Nurses Unique Contributions to Health Care: Nursing Sensitive Indicators

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Objectives

1. Define nursing as an art and science
2. Describe Nursing Sensitive Indicators and give examples
3. State Nurses unique contribution to healthcare related to Nursing Sensitive Indicators
4. Discuss how Nursing Sensitive Patient Outcomes might be unique to oncology patients
5. Discuss the role of the nurse in Nursing Sensitive Indicators
How do you we define Nursing?

–Protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations

Art of Nursing

• Nursing focuses on the promotion and maintenance of health and the prevention of disease, illness or disability

• Nursing includes diagnosis and treatment of human responses to actual or potential health problem

Science of Nursing

• Based on a critical thinking framework known as the Nursing Process which includes assessment, diagnosis, outcomes identification, planning and implementation

• Systematic method for taking independent nursing action: helped to dispel the notion that nursing practice is based on carrying out physician orders

• Streamlines the focus on each patient’s individual health care needs

What are Nursing Sensitive Indicators (NSI)?

• Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care

• Demonstrate that RN’s make cost effective difference in providing safe, high-quality patient care

  – Donabedian, A. The Quality of Care, JAMA 1988
Structure of Nursing Care

• Indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff
Process Indicators of Nursing Care

• Measures aspects of nursing care such as assessment and intervention and RN job satisfaction
Outcomes Indicators of Nursing Care

- Are the patient outcomes that are determined to be nursing sensitive
  - Such as those that improve if there is a greater quantity or quality of nursing care
  - Examples are hospital acquired pressure ulcers, patient falls, and intravenous infiltrations
Nurse Sensitive Indicators:

• Are every bedside nurses responsibility
• Best practice and evidence based standards related to specific phenomena (NSI) must be adhered to positively impact patient outcomes
• Data related to NSI tells the story of how well we as nurses are doing
Process Indicators of Nursing

• Remember process indicators measure the aspects of nursing care, more specifically our nursing assessments and subsequent nursing interventions.
Process Indicators: Consider Our Role as Nurses

• Conduct accurate, timely, and ongoing assessments
  – Fall Scale
  – Skin Risk Score
  – Pain Scales
  – Systems review

• Implement all ‘minimum’ components (i.e. nursing interventions) of the necessary policy and/or protocol
  – Falls bundle
  – Skin Interventions
  – CAUTI Bundle
  – Central Line Bundle
Process Indicators: What’s YOUR role in the Nursing Process after Assessment?

• What is the diagnosis?
• What measurable outcomes will you set for your patient?
• How will you implement and evaluate the effectiveness of the plan?
• Ask the question(s):
  – “What does this score or assessment findings mean to this patient?”
  – “Are the standard interventions enough?”
  – “Are the appropriate interventions in place?”
  – “What additional patient specific interventions should be initiated?”
Outcome Indicators:

Outcome indicators focus on tracking those events we don’t want to happen while the patient is hospitalized.

– *Falls, pressure ulcers, CA-UTI, CLABSI, etc…*

• Remember the evidence states that the greater the **quantity and quality** of nursing care the better the outcomes.

• So we must center our attention on evidence based nursing interventions aimed at decreasing or eliminating these phenomena.
Where do NSI come from?

• The National Database of Nursing Quality Indicators (NDNQI®)
  – Developed by the American Nurses Association and provides
    • A repository for nursing-sensitive indicators
    • The only database containing data collected at the nursing unit level
    • Provides a process to standardize data submission and policies for maintaining confidentiality

Primary focus of NSI

• Participating hospitals:
  – Data is collected and submitted at the UNIT level
  – Information comes from the nurses who provide Direct Patient Care
  – Nursing-sensitive outcomes (those outcomes that are directly related to nursing care)
  – Reported by unit type
Nursing Sensitive Indicator List

• Cather associated urinary tract infection (CAUTI)
• Central line associated blood stream infection (CLABSI)
• Injury Fall Rates
• Falls Rates
• Patient Days
• Hospital Acquired Pressure Ulcers
• Restraint Prevalence
• Ventilator associated pneumonia (VAP)

– The National Database of Nursing Quality Indicators (NDNQI®)
Nursing Sensitive Indicator List

• Assault/Injury Assault Rates
• Nursing Staff Skill Mix
• Nursing Hours per Patient Day
• Peripheral IV Infiltrations
• Pain Assessment/Intervention/Reassessment Cycle
• RN Education/Certification
• RN Survey
• Voluntary Nurse Turnover

– The National Database of Nursing Quality Indicators (NDNQI®)
NDNQI Unit Types

• Adult & Pediatric
  – Critical Care
  – Step Down
  – Medical
  – Surgical
  – Medical/Surgical Combined
  – Bone Marrow Transplant

• High Acuity
  – Moderate Acuity
  – Blended Acuity
  – Burn Unit
  – Universal Bed
NDNQI Unit Types

- Critical Access
- Long term Acute Care
- Obstetric
- Neonatal: I, II, III
- Rehabilitation
- Peri-operative
- Emergency Department

- Psychiatric
  - Child/Adolescent
  - Adult
  - Geriatric
  - Other
NSI: Implications for Nursing

• Evaluate nursing care at a level specific and meaningful for intervention

• Knowledge sharing of unit specific information allows changes to occur by including those in the exploratory and improvement process

• Data provide a view of nursing characteristics amenable to learning and to change
What are the Unique Contributions of Nursing to Healthcare?

- Nursing Sensitive Indicators
  - Help define what our impact as a nurse is on the patient’s overall care
  - They are sensitive to the input of nursing care
  - By demonstrating a high degree of specificity to nursing outcomes, they are our UNIQUE contribution to healthcare
What Must Guide Nursing Interventions?

- Providing evidence for nursing interventions and outcomes is essential to
  - all aspects of patient care
  - patient and family teaching
  - development of standards of care
  - policies and procedures

  - Oncology Nursing Society, Putting Evidence Into Practice (2009).
Outcome Indicators: What’s YOUR role as Oncology Nurse?

• Ensure that standards/policy/protocols and ‘minimum’ interventions are in place (i.e. Oncology Nursing Society Standards, hospital specific related to falls, skin, indications for urinary catheter, etc)

• Implement individualized patient interventions
  – These take the standard interventions to the ‘next level’
  – Ask yourself… “What specific factors are placing my patient at risk?” and then implement patient specific interventions

• Continually re-evaluate and update interventions as patient condition changes
Outcomes Indicators and Oncology patients: Hospital Acquired Infections

• Prevention of hospital acquired infection (HAI)
  – Population at risk due to immunocompromised could be because of disease or due to the treatment side effects
  – This puts patients at higher risk for hospital acquired infections
  – Risk of infection is associated with degree of neutropenia and length of time patient is neutropenic
  – We know that most, but not all hospital acquired infections are preventable
  – More than 60% of neutropenic patients will have an infection
  – Infection is a adverse event with serious safety concerns for the oncology patient
Outcome Indicators and Oncology patients: Hospital Acquired Pressure Ulcers

- Anorexia: involuntary loss of appetite present in up to one-half of newly diagnosed patients with cancer, poor nutritional status has been linked to adverse clinical outcomes
- Diarrhea: patients receiving chemotherapy incidence can be 50%-80%, can impact skin integrity
- Mucositis: inflammatory and ulcerative process that affects the mucous membranes of the body when receiving chemotherapy and radiation therapy. Incidence with approximately 40% develop due to disease or during treatment. Pain an altered ability to eat can lead to malnutrition
- Nausea and vomiting (chemotherapy induced): Uncontrolled can lead to dehydration, electrolyte imbalance and malnutrition

What is My Role as a Nurse in NSI?

• Be able to articulate what best practice is and how it makes a difference in outcomes

• Understand standards, process and policy related to prevention of complications with the NSI at your hospital

• Identify tools and resources available to prevent complications

• When an adverse outcome does occur, understand how it happened and how to prevent it from happening in future
How do participating hospitals use data from Nursing Sensitive Outcomes?

• The data provides comparative information to hospitals
  – Reports are available to view data with like hospitals, like units

• Goal of developing national data on the relationship between nurse staffing and patient outcomes (to further support that nursing sensitive outcomes improve when there is greater quantity and quality of nursing care)
Why are Nursing Sensitive Indicators Important?

Because evidence tells us if we do certain things related to the care of patients with specific conditions we can prevent complications and assure better outcomes for them.
Why are Nursing Sensitive Indicators Important?

• NSI define what our impact as a nurse is on the patients overall care

• They define our Unique Contribution to healthcare as nurses
Why are Nursing Sensitive Indicators Important?

• Reimbursement for hospital acquired conditions is non-existent in many of the Nursing Sensitive Indicator phenomena.
How Does This Make a Difference in Patient Outcomes?

• Implementing best practice standards that are evidence based demonstrates we can prevent complications and improve outcomes of our patients

• We can no longer “do things the way we have always done them”

• Supports the elimination of ritual and ungrounded tradition and opinion as the basis for nursing practice
NSI in Summary

• Are the responsibility of the bedside nurse

• Must adhere to the best practice and the evidence based standards

• Review of the NSI data from an institution tells the story of well we are doing as nurses. What do you want your story to tell about you?
References

- Oncology Nursing Society (2009), Putting Evidence Into Practice Improving Oncology Patient Outcomes. Pittsburgh, PA.
Questions?