Leading the Journey to Nursing Excellence
NJ Council of Magnet Organizations
07.13.2018

Mary Jo Assi, DNP, RN, NEA-BC, FNP-BC, FAAN
SVP, Clinical Excellence Solutions and Associate Chief Nursing Officer

The Work of Magnet Program Leaders

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A Transformational Journey

Nursing: A Critical Link

A healthy, supportive nurse work environment is essential for delivering safe, high quality care

Nurses make up the largest segment in the health care workforce.

Nurses have more contact with patients than any other caregiver

An extensive body of literature demonstrates positive relationships among work environments, patient outcomes and nurse outcomes

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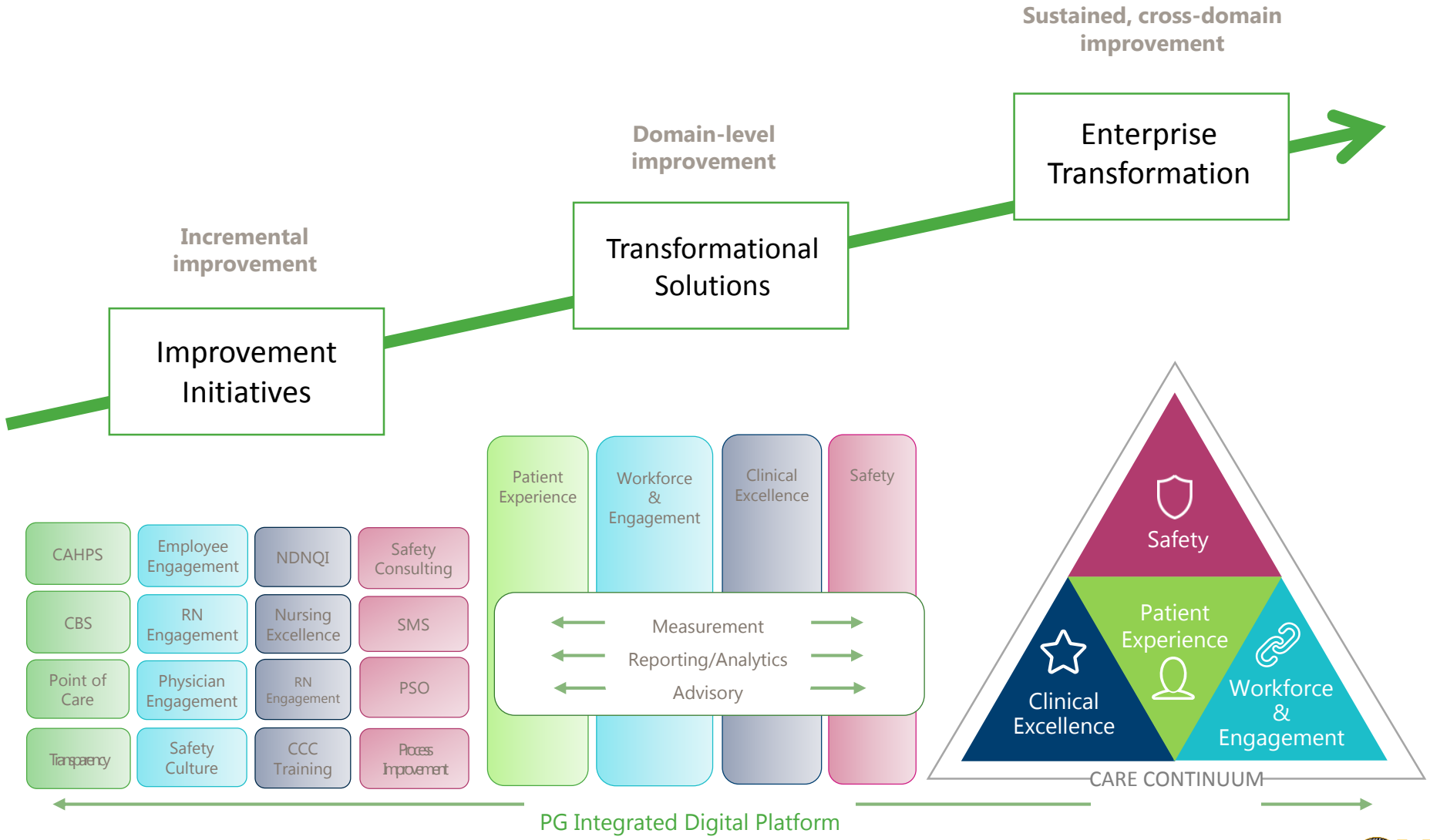
Advancing the Industry Toward **Transformational Solutions**



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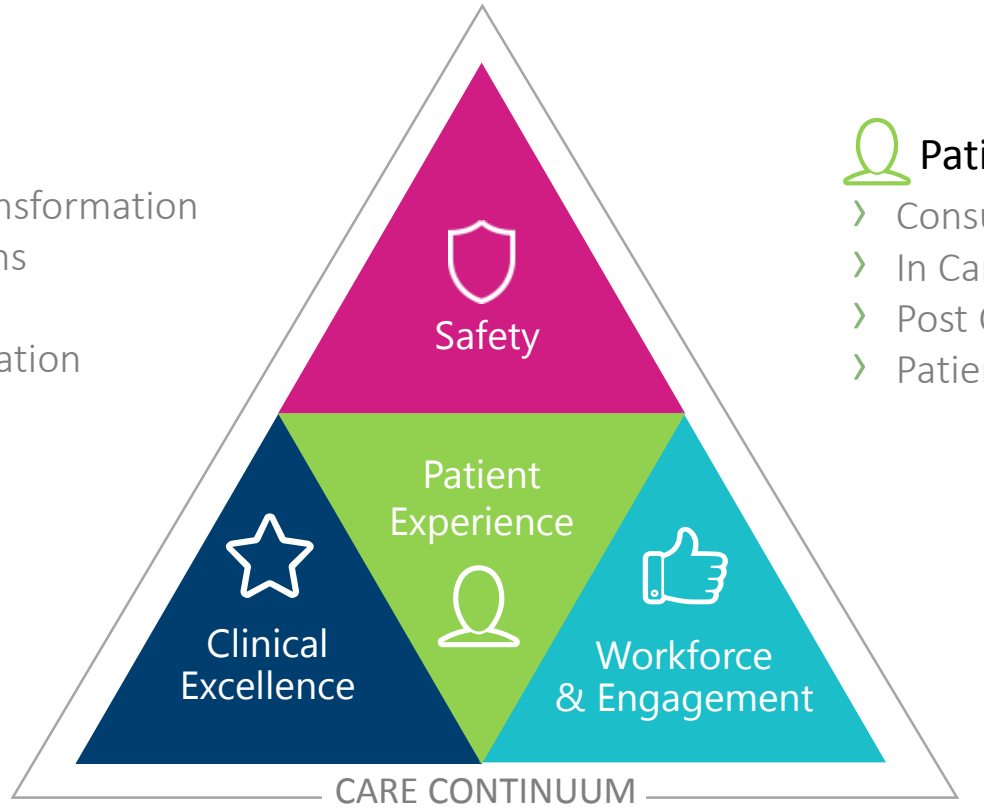
VCU Health
VCU Health System

Integrated Solutions Across Domains

Safety
- High Reliability Culture Transformation
- Drive Targeted Interventions
- Collect & Benchmark Data
- PSO Learning and Collaboration

Clinical Excellence
- Nurse Engagement
- Magnet/ Nursing Excellence
- Best practices Enablement
- Compassionate Connected Care™
- Nursing Excellence Consulting



Patient Experience
- Consumer Insights
- In Care/Experience Optimization
- Post Care Experience Assessment
- Patient Experience Consulting

Workforce & Engagement
- One Ask Measurement
- Action Planning
- Leadership Development & Coaching

PG Integrated Digital Platform

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Convergence of Safety, Quality, Engagement and PX

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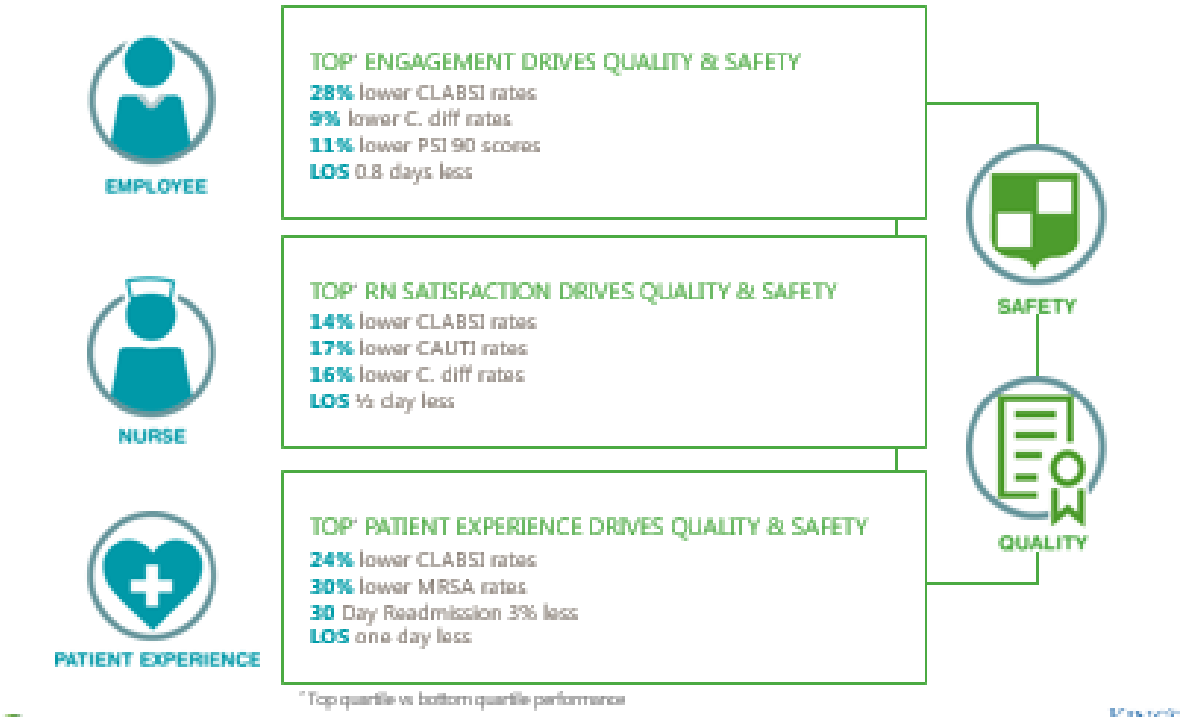
Understand and Act on the Intersections



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Enable Clinical Excellence at the Bedside

☆ | Clinical Excellence

Retain Top Talent. Improve Clinical and Operational Performance

Nurse Engagement
- Integrated RN Survey
- Pulse “check up” surveys
- Resilience solution

Compassionate Connected Care™
- Self-service best-practice resources
- Nurse Manager Training Center
- Self-paced web-based training
- Resilience solution

nPGO Digital Platform
- NDNQI nursing measures
- Magnet Reporting
- Enterprise Heat Map
- Cross-domain analytics

Nursing Excellence Consulting
- Diagnostic assessment of structure and process elements
- Improvement opportunities and strategies recommendation
- Implementation assistance and follow up visit

Best Practices Enablement
- Evidence based bedside practice
- Bedside service recovery
- Multi-level Rounding model

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The Data

NDNQI: 20 Years and Still Going Strong!

NDNQI
A Press Ganey Solution

CELEBRATING 20 years

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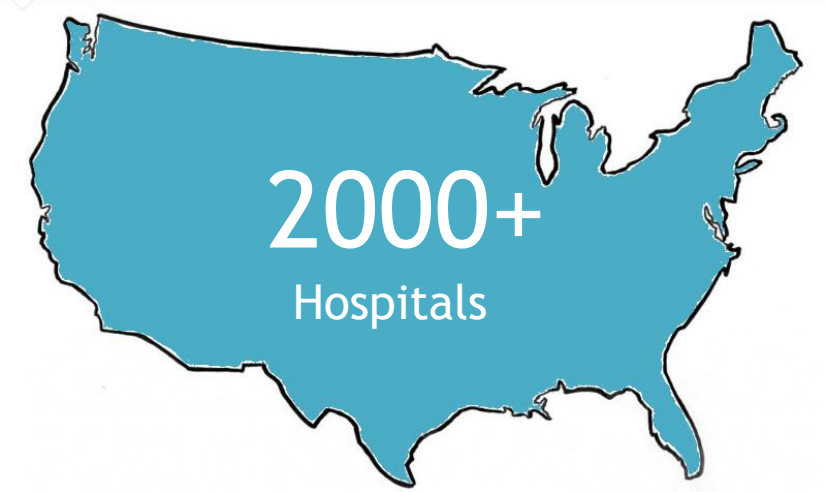
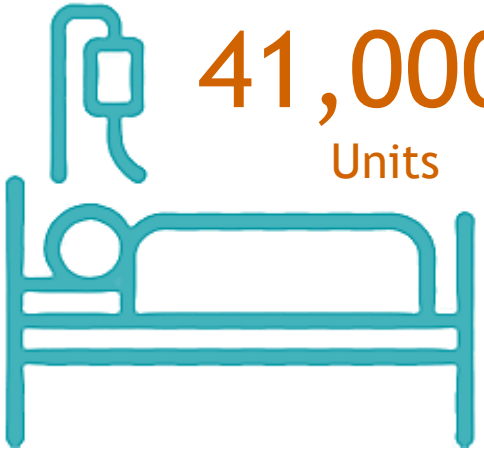
NDNQI® – Built for Research





41,000+
Units

≈800+ Hospitals

≈275,000 Respondents

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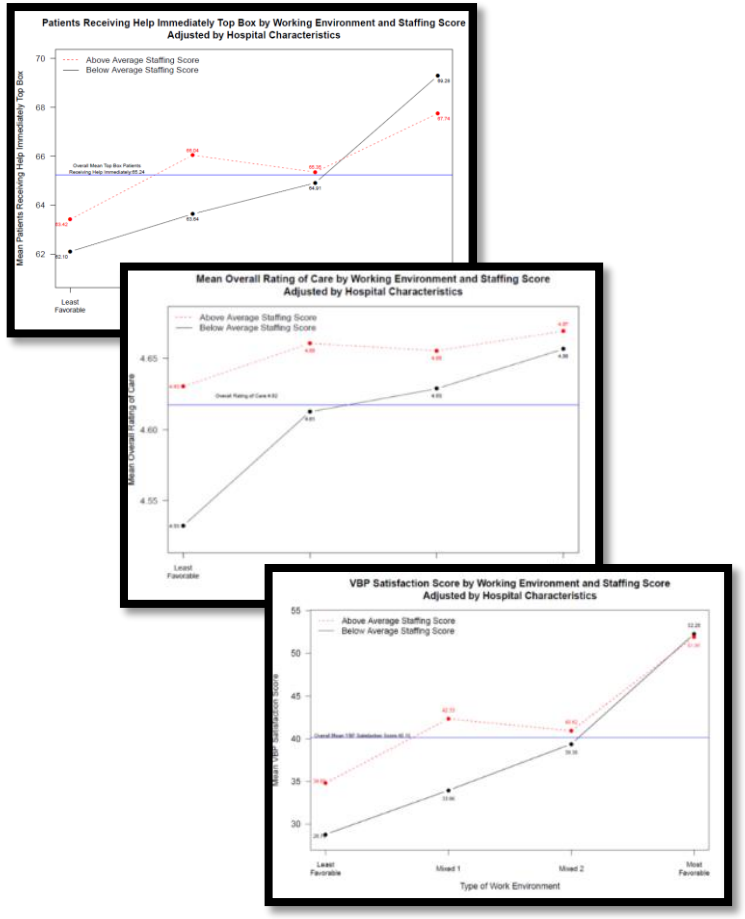
Achieve Excellence by Linking Nurse Data: Nursing Work Environment

- HCAHPS scores across all domains respond favorably to better nursing work environments.
- Quality-of-care ratings are higher for each successive quartile of nursing work environment.
- Performance on VBP patient experience scores increased with improving work environments.
- Higher-quality nurse work environments enhance patient and nurse perceptions of care quality.



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State of Nursing White Papers

NURSING SPECIAL REPORT

Nursing Special Report

The Influence of Nurse Work Environment on Patient, Payment and Nurse Outcomes in Acute Care Settings

New cross-domain analyses suggest that the work environment of nurses can have as much or greater impact than staffing on many safety, quality, experience and value measures.

Introduction

Effective nursing practice is essential to the delivery of high-value car
inpatient acute-care settings. Because the quality of nursing practice i
by multiple internal and external factors, hospitals seeking to improv
effectiveness and efficiency of nursing care in an era characterized by
networks, transparency of performance and the rise of consumerism
understanding and responding to these influences a strategic imperat

Nurse staffing—frequently the single biggest line item in health system
tends to dominate discussions about the relationship between nursing a
performance measures (KPMs). Findings of new integrated analyses of
multiple performance domains indicate that although aspects of nurse s
such as hours of care and skill mix definitely influence outcomes, the ov
environment of nurses has a much larger influence across most measure

This report presents the state of the science examining the impac
work environment has on the safety, quality and patient experien
including the findings of new cross-domain analyses showing:

- The work environment of nurses can have a greater impact t
staffing on many safety, quality, experience and value measu
- Hospital Consumer Assessment of Healthcare Providers and Syst
(HCAHPS) scores across all patient experience domains respond
better nursing work environments, regardless of staffing composi
- Performance on Value-Based Purchasing (VBP) patient expe
scores increases with improving work environments.
- Higher-quality nurse work environments enhance patient a
perceptions of care quality.

These data provide actionable insights to help health system leade
managers and front-line caregivers understand the relationship bet
nurse work environment and key performance measures; identify
which nurse work environment has the greatest impact on patient,
performance and nurse outcomes; and prioritize improvement op

PRESS G

2017 Press Ganey Nursing Special Report

The Influence of Nurse Manager Leadership on Patient and Nurse Outcomes and the Mediating Effects of the Nurse Work Environment

Nurse managers exert substantial influence on the work environment of nurses at the bedside, and, ultimately, on performance across measures of safety, quality, patient experience, and nurse engagement.

Executive Summary

As hospitals and health systems reshape care delivery models to better meet the needs of the patients they serve, health care leaders are challenged to create work environments that promote organizational goals of patient-centered care and to cultivate engagement in the efforts required to achieve it.

A healthy, supportive nurse work environment, in particular, is essential for delivering safe, high-quality care in today's complex and constantly changing health care ecosystem. Nurses make up the largest segment of the health care workforce and they have more contact with patients than other caregivers, making them a major driver of safety, quality and experience outcomes. Further, an extensive body of literature demonstrates positive relationships among work environments, patient outcomes and nurse outcomes.

While the establishment of a supportive nurse work environment requires strong nursing leadership at all levels of the organization, nurse managers at the unit level exert substantial influence on the work environment of nurses at the bedside, and, ultimately, on performance across measures of safety, quality and patient experience, as well as indicators of nurse engagement, such as nurse job satisfaction and retention.

This report looks at the relationship between nurse manager ratings and patient and nurse outcomes and on bedside nurses' assessment of their work environment; the mediating effects of specific aspects of work environment on patient and nurse outcomes; the degree to which these effects vary by unit type; and best practices of nurse managers from high-performing organizations.

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NURSING SPECIAL REPORT

2016 Nursing Special Report

The Role of Workplace Safety and Surveillance Capacity in Driving Nurse and Patient Outcomes

New data highlight the strategic importance of nurturing a work environment in which nurses feel their physical and emotional safety is an organizational priority.

Executive Summary

The nurse work environment has been identified as a powerful driver of many of the safety, quality and experience outcomes that hospitals and health systems must optimize in order to be competitive in today's consumer-driven, value-based health care marketplace.[1] Because the work environment is a multidimensional construct, it must be examined from various angles to understand the specific factors, attributes and processes that exert the strongest influence on performance across outcomes.

This report looks at the impact of the nurse work environment on nurse, patient and pay-for-performance outcomes through two distinct lenses—nurse perception of workplace safety and nurse perception of surveillance capacity, using composite measures that represent attributes of both.

The results demonstrate the strategic importance of creating a work environment in which nurses feel their physical and emotional safety is an organizational priority and that their work units are sufficiently resourced to allow them to effectively monitor, evaluate and act upon emerging indicators of a patient's change in status (nurse surveillance).

Integrated, cross-domain analyses revealed that nurse workplace safety and surveillance capacity were significantly associated with performance on nurse, patient, patient experience and pay-for-performance outcomes, and that workplace safety was the stronger of the two drivers across most outcomes. Following are some of the largest differences.

- Compared to organizations in the bottom quartile of RN workplace safety, those in the top quartile had approximately
  - 52% lower rate of RN-perceived missed care
  - 27% higher rate of job enjoyment
  - 22% higher CMS Overall Hospital Quality Star Rating
  - 3% higher average Likelihood to Recommend scores

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2015: Staffing and Work Environment

		Total Staffing HPPD	Intent to Remain	Status of Nursing
RN Perception				
	Job Satisfaction	.370**	.784**	.763**
	Quality in General	.354**	.682**	.779**
Patient Experience				
	Rate Hospital 0-10	.261**	.330**	.678**
	Nurses Listen	.190**	.342**	.634**
	Prompt Response	.199**	.392**	.609**
Patient Outcomes				
	Unassisted Falls	-.202**	-.248**	-.558**
	CLABSI	-.168**	-.142**	-.383**
	HAPU II	-.189**	-.202**	-.500**

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Findings

Work environment trumps staffing

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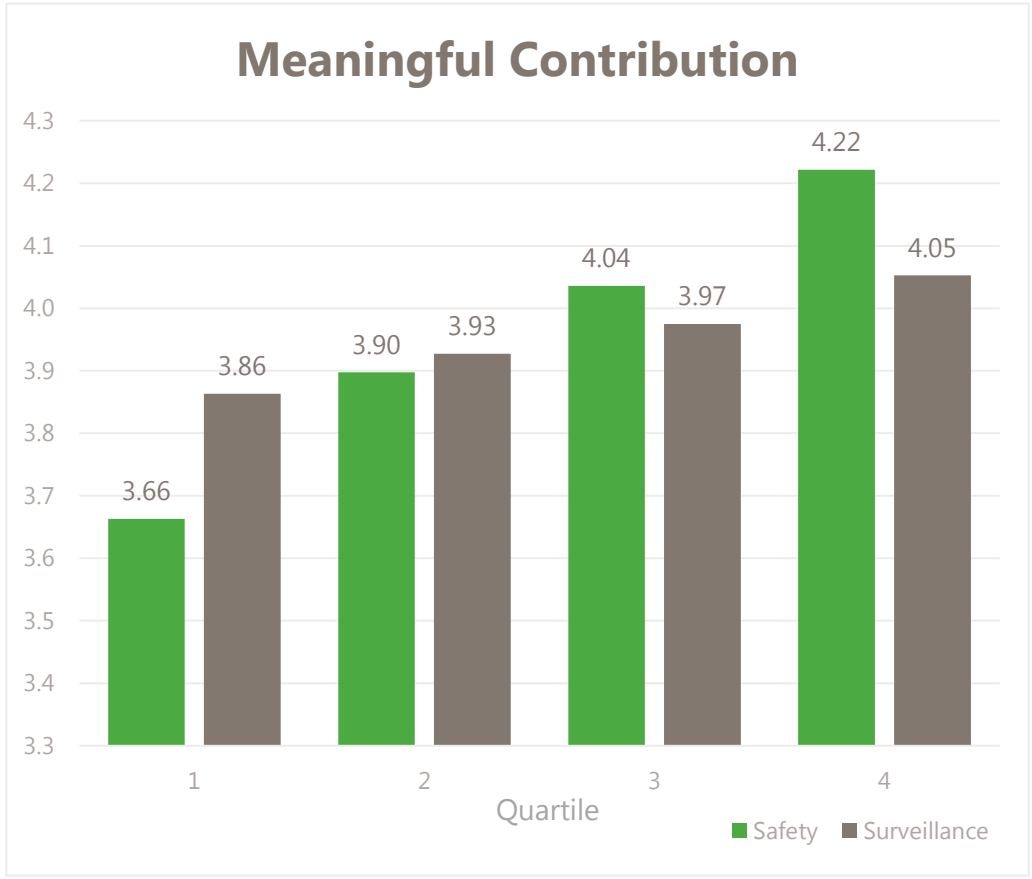
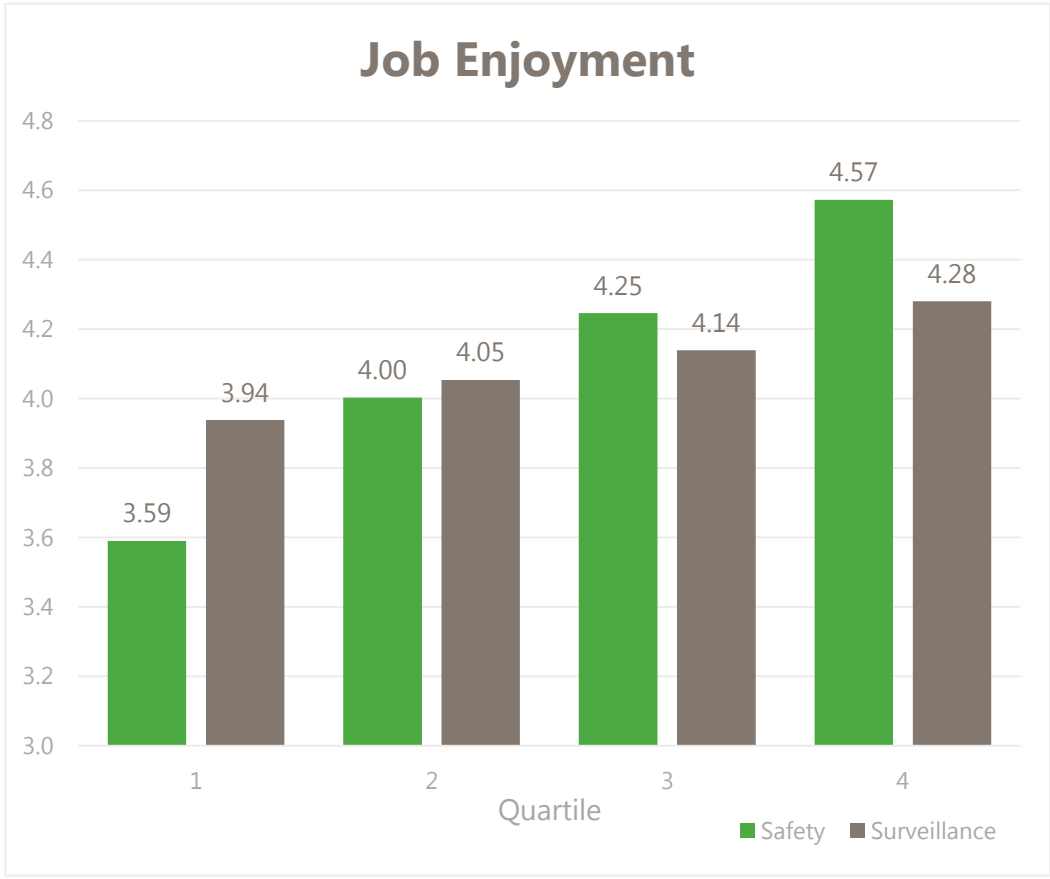
2016: Safety and Surveillance RN Outcomes





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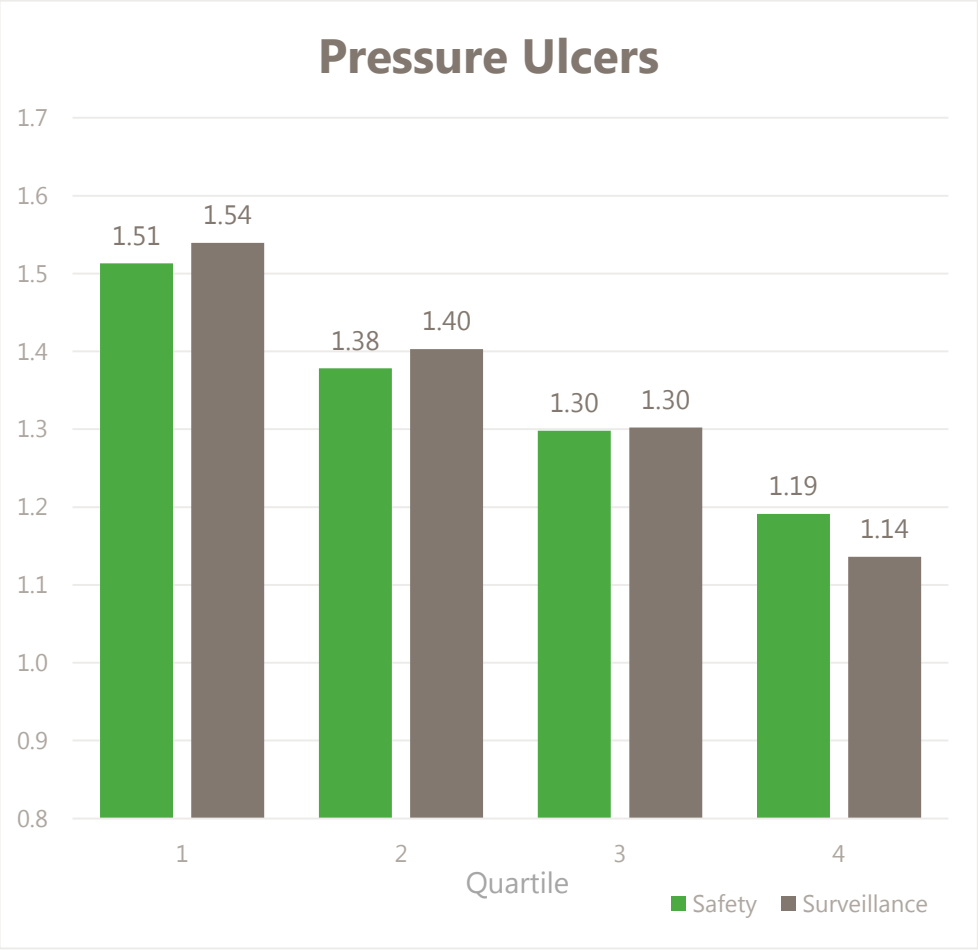
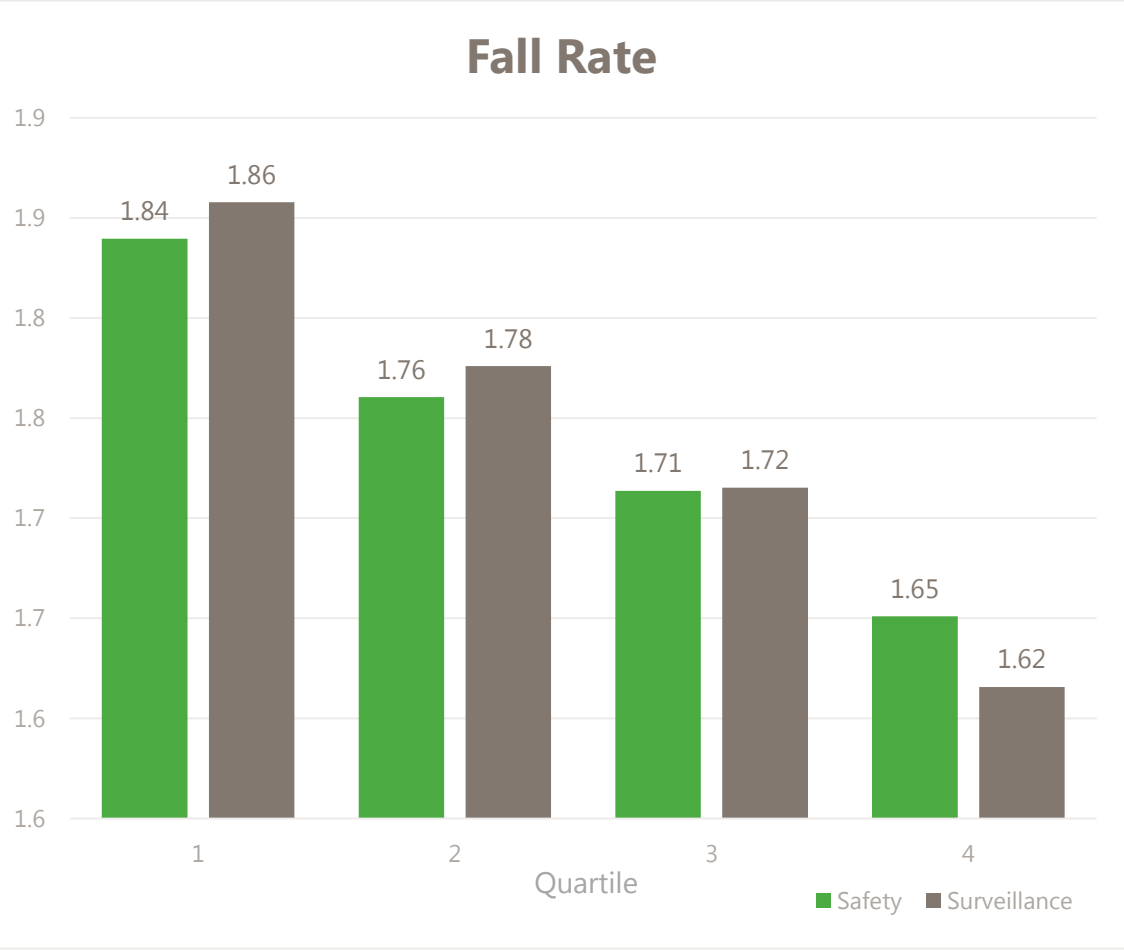
2016: Safety and Surveillance Clinical Outcomes





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Findings

Safety trumps surveillance

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2017: Nurse Manager Impact on Nurse and Patient Outcomes

Our Quest: What do the Best Do?

The Study Framework and Hypotheses

H1: Effective nurse managers positively impact RN and patient outcomes on their nursing care unit.

H2: Nurse managers foster good outcomes by effectively developing and maintaining a work environment that enables RNs to provide quality nursing care.

H3: The relationships vary by unit type and care setting

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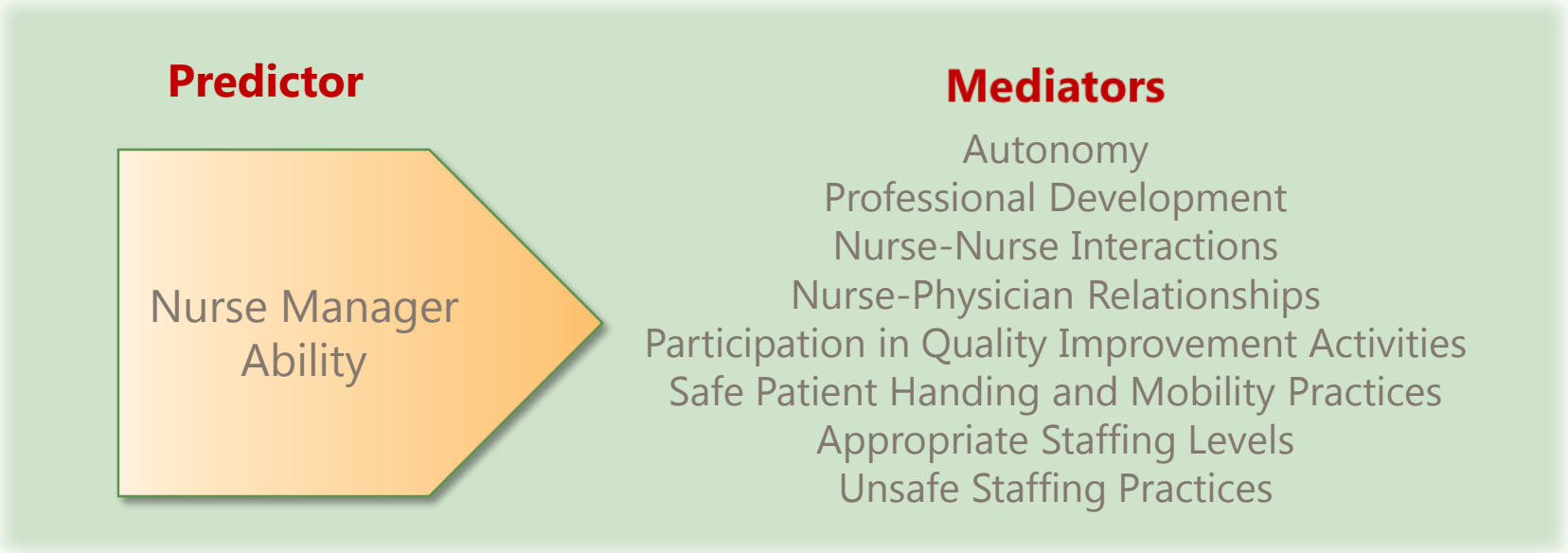
Quantitative: Methodology & Inputs

- **Instruments, Measures & Sample**
  - Common metric developed from Nurse Manager scales from Practice Environment Scales (PES) of the Nursing Work Index and the NDNQI Job Satisfaction Survey-R (JSSR)
  - Sample drawn from 2016 NDNQI data: 661 hospitals, 7,726 hospital units, Over 170,000 nurse respondents



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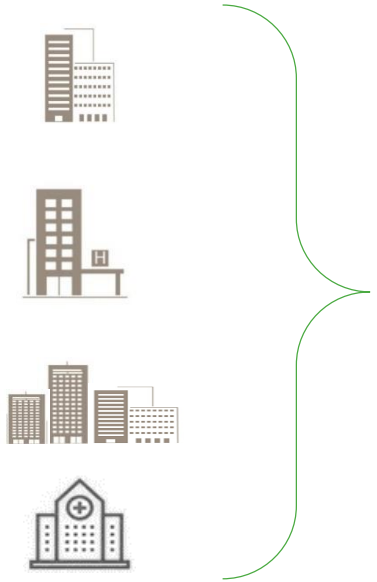
The Nurse Manager Survey Inclusion Criteria

- Nurse Managers were included in the sample if their unit participated in 2016 RN survey *and* unit RNs rating of NM was in the top decile *and* other survey data was in the top half of all units surveyed

- 32% Response rate – 610 invitations/195 responses—of which:



  - About half Magnet or Pathways designated
  - 18% Academic Medical Centers
  - 88% in metropolitan areas
  - Hospital size varied from <100 to >500 beds
  - 20% ambulatory units

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NDNQI Data: Nurse Manager Effects on Nurse and Patient Outcomes

Nurse Manager Impact On	CC	SD	MS	Rehab	ED	Amb	Periop
Eyes	*	*	*	*	*	*	*
Job Enjoyment	*	*	*	*		*	*
Intent to Stay	*	*	*		*		*
Quality of Care							
Missed Care		*	*				
Falls						**	
Pressure Ulcers/Injuries				*			

*Statistically meaningful relationship in positive direction

** Statistically meaningful relationship in negative direction

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NDNQI Data: Nurse Manager Impact on Aspects of the Work Environment Across Unit Types

	CC	SD	MS	Rehab	ED	Amb	Periop
Autonomy	*	*	*	*	*	*	*
Prof Development	*	*	*	*	*	*	*
Nurse-Nurse Int	*	*	*	*	*	*	*
Nurse-Phys Relations	*	*	*	*	*	*	*
Quality Improvement	*	*	*		*	*	*
SPHM	*	*	*	*	*	*	*
Appropriate Staffing Level	*	*	*	*	*	*	*
Unsafe Staffing	**	**	**		**	**	**

*Statistically meaningful relationship in positive direction

** Statistically meaningful relationship in negative direction

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Nurse Manager Survey: The Average Respondent

- BSN prepared nurse with 22 years of overall experience and six years of experience in the NM role.
- Only 16% of respondents report holding any type of national certification.
- The majority (80%) had 4 weeks of orientation or less to this role
- The average NM has 53 direct reports.
- The majority of NMs (cover two or more units) and almost 90% do all of their own evaluations.

- While 57% reported additional development through a regional or national NM preparation program, 43% have not received any type of additional professional role development.
- While many NMs do report additional support from other nursing roles such as assistant managers, charge nurses and unit-based nurse educators, it is widely variable.

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The Power of Work Environment Mediators

- **Substantial and Meaningful Levers for Nurse Managers**
  - All eight work environment mediators have significant impact on at least one outcome
  - Several work environment mediators have significant impact on multiple nurse and/or patient outcomes

Primary drivers across multiple **nurse outcomes** and settings:

- Autonomy
- Professional Development
- Appropriate Staffing

Primary drivers across multiple **patient outcomes** and settings:

- Autonomy
- Nurse-Nurse Interactions
- Unsafe Staffing Practices
- Appropriate Staffing

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Conclusions: Cross-domain Analyses Between Surveys

- Nurse managers have substantial influence over the quality nurse work environment.
- Nurse managers have a direct impact on nurse outcomes, and some direct influence over patient outcomes.
- The quality of the work environment contributes to both nurse and patient outcomes.
- Different mediators are important for different outcomes.
- The primary drivers of outcomes differ across unit type, both in number and in rank order. But common themes emerge.

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What Else Did We Learn?

Job Attitudes of Nurse Managers

Job attitudes of Nurse Managers *(N=195)*	
	Mean*
High standards are expected by administration	5.77
Relations among nurse managers are essential support	5.60
PES** Hospital Affairs Scale	5.17
Span of control is appropriate	5.16
Able to disconnect from work	3.51

**1=strongly disagree, 6=strongly agree*
***PES=Practice Environment Scale*

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Nurse Manager and RN Comparative Data: Outcomes of Nurse Managers

Outcomes of Nurse Manager and Unit RNs *(N=195)*		
	Nurse Managers	Unit RN workgroup
	Mean	
Job Enjoyment Scale *(1=strongly disagree, 6=strongly agree)*	5.12	5.04
Quality of Care *(1=poor, 4= excellent)*	3.9	3.9
Intent to Remain	87% ←	94%
Eyes of Workforce *1=never, 5=every day*		
Treated with Dignity	4.41	4.60
Make Contribution gives meaning	4.27 ←	5.58
I am thanked	3.9 ←	4.27
Scale Mean	4.19	4.48

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Qualitative Interviews: Key Takeaways from Top Performing NMs

1. An unwavering focus on quality and safety of care
2. Culture of respect
3. NM support, relationships and visibility
4. Inter-professional rounds and team-building
5. Huddles to improve communication and teamwork
6. Use data and evidence to support decisions and practice
7. Safe and appropriate staffing
8. Bundle of bedside report, white boards, pain management, communication, peer review and auditing

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Focus Areas for Those That Lead Nurse Managers

1. Recruitment and selection
2. NM orientation and onboarding
3. NM recognition
4. Retention
5. Promote work-life balance
6. Professional development
7. Span of control and support

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2018: What's Next?

Creating a stable workforce now and in the future

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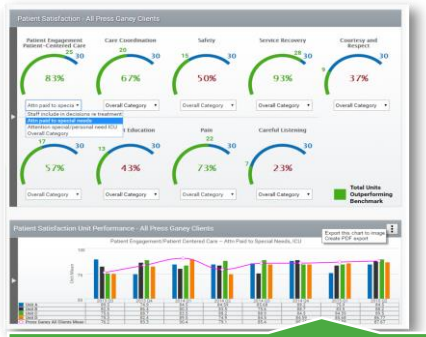
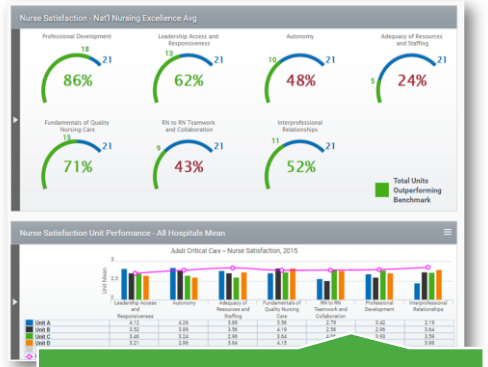
What Can We Do Today?

Leading Edge: Nursing Excellence Solution

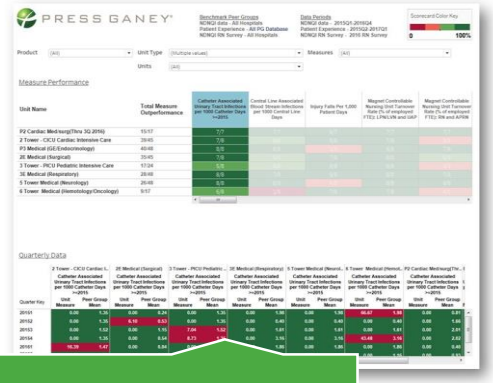


Nurse-Sensitive Patient Experience Dashboard

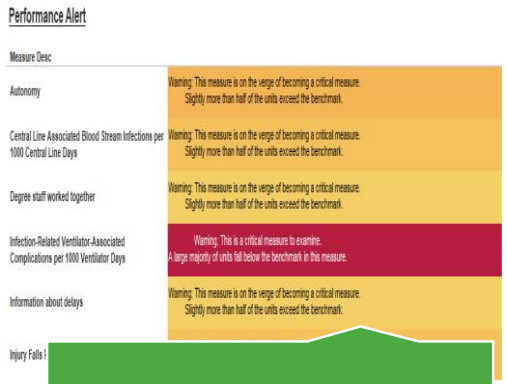


Nurse Environment Dashboard

Nurse-Sensitive Clinical Indicators Dashboard



Integrated Nurse Scorecard



Performance Alerts

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Update: NDNQI Indicators

- 2017—Assaults on Nurses released. Currently collecting data
- 2018
  - Multi-drug resistant organisms-indicator deployed and data collection started Q2
  - Ambulatory measures-the following three indicators were deployed and data collection started Q3:
    - Patient burns
    - Unplanned post-op transfers
    - Pain impairing function
  - Ambulatory measure for depression and suicide screening—currently in pilot

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Donna Jackson
NES DEMO

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Thank You!

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Nurse Manager Survey Data:
Insights and Actions for Nurse Managers

Qualitative Interviews:
Themes, Pearls and Innovations for Nurse Managers

Priority Focus Area	Frequent Themes	Pearls for Practices and Innovation
Care foundations	Patient-centered focus Bedside shift report NM daily rounds Using data to support decisions	Using data to mitigate burnout—to tell a story demonstrating to staff how their efforts improve patient care and outcomes-how they are making a difference.

Priority Focus Area	Frequent Themes	Pearls for Practices and Innovation
Professional Practice Environment	NM visibility and support Foster nurse engagement Unwavering focus on staff Orientation and onboarding Promote autonomy Support Professional development	Shared cost for professional development-between Unit, Education Department/HR, and individual

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Qualitative Interviews:
Themes, Pearls and Innovations for Nurse Managers

Priority Focus Area	Frequent Themes	Pearls for Practices and Innovation
Relationships	Focus on team building Culture of respect Inter-professional rounds	Attending RN

Priority Focus Area	Frequent Themes	Pearls for Practices and Innovation
Adequate Staffing/Safe scheduling	Primary focus on quality outcomes Support from leadership for appropriate staffing Managed primarily by clinical staff	Self-scheduling including recommendations for incentives

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Qualitative Interviews:
Themes, Pearls and Innovations for Nurse Managers

Priority Focus Area	Frequent Themes	Pearls for Practices and Innovation
Quality Improvement	Participation in quality improvement activities Emphasis on the use of EBP Use data to support proposals and decisions	Huddle boards Reduce burnout through use of data to demonstrate impact of care on outcomes

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Qualitative Interviews:
Themes, Pearls and Innovations for Nurse Managers

Priority Focus Area	Frequent Themes	Pearls for Practices and Innovation
Nurse Outcomes	Transformational leadership style Connection with staff is key—empathetic, caring, available Feeling of belonging and being part of something bigger than themselves	Quarterly in-person touch base for evaluation and feedback (not just annual) Rounding on units early (patients and staff) with quick follow up on issues

Priority Focus Area	Frequent Themes	Pearls for Practices and Innovation
Patient Outcomes	Bundle of bedside reporting, white board, hourly rounding, pain, communication, peer review & auditing Articulate link between work environment and patient outcomes	Community meetings with patients. Meet with patients as a team. Shows strong leadership support--community meetings with patients Think about how to make a difference post-discharge, involve the family

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Nurse Manager Survey Data:
Insights and Actions for Leaders of Nurse Managers

Nurse Manager Survey Data:
Insights and Actions for Leaders of Nurse Managers

Priority Focus Area	Actions Based on Insights
Recruitment and selection	Based on what we understand high-performing NM practice to be, hire to those characteristics that are known to lead to success: Selection and recruitment 1. Focus on structure and process 2. A high level of energy and focus on staff (interpersonal relationships) 3. Philosophy around the NM role (e.g. open door, highly visible etc.) 4. Ability to create a positive work and practice environment-nurse autonomy, professional development 5. Demonstrated ability to create an sustain teams 6. Able to delegate leadership resp. as appropriate to staff (SG, shared responsibility for quality and safety) 7. Understands and supports principles of safe staffing and scheduling.

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Nurse Manager Survey Data:
Insights and Actions for Leaders of Nurse Managers

Priority Focus Area	Actions Based on Insights
NM Orientation and Onboarding	39% had not orientation to the role and 80% had 4 weeks or less. The majority (80%) had 4 weeks of orientation or less to this role Develop standardized approach to NM role transition—e.g. internal, regional or national orientation and professional development program; Consider best practice standards for role transition and competency-based orientation e.g. AONE, ANCC etc.

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Nurse Manager Survey Data:
Insights and Actions for Leaders of Nurse Managers

Priority Focus Area	Actions Based on Insights
NM Recognition	NMs scored significantly lower than RNs for questions on being treated with dignity (4.41 vs. 4.60), being thanked (3.9 vs. 4.27) and of most concern, making a contribution that gives meaning (4.27 vs. 5.58). What are you doing specific to NM recognition at the organizational level?

Priority Focus Area	Actions Based on Insights
Retention	While 87% of high performing managers plan to stay in their current role (vs 94% of clinical RNs), 13% do not. How is NM turnover tracked and assessed? What are the prevalent reasons NMs leave the role at your organization? What steps are in place to improve retention for NMs?

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Nurse Manager Survey Data:
Insights and Actions for Leaders of Nurse Managers

Priority Focus Area	Actions Based on Insights
Promote Work-life balance	Under job attitudes of NM responses on NM survey, NMs scored lowest regarding ability to disconnect from work (3.51). In a different survey, a pilot conducted on PGs resilience subscale, this finding is supported. Although highly activated and engaged in the role, Managers reported the lowest scores in the ability to decompress from work compared to all other roles and professions. What are you doing to promote work-life balance in this group? NMs typically have 24/7 responsibility for 1 or more units. Are there opportunities to: 1. Cross cover between managers to cover all shifts? 2. Create meeting-free time zones to complete administrative work 3. E-mail free weekends unless a critical emergency

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Nurse Manager Survey Data:
Insights and Actions for Leaders of Nurse Managers

Priority Focus Area	Actions Based on Insights
Professional Development	57% reported additional development through a regional or national NM preparation program, 43% did not report any type of additional formal role development. In addition, only 16% of respondents report holding any type of national certification. There is a focus on clinical nurse certification in many hospitals-what about NMs? ANA, AONE, ACHE Provide organizational support for orientation and professional development Create and maintain expectations for national certification (role model to staff they lead)

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Nurse Manager Survey Data:
Insights and Actions for Leaders of Nurse Managers

Priority Focus Area	Actions Based on Insights
Span of Control and Support	The average NM has 53 direct reports and covers one unit (34%). The majority of NMs (cover two or more units) and almost 90% do all of their own evaluations. While many NMs do report additional support from other nursing roles such as assistant managers, charge nurses and unit-based nurse educators, it is widely variable. How well-supported are the NMs in your organization to cover their assigned span of control? Periodically monitor and discuss workload Provide needed support, even if shared with other NMs

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