



# Workshop: Nursing Sensitive Indicators

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The level of patient care your facility provides is imperative—it dictates your facility's financial success, as well as its reputation in the community. For this reason, different indicators exist to measure the quality of patient care. *Nursing-sensitive indicators*—developed by the American Nursing Association (ANA)—gauge aspects of patient care directly related to the quality and quantity of nursing care. They're therefore important for facilities to use.



“Quality is ballet, not hockey” Crosby 1996





# What is a nursing-sensitive indicator?

Nursing-sensitive indicators are the **central quality indicators** (measures) used to monitor and report the quality of nursing care and nursing services' contribution to patient care. They sensitively reflect structure, process and outcomes of nursing care, and the influences of nursing workload and process on outcomes

A **quality indicator** is 'a measure of the clinical management and outcome of care; a method of monitoring consumer/patient care and services which attempts to 'flag' problem areas, evaluate trends and so direct attention to issues requiring further review' (Australian Council on Healthcare Standards, 2012).

These indicators are said to reflect **three aspects of nursing care**: structure, process, and outcomes.





# Benefits of nursing-sensitive indicators

- Nursing-sensitive indicators help facilities determine the link between patient outcomes and the nursing care the facility provides.
- By showing a deficit in a particular area of nursing care, indicators help a facility justify the need for increased nursing staff.
- Nursing indicators also help a facility effectively use additional staff by identifying where and how the staff is needed.



# Benefits of nursing-sensitive indicators

- Quality improvement - Unit-level comparisons of staffing data and patient outcomes with units in like hospitals
- Satisfy reporting requirements
- RN retention effort and RN recruitment
- Patient recruitment
- Nursing administration (budget planning, resource allocation)
- Staff education (Expanding evidence-based practices.)
- Research

(Anderson, Manno, O'Connor, & Gallagher, 2010)



# Why do we (FPNL) want to do it?

- Engage nurses in quality-related activities
- Develop reliable methods for data collection
- Empirically test indicators
- Build a database for nursing-sensitive indicators
- Build collaborative relationships with hospitals and other healthcare facilities
- Educate all consumers of care about nursing



# Indicator selection criteria

- It must be an indicator sensitive to the input of **Nursing Care** - nursing plays a key role
- The indicator must be trackable
- Must be widely regarded as having a strong link to nursing quality
- Recognition is vital to improving the quality of care provided
- Nurses to be trained in the best practices associated with the interventions or practices





# 3 Aspects of Nursing Care

- **Structural indicators:**

- A structure indicator reflects the availability of resources in the health system. It describes physical, organizational and other characteristics of the system (American Nurses Association, 1996; Mainz, 2003).
- It includes the supply of nursing staff, the skill level of nursing staff, and the education and certification levels of nursing staff.

- **Process indicators:**

- A process indicator assesses the process of care nurses provided to patients, which are important and often linked to patient outcomes (American Nurses Association, 1996; Mainz, 2003).
- It measures methods of patient assessment and nursing interventions. Nursing job satisfaction is also considered a process indicator.



# 3 Aspects of Nursing Care

- **Outcome indicators:**

- An outcome indicator measures what happens (or does not happen) to a patient following an episode of care (American Nurses Association, 1996; Mainz, 2003).
- It reflects patient outcomes that are determined to be nursing-sensitive because they depend on the quantity or quality of nursing care. These include things like pressure ulcers and falls.
- Other types of patient outcomes are related to other elements of medical care and are not considered to be nursing-sensitive – these include things like hospital readmission rates and cardiac failure.

# 10 Original Indicators



- Patient satisfaction
  - with pain management
  - with nursing care
  - with overall care
  - with medical information provided
- Pressure injuries
- Patient falls
- Nurse job satisfaction
- Rates of hospital acquired infections (nosocomial infections)
- Total hours of nursing care per patient, per day
- Staffing mix (ratios of RNs, LPNs, and unlicensed staff)



# List of Structure Indicators

- Nursing Hours per Patient Day
  - Registered Nurses (RN) Hours per Patient Day
  - Enrolled and Auxiliary Nurses (EN/AN) Hours per Patient Day
  - Unlicensed Assistive Hours per Patient Day (Care workers/Surgical technicians)
- Nursing Turnover Rate
- RN Education
- Staff Mix
  - RN
  - EN/AN
  - Percentage Agency Staff
  - Unlicensed Assistive Staff



# List of Process Indicators

- Patient Falls (Process and Outcome)
- Patient Falls with Injury (Process and Outcome)
  - Injury Level
- Pressure Injury Rate (Process and Outcome)
  - Community-acquired
  - Hospital-acquired
  - Unit-acquired
- Paediatric Pain Assessment, Intervention, Reassessment (AIR) Cycle
- RN Survey (Process and Outcome)
  - Job Satisfaction Scales
  - Practice Environment Scale (PES)





# List of Outcomes Indicators

- Nosocomial/Hospital Acquired Infections
- Patient Falls
- Patient Falls with Injury (Process and Outcome)
- Pressure Injury Rate (Process and Outcome)
- Paediatric - Peripheral Intravenous Infiltration
- Psychiatric - Physical/Sexual Assault
- Restraints
- RN Survey (Process and Outcome)



# The goal of the workshop

- Identification of a core set of indicators
- The development of a reporting system and a database
- Pilot testing of the indicators
- Development of a system to identify and manage membership
- Integration of the data into a national FPNL database
- Development of the risk adjustment strategy



# Next steps

- List of identified indicators
- Database
- Reporting schedule
- Sign in management system
- Results
  - Data
  - Graphs
  - Strategies

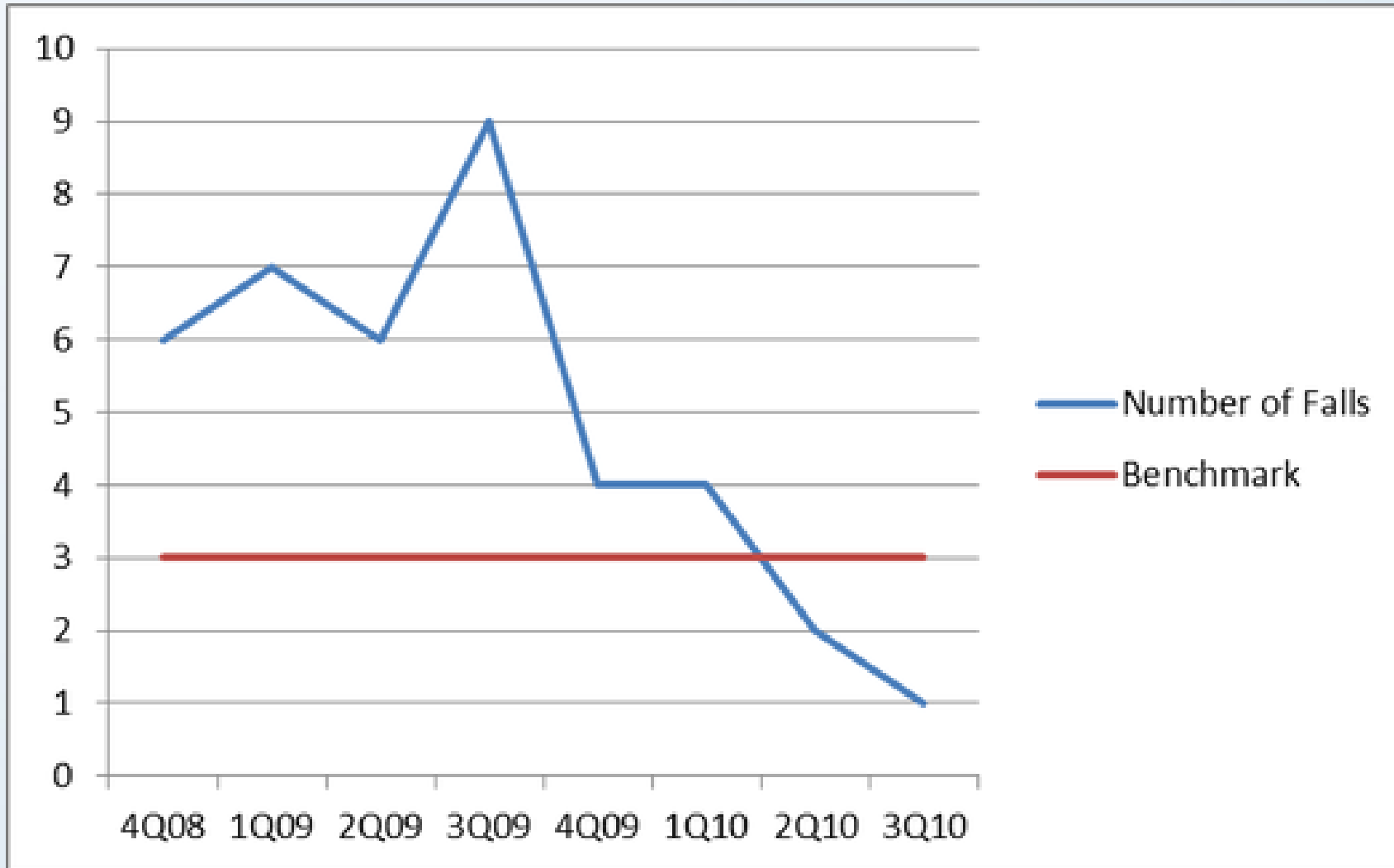




# Data/Reports Summary

	Pt falls	Jan	Feb	Mar	Apr	May	Jun	Pt falls with injury	Jan	Feb	Mar	Apr	May	Jun	Pressure injury	Jan	Feb	Mar	Apr	May	Jun	Staff assault	Jan	Feb	Mar	Apr	May	Jun
1	AHP 1							AHP 1							AHP 1							AHP 1						
2	AHG 1							AHG 1							AHG 1							AHG 1						
3	DHP 1							DHP 1							DHP 1							DHP 1						
4	SAP 1							SAP 1							SAP 1							SAP 1						
5	PHP 1							PHP 1							PHP 1							PHP 1						
6																												
7																												
8																												
	<b>MEAN</b>							<b>MEAN</b>							<b>MEAN</b>							<b>MEAN</b>						





*IPFW Hospital  
Total Falls per 1000 Patient Days  
IPFW Hospital Medical Unit*

*During the 3rd quarter in 2009, the hospital implemented new bed alarms.*



# FEEDBACK INSTRUCTIONS

- Write your name and email address on p1

**DELEGATE FEEDBACK:** \_\_\_\_\_

- Prioritise 5 indicators your facility would include (p1-3)

**Phase 1 Indicator Identification**

**Comments**

**1**

**2**

**3**

**4**

**5**

- Please send an email to [info@fpnl.co.za](mailto:info@fpnl.co.za) to verify your email address

Email Subject Line: NSI Workshop 24/5/2018