Hello and welcome to the University Hospital Health Care System. My name is Diane Tate. We are so excited to have you on our nursing team. I am here today to help you better understand how our healthcare system uses Nursing Sensitive Quality Indicators – also known as the NDNQI - to enhance quality care outcomes, improve training procedures, establish best practices, and improve patient satisfaction. These indicators also help in workflow and the recruitment and retention of quality staff. You play an important part of this. You are our eyes and ears when it comes to safe evidence-based practice and reporting data to help evaluate our Nursing Sensitive Quality Indicators.

We are very fortunate to be one of the 1100 facilities in the United States providing the data to NDNQI to fulfill nursing's commitment to advancing our knowledge base to evaluate and improve patient care. The NDNQI is a national nursing database evaluating nursing care that provides annual and quarterly reporting of three major indicators which evaluate nursing care. In 2018, the authors Griggs, Wiechula & Cusack described those indicators as structure (staff/skill competency), process (patient assessment, nursing intervention, and job satisfaction) and outcome of patient care related to the quantity or quality nursing care. NDNQI is managed by a company named Press Ganey. Press Ganey sends us surveys for the data needed and then provides participating facility research driven reports with statistics and data themes. Multiple authors including Smith (writing in 2018) and Griggs, Wiechula & Cusack point out that this data allows us to understand what we are doing well in our facility and what we need to improve on, in comparison to national data, to enhance patient safety, patient care outcomes, and organizational performance reports.

Now I’d like to share an example, Our Chief Nursing Officer used the NDNQI ratios and acuity data on staffing to validate the need various levels of nurse staffing. Authors Mangold and Pearson, writing 2017, identify how this type of data can contribute to significant changes to our staffing matrix and ratios because of the data produced by nurses like you. Our nurses are better able to provide quality care as a result of this information and our patient satisfaction scores have almost doubled over that past 6 months.

Imagine a small snowball made of 5 pieces of snow, then imagine one made of 100 pieces of snow, and one made of 1100 pieces of snow…the greater the number the bigger the impact. If you were in the snowball fight, do you want the snowball made with five snowflakes or the one made with 1100 snowflakes? The same is true of the data in the NDNQI, when one facility implements a change the data from the change is shared with everyone through NDNQI so the dissemination of information is relatively quick and provides real time evaluation data.

For another example, over the past few months, we have experienced a dramatic rise in catheter-acquired urinary tract infections also known as CAUTIs and Hospital Acquired Conditions throughout the facility. This has dramatically affected the quality of patient care and ultimately our Press Ganey patient satisfaction surveys. Our rate of CAUTIs and Hospital Acquired Conditions have also impacted our rate of Medicare reimbursement. We have experienced a 1 percent reduction in reimbursement related to this CAUTI and associated HAC increase. Porter (2018) estimates CAUTI costs to be over $10,000. To give this number a little more impact, the Robert Wood Johnson Foundation Interdisciplinary Nursing Quality Research Initiative reported in 2015 that there was a total of $330 million dollars lost in Hospital Acquired Conditions penalties across 721 facilities.

Our nurses have identified CAUTI in their patients with indwelling catheters as a concern as well as other Hospital Acquired Conditions. Recognizing that they are the first line of defense for patient safety, our nurses are participating in a hospital wide Acquired Condition Reduction Program modeled after the Centers for Medicare and Medicaid services (n.d). Our initiative looks at all infections acquired during treatment in this facility. I encourage you to look at this website. As a nurse you are the leader of healthcare quality, we depend upon you as the expert in patient care. YOU are extremely powerful in contributing to patient care in not only preventing CAUTIs but in providing a timely reporting of needed data in the Press Ganey surveys so that our data is contributed to NDNQI.

You May Ask… How Can I Help?

Nurses have an essential role within the interdisciplinary healthcare team. They are responsible for collecting and reporting data for the NDNQI. The data collected will contribute to improved outcomes, improved patient safety, and an overall improved patient experience. In our facility we provide the data using online surveys received from Press Ganey, all members of the interdisciplinary healthcare team receive the surveys. In a personal communication, our Chief Nursing Officer, Dr. Smith, underscored that the current facility best practice is to check your hospital email every day you work and complete any surveys sent to you. The data is very easy to enter into the survey. Dr. Smith stated that in the beginning there was a lot of lag time between data entry by the interdisciplinary team and the time the survey was sent out but that has improved. We have a quality team at the hospital responsible for supplying the general data related to CAUTIs. Other data provided to Press Ganey includes incident reports, patient admission dates, length or stay, readmission data, number of patients with catheters vs patients with CAUTIs diagnosed in facility vs after discharge. To learn more about Press Ganey please go to their website.

Your job as a nurse is to provide care according to the current practice policies, complete all required documentation which includes all popups on CAUTIs and then to enter data when emailed a survey from Press Ganey. Your role is incredibly powerful in this initiative because as you know we have a huge amount of responsibility in placing, caring for and assessing indwelling catheters and straight caths. Imagine if your work in completing all required documentation and some quick online surveys prevents future CAUTIs, the impact would be huge!

I would now like to discuss what we do WITH THE DATA

The data you provide, and which is found in the patient records provides insights into how the nursing care and interventions we provide influence patient outcomes. The data found within the NDNQI gives healthcare leaders an understand of what actions influence quality and patient safety. Within the NDNQI the data is trended and the themes and or statistical information is pulled out to help guide safety and quality initiatives.

Within this organization we have quality improvement teams on each unit where data from NDNQI and plans for improving quality are shared. We use the data for guiding us in creating quality improvement plans and ensuring patient safety. Quality improvement teams on your unit will share updates with the NDNQI data and how we plan to use the data.

As we wrap up I’d like to share some ideas about how your actions IMPACT HEALTH CARE IN GENERAL

Your involvement in accurate charting and completing surveys provides data used for the greater science of nursing. This information helps the nursing profession to identify nurse-sensitive indicators of quality to use for improvement in our patient care. Our nursing leaders use the NDNQI data to determine the best practices for their unit and facility to improve both quality care outcomes and workplace safety, including nurse patient staffing ratios.

Our facility models itself after the 2015 Robert Wood Johnson Foundation Interdisciplinary Nursing Quality Research Initiative Policy Brief for not only quality and safety improvement, but to achieve higher outcome-based hospital payments. Our Value Based Purchasing program provides acute care facilities incentive money when the facility has good performance on quality measurements and makes improvements in the facilities quality and safety of care. There is also an overlap of the Value Based Purchasing program and the Medicare reimbursement program so facilities are able to potentially have double the financial benefit because the nurse sensitive outcomes influence the requirements for full reimbursement from Medicare. John Hopkin’s hospital has been a leader in using the NDNQI data to make improvements in safety and quality with a 41% reduction in CAUTIs with the use of national data on nursing interventions from NDNQI. Nursing leaders need to work to ensure they use the data from the nursing sensitive outcomes to make improvements in care within individual facilities and units.

In CONCLUSION

Our involvement in NDNQI is a wonderful and positive influence on the profession of nursing and patient care. Your responsibility is to ensure you have accurate and complete documentation and to complete any Press Ganey surveys you receive. Our role as a facility is to provide all additional data to NDNQI and to support you in your work while focusing on quality improvement and sharing data with you from NDNQI and our quality improvement work. The success of NDNQI is relying on our commitment to provide data in a timely manner and then to use the national data to make improvements at the facility. Nurses are at the front line of quality improvement and evidence-based practice. We can all make a huge improvement in patient care. You are a valuable asset to our team!

Thank you!