NIH Clinical Center

JOURNEY TO MAGNET EXCELLENCE AMERICAN NURSES CREDENTIALING CENTER

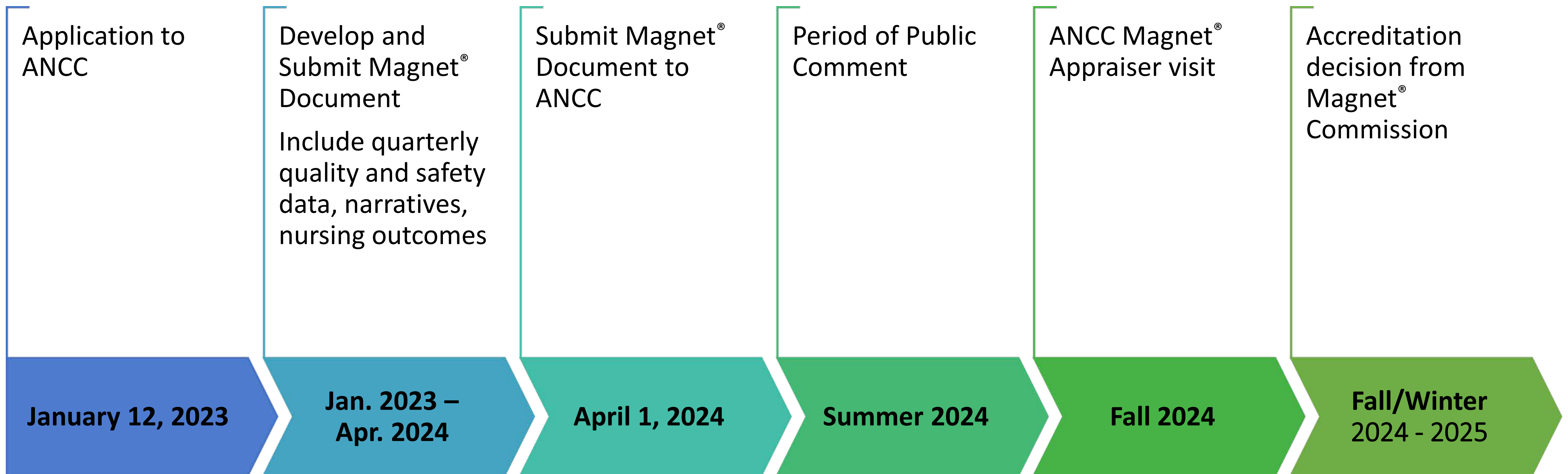
Updates: Clinical Center Magnet® Accreditation Journey February 17, 2023

Barbara Jordan, DNP, RN, NEA-BC
Acting Chief Nurse Officer
NIH Clinical Center Nursing Department

Progress Report

- Journey Milestones
- Magnet Application Status
- Professional Practice Model Visual Depiction Completed
- Communications Plan
- Identification of Quality Indicators to Report
- Quality Indicator Stoplight Report Examples

Milestones



Magnet® Application Submission

- Magnet® Application submitted January 12, 2023
- All required documents submitted for application
  - Nurse Leader Education Level Table
  - IRB Attestation Letter
  - List of External Databases for RN Satisfaction, Nurse Sensitive Indicators, and Patient Satisfaction
  - CC and CCND Organizational Charts
  - Acting CNO Curriculum Vitae
- Confirmation of Document Submission Date Received
  - April 1, 2024

JOURNEY TO MAGNET EXCELLENCE AMERICAN NURSES CREDENTIALING CENTER

NIH Clinical Center Nursing Professional Practice Model

Collaboration with CC Office of Communications and Media Relations

- Updating content on external Magnet® webpage
- Developing a CC wide Magnet® education plan using multimedia modalities
- Utilizing meetings, Magnet® Ambassadors, Magnet® Steering Committee and screensavers to identify Magnet® stories for the Magnet® document

Nurse Sensitive Indicator Data for Magnet®

Inpatient (4 Indicators)

- Patient Falls with Injury
- Hospital Acquired Pressure Injuries
- Central Line Associated Bloodstream Infections (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)

Ambulatory (3 Indicators)

- Patient Falls with Injury
- Perioperative Metrics
  - Burns
  - Unplanned Transfer/Admit

National Database of Nursing Quality Indicators (NDNQI)

- Magnet® Readiness requires we achieve outstanding clinical outcomes consistently & reliably, demonstrating **outperformance of the mean/median 5 of 8 consecutive quarters**
- Clinical & Operational data are reported quarterly to this external national database
- Data are returned to the Clinical Center mapped against national benchmarks from like hospitals

Falls with Injury

Ambulatory Care

CCND
Injury Falls Per 1,000 Patient Visits/Cases, by Unit
Peer Group Stoplight Report (All U.S. Facilities Mean)

Ambulatory	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	# of Quarters Unit Outperformed the Peer Group
1H Alc	*	*	*	*	*	*	*	*	(8/8)
1H Peds	*	*	*	*	*	*	*	*	(8/8)
1NWDH	*	*	*	*	*	*	*	*	(8/8)
3SEDH	*	*	*	*	*	*	*	*	(8/8)
3SWN/PVCS	*	*	*	*	*	*	*	*	(8/8)
5SWDH	*	*	*	*	*	*	*	*	(8/8)
B2 RadOnc	*	*	*	*	*	*	*	*	(8/8)
Blood Services Section	*	*	*	*	*	*	*	*	(8/8)
Interventional Radiology	Cases not tracked	Cases not tracked	Cases not tracked	*	*	*	*	Data not entered	**(4/8)**
OP1 Den	*	*	*	*	*	*	*	*	(8/8)
OP3	*	*	*	*	*	*	*	*	(8/8)
OP4	*	*	*	*	*	*	*	*	(8/8)
OP5	*	*	*	*	*	*	*	*	(8/8)
OP7	*	*	*	*	*	*	*	*	(8/8)
OP8	*	*	*	*	*	*	*	*	(8/8)
OP9	*	*	*	*	*	*	*	*	(8/8)
OP10	*	*	*	*	*	*	*	*	(8/8)
OP11	*	*	*	*	*	*	*	*	(8/8)
OP12	*	*	*	*	*	*	*	!	(7/8)
OP13	*	*	!	*	*	*	*	*	(7/8)
PACU	*	*	*	*	*	*	*	Data not entered	(7/8)

# of Eligible Units Magnet Ready	100% (20/20)
Magnet Ready?	YES

Source: NDNQI Clinical Data

NDNQI Peer Group: All U.S. Facilities

Unit of Central Tendency: Mean

Summary: Green cells (asterisk) indicate a unit's score outperformed the Peer Group; red cells (exclamation point) indicate a unit's score underperformed the Peer Group; yellow cells (text) note whether a unit did not have a unit mean score because either there were less than 15 patient visits in a given month for an applicable quarter, the unit was closed, or visit/case data was not tracked at that time.

Note: Unit level data represent the mean of all responding unit scores.

Magnet Application: The unit mean must outperform the benchmark at least 5 of the last 8 consecutive quarters. If less than 5 quarters exceed the benchmark AND valid explanation has been provided for missing data, then the appraisers will remove the unit from denominator of total units.

Central Line Associated Bloodstream Infections (CLABSI)

Inpatient

CCND

Central Line Associated Blood Stream Infections (CLABSI) per 1,000 Central Line Days, by Unit

Peer Group Stoplight Report (All U.S. Facilities Mean)

Inpatient	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	# of Quarters Unit Outperformed the Peer Group
1NW	*	*	*	*	!	*	*	!	(6/8)
3NE	*	*	*	*	*	*	*	*	(8/8)
3NW	*	*	*	*	*	*	!	!	(6/8)
3SEN	*	!	*	*	*	!	*	!	(5/8)
3SWS/ICU	*	!	!	!	!	*	*	!	(3/8)
5NES/SCSU	*	*	Unit Closed	Unit Closed	Unit Closed	Unit Closed	Unit Closed	Unit Closed	(2/8)
5NW	*	*	*	*	!	!	*	*	(6/8)
5SE	*	*	*	*	*	*	*	*	(8/8)
5SWN	Unit Closed	Unit Closed	No VAD Days	*	*	*	*	No VAD Days	**(4/8)**
7SE	No VAD Days	No VAD Days	No VAD Days	No VAD Days	No VAD Days	No VAD Days	No VAD Days	No VAD Days	(0/8)
7SWN	*	*	*	*	*	*	*	*	(8/8)

# of Eligible Units Magnet Ready	**87.5% (7/8)**
Magnet Ready?	**Yes**

Source: NDNQI Clinical Data

NDNQI Peer Group: All U.S. Facilities

Unit of Central Tendency: Mean

Summary: Green cells (asterisk) indicate a unit's score outperformed the Peer Group; red cells (exclamation point) indicate a unit's score underperformed the Peer Group, yellow cells (text) indicate a unit that did not have either a unit mean score because there were either 0 ventricular assist device (VAD) days or the unit was closed.

Note: Unit level data represent the mean of all responding unit scores.

Magnet Application: The unit mean must outperform the benchmark at least 5 of the last 8 consecutive quarters. If less than 5 quarters exceed the benchmark AND valid explanation has been provided for missing data, then the appraisers will remove the unit from denominator of total units.

Transfers/Admissions Post-Procedure

Ambulatory (Procedure & Cancer Care Areas)

CCND

Unplanned Postoperative Transfers/Admissions per 1,000 Patient Visits/Cases, by Unit

Peer Group Stoplight Report (All U.S. Facilities Mean)

Ambulatory	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	# of Quarters Unit Outperformed the Peer Group
3SEDH	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	*	*	*	*	*	(5/8)
3SWN/PVCS	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	*	*	*	*	!	(4/8)
B2 RadOnc	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	*	*	*	*	*	(5/8)
Interventional Radiology	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	*	!	!	*	Data not entered	(2/8)
OP1 Den	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	*	*	!	*	!	(3/8)
Operating Room	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	!	!	!	!	Data not entered	(0/8)
PACU	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	Unplanned transfers & admissions not tracked	*	*	*	*	Data not entered	(4/8)

# of Eligible Units Magnet Ready	50% (2/4)
Magnet Ready?	No

Source: NDNQI Clinical Data

NDNQI Peer Group: All U.S. Facilities

Unit of Central Tendency: Mean

Summary: Green cells (asterisk) indicate a unit's score outperformed the Peer Group, red cells (exclamation point) indicate a unit's score underperformed the Peer Group, yellow cells (text) indicate a unit that did not have a unit mean score because either the unit was closed or unplanned postoperative/admissions data was not tracked at that time.

Note: Unit level data represent the mean of all responding unit scores.

Magnet Application: The unit mean must outperform the benchmark at least 5 of the last 8 consecutive quarters. If less than 5 quarters exceed the benchmark AND valid explanation has been provided for missing data, then the appraisers will remove the unit from denominator of total units.

Actions for Quality Indicators

- Created 2023 Unit/Clinical Area level goals with targets
  - Developing action plans to maintain or improve based on unit/clinical area results
- Post Quality Stoplight reports on Unit/Clinical Area Huddle Boards
  - Review data at shift huddles
- Multidisciplinary teams addressing findings and creating action plans
- Update Quality Stoplight reports as data are available
- Review reports at Quality and Safety meetings

Questions?