

July 30, 2020 Magnet® Minute #6

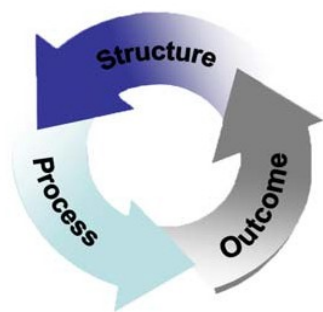
Quality Improvement begins with “Why”?

Empirical Outcomes ask “So What”?



A quality initiative can begin with the question “Why?”...

- Why are we seeing an increase in falls with injury?
- Why are we providing the care this way?
- Why are some other areas/ units doing better in communication scores?

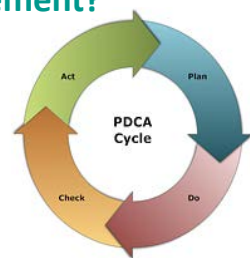


Who can best ask the question WHY?

Staff who are closest to the patient or a process provide the best “view” of processes to improve and become better. They also have the best ideas because they are doing the work every day. Successful Magnet® organizations encourage and engage nurses (structure) to ask the questions and provide ideas for action (process) so that we can make care even better for our patients (outcomes). **Donabedian Quality of Care model**

Once the right question is asked, what is the process for quality improvement?

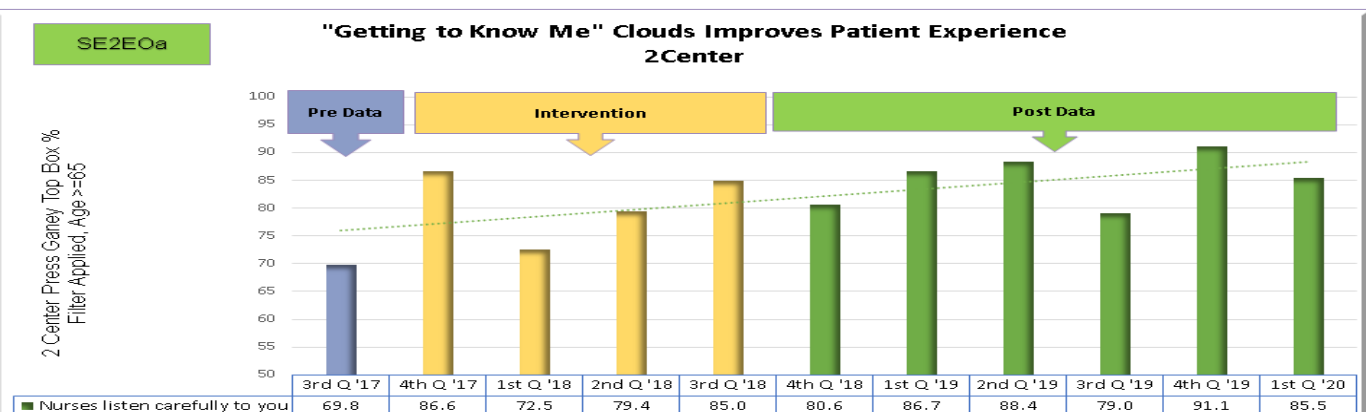
Plan Do Check Act (PDCA) is the standard tool that is used for quality initiatives at Phelps. It provides a step-by-step approach to problem solving. We have multiple venues for nurses to review existing data (often against a national benchmark) and initiate steps toward quality improvement (e.g. Performance Improvement teams, Quality & Safety



Council, unit councils). Following the steps of PDCA keeps the project on track and also provides the narrative for why a project was chosen; how you planned for the change; how you implemented the change; and, if the change met your goals (outcomes).

Empirical Outcomes ask “So What”?

For Magnet® purposes, an outcome is quantitative evidence of the impact of structure and process (intervention) on the patient, nursing workforce, organization, or consumer. These outcomes are dynamic and measurable. **A Positive impact or improvement needs to achieve an outcome or the goal (ask so what?)** We look at trended data (minimum of one pre-intervention data point and three post-intervention data points) to demonstrate an improved trend. Pre-intervention data and post-intervention data must be displayed as a graph with data elements clearly provided, to indicate the effect of an intervention.



What structures & processes are in place to engage team members at all levels in safety and quality improvement? Performance Improvement Care Group (PICG), Quality and Safety Council, Task Forces/Service Lines, Manager and Hourly Rounding, Champions (Skin, Falls, Transfer Mobility Coach)

“Fab 5”: Nurse sensitive indicators (NSI)

Patient Satisfaction

Inpatient:
(Select 4)

- * Falls with injury
- * HAPI stage 2 & above
- Two of the following
- * CLABSI
- * CAUTI
- CDIF
- VTE prophylaxis
- PIV infiltrations

Ambulatory:
(Select 2)

- * Falls w injury
- * Patient burns
- Adverse outcomes: wrong site, side procedure, implant or device
- Return to acute care
- HbA1c target levels
- Extravasation rate
- Antibiotic stewardship
- Delay in treatment
- Telehealth appropriate disposition

Inpatient
(Select 4)

- * Patient engagement
- Patient education
- Care coordination
- Safety
- * Service Recovery
- * Courtesy/Respect
- * Responsiveness
- Pain
- Careful listening

Ambulatory
(Select 4)

- * Patient engagement
- Patient education
- Care coordination
- * Safety
- Service Recovery
- Courtesy/Respect
- Responsiveness
- Pain (d/c in 10/19)
- Careful listening

*Indicates indicators selected for each category in Exemplary Practice (EP), EP18EO (Inpatient Nurse Sensitive Indicators, EP19EO (Ambulatory Nurse Sensitive Indicators), EP20EO (Inpatient Patient Satisfaction), & EP21EO (Ambulatory Patient Satisfaction).

Some ideas: What information is posted in your area that describes quality improvement & shows a positive change (outcome)? During a staff meeting, talk with colleagues about a project your unit was involved in. Can you describe how you share positive outcomes within your area?

How do you celebrate these achievements?

RN Satisfaction (EP2EO): Most recent survey within past 30 months was June 2019)

The categories we’ve selected include 1) adequacy of resources and staffing, 2) fundamentals of quality nursing care, 3) autonomy, and 4) professional development access.

For nurse-sensitive indicators, patient experience, and RN satisfaction data, the **majority of units** must exceed a national benchmark mean or median **for the majority of the most recent 8 quarters of data**

What nurse sensitive quality outcome indicators are represented in our Magnet® document? Check the Magnet document for all of those that end in “EO” (e.g. EP1EO Improve Phelps inpatient patient satisfaction survey top box scores for the care coordination question)

Where do we see trended data?

