Nurse-Sensitive Measures and Value-Based Purchasing

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Disclosures

Presenters have no actual or potential conflicts of interest in relation to this program/presentation.
Session Objectives

• Understand how to utilize structures and processes to enhance patient experience, safety, and quality while bending the cost curve.

• Identify ways to implement cost-effective, evidence-based practices to achieve excellent outcomes in nurse-sensitive indicators.
The Changing Landscape

...From

- Provider Centric
- Value Blind Reimbursement
- Episodic Fragmented Care
- Inpatient- Focused
- Disease and Treatment
- Variation in Care Delivery
- Paper-Based
- Limited Information Access
- Passive
- Baby Boomers
- Government as a Major Payor

...To

- Patient Centric /Consumer
- Value-based Reimbursement & Accountability
- Continuous & Coordinated
- Ambulatory /Office / Home Focused
- Health/Wellness & Prevention
- Standardized & Evidenced Based Care
- Digital and Accessible Across Continuum
- Transparent & Publicly Reported
- Involved & Informed
- Gen X & Millennials & Diverse
- Government as the Primary Payor

Percentage of Expenses Covered by Payer

<table>
<thead>
<tr>
<th>Payer</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Commercial/Other</td>
<td>141%</td>
</tr>
<tr>
<td>Medicare</td>
<td>86%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>78%</td>
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</tbody>
</table>
Medicare, over time, will become the new normal rate for reimbursement

The Challenge:
Bending the Cost Curve

Expenses  Revenue

“GAP”

Affordable Care Act / Accountable Care Organization
Our System-Wide Approach to Bending the Cost Curve

1) Collaborative – involve all stakeholders out of the gate
2) Evidence-based/best practices
3) Toolkits
4) Process checks
5) Outcomes validation
6) Refinement of the process

North Shore-LIJ Health System

“Some people aren’t used to an environment where excellence is expected.”
- Steve Jobs

“Achieving excellence is the result of high performance throughout the organization”
- Tom Peters
North Shore-LIJ Health System

Compelling vision to achieve measurable safety-quality improvements in nurse-sensitive indicators:

Reduction and Prevention:
- Falls
- Hospital-Acquired Pressure ulcers
- Central Line-Associated Bloodstream Infection
- Catheter-Associated Urinary Tract Infection

Annual Goal: 25% reduction (stretch goal of 50% reduction)

Road Map for Excellence

Transformational Leaders
- Creates the vision for the future
- Listen, challenge, influence and affirm

Structural Empowerment
- Engaged/empowered workforce
- Innovative

Professional Practice
- Autonomy
- Professional Model of Care

Clinical Quality

Staff Satisfaction
Pt. Satisfaction
How We Engage Employees

Traditional Design
Top Down
Leadership
- Directing
- Controlling
- Decision-making
- Change Initiation

Today’s Design
Top Down
Leadership
Employees
Bottom Up
Strategic Plan
- Guiding
- Leading
- Vision
- Decision-making
- Problem Solving
- Change Initiation
- Cross-functional teams
- Empowerment

Collaborative Care Model

EXCELLENCE  CARING  HONORING THE HUMAN SPIRIT  COLLABORATION  PROFESSIONALISM  LEADERSHIP  SAFETY

Health Care Team

PATIENTS COME FIRST

Practice Environment (Structure)

Outcomes
Patient Experience
Financial Performance
Quality

Care Delivery Model (Process)
Collaborative Care Council Structure

Collaborative Care Council Agenda

- Patient Experience
- Quality and Safety
- Operational Performance
- Healthy Work Environment
The Quality Paradigm

Structure → Process → Outcome

**Exceptional Patient Outcomes**
Outcome data is at the heart of providing healthcare.

**Nursing Quality Process**
Process is only as good as its design and ability to be consistently followed and improved upon.

**Nursing Quality Structure**
Essential for creating a quality program that is meaningful and comprehensive in the basic elements that are tracked for quality.

Structure for Nursing Quality Improvement

- **Set standards and goals**
- **System Level Nurse Executive Council**
- **Hospital Nursing Leadership**
- **Hospital Nursing Quality**
- **Hospital CCC**
- **RN Quality Champion**
- **Unit Level Quality**

Operationalize Standards and Hospital Quality Initiatives
**Role of RN Quality Champion**

- A Quality Champion is one who dedicate to supporting, marketing and driving through an innovation (Grenhalgh, 2004)

- Driving force behind the implementation of wide range of initiatives

- Critical players in supporting performance improvement

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**Creating A Culture of Improving Safety**

- Just Culture
  - Offer no-blame, non-punitive response to adverse events
  - Promotes a learning culture while assigning accountability for behavioral choices

- Encourage Reporting of Events

- Utilize Data To Improve Care

- Empower and Engage Employees
  - Collaborative Care Council
Establishing Standards of Care for Quality Improvement

System P & P → Institute for Nursing → System Research

Task Force (Falls, HAPU, CLABSI, CAUTI)

System NEC

Hospital Nursing Leadership

Nursing Quality

Having the Right People: Pathway to Nursing Excellence

Professional/Quality Programs

Clinical Ladder

RN Specialty Certification

BSN Degree RNs
Nurse-Sensitive Indicators and Revenue Improvement

- Increased capacity for more admissions
- Avoidance of CMS non-reimbursement
- Reduced litigation and settlement costs
- Improved bond rating
- Reducing the number with HACs and associated LOS

Hospital’s financial strategy, credit rating and ability to raise capital for future projects may be improved.

Fall Prevention Evidence-Based Practice

North Shore-LIJ Health System Fall Prevention Task Force

- Fall Reduction Program
- Integration of TeamSTEPPS
- Partnership for Patients
- Hourly Rounding
- Use of Bed or Chair Alarms
- Medication Modification
- Observation and Point-of-Care Education
- Lessons Learned
- Tracking Fall Free Days
**North Shore-LIJ Health System**

**Total Falls**

System Falls Program Implemented May 2011

![Graph showing decrease in total falls from 2011 to 2013 (Annualized)](image)

- 2011: 2,544
- 2012: 2,130
- 2013 (Annualized): 1,859

27% decrease.

**Falls with Injury**

System Falls Program Implemented May 2011

![Graph showing decrease in falls with injury from 2011 to 2013 (Annualized)](image)

- 2011: 90
- 2012: 81
- 2013 (Annualized): 60

33% decrease.
Evidence-Based Practice HAPU Prevention

- North Shore-LIJ Health System Pressure Ulcer Task Force
- RN Resource Skin Care Champion
- PCA Skin Care Champion Program
- North Shore-LIJ Health System Pressure Ulcer Toolkit
- Integration of TeamSTEPPS

North Shore-LIJ Health System
Hospital Acquired Pressure Ulcers
(Stage 2 and Above)

Pressure Ulcer Toolkit Implemented 2011

![Graph showing the decrease in hospital-acquired pressure ulcers from 2011 to 2013.](image)
**Team Approach to Central Line-Associated Bloodstream Infection Prevention**

- Central line bundle
- Daily rounds and implementation of monitoring tool
- Recommend alternate access
- New design of central line dressing kit
- Maintenance and surveillance by IV Team (non-ICU)
- Use of Biopatch and Curos (alcohol protective port)
- Dialysis catheter access and maintenance re-education
- Daily audit of dialysis catheter dressing

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**North Shore-LIJ Health System ICU/Non-ICU Central-Line Associated Bloodstream Infection**

Central Line Bundle Implemented 2011

- 2011: 243
- 2012: 140
- 2013: 100

(59%)
Catheter-Associated Urinary Tract Infection EBP

- North Shore-LIJ Health System CAUTI Task Force
- CAUTI algorithm
- CAUTI champions
- Daily surveillance
- Real-time staff feedback
- Staff competency on foley insertion and maintenance
- Standardized electronic reporting of foley days

North Shore-LIJ Health System
ICU/Non-ICU
Catheter-Associated Urinary Tract Infection

CAUTI Bundle implemented

2012
2013 (Annualized)

Actual

559
460
(18%)
### Cost Avoidance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Cost Avoidance</th>
</tr>
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<tbody>
<tr>
<td>Falls with Injury</td>
<td>$199,740</td>
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<tr>
<td>HAPU Stage 2 and above</td>
<td>$29,985,116</td>
</tr>
<tr>
<td>ICU/Non-ICU CLABSI</td>
<td>$5,501,210</td>
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<tr>
<td>ICU/Non-ICU CAUTI</td>
<td>$256,650</td>
</tr>
<tr>
<td>Total</td>
<td>$35,942,716</td>
</tr>
</tbody>
</table>

2 Brem et al. (2010). High Cost of Stage IV PUs, NIH PA Author Manuscript. Am. Journal of Surgery  
3 Dept. of Health and Human Services Action Plan to Prevent HCAIs  
4. Incremental Updated cost Report 1-HAC-PDA, Updated 5/12. CMS.gov

“It is a funny thing about life; if you refuse to accept anything but the best, you will often get it.”

*W. Somerset Maugham*
Questions & Answers