# Nursing Operation Update Beena Peters, DNP, RN, FACHE Chief Nursing Executive





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# Nursing Priorities 2019-2022

Provide High Quality & Safe Patient Care/ Zero Harm Initiatives

Efficient and Effective Nursing Care Delivery Model

Workforce Planning and Development

Improve Patient Experience

Improve Staff Engagement



# **Department of Nursing Guiding Principles**

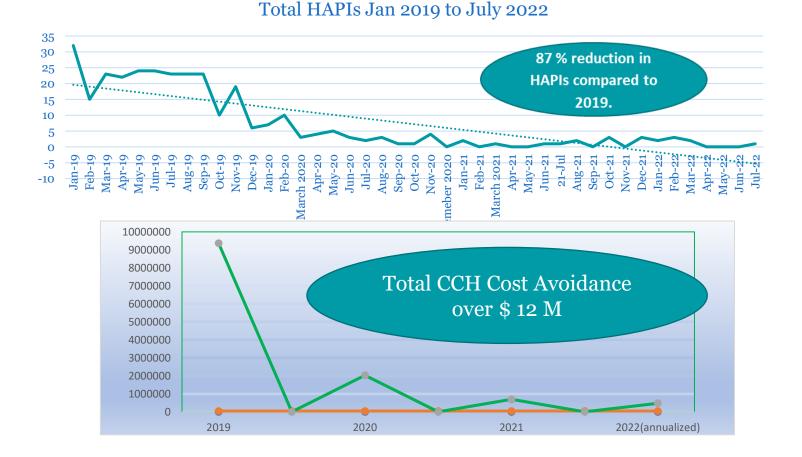
- Patient Centered Care
- Shared governance structure to promote the professional practice of nursing
- A culture of clinical excellence
- Culture of accountability
- Just culture

- Teamwork
- Collaboration with our Healthcare partners
- Improve efficiency
- Evidence-based best practice
- Commitment to life-long learning

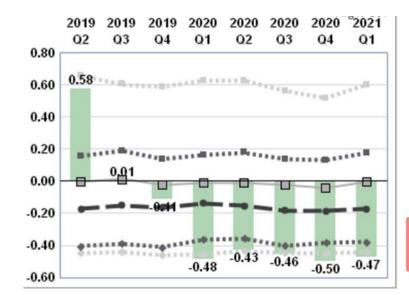


#### Hospital Acquired Pressure Injury (HAPI) Prevention

#### Top 10<sup>th</sup> percentile performer nationally!



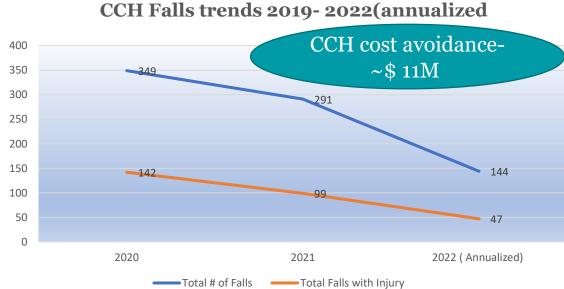
Average cost per HAPI incident- ~ \$43,000/incident.



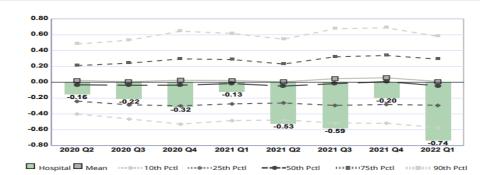
CCH Strogerranked one of the top performer nationally

# System-Level Falls and Falls with Injury 2020-2021

Year	<b>Total # of Falls</b>	<b>Total Falls with Injury</b>			
2020	349	142			
2021	291	99			
2022 (Annualized)	144	47			
	59% reduction	67 % reduction			



Compared by: Teaching Status Peer Group: Teaching Facilities Measure: Total Patient Falls Per 1,000 Patient Days



**Cook County Health** 

Exceeding the benchmark (10<sup>th</sup> percentile)

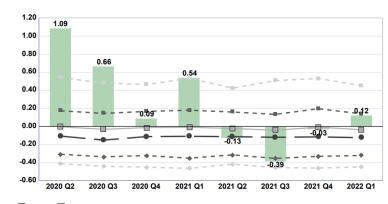
Average cost per hospital fall- ~ \$14,000

#### Central Line Associated Blood Stream Infection (CLABSI) Prevention

#### 42% reduction in CLABSIs – 2019- 2022 (annualized)



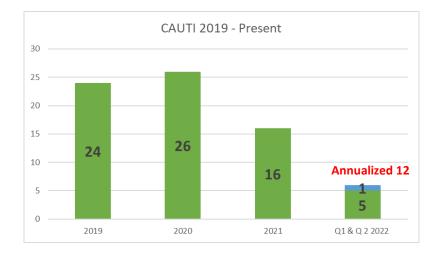
Compared by: Teaching Status Peer Group: Teaching Facilities Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days





#### Catheter-Associated Urinary Tract Infection (CAUTI)

#### 42% % reduction in CLABSIs – 2019- 2022 (annualized)



#### Compared by: Teaching Status

Peer Group: Teaching Facilities

Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days



# **Restraint Utilization**

Compared by: Teaching Status

Peer Group: Teaching Facilities

#### Top 10<sup>th</sup> percentile performer nationally!

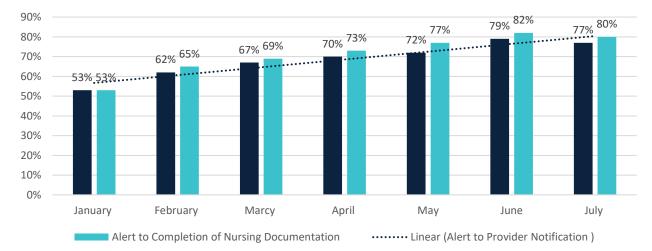
Measure: Percent of Patients with Physical Restraints (Limb and/or Vest)



Metrics	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Average
Hospital-Standardized Score	-0.10	-0.07	-0.24	-0.37	-0.04	-0.29	-0.21	-0.19	-0.19
Mean	-0.02	-0.05	0.01	-0.03	-0.02	0.00	0.06	-0.01	-0.01
Standard Deviation	0.45	0.39	0.73	0.39	0.48	0.71	1.36	0.42	0.62
10th Percentile	-0.36	-0.35	-0.39	-0.34	-0.33	-0.32	-0.35	-0.34	-0.35
25th Percentile	-0.30	-0.29	-0.32	-0.26	-0.26	-0.26	-0.26	-0.27	-0.28
50th Percentile (Median)	-0.16	-0.17	-0.16	-0.14	-0.14	-0.15	-0.12	-0.13	-0.15
75th Percentile	0.08	0.06	0.12	0.08	0.06	0.08	0.10	0.12	0.09
90th Percentile	0.61	0.43	0.56	0.37	0.43	0.42	0.53	0.47	0.48
# Hospitals	386	500	473	500	516	492	489	490	480.75



## **Sepsis Prevention – Focus Areas**



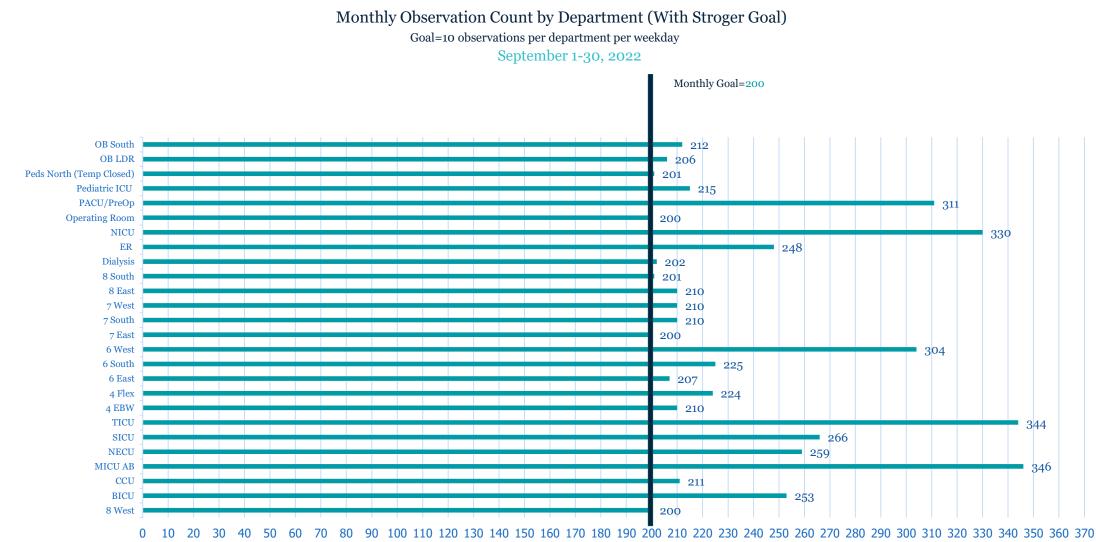
Sepsis Alert Response By Nurses

80% compliance with the metric of "alert to provider notification" within 15 minutes and "alert to completion of Nursing documentation" within 1 hour.



#### Number of Hand Hygiene Observations with Goal

#### September 2022



# of Observations

Data Source: TST Database for Hand Hygiene Data pulled on October 3, 2022 (02:36 pm Sept Data Only)

10

# **Communications with Nurses**

#### Top Box Score for Stroger Hospital





11

**Data Source:** Press Ganey **Benchmark:** All Hospitals \*rolling 3-month data points by date of discharge

## Leapfrog/CMS star rating Focus Areas



Nursing Focus areas - Leapfrog

- Increase in bar code medication administration scores above 95<sup>%</sup>
- Met hand hygiene observation goals for all departments (≥200 observations per month)
- Decrease in PSI-90 composite, driven by significant decrease in hospital acquired pressure injury
- Sepsis management
- Hospital acquired condition reduction



## Safety has taken a step back during the pandemic

## Safety Culture

- PG trends show worsening nationally
- Safety culture is a leading indicator of outcomes

#### Patient Safety Outcomes

 NDNQI data shows worsening of CLABSI, falls, pressure injuries



## Workforce Safety

- Workplace violence
- Reduced engagement and resilience
- Staffing challenges
- Hard to push on new initiatives

# Safety and Equity

- Inequities in harms for patients and workforce more visible
- Renewed focus on equity nationally

# Nursing Focus Areas FY 19- FY 23

#### Provide high-quality & safe patient care /Zero Harm Initiatives

- Reduce the incidence of:
  - Falls with injury
  - HAPIs, CLABSIs, and CAUTIs
- Nursing-specific Leapfrog and CMS star rating measure
  - Medication scanning compliance, HAC

#### Efficient and Effective Nursing Care Delivery Model

- Reduce overtime and agency usage- 2019
- Expand Provident Hospital's capabilities
- Establish a Nursing staffing and productivity Model with benchmarks
- Decrease Nursing labor cost per discharge

#### Workforce Planning and Development

- Decrease nursing vacancies by expediting the RN hiring process
- Implement a Nurse Residency Program
- Establish partnerships with Nursing educational institutions
- Implement a Shared Practice Governance Structure
- Initiate the Nursing Excellence journey

#### Improve Patient Experience

• Improve patient experience in the areas of nurse communication, discharge, medication communication, and responsiveness of staff

#### Improve Staff Engagement

- Implement an action plan at the unit level based on employee engagement survey results
- Implement quality committees
- Implement staff recognition programs



## Nursing Retention Efforts

#### **RN Transition to Practice Program(Vizient Residency Program)**

•A year-long RN transition-to-practice program for New graduates Nurses started at CCH in September 2021.

•The Cohort 1-7 RNs graduated in August 2022.

#### **APRN Residency (Transition-to-Practice) Program**

• APRN transition-to-practice program initiated at CCH with a HRSA .

#### **Actions in Motion**

- Nursing Retention Committee 2/22
- Collaborate with HR to develop nursing turnover dashboard by unit

## Nursing Workforce Optimization Initiatives

- Nursing Strategic Workforce Optimization Taskforce- Establishment of flexible Staffing
  options to support patient care needs with Right Staff available at the Right place at the
  Right Time
- Build a Flexible Staffing Pool
  - RN Staffing
    - In House Float Pool New positions
    - Patient Care Support Nurses New
    - Weekend Option Program and Part Time Positions- New
    - In House Registry positions
    - Agency Management
- College of Nursing Collaboration to increase the nursing position pipeline
- Nursing Externship Program

# Thank you



