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Nursing Contributions to Hospital Care and Outcomes

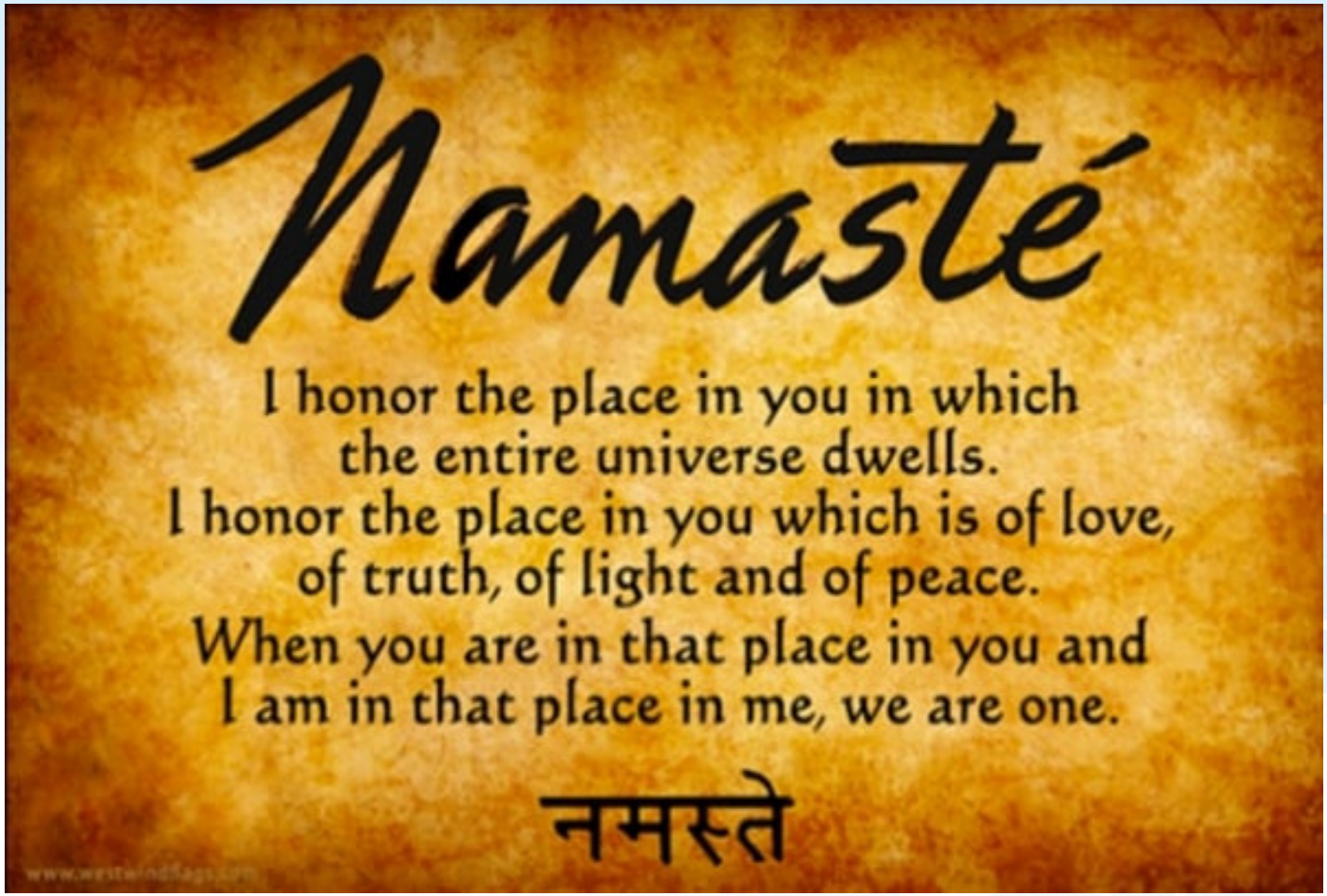
Annabelle R. Borromeo, PhD, RN, CNS
Senior VP, Hospital Operations, SLMC – QC
System Chief Nursing Officer, SLMC – QC & GC

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The Invisible Nurse



Allen, D. (2014). The Invisible Work of Nurses: Hospitals, Organization and Healthcare

Limited appreciation

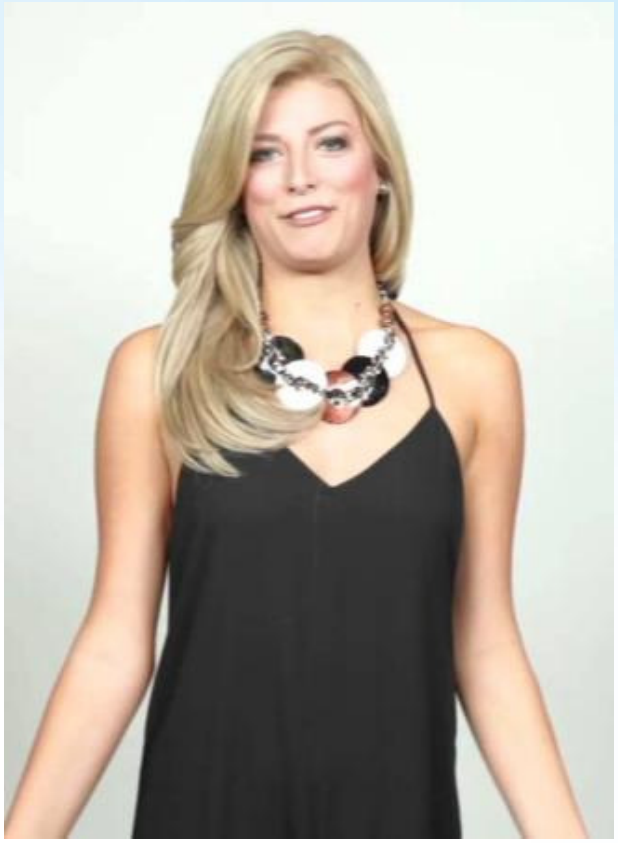
Bull, R. (2003). Theatre wear must be worn beyond this point: A hermeneutic ethnographic exploration of operating room nursing: /ih dissertation, university of Adelaide, Adelaide, South Australia, Australia.

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Miss America
SINCE 1921

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KELLEY JOHNSON, RN

MS. COLORADO 2015

Miss America
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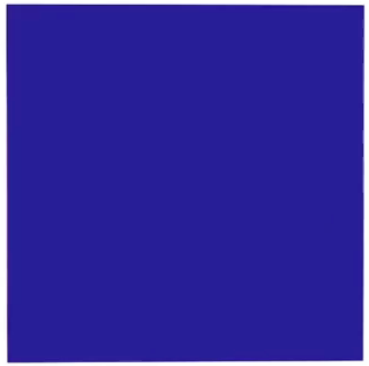
THE VIEW

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THE VIEW

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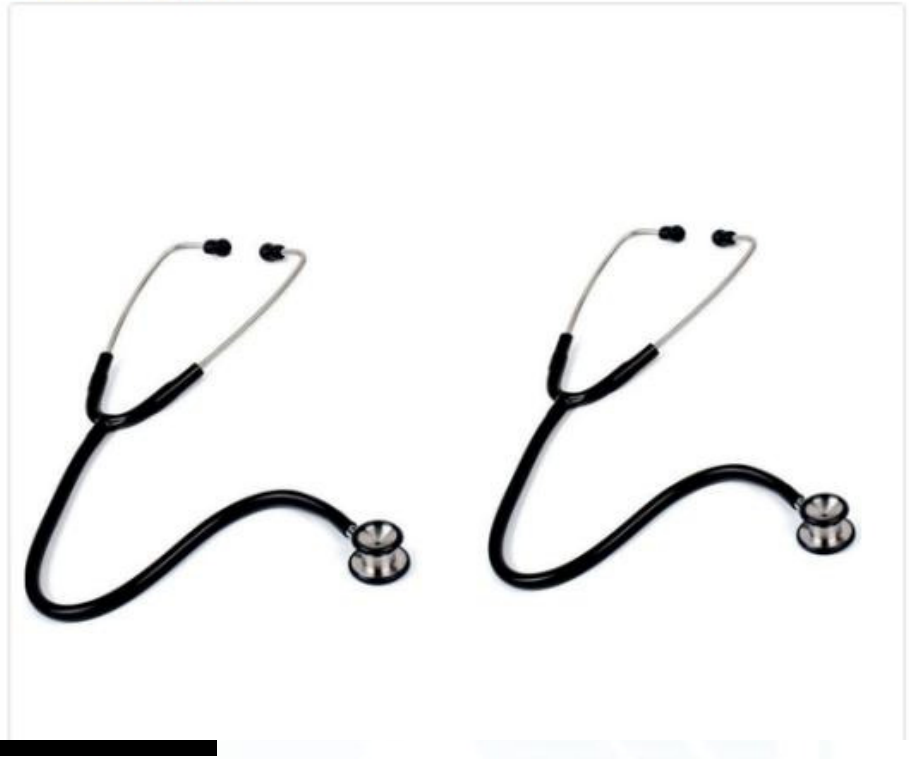
#nursesunite

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Mo Cowan
@mocowan66
Follow

I'm confused. Which one is the doctor's and which one is the nurse's? #JoyBehar #nursesunite



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ARE NURSES **IMPORTANT** TO HOSPITALS?



Nurses, **heartbeat** of a hospital

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Nurses do not only serve as the heartbeat of the hospital, but also its **emotional heart.**

Tucson Medical Center

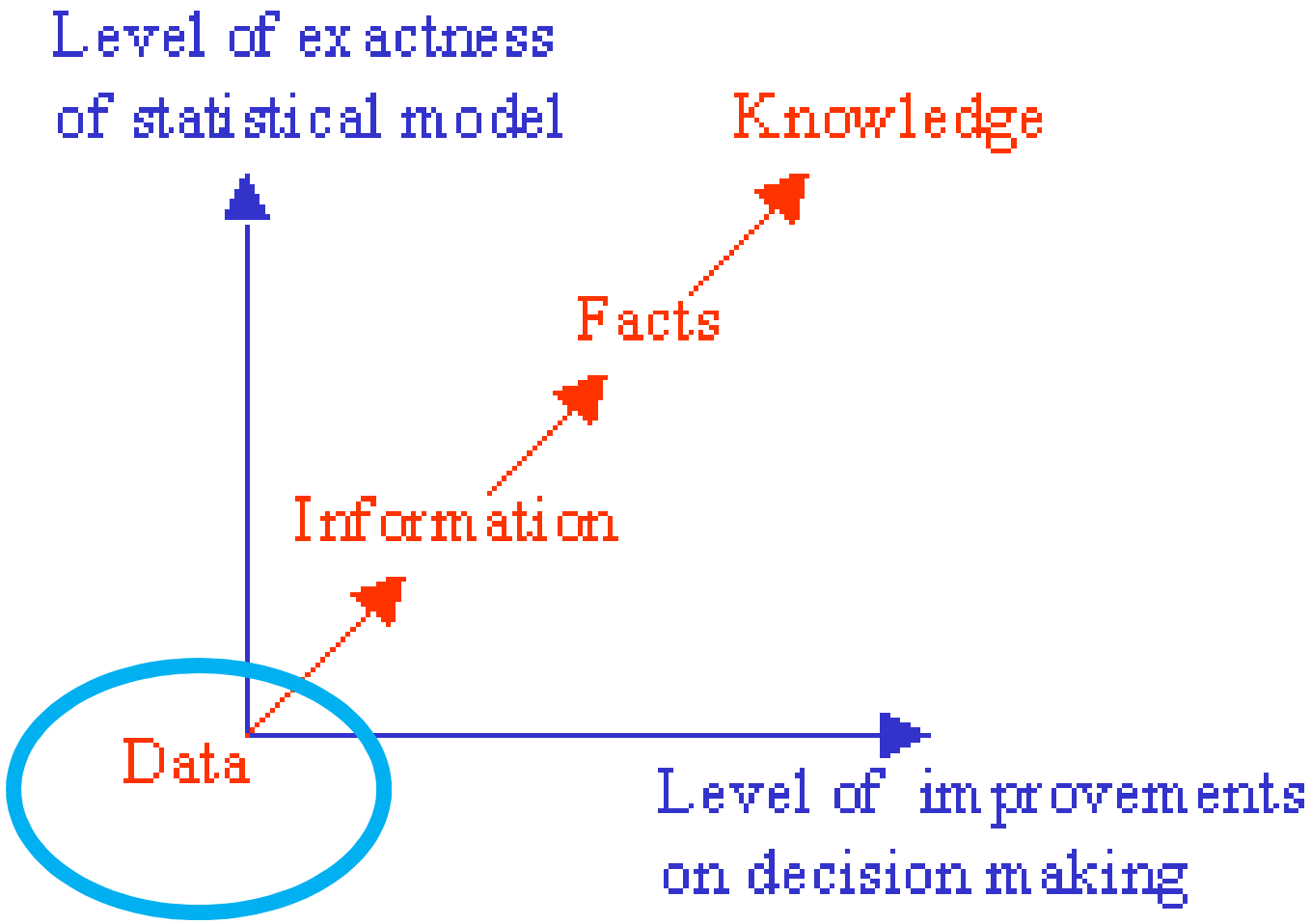
Nurses, **heartbeat** of a hospital *(cont.)*

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Nurses are the **cornerstone** of the health care fraternity. They are the **foundation** of any hospital.

Ahmed Al-Kadi Hospital

The language of decision-makers is…



Nurse's **impact** on **outcomes**

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PERMANENTE®


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MEDSURG
NURSING®
Official Journal of the Academy of Medical-Surgical Nurses


INTERNATIONAL JOURNAL OF
Nursing Studies


ANA
AMERICAN NURSES ASSOCIATION


HSR
HEALTH SERVICES RESEARCH
Impacting Health Practice and Policy Through
State-of-the-Art Research and Thinking


INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

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Nursing Contributions

Clinical **Outcomes**

Reliable **DATA**



WaterAid

Making sanitation happen: turning 'political will' into action

Policy brief

In a change from historical trends, more and more governments are voicing their commitment to achievement of universal access to sanitation. How can governments take this beyond rhetorical political will and drive real progress? One essential step is to translate this high-level political commitment into prioritisation of sanitation ...ss government levels and departments, ...to course correction processes that ...identification of and adaptation to ...mentation challenges. In this policy ..., we analyse the incentives that shape ...se processes and suggest ways to turn ...olitical will into action.

Key recommendations

Two key recommendations emerge for national governments committed to delivering universal access to sanitation, as well as for external stakeholders trying to foster political will.

First, to cascade political prioritisation to lower government levels and across critical ministries. How?

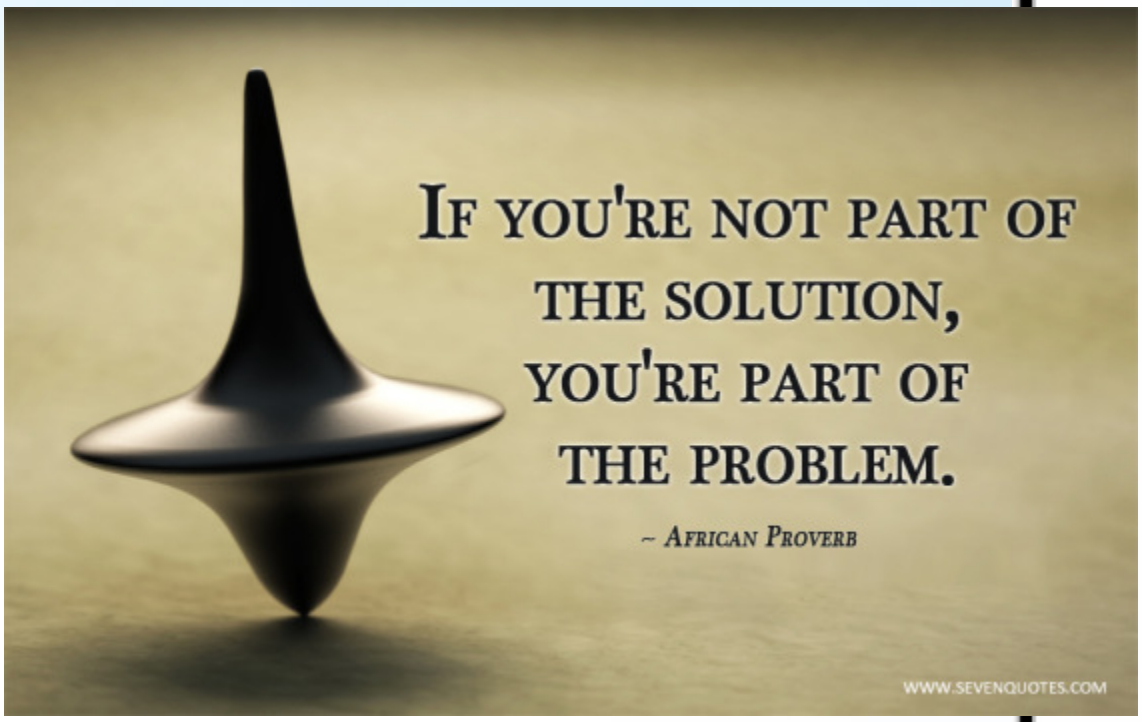
- Foster buy-in by aligning with the world views of those involved, linking sanitation with notions of nation-building and modernity.
- Tap into personal aspirations, ensuring sanitation efforts receive recognition and result in career progression.
- Enlist authoritative figures to drive prioritisation across all ministries and departments.
- Work with the financial, legal and political realities of decentralisation affecting decision-makers at local levels.

Second, to invest in timely course correction to address bottlenecks. How?

- Invest in reliable verification systems to reduce misreporting and build trust in data.
- Nurture a culture of learning, providing space and flexibility for trial, error, learning and adaptation.
- Use informal sharing and reporting mechanisms, such as WhatsApp groups, that cut across hierarchies and enable a rapid and regular flow of information.
- Set up review mechanisms, ensuring quality over quantity and involving those with decision-making ... as a way to ensure it all leads to progress-chasing policy implementation.

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"Be Part Of The Solution - Not the Problem"



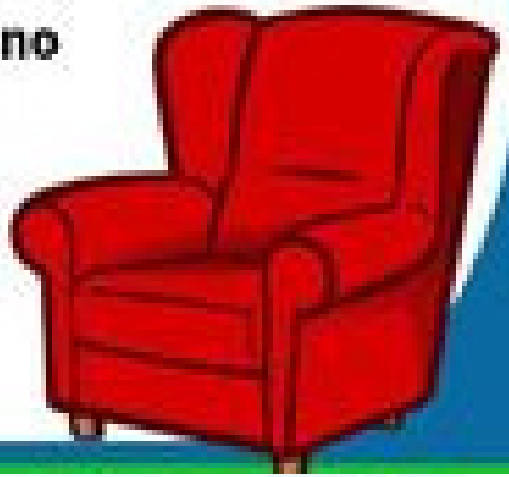


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armchair critic

A person who offers comment or criticism on a subject of which he or she has little or no practical knowledge or experience.

The country needs more problem solvers, not armchair critics.



NDNQI
A Press Ganey Solution

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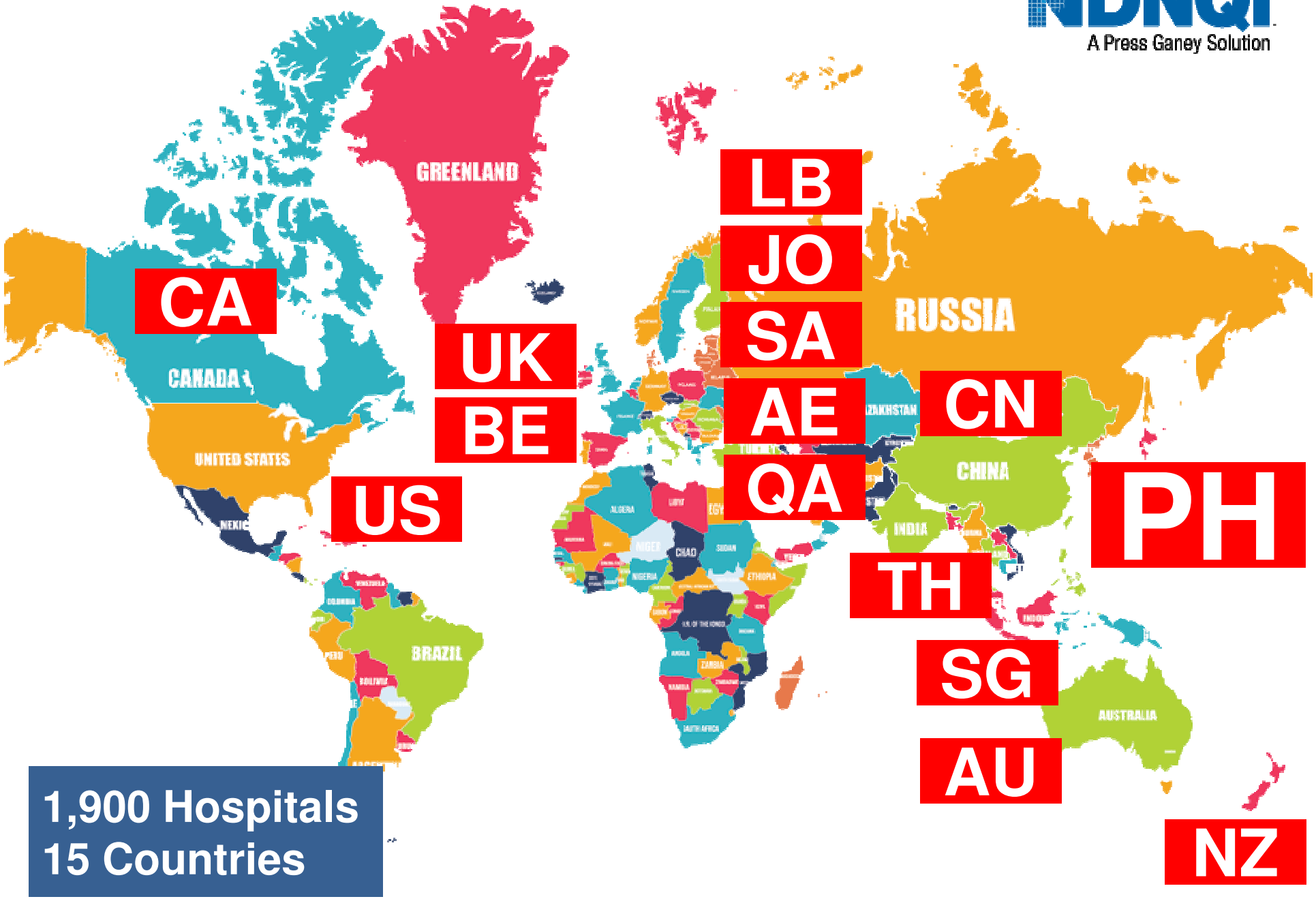
National **D**atabase for **N**ursing **Q**uality **I**ndicators

- Database that measures nursing quality
- The only international, **nursing quality measurement** program which provides hospitals with **unit-level performance comparison** reports to state, national, and regional percentile distributions.

- Nurse-Sensitive Indicators:
  - **Structure:** supply of nursing staff, skill level of staff, and education of staff
  - **Process:** assessment, intervention, and job satisfaction
  - **Outcomes:** patient outcomes that improve if there is greater quantity and quality of nursing care

- Nurse-Sensitive Indicators: **OUTCOMES**
  - Patient Falls and Patient Falls with Injury
  - Pressure Ulcer
  - Catheter-Associated Urinary Tract Infection (CAUTI)
  - Central Line-Associated Blood Stream Infection (CLABSI)
  - Ventilator-Associated Pneumonia (VAP)

NDNQI
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1,900 Hospitals
15 Countries

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St. Luke's-GC and QC First Hospitals to be NDNQI Members

St. Luke's-Global City and Quezon City became the first hospitals in the Philippines to hold a 3-year subscription and membership to the National Database for Nursing Quality Indicators (NDNQI), the largest global nursing quality measurement program which serves as a data collection and benchmarking tool on key nursing indicators. It is managed by the American Nurses Association (ANA) in partnership with the Kansas University Medical Center.





The first batch of NDNQI PI Analysts of SLMC-GC (left photo) and SLMC-QC (right photo) .

In line with the membership, nurse associates from the Nursing Care Group of both facilities were trained on how to collect, gather and upload data based on set guidelines and criteria by NDNQI.

Data gathered cover categories such as nursing care hours and minutes, patient days and volume, patient fall, pressure ulcers, catheter-associated urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), ventilator-associated pneumonia (VAP), peripheral IV infiltration and pediatric pain assessments.

These data will then be compared to those from other NDNQI-subscribed nursing units around the world. Training the nurse associates were NDNQI Database Administrators Juan Paolo Guillermo, RN (SLMC-GC) and Marion Gerald Mangalindan, RN (SLMC-QC).

Participation in the NDNQI will help in driving performance improvement, increase patient safety and satisfaction and reduce costs and complications. Apart from helping healthcare institutions set and uphold standards of quality care through actionable reporting at the nurse unit level, NDNQI also bolsters the hospitals' Magnet accreditation target by 2017.

NDNQI's global footprint includes 19,000 nursing units in 1,900 member-hospitals in countries such as the USA, Canada, Brazil, Australia, Japan, UAE, Saudi Arabia, Thailand and Singapore. The program is currently used by 75% of Joint Commission International (JCI) accredited hospitals. The subscription to NDNQI is likewise a current requirement in the 5th edition of the JCIA Manual, particularly in participation to third party or external database management.

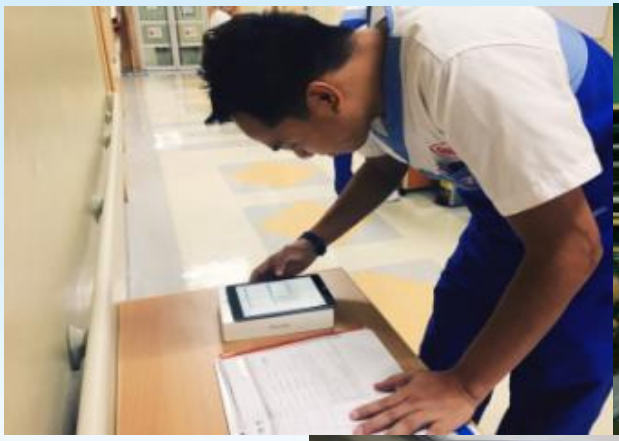
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Benchmark
1.53

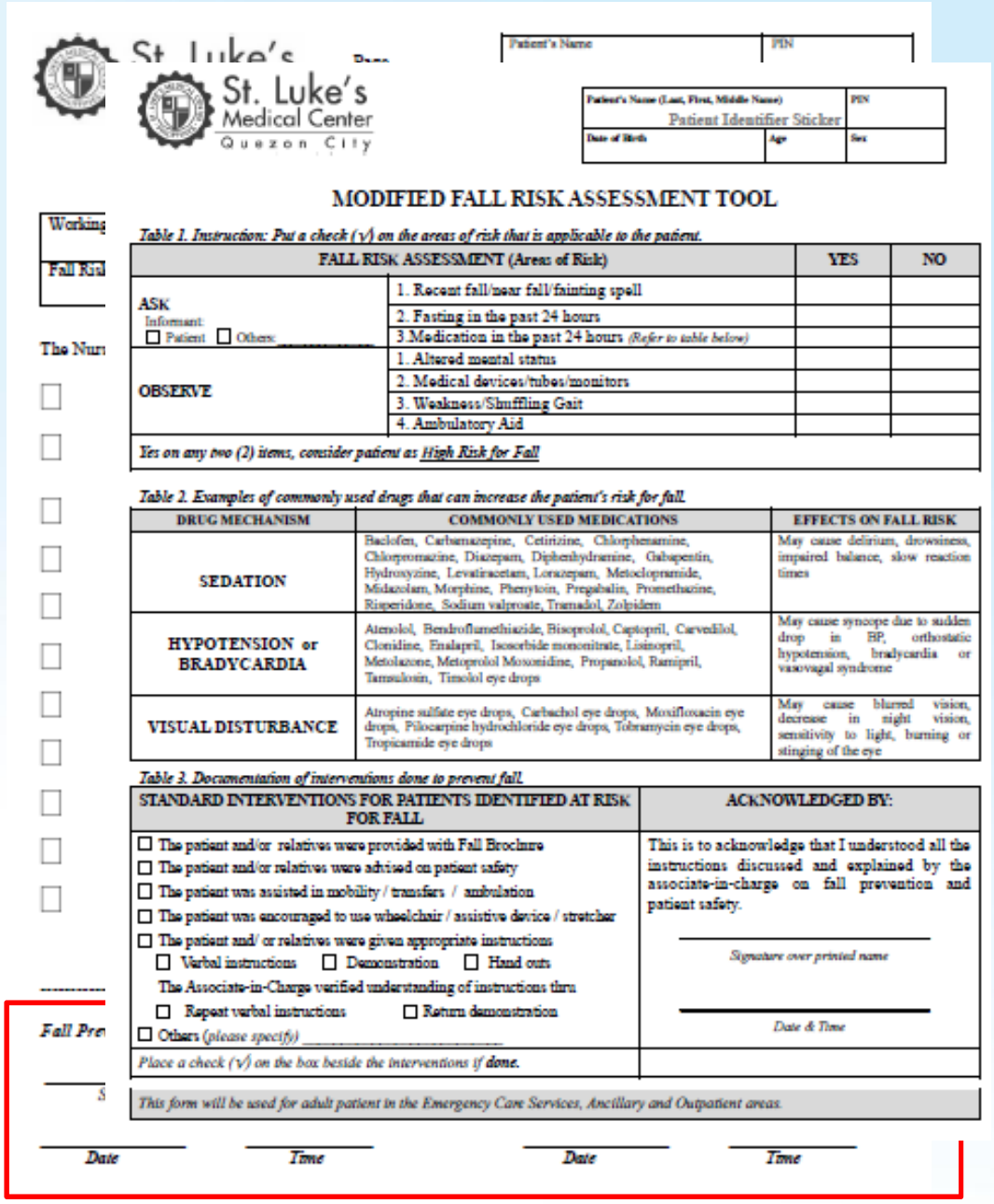
2014-Q4 to 2016-Q1
Injury Falls per 1,000 Patient Days

Outperforming
1,530 hospitals



	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1
SLMC-QC Scores	0	0	0.03	0	0	0
NDNQI Non-Magnet Facilities Benchmark	0.67	0.7	0.66	0.66	0.67	0.83

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Patient's Name | PIN

Patient's Name (Last, First, Middle Name) | PIN
Patient Identifier Sticker
Date of Birth | Age | Sex

MODIFIED FALL RISK ASSESSMENT TOOL

Table 1. Instruction: Put a check (√) on the areas of risk that is applicable to the patient.

FALL RISK ASSESSMENT (Areas of Risk)		YES	NO
ASK Informant: ☐ Patient ☐ Others: _____	1. Recent fall/near fall/fainting spell		
	2. Fasting in the past 24 hours		
	3. Medication in the past 24 hours *(Refer to table below)*		
OBSERVE	1. Altered mental status		
	2. Medical devices/tubes/monitors		
	3. Weakness/Shuffling Gait		
	4. Ambulatory Aid		
Yes on any two (2) items, consider patient as High Risk for Fall			

Table 2. Examples of commonly used drugs that can increase the patient's risk for fall.

DRUG MECHANISM	COMMONLY USED MEDICATIONS	EFFECTS ON FALL RISK
SEDATION	Baclofen, Carbamazepine, Cetirizine, Chlorphenamine, Chlorpromazine, Diazepam, Diphenhydramine, Gabapentin, Hydroxyzine, Levetiracetam, Lorazepam, Metoclopramide, Midazolam, Morphine, Phenytoin, Pregabalin, Promethazine, Risperidone, Sodium valproate, Tramadol, Zolpidem	May cause delirium, drowsiness, impaired balance, slow reaction times
HYPOTENSION or BRADYCARDIA	Atenolol, Bendroflumethiazide, Bisoprolol, Captopril, Carvedilol, Clonidine, Enalapril, Isosorbide mononitrate, Lisinopril, Metolazone, Metoprolol Moxonidine, Propanolol, Ramipril, Tamsulosin, Timolol eye drops	May cause syncope due to sudden drop in BP, orthostatic hypotension, bradycardia or vasovagal syndrome
VISUAL DISTURBANCE	Atropine sulfate eye drops, Carbachol eye drops, Moxifloxacin eye drops, Pilocarpine hydrochloride eye drops, Tobramycin eye drops, Tropicamide eye drops	May cause blurred vision, decrease in night vision, sensitivity to light, burning or stinging of the eye

Table 3. Documentation of interventions done to prevent fall.

STANDARD INTERVENTIONS FOR PATIENTS IDENTIFIED AT RISK FOR FALL	ACKNOWLEDGED BY:
☐ The patient and/or relatives were provided with Fall Brochure ☐ The patient and/or relatives were advised on patient safety ☐ The patient was assisted in mobility / transfers / ambulation ☐ The patient was encouraged to use wheelchair / assistive device / stretcher ☐ The patient and/ or relatives were given appropriate instructions ☐ Verbal instructions ☐ Demonstration ☐ Hand outs The Associate-in-Charge verified understanding of instructions thru ☐ Repeat verbal instructions ☐ Return demonstration ☐ Others (*please specify*) _____	This is to acknowledge that I understood all the instructions discussed and explained by the associate-in-charge on fall prevention and patient safety. _____ *Signature over printed name* _____ *Date & Time*
Place a check (√) on the box beside the interventions if ***done.***	

This form will be used for adult patient in the Emergency Care Services, Ancillary and Outpatient areas.

Date *Time* *Date* *Time*

Nurse-led fall prevention initiatives:

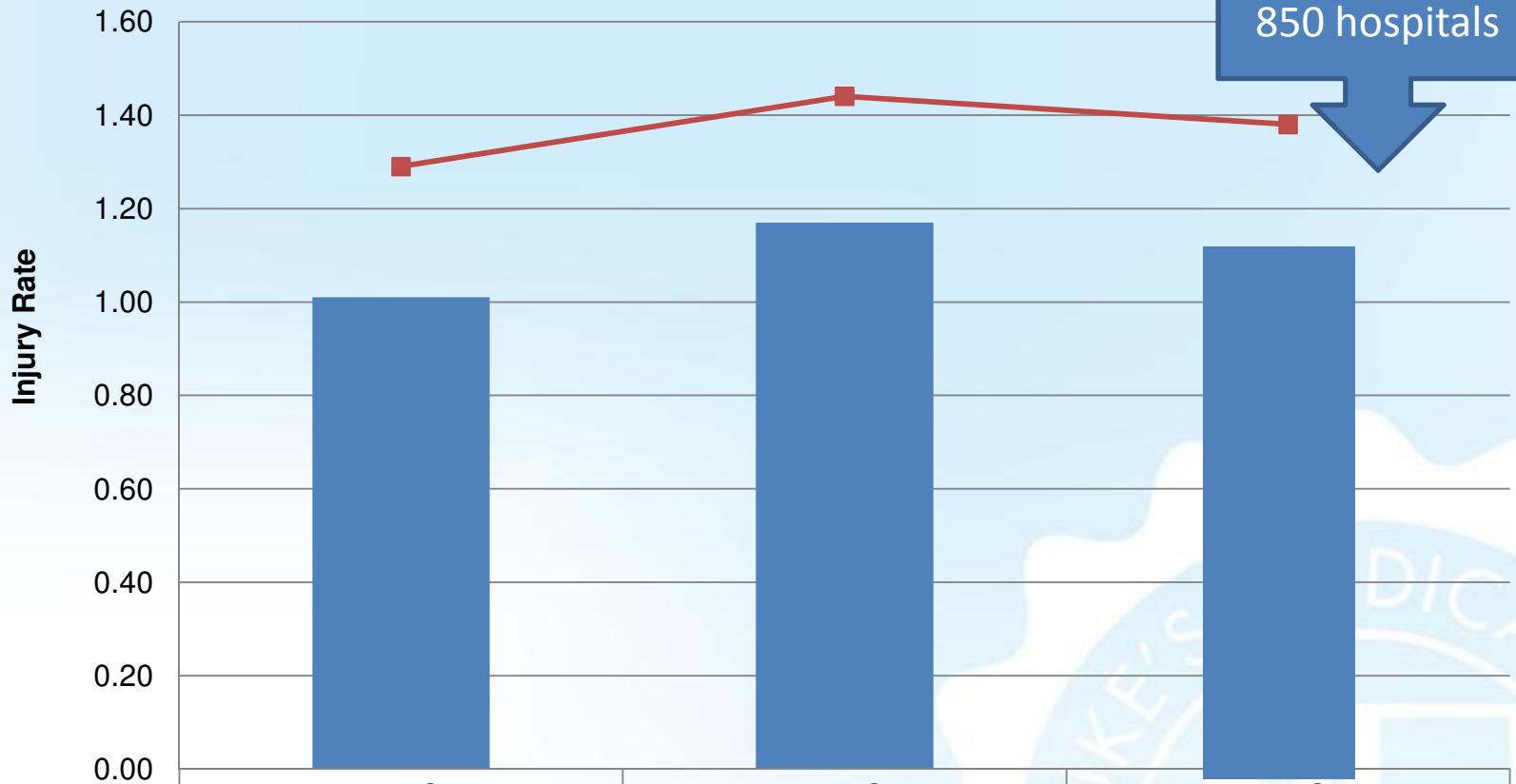
- Fall Prevention Health Education Checklist
- Patient gowns with red-lined collars
- Outpatient fall risk assessment
- Yellow stickers for Outpatients
- Suction bath mats

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2015-Q3 to 2016-Q1
Hospital Acquired Pressure Injuries Stage 2 and Above

Outperforming 850 hospitals



	2015 Q3	2015 Q4	2016 Q1
SLMC-QC Scores	1.01	1.17	0
NDNQI Non-Magnet Facilities Benchmark	1.29	1.44	1.38

2014-2017 SLMC QC PERFORMANCE

SAMPLE SCORECARD

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Nurse-sensitive Measures

LEGEND:
- Above Performance Goal
- Below Performance Goal

	2014	2015				2016				2017	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Injury Falls per 1,000 patient days											
% of Surveyed Patients w/ HAPi Stage II above											
CLABSI per 1, 000 central line days											
CAUTI per 1, 000 catheter days											

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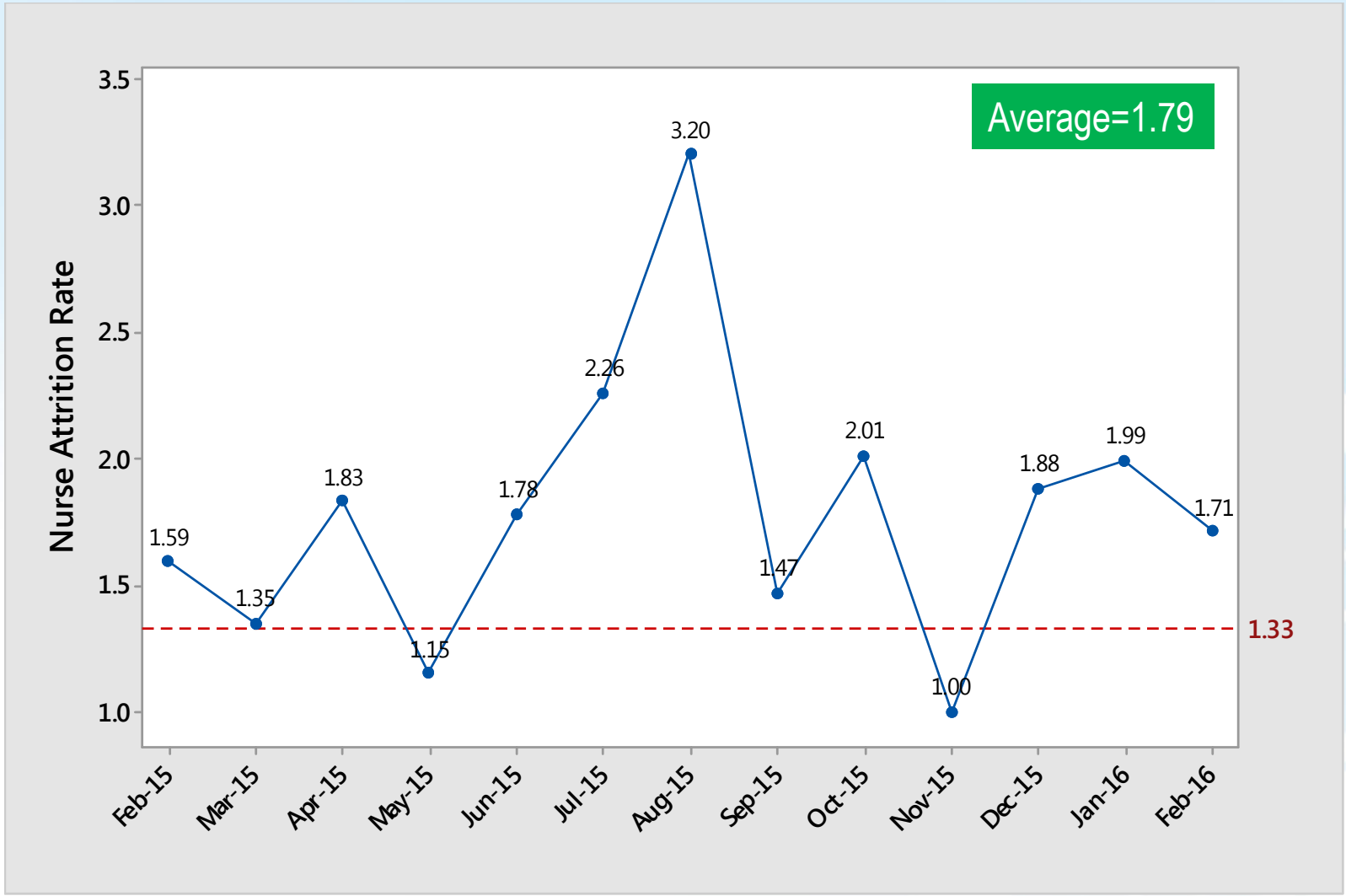
Comparison Group: Non-Magnet Facilities

The **Challenge**



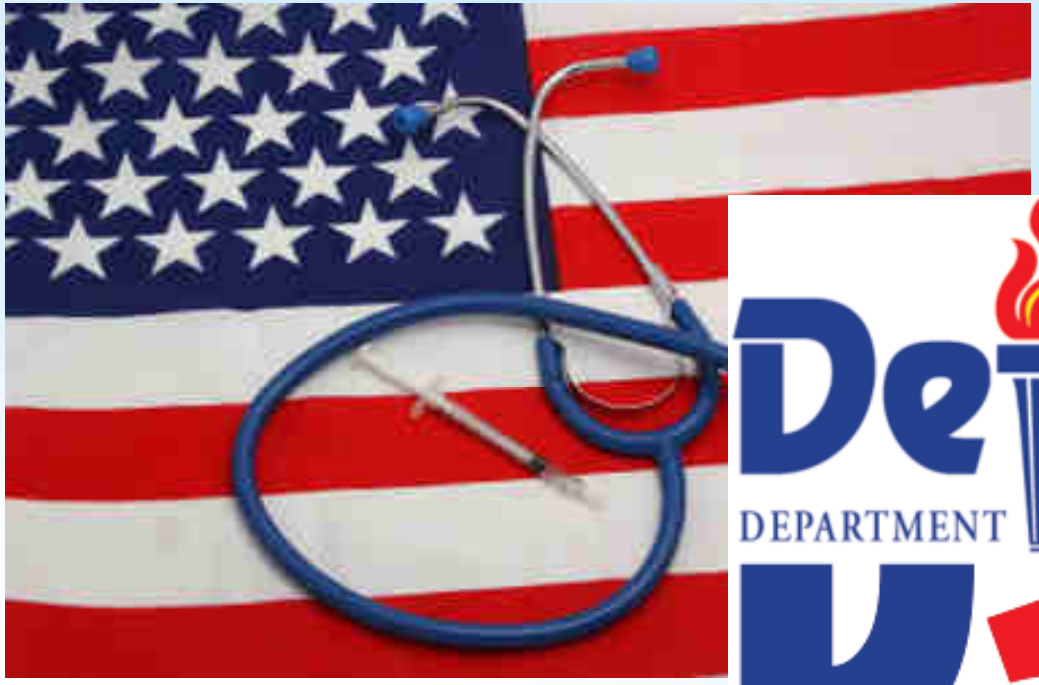
Nurse **Attrition** Rate,

Feb 2015-Feb 2016



Nurse **Attrition**

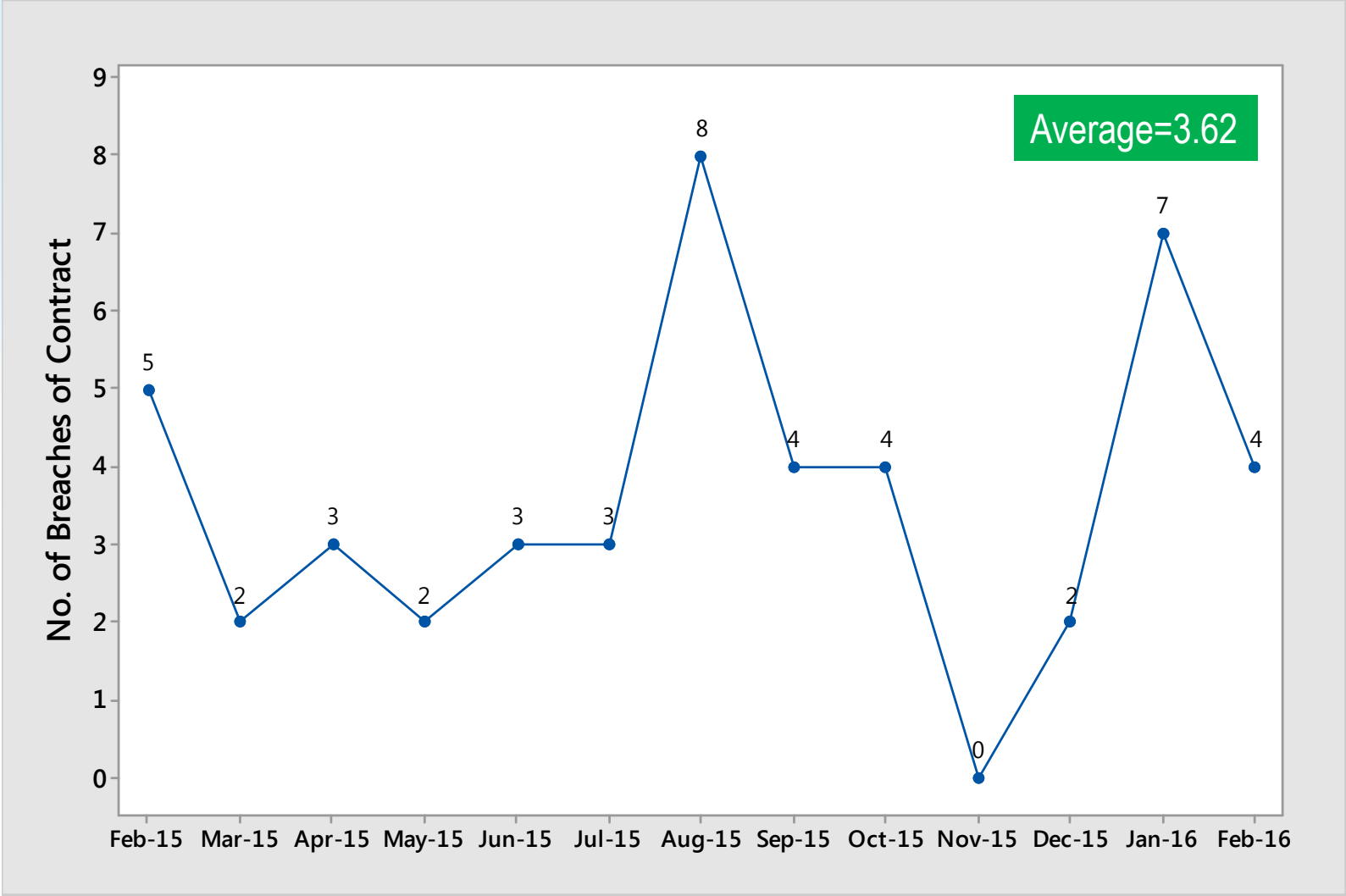
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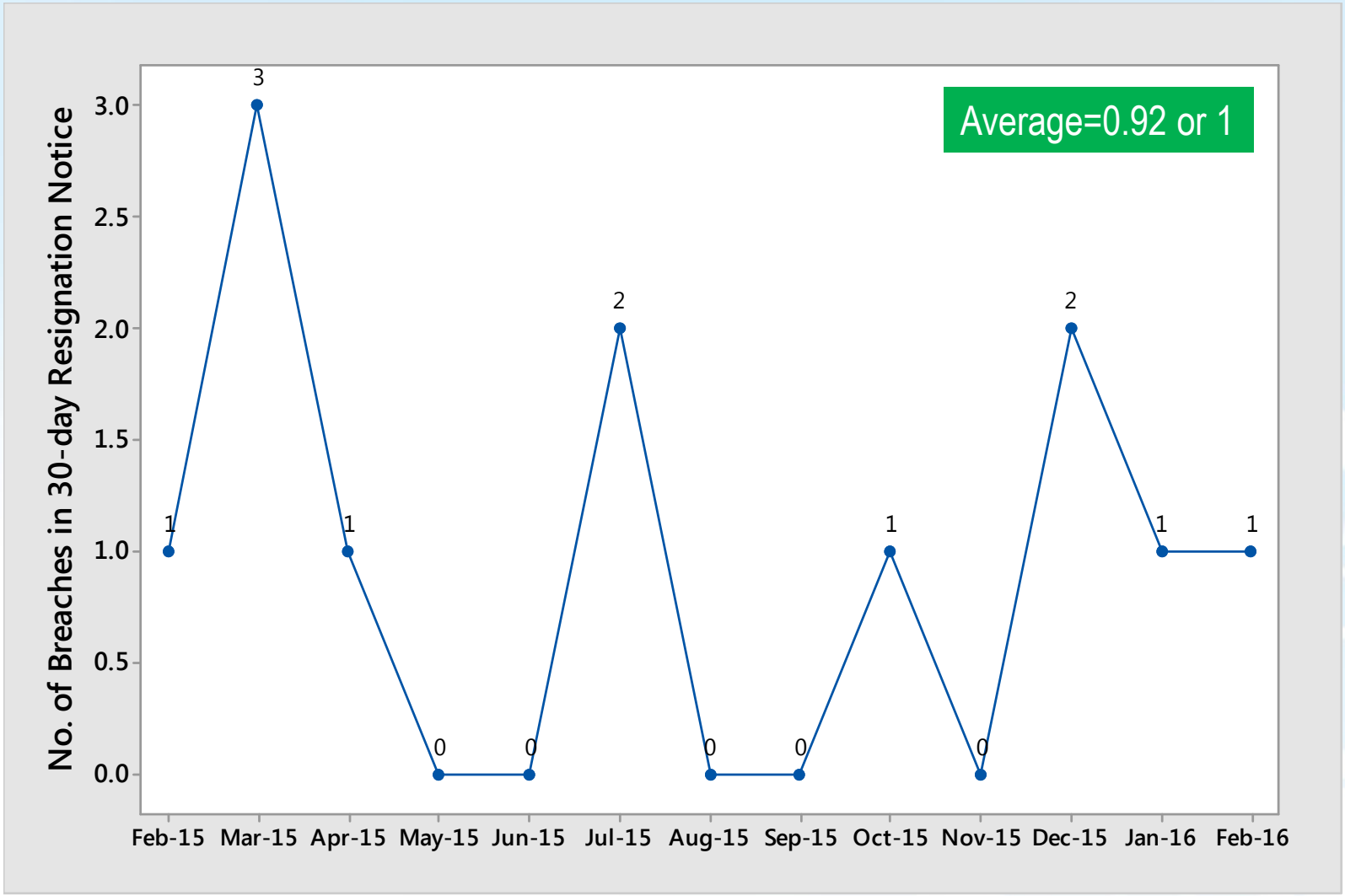
DepED
DEPARTMENT OF EDUCATION
K12

Breach of **Contract**,

Feb 2015-Feb 2016

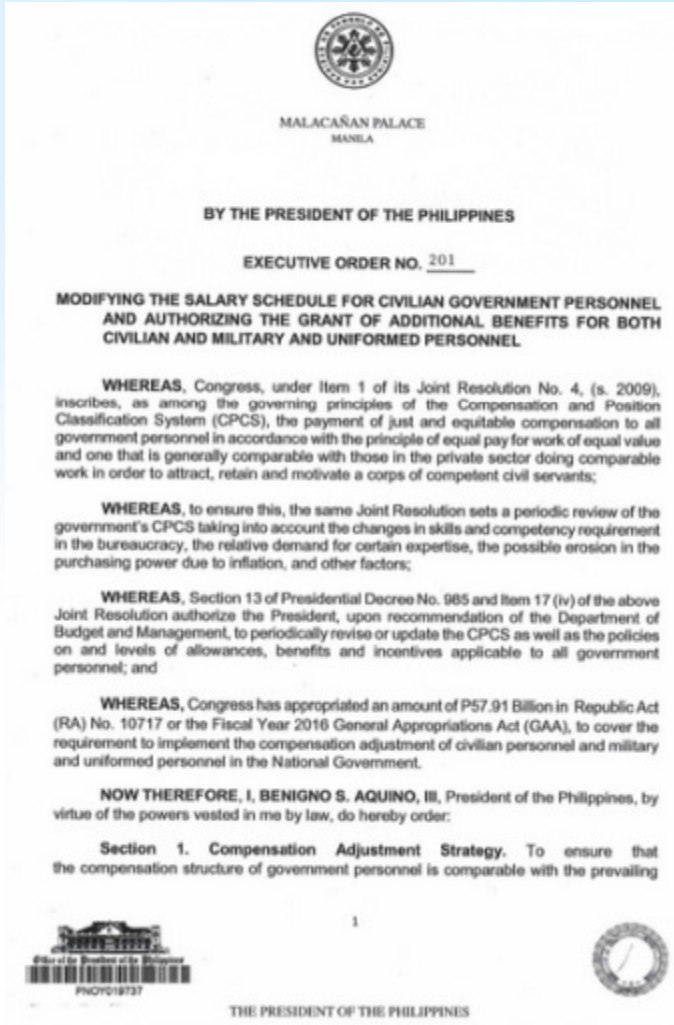


Breach of **30-day Resignation Notice**, *Feb 2015-Feb 2016*



Initiative from the **Heart**

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MALACAÑAN PALACE
MANILA

BY THE PRESIDENT OF THE PHILIPPINES

EXECUTIVE ORDER NO. 201

MODIFYING THE SALARY SCHEDULE FOR CIVILIAN GOVERNMENT PERSONNEL AND AUTHORIZING THE GRANT OF ADDITIONAL BENEFITS FOR BOTH CIVILIAN AND MILITARY AND UNIFORMED PERSONNEL

WHEREAS, Congress, under Item 1 of its Joint Resolution No. 4, (s. 2009), inscribes, as among the governing principles of the Compensation and Position Classification System (CPCS), the payment of just and equitable compensation to all government personnel in accordance with the principle of equal pay for work of equal value and one that is generally comparable with those in the private sector doing comparable work in order to attract, retain and motivate a corps of competent civil servants;

WHEREAS, to ensure this, the same Joint Resolution sets a periodic review of the government's CPCS taking into account the changes in skills and competency requirement in the bureaucracy, the relative demand for certain expertise, the possible erosion in the purchasing power due to inflation, and other factors;

WHEREAS, Section 13 of Presidential Decree No. 985 and Item 17 (iv) of the above Joint Resolution authorize the President, upon recommendation of the Department of Budget and Management, to periodically revise or update the CPCS as well as the policies on and levels of allowances, benefits and incentives applicable to all government personnel; and

WHEREAS, Congress has appropriated an amount of P57.91 Billion in Republic Act (RA) No. 10717 or the Fiscal Year 2016 General Appropriations Act (GAA), to cover the requirement to implement the compensation adjustment of civilian personnel and military and uniformed personnel in the National Government.

NOW THEREFORE, I, BENIGNO S. AQUINO, III, President of the Philippines, by virtue of the powers vested in me by law, do hereby order:

Section 1. Compensation Adjustment Strategy. To ensure that the compensation structure of government personnel is comparable with the prevailing

1

PNOY019737

THE PRESIDENT OF THE PHILIPPINES

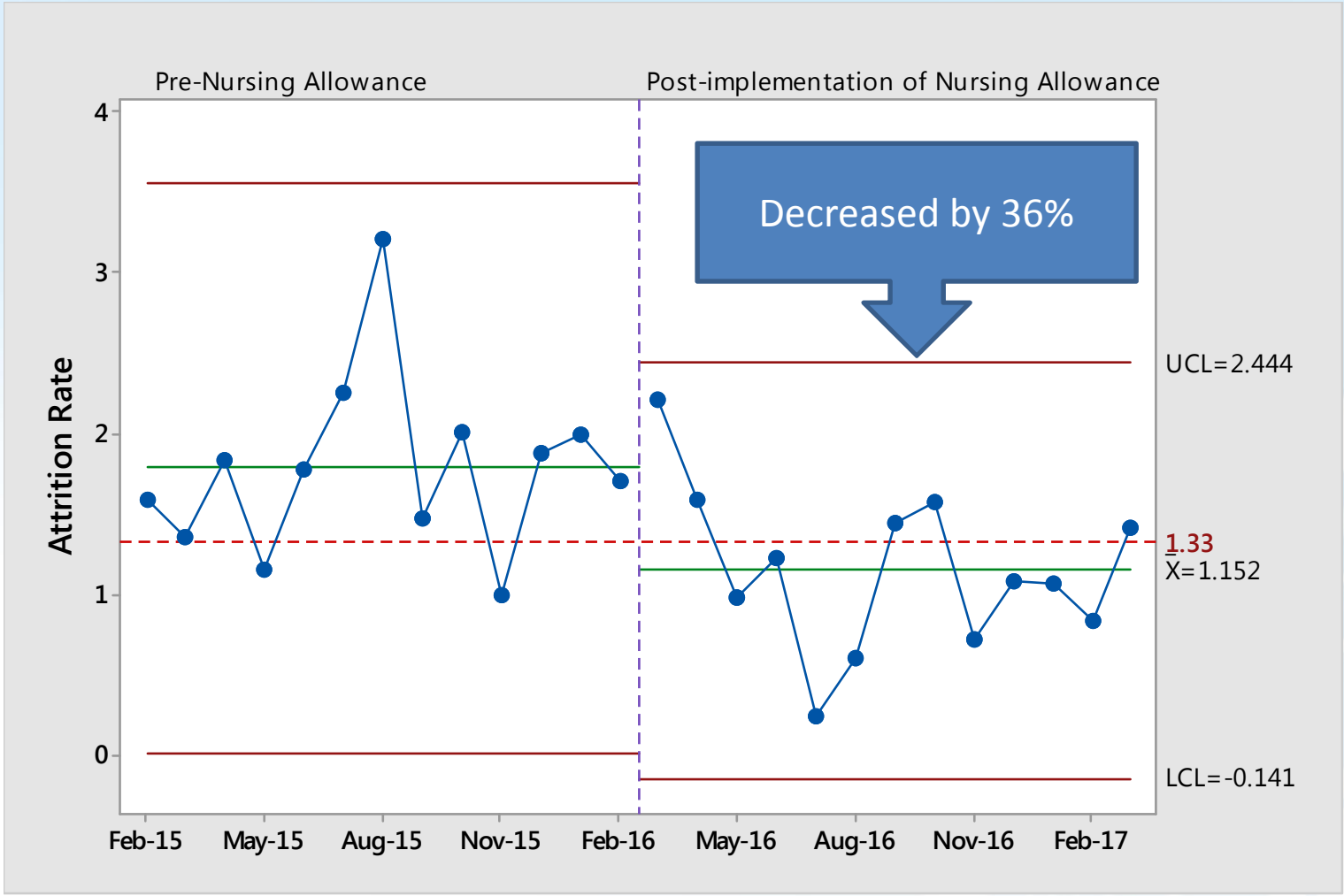


NURSING ALLOWANCE

Salary Grade 15

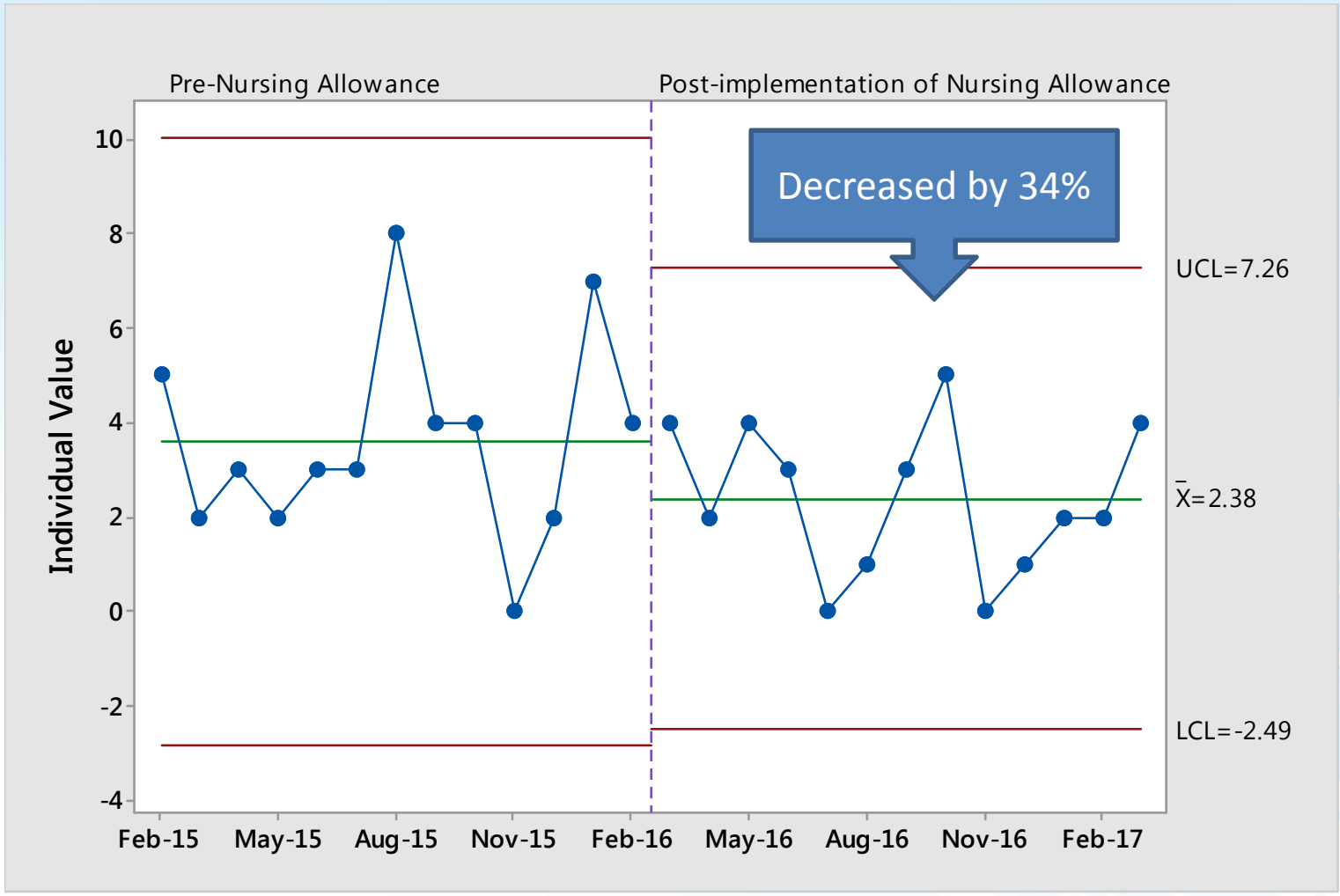
Nurse **Attrition** Rate,

Feb 2015-Mar 2017

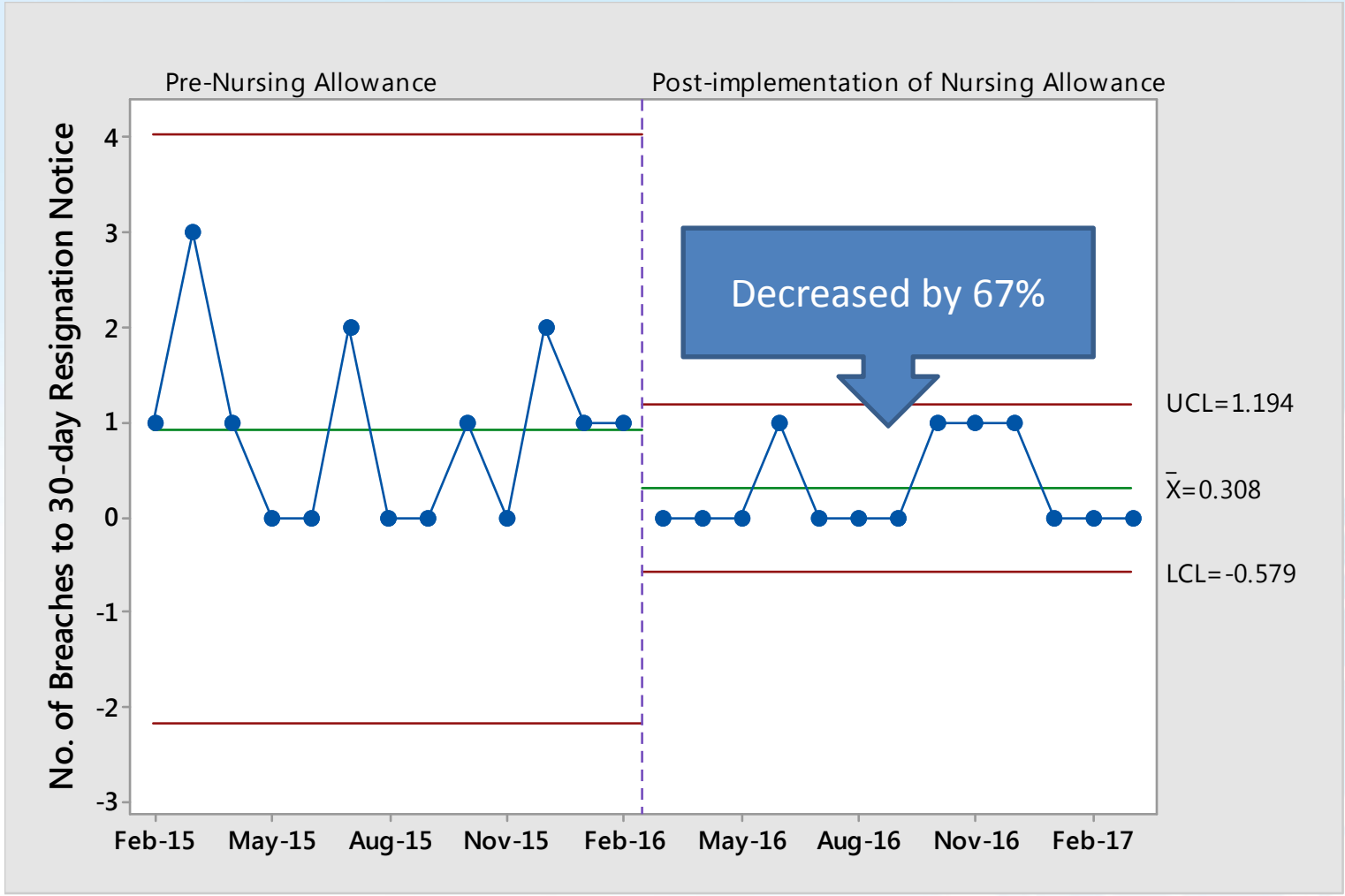


Breach of **Contract**,

Feb 2015-Mar 2017



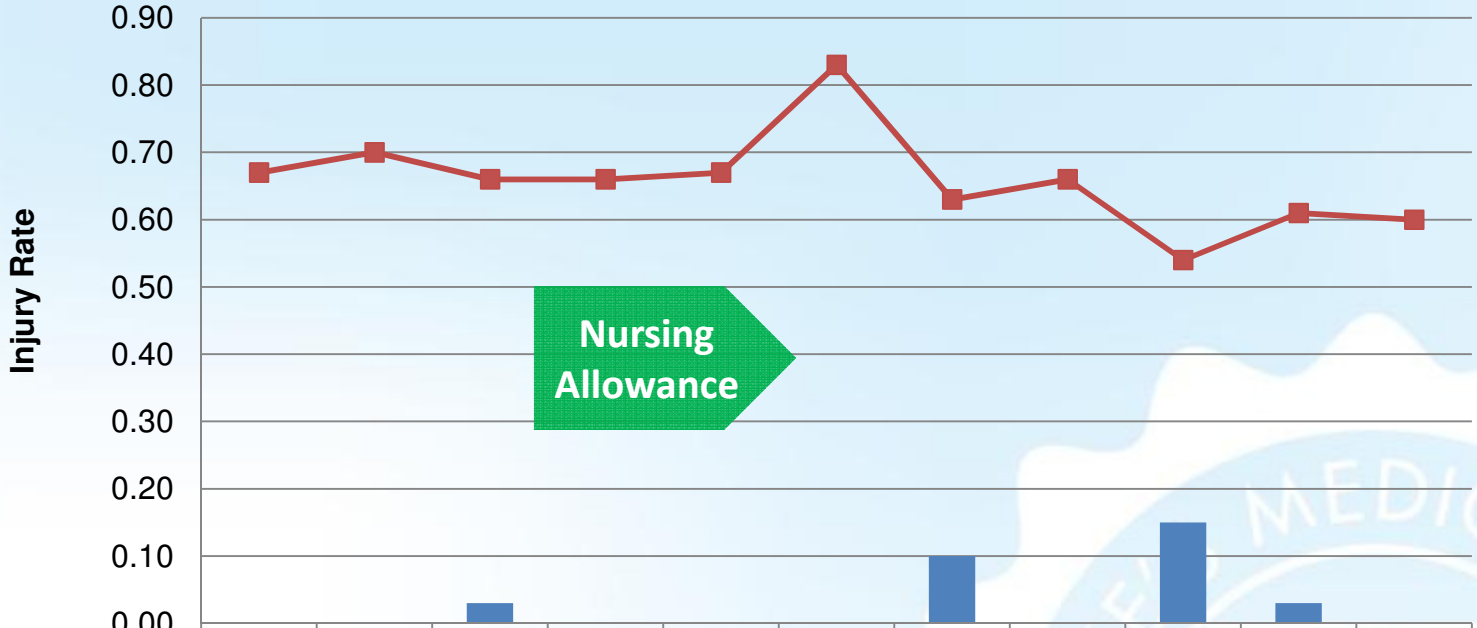
Breach of **30-day Resignation Notice**, *Feb 2015-Mar 2017*



NDNQI
A Press Ganey Solution

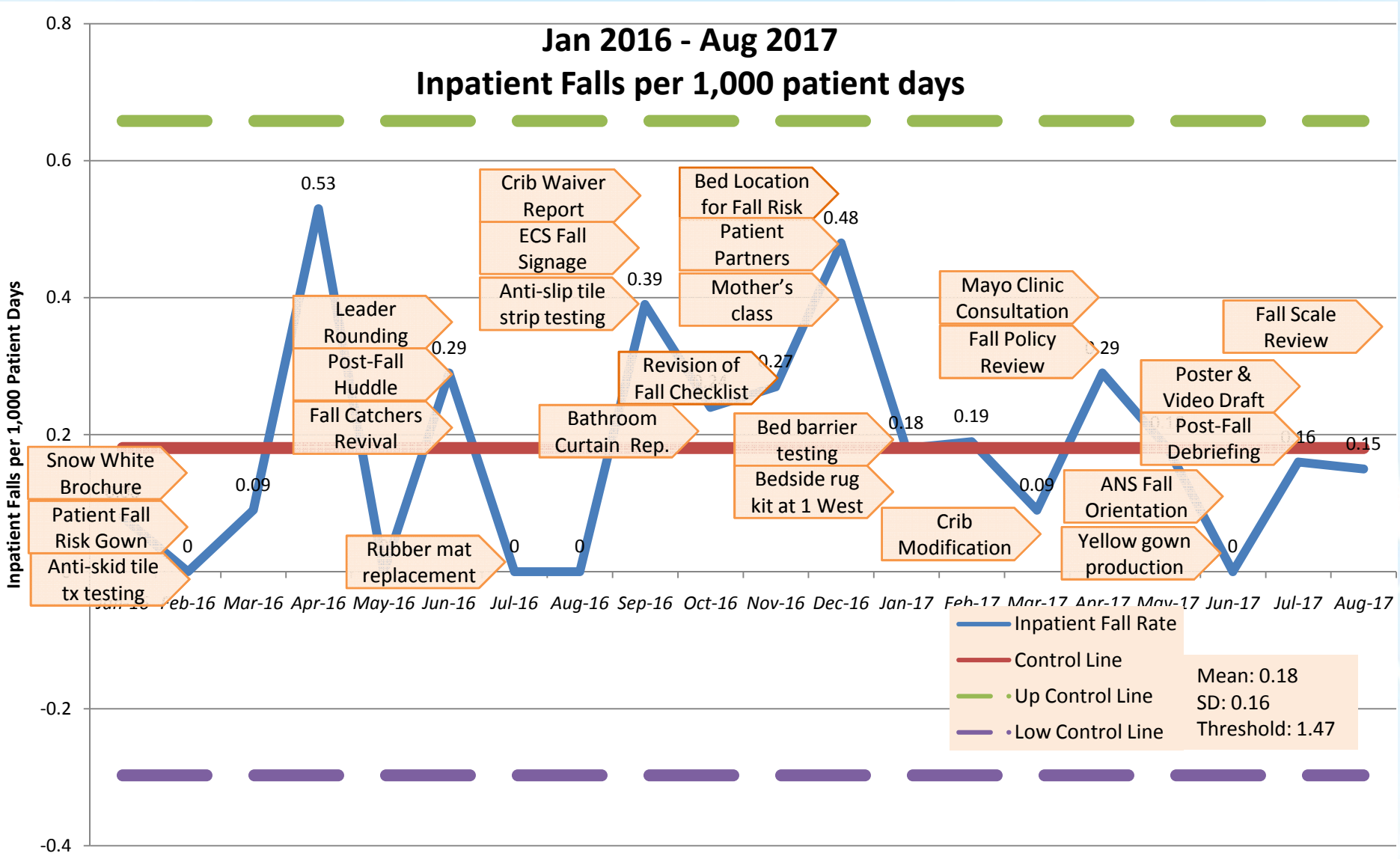
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2014-Q4 to 2017-Q2
Injury Falls per 1,000 Patient Days

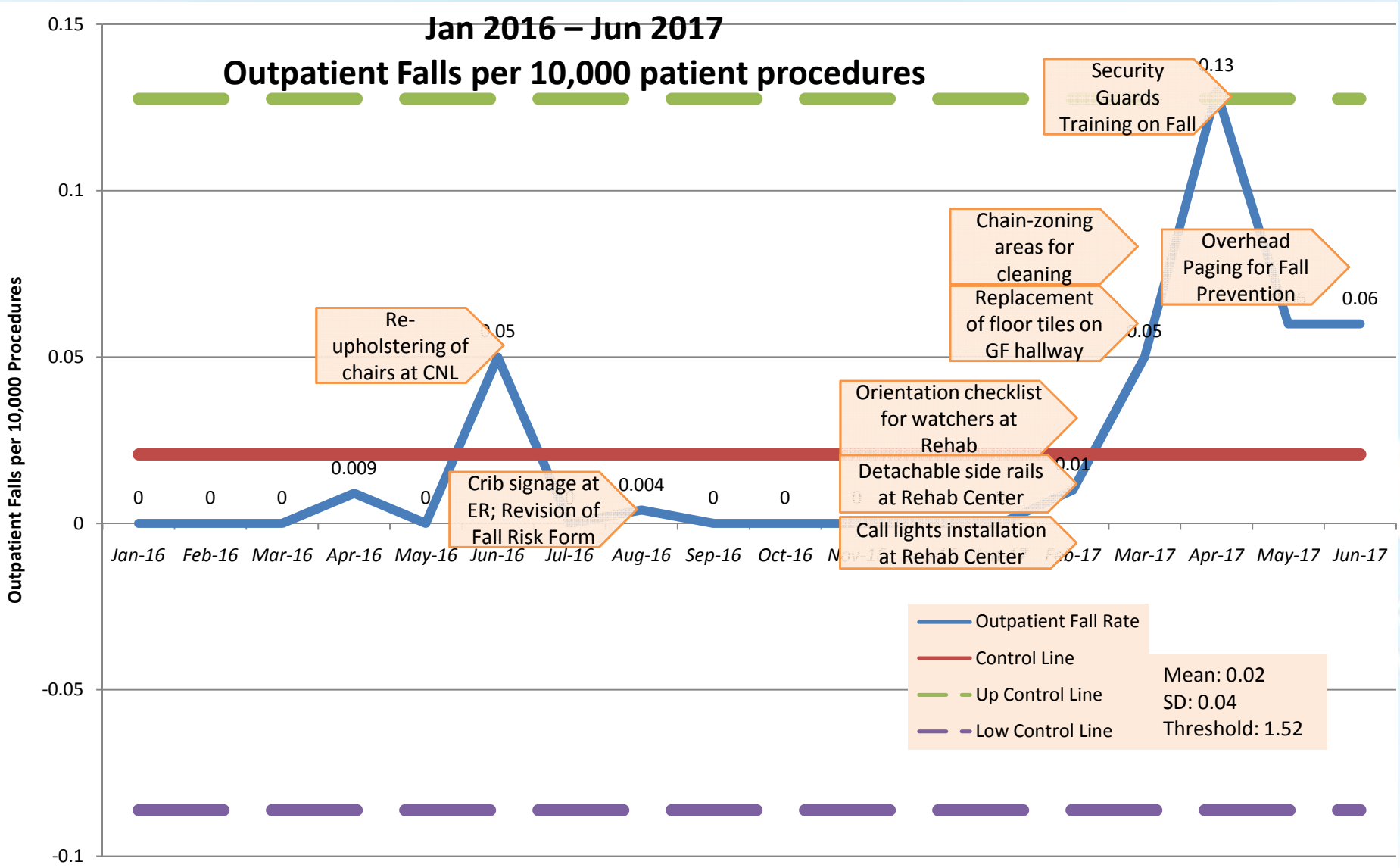


	2014 Q4	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2
SLMC-QC Scores	0	0	0.03	0	0	0	0.1	0	0.15	0.03	0
NDNQI Non-Magnet Facilities Benchmark	0.67	0.7	0.66	0.66	0.67	0.83	0.63	0.66	0.54	0.61	0.6

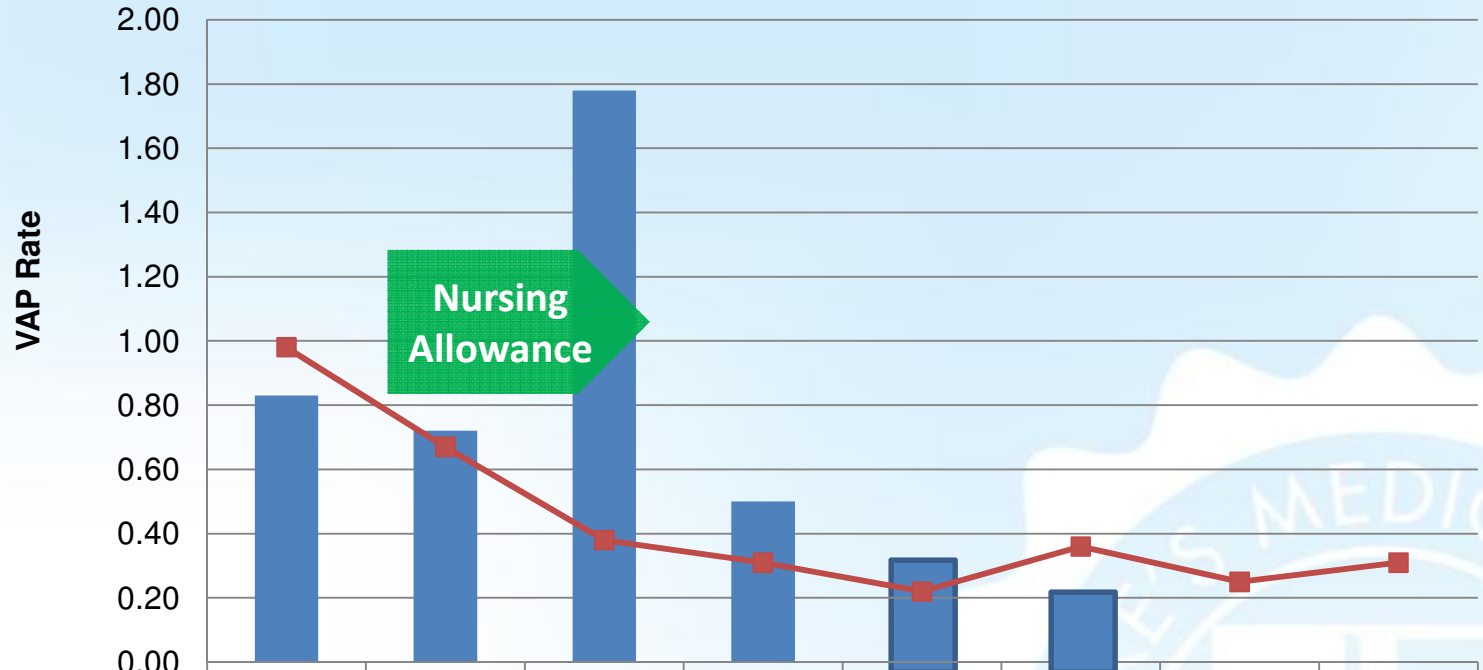
SLMC QC Inpatient Fall Rates (per month), *Jan 2016-Aug 2017*



SLMC QC Outpatient Fall Rates (per month), *Jan 2016-Aug 2017*



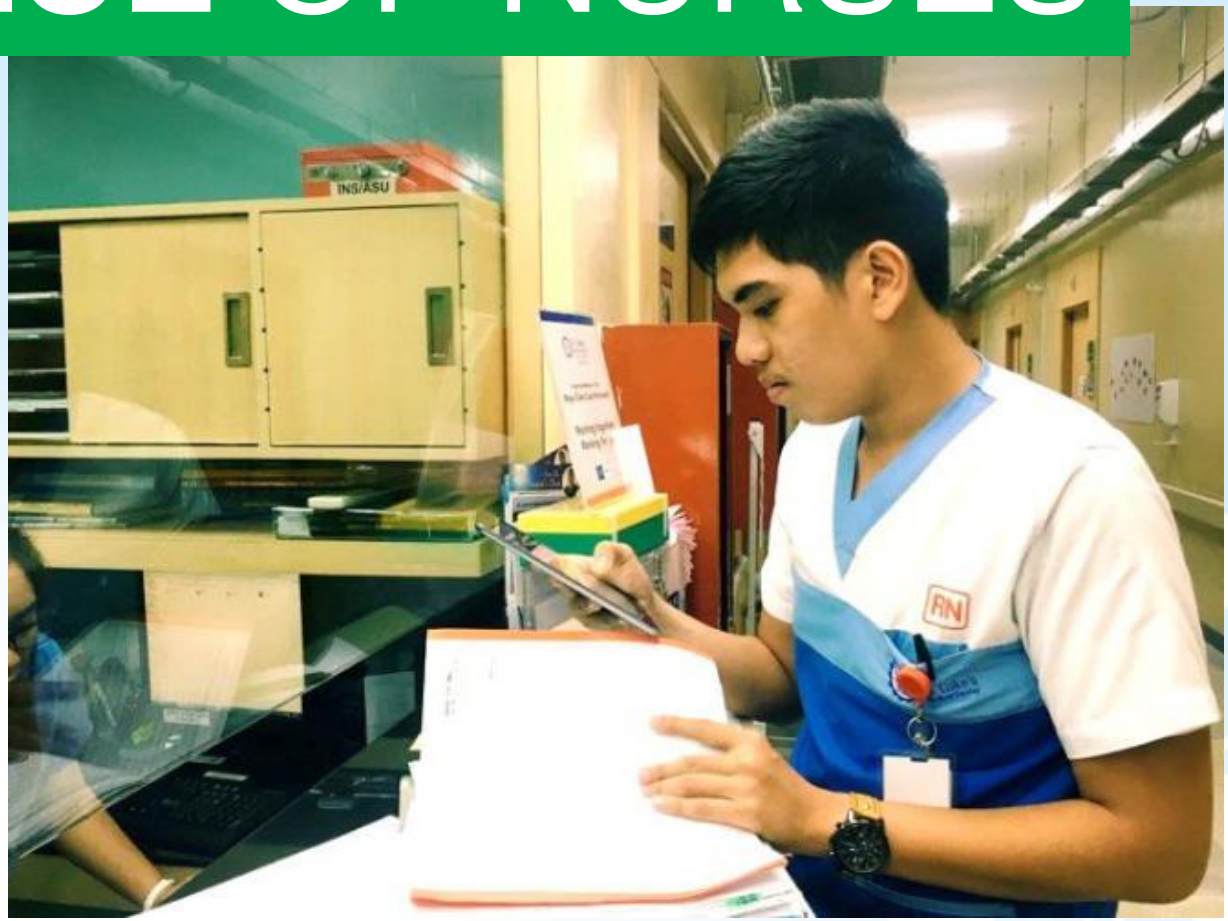
2014-Q4 to 2017-Q2
Ventilator Associated Pneumonias per 1000 Ventilator Days



	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2
SLMC-QC Scores	0.83	0.72	1.78	0.5	0	0	0	0
NDNQI Non-Magnet Facilities Benchmark	0.98	0.67	0.38	0.31	0.22	0.36	0.25	0.31

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VALUE OF NURSES



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'just a Nurse'

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I'm 'just a Nurse.' I just make the difference between life and death.

I just have the educated eyes that prevent medical errors, injuries, and other catastrophes.

I'm just a researcher who helps nurses and doctors give better, safer, and more effective care.

I just work in a major teaching hospital managing and monitoring patients who are receiving experimental, cutting edge treatment.

I just educate patients and families about how to maintain their health.

I just make the difference between a person staying in their own home and going to a nursing home.

I'm just a professor of nursing who educates future generations of nurses.

I just make the difference between dying in agony and dying in comfort and with dignity.

I'm just central to providing the real bottom-line in health care.

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