Innovative Use of Technology to Change Nursing Practice

Presented by

Jeanine M. Rundquist DNP RN NEA-BC,

Director of Performance, Practice and Innovation

Diedre Bricker MSN RN CRRN CPHIMS,
Innovations and Outcomes Specialist

Kathleen Bradley DNP RN NEA-BC,

Director of Professional Development

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AMERICAN NURSES CREDENTIALING CENTER

Children's Hospital Colorado

Nursing Staff:

2000+ RNs

300 APRNs

BSN & Higher Rate: 90%

Certification Rate: 47%

Admissions: 14,000

Outpatient visits: 600,000

Magnet Designations:
2005, 2011, in review 2015

Located in Aurora, Colorado

Anschutz Medical Campus
17 Network of Care sites

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BEST CHILDREN'S HOSPITALS
U.S.News & WORLD REPORT
RANKED IN 9 SPECIALTIES
2015-16

HealthCare's most wired™
WINNER 2015

Objectives

At the end of this symposium, the learner will be able to:

1. describe how to utilize technology to enhance nursing practice and project tracking.

2. describe the benefit of providing real-time nursing quality data

Using SMART Technology to Measure Nursing Practice at the Organization, Unit, and Individual Levels

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Electronic Auditing Tool

- Electronic auditing tool
- Improvement in efficiency and effectiveness
- Addition of observational auditing
- Significant improvement in bundle compliance for:
  - Hospital-acquired Pressure Ulcers (HAPU)
  - Peripheral IV Infiltrate/Extravasation (PIVIE)
  - Central line associated blood stream infections (CLABSI)

Care Bundle – Pressure Ulcers

Bundle Trigger

Pressure Ulcer:
Perioperative Procedural Patients and Inpatients (Excluding NICU)

Bundle Elements / **Process Steps**

Perform Braden Q risk & skin assessment	Apply Mepilex Border sacral dressing	Specialty bed	Reposition patient every 2 hours	Reposition movable devices and pad devices that cannot be moved	Offload pressure

•Complete Braden Q and skin risk assessment on
  • Admission
  • Transfer
  • **Every shift**
 	
Perioperative Procedural Patients
•Preoperative skin assessment
•Postoperative skin assessment
•Also consider intra-operative skin assessments in procedures longer than **3 hours**, unless risk outweighs the benefit
	•Sacral dressing indicated for patients 3 years of age or older AND one of the following
	  • High Risk (Braden Q 16 or less)
	  • Moderate Risk (Braden Q 17 – 22) AND unable to purposefully offload pressure
	
	•Change dressing **every 3-4 days** and as needed for soiling
	
	Perioperative Procedural Patients
	•Sacral dressing indicated for
	  • High risk patients (Braden Q 16 or less)
	  • Procedures **over 3 hours**
		High Risk Patients (Braden Q 16 or less)
		•Identify which mattress is appropriate for your patient, using Specialty Bed Algorithm
		•Use one sheet and one disposable Airflow chux pad under your patient while on the specialty bed
			•Reposition patient from their left side to supine to right side **every 2 hours** if patient not able to purposefully offload pressure
			
			•May use repositioning aides such as pillows or Z-flos to help reposition
				•Rotate moveable devices (pulse oximetry probes, blood pressure cuffs, etc) from extremity to extremity
				  • **Every 4 hours** for high risk patients (Braden Q 16 or less)
				  • **Once per shift** for moderate risk patients (Braden Q 17-22)
				
				•Pad devices that cannot be moved (C-collars, trachs, etc) with Mepilex or Duoderm
				
				•Ensure patient is not lying on tubes or lines
				
				•Do not secure an IV access device with Coban
				
				Non-invasive Ventilation (NIV) (CPAP / BiPAP)
				•Apply Cavilon and Mepilex Lite over nasal bridge and forehead to exceed the size of the mask or prongs
				•Remove mask and Mepilex Lite to inspect the skin **once per shift**
				•Alternate two mask types or sizes **every 6 hours** when on continuous CPAP/BiPAP
					Z-flo/Gel positioners
					Use for
					  •Concerning bony prominences
					  •Under the occiput in infants or toddlers
					  •To keep devices such as ventilator tubing from resting on the patient
					•Use gel positioners in perioperative areas only
					
					Mepilex Border
					• Place over
					  •Any persistent blanchable erythema
					  •Stage 1 pressure injuries (non-blanchable erythema)
					  •Concerning bony prominences not otherwise protected
					•Change dressing **every 3-4 days** and as needed for soiling

Care Bundle - PIVIE

Bundle Trigger

PIV (Peripheral Intravenous Line) Extravasations:
Presence of a PIV (Maintenance)

Bundle Elements

Securement	Assessment	Patency

Process Steps

Site Visible
- Insertion site must be visible at all times

Securement
- A transparent dressing covers the IV site
- A padding may be used under the hub of the T-connector
- A clear IV house, bandnet or stockinette may be used to cover the site
- An arm board may be used to assist with stabilization in areas of flexion
- Never secure an IV device with Coban and/or Coflex
- Never use circumferential taping

Discuss in daily rounds/care
- Necessity of line
- Type of line
- Integrity of line
- Change IV medications to PO

Frequency (Patient awake and asleep)
Every hour
- Continuous fluids
- Medication administration greater than (1) hour

Every (4) hours
- Use of intermittent IV medications and fluids
- PIV not in use

Assessment Components (TLC)
Touch
- IV should feel: soft, warm, dry and pain free

Look
- IV site should be: uncovered, dry and without redness

Compare
- IV site should be: same size as other side and without swelling

Flushing Frequency
Every (4) hours with 1-3mL of normal saline
- Intermittent IV infusions
- PIV not in use
- Anytime patency of line is in question during infusion of continuous fluids or medications

Care Bundle - CLABSI

Bundle Trigger

CLA-BSI (Central Line Associated Blood Stream Infection): Presence of a Central Line (Maintenance)

Bundle Elements	Daily assessment/ goals	Dressing	Cap change (coordinate with tubing change)	Tubing change (coordinate with cap change)	Accessing the line	Bathing
Process Steps	**Discuss in daily rounds/care** •Necessity of line •Function of line and any problems •Consolidation and elimination of line entries (e.g.change IV medications to PO)	•Perform hand hygiene •Sterile technique •Use a kit with sterile gloves •Hair pulled back •Mask those within 3ft of patient •**30 second** chlorhexidine scrub followed by **30-60 second** dry time •Use appropriate dressing (Transparent semi-permeable membrane [TSM] bordered tegaderm) •Write the date changed legibly on the dressing (if date is missing, consider labeling) •Document the date changed in the flowsheet •Assess site **every shift** •If dressing is not clean, dry, and intact, consider changing the dressing **Dressing change frequency** •**Q7 days** – TSM •**Q2 days** – Gauze •PRN – Neonatal lines **NICU** •Utilize dressing change team	•Perform hand hygiene •Sterile technique •Sterile gloves •Hair pulled back •Mask those within 3ft of patient •Mask patient or lightly cover patient's face/trach with a mask •Remove old cap with sterile gauze using sterile gloves and replace with new cap •Use sterile field ready saline syringe **Cap change frequency** •**Q96 hrs** for crystalloids or TPN or not in use •**Q24 hrs** for lipids and blood products •**Q7 days** for hemodialysis •**Q12 hrs** for Propofol (post procedure) •Change cap when visibly soiled	•Perform hand hygiene •Aseptic technique (clean gloves) •For intermittent infusion tubing maintain aseptic technique and cap the end of the tubing with a new sterile cap **Labeling of tubing** •Label continuously connected tubing with day to be changed •Label intermittent tubing with day and time to be changed **Tubing change frequency** •**Q96 hrs** for crystalloids/TPN •**Q24 hrs** for lipids, intermittent infusions •**Q12 hrs** for propofol •Per recommendations from the Blood P&P or Pharmacy **NICU** •Utilize standardized tubing change procedure	•Perform hand hygiene •Clean gloves with all product preparation and each line access •Scrub the access areas with sterile alcohol swab for **15 seconds** for each line access AND •Let completely dry **(at least 15 seconds)** for each line access •Use sterile field ready saline syringe •Germicidal wipe front of pump **every shift** •Clean high touch surface areas (e.g. counter and bedside table) with germicidal wipe at least **every shift** •Coordinate care to minimize line entries	**Non-ICU** •**Daily** bath/shower •Utilize bathing procedure and protect dressing and tubing during bathing/showering **PICU/CICU** •**Daily** chlorhexidine (CHG) bath unless contraindicated for all patients over 2 months of age •If a daily bath/shower is requested, give a CHG bath after the regular bath/shower **NICU** •Pre-term infants: **Every 3-4 days** as tolerated •Term infants: **Every 2-3 days** as tolerated •Greater than 48 weeks corrected age: Daily chlorhexidine (CHG) bath

Traditional Paper Audits

Department ****Please only choose FLOAT or ECMO if you are a team member of either of those groups. ECMO/FLOAT: You must indicate which unit you are auditing on in the "ECMO Team or Float Team Only" field to continue auditing! *****

- ◯ NICU
- ◯ PICU
- ◯ CICU
- ◯ 6th Floor Surgical
- ◯ 7th Floor CCBD
- ◯ 8th Floor Medical
- ◯ 9th Floor Medical
- ◯ CPCU
- ◯ CTRC
- ◯ ECMO
- ◯ Float Team
- ◯ Other Location

Other

EPIC Unit

EPIC Service

Room and Bed

Braden Q

Patient

MRN

Per bedside RN, were devices repositioned within their shift appropriately? NOTE: Q4 for High Risk

- ◯ Yes
- ◯ No
- ◯ Unable to Audit
- ◯ N/A - No device

When assessing this patient, does the patient have a sacral drsg in place?

- ◯ Yes
- ◯ No
- ◯ Unable to Audit
- ◯ N/A - Less than 3 years old or pt is ambulatory/mobile

When assessing this patient, are bony prominences other than the sacrum protected by either a Z-flo or Mepilex? NOTE: Having both a Z-flo and Mepilex or having one or the other = Compliant. Additional criteria for ECMO patients: Z-flo and/or Mepilex border should be to back of head and Z-flo or Mepilex border should be protecting the ear from cannula.

- ◯ Yes
- ◯ No
- ◯ Unable to Audit
- ◯ N/A - Pt is ambulatory/mobile

When assessing this patient, are the preventative dressings in place correctly under devices (CPAP/BiPAP mask, C-collar, trach, pulse oximeter)? NOTE: Additional criteria for ECMO patients- small Mepilex border should be under the ECMO ear cannula

- ◯ Yes
- ◯ No
- ◯ N/A - Pt does not have a device requiring prophylactic dressing or for ECMO only, patient has a chest cannula

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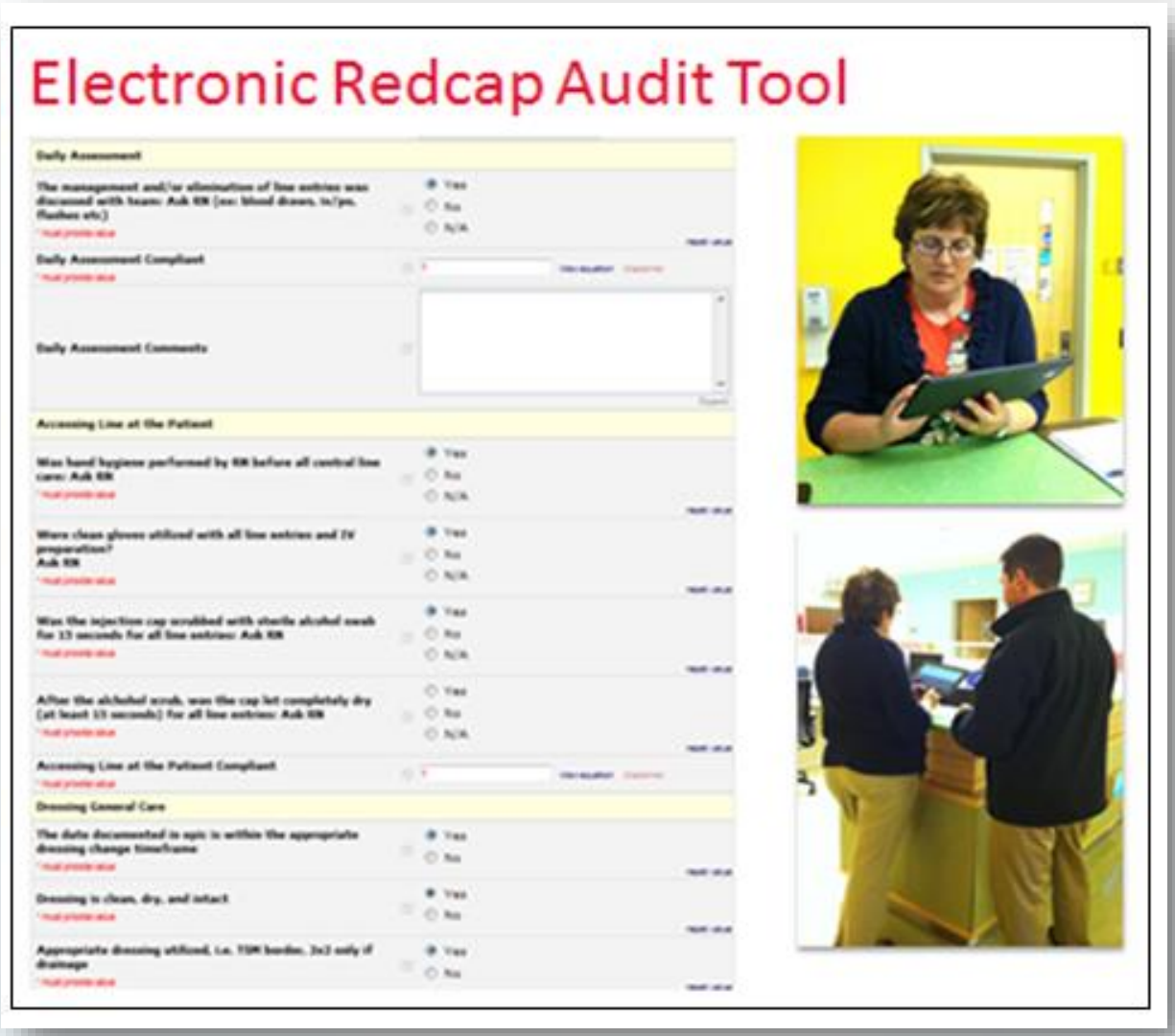
Moving to Electronic Auditing

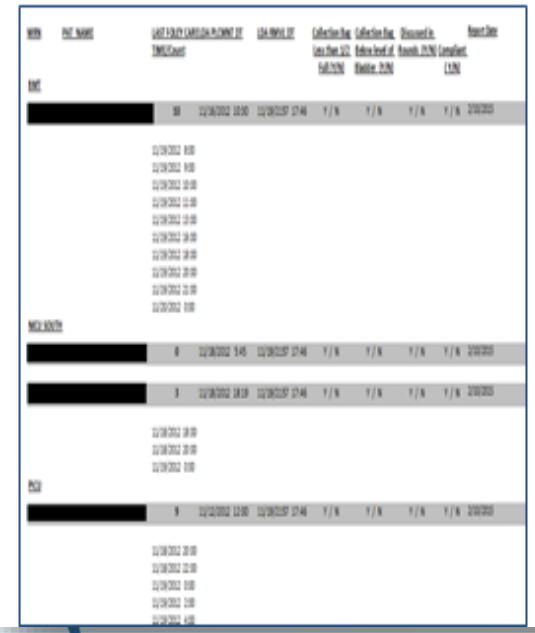


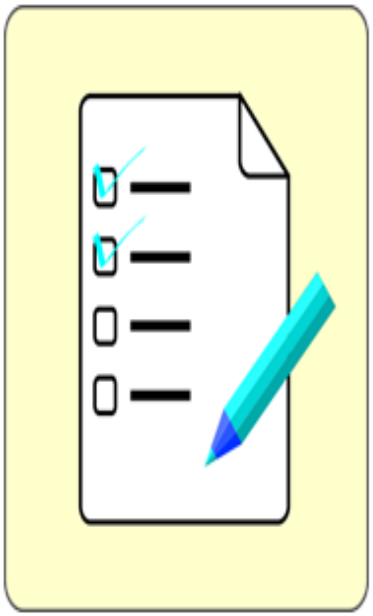
Moving to Electronic Auditing

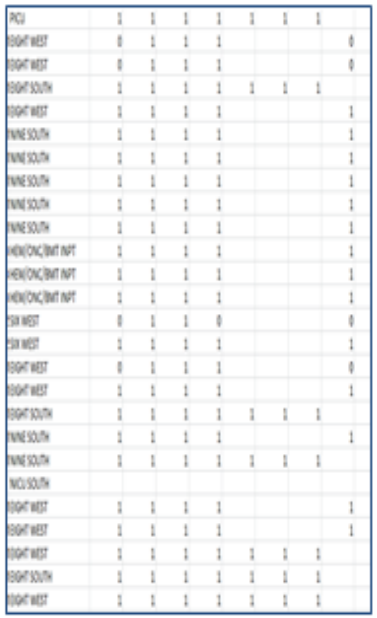
- Paper audits with manual entry
- Documentation reports from EMR
- Audits entered into RedCap

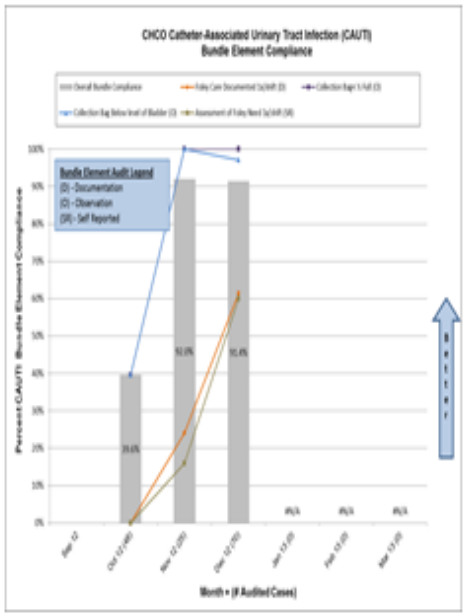
- Data stored in EDW

- Data displayed in Tableau dashboard

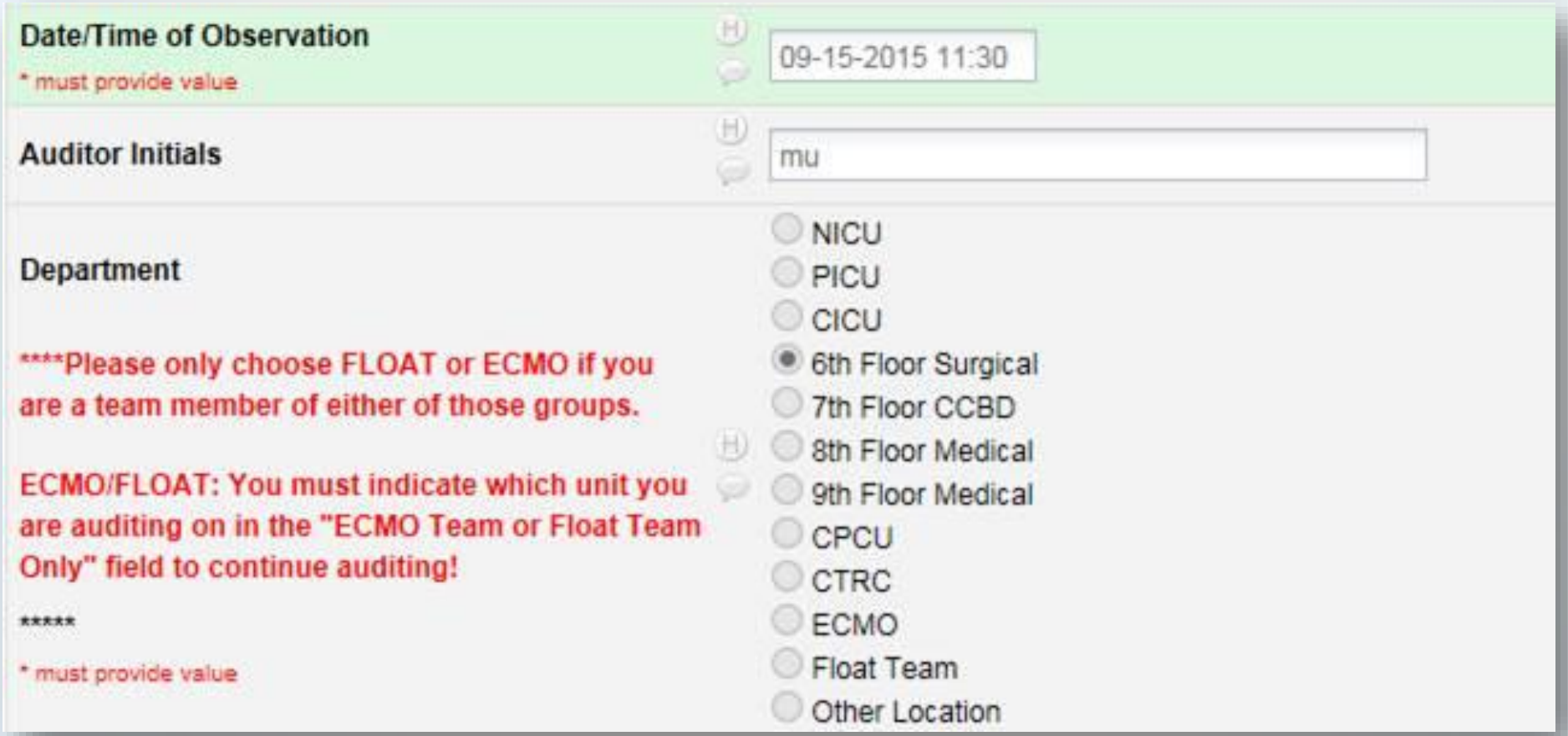








Redcap Audits



Date/Time of Observation
* must provide value

09-15-2015 11:30

Auditor Initials

mu

Department

****Please only choose FLOAT or ECMO if you are a team member of either of those groups.

ECMO/FLOAT: You must indicate which unit you are auditing on in the "ECMO Team or Float Team Only" field to continue auditing!

*****

* must provide value

- NICU
- PICU
- CICU
- 6th Floor Surgical
- 7th Floor CCBD
- 8th Floor Medical
- 9th Floor Medical
- CPCU
- CTRC
- ECMO
- Float Team
- Other Location

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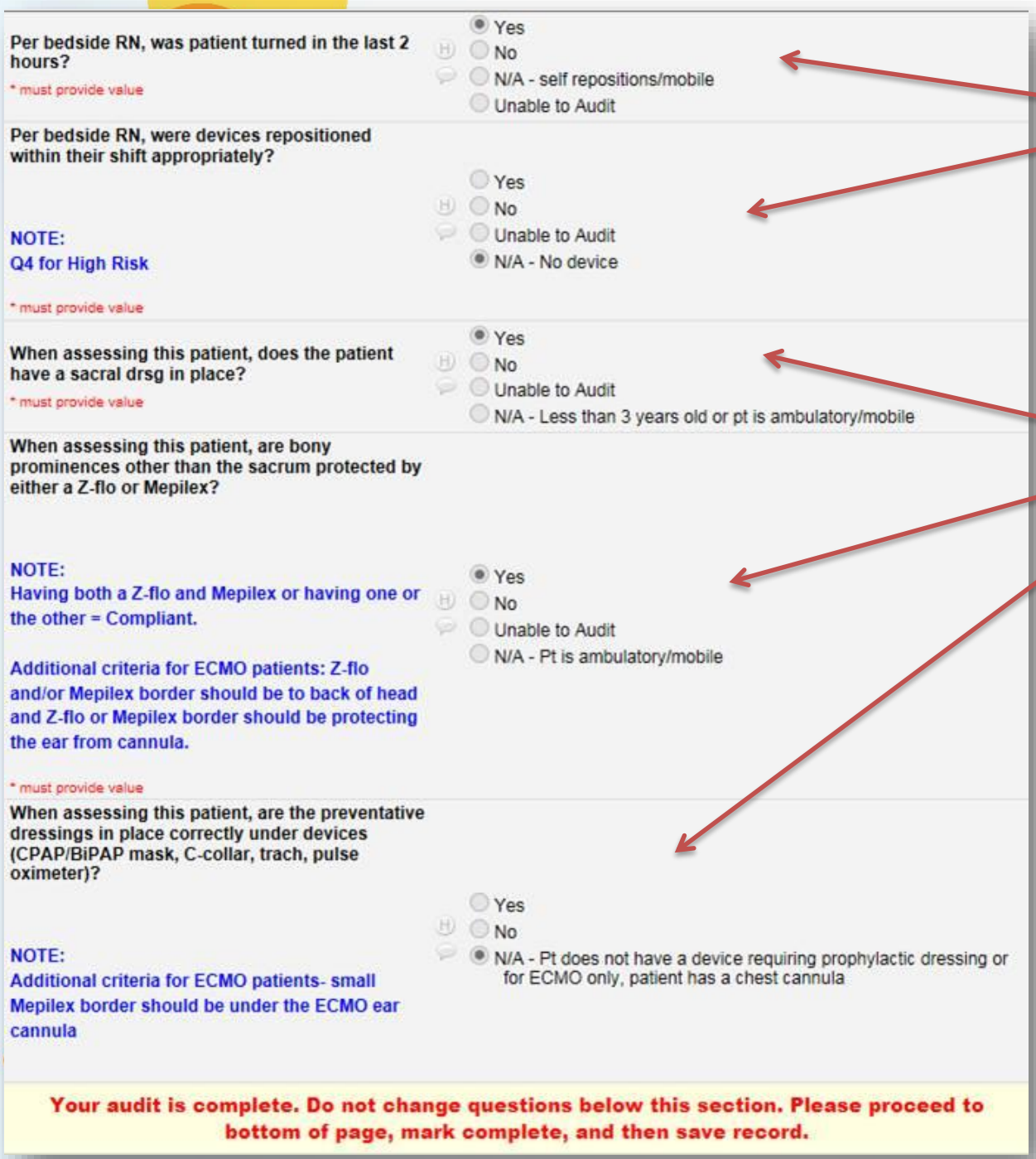

Per bedside RN, was patient turned in the last 2 hours?

* must provide value

- Yes
- No
- N/A - self repositions/mobile
- Unable to Audit

Per bedside RN, were devices repositioned within their shift appropriately?

NOTE:
Q4 for High Risk

* must provide value

- Yes
- No
- Unable to Audit
- N/A - No device

When assessing this patient, does the patient have a sacral drsg in place?

* must provide value

- Yes
- No
- Unable to Audit
- N/A - Less than 3 years old or pt is ambulatory/mobile

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When assessing this patient, are the preventative dressings in place correctly under devices (CPAP/BiPAP mask, C-collar, trach, pulse oximeter)?

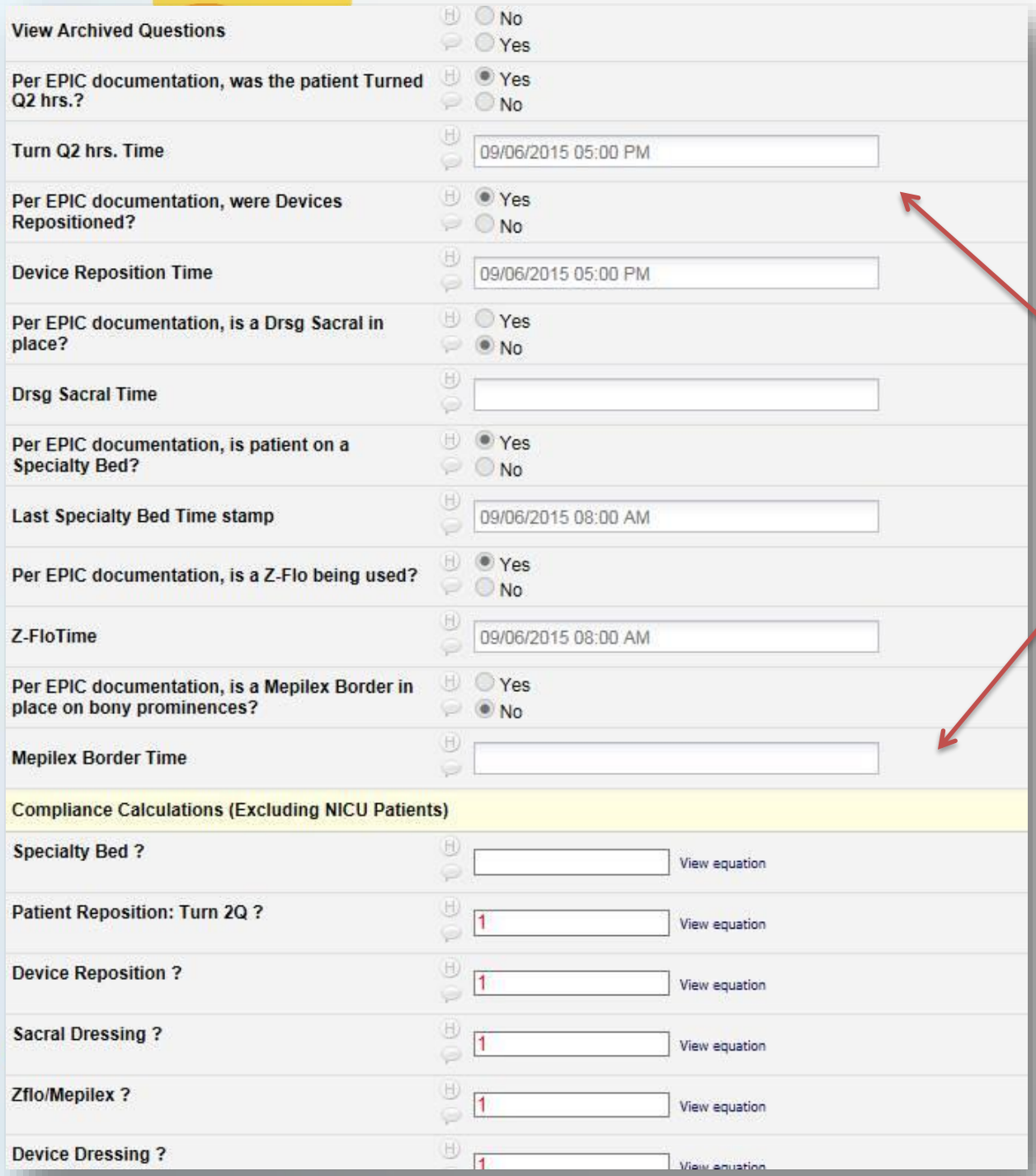
NOTE:
Additional criteria for ECMO patients- small Mepilex border should be under the ECMO ear cannula

- Yes
- No
- N/A - Pt does not have a device requiring prophylactic dressing or for ECMO only, patient has a chest cannula

Your audit is complete. Do not change questions below this section. Please proceed to bottom of page, mark complete, and then save record.

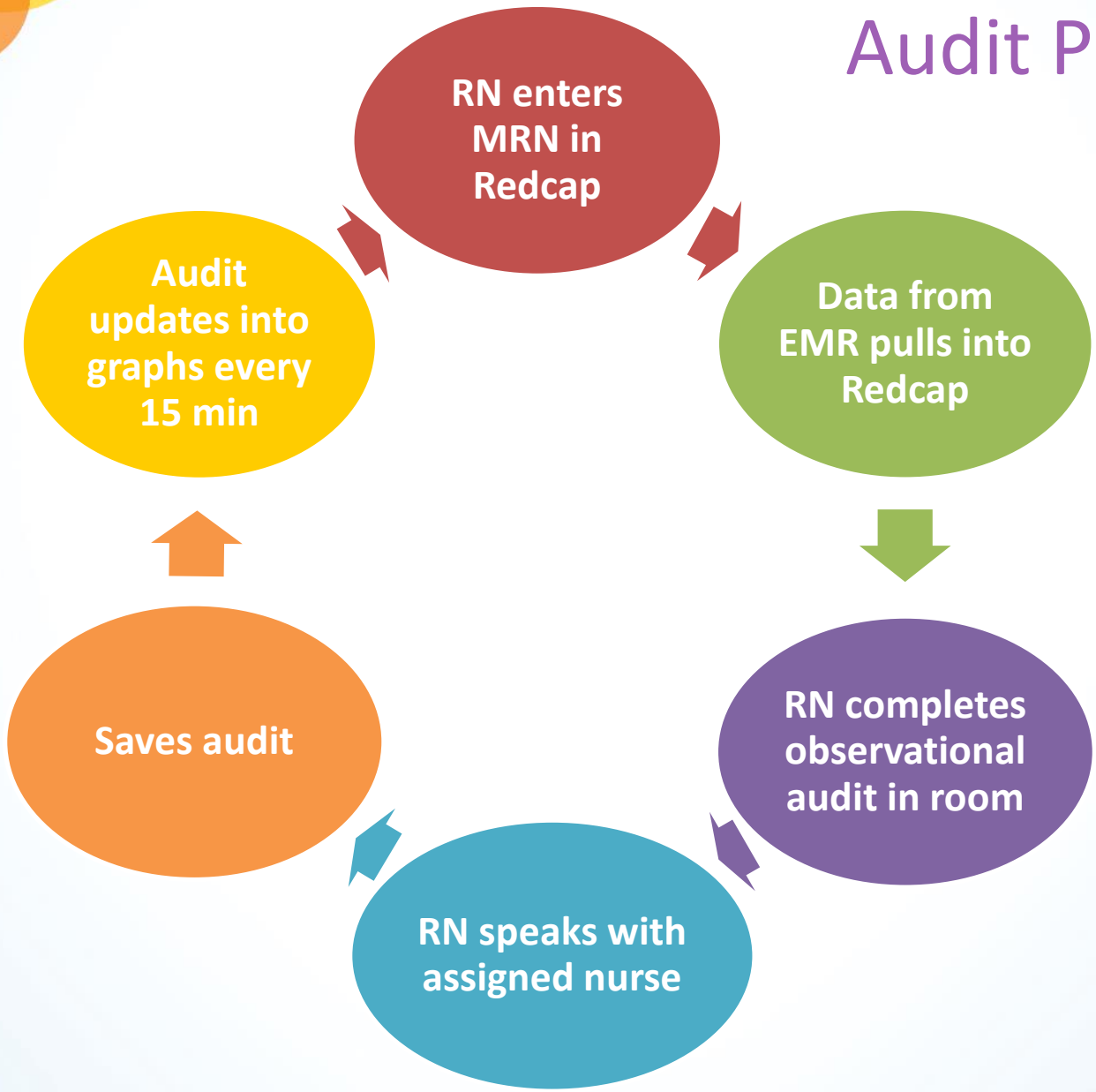
Discussion with RN

Direct Observation

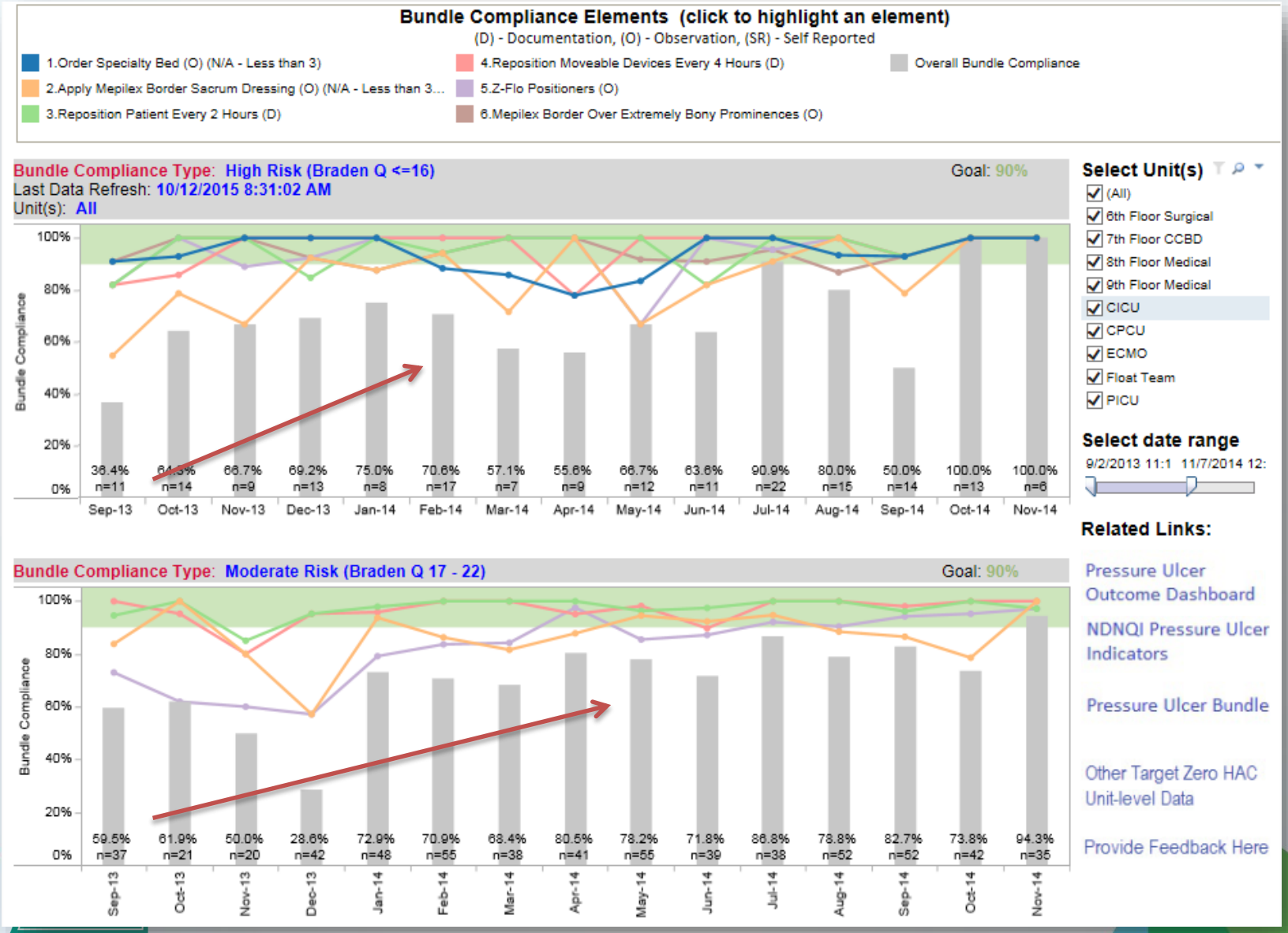


Documentation

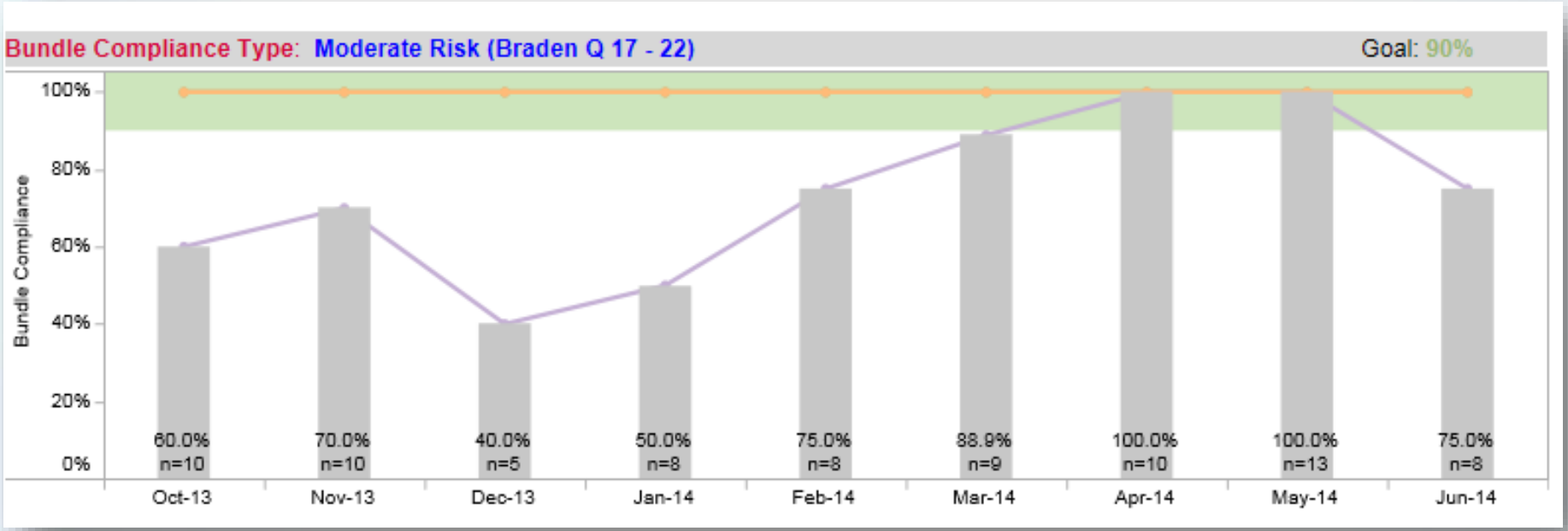
Audit Process



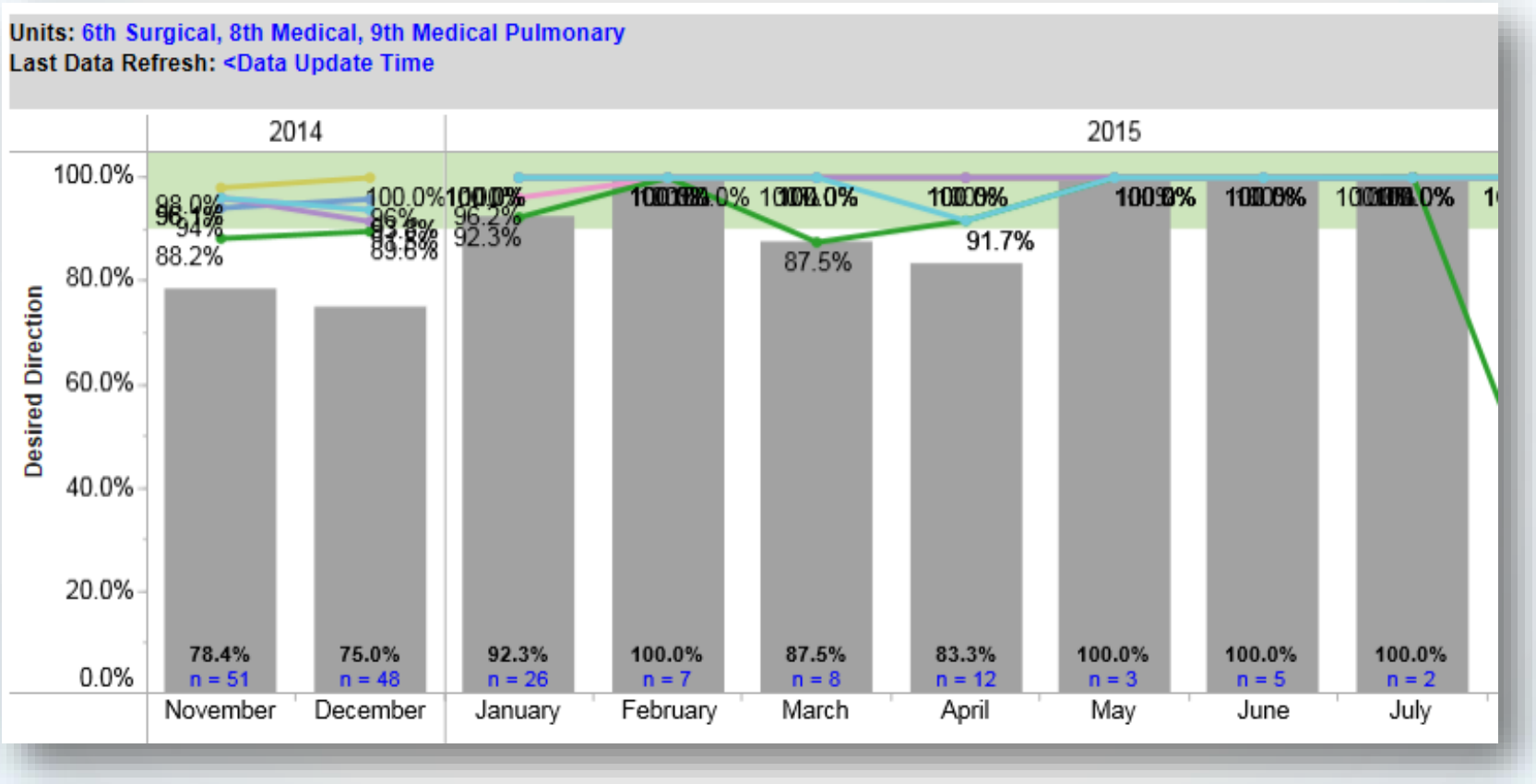
Bundle Compliance-Pressure Ulcers



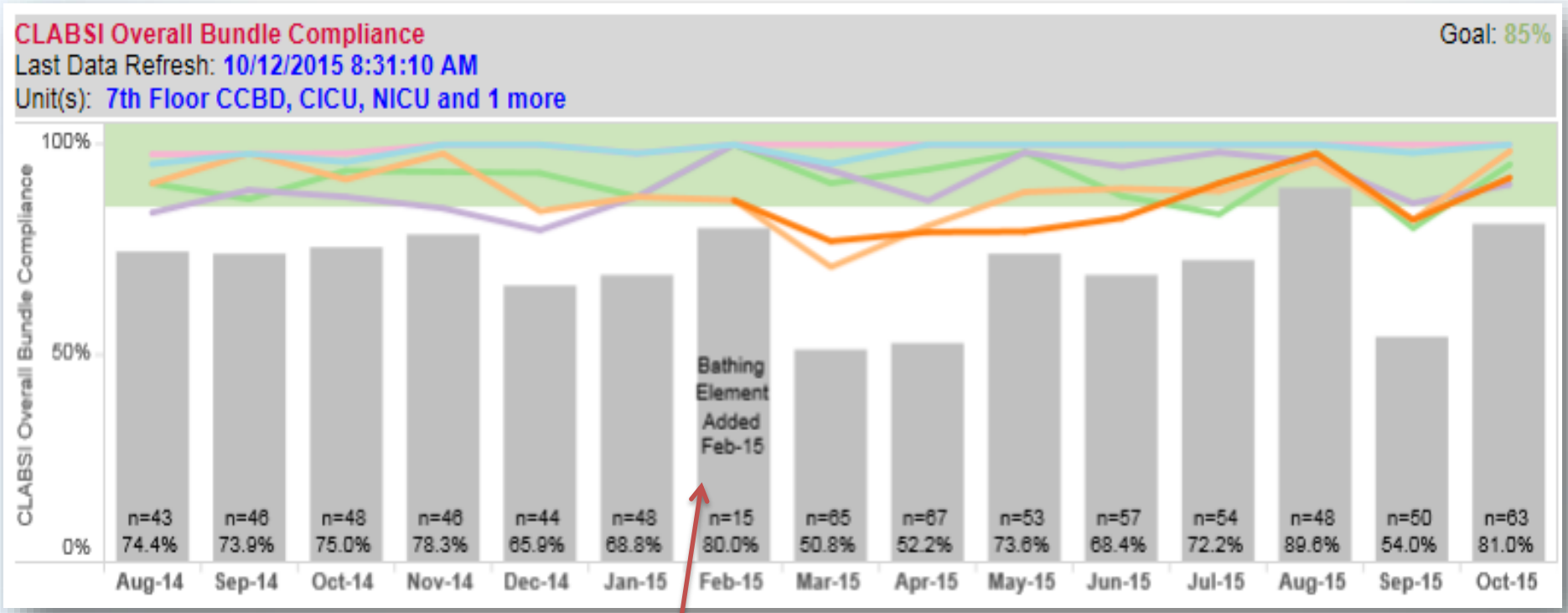
Bundle Compliance - CICU



Bundle Compliance-PIVIE



Bundle Compliance-CLABSI



Electronic Auditing

- More efficient
- Allows for 1:1, just in time feedback
- Supports the “gold standard” of observational audits

Dashboards and Data: Supporting Strategy through Transparency of Metrics

Presented by
Diedre Bricker MSN RN CRRN CPHIMS
Innovations and Outcomes Specialist

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Dashboards & Data

The individual preventable harm work teams utilize the dashboards for analysis of compliance with standard patient care, as well as the outcome of their improvement efforts.

Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

9th Medical Pulmonary

Service
9th Medical Pulmonary

Magnet - Patient Satisfaction

People
9th Medical Pulmonary

Leader Rounding
Magnet - Nurse Satsifaction (Morehead)

Finance - Labor/Productivity
9th Medical Pulmonary

Bed Meeting Site (Authorized Users Only)
Clairvia (Authorized Users Only)
Financial Dashboard - (Authorized Users Only)
FTE Projection Tool (OPEN and SAVE AS to Desktop)
Ops & OT Dashboard (Authorized Users Only)

Quality & Patient Safety
9th Medical Pulmonary

ADE Outcome Data - Target Zero
Magnet - Catheter Associated Urinary Tract Infections per 1000 Cat..
Magnet - Central Line Associated Blood Stream Infections per 1000 ..
Magnet - Injury Falls Per 1,000 Patient Days (NDNQI)
Magnet - Percent of Surveyed Patients with Hospital Acquired Pres..
Children's Asthma Care
CAUTI Bundle Compliance Data - Target Zero
CAUTI Outcome Data - Target Zero
CLABSI Bundle Compliance Data -Target Zero
CLABSI Outcome Data -Target Zero
Codes and RRT Outcome Data -Target Zero
Falls Bundle Compliance Data -Target Zero
Falls Outcome Data -Target Zero
Patient ID Bundle Compliance Data - Target Zero
PIV Extravasations Bundle Compliance Data -Target Zero
PIV Extravasations Outcome Data -Target Zero
Pressure Ulcer Bundle Compliance Data -Target Zero
Pressure Ulcer Outcome Data -Target Zero
VTE Outcome Data -Target Zero

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Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

Emergency Department - Anschutz

Service
Emergency Department - Anschutz

Magnet - Patient Satisfaction

Quality & Patient Safety
Emergency Department - Anschutz

Falls Outcome Data -Target Zero
PIV Extravasations Outcome Data -Target Zero
Pressure Ulcer Outcome Data -Target Zero
Peripheral Blood Culture Contamination

People
Emergency Department - Anschutz

Leader Rounding
Magnet - Nurse Satsifaction (Morehead)

Finance - Labor/Productivity
Emergency Department - Anschutz

Bed Meeting Site (Authorized Users Only)
Clairvia (Authorized Users Only)
Financial Dashboard - (Authorized Users Only)
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Ops & OT Dashboard (Authorized Users Only)

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Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

Orthopedic Institute Clinic - Anschutz

Service
Orthopedic Institute Clinic - Anschutz

Magnet - Patient Satisfaction	

Quality & Patient Safety
Orthopedic Institute Clinic - Anschutz

Magnet - Injury Falls Per 1,000 Patient Visits/Cases (NDNQI)	

People
Orthopedic Institute Clinic - Anschutz

Magnet - Nurse Satsifaction (Morehead)	

Finance - Labor/Productivity
Orthopedic Institute Clinic - Anschutz

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Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

9th Medical Pulmonary

Service
9th Medical Pulmonary

Magnet - Patient Satisfaction

People
9th Medical Pulmonary

Leader Rounding
Magnet - Nurse Satsifaction (Morehead)

Finance - Labor/Productivity
9th Medical Pulmonary

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Quality & Patient Safety
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ADE Outcome Data - Target Zero
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Falls Bundle Compliance Data -Target Zero
Falls Outcome Data -Target Zero
Patient ID Bundle Compliance Data - Target Zero
PIV Extravasations Bundle Compliance Data -Target Zero
PIV Extravasations Outcome Data -Target Zero
Pressure Ulcer Bundle Compliance Data -Target Zero
Pressure Ulcer Outcome Data -Target Zero
VTE Outcome Data -Target Zero

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Unit/Department

6th Surgical

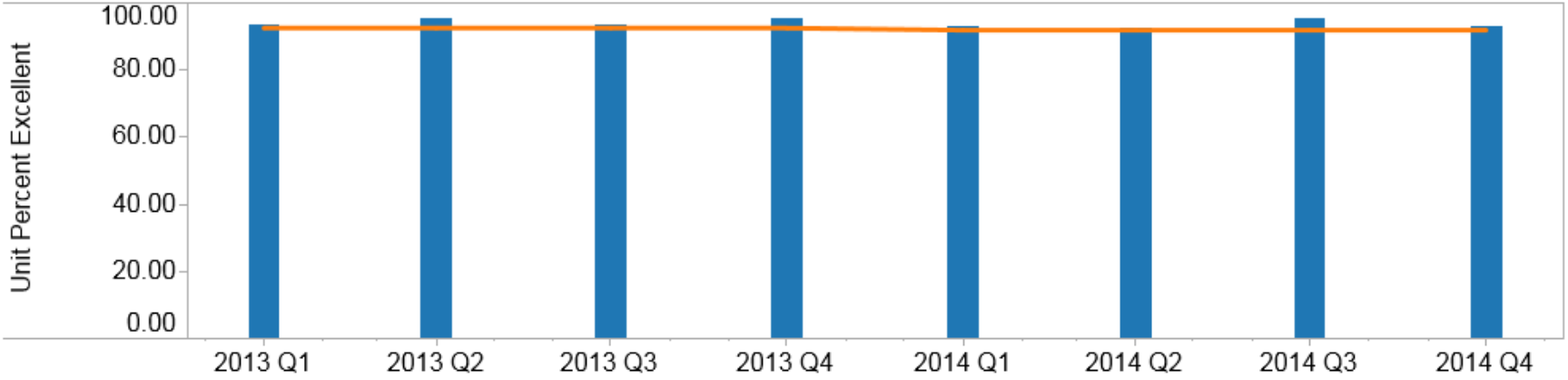
Patient Satisfaction Category

Courtesy & Respect

Unit Mean
*PRC Pediatric Mean

Children's Hospital Colorado - EP23EO
Patient Satisfaction - Courtesy & Respect
6th Surgical, Inpatient

Courtesy & Respect - Overall, how would you rate the nurses' respect for privacy?
Likert Scale - Excellent, Very Good, Good, Fair, or Poor



6th Surgical: All of 8 Quarters Outperform the Mean

	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4
Unit Mean	93.20	95.10	93.20	95.20	92.80	92.40	95.20	92.80
*PRC Pediatric Mean	92.50	92.50	92.50	92.50	91.90	91.90	91.90	91.90

*PRC - Professional Research Consultants Green = Outperform Mean Red = Did Not Outperform Mean

Children's Hospital Colorado

Unit/Department

6th Surgical

Patient Satisfaction Category

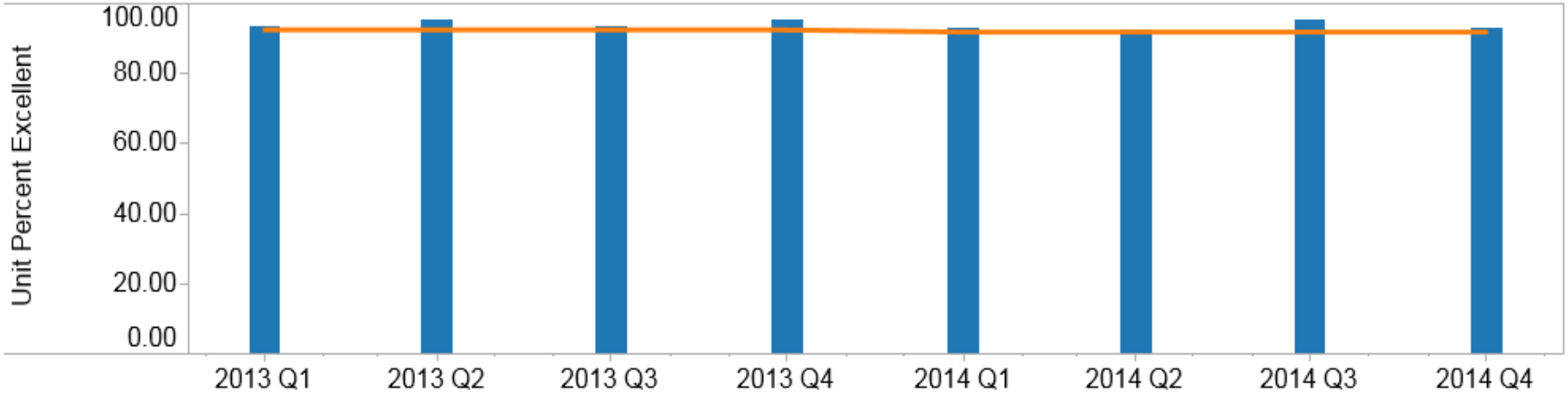
Courtesy & Respect

- Care Coordination
- Courtesy & Respect
- Pain
- Patient Education
- Patient Safety

Unit Mean
*PRC Pediatric Mean

Children's Hospital
Patient Satisfaction
6th Surgical, Inpatient

Courtesy & Respect - Overall, how would you rate the nurses' respect for privacy?
Likert Scale - Excellent, Very Good, Good, Fair, or Poor



6th Surgical: All of 8 Quarters Outperform the Mean

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*PRC Pediatric Mean	92.50	92.50	92.50	92.50	91.90	91.90	91.90	91.90

*PRC - Professional Research Consultants Green = Outperform Mean Red = Did Not Outperform Mean

AMERICAN NURSES CREDENTIALING CENTER

Unit/Department

6th Surgical

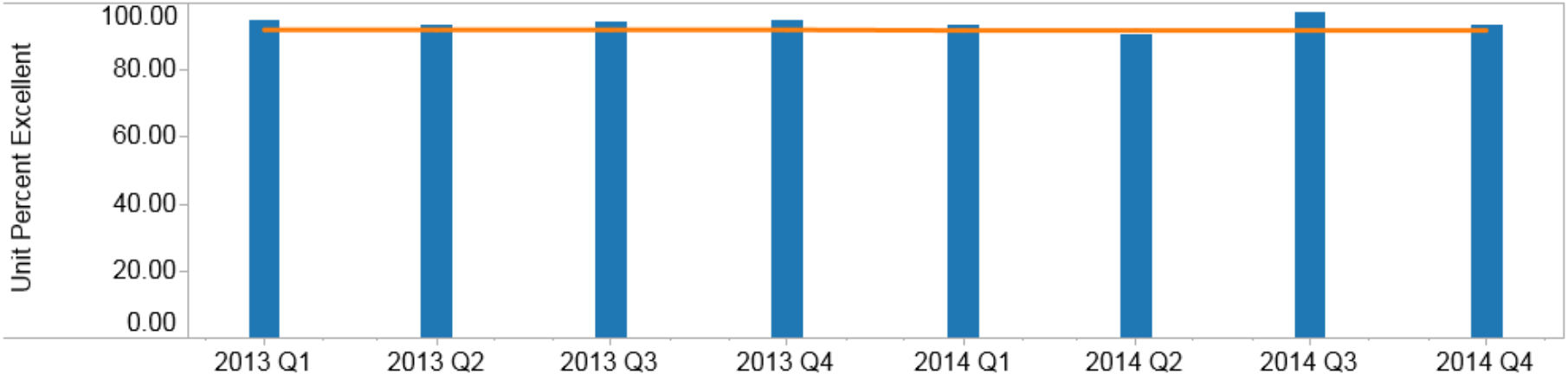
Patient Satisfaction Category

Patient Safety

Unit Mean
*PRC Pediatric Mean

Children's Hospital Colorado - EP23EO
Patient Satisfaction - Patient Safety
6th Surgical, Inpatient

Patient Safety - Overall, would you rate the level of safety experienced while in the hospital as:
Likert Scale - Excellent, Very Good, Good, Fair, or Poor



6th Surgical: 7 of 8 Quarters Outperform the Mean

	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4
Unit Mean	94.80	93.60	94.30	94.80	93.60	90.60	97.20	93.20
*PRC Pediatric Mean	92.10	92.10	92.10	92.10	91.90	91.90	91.90	91.90

*PRC - Professional Research Consultants Green = Outperform Mean Red = Did Not Outperform Mean

Children's Hospital Colorado

Unit/Department

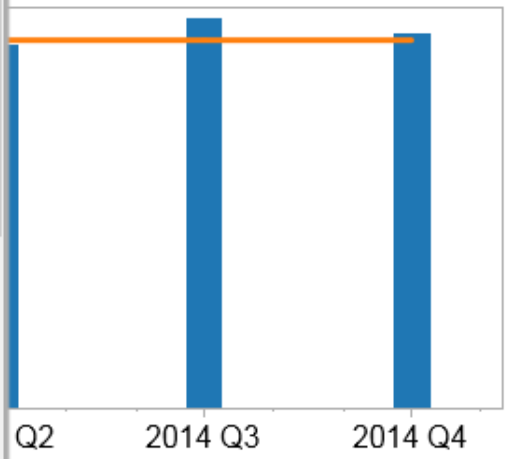
6th Surgical

Patient Satisfaction Category

Patient Safety

6th Surgical
8th Medical
9th Medical Pulmonary
Breathing Institute (BI) Clinic - Anschutz
Breathing Institute (BI) Clinic - South Campus
Cardiac ICU
Cardiac Progressive Care Unit (CPCU)
Cardiology Clinic - Anschutz
Cardiology Clinic - Briargate
Cardiology Clinic - North Campus, Parker, Uptown, Wheat Ridge
Cardiology Clinic - South Campus
CCBD Clinic - Briargate
CCBD Clinic - South Campus
CCBD Inpatient
CCBD Outpatient - Cl
CCBD Clinic - South Campus
Digestive Health Institute (DHI) Clinic - Anschutz
Digestive Health Institute (DHI) Clinic - Briargate
Digestive Health Institute (DHI) Clinic - North Campus, Outreach, Parker, South Campus, Uptown
Emergency Department - Anschutz
Emergency Department - Parker
Hemophilia/Thrombosis Center
Inpatient - North Campus
Inpatient - Parker
Inpatient - South Campus
Inpatient - Uptown (formerly St. Joe's)
Inpatient Psych
Kidney Center/Dialysis
Med/Surg - Memorial
Neurosciences Institute (NSI) Clinic - Anschutz

the hospital as:



Q2	2014 Q3	2014 Q4
	97.20	93.20
	91.90	91.90

*PRC - Professional Research Consultants Green = Outperform Mean Red = Did Not Outperform Mean

Unit/Department

CCBD Clinic - South Campus

Patient Satisfaction Category

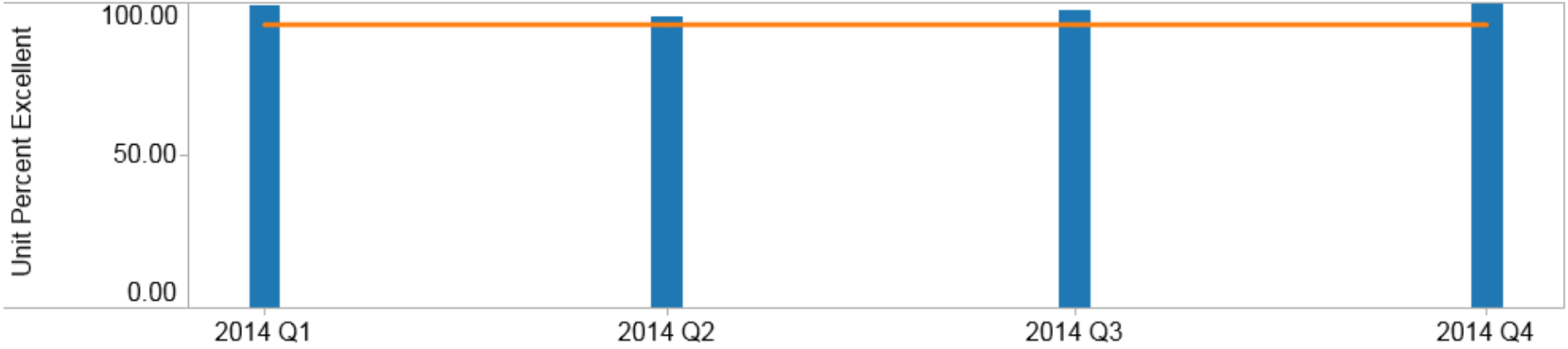
Patient Safety

Unit Mean

*PRC Pediatric Mean

Children's Hospital Colorado - EP23EO
Patient Satisfaction - Patient Safety
CCBD Clinic - South Campus, Medical Practice

Patient Safety - How would you rate the staff on confirming identity every time prior to performing procedures or administering medications.
Likert Scale - Excellent, Very Good, Good, Fair, or Poor



CCBD Clinic - South Campus: All of 4 Quarters Outperform the Mean

	2014 Q1	2014 Q2	2014 Q3	2014 Q4
Unit Mean	99.00	95.20	97.60	100.00
*PRC Pediatric Mean	92.80	92.80	92.80	92.80

*PRC - Professional Research Consultants Green = Outperform Mean Red = Did Not Outperform Mean

Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

9th Medical Pulmonary

Service
9th Medical Pulmonary

Magnet - Patient Satisfaction

People
9th Medical Pulmonary

Leader Rounding
Magnet - Nurse Satsifaction (Morehead)

Finance - Labor/Productivity
9th Medical Pulmonary

Bed Meeting Site (Authorized Users Only)
Clairvia (Authorized Users Only)
Financial Dashboard - (Authorized Users Only)
FTE Projection Tool (OPEN and SAVE AS to Desktop)
Ops & OT Dashboard (Authorized Users Only)

Quality & Patient Safety
9th Medical Pulmonary

ADE Outcome Data - Target Zero
Magnet - Catheter Associated Urinary Tract Infections per 1000 Cat..
Magnet - Central Line Associated Blood Stream Infections per 1000 ..
Magnet - Injury Falls Per 1,000 Patient Days (NDNQI)
Magnet - Percent of Surveyed Patients with Hospital Acquired Pres..
Children's Asthma Care
CAUTI Bundle Compliance Data - Target Zero
CAUTI Outcome Data - Target Zero
CLABSI Bundle Compliance Data -Target Zero
CLABSI Outcome Data -Target Zero
Codes and RRT Outcome Data -Target Zero
Falls Bundle Compliance Data -Target Zero
Falls Outcome Data -Target Zero
Patient ID Bundle Compliance Data - Target Zero
PIV Extravasations Bundle Compliance Data -Target Zero
PIV Extravasations Outcome Data -Target Zero
Pressure Ulcer Bundle Compliance Data -Target Zero
Pressure Ulcer Outcome Data -Target Zero
VTE Outcome Data -Target Zero

RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

2015 Leader Rounding Dashboard

Children's Hospital Colorado

What is Leader Rounding?

Leader Rounding is an essential, routine activity for all levels of leadership at CHCO. It is focused on discussions, observations and coaching of front line staff where their work is done. The purpose of leader rounding is to ensure team members are effective and engaged in their work, that their barriers are identified, shared, and addressed, and that as a result, outcomes improve. It also enhances visibility and support of leaders for their team members.

Select Executive for a roll up

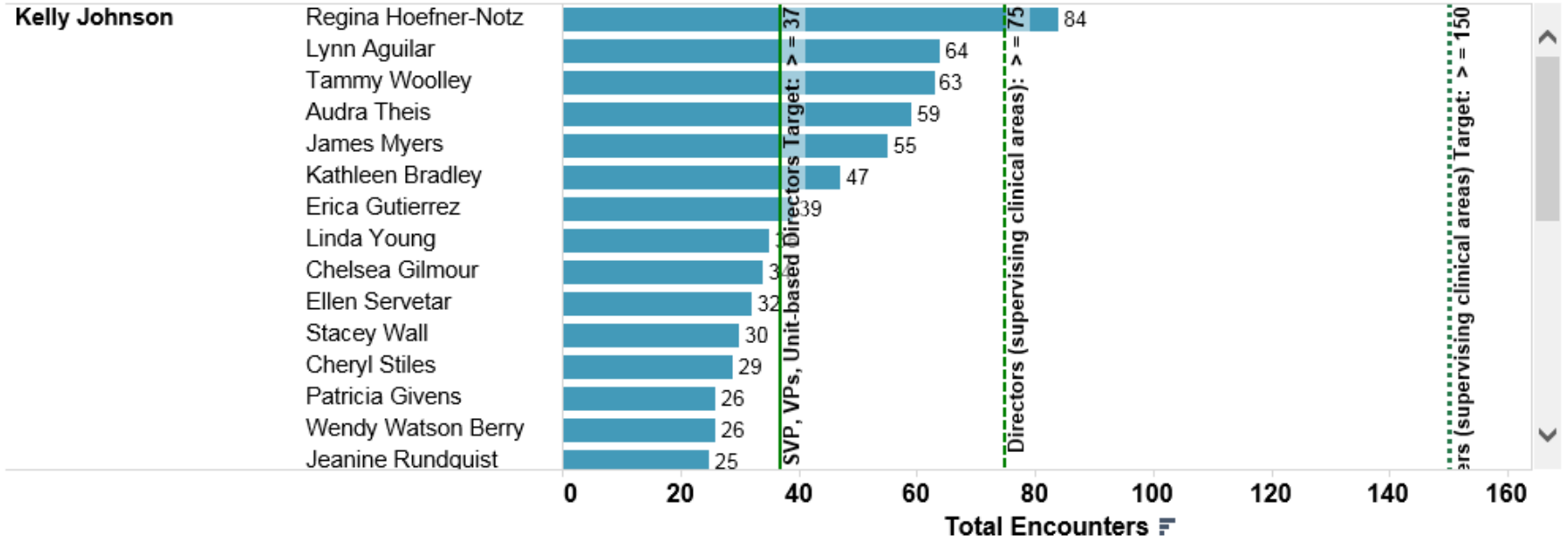
Kelly Johnson

Select your name to view your individual report

(All)

*Hover over the green target lines to see Target details

9/2/2015 10:01:37 AM



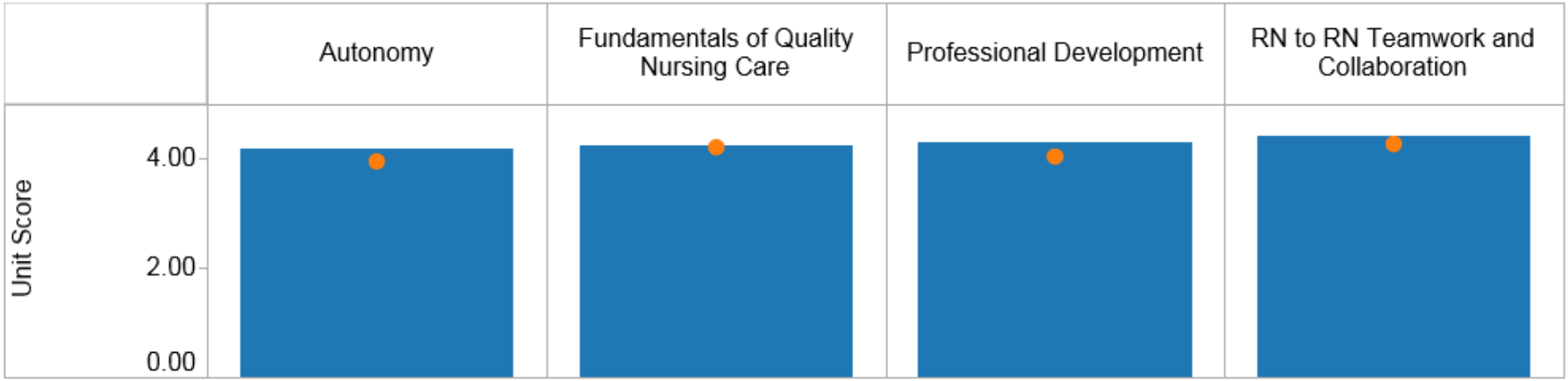
Children's Hospital Colorado

Unit/Department

KidStreet

Unit Score
Morehead National Mean

Children's Hospital Colorado - EP3EO
KidStreet, Nurse (RN) Satisfaction, 2014



KidStreet: All of 4 Categories Outperform Benchmark

	Autonomy	Fundamentals of Quality Nursing Care	Professional Development	RN to RN Teamwork and Collaboration
Unit Score	4.18	4.24	4.29	4.41
Morehead National Mean	3.95	4.21	4.04	4.27

Green = Outperform Red = Did not Outperform

AMERICAN NURSES CREDENTIALING CENTER

Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

9th Medical Pulmonary

Service
9th Medical Pulmonary

Magnet - Patient Satisfaction

People
9th Medical Pulmonary

Leader Rounding
Magnet - Nurse Satsifaction (Morehead)

Finance - Labor/Productivity
9th Medical Pulmonary

Bed Meeting Site (Authorized Users Only)
Clairvia (Authorized Users Only)
Financial Dashboard - (Authorized Users Only)
FTE Projection Tool (OPEN and SAVE AS to Desktop)
Ops & OT Dashboard (Authorized Users Only)

Quality & Patient Safety
9th Medical Pulmonary

ADE Outcome Data - Target Zero
Magnet - Catheter Associated Urinary Tract Infections per 1000 Cat..
Magnet - Central Line Associated Blood Stream Infections per 1000 ..
Magnet - Injury Falls Per 1,000 Patient Days (NDNQI)
Magnet - Percent of Surveyed Patients with Hospital Acquired Pres..
Children's Asthma Care
CAUTI Bundle Compliance Data - Target Zero
CAUTI Outcome Data - Target Zero
CLABSI Bundle Compliance Data -Target Zero
CLABSI Outcome Data -Target Zero
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Falls Outcome Data -Target Zero
Patient ID Bundle Compliance Data - Target Zero
PIV Extravasations Bundle Compliance Data -Target Zero
PIV Extravasations Outcome Data -Target Zero
Pressure Ulcer Bundle Compliance Data -Target Zero
Pressure Ulcer Outcome Data -Target Zero
VTE Outcome Data -Target Zero

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

9th Medical Pulmonary

Service
9th Medical Pulmonary

Magnet - Patient Satisfaction

People
9th Medical Pulmonary

Leader Rounding
Magnet - Nurse Satsifaction (Morehead)

Finance - Labor/Productivity
9th Medical Pulmonary

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Clairvia (Authorized Users Only)
Financial Dashboard - (Authorized Users Only)
FTE Projection Tool (OPEN and SAVE AS to Desktop)
Ops & OT Dashboard (Authorized Users Only)

Quality & Patient Safety
9th Medical Pulmonary

ADE Outcome Data - Target Zero
Magnet - Catheter Associated Urinary Tract Infections per 1000 Cat..
Magnet - Central Line Associated Blood Stream Infections per 1000 ..
Magnet - Injury Falls Per 1,000 Patient Days (NDNQI)
Magnet - Percent of Surveyed Patients with Hospital Acquired Pres..
Children's Asthma Care
CAUTI Bundle Compliance Data - Target Zero
CAUTI Outcome Data - Target Zero
CLABSI Bundle Compliance Data -Target Zero
CLABSI Outcome Data -Target Zero
Codes and RRT Outcome Data -Target Zero
Falls Bundle Compliance Data -Target Zero
Falls Outcome Data -Target Zero
Patient ID Bundle Compliance Data - Target Zero
PIV Extravasations Bundle Compliance Data -Target Zero
PIV Extravasations Outcome Data -Target Zero
Pressure Ulcer Bundle Compliance Data -Target Zero
Pressure Ulcer Outcome Data -Target Zero
VTE Outcome Data -Target Zero

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Division of Patient Care Services
Nursing Data Portal

Select Unit/Dept.

9th Medical Pulmonary

Service
9th Medical Pulmonary

Magnet - Patient Satisfaction

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9th Medical Pulmonary

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Bed Meeting Site (Authorized Users Only)
Clairvia (Authorized Users Only)
Financial Dashboard - (Authorized Users Only)
FTE Projection Tool (OPEN and SAVE AS to Desktop)
Ops & OT Dashboard (Authorized Users Only)

Quality & Patient Safety
9th Medical Pulmonary

ADE Outcome Data - Target Zero
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CLABSI Outcome Data -Target Zero
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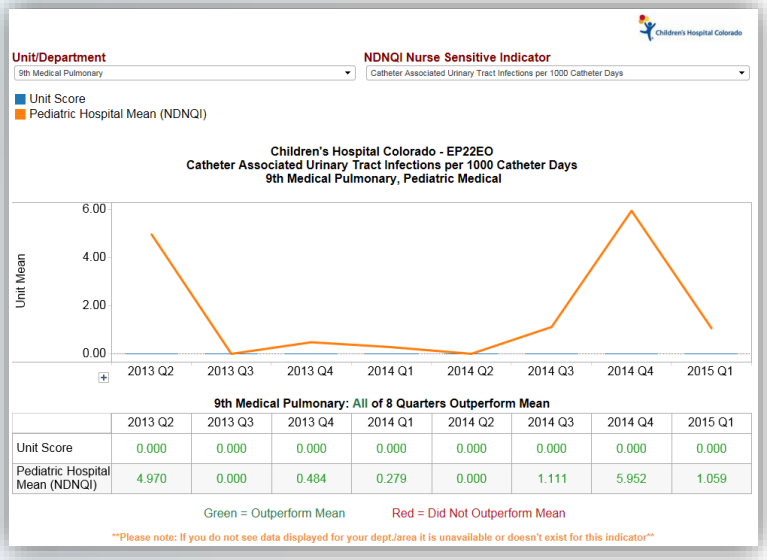
Falls Bundle Compliance Data -Target Zero
Falls Outcome Data -Target Zero
Patient ID Bundle Compliance Data - Target Zero
PIV Extravasations Bundle Compliance Data -Target Zero
PIV Extravasations Outcome Data -Target Zero
Pressure Ulcer Bundle Compliance Data -Target Zero
Pressure Ulcer Outcome Data -Target Zero
VTE Outcome Data -Target Zero

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Example: Magnet Graphs



Unit/Department: 9th Medical Pulmonary

NDNQI Nurse Sensitive Indicator: Catheter Associated Urinary Tract Infections per 1000 Catheter Days

Unit Score
Pediatric Hospital Mean (NDNQI)

Children's Hospital Colorado - EP22EO
Catheter Associated Urinary Tract Infections per 1000 Catheter Days
9th Medical Pulmonary, Pediatric Medical

Unit Mean: 6.00, 4.00, 2.00, 0.00

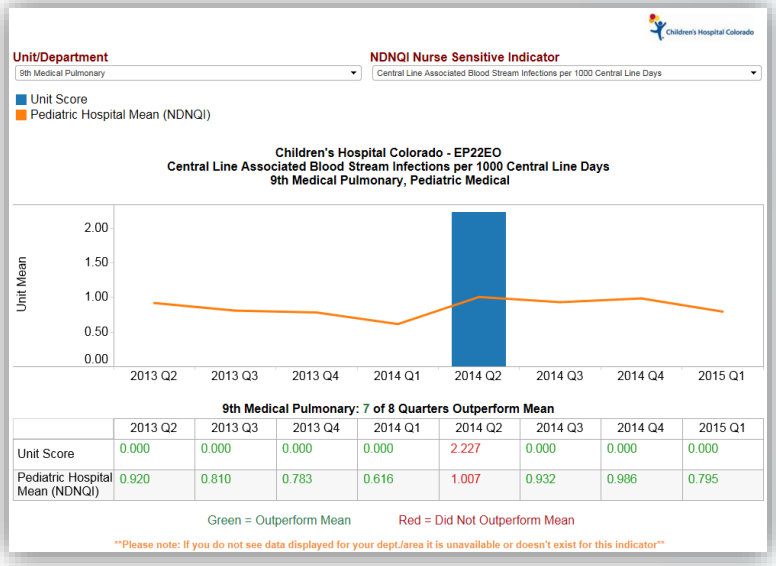
2013 Q2 | 2013 Q3 | 2013 Q4 | 2014 Q1 | 2014 Q2 | 2014 Q3 | 2014 Q4 | 2015 Q1

9th Medical Pulmonary: All of 8 Quarters Outperform Mean

	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1
Unit Score	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pediatric Hospital Mean (NDNQI)	4.970	0.000	0.484	0.279	0.000	1.111	5.952	1.059

Green = Outperform Mean Red = Did Not Outperform Mean

Please note: If you do not see data displayed for your dept./area it is unavailable or doesn't exist for this indicator



Unit/Department: 9th Medical Pulmonary

NDNQI Nurse Sensitive Indicator: Central Line Associated Blood Stream Infections per 1000 Central Line Days

Unit Score
Pediatric Hospital Mean (NDNQI)

Children's Hospital Colorado - EP22EO
Central Line Associated Blood Stream Infections per 1000 Central Line Days
9th Medical Pulmonary, Pediatric Medical

Unit Mean: 2.00, 1.50, 1.00, 0.50, 0.00

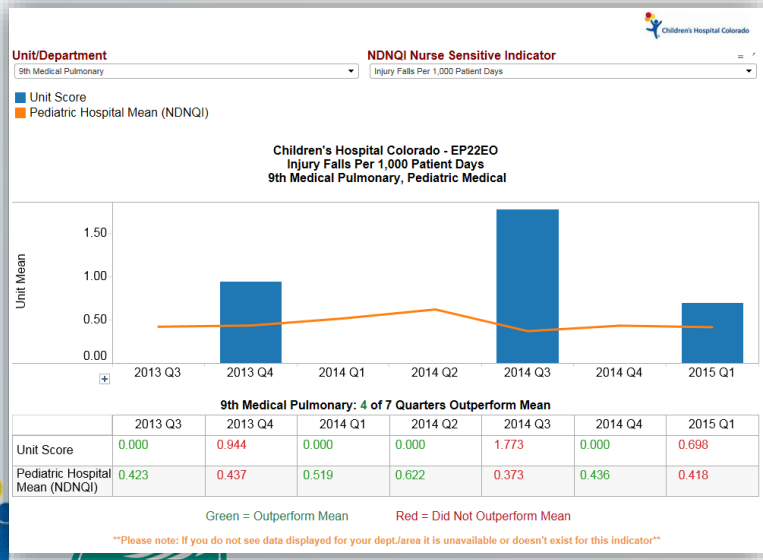
2013 Q2 | 2013 Q3 | 2013 Q4 | 2014 Q1 | 2014 Q2 | 2014 Q3 | 2014 Q4 | 2015 Q1

9th Medical Pulmonary: 7 of 8 Quarters Outperform Mean

	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1
Unit Score	0.000	0.000	0.000	0.000	2.227	0.000	0.000	0.000
Pediatric Hospital Mean (NDNQI)	0.920	0.810	0.783	0.616	1.007	0.932	0.986	0.795

Green = Outperform Mean Red = Did Not Outperform Mean

Please note: If you do not see data displayed for your dept./area it is unavailable or doesn't exist for this indicator



Unit/Department: 9th Medical Pulmonary

NDNQI Nurse Sensitive Indicator: Injury Falls Per 1,000 Patient Days

Unit Score
Pediatric Hospital Mean (NDNQI)

Children's Hospital Colorado - EP22EO
Injury Falls Per 1,000 Patient Days
9th Medical Pulmonary, Pediatric Medical

Unit Mean: 1.50, 1.00, 0.50, 0.00

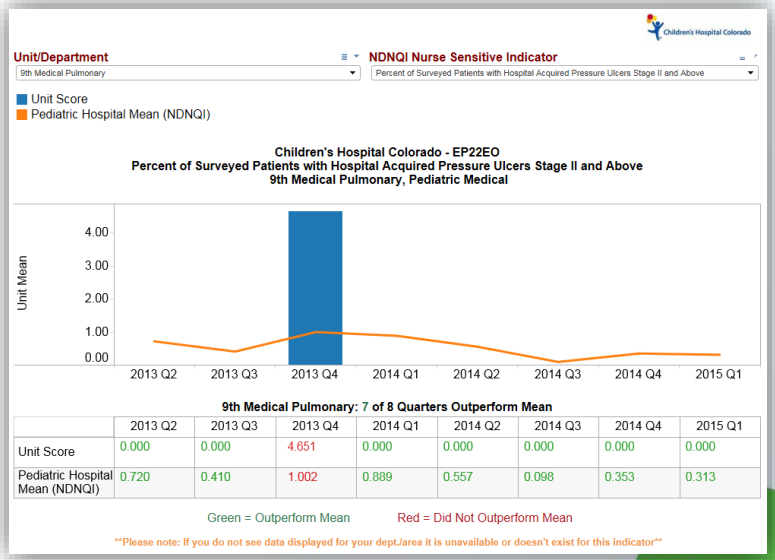
2013 Q3 | 2013 Q4 | 2014 Q1 | 2014 Q2 | 2014 Q3 | 2014 Q4 | 2015 Q1

9th Medical Pulmonary: 4 of 7 Quarters Outperform Mean

	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1
Unit Score	0.000	0.944	0.000	0.000	1.773	0.000	0.698
Pediatric Hospital Mean (NDNQI)	0.423	0.437	0.519	0.622	0.373	0.436	0.418

Green = Outperform Mean Red = Did Not Outperform Mean

Please note: If you do not see data displayed for your dept./area it is unavailable or doesn't exist for this indicator



Unit/Department: 9th Medical Pulmonary

NDNQI Nurse Sensitive Indicator: Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers Stage II and Above

Unit Score
Pediatric Hospital Mean (NDNQI)

Children's Hospital Colorado - EP22EO
Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers Stage II and Above
9th Medical Pulmonary, Pediatric Medical

Unit Mean: 4.00, 3.00, 2.00, 1.00, 0.00

2013 Q2 | 2013 Q3 | 2013 Q4 | 2014 Q1 | 2014 Q2 | 2014 Q3 | 2014 Q4 | 2015 Q1

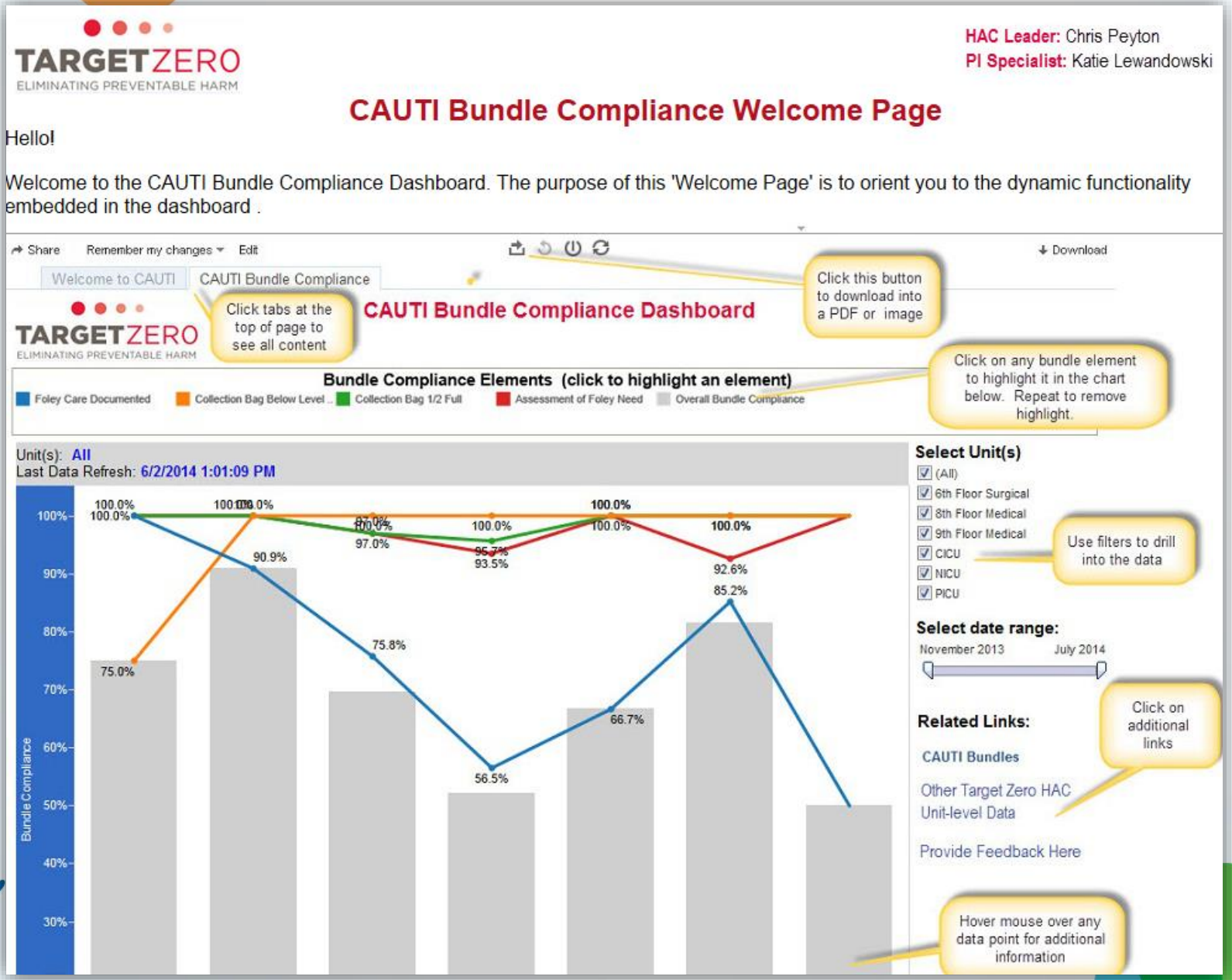
9th Medical Pulmonary: 7 of 8 Quarters Outperform Mean

	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1
Unit Score	0.000	0.000	4.651	0.000	0.000	0.000	0.000	0.000
Pediatric Hospital Mean (NDNQI)	0.720	0.410	1.002	0.889	0.557	0.098	0.353	0.313

Green = Outperform Mean Red = Did Not Outperform Mean

Please note: If you do not see data displayed for your dept./area it is unavailable or doesn't exist for this indicator

Example: Bundle Compliance Dashboard



Example: Real-time Outcome Dashboard

Got Projects? An Innovative Use of Technology to Approve and Track Nursing Projects

Presented by
Kathleen Bradley DNP RN NEA-BC
Director of Professional Development

Why Electronic Project Tracking

Nursing at Children's Colorado

46 Units

17 sites

2000 nurses

300 APRNs

Groups with Required Projects

Clinical Ladder

- Clinical Nurse III
- Clinical Nurse IV

New Graduate Nurses

- Clinical Nurse I

Designing Project Tracking

Characteristics

No Paper

Efficient

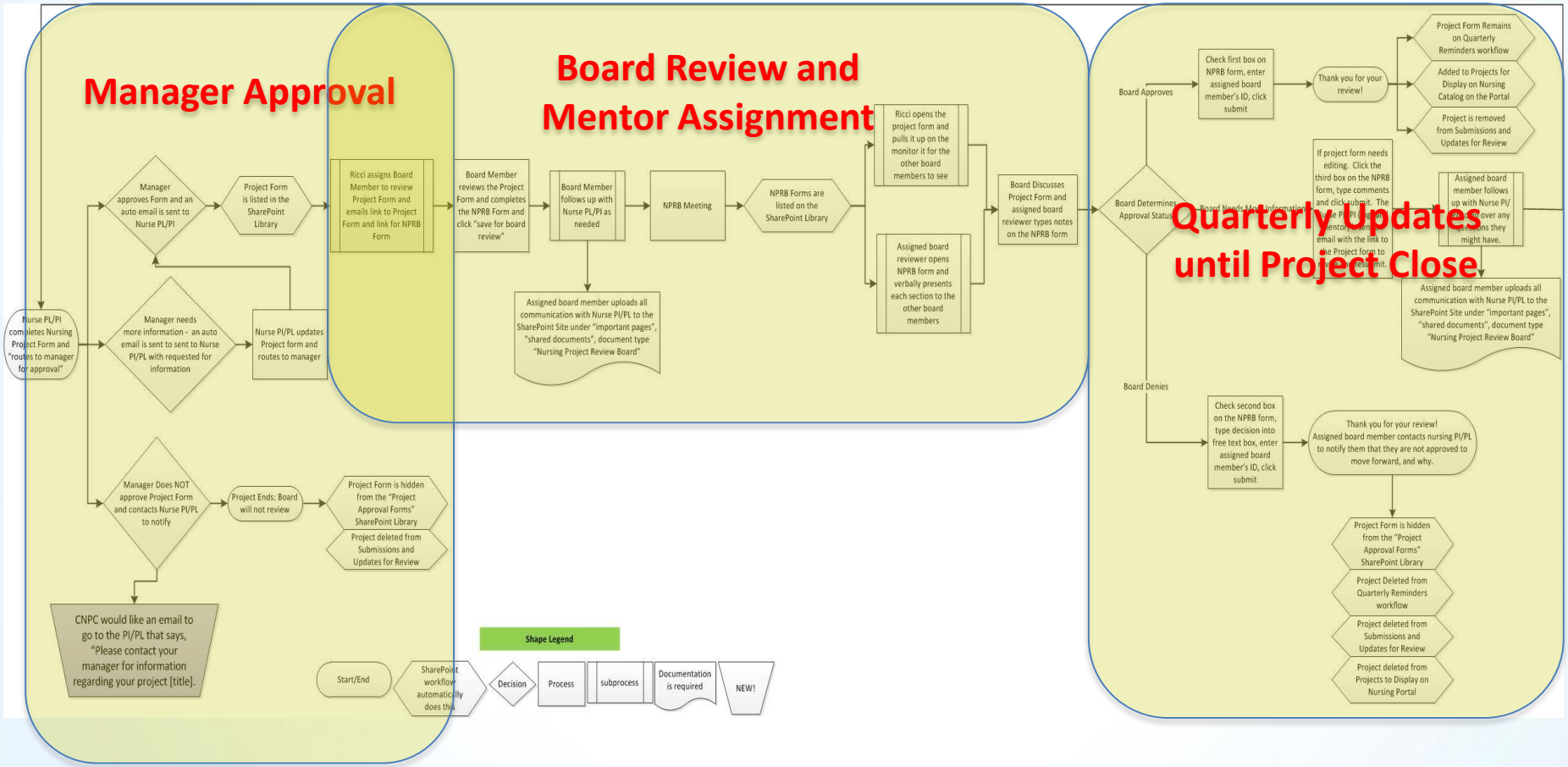
Accessibility

Expandable

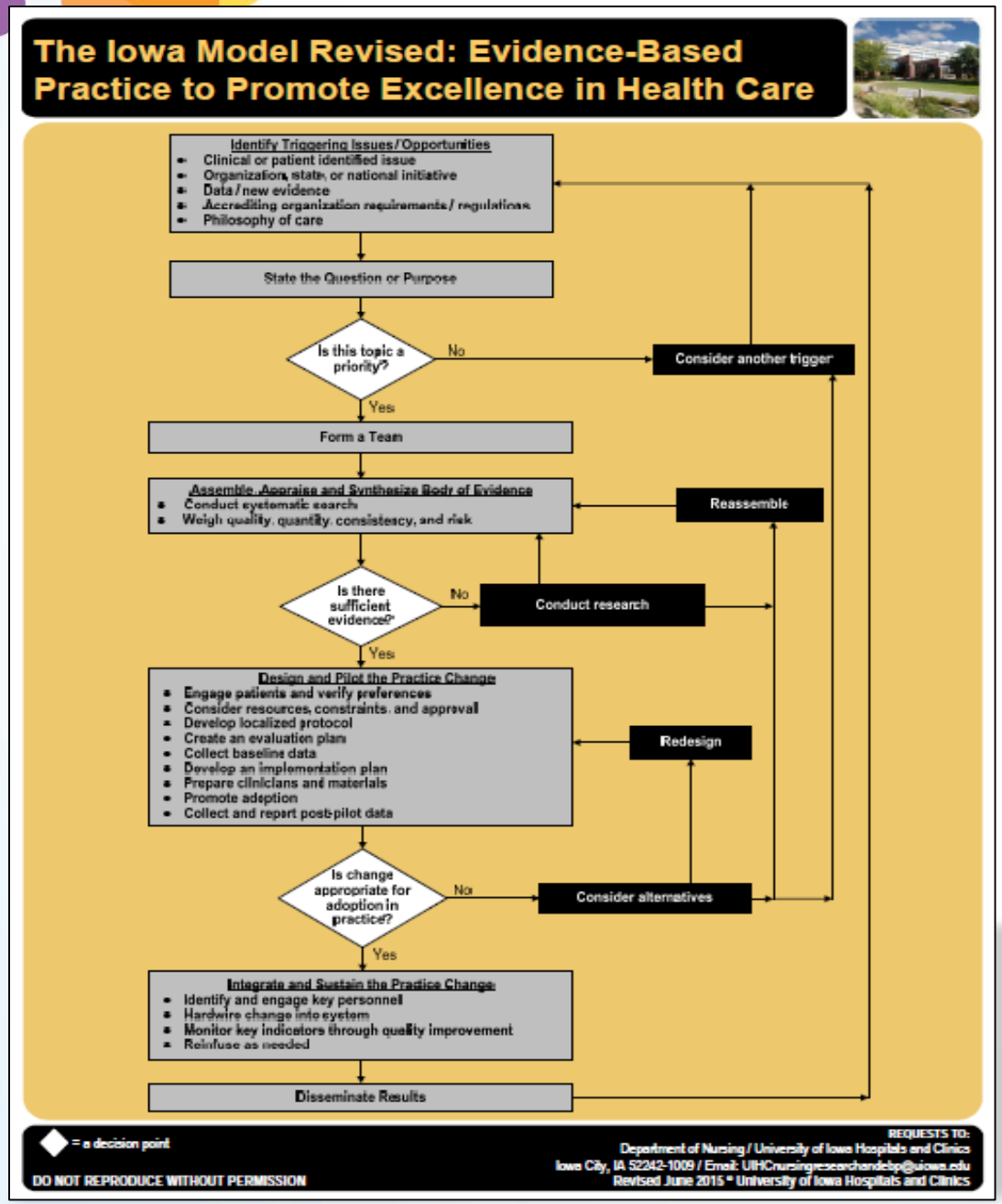
Electronic Template

IT Partner Needed

Components of a Project Tracking

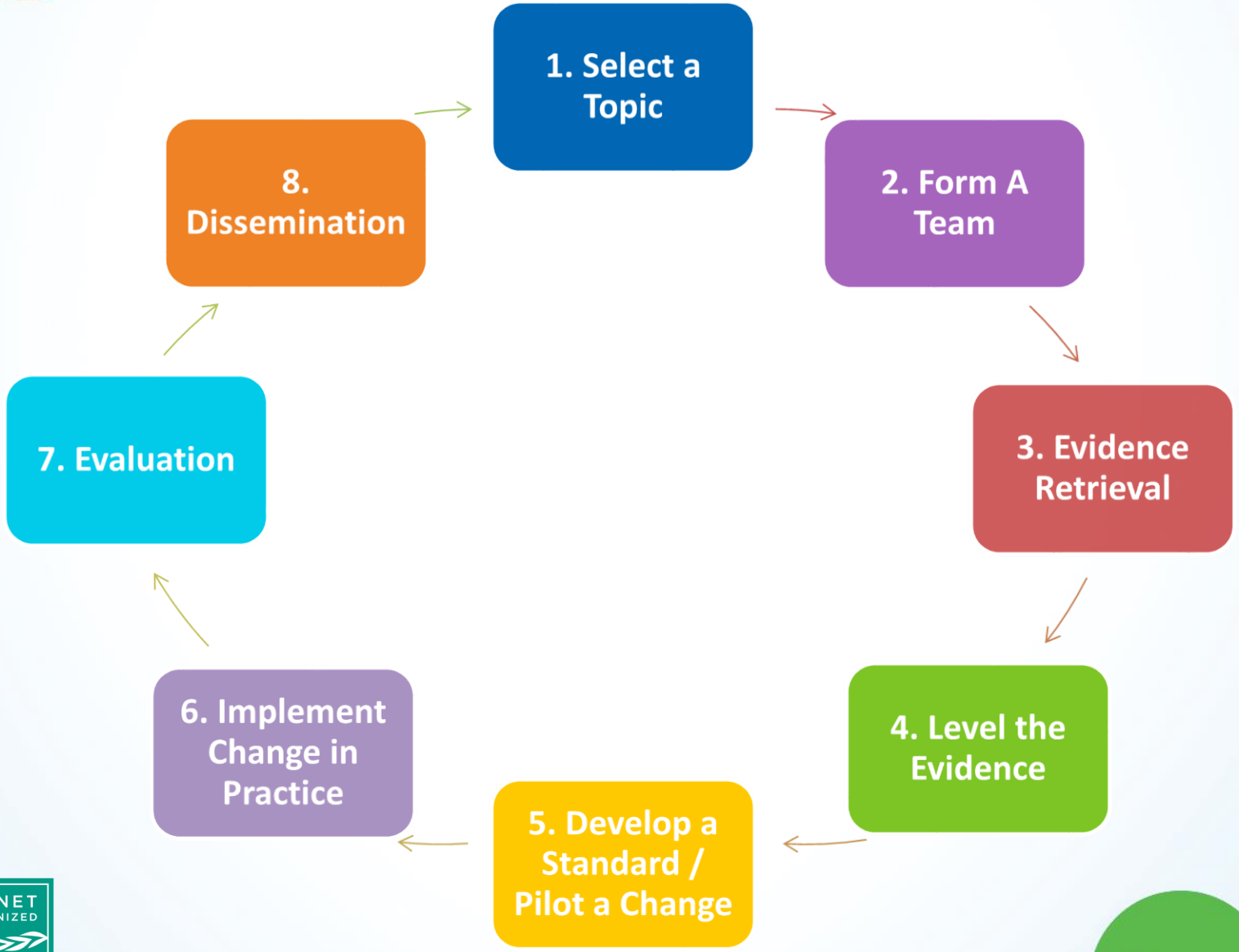


Iowa Model Guides Process



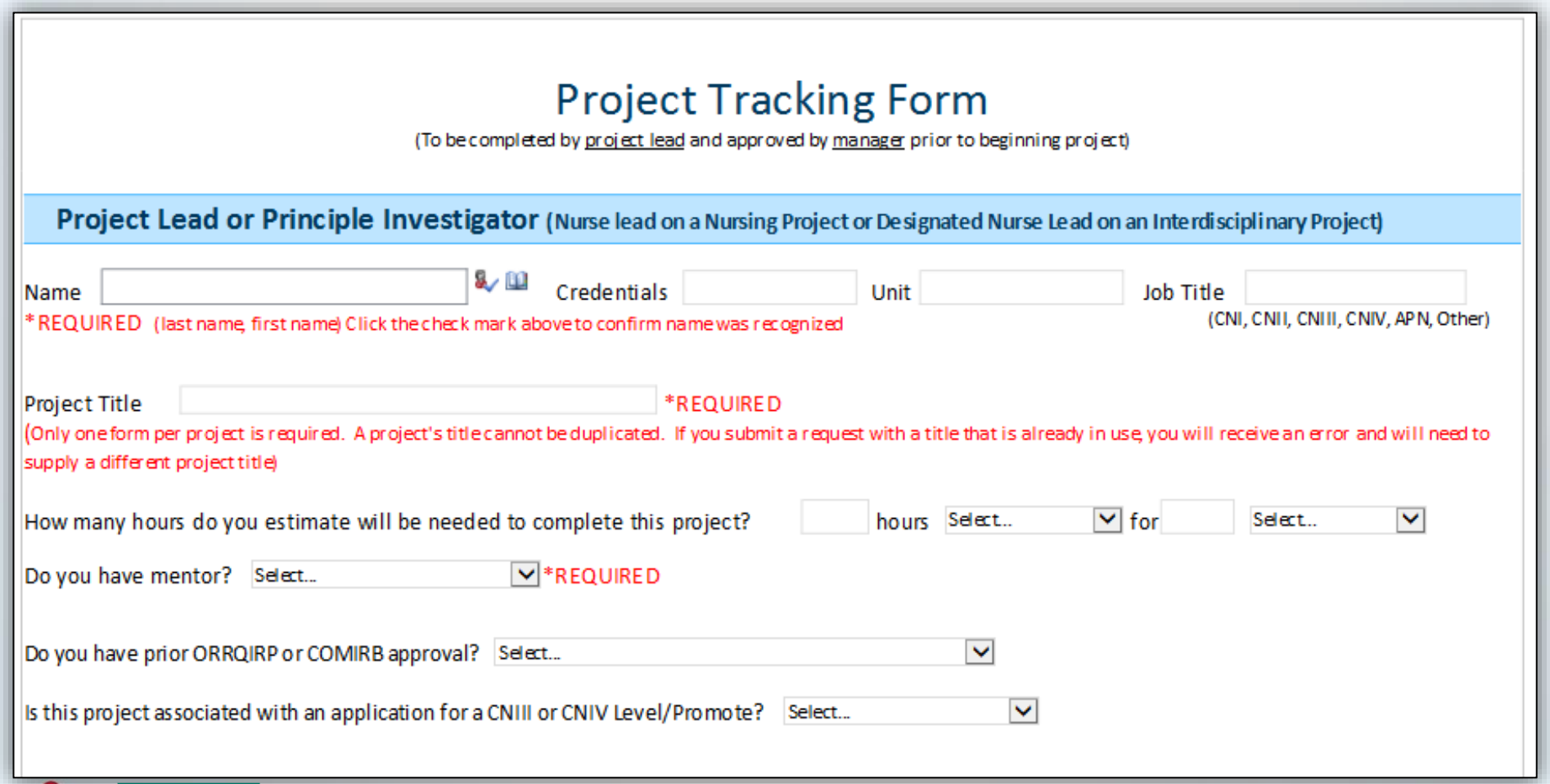
Adapted from Doody & Doody, 2011

Iowa Model Guides Process



Adapted from Doody & Doody, 2011

Selecting Topic



Project Tracking Form

(To be completed by project lead and approved by manager prior to beginning project)

Project Lead or Principle Investigator (Nurse lead on a Nursing Project or Designated Nurse Lead on an Interdisciplinary Project)

Name _____ Credentials _____ Unit _____ Job Title _____

*REQUIRED (last name, first name) Click the check mark above to confirm name was recognized

(CNI, CNII, CNIII, CNIV, APN, Other)

Project Title _____ *REQUIRED

(Only one form per project is required. A project's title cannot be duplicated. If you submit a request with a title that is already in use, you will receive an error and will need to supply a different project title)

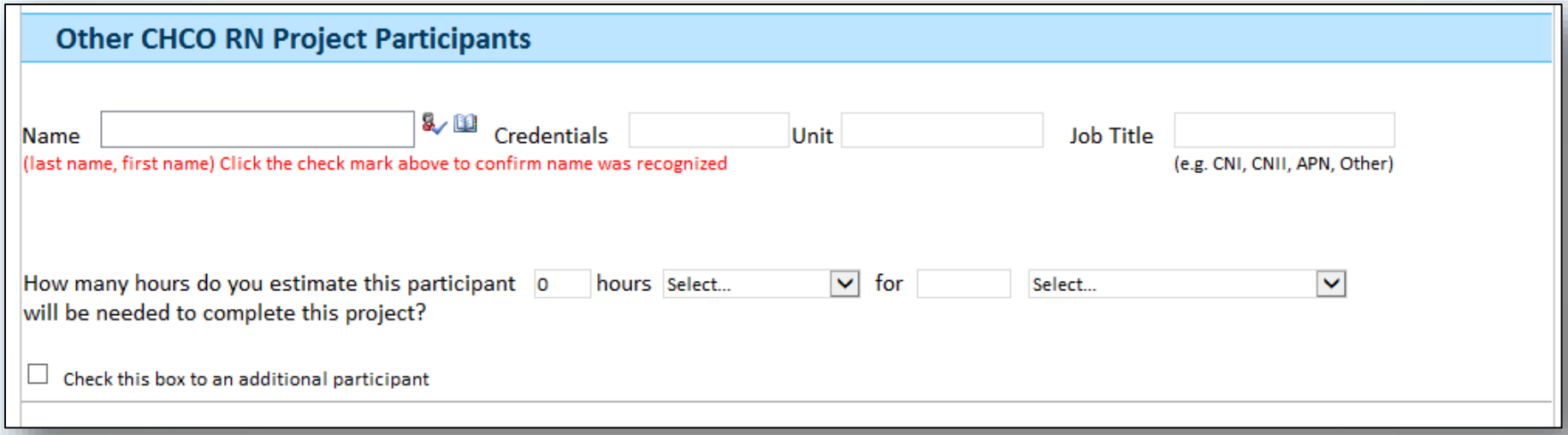
How many hours do you estimate will be needed to complete this project? _____ hours Select... for _____ Select...

Do you have mentor? Select... *REQUIRED

Do you have prior ORRQIRP or COMIRB approval? Select...

Is this project associated with an application for a CNIII or CNIV Level/Promote? Select...

Forming a Team



Selecting a Topic & Searching the Literature

Complete Below (For help with PICO click HERE for helpful tips)

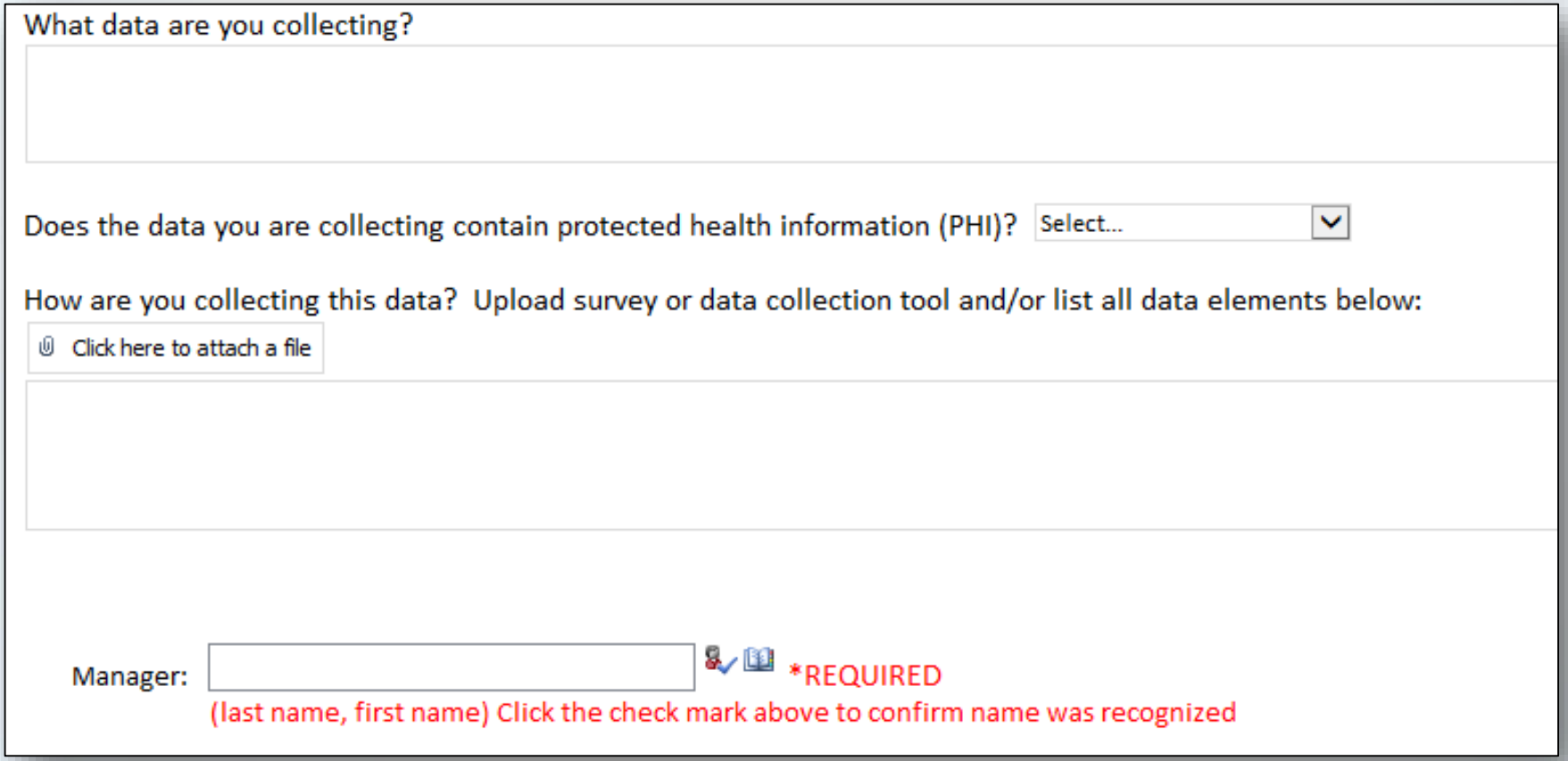
If you attached your ORRQIRP or COMIRB submission above, you are not required to complete the PICO.

P **Patient or Problem** – What is the problem and who/what does it involves? Describe what you plan to do. (the purpose/aim/goal). Why are you going to do it? Why is it important?

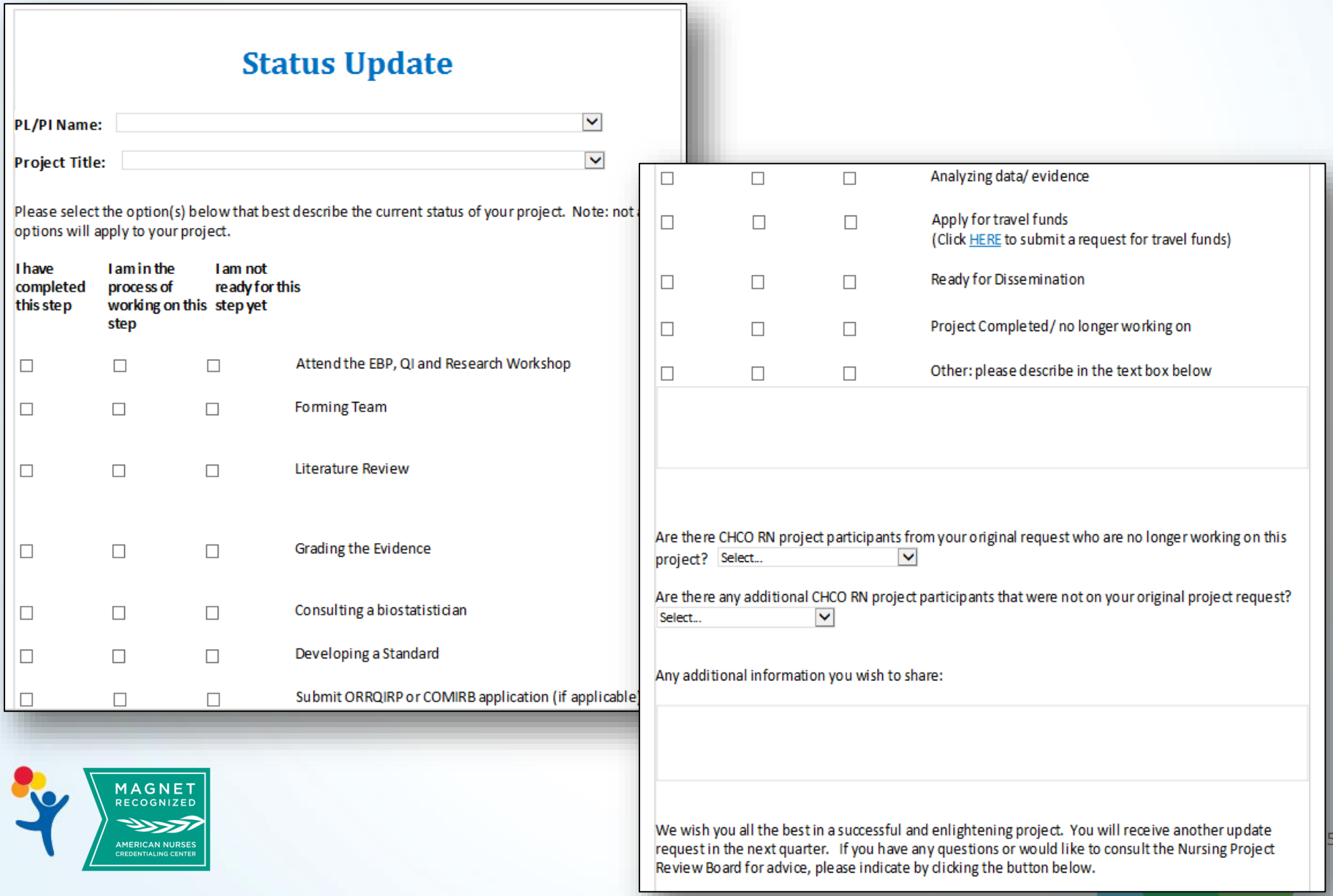
I **Intervention** – What are the interventions you are planning to make or what changes are you proposing? How are you going to do it? (the process / methodology)

C **Comparison** – Will you compare an existing practice or treatment with something else? If so, what is the standard and what is the change?

Outcomes


What data are you collecting?
Does the data you are collecting contain protected health information (PHI)?
Select...
How are you collecting this data? Upload survey or data collection tool and/or list all data elements below:
Click here to attach a file
Manager:
*REQUIRED
(last name, first name) Click the check mark above to confirm name was recognized

Quarterly Updates



Status Update

PL/PI Name:

Project Title:

Please select the option(s) below that best describe the current status of your project. Note: not a
options will apply to your project.

I have completed this step	I am in the process of working on this step	I am not ready for this step yet	
☐	☐	☐	Attend the EBP, QI and Research Workshop
☐	☐	☐	Forming Team
☐	☐	☐	Literature Review
☐	☐	☐	Grading the Evidence
☐	☐	☐	Consulting a biostatistician
☐	☐	☐	Developing a Standard
☐	☐	☐	Submit ORRQIRP or COMIRB application (if applicable
☐	☐	☐	Analyzing data/ evidence
☐	☐	☐	Apply for travel funds (Click HERE to submit a request for travel funds)
☐	☐	☐	Ready for Dissemination
☐	☐	☐	Project Completed/ no longer working on
☐	☐	☐	Other: please describe in the text box below

Are there CHCO RN project participants from your original request who are no longer working on this project? Select...

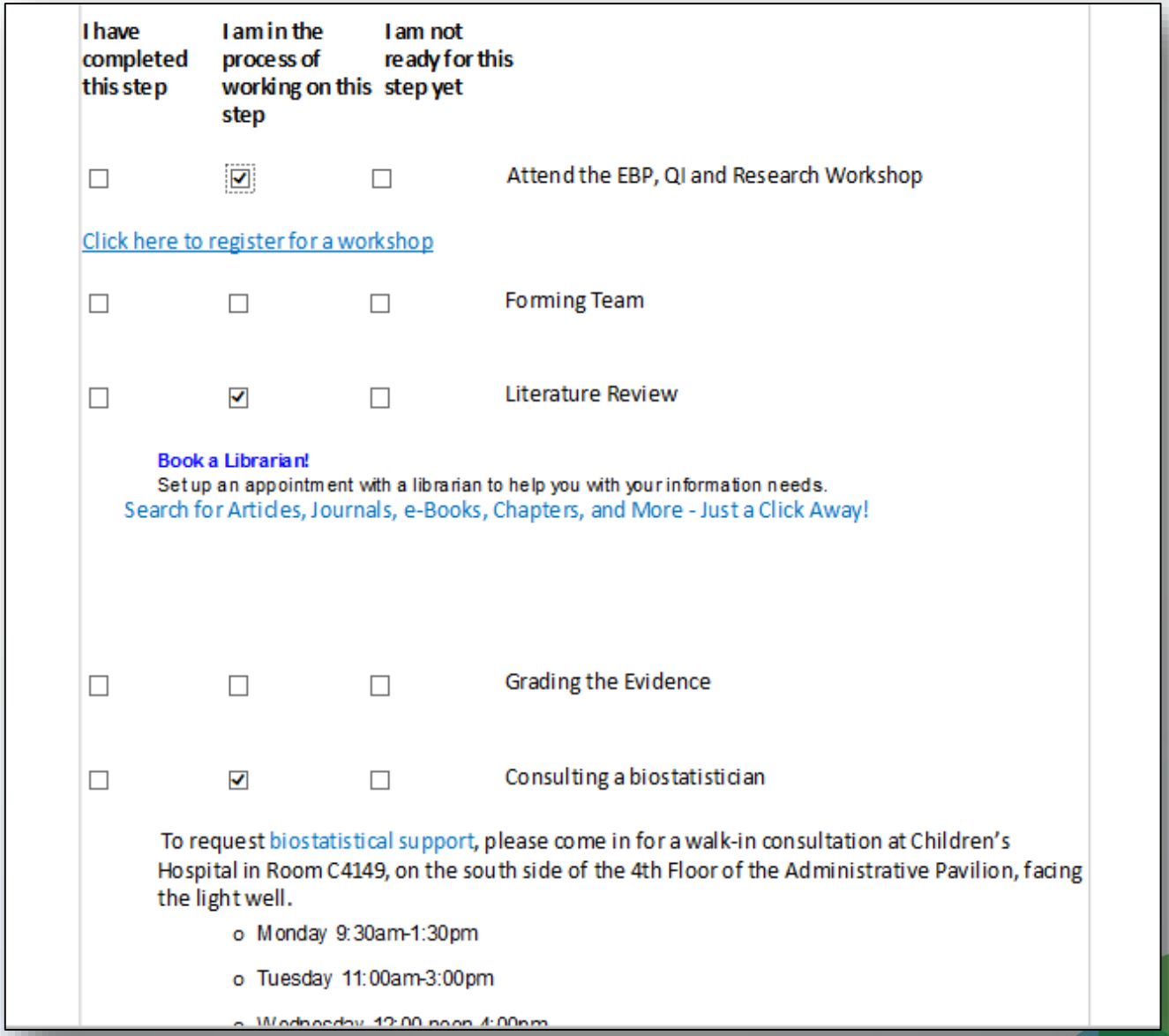
Are there any additional CHCO RN project participants that were not on your original project request?
Select...

Any additional information you wish to share:

We wish you all the best in a successful and enlightening project. You will receive another update request in the next quarter. If you have any questions or would like to consult the Nursing Project Review Board for advice, please indicate by clicking the button below.

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Resources Provided



I have completed this step	I am in the process of working on this step	I am not ready for this step yet	
☐	☑	☐	Attend the EBP, QI and Research Workshop

Click here to register for a workshop

☐	☐	☐	Forming Team
☐	☑	☐	Literature Review

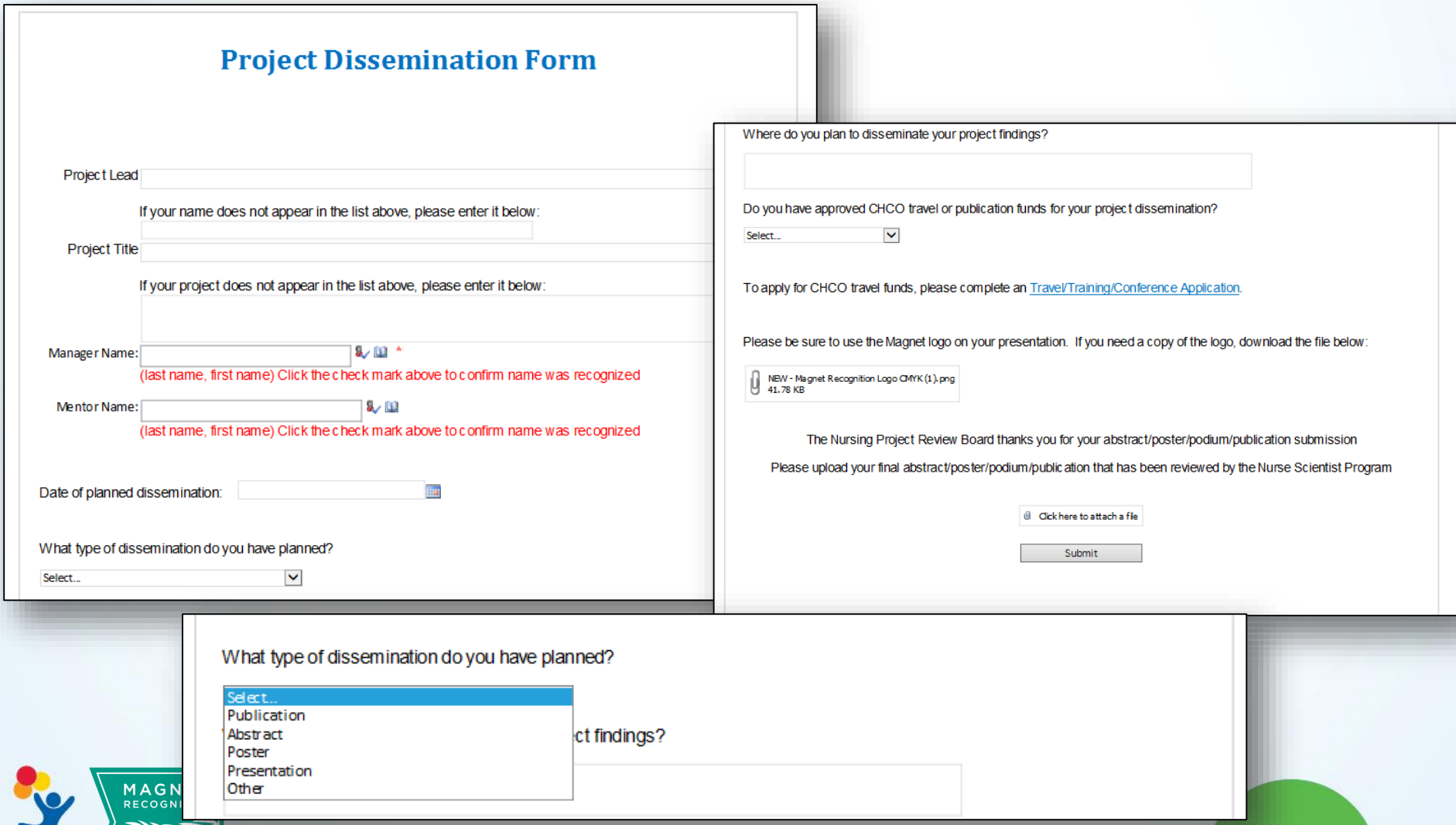
Book a Librarian!
Set up an appointment with a librarian to help you with your information needs.
Search for Articles, Journals, e-Books, Chapters, and More - Just a Click Away!

☐	☐	☐	Grading the Evidence
☐	☑	☐	Consulting a biostatistician

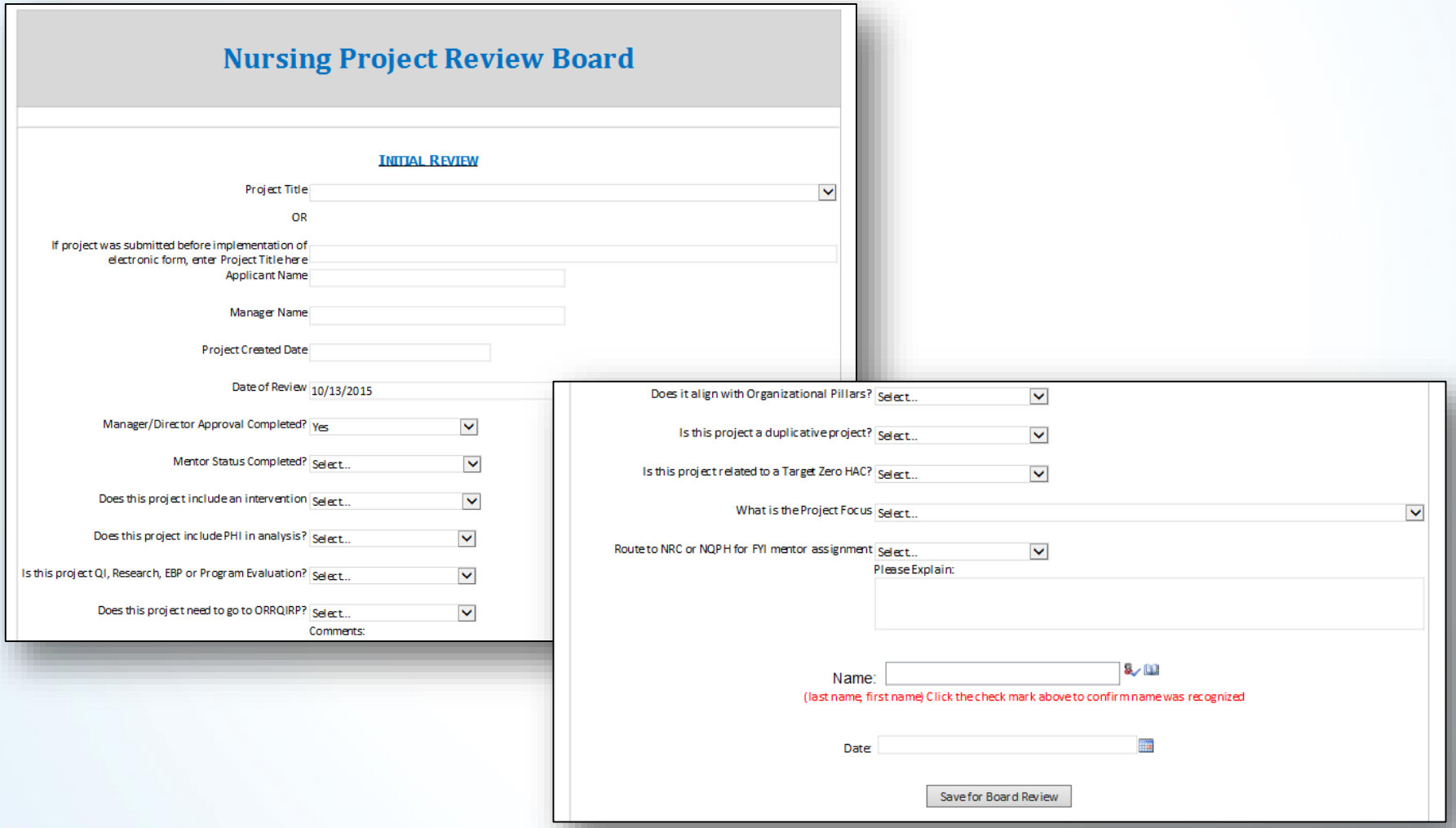
To request biostatistical support, please come in for a walk-in consultation at Children's Hospital in Room C4149, on the south side of the 4th Floor of the Administrative Pavilion, facing the light well.

- Monday 9:30am-1:30pm
- Tuesday 11:00am-3:00pm
- Wednesday 12:00 noon-4:00pm

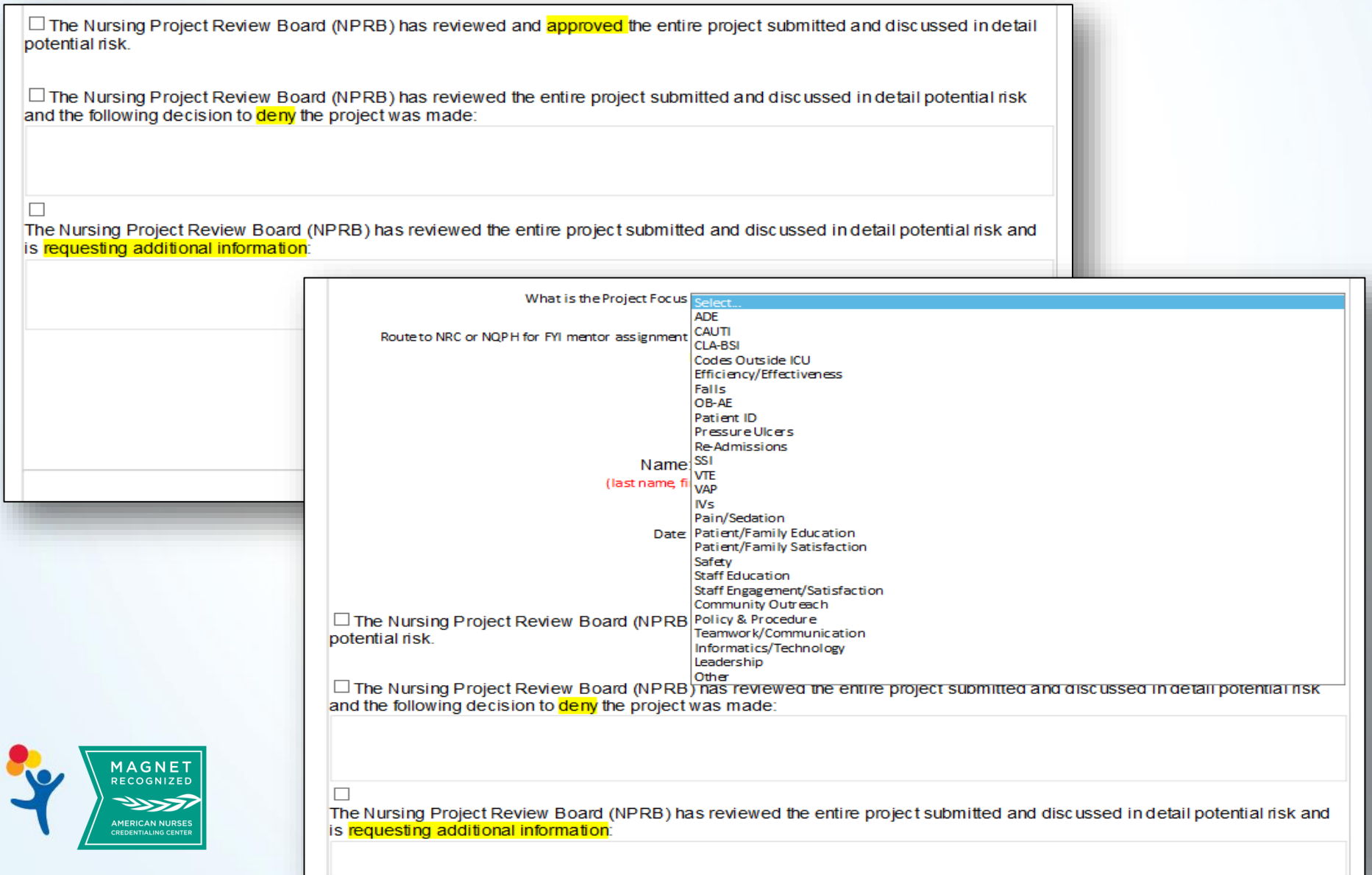
Project Dissemination



Nursing Project Review Board

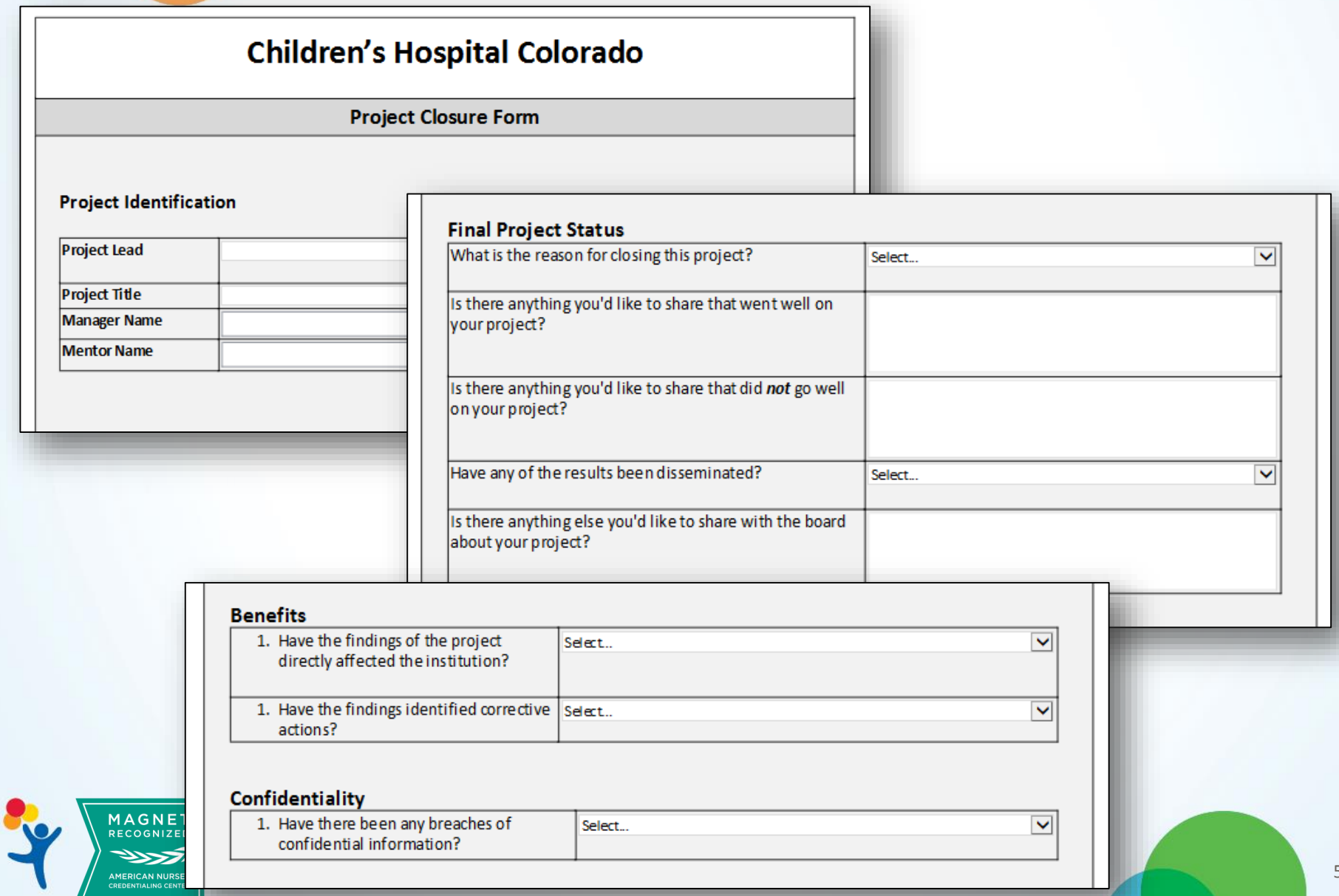


Nursing Project Review Board – Cont.



MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Project Closure



Children's Hospital Colorado

Project Closure Form

Project Identification

Project Lead	
Project Title	
Manager Name	
Mentor Name	

Final Project Status

What is the reason for closing this project?	Select...
Is there anything you'd like to share that went well on your project?	
Is there anything you'd like to share that did ***not*** go well on your project?	
Have any of the results been disseminated?	Select...
Is there anything else you'd like to share with the board about your project?	

Benefits

1. Have the findings of the project directly affected the institution?	Select...
1. Have the findings identified corrective actions?	Select...

Confidentiality

1. Have there been any breaches of confidential information?	Select...

Project Transparency

Type	Name	Project Title	Project Lead	Reviewer Assigned	NPRB Status↓	Form Status	PLCredentials	PLUnit	PLUnit Role	Manager
	2014-11-13T14_40_19	Using Ultrasound Guidance to Reduce Number of Unsuccessful Attempts at Peripheral Intravenous Cannulation in Pediatric Surgical Patients	Terry, Karrey	KC Clevenger	Reviewed/Needs More Information	Approved by Manager	DNP(c),MSN, CRNA	Anesthesiology	APN, CRNA	Terry, Karrey
	2014-10-03T21_45_13	The Comfort Behavior Scale: a tool for assessing pain and sedation in Pediatric ICU	Matson, Erica	Donnya Mogensen	Reviewed/Needs More Information	Approved by Manager	RN	PICU	CNIII	Roth, Jennifer
	2014-09-11T15_01_42	VTE/SCD Monthly Data Review for the Procedure Center	Gallant, Cindy	Sharon Sables-Baus	Reviewed/Needs More Information	Approved by Manager	BSN, RN, CPN	Procedure Center	CNIII, DEC	Mooney, Sharon

Nursing Project Review Board

Overview

The Nursing Project Review Board was created to oversee all Research, Evidence-Based Practice (EBP), and Quality Improvement (QI) projects that are lead or supported by Nurses.

The Board will review all submitted Project Tracking Forms to

- ensure adequate resources and support for the project;
- review for duplicative projects;
- track nursing projects within the Division of Nursing and Patient Care Services at Children's Hospital Colorado; and
- ensure tracking of outcomes and alignment with Organizational Pillar Goals.

Contact Information

Jeanine Rundquist, DNP, RN, NEA-BC
Director of Performance, Practice & Innovation
Jeanine.Rundquist@childrenscolorado.org

Diedre Bricker MSN RN CRRN CPHIMS
Innovations and Outcomes Specialist
diedre.bricker@childrenscolorado.org

Kathleen Bradley, DNP, RN, NEA-BC
Director of Professional Development
Kathleen.Bradley@childrenscolorado.org

QUESTIONS?