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THE NATIONAL NURSING QUALITY REPORT – CANADIAN (NNQR-C)

Presenters:

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**NLN.ON Conference: *Nursing Leadership - Taking Accountability for
Quality Care***

March 21-22, 2013

Toronto, Ontario



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Objectives

- Provide overview of the NNQR-C
 - Background / Context
 - Purpose
 - Methodology
 - Benefits
- Discuss next steps of the NNQR-C
- Invite questions and comments

Project Co-Leads

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- Diane Doran, RN, PhD, FCAHS
- Lori Lamont, RN, VP & CNO WRHA

The National Nursing Quality Report is funded by Canada Health Infoway and Canadian Nurses Association

NNQR-C project team

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Context

- In the fall of 2010, ACEN made the decision to focus on nurse sensitive indicators
- This priority reflects the trend toward accountability:
 - Health systems must be able to access reliable data about the care individuals receive and about the outcomes the system achieves.
 - By linking the care to the outcomes, outcomes measurement initiatives have become key elements in developing better ways to monitor, measure, and improve the quality of care.

Aim of the NNQR-C

- The NNQR-C will enable nurse leaders in Canada to exercise their accountability over quality of care issues that are sensitive to nursing.
- Aim is to build a national database of nursing quality indicators that will make the most meaningful contribution towards timely, effective, and efficient decisions about the organization and delivery of patient care for improved outcomes.

Background

- Knowledge synthesis report: *Toward a National Report Card in Nursing: A Knowledge Synthesis* (Doran, Mildon & Clarke, 2011)
- “Think Tank” meeting February 2011
- Recommendations for indicators – structure, process, outcome
- Canada Health Infoway (CHI) proposal submitted August 2011 – *Health System Use Demonstration Project*
- Health Canada proposal September 2011 - *The Canadian National Nursing Quality Report Initiative: Consensus on Quality Indicators and Development of Dashboard Template*

The National Database of Nursing Quality Indicators (NDNQI)



The NDNQI, established in 1996 by the American Nurses Association, is one of the earliest outcomes databases and the first national database in the United States

- Voluntary national nursing quality measurement program
- Structure, process and outcome indicator data collected at the nursing unit level electronically
- 20% of database members participate to meet requirements of magnet recognition program; 80% participate voluntarily to improve nursing quality
- Quarterly and annual reports are available 6 weeks after reporting period

Source: Montalvo, 2007; NDNQI, 2010

The National Database of Nursing Quality Indicators (NDNQI)

Nurse Sensitive Indicators:

Structure

- Patient population
- Hospital Category
- Type of unit
- Number of staffed beds
- Nursing hours per patient day
- Staff mix
- Nursing turnover
- Percent agency staff
- Practice environment

Process

- Pediatric peripheral intravenous infiltration
- Psychiatric physical/sexual assault
- Restraints use

Outcome

- Nosocomial Infections
- Patient falls
- Pressure ulcer rates
- Ventilator Associated Pneumonia

The National Database of Nursing Quality Indicators (NDNQI)

Benefits of the NDNQI

- Data used to inform efforts to improve safety and quality of patient care
 - may be trended over several quarters to examine progress
 - used to establish organizational goals
- Comparison reports can be benchmarked to state, national and regional results

NNQR-C Vision & Scope

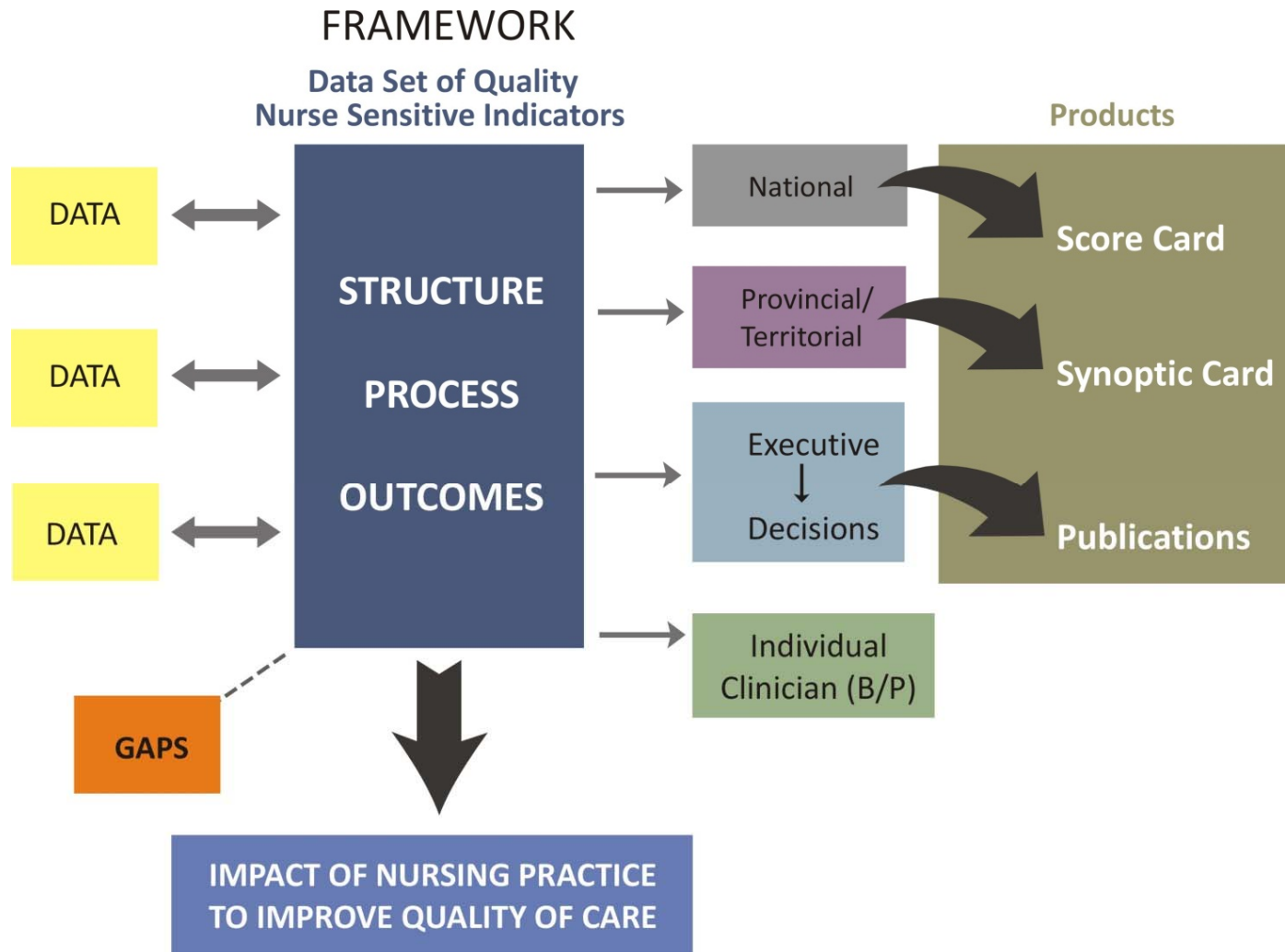
NNQR-C envisioned as a minimum set of input, process and outcome indicators that can be:

- Collected nationally across the continuum of care;
- Be readily available through dashboard applications in healthcare institutions; and
- Be benchmarked and used to influence policy directions for nursing to improve client outcomes in all care settings.

NNQR-C Pilot Implementation

- Pilot and evaluate a new outcomes monitoring system with a focus on nurse sensitive indicators, utilizing existing databases (HOBIC/C-HOBIC, RAI, DAD, MIS).
 - Implement a national nursing quality report that will generate a dashboard of nurse sensitive indicators,
 - Evaluate the feasibility and costs associated with producing the indicators for health care organizations,
 - Evaluate the potential of these indicators to impact organizational quality improvement and quality outcomes.

Framework



Alignment with other initiatives

- Align with C-HOBIC and RNAO NQuiRE
 - Health Outcomes for Better Information and Care focuses on patient outcomes sensitive to nursing care in acute care, LTC, home care, and chronic care settings
 - **Nursing Quality Indicators for Reporting and Evaluation** is a nursing quality improvement database to foster technology-enabled indicator measurement of client and nurse outcomes.
- Collectively, aim to contribute to the health outcomes through use of best evidence, and its impact on patient, organization and system outcomes.



Methodology

Participating Pilot Sites

Nine pilot sites across three provinces representing acute care, long-term care/complex continuing care and mental health

- Manitoba – 3 Long-Term Care facilities
- Ontario – 7 Mental Health units, 5 Acute Care units, 4 LTC/CCC units
- New Brunswick – 4 Acute Care units, 2 LTC units

Indicators

- Structure, process and outcome indicators
 - Structural indicators reflect the context of care
 - Process indicators describe the care provided
 - Outcome indicators describe how patients' outcomes change as a result of the care
- Nurse survey
 - 4 item Global job Satisfaction Scale (Laschinger)
 - Practice Environment Scale (Lake)

Structure Indicators

1. Percentage of RN hours worked for inpatient care
2. Total nursing hours worked for direct inpatient care per patient day.
3. Nursing inpatient services total worked hours per weighted case
4. Percentage of nursing care hours (Full-time and/or Part-time Nurses only) as paid absenteeism
5. Percentage of voluntary turnover among full- and permanent part-time staff

Process Indicators

1. Percentage Completed Fall Risk Assessment on Admission
2. Percentage with pressure ulcer risk assessment completed on admission
3. Percent Appropriate Hand Hygiene Practice
4. Percentage of Patients with Restraints
5. Percentage of residents physically restrained daily on the most recent RAI assessment
6. Medication Reconciliation – Percentage of Patients Reconciled at Admission

Outcome Indicators

1. Percentage of patients with pain
2. Incidence of Pressure ulcers
3. Mean Therapeutic Self-Care score at discharge
4. Falls Rate per 1000 Patient Days
5. Percentage of Falls causing Injury

Mental Health Indicators

1. Percent of patients with improved Aggressive Behaviour Score
2. Mean Self-Care Index Score on discharge or most recent assessment

Data collection phases



1. NNQR-C Implementation:

- Quarterly indicator data collected through CPSI Patient Safety Metrics system
 - Dedicated loading page on CNA website
 - Data aggregated by hospital type and unit type.
 - PSM system will provide dashboard reports
- Annual nurse survey – job satisfaction and work environment

2. Feasibility and Benefits Evaluation:

- User Satisfaction Survey – assess satisfaction with PSM online data collection system
- Site interviews – explore challenges of data submission and utility and benefits of data reports

Login Page

Patient Safety Metrics: **Measuring to Reduce Harm**  CANADIAN NURSES ASSOCIATION  ACEN ACDSI

[Login](#) [Enroll](#) [Version française](#)

Note: to access the Patient Safety Metrics system, please use Internet Explorer as your browser, rather than Firefox or Chrome.

National Nursing Quality Report – Canada (NNQR-C)

Please enter your Email and Password in the fields below:

Email

Password

[Forgot Password?](#)
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New User Registration
Please contact the Central Measurement Team at 416-946-3103 or metrics@saferhealthcarenow.ca

Support & Training Sessions
Download the [PDF version](#) of the Training Manual.
Watch a recorded Patient Safety Metrics Training Session (in English) either [online](#) or by using [Windows Media Player](#).

Measurement & Interventions
[Safe Healthcare Now! interventions](#) combine clinical and patient safety improvement expertise. They are designed to give you everything you need to implement, measure, and evaluate your patient safety initiatives.
We recommend you download the [Getting Started Kit](#) for the intervention you are interested in using. The kits are comprehensive practical resources that engage healthcare teams and clinicians in a dynamic approach to quality improvement and give you a solid foundation for getting started.

Hand Hygiene Self-Assessment Framework
[On-line Hand Hygiene Self-Assessment](#) (adapted from WHO Hand Hygiene Self-Assessment Framework 2010)

[Training Manual](#) | [Privacy Policy](#) | [Safer Healthcare Now](#) | CPSI | Copyright © 2010 ABS System Consultants 1.38

Project Support and Communication

- Communities of Practice meetings – discuss experiences and respond to questions
- Site Coordinators – provide leadership and liaison at the site level
- U of T Project coordinator – facilitate support to sites, liaison between sites and project Co-Leads
- NNQR-C User Manual & PSM procedure manual
- PSM system training webinar and ongoing data submission support
- Bi-weekly Co-Lead meetings
- Monthly progress meetings with Canada Health Infoway

Project Status and Next Steps

- Sites entering indicator data into PSM online system – aiming for four quarters of data
- Refinement and clarification of indicator definitions ongoing
- Nurse survey launched on NurseOne portal
- Three Community of Practice meetings (next one in April)
 - Enabling Nurses to Take Accountability for the Quality and Safety of Care
 - Using Indicator Data to Improve Practice
 - Patient Safety Metrics- Measurement Accelerating Improvement
- Feasibility & Benefits evaluation starting in June – User Satisfaction survey, Site Interviews

Benefits of NNQR-C to the Organization

- Unit level benchmarking reports enable assessment of unit performance and where improvements are needed.
- Apply facility level data trends in setting goals and monitoring performance of improvement initiatives.
- Standardized information about nursing services at a national level provides tools for needs-based planning and the allocation of resources.
- Enable examination of relationships among nurse staffing and care processes, and patient outcomes.

How can the NNQR-C assist front-line nurses?

- Inform best practices, drawing attention to positive outcomes and excellence in care at the unit level
- Enable clinical nurses to determine outcomes of their practice in terms of strengths and possible opportunities for improvement
- Provide opportunity to engage in dialogue with other disciplines about quality issues relevant to nursing practice.
- Support evidence based practice, applying relevant research findings to patient/client care plans
- Promote collaboration between nursing staff and

How can the NNQR-C assist nurse managers/leaders?

- Unit level benchmarking reports enable assessment of unit performance and where improvements needed.
- Promote application of facility level data trends in setting goals and monitoring performance of improvement initiatives.
- Informs need for staff development and learning opportunities related to outcome measurement
- Promote involvement of staff nurses in quality improvement initiatives
- Inform best practices, drawing attention to positive outcomes and excellence in nursing care

Governance & Leadership

- Advisory Board – representation from provincial and territorial policy makers, health councils, professional associations and researchers.
- Steering Committee – site Chief Nurse Executives and project leaders, Co-Leads, research team.
- Leadership from research team, project staff and site leads/coordinators

Conclusion

- Use of evidence-based, meaningful, and actionable quality indicators is critical for quality performance and patient safety as an essential component of accountability for a sustainable health care system.
- Standardized nursing data will facilitate comparison of outcomes across healthcare facilities, identification of promising practices to the delivery of care, and will provide more effective tools that will be essential to needs-based healthcare planning across Canada.



Questions or comments?

Thank-you