Putting Nursing on the Map with Nurse Sensitive Outcomes

Vicki Lejambe – Advanced Practice Consultant
Helene Lacroix – Nursing Practice Officer
Donna Spevakow – VP Professional Practice

CARE TO BE AMAZED

Who is SEHC?

1908 - Toronto

1928 - Peel

1988 - Durham

1994 - York

1995 - Ottawa

1997
•**Niagara**
•**Simcoe**

1998
• **London & Middlesex**
• **Windsor & Essex**
• **Hamilton**

1999
•**Huron**
•**Thunder Bay**
•**Northumberland & City of Kawartha Lakes**
•**Eastern Counties**
•**Oxford**

2000 - Haldimand

2002 - Wellington & Dufferin

2004
•**Kingston, Frontenac, Lennox and Addington**
•**Lanark, Leeds and Grenville**
•**Halton**

3.2 million units of service annually
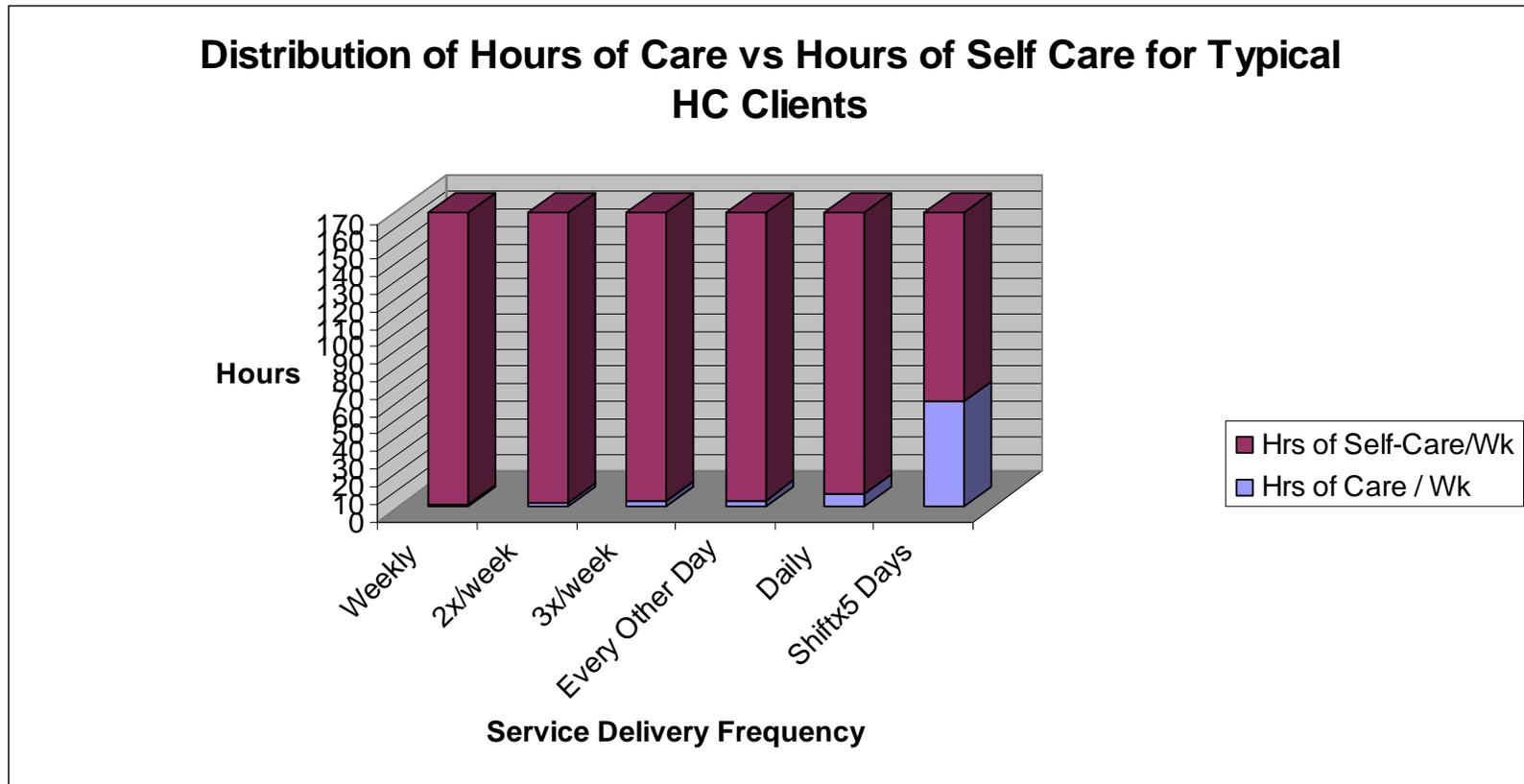150,000 clients and families served
3900 employees

Our Vision

Saint Elizabeth Health Care will be a phenomenal *knowledge* and *care exchange* company.

CHN: A Unique Application for Nursing Sensitive Outcomes

Based on partnership with Client:

- Empowering clients to care for themselves

Distribution of Hours of Care vs Hours of Self Care for Typical HC Clients

Legend:
- Hrs of Self-Care/Wk
- Hrs of Care / Wk

Y-axis: Hours (0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120, 130, 140, 150, 160, 170)

X-axis (Service Delivery Frequency): Weekly, 2x/week, 3x/week, Every Other Day, Daily, Shiftx5 Days

Did you know?

- Nursing is the single largest group of health care providers in Canada yet there was no evidence to support their contribution to client care until recently

- Little information is captured or reflected on any permanent health information database

- As provincial and national clinical databases are developed, the work of nursing will continue to be under represented until we collect measures

Canadian Nurses Association, 2002

Healthy Outcomes Better Information & Care

- "With increasing demand for professional and financial accountability, nurses are being challenged to demonstrate their contribution to the health care system through evidence that the care they provide is high quality"

  Spilsbury & Myer, 2001 as cited in Doran, et. al. 2006b, p62.

Background:
Why Nursing Sensitive Outcomes?

- Recommendations for an improved method for funding nursing services that is based on performance standards that promote outcomes in response to the needs of consumers

- Nursing Sensitive Outcome Project established in September 1999 in response to these recommendations

- Healthy Outcomes Better Information & Care Project (HOBIC)

HOBIC

- An assessment tool for nurses, used to:
  - Standardize collection of health outcomes reflective of nursing care across all settings
  - Provide high-quality information to improve the quality of care.
  - Assess clients on admission and discharge.
- Makes nursing contribution visible at a system level
- Will be expanded to occupational therapists, pharmacists and physiotherapists in the near future

What is the Purpose/Goals?

- Improving the quality of care using standardized assessments

- Ensure a better understanding of client's needs

- Achieve better outcomes

- Improve nurse-client relationships

- Overall client safety

HOBIC Measures

- Functional Status- ADL, IADL

- Symptom management- pain, nausea, fatigue, dyspnea

- Safety outcomes: patient falls, pressure ulcers
- Therapeutic Self-care – readiness for discharge

Benefits of Collecting Outcomes

- Understanding best practices / cause & effect
- Improving client care
- Improving communication between nurses
- Facilitating seamless transitions
- Allowing leaders to make decisions regarding staffing and educational needs
- Health planning, resource allocation and research

Our Approach: Data Collection

Assessment Type: A = Admission (once) F = Follow-up (monthly) D = Discharge (once)

ADL Self-Performance – last 3 days

Date / Type (A, F, D)					0 — independent (assist x 1-2 episodes)
Mobility in Bed					1 - set-up help only (3+)
Transfer					2 – supervision
Locomotion in Home					3 - limited assistance
Locomotion outside of home					4 - extensive assistance
Dressing upper body					5 - maximal assistance
Dressing lower body					6 - total dependence
Eating					8 — activity did not occur (regardless of ability)
Toilet use					
Personal Hygiene					* for bathing code most dependent episode in last 7 days.
Bathing (last 7 days)					

IADL Self-Performance – last 7 days

Meal Preparation					0 — independent
Ordinary Housework					1 - some help
Managing Finances					2- full help (all the time)
Managing Medications					3 - by others
Phone Use					8 — activity did not occur (regardless of ability)
Shopping					
Transportation					

Symptoms To be assessed for last 3 days except continence (7 days)

Bladder Continence (last 7 days)					0 – continent 4 — incont (daily) 1- cont with catheter 5 - frequently incont 2 - usually continent (multiple/d) 3 - occasionally incont (2x/d) 8 — did not occur (no urine out)
Pain Frequency					0 - no pain 2 - daily 1 - < daily 3 - > daily
Pain Quality (intensity)					0 - no pain 2 — mod 4 - excruciating 1 - mild 3 - severe
Fatigue					0 - none 2 — mod 4 — no function 1 - mild 3 - severe
Dyspnea					0 — none 1 — Absent at rest, present with moderate activity 2 — Absent at rest, present with normal activity

Our Plan

- Use assessment on admission, monthly and on discharge
- All adult clients
- No children or client with dementia
- Trial the distinct form, paper format
- 3 hour on-site education + weekly meetings
- 2 initial sites:
  - Visiting nursing
  - Clinic

Outcomes: Data from One Site

Site	Community Clinic
Sample Size	64
▪Total # Clients with both assessments completed	45
▪Total # Clients with only admission assessments	19

HOBIC Measure: ADLs Scale

Measure	A1	A2	A1 only
Mobility in Bed	0.159091	0.159091	0.15
Transfer	0.159091	0.159091	0.15
Locomotion in Home	0.159091	0.159091	0.15
Locomotion outside of home	0.181818	0.181818	0.25
Dressing upper body	0.181818	0.136364	0.15
Dressing lower body	0.227273	0.204545	0.15
Eating	0.068182	0.068182	0.05
Toilet use	0.159091	0.159091	0.05
Personal Hygiene	0.181818	0.159091	0.15
Bathing	0.25	0.227273	0.55

HOBIC Measure: IADLs

Measure	A1	A2	A1 only
Meal Preparation	0.162162	0.131579	0.842105
Ordinary Housework	0.378378	0.157895	1.263158
Managing Finances	0.071429	0.069767	0.222222
Managing Medications	0.095238	0.093023	0.157895
Phone Use	0.073171	0.069767	0.052632
Shopping	0.317073	0.142857	0.631579
Transportation	0.162791	0.255814	0.578947

HOBIC Measure: Continence

Measure	A1	A2	A1 only
Bladder Continence	0.159091	0.159091	0

Continence Scale
0 – continent
1- cont with catheter
2 - usually continent
3 - occasionally incontinent (2x/d)
4 – incontinent (daily)
5 - frequently incontinent (multiple/d)
8 – did not occur (no urine out)

HOBIC Measure: Pain

Measure	A1	A2	A1 only
Pain Frequency	1.090909	0.404762	0.15
Pain Quality (intensity)	1.181818	0.380952	0.15

Pain Frequency Scale
0 - no pain
1 - < daily
2 - daily
3 - > daily

Pain Intensity Scale
0 - no pain
1 - mild
2 – moderate
3 - severe
4 - excruciating

HOBIC Measure: Symptoms

Measure	A1	A2	A1 only
Fatigue	0.5	0.302326	0.789474
Dyspnea	0.045455	0.045455	0.25
Nausea	0.045455	0	0.1

Fatigue Scale
0 - none
1 - mild
2 – mod
3 – severe
4 – no function

Dyspnea Scale
0 – none
1 – Absent at rest, present with moderate activity
2 – Absent at rest, present with normal activity
3 – Present at rest

Nausea Scale
0 – none
1 - mild
2 – mod
3 – severe
4 – incapacitating

HOBIC Measure: Safety

Measure	A1	A2	A1 only
Falls	0.068182	0	0.61111
Pressure Ulcers	0.090909	0.090909	0.263158

Falls Scale
0-9   (maximum 9)

Pressure Ulcer Scale
0 - none
0-4 with number corresponding to stage eg 1= stage 1

HOBIC Measure: Therapeutic Self Care

Therapeutic Self Care Scale (VAS)
0=not at all
5=very much so

Measure	A1	A2	A1 only
Do you know what medications you have to take?	4.880952	4.902439	4.15
Do you understand the purpose of the medications prescribed to you / do you know what the medications do for your health condition?	4.928571	4.926829	4.2
Do you take the medications prescribed?	4.904762	4.926829	4.647059
Can you recognize changes in your body (symptoms) that are related to your illness or health condition?	4.818182	4.813953	4.6
Do you know what to do (things or activities) to control these changes in your body (symptoms)?	4.840909	4.860465	4.45
Do you do things or activities to look after yourself and to maintain your health in general?	4.767442	4.813953	4.5
Do you know whom to contact to get help in carrying our your daily activities?	4.863636	4.883721	4.5
Do you perform your regular activities (such as bathing, shopping, preparing meals, visiting friends)?	4.840909	4.860465	4.555556
Do you adjust your regular activities when you experience body changes (symptoms) related to your illness or health condition?	4.863636	4.883721	4.55

Evaluation: Nurses Initial Comments

- "I realize there are many things we do and do not capture in our documentation [therapeutic self-care]"
- "We don't provide ADLs"
- Clinic environment was not appropriate to collect this data – confidentiality, resources, supports
  - See as invasive
- "Most of our clients HOBIC numbers do not change from admission to discharge…."
- "It was difficult to see improvements when the expected outcome was decline such as with palliative care…"

Lessons Learned

- Time and resources
- Leadership at all levels
- Other project used different scale to measure symptoms
- Difficult to interpret with some populations:
  - Palliative care
- Clinic environment
  - Nurses focused on hands on tasks
  - Lack of privacy
  - Workload

Enhancements to Improve Care

- Link interventions to each outcome measure
- Nurses need access to best practice resources
- Integrate it into existing documentation
- Begin discussions with staff early
- Provide leadership the language to discuss with staff eg. scripts, list of questions

Pilot in Windsor

- Education

| #1: Understanding + Buy-in | → | #2: Assessment + Documentation |

- Tools
- Electronic data capture
  - Reports
- Timing
  - Linked to embedded into the process of documentation

Knowledge Creation

- What do the data sets look like in Home Health Care?
- Moving to improvement, we have many questions:
  - How do you manage the uncontrolled environments?
  - Are interventions more about influence than doing?
  - How do you maximize influence for decision making with Clients?

Nursing Engagement

- How do we create 'ah ha' moments – to recognize the inherent value in each of the components of the HOBIC measures

- Concept of the 'expert nurse'

- How the data from HOBIC is being used
  - For improvement in outcomes for the client
  - For client engagement in his/her own care for good results
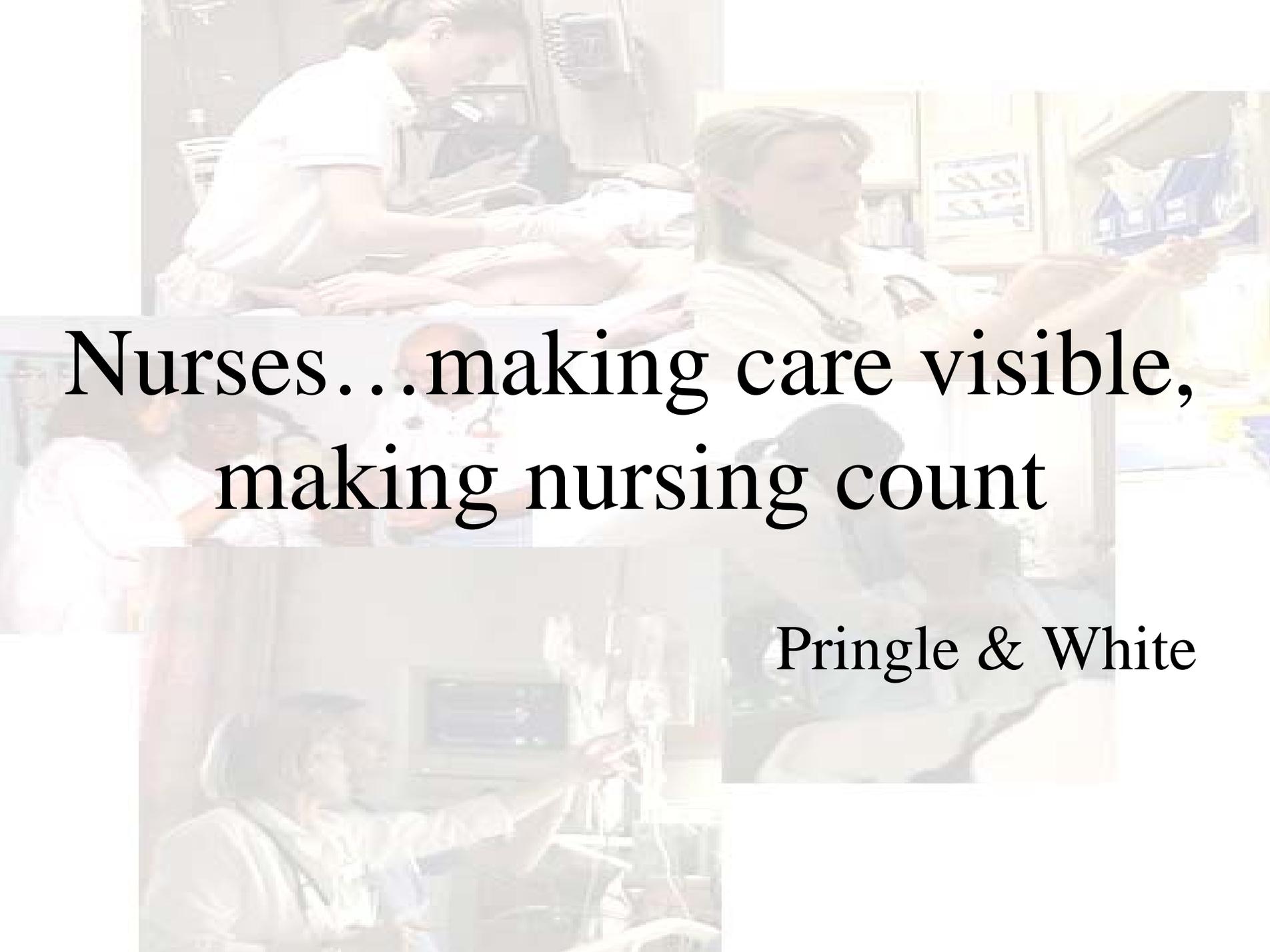
Nurses…making care visible, making nursing count

Pringle & White

Questions

vlejambe@saintelizabeth.com