

Translating Quality to the Bedside: Collaboration Improves Patient Outcomes

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Translating Quality to the Bedside: Collaboration Improves Patient Outcomes

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Abstract:

Reimbursement changes from the Centers for Medicare and Medicaid Services and value based purchasing systems have made performance improvement more crucial than ever. One Magnet® hospital is assuring that bedside nurses are poised for this change and are at the forefront of quality monitoring and improvement. The unit based educator serves as the Chief Quality Officer (CQO) and makes rounds to monitor specific quality metrics, fosters real-time learning, increases attention to quality details, and improves patient care. Once a day, the CQO collaborates with bedside nurses about high risk issues, inclusive of Propofol infusions, duration of intubations, IV pump set-up, and restraint use. As a result, sedation safety is now the culture, ventilator associated pneumonias have dramatically decreased, medication errors are a rare occurrence, and restraint use is scrutinized. This presentation shares pragmatic strategies to create a culture of quality improvement in any patient care organization.

Objectives:

1. Discuss the impact of nursing sensitive quality indicators on reimbursement.
2. Identify strategies to create a culture of inquiry and passion for quality improvement.
3. Detail results that demonstrate how translating quality metrics to the bedside can improve performance and impact patient care.



Significance:

- The Affordable Care Act outlines improving care and reducing costs.
- Quality incentives, or value based purchasing programs, reward good outcomes and efficient health care practices with higher reimbursement rates.
- Centers for Medicare and Medicaid Services do not provide reimbursement for care related to hospital-acquired complications: catheter associated urinary tract infections, pressure ulcer, certain types of falls, and vascular catheter associated infection.
- Reimbursement payments are now performance linked directly to the quality of care through reward or penalty.
- Nurses are pivotal contributors to quality care as they are the most prevalent care providers in a hospital.

Strategies to Create a Culture of Inquiry and Passion for Quality Improvement:

- Evidence based practice at the bedside via protocols, guidelines, and practices that address quality care issues
- Daily rounds by a “Chief Quality Officer” to improve understanding of quality metrics, and address areas of improvement
- Visibility boards that publicly display quality data
- Integration of quality metrics into annual evaluation to assure accountability of all staff
- Annual incentive linked to quality metric goals

18 Month Outcomes of Neuroscience ICU Quality Metrics:

- Medication Error Rate
 - Decreased 42%
- Ventilator Associated Pneumonia (VAP)
 - 3 VAPs in 3,589 ventilator days
- Pressure Ulcer Rate
 - Decreased 10%
- Central Line Associated Bacteremia
 - Zero infections in 7,049 patient days



Take Home Learnings:

- Quality is everyone's concern
 - Bedside staff
 - Management
 - Medical payors
- Data transparency raises accountability & awareness
- Chief Quality Officer rounds promote teachable moments
- Staff must have opportunities & be empowered to offer concerns/solutions



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