Trusting the Value of Data: The Nurse Manager Quality Dashboard

Mary Swenson RN MBA
Director of Nursing, Partners eCare

NENIC
New England Nursing Informatics Consortium

Nurses Transforming Healthcare ***Through Informatics***

Nurses and Data

The PHS profession of nursing's mission is to deliver the highest standard of patient care in a healing environment. Qualities of compassion, caring, communication, empathy and respect are essential to maintaining the nurse's focus on the patient, as the center of what we do.

Consider that the professional nurse is also:

- Detail orientated
- Knowledgeable
- Technically competent
- Skilled
- Informed through evidence
- Guided by best practice

Nurses and Data

The challenge in trusting data, as an important component in driving quality care, is embedding data into the everyday life of a nurse.

- Making that data meaningful, relevant, timely, and easily available.
- Facilitating data literacy
- Enabling managers and staff to understand how their efforts are having an impact
- Pivot our EHR focus from the front end to the back end

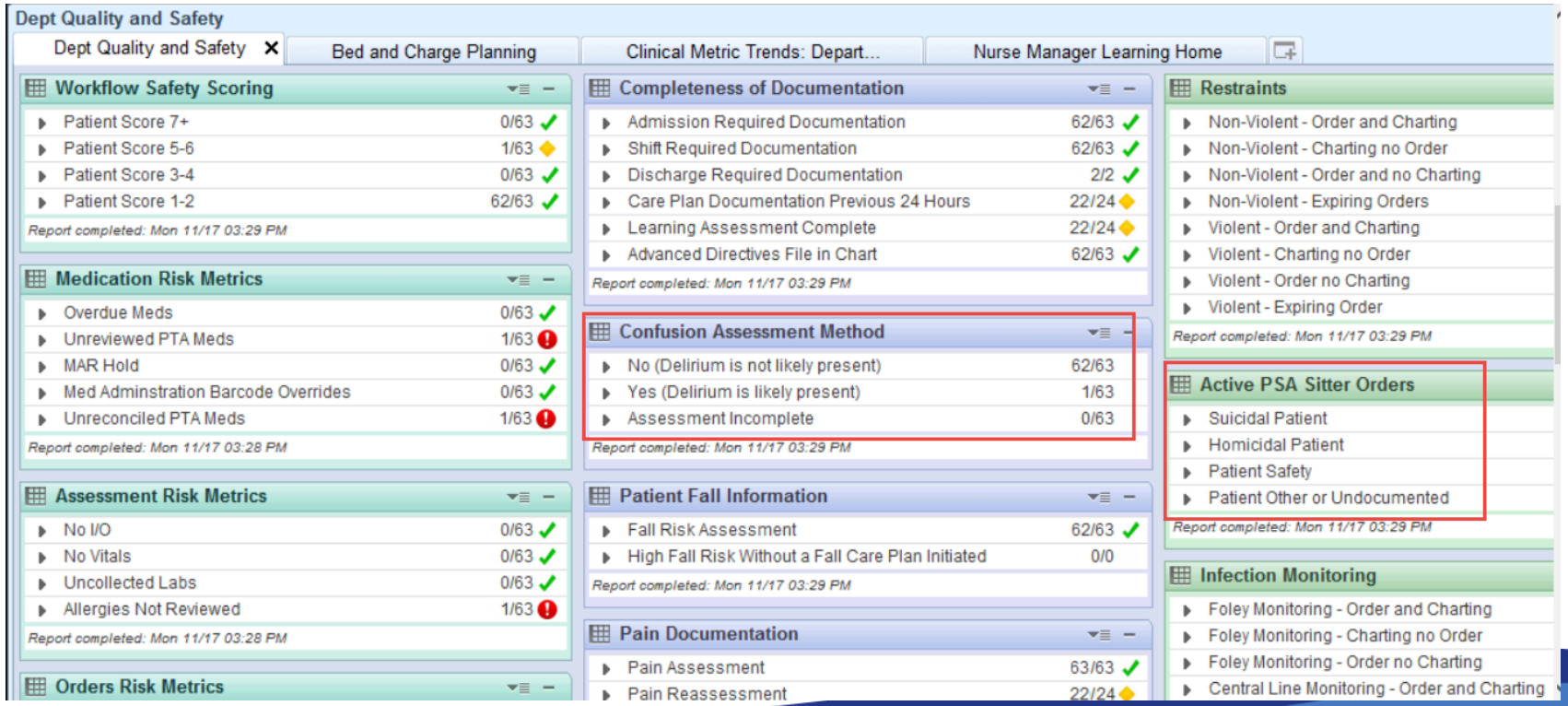
Where do we begin?

NMQSD: Nurse Manager Quality Safety Dashboard

- Patient Safety
- Skin
- Falls
- Infections

Nurse Manager Quality Safety Dashboard: Background

- Out of the Box at Go Live
- Ad hoc fixes and enhancements through the request prioritization process
- Improved upon when time/resources allowed
- Lack of consistency in metrics and reports across the Dashboard
- Metrics and reports that were no longer relevant

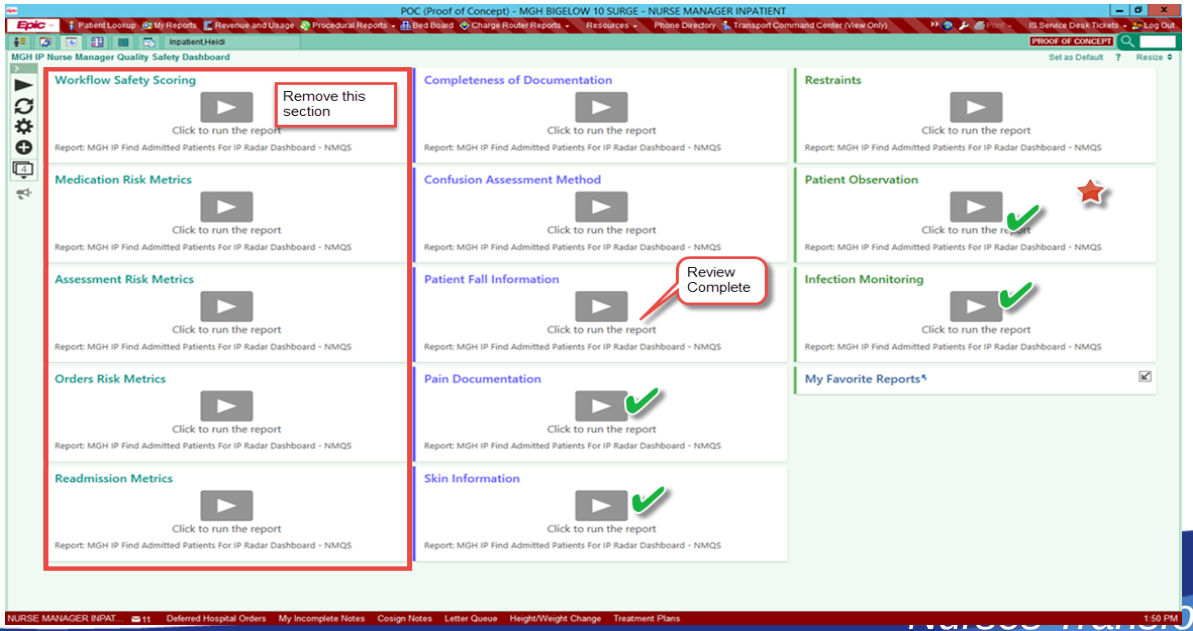


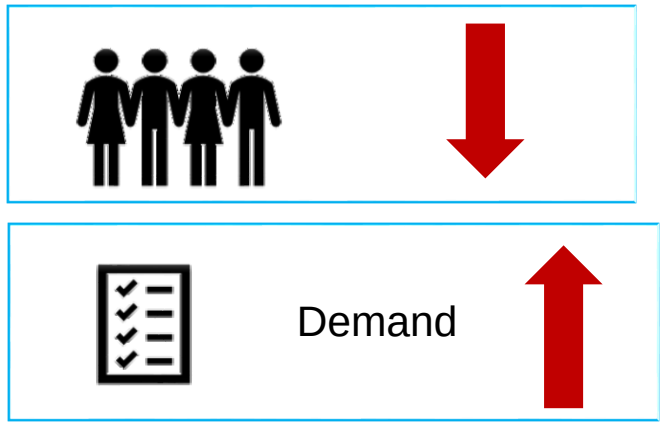
NMQSD Scorecard

Building Blocks of Data Driven Culture	NMQSD OOB*
Data is centralized and organized	✓
Data is embedded in workflow from the start	▬
Data is easy to analyze and interpret	✗
Data is tactical	✗
Data is relevant	✗
Focus on core group of metrics	✓
Data is available to all staff	✓
Data access is layered	✓
Data supports nurse manager decision making	✗
Overall usability of NMQSD	✗
*OOB = Out of Box	

NMQSD Improvement Project: Launch and Roadblocks to Success

- Fall 2016 embarked on enhancement effort to improve NMQSD usability and accuracy to support Nurse Managers and staff
- NMQSD Workgroup was convened as a subgroup under the Clin Doc Reporting Portfolio improvement effort
- Highly engaged representatives from NIAC, Nursing CCG, and site content experts
- Reporting team and Clin Doc AC consulting resource with expertise in WB reporting and Dashboards





NMQSD: Partners 2.0 Path to Success

- The PHS Nurse Quality Dashboard subgroup was reconvened in April of 2017 as a Partners 2.0 project workgroup
- Epic Cogito Consulting Services were approved for a total 32 hours to complete the Dashboard
- A shared file was created as the single dynamic project document for PeC requests, build requirements, notes and Epic updates.
- Guiding principles and NMQSD principles were established

NMQSD: Partners 2.0 Demand Project

NMQSD Workgroup Guiding Principles

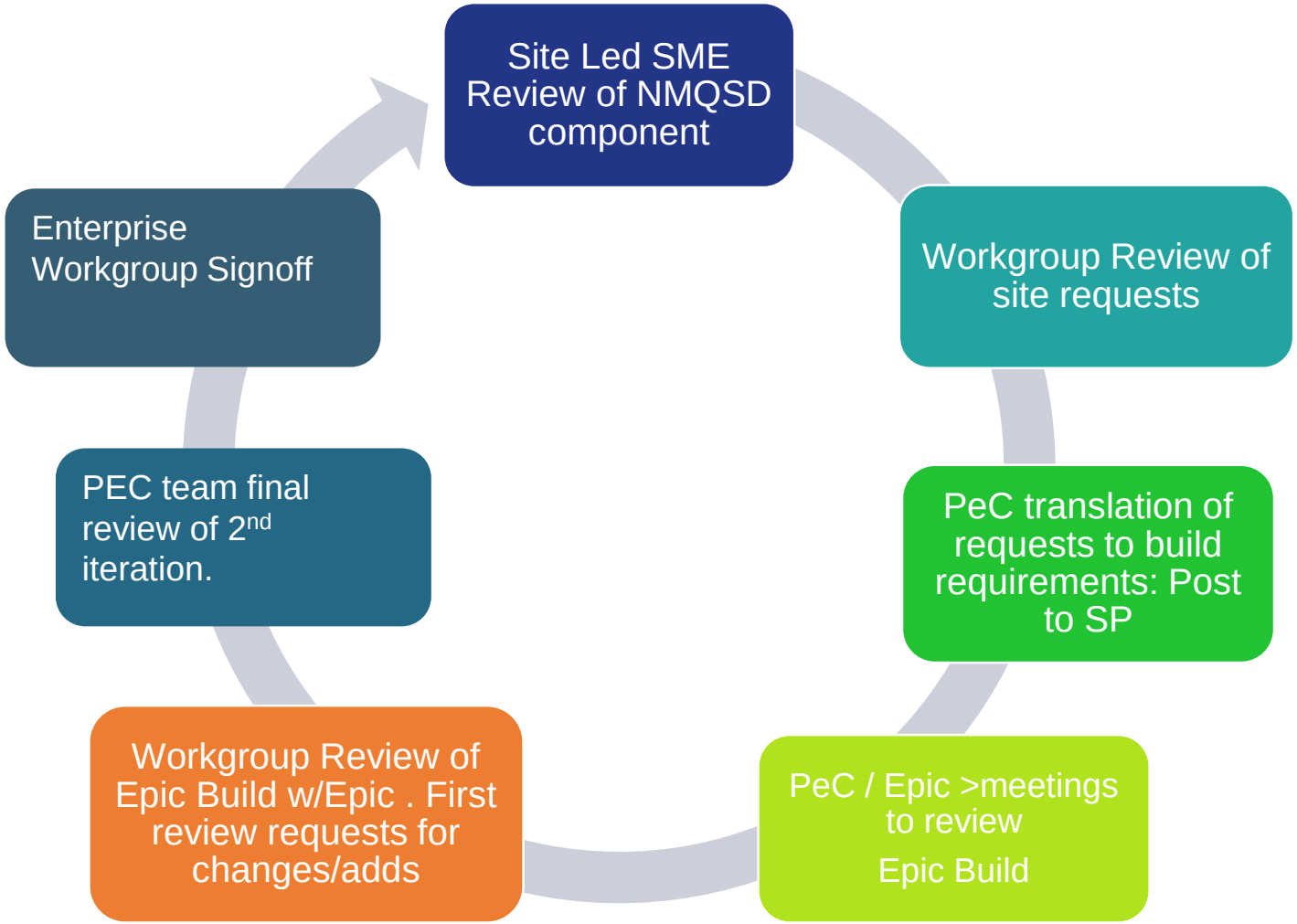
- The NMQSD workgroup will have Enterprise representation and report out to NIAC-the Nursing Informatics Advisory Council
- Biweekly meetings will be established with a target of a 3 month timeline for completion
- The review of dashboard components will be prioritized by the workgroup and reviewed in sequence in their entirety: Metrics, Detailed reports and South of the Border reports
- Requests should be submitted by the sites, reviewed by the Workgroup for Enterprise vetting, and communicated to Epic in a Build requirements document
- Two iterations of review once Epic build of component is complete
    1. Review for accuracy against documented requirements. Small edits allowed
    2. Final review and sign off

NMQSD: Partners 2.0 Demand Project

Design Principles

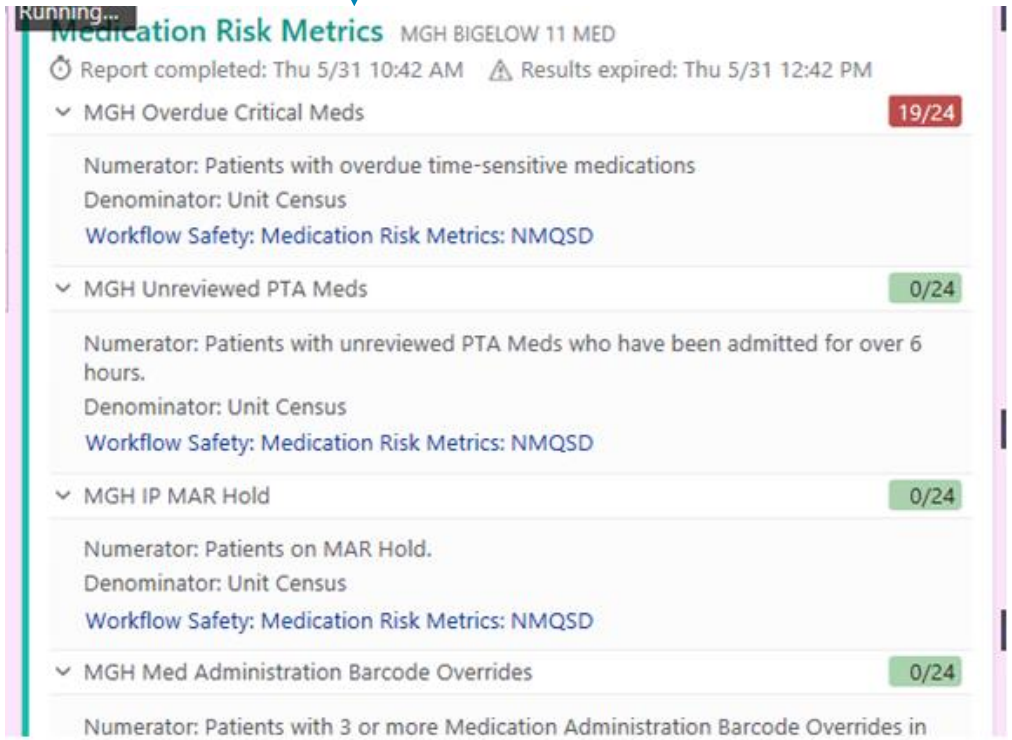
- Standard columns will follow a consistent order in detailed reports
- Detailed supporting data will be housed in “south of the border” report-reduce report clutter
- Standardization in component metrics; show red only if action is needed; metrics should reflect a consistent concept
  - Presence of value-pressure ulcer
- Metric values should be actionable-drill down to a detail report
- Definition of data elements in metrics and column headers should follow a consistent convention
  - Numerator = xyz and Denominator = abc
- Call out high/low variances on report in yellow bubbles

NMQSD Component Review Process: Biweekly Cadence



NMQSD

MGH IP Nurse Manager Quality Safety Dashboard
Running...
Medication Risk Metrics MGH BIGELOW 11 MED
Report completed: Thu AM
Results expired: Thu 5/31 12:42 PM
MGH Overdue Critical Meds 19/24
MGH Unreviewed PTA Meds 0/24
MGH IP MAR Hold 0/24
MGH Med Administration Barcode Overrides 0/24
MGH Unreconciled PTA Meds 6/24
Trending BCMA Metrics MGH BIGELOW 11 MED
Feb Mar Apr MTD
BCMA Overall 97.2% 97.7% 97.0% 96.9%
Patient Scanning 99.3% 99.4% 98.8% 99.4%
Medication Scanning 97.3% 97.8% 97.2% 97.1%
Feeding Scanning - - - -
Blood Scanning 100% 100% 100% 100%


Running...
Medication Risk Metrics MGH BIGELOW 11 MED
Report completed: Thu 5/31 10:42 AM
Results expired: Thu 5/31 12:42 PM
MGH Overdue Critical Meds 19/24
Numerator: Patients with overdue time-sensitive medications
Denominator: Unit Census
Workflow Safety: Medication Risk Metrics: NMQSD
MGH Unreviewed PTA Meds 0/24
Numerator: Patients with unreviewed PTA Meds who have been admitted for over 6 hours.
Denominator: Unit Census
Workflow Safety: Medication Risk Metrics: NMQSD
MGH IP MAR Hold 0/24
Numerator: Patients on MAR Hold.
Denominator: Unit Census
Workflow Safety: Medication Risk Metrics: NMQSD
MGH Med Administration Barcode Overrides 0/24
Numerator: Patients with 3 or more Medication Administration Barcode Overrides in

Inpatient NMQSD Workgroup Scorecard

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Inpatient NMQSD Workgroup: Accomplishments

- Wound Ostomy nurses at MGH report that they can trust the data on pressure ulcers and rely on the NMQSD reports for pressure ulcer prevalence surveys, reducing the time to complete these surveys.

- Completion of Documentation reports including Plan of Care and Education was instrumental for BWH in demonstrating documentation compliance in their Magnet Survey, which has increased nursing leadership's confidence the survey success.

- Data integrity, and shared reports across the PHS sites will enable the ability to benchmark data across the Enterprise

- Improved Nursing leadership efficiency in managing clinical operations with respect to quality indicators
  - Real time detection of deficiencies
  - Real time ability for intervention

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Contact Information

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The NSMC Nurse Manager Quality Dashboard Journey

Date April 26, 2019

Diane Menasco, MSHI, BSN, RN, CPHIMS

NORTH SHORE MEDICAL CENTER

PARTNERS HEALTHCARE

FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

NSMC

- Creating dashboards for Nursing Leadership
- Keepers of the data
- Monthly reporting

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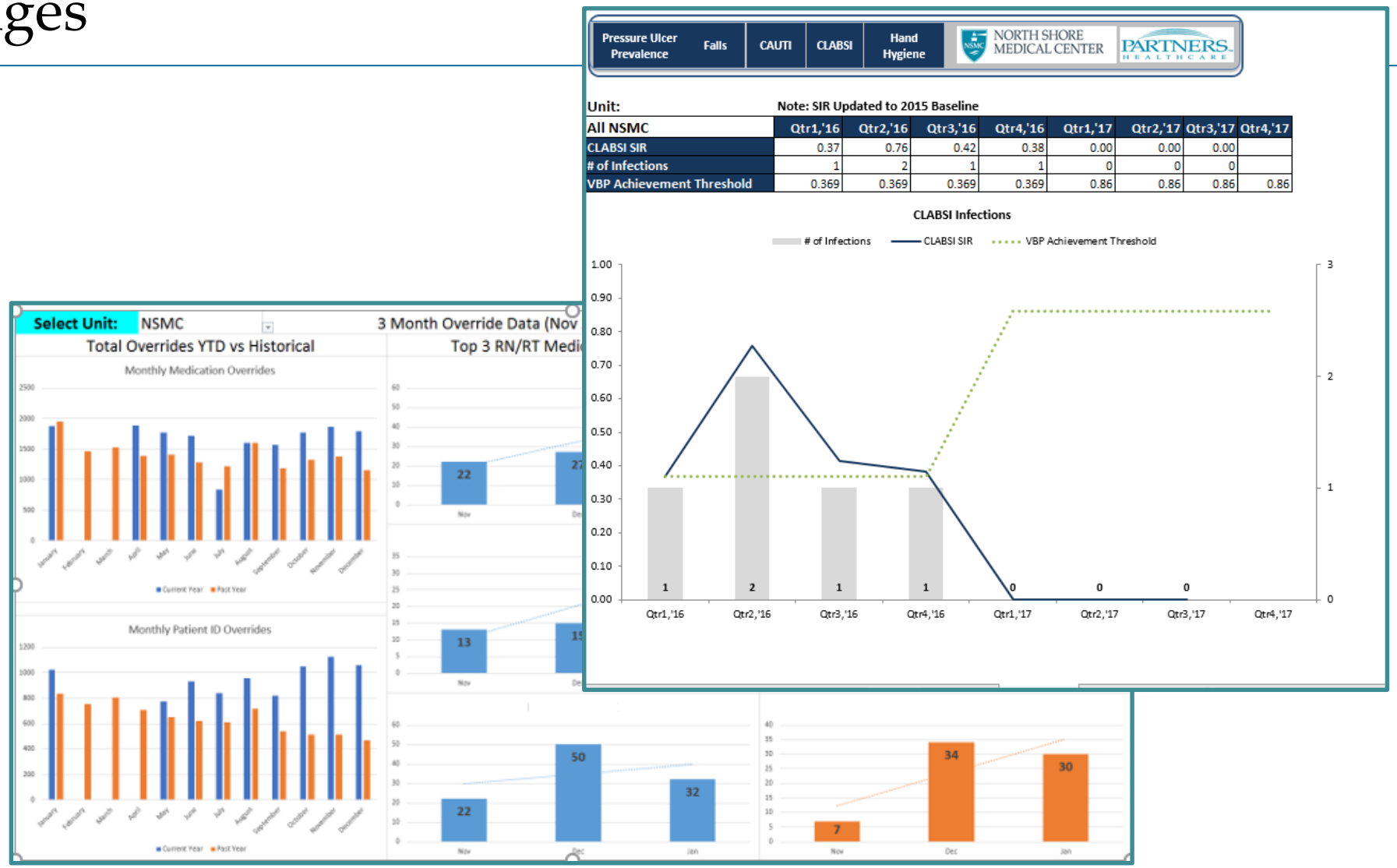
Challenges


Pressure Ulcer Prevalence
Falls
CAUTI
CLABSI
Hand Hygiene
NORTH SHORE MEDICAL CENTER
PARTNERS HEALTHCARE
Unit:
Note: SIR Updated to 2015 Baseline
All NSMC | Qtr1,'16 | Qtr2,'16 | Qtr3,'16 | Qtr4,'16 | Qtr1,'17 | Qtr2,'17 | Qtr3,'17 | Qtr4,'17
CLABSI SIR | 0.37 | 0.76 | 0.42 | 0.38 | 0.00 | 0.00 | 0.00
# of Infections | 1 | 2 | 1 | 1 | 0 | 0 | 0
VBP Achievement Threshold | 0.369 | 0.369 | 0.369 | 0.369 | 0.86 | 0.86 | 0.86 | 0.86
CLABSI Infections
# of Infections
CLABSI SIR
VBP Achievement Threshold
Qtr1,'16
Qtr2,'16
Qtr3,'16
Qtr4,'16
Qtr1,'17
Qtr2,'17
Qtr3,'17
Qtr4,'17
Select Unit:
NSMC
3 Month Override Data (Nov
Total Overrides YTD vs Historical
Monthly Medication Overrides
Monthly Patient ID Overrides

PeC Reporting

- Early days of the PeC project
- First exposure to potential vendor reports
- Endless possibilities discussed
- Pure Heaven- not
  - » NIAC discovered many reports did not pull correct data elements due to system customization
  - » Additionally, the original dashboard featured Patient Safety Risk Metrics

Partners Developed 12 Workflow Safety Metrics

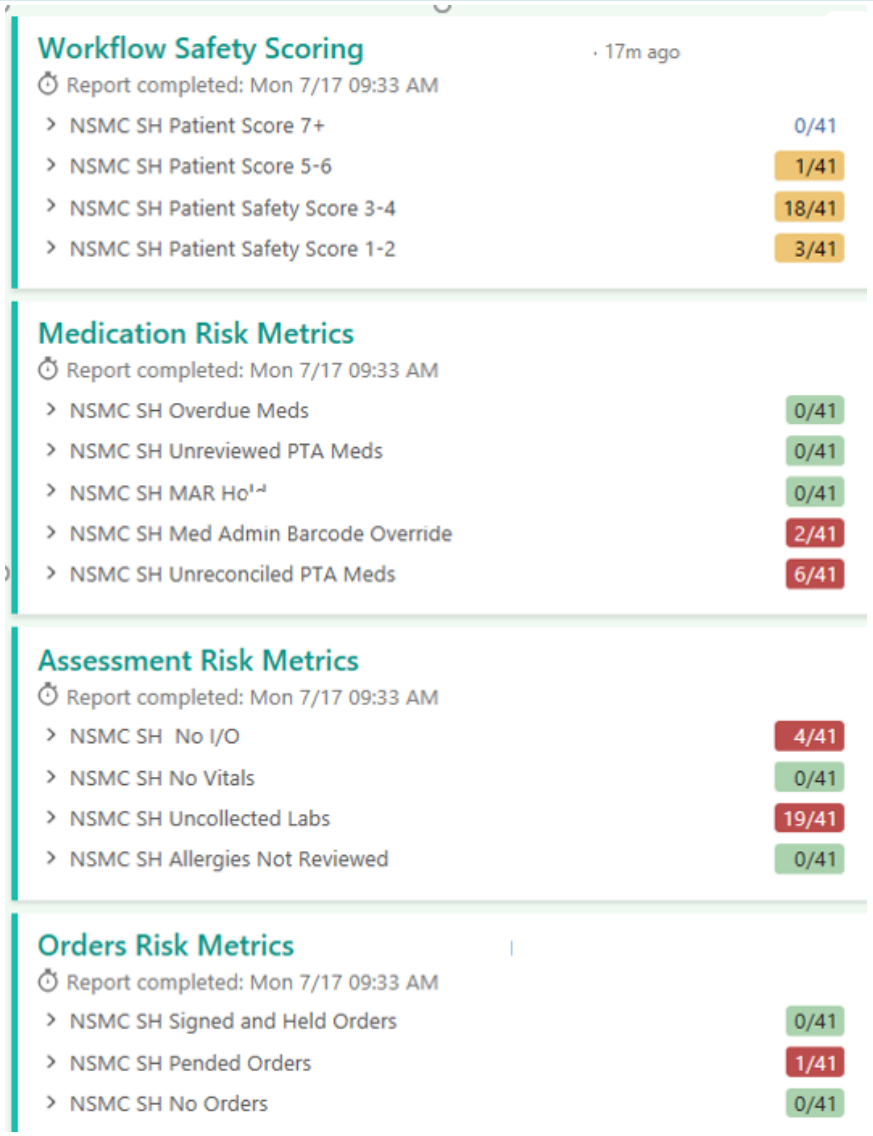
- Together, these metrics can significantly impact patient care if documentation is not done appropriately
- Improper documentation could lead to negative patient outcomes
- The 12 Safety Metrics all contribute to a patient's overall safety score
- The higher the score, the more there may be a need to consider intervening to rectify the situation

Medications on MAR Hold	2 points	**Pended Orders**	3 points
Overdue Critical Medications	3 points	**Signed and Held Orders**	3 points
Barcode Scanning Overrides	1 point	**No Orders Entered**	2 points
PTA Medications Reconciled	2 points	**No I/O Documentation**	1 point
PTA Medications Reviewed	2 points	**No Vitals Documentation**	3 points
Uncollected Labs	3 points	**Allergies Not Reviewed**	3 points

View of the Dashboard early 2017

The left-most column comprises the Workflow Safety Metrics

Introduced at our Nursing Quality Leaders Meeting



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Presented to Nursing Quality Leadership

Today

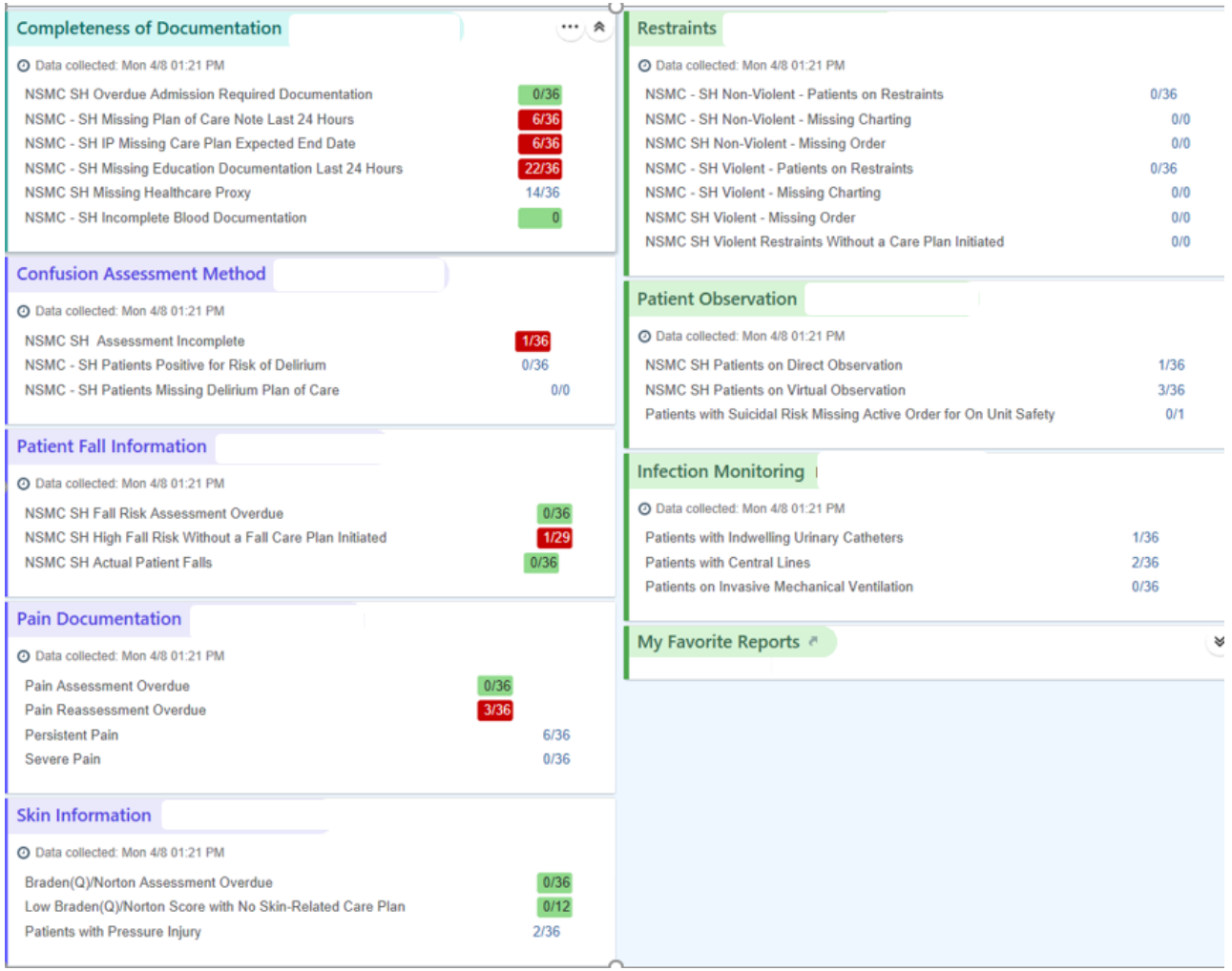
- Leadership engagement
- Nursing Professional Practice Council had early buy and brought forward to front line staff
- Joint Commission Champions
  - » Currently being used as part of our Monday Morning Check List

Joint Commission Prep –
Monday Morning Checklist

NSMC
Patient Care Services
Joint Commission Readiness Checklist
Monday Morning Checklist/Daily During Survey

	FIRST IMPRESSSIONS MATTER
☐	Determine a location on your unit where the surveyors can have discussions with staff that allow confidentiality and privacy. Check condition of room.
	Do a safety survey of your unit
ROLE	**Review: Charge Nurse, Educator, Director**
	Review Unit Epic – IP Nurse Manager Quality Safety Dashboard for the following: ☐ Allergies Reviewed ☐ Completeness of Documentation ☐ Patient Fall Information ☐ Pain Documentation ☐ Skin Information ☐ Restraints ☐ Infection Monitoring ☐ Assessments per standards for area ☐ Risk assessment scales completed per standards

Asked Nursing Leaders to View Daily



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New Tracer Activity

Introducing Sitter Tracers

- Identifying all 1:1 sitters
- Confirming correct processes and documentation

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NWH Nurse Manager Quality Safety Dashboard

Sandy Cho, MPH BSN RN-BC
Nurse Director, Clinical Informatics and Wound Ostomy

April 26, 2019

Pockets of Excellence

- Chart Reviewer will use the Dashboard to focus on key areas
  - Falls
    - Can see quickly if the Risk assessment was completed per guidelines
    - TIPS implementation (also check in room for poster)
      - Check for plan of care and specific interventions
      - Conversation with patient
    - Will provide real time feedback to colleagues
- As a “Geri” Champion
  - Skin
    - Can see quickly if Risk assessment is being completed timely
    - Interventions such as specialty mattress are implemented
  - Delirium
    - CAM-ICU Modified
      - Completion
      - If positive, interventions in place
  - Observation
    - Documentation is accurate and reflects what is implemented

Pockets of Excellence

- Charge Nurse
  - Able to see the whole floor quickly on key items
    - Urinary Catheters --- How many and should they be removed?
    - Are nurses having trouble completing documentation
      - Issue with flow
      - Staffing
      - Challenge managing assignment
    - Pain assessment/reassessment
      - Timeliness
    - Skin
      - Pressure Injuries
    - Restraints
      - Knowledge there may be patients who need additional resources
    - Incomplete blood documentation
      - Check in with nurse to ensure the documentation is completed and stopped
    - High Risk for Falls
      - Who is HRFF and have quick huddle with staff to increase awareness
  - Challenge to use only because of time constraints

Contact Information

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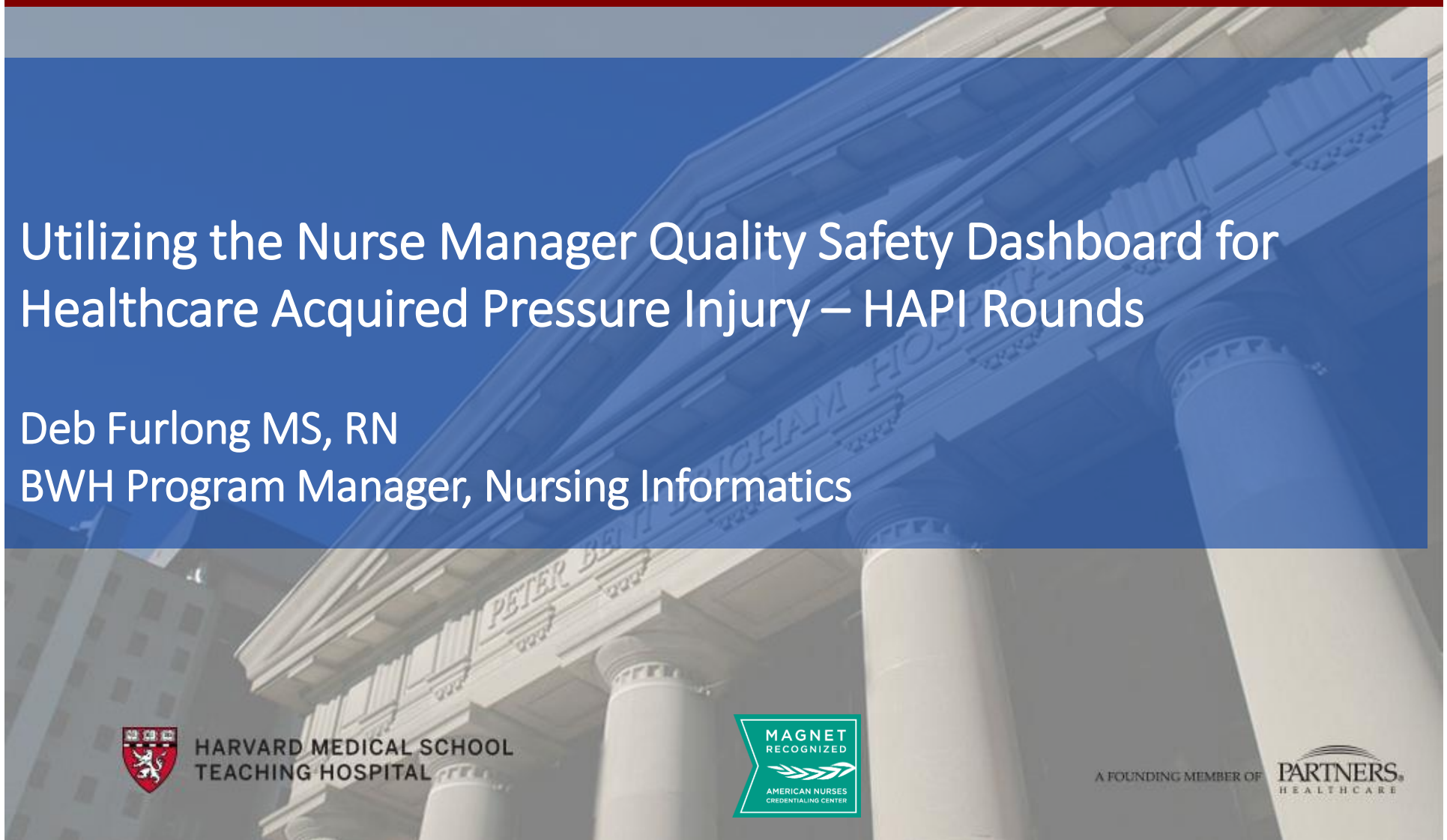
BRIGHAM HEALTH

BRIGHAM AND WOMEN'S HOSPITAL

Utilizing the Nurse Manager Quality Safety Dashboard for Healthcare Acquired Pressure Injury – HAPI Rounds

Deb Furlong MS, RN
BWH Program Manager, Nursing Informatics



HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

A FOUNDING MEMBER OF PARTNERS HEALTHCARE

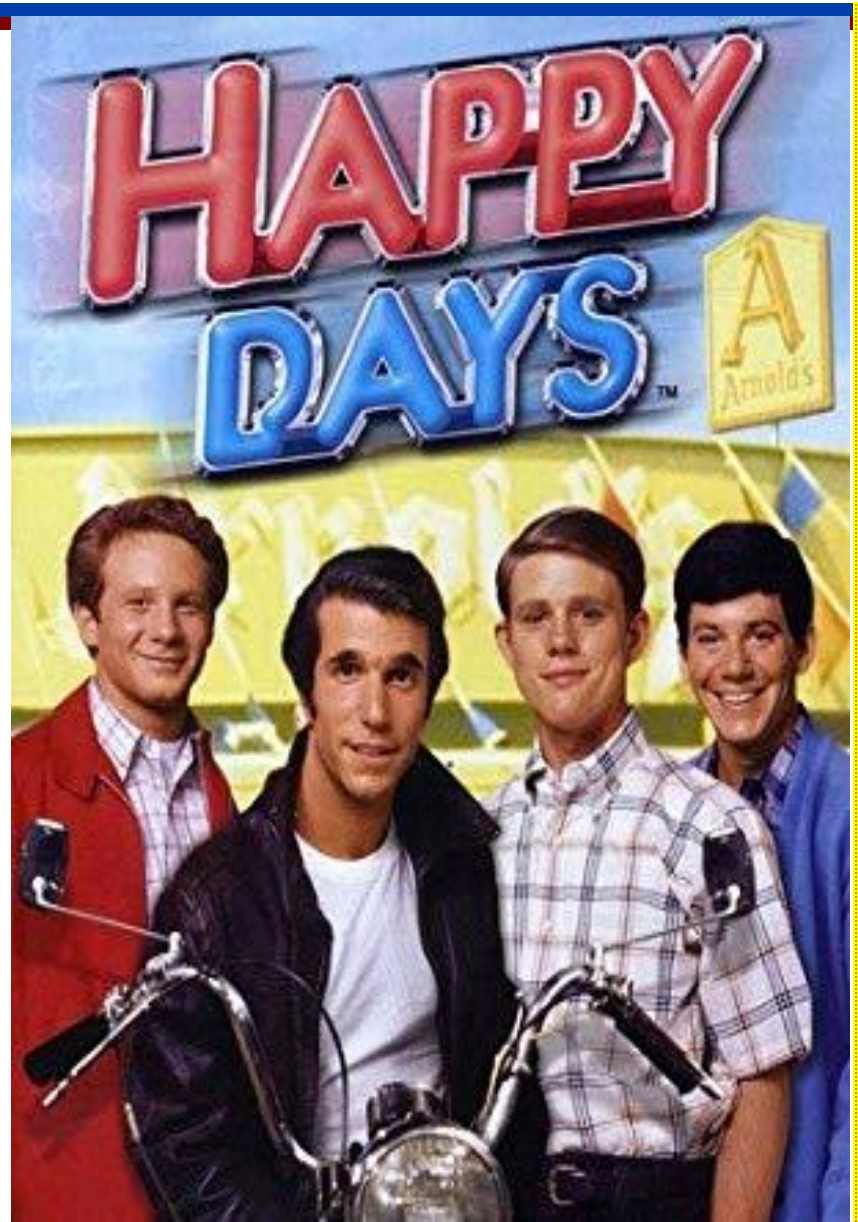
Uses for NMQSD

- Provides a dashboard to view incomplete documentation when precepting new RN staff
- Identify patients who are higher risk for Healthcare Acquired Infections
- Identify patients who require additional documentation ex: restraints, constant observation, falls, pain, skin, blood administration and confusion
- Medication administration metrics

BRIGHAM HEALTH
BRIGHAM AND WOMEN'S HOSPITAL

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL



HAPI DAYS

we can finally save time and use the NMQSD and associated reports for quality improvement and replace time consuming chart audits!

Epic | Patient Lookup | My Reports | Revenue and Usage | Procedural Reports | Bed Board | Charge Router Reports | Collection Manager | Resources | Phone Directory | BI Portal | Record Viewer | Snapboard | Status Board | Appts | Chart | Print | IS Service Desk | DEBRA FURLONG | Search

My Dashboards

BWH IP Nurse Manager Quality Safety Dashboard - Personal

Medication Risk Metrics

Data collected: Tue 4/16 07:32 AM Results expired: Tue 4/16 08:32 AM

BWH MAR Hold	1/9
BWH Med Adminstration Barcode Overrides	1/9
BWH Unreconciled PTA Meds	2/9
BWH Unreviewed PTA Meds	1/9

Completeness of Documentation

Data collected: Tue 4/16 07:32 AM Results expired: Tue 4/16 08:32 AM

BWH Overdue Admission Required Documentation	1/9
BWH Missing Plan of Care Note Last 24 Hours	3/9
BWH Missing Plan of Care Expected End Date	1/9
BWH Missing Education Documentation Last 24 Hours	8/9

Restraints

Data collected: Tue 4/16 07:32 AM Results expired: Tue 4/16 08:32 AM

Non-Violent - Patients on Restraints	2/9
Non-Violent - Missing Charting	0/2
BWH Non-Violent - Missing Order	1/2
Violent - Patients on Restraints	0/9

Assessment Risk M

Data collected: Tue 4/1

BWH No Vitals	
BWH Allergies Not Rev	

Orders Risk Metric

Data collected: Tue 4/1

BWH Signed and Held	
BWH No Orders	

Readmission Metri

Data collected: Tue 4/1

BWH Readmitted Patients	0

Skin Information

Data collected: Tue 4/16 07:32 AM Results expired: Tue 4/16 08:32 AM

Braden(Q)/Norton Assessment Overdue	1/9
Low Braden(Q)/Norton Score with No Skin-Related Plan of Care	0/7
Patients with Pressure Injury	4/9

Trending BCMA Metrics

	Jan	Feb	Mar	MTD
BCMA Overall	95.0 %	94.7 %	95.5 %	95.2 %
Patient Scanning	98.6 %	97.6 %	98.4 %	97.4 %
Medication Scanning	95.0 %	94.7 %	95.6 %	95.3 %
Breastmilk Scanning	–	–	–	–
Blood Scanning	100 %	100 %	100 %	100 %

Pain Documentation

Data collected: Tue 4/16 07:32 AM Results expired: Tue 4/16 08:32 AM

Pain Assessment Overdue	0/9
Pain Reassessment Overdue	2/9
Persistent Pain	0/9
Severe Pain	0/9

Skin Information

Data collected: Tue 4/16 07:32 AM Results expired: Tue 4/16 08:32 AM

Braden(Q)/Norton Assessment Overdue	1/9
Low Braden(Q)/Norton Score with No Skin-Related Plan of Care	0/7
Patients with Pressure Injury	4/9

My Favorite Reports

No reports are available for display.

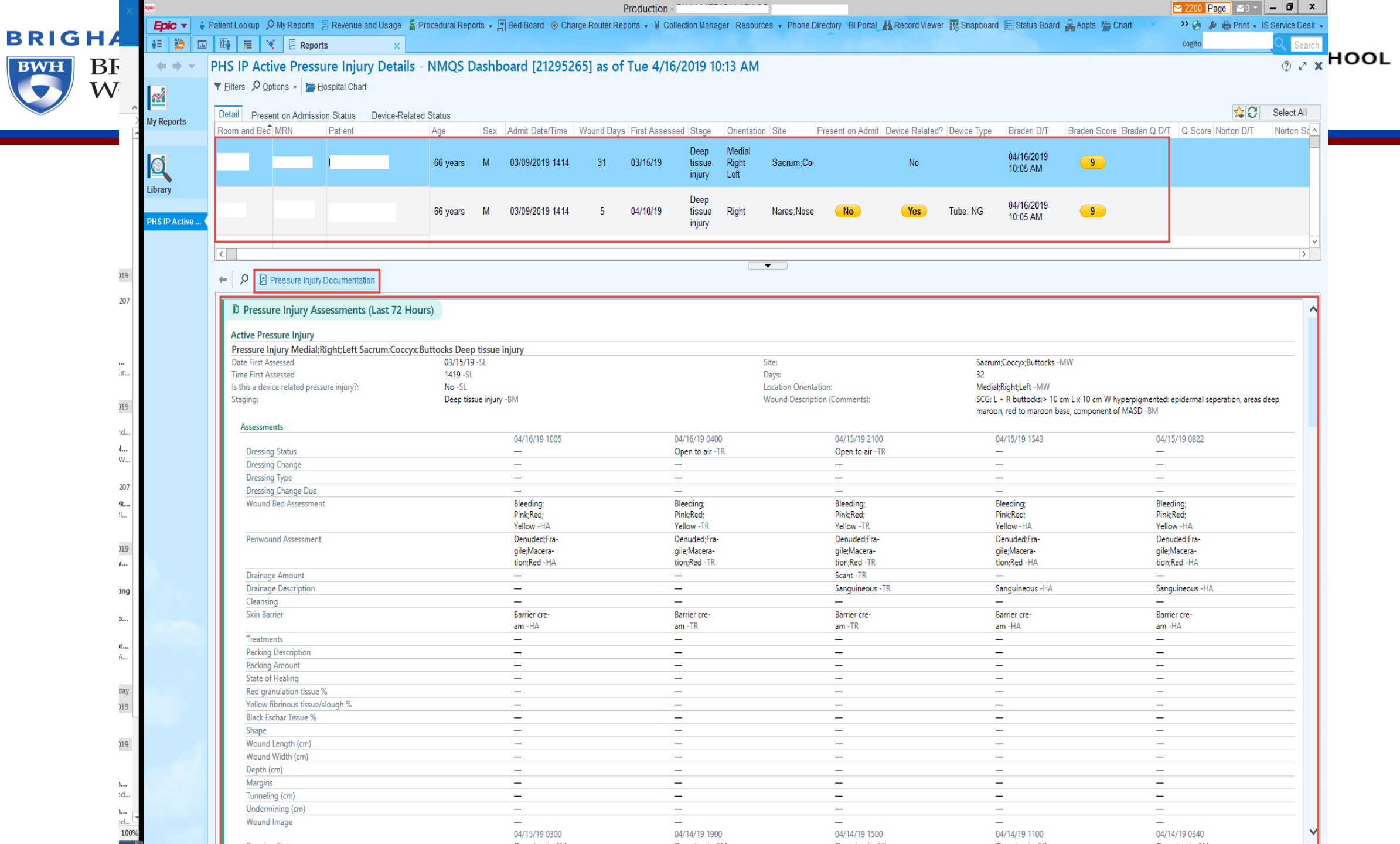
BWH Infections and Falls Per 1000 Days

BWH CNO Restraints - Non-Self-Destructive

Last Refresh: 10:11:24 AM

NMQSD Tile for HAPI

- Shows the patients with Pressure Injury documentation
- During Skin, HAPI rounds there is a requirement to review all HAPIs and perform chart audits
- The Skin tile has all the information and saves time for the user to view data that was previously collected by a time consuming chart audit


Production -
Epic
Patient Lookup
My Reports
Revenue and Usage
Procedural Reports
Bed Board
Charge Router Reports
Collection Manager
Resources
Phone Directory
BI Portal
Record Viewer
Snapboard
Status Board
Appts
Chart
Print
IS Service Desk
Reports
Search
My Reports
Library
PHS IP Active ...
PHS IP Active Pressure Injury Details - NMQS Dashboard [21295265] as of Tue 4/16/2019 10:13 AM
Filters
Options
Hospital Chart
Detail
Present on Admission Status
Device-Related Status
Select All
Room and Bed
MRN
Patient
Age
Sex
Admit Date/Time
Wound Days
First Assessed
Stage
Orientation
Site
Present on Admit
Device Related?
Device Type
Braden D/T
Braden Score
Braden Q D/T
Q Score
Norton D/T
66 years M 03/09/2019 1414 31 03/15/19 Deep tissue injury Medial Right Left Sacrum;Co No 04/16/2019 10:05 AM 9
66 years M 03/09/2019 1414 5 04/10/19 Deep tissue injury Right Nares;Nose No Yes Tube: NG 04/16/2019 10:05 AM 9
Pressure Injury Documentation
Pressure Injury Assessments (Last 72 Hours)
Active Pressure Injury
Pressure Injury Medial;Right;Left Sacrum;Coccyx;Buttocks Deep tissue injury
Date First Assessed 03/15/19 -SL
Time First Assessed 1419 -SL
Is this a device related pressure injury?: No -SL
Staging: Deep tissue injury -BM
Site: Sacrum;Coccyx;Buttocks -MW
Days: 32
Location Orientation: Medial;Right;Left -MW
Wound Description (Comments): SCG: L + R buttocks:> 10 cm L x 10 cm W hyperpigmented: epidermal seperation, areas deep maroon, red to maroon base, component of MASD -BM
Assessments
04/16/19 1005 04/16/19 0400 04/15/19 2100 04/15/19 1543 04/15/19 0822
Dressing Status — Open to air -TR Open to air -TR — —
Dressing Change — — — — —
Dressing Type — — — — —
Dressing Change Due — — — — —
Wound Bed Assessment Bleeding; Pink;Red; Yellow -HA Bleeding; Pink;Red; Yellow -TR Bleeding; Pink;Red; Yellow -TR Bleeding; Pink;Red; Yellow -HA Bleeding; Pink;Red; Yellow -HA
Periwound Assessment Denuded;Fragile;Maceration;Red -HA Denuded;Fragile;Maceration;Red -TR Denuded;Fragile;Maceration;Red -TR Denuded;Fragile;Maceration;Red -HA Denuded;Fragile;Maceration;Red -HA
Drainage Amount — — Scant -TR — —
Drainage Description — — Sanguineous -TR Sanguineous -HA Sanguineous -HA
Cleansing — — — — —
Skin Barrier Barrier cream -HA Barrier cream -TR Barrier cream -TR Barrier cream -HA Barrier cream -HA
Treatments — — — — —
Packing Description — — — — —
Packing Amount — — — — —
State of Healing — — — — —
Red granulation tissue % — — — — —
Yellow fibrinous tissue/slough % — — — — —
Black Eschar Tissue % — — — — —
Shape — — — — —
Wound Length (cm) — — — — —
Wound Width (cm) — — — — —
Depth (cm) — — — — —
Margins — — — — —
Tunneling (cm) — — — — —
Undermining (cm) — — — — —
Wound Image — — — — —
04/15/19 0300 04/14/19 1900 04/14/19 1500 04/14/19 1100 04/14/19 0340

Additional Reports

- The HAPI report is also used by the Wound Nurses to evaluate whether the patient
  - Needs a Wound Consult
  - If there is duplicate documentation

Patient Observer Reports

Melissa Lantry, RN Project Manager

Nursing & Patient Care Services Informatics

Mass General Hospital

NENIC

New England Nursing Informatics Consortium

Nurses Transforming Healthcare
Through Informatics

Overview of Patient Observer reports in Epic

- **Real-time metrics/reports**
  - Patient Observer tile on NMQSD
  - Dashboard report
- **Trending report**
  - PHS Patient Observer Summary Report
  - PHS Patient Observer Detail Report

Partners 2.0 Patient Observer Tiger Team identified need to capture Observer data

- All Patient Observer reports/metrics based on documentation in Patient Observation section of ***Daily Cares/Safety*** **flowsheet in Epic**

IV/ Line Assessment | Assessment | Daily Cares/Safety | Screenings | Neuro Complex Assessment | Nursing Swallow Screen | Adult VS, I/O | Non-

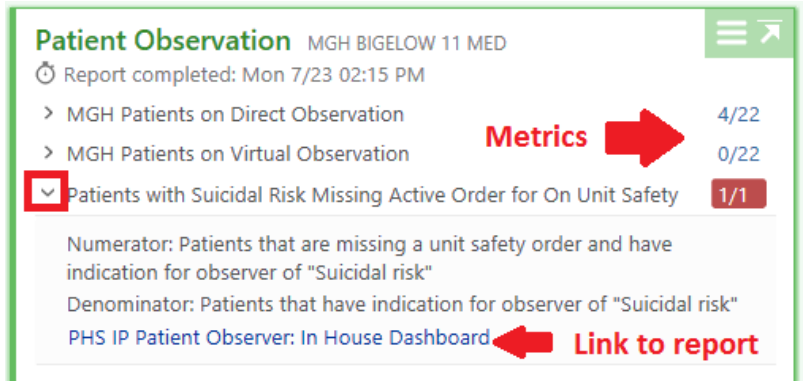
Accordion | Expanded | View All | 1m | 5m | 10m | 15m | 30m | 1h | 2h | 4h | 8h | 24h | Based On:

ED to Hosp-Admission (Current) from 2/7/2019 in MGH Lunder 7

	2/10/19			2/11/19		
	0913	1024	2101	1500		Last
NonSkid Footwear	On;Patient in b...	On	On;Patient in b...			On;F
Additional Safety Measures						Assi
Patient observation type			Direct observer			
Direct observer			Initiated	Discontinued		
Constant observation level			Level 2			
Alternatives to observer			Decrease stim...			
Observer type						
Indications for observer			Patient safety			

Patient Observer Tile on the NMQSD

- Empowers unit based leadership to **provide real-time feedback on RN documentation** (improves quality of trending reports in the long run!)
- Patient Observer “tile”



- PHS IP Patient Observer: In House Dashboard associated report

PHS Patient Observer Summary & Detail Reports

- Two monthly, trending reports

- **PHS Patient Observer Report**: A summary view of **Hospital or Unit data**:
  - # of Direct Observer Hours
  - # of Direct Observer Patients
  - Breakdown of "Indication for Observer" for Direct/Virtual Observer
  - Breakdown of "Constant Observation Level" for Direct/Virtual Observer
  - Same data repeated for Virtual Observer

PHS Patient Observer Summary Report - CR MGH Main campus [17856921] as of Mon 7/23/2018 5:20 AM

Department		Direct Observer Hours	Direct Observer Patients	Direct Observer - Patient safety	Direct Observer - Suicidal Risk	Direct Observer - Homicidal Risk	Direct Observer - Elopement Risk	Direct Observer - Level 1
MG	RTHO\OMF	165	4	3	0	0	0	2
MG	EN SURG	262	4	4	0	0	0	2
MG	EDICINE	238	6	2	1	0	1	2
MG	EDICINE	249	7	2	2	0	0	5
TOTAL HOSPITAL COUNT		13684	272	88	33	0	8	91

- **PHS Patient Observer Detail Report**: A view of **patient level data**
  - Direct Observer - Total Hours *(calculation based on # of hours between first documented value of initiated/continued and last document value of continued/discontinued during the episode)*
  - Direct Observer- Indication for Observer (*Indication **most often** documented during the episode)*
  - Direct Observer- Constant Observation level *(Level **most often** documented during the episode)*
  - Same data repeated for Virtual Observer

How do the dashboard and trending reports work together?

- **First** focus on the Nurse Manager Quality & Safety Dashboard & associated report to ensure that documentation is accurate at the unit level
  - Unit leaders can work with RNs in the moment to correct documentation
  - Resource/Charge RN have access to the dashboard as well!
  - Dashboard data lays the foundation

- Utilize monthly reports to **monitor trends**!
  - Able to look at patterns in Patient Observation at the unit and hospital level
  - Ex. What indication is documented most often for Direct observers? Virtual observers?

Contact Information

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Questions