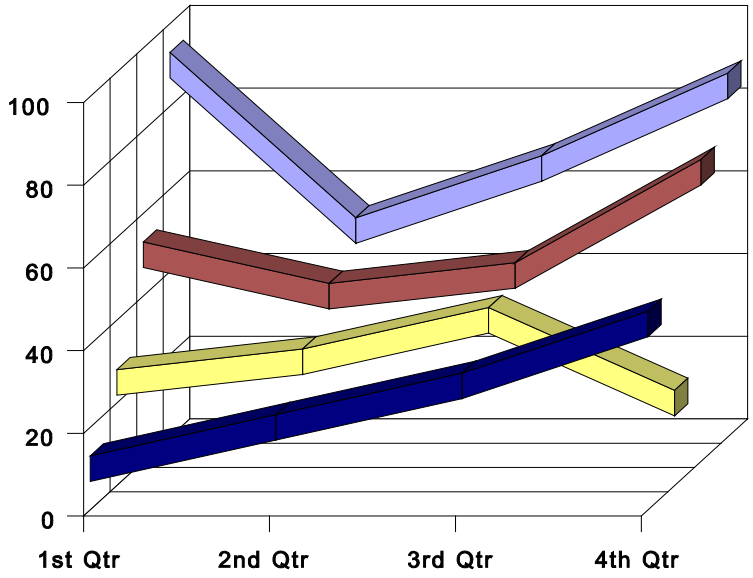
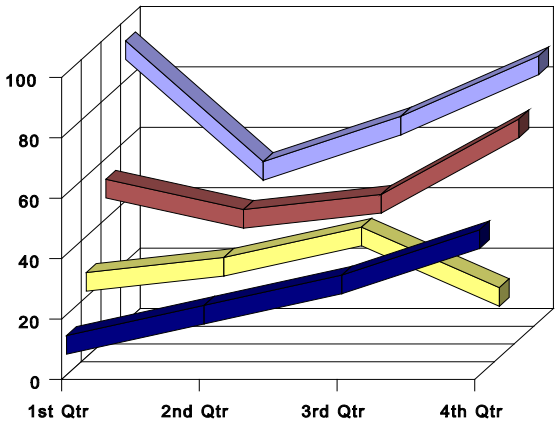
Nursing
Performance Improvement Plan



Central State Hospital

Milledgeville, Georgia

Nursing Performance Improvement Plan



Central State Hospital

Milledgeville, Georgia

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FOREWORD

In an effort to evaluate the quality, safety and appropriateness of nursing care, Central State Hospital (CSH) Nursing Service developed a system of unit-based monitoring and evaluation. Each unit uses the same methodology, i.e., a single adaptable monitoring and evaluation format, which facilitates centralized reviews and reports.

The Nursing Performance Improvement (NPI) process provides an avenue by which nursing staff is able to identify problems and opportunities for improvement and to develop corrective actions and plans. Through this process, the nursing staff has become more accountable for the provision of improved client care and customer satisfaction. The intent is that all members of the Nursing Service staff are committed to improving client care.

As an integral part of the hospital's overall performance improvement process, Nursing Service staff also participates with other disciplines, departments, and services. There is concurrent monitoring of selected problem areas and/or processes to identify improvement opportunities. Additionally, staff are participants of Performance Improvement (PI) Teams.

PHILOSOPHY

CSH Nursing Service strives to have an ongoing, viable, cost effective performance improvement program, which focuses on improving the process of service delivery and quality outcomes.

METHODOLOGY

The Nursing Performance Improvement (NPI) Plan is a formal process used to encompass a wide range of approaches, programs, and methods designed to assess and improve the quality of nursing services provided. The identification of client care outcomes, significant problems, and/or opportunities for improvement in client care and consumer satisfaction operates in a consistent, organized manner. On-going monitoring and evaluation activities are carefully developed and implemented. A plan for corrective action is then formulated, resulting in measures to correct inadequacies or improve the process of service delivery. Corrective actions are evaluated for their effectiveness. These activities are intended to provide an efficient way to evaluate clinical practice, so that problems and/or opportunities to improve client care and service delivery are quickly identified.

The methodology for conducting systematic monitoring and evaluation of quality and appropriateness includes three features: the identification of volume indicators, the use of occurrence screening, and the performance of in-depth or focused reviews of selected aspects of care based on either monitoring of standards or monitoring of identified problem areas. In addition to the evaluation of data monitoring done by nursing, the Nursing Executive Council (NEC) reviews and evaluates data collected by other disciplines/departments throughout the hospital, which is presented at the CSH Leadership Team meeting. Care is delivered on the living unit; therefore, problem identification and resolution should, likewise, be centered there.

The monitoring and evaluation activities are comprehensive and are based on important aspects of care, indicators, and criteria that are reflected in policy and procedure. Appropriate channels to report the findings are defined, thus reflecting an integrated approach to dissemination of information.

Nursing standards are set forth by the professional nursing staff. Each nurse is oriented to his/her role, has access to the NPI Plan, and attends a NPI orientation session.

The NPI Plan reflects certain suppositions. These suppositions are:

1. Confidentiality of NPI material will be maintained at all levels of the monitoring process.
2. Nursing standards, guidelines, regulations, current research, literature, and legal constraints are the foundation of Nursing Service activities and are the basis for monitoring and evaluating the quality and appropriateness of client care and staff performance.
3. Statistical profiling will facilitate problem solving in areas of concern and provide

impetus for continuous improvement in quality.

4. Focused reviews or monitoring activities will produce findings that are reflective of the quality, safety and appropriateness of the care nursing staff provide.
5. Occurrence screening produces data on those clinical events, which signal that there may be a problem in the delivery of care, such as medication errors.
6. The NEC reviews data collected by other disciplines/departments, which is applicable to nursing/nursing care.
7. Evaluation is a continuous process requiring periodic staff review and the updating of standards.
8. Improvement of the quality of care is dependent upon implementation of corrective actions deemed necessary by the evaluation process.
9. Licensed nurses are involved in the NPI process; working, as appropriate, with other nursing staff and members of related health care disciplines.
10. Results of continued monitoring and evaluation activities and corrective actions must be documented to provide a record of the monitoring and evaluation process.
11. The keystone of this program is staff commitment and involvement; therefore, effective communication is vital to inform staff of findings, corrective actions to be taken, educational programs, and future goals and objectives.

PURPOSE AND OBJECTIVES

PURPOSE

The purpose of the NPI Plan is to evaluate the quality of care delivered to clients at CSH and to provide an on-going mechanism to improve the process of service delivery.

OBJECTIVES

The objectives of the NPI Plan are to:

1. Improve customer satisfaction.
2. Develop and practice a process of continuous and long-term improvement.
3. Safeguard the quality care already being provided.
4. Improve the quality and outcome of nursing care through:
    a. objective assessment of nursing practice, client care, safety, and outcomes,
    b. identification of deviation from nursing standards,
    c. identification of problem areas related to process, structure, and outcome,
    d. corrective action to resolve identified problems,
    e. a comprehensive method of follow-up, tracking, and evaluation of corrective action, and
    f. re-evaluation of identified problems.
5. Establish accountability of the NPI program for the monitoring and evaluation activities.
6. Coordinate gathering and dissemination of information pertinent to performance improvement in nursing.
7. Educate nursing personnel in delivering quality and safe client care utilizing nursing standards.
8. Meet state and federal laws, accreditation standards, professional and hospital nursing standards, and regulatory requirements.

RESPONSIBILITIES

The **CSH Nurse Executive** is responsible for assuring that the NPI Plan is implemented. This may be done through existing mechanisms or by appointed Performance Improvement (PI) Teams.

The **Nursing Performance Improvement Coordinator** is responsible for coordinating and overseeing efforts to improve quality, safety, and outcomes.

The **Service Area Nurse Executive and Associate Nurse Executive** is responsible for:

1. Maintaining a NPI notebook for the service area and implementing all performance improvement activities:
    a. The monitoring activities, the entry of monitoring data into the computer, the filing of information related to the Data Listing (see Appendix C), and the dissemination of the Sub-area Data Compliance Analysis Report (see Appendix D) to each living unit staff.
    b. The forwarding of data to the NPI Coordinator.
    c. The collecting of the Narrative Analysis Reports (NARs) (see Appendix E) and documentation of completed corrected steps from each living unit, co-signing these reports, and submitting such to the NPI Coordinator prior to the monthly meeting of the Nursing Executive Council (NEC).
4. Coordinating identified training and education needs with the Staff Development and Training Department to address issues or problems identified in the monitoring activities.
5. Updating staff on performance improvement activities by means of monthly staff meetings and distribution of minutes/NPI Reports.
6. Investigating, tracking, and reporting of follow-up on corrective actions, as identified in the NAR.
7. Preparing and submitting an analysis of the problems/needs/opportunities for improvement for the service area as a whole to the NPI Coordinator for inclusion in the CSH Quarterly Review, as appropriate.
8. Reviewing and evaluating data presented in the monthly CSH Leadership Team meeting.
9. Determining every month if service area-specific monitoring activities will be conducted, and communicating this decision to the NPI Council and NEC.
10. Scheduling to provide adequate coverage to allow time for nursing staff to participate in NPI monitoring activities.

The **living unit Nurse Manager/Charge Nurse** is responsible for:

1. Implementing performance improvement activities specific to the living unit.
2. Adhering to the schedule for data collection, monitoring, and evaluation.
3. Distributing Monitoring Activity Form(s) (MAFs) (see Appendix G) and Data Entry Forms (DEFs) (see Appendix H) used to collect data.
4. Participating, as appropriate, in the collecting of data on the assigned living unit.
5. Collecting completed DEFs from the individual(s) performing the monitoring and

forwarding them for data entry.

6. Evaluating findings reflected in the Monitoring & Evaluation Data Analysis for the sub-area.
7. Analyzing and evaluating deficiencies, deviations from the standards, and opportunities for improvement, and defining them in the form of an NAR. All criteria within the Important Aspect of Care (IAC) which fall below an acceptable level of care will be identified in the NAR as problems/needs or opportunities for improvement. Information in the NAR will include:
    a. identification of the IAC, service area, living unit by computer code (see Appendix I), and date of the monitoring activity,
    b. identification of the problem/need/opportunity for improvement, including whether or not problems were related to staffing issues or competencies,
    c. actions and recommendations (plan of correction [POC]) for identified problem/need or opportunity for improvement,
    d. name of the individual who is accountable for implementing the POC,
    e. target date for completion of the POC, and
    f. Nurse Executive comments, including NE signature and date.
8. Submitting the NARs monthly to the Nurse Executive.
9. Ensuring the implementation of corrective actions identified in the NARs.
10. Distributing/communicating results of NPI monitoring and relevant data collected by other disciplines/departments to the nursing staff.
11. Maintaining a NPI Notebook (see Appendix F).
12. Providing assistance to nurses in methodologies of performance improvement techniques.

The **Nursing Performance Improvement Council** is formed as designated by the Licensed Nursing Staff Bylaws. The NPI Council is responsible for:

1. Identifying and scheduling P.I. monitoring activities.
2. Reviewing, revising, and evaluating the NPI Plan, at least yearly, and as otherwise appropriate.
3. Developing IACs and monitoring criteria that will reflect current nursing literature, accepted current nursing standards, accrediting/licensing requirements, CSH policy and procedure, and legal requirements. Pilot studies of monitoring activities are initiated prior to implementation of monitoring activities throughout the hospital.
4. Reviewing and revising existing IACs, indicators, and criteria for monitoring. Monitoring activities may be revised if the intent of the criteria remains unchanged. In the event a revision of criteria would change the original intent, a new monitoring activity must be implemented to maintain the integrity of the computer data base.
5. Reviewing monthly the Monitoring & Evaluation Data Analysis reports, NARs, documentation of completed corrected steps, data from CSH Leadership team and follow-up reports for:
    a. identified problems/needs/process improvement,
    b. measurable actions and recommendations,
    c. patterns and trends,
    d. compliance with assigned target dates,

   e. timely resolution of identified needs/problems, and/or implementation of process changes, and
   f. promptness of reporting.
6. Communicating between the staff, the NPI Council, and the NEC regarding needs for correction and recommendations for change/monitoring.
7. Conducting monitoring activities, which produce findings that are reflective of the quality and appropriateness of the care that Nursing Service provides.
8. Documenting NPI Council activities.

The **Nursing Executive Council (NEC)** is responsible for:
1. Reviewing the recommendations and reports of the NPI Council.
2. Reviewing of scheduled monitoring and analyses of the IACs that affect the quality, safety, and appropriateness of nursing care.
3. Assuring optimal client care through objective evaluation of the performance improvement data to detect trends or patterns in client care.
4. Reviewing and evaluating data collected by other disciplines/departments which impact on nursing/nursing care.
5. Recommending actions for correction of identified problems to the appropriate committee, department, office, service area, or living unit.
6. Documenting NEC activities that relate to performance improvement through minutes of meetings and/or brief narrative reports.
7. Presenting data on findings/recommendations and actions to the hospital's CSH Performance Improvement Leadership Team.
8. Providing representation to the statewide Nursing Leadership.

The **secretarial staff** assisting with NPI in each service area is responsible for:
1. Collecting Data Entry Forms (DEFs) for the monitoring activities each month.
2. Entering data into the computer.
3. Printing the monthly computer reports and sending to the Nurse Executive and the living unit Nurse Manager/Charge Nurse. These reports consist of:
   a. Area Monitoring & Evaluation Data Analysis Report (see Appendix J). This report goes to Nurse Executive only.
   b. Sub-area Monitoring & Evaluation Data Analysis Report (analysis for each living unit) (see Appendix D).

The **Nursing Performance Improvement Coordinator** is responsible for:

1. Representing NPI on the NEC.
2. Serving as the chairperson of the CSH NPI Council and working closely with members.
3. Coordinating the collection of data, and the generation and distribution of reports.
4. Preparing the monthly NPI Report for NEC, which includes nursing monitoring as well as data collected by other disciplines/departments.
5. Presenting a verbal report at the monthly NEC meeting.
6. Maintaining documentation of all NPI activities, i.e. NPI Council minutes, Area Monitoring and Evaluation Data Analysis reports, etc.
7. Providing assistance with the development and coordination of trans-disciplinary monitoring activities, as appropriate.
8. Providing teaching, as needed, for the NPI Program.
9. Providing consultation with other departments and facilities as delegated by the CSH Nurse Executive or the CSH Medical Officer.
10. Functioning on a PI Team and making arrangements for facilitator, as indicated.

MONITORING

The development of the monitoring plan and process is based on input from the licensed staff. Licensed staff are involved in the development of nursing standards of care, practice and performance, Important Aspects of Care (IACs), indicators, criteria for monitoring, analysis, and follow-up. The NPI Council member and alternate in each service area serve as liaison for staff input. The NPI Council reviews, revises, and evaluates the basis for and the process of monitoring. Recommendations are then made to the NEC, based on a consensus of the NPI Council findings.

Determination of Monitoring Frequency

Clinical Aspects & Nursing Standards	High Volume	High Risk	Problem Prone
Standard A	X		X
Standard B	X		
Standard C	X		X
Standard D	X		X
Standard E	X		X
Standard F		X	
Standard G	X	X	X
Standard H	X	X	X
Standard I		X	X
Standard J		X	X
Standard K	X		X

Monitoring Process

Identification of Important Aspects of Care

Each IAC for NPI monitoring is reflective of a CSH nursing standard. The IAC and the paired standard reflect the diagnostic and therapeutic modalities nurses consider to be most important in providing nursing services. Each standard and IAC may have varied means of evaluation or indicators for evaluation. In addition, each indicator may have several criteria that further define the IAC and the standard. The IAC/standard/indicator/criteria combination is referred to as a monitoring activity.

Nursing standards are monitored on an ongoing basis. Activities that involve a high volume of clients, entail a high degree of risk (i.e. care is not provided correctly or when indicated, or care is provided when not indicated), or tend to produce problems will be deemed most important to monitor and evaluate.

Establishment of Indicators

An indicator is defined as a measurable dimension of the quality, safety, and appropriateness of care or a variable of the IAC. Nursing indicators will be evaluated through the use of objective, measurable criteria to identify their impact upon client care and to determine whether or not a problem exists, a process could be improved, or if staff should be recognized for maintaining optimal quality care.

Establishment of Monitoring Criteria

Criteria are developed, based on the standard of care, policy, procedure, guidelines, protocol, or recognized professional standards, and are used as a measure of compliance to the IAC/standard. Each monitoring activity may consist of several criteria. Criteria will be precise, measurable, and objective reflections of the best clinical knowledge and experience. These criteria will be designed to measure the expectation of quality and safe care, the expected outcomes, or the desirable performance. The criteria will be written as statements which allow for only three answers: Y-Yes, N-No, or X-Not Applicable. Explanation of N-No answers shall be documented on the Data Entry Form.

Data Collection

1st of Month

Nurse Supervisor/Manager
Identify which IACs to monitor from the NPI Calendar on the LAN.
Print IAC from the IAC file on the LAN.

Review IAC with staff that is to do the monitoring.

15th of Month

Monitor
Are there applicable charts to monitor (review chart selection)?
No: Note "No applicable charts to monitor" on data entry form.
Yes: Monitor 3 records on each living unit.
Forward data entry forms to the Nurse Manager.

Nurse Manager
Review data & submit to Nurse Executive/Associate Nurse Executive (NE/ANE).

20th of Month

Program Associate for Nurse Executive, Associate Nurse Executive & NPI
Enter data into computer program.
Print area analysis for NE/ANE review.
Was data submitted/entered for each living unit?
No: Print sub-area analysis for areas that submitted data
Yes: Print sub-area analysis for all living units/wards.
Copy sub-area analysis for NE/ANE and nurse manager to review.
Attach Narrative Analysis (NA) to subarea analysis for completion.
Send subarea analysis & NA to nurse manager.
Was any G2 or H11 data entered?
Yes: Print competencies & forward to Nurse Manager.

Nurse Manager
Review sub-area analysis and G2 & H11 competencies. Identify problems, & correction actions.
Were problems identified?
No: Note "no problems" on NA & check "resolved". Forward NA to NE/ANE for review & approval.
Yes: Complete NA--note problems & corrective actions. Forward NA to NE/ANE for review & approval.

30th of Month

Nurse Executive/Associate Nurse Executive
Was NA completed appropriately?
No: NE/ANE makes necessary changes & forward changes to unit.

Yes: Sign form and forward to NPI Coordinator.

NPI Coordinator
Prints area analysis & prepares graphs.
Was NA submitted for IACs monitored?
No: Notify NE/ANE of needed NA (if problems were identified).
Yes: Update Follow-up Action Tool to include corrective actions.
Prepare monthly NPI Monitoring Report.
Forward Follow-up Action Tool to NE/ANE office.

4th Tuesday

Nurse Executive Council (NEC)
Review Monthly NPI Monitoring Report, including graphs.
Does NEC identify any F/U issues?
Yes: Assignments are made; F/U reported back to the NEC for approval/completion. Nurse Executive/Associate Nurse Executive files updated NA & forward to the Nurse Manger to file.
No: Nurse Executive/Associate Nurse Executive files updated NA & forward to the Nurse Manger to file.

Nurse Executive/Associate Nurse Executive
Share data with division/unit staff.

NPI Coordinator
Share pertinent information with nursing staff at monthly NPI meeting & monthly NECPI meeting.

Sample Selection

Focused reviews of the nursing standards and other clinical Important Aspects of Care (IACs) will consist of five percent of the living unit population or three cases whichever is greater. If there are fewer than three cases, 100 percent of the living unit population will be monitored.

The method of selection for the sample of the scheduled monitoring activities is noted on the MAF. The NPI Council will select a random start number (n); cluster samples will then be drawn on each living unit using the Kardex or client roster as a source of client listing. The sample selection will start with the nth record on the Kardex or client roster and every nth record thereafter will be selected until the required number of records for monitoring has been

identified.

Some monitoring activities involve specific groups of clients (i.e. clients with decubitus ulcers). In these situations, all appropriate clients are identified before choosing the participants by the random number.

Monitoring activities may be conducted at random by the NPI Coordinator, a member of the NPI Council, or a designee, as deemed necessary.

Evaluation and Follow-up

An evaluation of each monitoring activity will be completed in the form of a Narrative Analysis Report (NAR). It will address areas of concern, problems and/or needs, and opportunities for process improvement. Data provided in the NAR will include: 1) IAC being monitored, 2) service area, 3) sub-area (living unit), 4) date monitored, 5) target date, 6) problem description (identified concern/need/problem/opportunity for improvement), including whether or not the problem was related to staffing issues or competencies, 6) actions and recommendations for problem (POC to be implemented), 7) individual(s) responsible for implementation and reporting of the corrective action(s), and 8) appropriate comments, signatures, and dates.

Problems or opportunities for improvement will be identified, based on the percentage of compliance for the IAC/indicator and each individual criterion. Follow-up of identified problems and/or opportunities for improvement is required and must be specified by the living unit personnel and approved by the appropriate Nurse Executive. Copies of the NARs for every IAC/indicator monitored as well as any follow-up monitoring and documentation of completed corrective steps are sent each month to the NPI Coordinator.

DOCUMENTATION

Each Nurse Executive and Associate Nurse Executive will maintain records of data and reports in the form of a NPI Notebook. The notebook may be purged by the month rather than the fiscal year. As material for the new month is put in, material for the same month of the previous fiscal year may be removed, placed in a file, and kept for three years. If desired, and there is space available, the NPI Notebook may be kept intact with each one being saved for three years.

REPORTING

The NPI Coordinator will prepare a monthly NPI Report, which will include area analyses for all areas and for CSH, along with graphs as appropriate. A copy of any monitoring activity should be obtained from the LAN for dissemination and monitoring. This report will be presented to the NEC and the NPI Council. As appropriate, monitoring reports may also be submitted to ISPE. Feedback from management to staff may occur at any level.

The NPI Coordinator will present oral reports to NEC and answer questions regarding performance improvement activities.

CONFIDENTIALITY

The NPI Coordinator will maintain all documentation of performance improvement activities in a manner that will ensure strict confidentiality. This documentation will include minutes, reports, work sheets, memos, and other data. The CSH Nurse Executive, NPI Coordinator, NEC, and NPI Council will have access to this material.

CENTRAL STATE HOSPITAL
SERVICE AREAS & LIVING UNITS
IAC Monitoring

The service areas (Developmental Disabilities, Forensic Services and Clinical & Consultative Services) will analyze the data and corrective action plans will be submitted for those areas not in compliance for the criteria monitored.

NURSING STANDARDS

Nursing standards are guidelines or norms of an expected, predetermined level of nursing care. They function to assist individuals in planning, directing, implementing, and evaluating care and performance. Nursing standards have been developed by the Nursing Service staff at CSH based on the prevailing standards identified by the American Nurses Association, current literature, research, textbooks, hospital policy and procedure, current legislation, and regulatory requirements. The CSH nursing staff has developed a global generic set of standards. Each of the service areas within the hospital has service area-specific standards that reflect the global CSH nursing standards. The global generic nursing standards and the service area-specific nursing standards are reviewed and revised each year.

The nursing standards are categorized in a method that follows the logic of the nursing process. The categories are:

A ADMISSION/MOVEMENT

B ASSESSMENT

C INDIVIDUAL SERVICE PLAN

D TREATMENT IMPLEMENTATION

E DOCUMENTATION

F CLIENT & FAMILY EDUCATION

G MEDICATION ADMINISTRATION

H SAFETY

I SECLUSION & RESTRAINT

J CONFIDENTIALITY

K DISCHARGE PLANNING

STANDARDS OF CARE

A ADMISSION/MOVEMENT

This standard refers to admission, transfer in, transfer out, trial visit (TV), leave without consent (LWC), temporary leave (TL), sick leave (SL).

Upon admission or transfer into a living unit at CSH, a client can expect to be greeted by a nursing staff member who will orient him/her to the staff routine and location of specific areas of the living unit, as appropriate. Exception: condition of client does not permit this type of orientation.

Upon planned or anticipated leave from a unit (transfer, TV or TL) a client or significant other can be expected to be given instructions, as appropriate, concerning medications, health care needs, and/or required follow-up.

Upon unplanned leave from a unit (LWC or SL) a client can expect that appropriate authorities or significant other(s) will be notified.

B ASSESSMENT

The client will be assessed by a registered nurse (RN) per service area standards. The assessment shall address biophysical, psychosocial, spiritual/cultural, pain and pain management, past medical history, current medications, client and family (significant other) educational needs, and discharge planning, and will identify client problems/needs. Assessment updates will be done as client's condition changes, upon transfer by the receiving living unit, at least annually, and per service area policy.

C INDIVIDUAL SERVICE PLAN/INDIVIDUAL RECOVERY PLAN (ISP/IRP)

Based upon the nursing assessment, a plan for provision of nursing care is developed by the RN and is incorporated into the **(ISP/IRP)**. The **(ISP/IRP)** is an interdisciplinary plan of care. It reflects the client's nursing diagnoses, problems/needs, utilizing his/her strengths and weaknesses to establish measurable goals/objectives. The **(ISP/IRP)** establishes intervention methods, target dates, and staff assignments, according to prioritized acuity level of problems/needs.

D TREATMENT IMPLEMENTATION

Nursing care is provided, based on the assessment of needs, in accordance with the **(ISP/IRP)** and the physician's orders.

E DOCUMENTATION

Nursing documentation is clear and concise, and reflects the on-going plan of care, the client's progress and response to established nursing diagnoses, interventions, goals/ objectives, and the client's status at time of changes in condition, admission, transfer, or discharge.

F CLIENT & FAMILY EDUCATION

The client and family, where applicable, are informed and/or taught about the client's health care needs, as identified in the **(ISP/IRP)**.

G MEDICATION ADMINISTRATION

Medications and treatments are administered by licensed nursing personnel, as prescribed by the physician/dentist/podiatrist/physician assistant/nurse practitioner in accordance with hospital and regulatory agency regulations.

H SAFETY

Precautions are implemented to provide the client with a “safe” environment and protect the client from accident and injury, etc.

I SECLUSION & RESTRAINT

Seclusion and/or restraints are utilized per **DMHDDAD** /service area policies and procedures.

J CONFIDENTIALITY

Confidentiality of client information is maintained in accordance with CSH policies and procedures.

K DISCHARGE PLANNING

Discharge planning or potential for discharge needs will be assessed and identified as soon as possible after admission, and will be reviewed, as necessary, providing reasonable assurance for continuity of care.

GLOSSARY

Accountability: (Matek) "The fulfillment of a formal obligation to periodically disclose in adequate detail and consistent form to all directly and indirectly responsible or properly interested parties the 1) Purpose, 2) Principle, 3) Procedure, 4) Relationship, 5) Results, 6) Incomes, and 7) Expenditures involved in any activity, enterprise or assignment so that evaluation and decisions can be made."

Annual Evaluation: A report completed by the NPI Council and submitted to the CSH Nurse Executive by the NPI Coordinator.

Area Report: The summary report of the "Monitoring & Evaluation Data Compliance Analysis" for each of the service areas and for CSH. The data are the same as that which compose the Subarea Reports.

Appropriateness: The extent to which a particular procedure, treatment, test, or service is clearly indicated, is not excessive, is adequate in quantity, and is provided in the setting most appropriate to the client's needs.

Criteria: Value-free name of variables believed or known to be relevant indicators of the quality. of client care; measures, descriptors, and/or indicators by which compliance may be determined. They are the individual parts of the Important Aspects of Care/indicator set being objectively measured in the monitoring.

Continuous Quality Improvement: A formal effort of objective and systematic monitoring and evaluation of the quality and appropriateness of client care.

Data Listing: A listing of each piece of data entered into the computer for a particular Important Aspects of Care/indicator/criterion set for each living unit.

Evaluation: A subjective generalization describing a resulting judgment based on a measurement.

Important Aspects of Care (IACs): The diagnostic and therapeutic modalities, which nurses consider to be most important in providing nursing services. The IACs are a reflection of the. nursing standards that have been identified. They will have several criteria. The number of criteria being monitored at a given time may vary but the generic standards and the aspects of care will remain essentially the same

Indicator: A measurable dimension of the quality or appropriateness of care or service. The indicator may have two or more criteria that further define the elements being monitored.

Performance Improvement (PI) Team: A specially constituted group chosen to address a specific opportunity for improvement. This group consists of those who are considered experts. and have regular contact with the specific process

Scope of Care: Range of services provided by a department or service area, which includes the who, what, when, where, and why of the profession or service involved in the plan or study.

Standard: The desired and achievable level of practice, care, and/or performance of a profession; a statement of structural and functional expectations that guide quality of care. There may be structure (system), process, and outcome standards

Standards Monitoring: Method of evaluating the compliance with accepted standards and scope of practice for nursing care at the hospital.

Subarea Report: The report of "Monitoring & Evaluation Data Compliance Analysis" for a single living unit.

APPENDIX

The following section contains the forms that are utilized to pursue, record, and report performance improvement activities.

Description of Forms

A CALENDAR OF MONITORING ACTIVITIES - an account of the frequency and pattern of monitoring on a yearly basis.

B MONITORING PROCESS FOR MONTHLY ACTIVITIES - a schedule to which all living units/ wards will adhere.

C DATA LISTING - a record of each piece of data entered into the computer for a particular Important Aspects of Care/indicator /criteria set for each living unit.

D SUBAREA DATA ANALYSIS COMPLIANCE REPORT - a report of "Monitoring & Evaluation Compliance Analysis" for each criterion and the complete Important Aspects of Care (IAC) for each living unit.

E NARRATIVE ANALYSIS REPORT (NAR) - a form for each living unit/ ward Charge Nurse/Nurse Manager to complete and submit to the service area Nurse Executive who reviews it and forwards it to the NPI Coordinator.

F NPI NOTEBOOK FORMAT – the uniform organization and arrangement of data in the NPI notebooks located in designated service areas.

G MONITORING ACTIVITY FORM (MAF) - a form utilized to detail the Important Aspects of Care/indicator/criteria set, sampling method, and directions for monitoring in data collection.

H DATA ENTRY FORM (DEF) - a form utilized for recording responses to criteria identified in a monitoring activity.

I COMPUTER CODES - a three letter code for each service area and a five letter/number code for each living unit developed to facilitate data entry and retrieval in the NPI computer program.

J AREA DATA COMPLIANCE REPORT - a summary report of "Monitoring & Evaluation Data Compliance Analysis" for each of the service areas and for CSH. The data are the same as that which compose the subarea reports.

LIST OF FORMS

Calendar of Monitoring Activities	Appendix A
Monitoring Process for Monthly Activities	Appendix B
Data Listing	Appendix C
Subarea Data Compliance Analysis Report	Appendix D
Narrative Analysis Report (NAR)	Appendix E
NPI Notebook Format	Appendix F
Monitoring Activity Form (MAF)	Appendix G
Data Entry Form (DEF)	Appendix H
Computer Codes	Appendix I
Area Data Compliance Analysis Report	Appendix J

NURSING PERFORMANCE IMPROVEMENT CALENDER
FOR REVIEW OF MONITORING AND EVALUATION ACTIVITIES

STANDARD		JUL (2003)	AUG (2003)	SEP (2003)	OCT (2003)	NOV (2003)	DEC (2003)	JAN (2004)	FEB (2004)	MAR (2004)	APR (2004)	MAY (2004)	JUN (2004)
A ADMISSION/MOVEMENT													
B ASSESSMENT		B26; B16*	B16*	B16*	B16*	B16*	B20; B16*	B16* B26	B16*	B20; B16*	B16* B26	B16*	B20; B16*
C INDIVIDUAL SERVICE PLAN													
D TREATMENT IMPLEMENTATION													
E DOCUMENTATION													
F CLIENT & FAMILY EDUCATION				F3			F3			F3			F3
G MEDICATION ADMINISTRATION		G1 G2, G15; G22*	G2; G22*	G2; G22*	G18 G2; G22*	G1 G2; G22*	G2; G22*	G2; G22*	G2; G22*	G2; G22*	G2; G22*	G2; G22*	G2; G22*
H SAFETY													
I SECLUSION/RESTRAINT			I24*										
J CONFIDENTIALITY													
K DISCHARGE PLANNING													
DIVISION SPECIFIC	DDD					G1							
	FSD		I24										
	CHD	G22	G22	G22	G22	G22; G1	G22	G22	G22	G22	G22	G22	G22
	PSD		I24										
Competency F/U					24 Hour Rep- John to report use		G15, G10, TB (ICN)	B6, Suction Machine	I3, H2,	HT, H4	I22, I23, I24, I25, VVO	G7	E Documentation

* Refer to ADivision Specific@ section to identify the specific division which monitored the noted monitoring activity.

NOTE: G2: Medication PassBmonitor each nurse yearly; B20: Pain AssessmentBmonitor quarterly; B16: End of Life ProtocolBmonitor each case; G1 monitored monthly on units with no medication errors; G22: Moderate Sedation in OR—monthly all cases; G20: Pharmacy/Nurse Check—monthly on varied units.

B – 1

Nursing Performance Improvement Monitoring Process

1st of Month

Nurse Supervisor/Manager
Identify which IACs to monitor from the NPI Calendar on the LAN.
Print IAC from the IAC file on the LAN.
Review IAC with staff that is to do the monitoring.

15th of Month

Monitor
Are there applicable charts to monitor (review chart selection)?
No: Note "No applicable charts to monitor" on data entry form.
Yes: Monitor 3 records on each living unit.
Forward data entry forms to the Nurse Manager.

Nurse Manager
Review data & submit to Nurse Executive/Associate Nurse Executive (NE/ANE).

20th of Month

Program Associate for Nurse Executive, Associate Nurse Executive & NPI
Enter data into computer program.
Print area analysis for NE/ANE review.
Was data submitted/entered for each living unit?
No: Print sub-area analysis for areas that submitted data
Yes: Print sub-area analysis for all living units/wards.
Copy sub-area analysis for NE/ANE and nurse manager to review.
Attach Narrative Analysis (NA) to subarea analysis for completion.
Send subarea analysis & NA to nurse manager.
Was any G2 or H11 data entered?
Yes: Print competencies & forward to Nurse Manager.

B - 2

25th of Month

Nurse Manager
Review sub-area analysis and G2 & H11 competencies. Identify problems, & correction actions.
Were problems identified?
No: Note "no problems" on NA & check "resolved". Forward NA to NE/ANE for review & approval.
Yes: Complete NA--note problems & corrective actions. Forward NA to NE/ANE for review & approval.

30th of Month

Nurse Executive/Associate Nurse Executive
Was NA completed appropriately?
No: NE/ANE makes necessary changes & forward changes to unit.
Yes: Sign form and forward to NPI Coordinator.

NPI Coordinator
Prints area analysis & prepares graphs.
Was NA submitted for IACs monitored?
No: Notify NE/ANE of needed NA (if problems were identified).
Yes: Update Follow-up Action Tool to include corrective actions.
Prepare monthly NPI Monitoring Report.
Forward Follow-up Action Tool to NE/ANE office.

4th Tuesday

Nurse Executive Council (NEC)
Review Monthly NPI Monitoring Report, including graphs.
Does NEC identify any F/U issues?
Yes: Assignments are made; F/U reported back to the NEC for approval/completion. Nurse Executive/Associate Nurse Executive files updated NA & forward to the Nurse Manger to file.
No: Nurse Executive/Associate Nurse Executive files updated NA & forward to the Nurse Manger to file.

Nurse Executive/Associate Nurse Executive
Share data with division/unit staff.

NPI Coordinator
Share pertinent information with nursing staff at monthly NPI meeting & monthly NECPI

meeting.

Page No. 1

Run Date: 02/04/97
Time: 11:19 am

IAC F 1: CLIENT/FAMILY EDUCATION
FROM: 01/01/97 THRU: 01/31/97

INDICATOR NUMBER

CHART/ID #	DATE	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

AREA: DDD
SUBAREA: DPM5W
NAME/ID: NURSE, GOOD / 000000000

000000	01/06/97	X	X	X	X	X
000001	01/06/97	X	X	Y	Y	X
000002	01/06/97	X	Y	Y	Y	X

3 Monitoring Records Printed bom/92

C

D

CENTRAL STATE HOSPITAL
NURSING STANDARDS MONITORING
MONITORING & EVALUATION DATA ANALYSIS
REPORT DATE: 02/04/97

CATEGORY: IAC F 1: CLIENT/FAMILY EDUCATION
ANALYSIS PERIOD: 01/01/97 THROUGH: 01/31/97
SUBAREA: DPM5W

SAMPLE	PERCENT YES
3	100.0%

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NO. REVIEW ELEMENT

1. Self-care teaching needs ... within the scope of nursing ... during the current admission were identified on the ISP.

APPLICABLE RECORDS	PERCENT YES
0	N/A

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2. It was documented ... that client/significant others were informed and/or taught about ... self-care teaching needs...

APPLICABLE RECORDS	PERCENT YES
1	100.0%

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3. Documentation of the explanation/education was noted on the Teaching Flow Sheet for all diagnostic procedures/work-ups..

APPLICABLE RECORDS	PERCENT YES
2	100.0%

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4. The level of understanding of the client/family/significant other, related to...instruction was documented on...Teach...

APPLICABLE RECORDS	PERCENT YES
2	**100.0%**

E

CENTRAL STATE HOSPITAL
NURSING MONITORING ACTIVITY
NARRATIVE ANALYSIS REPORT

TYPE MONITORING: ☐PRACTICE ☐PRACTITIONER MONITORING **IAC:** _____

DIVISION: _____ **LIVING UNIT:** _____

DATE MONITORED: _____/ _____/ _____

PROBLEM DESCRIPTION:

WERE PROBLEMS IDENTIFIED RELATED TO?

STAFFING ISSUES? ☐YES ☐NO
IF YES, PLEASE EXPLAIN:

STAFFING COMPETENCIES? ☐YES ☐NO
IF YES, PLEASE EXPLAIN:

ACTIONS/RECOMMENDATIONS FOR PROBLEM: **TARGET DATE:** ____/ ____/ ____

RESPONSIBLE PERSON(S): 1) _____ 2) _____

STATUS: ☐ RESOLVED ☐ UNRESOLVED

REVIEWING NURSE:_____ **DATE:** ____/ ____/ ____

NURSE EXECUTIVE COMMENTS:

NURSE EXECUTIVE: _____ **DATE:** ____/ ____/ ____

F

NPI NOTEBOOK FORMAT

Each level of the monitoring process will maintain a NPI Notebook with records of data collection material and reports to include:

LIVING UNIT: A notebook is not required; the following documents are available on the LAN

- NPI calendar for the current fiscal year
- NPI Plan
- Service area standards

NURSE MANAGER/NURSE EXECUTIVE:

- NPI calendar for the current fiscal year (available on the LAN)
- Current copy of the NPI Plan, (available on the LAN)
- Divided sections for each month of the fiscal year
- Order for the data in each monthly section from front to back should be:
  - NPI Report for Nursing Executive Council (Nurse Executive only)
  - Service area Narrative Analysis Report, if applicable (Nurse Executive only)
  - Living unit Narrative Analysis Reports (NARs) placed in meaningful order each month (Living units/wards need only those NARs specific to their living unit.)
  - Living unit Subarea Monitoring & Evaluation Data Compliance Report(s)
  - Basic data listing for the living unit, if applicable (Nurse Executive only)
  - Follow-up monitoring (follow the same sequence as above)
  - Any memos, correspondence or significant data pertaining to NPI

G -1

IAC F 1: CLIENT & FAMILY EDUCATION

1. Date developed: 1989

2. Results of pilot study:

3. Standard: F CLIENT & FAMILY EDUCATION

4. Resources:

Policy:	Nursing Policy III 3.0
Procedure:	
Literature:	JCAH Nursing Services Standards NR. 7.2.6 ANA Practice Standards for Psychiatric Nursing Accreditation Manual for Hospitals, 1987, NR. 7.2.6

5. Date approved:

NEC:	6-89
NSMC:	5-89

6. Date revised: Edited 11/94
Revised 5/95 to add item #5 related to client outcome.

7. Dates monitored:

	N = X	Location
7-89	N = 9	
7-92	N = 7	All
12-93	N = 8	All
11-94	N = 13	All

G -2

CENTRAL STATE HOSPITAL
NURSING MONITORING ACTIVITY
Date for Monitoring:
Area for Monitoring:

IMPORTANT ASPECT OF CARE: F 1: CLIENT & FAMILY EDUCATION
INDICATOR: There will be an appropriate client/family teaching plan.
TYPE OF INDICATOR: Process, outcome, rate based.
RATIONALE: High volume, problem prone.
DATA SOURCE: Medical record, Teaching Flow Sheet (CSH-309).
SAMPLE/METHODOLOGY: Select 5% of the living unit population or three records, whichever is greater. Start with the first name on the list and choose every __th (n = __) record there after until the desired number of records has been selected for monitoring. Choose only those records which meet the following criteria: N/A. Monitor only the last 30 days of the medical record.
STANDARD: F CLIENT & FAMILY EDUCATION

CRITERIA:

1. Self-care teaching needs that were within the scope of nursing during the current admission were identified on the ISP.

2. It was documented on the Teaching Flow Sheet (CSH-309) that the client and/or significant others were informed and/or taught about the client's self-care teaching needs, as identified on the ISP.

3. Documentation of the explanation/education was noted on the Teaching Flow Sheet for all diagnostic procedures/work-ups related to the client's condition, as indicated.

4. The level of understanding of the client and family or significant others, related to the educational instruction, was documented on the Teaching Flow Sheet for the identified self-care teaching needs.

5. When interviewed, the client was able to verbalize some under-standing of self-care teaching provided.

H

Central State Hospital
Nursing Monitoring Activity
Data Entry Form

IAC:_____ Division_____ Date:_____ Data Collectors ID # & Initials: _____

YES = Y; NO= N; N/A= X Please make letters & AVATAR # Legible

Client's Name:_____ Record #:_____ Unit:_____

C1:____ C2:____ C3:____ C4:____ C5:____ C6:____ C7:____ C8:____ C9:____ C10:____
C11:____ C12:____ C13:____ C14:____ C15:____ C16:____ C17:____ C18:____ C19:____ C20:____
C21:____ C22:____ C23:____ C24:____ C25:____

Comments:_____

Client's Name:_____ Record #:_____ Unit:_____

C1:____ C2:____ C3:____ C4:____ C5:____ C6:____ C7:____ C8:____ C9:____ C10:____
C11:____ C12:____ C13:____ C14:____ C15:____ C16:____ C17:____ C18:____ C19:____ C20:____
C21:____ C22:____ C23:____ C24:____ C25:____

Comments:_____

Client's Name:_____ Record #:_____ Unit:_____

C1:____ C2:____ C3:____ C4:____ C5:____ C6:____ C7:____ C8:____ C9:____ C10:____
C11:____ C12:____ C13:____ C14:____ C15:____ C16:____ C17:____ C18:____ C19:____ C20:____
C21:____ C22:____ C23:____ C24:____ C25:____

Comments:_____

I - 1

COMPUTER CODES

DEVELOPMENTAL DISABILITIES

UNIT		CODE
Phoenix Center	3	DDPC3
11 Broad Street		D11BRD
15 Broad Street		D15BRD
Pecan Manor		DDDPM
Pecan Manor	4	DDPM4
Pecan Manor	5 East	DPM5E
Pecan Manor	5 West	DPM5W
Piedmont Hall		DDDPH
Piedmont Hall	1 South	DPH1S
Piedmont Hall	1 North	DPH1N
Piedmont Hall	2 East	DPH2E
PROGRAM & SERVICE CENTER		DDPSC
Education Work Activity Center		DEWAC
Craig Building		MSCB
Craig 1		MSC1
Craig 2		MSC2
Craig 4		MSC4
Craig 5		MSC5
Craig 6		MSC6
Craig 7		MSC7

I - 2

CLINICAL AND CONSULTATIVE SERVICES

UNIT	CODE
Active Treatment Mall	FSTXM
Craig Active Treatment Mall	C3TXM
Dental Clinic	DENT
New Direction Industries	NDI
Nursing Administration	NAMOB
Boland PSC	BOLPC
Radiology	X-RAY
Forensic Medical Clinic	FSCMC
Occupational Health & Injury Services	OHIS
Education Work Activity Center	EWAC

FORENSIC SERVICES

UNIT	CODE
Cook Blue 1	FSCB1
Cook Green 1	FSCG1
Cook Orange 1	FSCO1
Cook Red 1	FSCR1
Cook Blue 2	FSCB2
Cook Green 2	FSCG2
Cook Orange 2	FSCO2
Cook Red 2	FSCR2

I - 3

COMPUTER CODES (Cont.)

0 is a zero (note the line through it to represent a 0)
O is a vowel (note absence of line through the O)

A five digit code has been programmed into the NPI computer program to identify each living unit. This code must be entered exactly to identify the living unit so that the data for that particular living unit will not be lost in the computer. The computer will have a data entry error if an O (vowel) is used where a 0 (zero) is indicated. Please look closely at the living unit code. Then, on the NPI data entry form, put a line through the 0 (zero) so that the individual entering the data into the computer will not make a data entry error. The zero (0) acts as a space. The vowel (O) names part of the living unit being identified. This distinction between the 0 (zero) and the O (vowel) must be made by the individual who does the monitoring and the filling out of the data entry form.

CENTRAL STATE HOSPITAL
NURSING STANDARDS MONITORING
MONITORING & EVALUATION DATA ANALYSIS
COMPUTER ANALYSIS TIME = 00:00:05
REPORT DATE: 02/14/97

CATEGORY: IAC F 1: CLIENT/FAMILY EDUCATION
ANALYSIS PERIOD: 01/01/97 THROUGH: 01/31/97

AREA		SAMPLE	PERCENT YES
DDD	=	3	100.0%
FSD	=	0	N/A
MSD	=	0	N/A
	=	0	N/A
	=	0	N/A
	=	0	N/A
TOTAL	=	3	100.0%

NO. REVIEW ELEMENT

1. Self-care teaching needs ... within the scope of nurs
   during the current admission were identified on the I

AREA		APPLICABLE RECORDS	PERCENT YES
DDD	=	0	N/A
FSD	=	0	N/A
MSD	=	0	N/A
	=	0	N/A
	=	0	N/A
	=	0	N/A
TOTAL	=	0	N/A

NO. REVIEW ELEMENT

2. It was documented ... that client/significant others
   informed and/or taught about ... self-care teaching n

AREA		APPLICABLE RECORDS	PERCENT YES
DDD	=	1	100.0%
FSD	=	0	N/A
MSD	=	0	N/A
	=	0	N/A
	=	0	N/A
	=	0	N/A
TOTAL	=	1	100.0%

CSH NPI PLAN

J - 2

CODE: F1 ANALYSIS RUN DATE: 02/14/97 PAGE 2

NO. REVIEW ELEMENT

3. Documentation of the explanation/education was noted on the Teaching Flow Sheet for all diagnostic procedures/work-ups..

AREA		APPLICABLE RECORDS	PERCENT YES
DDD	=	2	100.0%
FSD	=	0	N/A
MSD	=	0	N/A
	=	0	N/A
	=	0	N/A
	=	0	N/A
TOTAL	=	2	100.0%

4. The level of understanding of the client/family/significant other, related to...instruction was documented on...Teach...

AREA		APPLICABLE RECORDS	PERCENT YES
DDD	=	2	100.0%
FSD	=	0	N/A
MSD	=	0	N/A
	=	0	N/A
	=	0	N/A
	=	0	N/A
TOTAL	=	2	100.0%

5. When interviewed, the client was able to verbalize some understanding of self-care teaching provided.

AREA		APPLICABLE RECORDS	PERCENT YES
DDD	=	0	N/A
FSD	=	0	N/A
MSD	=	0	N/A
	=	0	N/A
	=	0	N/A
	=	0	N/A
TOTAL	=	0	N/A