ORGANIZATIONAL OVERVIEW

Exemplary Professional Practice

OOD 23. Nursing-sensitive indicator data related to patient outcomes for a 2-year period. If available, include the levels of statistical significance as compared to the benchmark. Data at the unit level by measure must be submitted on patient falls, nosocomial pressure ulcer incidence and/or prevalence, along with two (2) (same data sets as used in response to EP32EO) of the following:

- Blood stream infections
- Urinary tract infections
- Ventilator-associated pneumonia
- Restraint use
- Pediatric IV infiltrations
- Other specialty-specific nationally benchmarked indicators

Include a graph display of the data that clearly identifies benchmarks. List all external databases used to benchmark your performance. (EP32) Note: By 2012, organizations must provide unit-level data on all applicable indicators listed above.

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6 South outperformed the NDNQI Adult Medical mean 2 out of 8 quarters

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6 South outperformed the NDNQI Adult Medical mean 5 out of 8 quarters

6 South outperformed the NDNQI Adult Medical mean 8 out of 8 quarters

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6 South outperformed the NDNQI Adult Medical mean 6 out of 8 quarters

4 South-west outperformed the NDNQI Adult Step-down mean 0 out of 8 quarters

4 South-west outperformed the NDNQI Adult Step-down mean 7 out of 8 quarters

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MTCU outperformed the NDNQI Adult Critical Care mean 7 out of 8 quarters

MTCU outperformed the NDNQI Adult Critical Care mean 4 out of 8 quarters

MTCU outperformed the NDNQI Adult Critical Care mean 7 out of 8 quarters

MSICU outperformed the NDNQI Adult Critical Care mean 2 out of 8 quarters

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MSICU outperformed the NDNQI Adult Critical Care mean 5 out of 8 quarters.

T2 outperformed the NDNQI Adult Step Down mean 2 out of 8 quarters.

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T2 outperformed the NDNQI Adult Step-down mean 4 out of 8 quarters

T2 outperformed the NDNQI Adult Step-down mean 7 out of 8 quarters

T2 outperformed the NDNQI Adult Step-down mean 6 out of 8 quarters

T2 outperformed the NDNQI Adult Step-down mean 2 out of 8 quarters
CCU outperformed the NDNQI Adult Step-down mean 5 out of 8 quarters

CCU outperformed the NDNQI Adult Critical Care mean 5 out of 8 quarters

CCU outperformed the NDNQI Adult Critical Care mean 6 out of 8 quarters

CCU outperformed the NDNQI Adult Critical Care mean 7 out of 8 quarters

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CCU outperformed the NDNQI Adult Critical Care mean 2 out of 8 quarters

CCU outperformed the NDNQI Adult Critical Care mean 4 out of 8 quarters

OHICU outperformed the NDNQI Adult Critical Care mean 4 out of 8 quarters

OHICU outperformed the NDNQI Adult Critical Care mean 7 out of 8 quarters

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OHICU outperformed the NDNQI Adult Critical Care mean 1 out of 8 quarters

OHICU outperformed the NDNQI Adult Critical Care mean 6 out of 8 quarters

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OHICU outperformed the NDNQI Adult Critical Care mean 7 out of 8 quarters

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TSICU outperformed the NDNQI Adult Surgical mean 4 out of 8 quarters

PEDS outperformed the NDNQI Pediatric Med-Surg mean 8 out of 8 quarters

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ED/ETCU outperformed the JC Core measure mean in 6 out of 8 quarters.

ED/ETCU outperformed the Joint Commission core measure mean 5 out of 8 quarters.
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Preventative Cardiology outperformed the JC Core measure mean for medical management of AMI 6 out of 8 quarters of data.

Diabetes Management outperformed the benchmark 8 out of 8 quarters of data.

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Open Heart Operating Room Team outperforms the JC Core measure mean 3 out of 8 quarters of data.

Non-Invasive Cardiology outperformed the goal of 100% on time start in echocardiography in 1 out of 8 quarters.

Since the implementation of an advanced documentation system called Xcelera, the process for the identification, interpretation, documentation and reporting of Critical Findings in Echocardiography has demonstrated an upward trend.
Labor and Delivery outperformed the mean 6 out of 8 quarters for proper timeouts with epidural placement.

Labor and Delivery outperformed the mean in 8 out of 8 quarters with Oxytocin administration.

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Invasive Cardiology outperformed the JC Core measure mean for mortality of Angioplasty and stent 7 out of 8 quarters of data.

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Tower 4 (maternity) outperformed the JC Core measure mean for 6 out of 6 quarters (Data only began being collected for this indicator in April 2011)

Tower 4 (maternity) met or outperformed the JC Core measure mean for blood stream infections for 6 out of 6 quarters
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% URR >= 65

Dialysis outperforms the ESRD benchmark 8 out of 8 quarters
Data is cumulative for all 4 sites (YH 4East, St. Charles Way and Littlestown/Hanover)

Wound Healing Center Outcomes

Wound Care Center outperforms the national benchmark for wound healing 6 out of 8 quarters

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Cardiac Rehab outperforms the national Dartmouth benchmark 8 out of 8 quarters.

The Women's infusion met or outperformed the benchmark for pain assessment for 8 out of 8 quarters per Joint Commission.

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Outpatient Behavioral Health meets or outperforms the mean 3 out 6 quarters of data for Patient Satisfaction according to NRC Picker
The January score is an outlier as there were only 6 respondents. The outpatient areas are reviewing the specific data and working on specific plans to improve satisfaction. Commitment to coworker is being introduced to all staff in May. In July, a therapy intern is being added to increase the availability of therapy. Office staff has received education about improving the customer service approach with interactions with patients. A pharmacist was added onsite 3 days a week to be available to patients for refills and other medication related issues. Weekly open access appointments have been added for post-hospital patients. Additional nursing time has been made available with the addition of the pharmacist.

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Radiation Oncology met or outperformed the target for Falls documentation 6 out of 8 quarters.

Radiation Oncology met or outperformed the target for Skin integrity in 7 out of 8 quarters of data.

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Pain Center met or outperformed the compliance target for time outs in 8 out of 8 quarters of data per the Joint Commission NPSG target.

The benchmarks used within this document include:
- National Database for Nursing Quality Indicators (NDNQI) (Falls, HAPU, CLABSI, CAUTI, VAP’s, PIV, Medication Error, RN HPPD)
- National Heath Safety Network (NHSN) - CAUTI, VLABSI
- The Joint Commission (TJC); Core Measure Reports, National Patient Safety Goals
- NRC Picker for Patient Satisfaction related indicators
- Dartmouth Quality of Life- for Cardiac rehab MET indicator
- ESRD for Dialysis benchmarks
- Xcelera for Invasive cardiology benchmarks

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