

Understanding the NRC Health Real-time Program within the Context of Magnet Designation

Roadmap for today

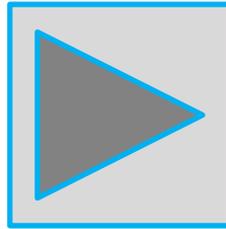
- Review and discuss the patient experience data portion of Magnet designation in the context of the 2019 manual.
- Understand the alignment between NRC Health's Real-time Program and ANCC's Magnet designation.
- Discuss NRC Health Real-time Program considerations when transitioning to more immediate and robust data collection methods to drive improvement.

ANCC Magnet Designation

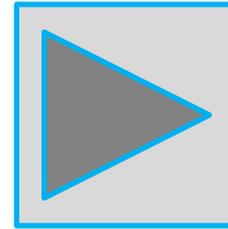
Today applies to those who are (Acute and Post-acute):



**PRE-LETTER
OF INTENT**



**“ON THE
JOURNEY”**



**MAGNET
DESIGNATED**

What is Magnet Designation?

ANCC CLAIMS THAT MAGNET HOSPITALS HAVE:

- Higher percentages of **satisfied nurses**
- Lower **RN turnover and vacancy**
- Higher **patient satisfaction**, and...
- Improved **clinical outcomes**.

Magnet designation is the ultimate credential for high nursing quality and the highest honor awarded by the ANCC. It is recognized as the “gold standard” of nursing excellence.

Gaining clarity on EP20EO and EP21EO (2019 manual)

- Greater clarity of what's included under “Ambulatory”.
- IP and Ambulatory are separate Sources of Evidence (SOE) items in the ANCC 2019 manual.
- Patient Satisfaction calculation methodology remained unchanged.

Gaining clarity on EP20EO and EP21EO (2019 manual)

THE ANCC “AMBULATORY CARE NURSING” DEFINITION

- “Ambulatory care includes those clinical, organizational, and professional activities engaged in by registered nurses with and for individuals, groups, and populations who seek assistance with improving health and/or seek care for health-related problems. Registered nurses promote optimal wellness, participate in the management of acute illness, assist the patient to manage the effects of chronic disease and disability, and provide support for end-of-life care....”

Gaining clarity on EP20EO and EP21EO (2019 manual)

THE ANCC “AMBULATORY CARE SETTING” DEFINITION

- “...which include but are not limited to hospital-based clinics/centers, solo or group medical practices, ambulatory surgery, and diagnostic procedure areas, telehealth service environments, university and community hospital clinics, military and veterans administration settings, nurse-managed clinics, managed care organizations, colleges and educational institutions, free standing community facilities, care coordination organizations, and patient homes...For Magnet purposes, ambulatory care settings include emergency departments and emergency care.”

Gaining clarity on EP20EO and EP21EO (2019 manual)

THE ANCC MAGNET “PAIN” CATEGORY

- HCAHPS/CMS decision effective 01/2018.
- HCAHPS/CMS decision effective 10/2019.
- ANCC decision 2019.

Differentiating between ANCC “Point of Care” and NRC Health’s Real-time Feedback

- What is “Point-of-Care”?
- NRC Health Real-time Feedback Program

What do we know about memory recall?

- Learners will forget an **average of 90%** of what they learned in the first month.
- Primacy-recency effect.



Traditional surveys and online reviews are met with cynicism...



**"IT'S NOT
REPRESENTATIVE."**

"THE DATA
IS TOO OLD."

"THERE'S LOW PARTICIPATION."

**"ONLY THE
UNHAPPY REPLY."**

**"IT'S NOT
ABOUT ME."**

And, they don't tell the whole story.

Which response is actionable?

TRADITIONAL SURVEY

8. In the last 6 months, how often did you and someone from this office talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

REAL-TIME FEEDBACK

8. Please tell us about your experience

I was prescribed two meds. At the pharmacy, I was told they had not been called in. I called the office and was told there was a glitch, and they would call again. Two hours later, the prescriptions still had not been called in. More back-and-forth calls. Over 24 hrs. later the prescriptions are still not called in.

This is not acceptable! I will be looking for healthcare elsewhere.

Consumer expectations of healthcare have changed for good

PERSONALIZATION

Not generalization

OUTCOMES

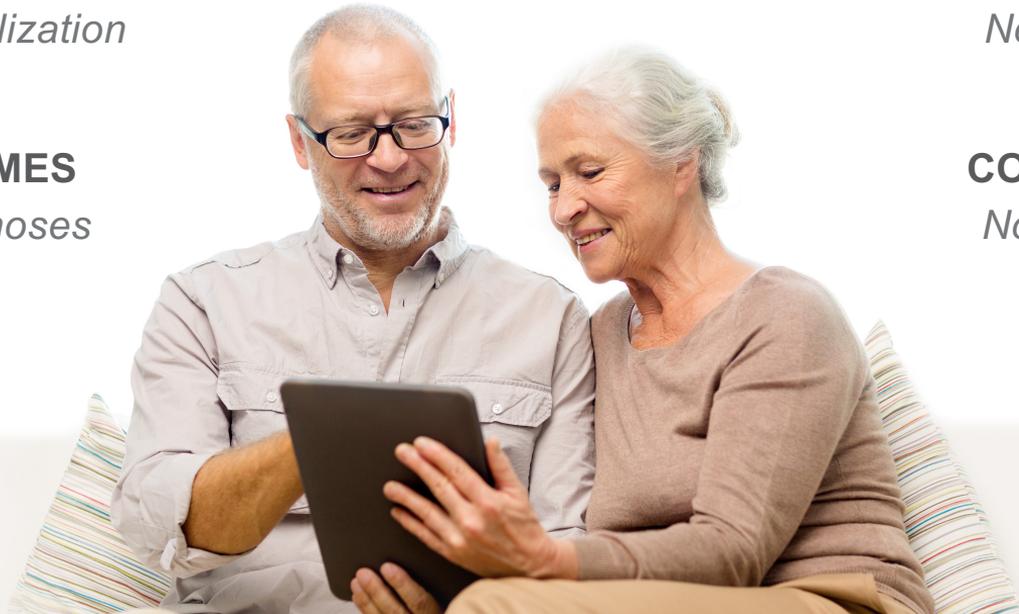
Not diagnoses

CONSTANT IMPROVEMENT

Not status quo

CONVENIENCE

Not complexity



Generate quality feedback: Engaging your healthcare customers how *they* prefer

CONTACT 100%

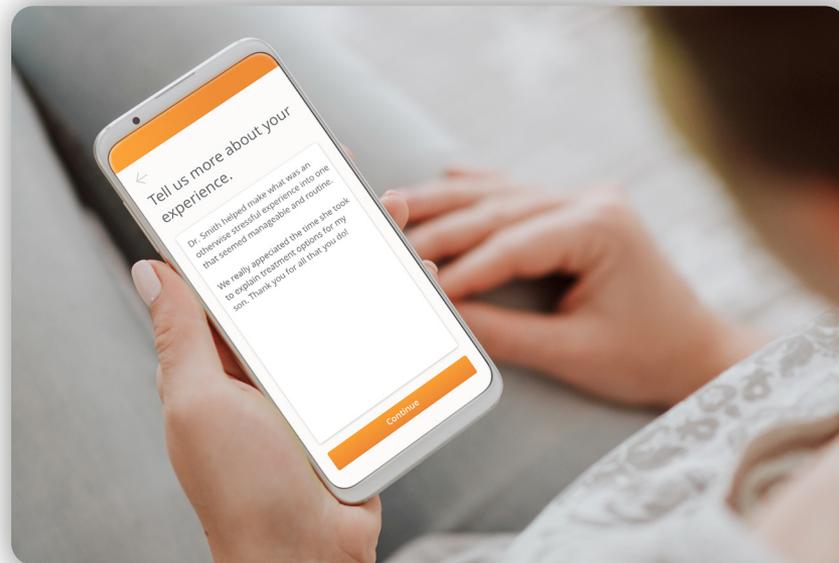
Leverage technologies to contact customers within 24-48 hours of their encounter with your brand.

PREFERENCE-BASED

Maximize participation by contacting your customer using the channel they prefer, via email, text, or call.

SIMPLE AND CANDID

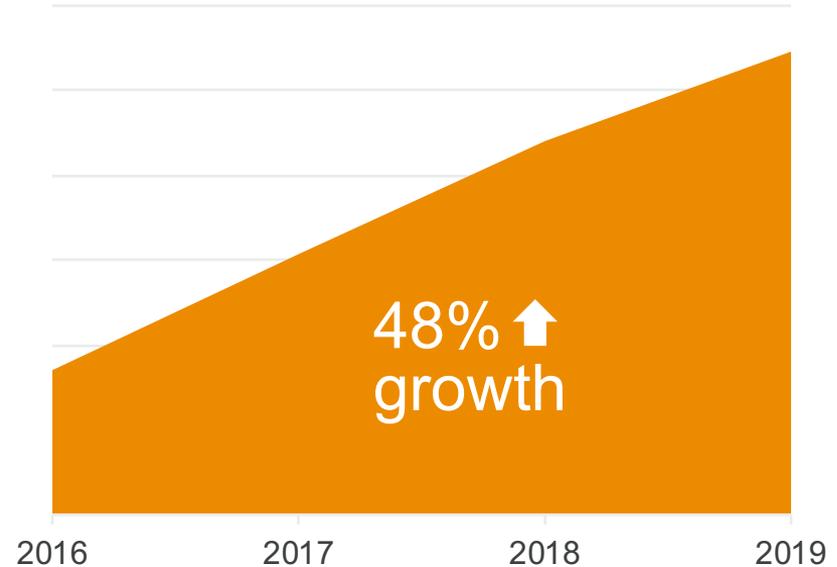
Ask relevant questions to each customer, giving them more time to share their story via open-ended comments.



Fastest growing way to monitor customer experience in healthcare

- 275 healthcare systems trust NRC Health to monitor customer feedback in real-time
- 8M consumer voices—and growing—listened to annually
- Millions of dollars saved in reduced outmigration in last year through fast actions
- Greater than 80% of feedback within 24 hours of encounter
- Outperforms the CMS HCAHPS database

Growing demand for Real-time feedback





NRC Health Real-time Program and ANCC Magnet alignment

ANCC 9 Categories	NRC Health Real-time Question (Adult version)
Care Coordination	“Was there good communication between the different doctors and nurses?”
Careful Listening	“Did nurses listen carefully to you?”
Courtesy and Respect	“Did nurses treat you with courtesy and respect?”
Pain, Responsiveness	“Did the staff do everything they could to help you with your discomfort?”
Patient Education	“Did nurses explain things in a way you could understand?”
PE/PCC	“Did you have enough input or say in your care?”
Responsiveness, Service Recovery	“ Were you comfortable talking with nurses about your worries or concerns?”
Safety	“Did you have confidence and trust in the nurses treating you?”

NRC Health Real-time Program and ANCC Magnet alignment

ANCC 9 Categories	NRC Health Real-time Question (Pediatric version)
Care Coordination	“Was there good communication between the different doctors and nurses?”
Careful Listening	“Did nurses listen carefully to you?”
Courtesy and Respect	“Did nurses treat you with courtesy and respect?”
Pain, Responsiveness	“Did the staff do everything they could to help your child with his/her discomfort?”
Patient Education	“Did nurses explain things in a way you could understand?”
PE/PCC	“Did you have enough input or say in your child’s care?”
Responsiveness, Service Recovery	“Were you comfortable talking with nurses about your child’s worries or concerns?”
Safety	“Did you have confidence and trust in the nurses treating your child ?”

Important items to know about ANCC approved verbiage

- “Nurse” vs. “staff” verbiage is setting contingent
- “Provider” is not interchangeable for “Nurse”
(Magnet Commission, 2014)
- “Care provider” is not interchangeable for “Nurse”
(ANCC, 2017)

Additional Real-time Feedback Options:

When and how they're used in settings

→ RN gate question

Adult	Pediatric
“Did you see a nurse during this visit?”	“Did your child see a nurse during this visit?”

→ Rotation (recommended volume in rotation depends on setting type)

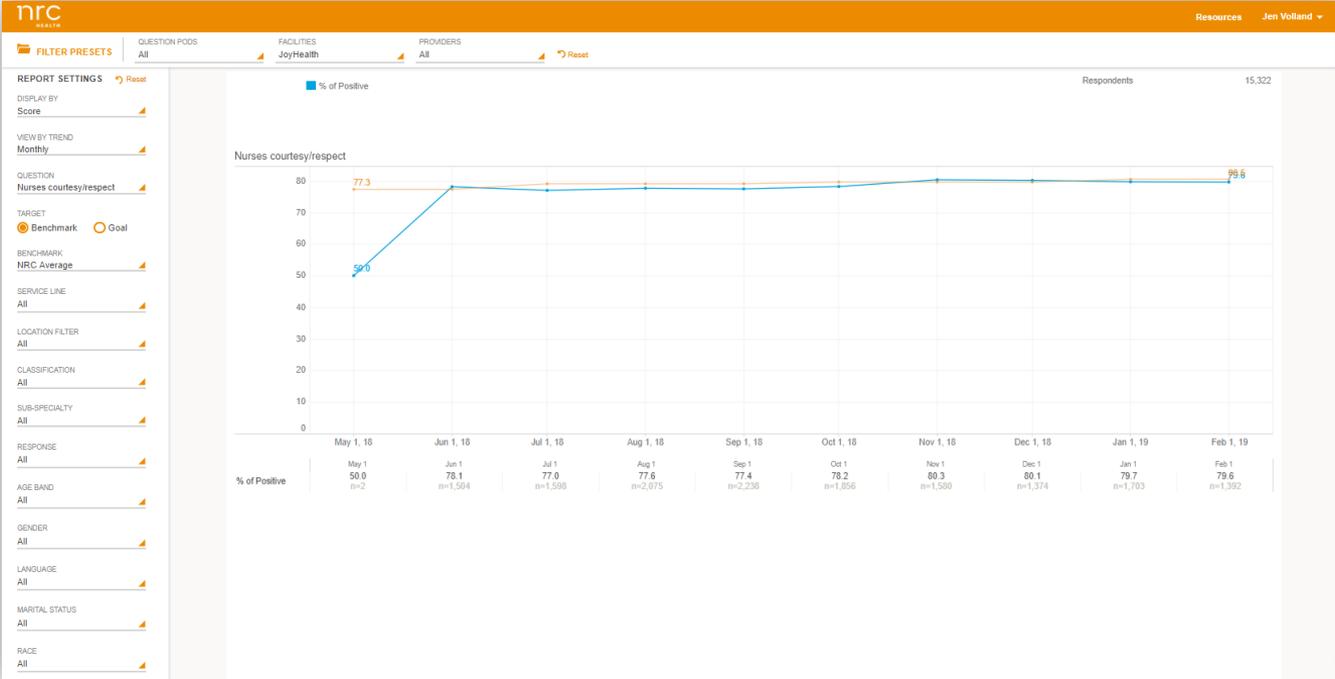
→ # of items to use if rotation is incorporated for Real-time

Additional Real-time Feedback Options:

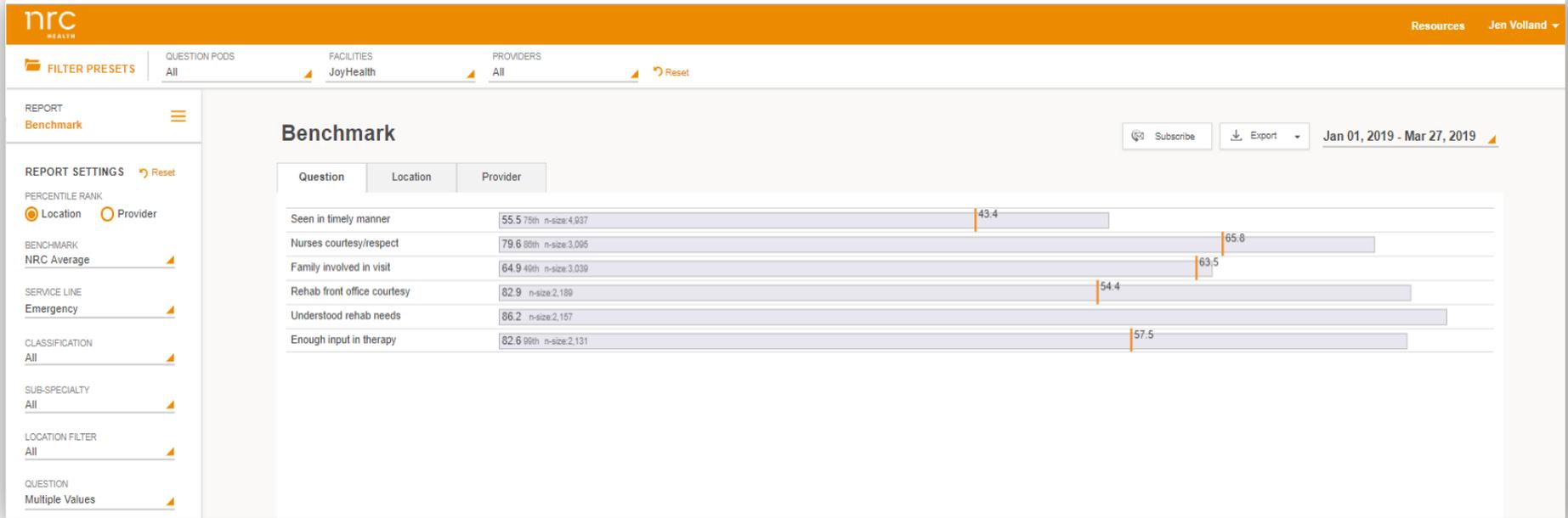
Question ordering

- Time-sequential ordering.
- Priority ordering.
- Categorical ordering.

Real-time trend report



Real-time benchmarking report



NRC Health Magnet report “Beta”

[FILTER PRESETS](#) |
 [QUESTION PODS](#) All |
 [FACILITIES](#) JoyHealth |
 [PROVIDERS](#) All |
 [Reset](#)

REPORT
Magnet

REPORT SETTINGS [Reset](#)

CATEGORY
 All

QUESTION
 All

BENCHMARK
 NRC Average

SERVICE LINE
 All

LOCATION FILTER
 All

CLASSIFICATION
 All

SUB-SPECIALTY
 All

Magnet
 Please note that this Magnet Report is in beta and has not yet been reviewed by the ANCC. The report is subject to change based on your feedback and review by ANCC. We look forward to your feedback during the testing of this report.

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 Mar 01, 2018 - Feb 28, 2019

Category	Question	Location	2018 Q2		2018 Q3		2018 Q4		2019 Q1	
			Target	Score	Target	Score	Target	Score	Target	Score
Courtesy and Respect	Nurses courtesy/respect	Boardwalk Joy Schools Health and Wellness C.	77.3	88.5 n=26	79.1	98.2 n=110	79.6	92.3 n=91	80.5	94.8 n=58
		Downtown Joy Schools Health and Wellness C.	77.3	100.0 n=25	79.1	96.9 n=96	79.6	96.3 n=81	80.5	97.7 n=43
		East Joy Schools Health and Wellness Center	77.3	72.7 n=11	79.1	84.6 n=52	79.6	86.8 n=53	80.5	96.9 n=32
		Joy Employee Clinic	77.3	100.0 n=24	79.1	88.6 n=75	79.6	88.1 n=53	80.5	91.4 n=35
		Joy Health Worksite Care Clinic East	77.3	100.0 n=8	79.1	95.0 n=40	79.6	100.0 n=29	80.5	90.0 n=20
		Joy Health Worksite Care Clinic North	77.3	83.3 n=12	79.1	96.4 n=55	79.6	92.1 n=38	80.5	96.7 n=30
		Joy Health Worksite Care Clinic South	77.3	100.0 n=14	79.1	86.4 n=22	79.6	95.8 n=24	80.5	89.5 n=19
		Joy University Health Center	77.3	77.8 n=18	79.1	82.6 n=23	79.6	77.8 n=18		
		MedJoy Family 10th	77.3	83.3 n=32	79.1	80.3 n=58	79.6	81.6 n=37	80.5	82.9 n=26
		MedJoy Family 30th	77.3	73.3 n=16	79.1	72.9 n=14	79.6	76.5 n=38	80.5	79.6 n=22
		MedJoy Family 40th	77.3	82.8 n=29	79.1	81.1 n=35	79.6	83.8 n=61	80.5	83.7 n=40
		MedJoy Family 70th	77.3	63.7 n=12	79.1	70.4 n=81	79.6	69.1 n=83	80.5	67.2 n=53
		MedJoy Family East	77.3	81.6 n=14	79.1	73.4 n=49	79.6	77.0 n=40	80.5	78.8 n=27
		MedJoy Family North	77.3	73.9 n=27	79.1	73.6 n=46	79.6	75.0 n=20	80.5	75.7 n=11
MedJoy Family West	77.3	73.8 n=24	79.1	73.6 n=17	79.6	78.1 n=52	80.5	78.5 n=16		
Mountainview Joy Schools Health and W.	77.3	93.8 n=32	79.1	89.8 n=108	79.6	89.6 n=115	80.5	86.0 n=55		
North Joy Schools Health and Wellness C.	77.3	90.0 n=10	79.1	88.2 n=34	79.6	86.2 n=28	80.5	100.0 n=20		

Accelerating transformation

Best—and next—practices from industry experts and healthcare providers prospering amidst a rapidly changing landscape.



Creating Change and Positive Outcomes: The NRC Health partnership

Creating change: Mini-improvement decks

Developing a No Pass Zone Environment

Creating a safe environment for all by responding to patient needs

nrc
HEALTH

Timeline

Date	NRC Health	Partner	Comments
X.XX	Discuss No Pass Zone training materials.	Determine Champions for roll-out.	Any additional resources needed by NRC Health for launch?
X.XX-X.XX	NRC Health available to answer any questions.	Create patient information, roll out education to staff, have staff role-play situations (team up clinical with non-clinical in role-playing if possible).	
X.XX	Call to discuss any anticipated barriers, etc.	Debrief on training, etc. and any anticipated barriers, early wins.	To occur week prior to launch.
X.XX		Begin No Pass Zone on units.	Ensure follow-up call is scheduled 4-5 days post launch.
X.XX	Follow-up call to discuss any barriers, etc.	Debrief on launch, etc. and any barriers, early wins.	Keep track of interventions dates so this can be tagged in the data.
X.XX	Post-Launch review of data	Feedback on implementation	To determine call schedule and next steps.

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No Pass Zone: What if I'm Not a Clinician?

- Determine if the patient is in immediate distress and activate the emergency system (i.e. code alert) if necessary.
- When responding to alarms, do not turn off or silence the alarm.

→ Call the most
available
closest clinician (or call directly to the nurse phone
on the white board).

→ When responding to call lights, let the patient know that you are not
available. Respond to what they are requesting, but you will find someone
to assist them.

→ Offer to assist: "Let me find the appropriate person to help you.
I will let you know how long it will take".

Hqinstitute.org, 2018¹⁰

Partnering in Excellence: Magnet-related case studies

CASE STUDY

Attaining top-decile performance to achieve greater human understanding.

Learn how three rural Nebraska hospitals accelerated the outcomes by focusing on patient communication.



BACKGROUND

Patients having a clear understanding of what they need to do after a hospital discharge or clinic visit is important not only for treatment plan compliance, but also because it impacts patient safety. This issue is even more important for patients in rural areas, who often face geographical limitations in reaching the nearest healthcare facility. For rural hospitals, resources are often more constrained, and it can be difficult to improve the patient experience when programs need to remain budget-neutral.

With a desire to engage patients more actively and comprehensively in their care, three rural hospitals partnered to improve Nurse Communication patient experience dimension.



COLUMBUS COMMUNITY HOSPITAL
Columbus, Nebraska

- 47-bed inpatient care facility
- 14 ambulatory-outpatient beds
- 4 skilled-nursing beds



HOWARD COUNTY MEDICAL CENTER
St. Paul, Nebraska

- 16-bed critical-access hospital
- Inpatient and skilled-nursing care
- Outpatient services
- Hospice care



YORK GENERAL HOSPITAL
York, Nebraska

- 25-bed critical-access hospital
- Inpatient care
- Clinic outpatient services
- Skilled nursing and assisted-living facilities

PERCENTILE RANK (PR) INCREASE

	Q4 2017	Q1 2018	Q2 2018	"Always" response increase	Percentile Rank (PR) increase
Communication with Nurses dimension	82.7% n-size: 184 PR: 66	82.0% n-size: 220 PR: 63	88.9% n-size: 202 PR: 95	6.2	29
Nurses treated the patient with courtesy and respect	90.1% n-size: 182 PR: 74	91.3% n-size: 219 PR: 82	94.0% n-size: 201 PR: 93	3.9	18
Nurses listened carefully to the patient	79.8% n-size: 183 PR: 64	79.0% n-size: 219 PR: 59	89.0% n-size: 200 PR: 96	9.2	32
Nurses explained things understandably to the patient	78.3% n-size: 184 PR: 62	75.5% n-size: 220 PR: 46	83.6% n-size: 201 PR: 87	5.3	25

Additional 2019 Manual Considerations

- **TL2EO**: Patient outcome associated with a nursing strategic plan goal.
- **TL5EO**: Patient outcome associated with AVP/nurse director or manager's membership in an organization-level, decision-making group.
- **TL8**: Clinical nurse(s) utilized data to advocate for resources, in support of the care delivery system.

Additional 2019 Manual Considerations

- **TL9EO**: Improvement in patient care or the nurse practice environment, associated with communication between the clinical nurse(s) and the AVP/nurse director (b1) nurse manager (b2).
- **SE7EO**: Knowledge gained from a nurse's or nurses' participation in a professional development activity.
- **EP3**: Patient(s)/families partnering to influence change in the organization.
- **EP4EO**: Patient outcome associated with 1 or +1 (internal or external) expert(s) recommended change in nursing practice.

Additional 2019 Manual Considerations

- **EP5**: Interprofessional collaborative practice to ensure coordination of care across the spectrum of health services.
- **EP6EO**: Defined patient population outcome associated with nurse participation in an interprofessional collaborative plan of care.
- **EP7EO**: Interprofessional quality improvement activity led or co-led by a nurse (exclusive of the CNO).

Additional 2019 Manual Considerations

- **EP8EO**: Patient outcome associated with an interprofessional education activity led or co-led by a nurse (exclusive of the CNO).
- **EP17**: Nurse driven initiative based on patient feedback that was received as a result of a service recovery effort.
- **NK3**: Clinical nurses' implementation of an evidence-based practice that is new to the organization (a), revision of an existing practice within the organization (b).

Additional 2019 Manual Considerations

- **NK6EO**: Improved outcome in a care setting associated with a clinical nurse(s) involvement in the adoption of technology.
- **NK7EO**: Nurse involvement with the design or redesign of the work environment (a) and ambulatory setting (b).

Experience summary of benefits: Using NRC Health's Real-time Program for process improvement

- ✓ Rapid process improvement with more frequent trending
- ✓ Achieve clinician-level data for performance and compensation programs
- ✓ Reinforce positive behaviors with immediate candid feedback
- ✓ Prevent outmigration taking prompt action for service recovery
- ✓ Uncover emerging trends before they escalate
- ✓ Validate strategic decisions with trusted community insights

Questions?

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