Culture of Safety EP18EO

- Provide eight of the most recent, consecutive quarters of unit- or clinic-level nurse-sensitive, clinical indicator data to demonstrate outperformance of the mean, median, or other measure of central tendency (benchmark provided by the vendor’s national database). Data must be the most recent eight, complete quarters available from the vendor(s). Select and report data for all applicable inpatient care units.

The required patient indicators for all inpatient care organizations include falls with injury, hospital-acquired pressure injuries (HAPI) stage 2 and above, and two others from the list.

- Falls with injury
- Hospital-acquired pressure injury (HAPI) stages 2 and above

Select two others:
- Central line-associated bloodstream infection (CLABSI)
- Catheter-associated urinary tract infection (CAUTI)
- Clostridium difficile (C-Diff)
- Methicillin-resistant Staphylococcus Aureus (MRSA)
- Venous Thromboembolism (VTE)
- Peripheral Intravenous Infiltrations (PIV)
- Physical and sexual assaults
- Device-related hospital-acquired pressure injury (HAPI)

RECOMMENDATION: If available, use vendor-provided graphs for nurse satisfaction. Graphs must meet Magnet specifications.

Data Presentation Requirements:

- Display each unit or clinic using guidance provided on page 53 of the 2019 ANCC Magnet® Application Manual
- You must provide the most recent full eight quarters of data for all four indicators.
- Nurse sensitive clinical indicators

Level of Data
- Unit-or clinic-level data. If data are not available at the unit or clinic level, present at the next aggregated level if available from the vendor (e.g. clinic groups).
- Explain units or clinics within aggregated data
- Explain any units not included.

Benchmark statistic.
Use of mean, median or other measure of central tendency provided by the vendor’s national database benchmark.

Comparison Group or Cohort
- Use of an appropriate comparison group may change between units or clinics.
- Comparison group label must be depicted on table and graph.

Graph presentation/
- Single unit or clinic presentation
- A different mean or median may be used for each graph.
- Up to four units or clinics may be presented on one graph
- If the two or more units are displayed on one graph, all units must have the same comparison benchmark and cohort.

**Example a: Falls with Injury**
WakeMed Health & Hospitals submits Falls with Injury data to the National Database of Nursing Quality Indicators (NDNQI). The data is compared to the mean of hospitals in the database designated as teaching hospitals.

For all indicators, beginning with Q4 2018: 2W CVIC and 2W Stepdown combined with Stepdown to form the new 2W Interm Care. 2W Interm Care did not exist prior to October 2018; Cary L&D, North L&D, and Raleigh L&D are not eligible for this metric by NDNQI.

(Evidence EP18EOa-1 Falls with Injury)
<p>|     | 6A          | 6B          | 3E          | 5A          | Acute Neuro | 6C          | 5C          | 6B          | PICU        | 2C Rehab    | 2D Rehab    | 3C Rehab    | 4E Pediatrics | 5B          | 4C          | Neonatal ICU | Stepdown    | 2W CVIC     | 2 East Med   | 3W M/S      | Cary SCN    | Cary ICU    | 2WIC        | Mother/Baby |
|-----|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|-------------|-------------|--------------|-------------|-------------|--------------|-------------|-------------|------------|-------------|</p>
<table>
<thead>
<tr>
<th></th>
<th>Cary L&amp;D</th>
<th>North L&amp;D</th>
<th>Raleigh L&amp;D</th>
<th>Number of Units Outperforming Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cary 4W North</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
<td>7/8</td>
</tr>
<tr>
<td>North Special</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
<td>8/8</td>
</tr>
<tr>
<td>Cary Nursery</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
<td>7/8</td>
</tr>
<tr>
<td>Mother/Baby North</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
<td></td>
</tr>
</tbody>
</table>

Key: NE = No data, Unit not eligible to report data per NDNQI  
ND = No data- units combined to form a new unit.  
NC = No data- unit closed  
NS = No data, not submitted but unit eligible to report  
NL = No data, n too low