2004 Meeting Schedule
The first 15 Nursing Sensitive Measures undergo extensive review, evaluation, and consensus approval.
As defined by NQF, the number of “never events” is not known, but what is known is that they result in many deaths and additional health care costs.

Significant implications for nursing include the non-payment for Hospital Acquired Pressure Ulcers and Falls (2 of the critical NSQI you will track).
CMS Roadmap – The ultimate strategic goal – “The right care for every person every time.”
Centers for Medicare and Medicaid Services:
Non-Payment for Never Events

CMS declares there should not be payment for “never events,” like surgery on the wrong body part or mismatched blood transfusion.
Washington State Focus

- Adverse events reporting
- Pledge Not to Bill for Never Events
  - Washington State Hospital Association, Washington State Medical Association, Washington Association of Ambulatory Surgery Centers
- Health Care Authority: Planning for Non-Payment for Never Events
Benchmarking with Nurse Sensitive Quality Indicators
What is a “Benchmark”? 

• In non-health terms, it is a standard, norm, or “yard-stick” to judge one's performance as an individual or company.

• It is a standard measurement or metric used to evaluate the performance of any entity, from schools, to stock portfolios.
Benchmarking Reports

• The purpose of a benchmarking report in healthcare is to give a hospital, and your committees, a succinct summary of your own performance, together with the performance of “like” hospitals.
• Hospital level data may be helpful to senior leaders.
• Unit level data is most useful for clinicians and clinical leaders.
Examples of Benchmarking Reports from the CALNOC Data
CalNOC Falls Over Time
Falls per 1000 Patient Days
All Hospitals Reporting
1998-2005

Performance by averages by type of unit

Falls per 1000 Patient Days

Quarter

MS  CCU  SD
QUESTIONS FOR THE STAFFING COMMITTEES:
Seeking the Information You Will Need

- Where in your facility will you find information on staffing?
- How is that information collected (hours/skill mix)?
- How are patient days collected?
- Who keeps the records for Falls? Pressure Ulcers?
Part II:
Nurse Sensitive Quality Indicators

• Friday, June 19, 2009 (8:00 - 10:00 AM)
• Topic: How Staffing Committees Can Use the Indicators to Measure Staffing Effectiveness
• For connection information, go to www.wsha.org; click on “web casts”, then “View Connection Information”
Thank You for Participating! Questions?
Program Evaluation

• At the end of this webcast we will be emailing you a survey so that you may provide us feedback on our presenters and the usefulness of this presentation.

Thank You!