

Using Data to Drive Decision Making through a Shared Governance



Lisa Sincavage RN, BSN, MHA, CRRN Elaine Flynn, RN, MSN, CRRN
MossRehab/Einstein Healthcare Network, Elkins Park, PA



Abstract

The complex requirements for acute inpatient physical rehabilitation healthcare stay leave little margin for error. Nursing Leadership in these care settings across the country vigilantly monitor program/unit benchmarks to ensure delivery of quality, accessible, and cost-effective services. This presentation will review how a 197-bed acute inpatient rehabilitation facility utilizes targeted data as a road map to achieving quality outcomes through a Shared Governance model. Target-setting is a strategic process our leadership team uses to establish annual performance goals. The targets focus on patient satisfaction, patient safety and nurse engagement. Our nursing leadership embraces the commitment to shared governance decision-making model. This is implemented through the Rehabilitation Nursing cluster (RNC). RNC consist of nursing representative from each of our inpatient locations. Each nursing unit has a unit-based council that reports to the RNC. This process supports shared decision making at the grass root level. The targeted outcome data is reviewed; action plans identified and processes implemented to improve practice. We believe that by using target driven data through our Rehabilitation Nursing Cluster we promote professional growth, shared decision making and use of evidenced-based research.

Who is the Rehab Nurse Council (RNC)

- ❖ Staff nurses from all 9 rehab units (Brain injury, stroke unit, spinal cord unit, Comprehensive Rehab units – 5 satellite sites)
- ❖ Staff RN's
- ❖ Certified Nursing Assistants
- ❖ Nurse Manager
- ❖ Nurse Educator

RNC Monthly Agenda

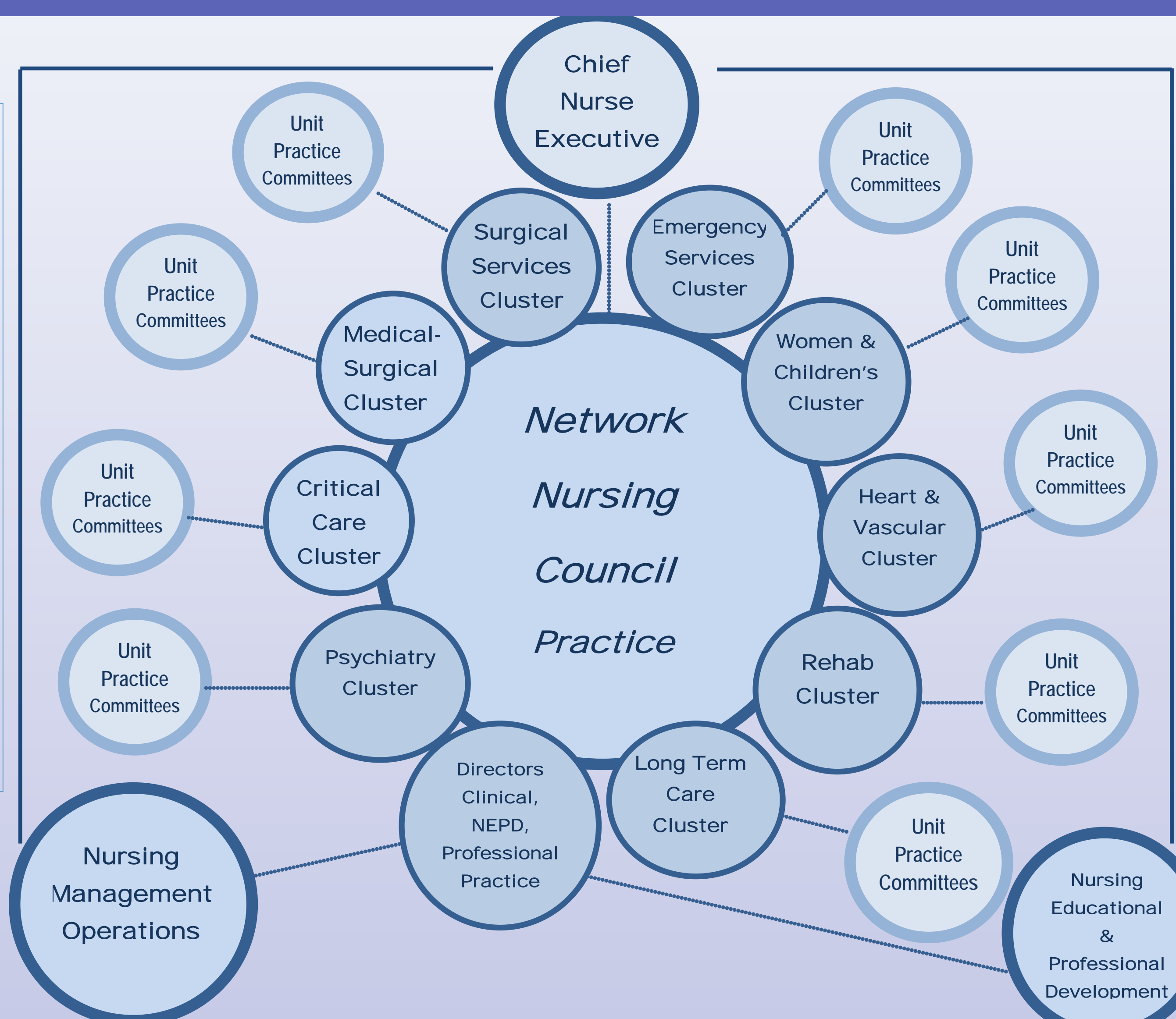
- Caring Story
- Unit Practice Updates
- Education/Competencies
- DON Update
- Infection Control Update
- PUP Update
- Audits/Reports
- New Business- Strategic Plan
- Journal Club

REHAB NURSING CLUSTER-2014



Shared Governance Model

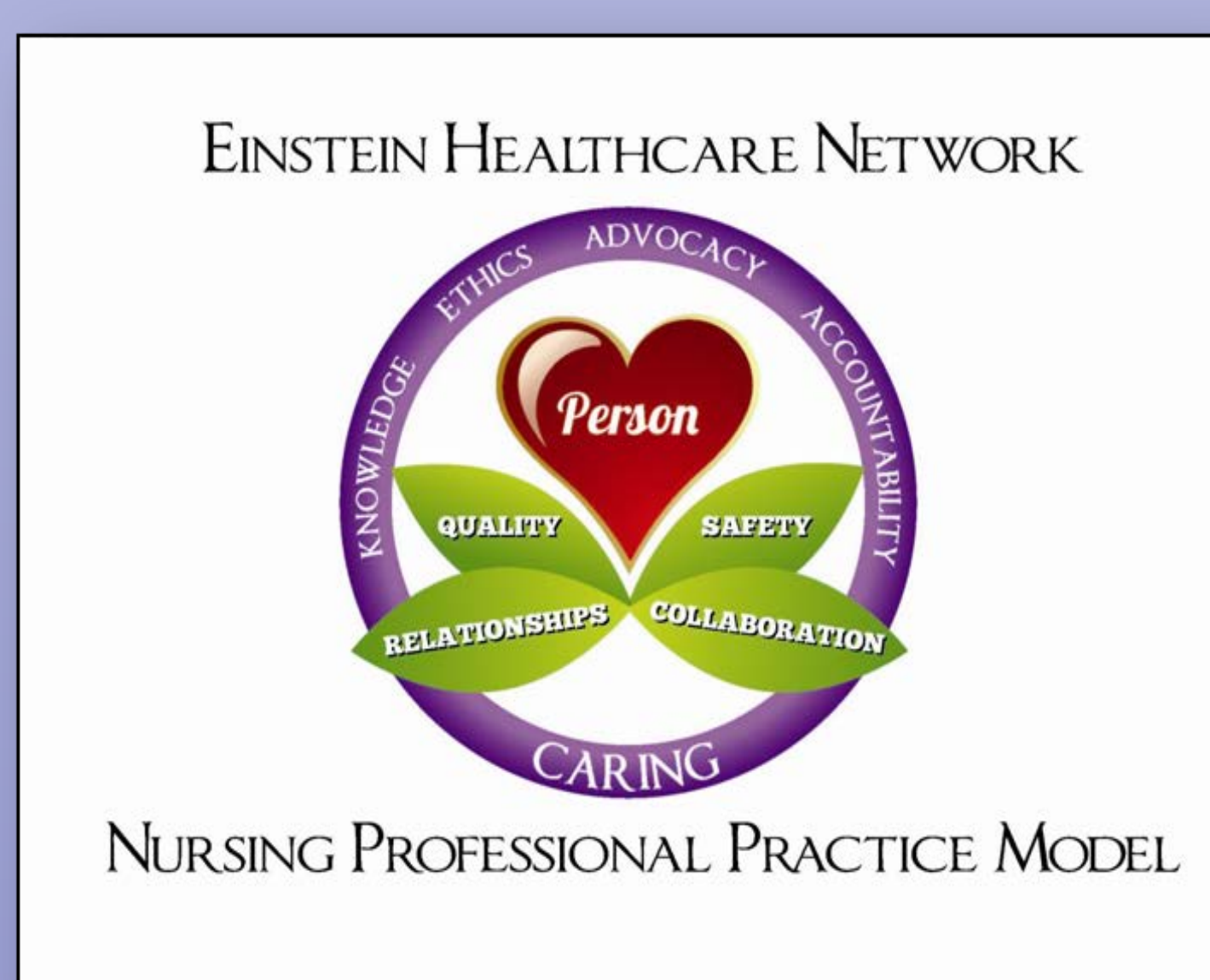
- ❖ **Unit Practice Committee (UPC)** staff members from each unit
- ❖ **Specialty Cluster** each cluster represents each specialty UPC, NEPD & Management
- ❖ **Network Nursing Council** 18 nurses -2 from each specialty cluster, Director of education, clinical and professional practice and Nursing career specialist
- ❖ **Nursing committees** designated by and reporting into Network Nursing Council- Policy & Procedure, Professional Recognition, Nursing Research, Magnet Champions



Quality Reports

- ❖ Skin-HAPU
- ❖ Falls
- ❖ Restraints
- ❖ Infection Prevention-Hospital-associated Infections (CAUTI, CLABSI, C-diff) Device Utilization & Hand Hygiene
- ❖ Pain Documentation
- ❖ ADL Documentation
- ❖ Functional Outcomes (eRehab)

	DATES ->	
Location		
Stage – list individually		
Description &/or wound bed		
Surrounding skin		
Measurements		
Drainage type		
Drainage amt		
Wound cleansing		
Wound dressing		
Location		
Stage – list individually		
Description &/or wound bed		
Surrounding skin		
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Jean Watson's Theory of Human Caring serves as the foundation of our nursing practice and research, encircling and infusing all we do.

Guiding Principles

- ❖ Review the goals and objectives of the Rehab Service Line of Nursing annually
- ❖ Review and approve clinical based policies and procedures for Rehabilitation Nursing setting, reflecting clinical evidence-based research
- ❖ Assess the need for and implementation of projects that will enhance the functioning and professional growth of the Nursing Department
- ❖ Serve as a forum for the monthly review of the status and progress of the Network, Hospital, and Nursing Department, as presented by the Director of Rehabilitation Nursing Services
- ❖ Serve as a forum for the monthly review of unit-based activities, as presented by a professional nurse representative from each rehab unit
- ❖ Determines the education process for assuring clinical competency as defined by the approved standard of care, in collaboration with the Rehab Clinical Educator
- ❖ Defines and prioritized immediate and long-term continuing education needs of the nursing staff
- ❖ Integrates Watson's Theory of Human Caring into Rehab Nursing practices, education planning, quality improvement activities, including monthly centering activities, caring reflections and stories

Quality Initiative: Pressure Ulcer Prevention

- ❖ NDNQI training module as competency
- ❖ Development of unit based skin champions
- ❖ Purposeful hourly rounding for pain, positioning, toileting
- ❖ Nurse driven skin protocols
- ❖ Formal weekly interdisciplinary skin rounds
- ❖ Weekly audits of skins documentation
- ❖ Follow-up education of staff by skin champion

Moss Aria Bucks: Quality Dashboard

Indicator	YTD Rate
Restraint Prevalence YTD	0.00%
HA Pressure Ulcer Prevalence YTD	0.00%
UA Pressure Ulcer Prevalence YTD	0.00%
Falls Rate/1000 Patient Days	2.01
Falls w Injury Rate/1000 Patient Days	0.00
CAUTI Rate/1000 Cath Days	0.00
BSI Rate/1000 Central Line Days YTD	0.00

Moss Aria Bucks: Outcome

Moss Rehab @ Aria Bucks had zero HAPU for FY 2014, as measured against NDNQI established thresholds.