Empirical Outcomes

As a Magnet® Hospital, Cleveland Clinic nurses make an essential contribution to quality outcomes through clinical practice, investigation and leadership. By integrating evidence-based practice and research into our clinical and operational processes, we are committed to excellent nursing outcomes demonstrated through qualitative and quantitative performance measures. As a result, nurses positively impact patients, the hospital and their profession.

Improved Data Collection and Infrastructure Enhance Nursing Quality

The Zielony Institute’s departments of Nursing Quality at each Cleveland Clinic hospital facilitate the improvement of patient outcomes and promote quality of nursing care. Nursing Quality coordinates collecting, analyzing and reporting on multiple nursing quality indicators, and promotes activities to heighten awareness of gaps in quality and strength to improve patient care, processes and outcomes and facilitate evidence-based nursing practices. The guiding principle is that quality is based on evidence-based practice and effective processes.

Nursing Quality staff coordinate the National Database for Nursing Quality Indicators (NDNQI) data management process, performance improvement for nursing measures, nursing documentation compliance as required by regulatory agencies, patient safety initiatives at the bedside, nursing education on prevention and treatment of pressure ulcers, nursing education on quality and patient safety for nurses, and the Nursing Excellence Programs (American Nurses Credentialing Center’s Magnet Recognition Program™ and Pathways to Excellence™). Each hospital within the Cleveland Clinic health system has a nursing quality representative and certified wound care nurses.

The enterprise-wide Nursing Quality Council was developed to standardize reporting of nurse-sensitive indicators into an integrated scorecard for nursing, share best practices across hospitals, and embark on systemwide performance improvement initiatives. For example, a Skin Care Affinity Group was developed in an effort to standardize protocols and supplies used in the care of patients with stomas and pressure ulcers and to share best practices across the system. This group is a subcommittee of the Nursing Practice Council. Both councils have made great strides in ensuring that patients receive a consistent quality of care and nurses practice in linear fashion across Cleveland Clinic’s health system.

2010 Quality Initiatives

Quality initiatives are a reflection of putting our patients first. Data from public reporting, safety events and surveillance of outcomes, such as infection rates and hospital-acquired pressure ulcers, are used to prioritize improvement initiatives.

Although nursing autonomy is important, there is an expectation that evidence-based practices are consistently implemented throughout Cleveland Clinic. Effective adoption of better practices often requires standardization. By systematically deploying standard practices, we promote efficient, reliable and equitable care. Standardizing nursing practices across hospitals recognizes that integrated
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healthcare practices translate into better patient outcomes and improved care. The Cleveland Clinic 2010 Nursing Quality Initiatives highlight opportunities for making best practice common practice.

**Hospital Quality Measures: Core Measures**

Nursing impacts, directly or indirectly, 14 of the 37 core measures reported by Cleveland Clinic. Compliance with core measures has increased to 98 percent due to the following initiatives:

- Electronic medical record changes to incorporate education templates, and an enhanced medication reconciliation process
- Early identification of patients’ needs for education and standardization of education material
- Development of core measure education for nurses and sharing best practices on caring for patients in high-risk populations

**Patient Satisfaction**

Zielony Institute personnel provide exceptional service to positively impact the patient experience. Nursing directly impacts six of the eight domains within the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey that measures patients’ hospital care. Through teamwork and commitment to provide the best experience for our patients, nursing has made positive movement in all six domains by:

- Implementing focused hourly patient rounding across all hospitals
- Developing patient daily planners and communication boards
- Establishing a pain education program
- Implementing “No Passing Zones” in an effort to respond promptly to patient needs
- Introducing integrative therapies for pain management – guided imagery, Reiki, relaxation station
- Implementing a “Quiet at Night” program
Nurse-Sensitive Quality Indicators: Falls, Restraints and Hospital-Acquired Pressure Ulcers

The Zielony Institute continuously monitors and trends nurse-sensitive quality indicators to ensure the provision of safe care to patients. Nurses implemented initiatives to improve patient outcomes and have outperformed national benchmarks. Efforts include:

- Implementing unit-level huddles around restraints and patient falls
- Standardizing protocols around prevention and treatment
- Developing online and didactic nursing education programs
- Collaborating with multidisciplinary teams and across all levels of nursing
- Standardizing products and reviewing equipment to ensure patient safety
- Implementing unit-based nursing resources

The Zielony Institute is focused on quality improvement as a priority, and nurses strive to learn from each other to improve patient quality and enhance patient safety. Continuous monitoring of quality data provides guidance around improvement opportunities in documentation, clinical performance and nursing practice.

The Integrated Scorecard: A Model for Continuous Performance Improvement

The Zielony Institute began the process of developing an integrated scorecard for nursing metrics for all Cleveland Clinic hospitals in 2009. Throughout the last year, the scorecard came to fruition through the capture and standardization of nursing data for all hospitals in the health system.

Completion of the scorecard, along with reporting of the metrics in an electronic format, allows access to system data not previously available to all nurse leaders. In addition to integrated scorecard data, focused discussion on outcomes at nursing executive meetings allows the institute to drive standardization and outcomes and to focus on the most strategic data points across the health system — a true definition of continuous performance improvement.

As a result of focused discussions and the efforts of nursing leaders and bedside staff, the institute has seen favorable results in nursing’s most strategic metrics, specifically in quality metrics such as falls, pressure ulcers and restraints; in core measures; in financial performance; and in patient experience. Opportunities for improvement continue to present themselves, but integration and standardization allow nurses to act as a unit across the health system, providing an atmosphere that continuously supports Cleveland Clinic’s “Patients First” philosophy.
Educating From a Distance:  
Creating a Learning Environment  
Across the Health System

The development of a contiguous learning environment across the Zielony Institute has long been a goal of Nursing Education, since it would make available renowned guest speakers and educators to more than 11,000 nursing employees. In 2010, we welcomed the addition of distance education and videoconferencing to share valuable live educational offerings throughout the system. For example, Advisory Board presentations were broadcast to multiple entities including Sheikh Khalifa Medical City in Abu Dhabi. Similarly, nursing grand rounds were shared throughout the health system, providing nurses with valuable information to enhance patient care.

The distance learning format can be beneficial for multiple types of education formats, such as lectures, discussions, case studies and review sessions. Malissa Mulkey, RN, MSN, CCRN, CCNS, and Jennifer Colwill, RN, MSN, CCNS, PCCN, Clinical Nurse Specialists based at Cleveland Clinic’s main campus, utilized distance education to bring their critical care nursing (CCRN) review course to all nurses via interactive videoconferencing. Though challenging at first, the three-day course presented by nursing experts was televised from main campus to three distant sites. Each site was able to interact with the instructors and each other. Additionally, the critical care review course was closely followed by a distancing medical-surgical nursing review course and a one-hour presentation of nursing and legal issues surrounding the specialty.

There are many opportunities to the changes in telecommunications. Presentations can be interactive; learners can participate in discussions, ask questions and respond to the questions of others. Each site can be visible on the screen at the front of the room, providing the class with a feeling of unity and collegiality, which enhances the learning process. Further, a large audience of learners can be educated by experts in their fields without the need for excessive travel by presenters or learners.

To reach an even larger audience of learners when interaction is not essential, presentations can be streamed to desktop computers throughout the institute. Learners can view the presentation from the convenience of their own office, in addition to hearing questions from the live audience and the presenter’s responses.

Piloted in 2010, Nursing Education began exploring the use of desktop conferencing for meetings between individuals across the institute. The initial pilot was very successful, allowing face-to-face meetings between two to 16 individuals on one screen. It is hoped that the use of desktop conferencing technology will expedite meetings by eliminating travel time between participants.
Cleveland Clinic Staffing Resources Helps Cleveland Clinic Meet Nursing Staffing-to-Demand Challenges

Labor expense is the largest variable expense for all hospital and healthcare systems across the country. The ability to control labor expense often dictates whether or not most hospitals are profitable. As a result, a national imperative to match staffing to demand has emerged, and hospitals have been challenged to come up with creative and effective ways to staff to demand while maintaining quality and elevating outcomes.

One of the largest barriers to successfully meeting the staffing-to-demand challenge is the lack of a sufficient flexible workforce to meet hourly fluctuations due to discharge and admission patterns. Cleveland Clinic has come up with a solution to overcome these barriers: Cleveland Clinic Staffing Resources (CCSR). CCSR is an enterprise-wide flexible staffing pool that partners with Cleveland Clinic’s individual facilities to provide highly skilled clinical staff on an as-needed basis. CCSR clinical staff currently includes RNs of various specialties, LPNs, dialysis technicians and surgical technicians. CCSR recruitment plans include health unit coordinators, medical assistants and nursing assistants.

Historically, CCSR has provided resources to units when they have an unplanned increase in census or are short-staffed. Going forward, through the use of advanced scheduling practices and staffing tools, CCSR will also help facilities coordinate with one another to make sure all are using all resources efficiently within and across facilities.

In addition, CCSR will be incorporating predictive modeling into its operations so that optimal staffing decisions can be made ahead of time, rather than on an as-needed basis.

Anticipating fluctuations in hourly, weekly and seasonal demand and adjusting the supply accordingly not only results in decreased cost for the organization, but also in increased coverage and world-class care for our patients.

Shared Governance Day Recognizes Nurses’ Accomplishments

As a venue for promoting nursing professional practice and shared governance within Cleveland Clinic, the Zielony Institute holds a Shared Governance Day each year. This day, born of an idea by Coordinating Council members, began in 2007 and has blossomed into an extraordinary annual event. Its purpose is to promote the practice of shared governance throughout the institute and highlight unit/hospital-specific successes using shared governance as a professional practice model.

In 2010, the program included professional poster presentations highlighting either a nurse-sensitive quality indicator or a patient-focused or hospital quality indicator improvement project, defined as a project that used measures and indicators
Grand Prize:
**Increasing Patients’ Understanding of Discharge Medications**
Ericka Frank, Pauline Kerns and Julie Miller, Main Campus

The top poster presentation at each Cleveland Clinic health system location (main campus, east region, west region):
**The “411” on the “441” – Improving IV Care Practices**
Tamara Goetz, Main Campus

**Cancer Survivor Education: A Multidisciplinary Approach**
Patricia O’Reilly and Jean Ellsworth-Wolk, Moll Cancer Center, Fairview Hospital

**Improving Hospital Quality Measures: Heart Failure Discharge Education**
Nancy Junda, Euclid Hospital

Many poster presentations have been selected for national presentations and also been presented at interdisciplinary venues within Cleveland Clinic. Thirteen posters were showcased at the Patient Experience Education Forum that occurred later in November 2010, and several posters were selected for Patient Safety Week held in March 2011.

The overall success of a Shared Governance Day has enhanced the Shared Governance structure at Cleveland Clinic and has served as a way to recognize nursing’s accomplishments. The 2010 Shared Governance Day was a success and will be an annual event to promote the professional practice of nursing while energizing staff professionally.