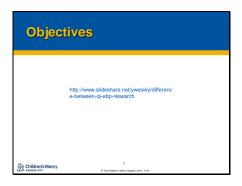
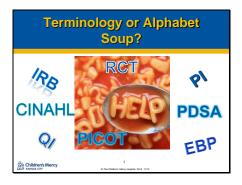


Slide 2





What we know...

- competency (IOM, 2010)
- > QI, EBP, & Research expectations continue to rise (ANCC, 2009)
- Patient treatments should be based in evidence (IOM, 2001)

 EBP is a necessary nursing competency (IOM, 2010)

 Ashworth, Lacey & Bailey, 2008)
- 90% of clinical decisions based on evidence by 2020 (IOM, 2010)

 OLERP & Research

 COLERP & Research

 Tenured nurses have deficits in Research, EBP and QI methodologies (Lacey, Olney, & Cox, 2012)
 - Barriers within health care system (Melnyk, et al., 2012)

Slide 5

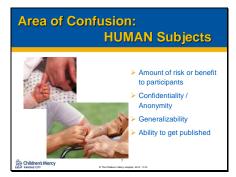
What we know...

- Educated nurses = Great patient Advocates
- > Mentors make a difference!
- > Patient outcomes improve with QI / EBP / Research





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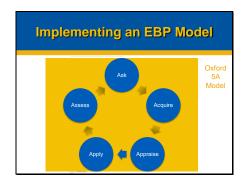
Slide 8

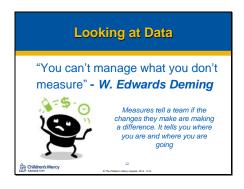
	Comparison						
		Research	EBP	QI			
	Method	Rigorous (Qualitative & Quantitative)	Implementation of Research Findings	PDSA Tests of Change			
	Sample	Representative	Patient Population	Unit Level			
	Human Subjects	Need IRB	?? IRB	? IRB			
	Data Collection	Validity	Pre-Post Implementation	Evaluation			
	Results	Add to science	Impact	Improve Processes			
	(iniplications y	Understanding Change o The Changes I	Practice Change	(Dimitroff, 2011) Process Change			





Slide 11





Purpose Tests One large "blind" test Biases Control for as many blases as possible Data Gather as much data as gossible, "just in case" Gather Just enough" data to learn and complete another cycle Cite Chickworth Marcy Cather Standard Complete another cycle Cite Chickworth Marcy Cather Standard Complete another cycle Cather Standard Complete another cycle Cather Standard Complete another cycle

Slide 14



Slide 15

Attribute Data Represents discreet units, binary in nature Classification; noting the presence or absence of some characteristic or attribute – grouping into 1 of 2 categories (late/on-time, yes/no) Count; counting how many characteristics or attributes occur Examples of Count or Classification Data: # of complications per # of surgeries this month # of medication errors per 1000 doses Percent of patients who were readmitted # of patients who fell per 100 admissions Percent of diabetic patients who smoke Children's Mercy L. Provost The Health Care Data Guide

Continuous Data

The number is a quality characteristic of the data

Examples of Continuous Data:
Waiting time
LOS

Cost per case for a DRG Time to complete procedure Number of patients seen per day

Monthly accounts receivable
Volume of prescriptions filled

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L. Provost The Health Care Data Guide

Slide 17

Reliability and Validity

Can you repeat the process multiple times and get the same result?

Does the process really measure what you are trying to measure?

- □ Data Source
- Operational Definitions
- □ Collection Plan

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Slide 18

Measurement- Four Key Point

- 1. Understand the Problem
- 2. Understand the Factors Leading to Variation
- 3. Establish a Baseline Level of Performance
- 4. Measure the Impact of Interventions

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Slide 19 Why Use Data to Investigate? > To determine if you truly have a problem > To measure how frequently the problem occurs > To identify factors that cause the problem more or less than ourers ➤ To confirm or disprove theories ➤ To see variation over time > To focus your change strategies

Slide 20

Effective Measurement

A complete set of measures includes:

- Outcome Measures
- Represents the voice of the customer or patient.
- Process Measures
 - Represents the workings of the system.
- ➤ Balancing Measures
 - ♦ Are we improving parts of our system at the expense of others?

Slide 21

Balanced Set of Measures

- Process Measures
- ♦ % nurses adherent to the new triage protocol
- % patients with long bone fractures where the IV pain medication order originated from the electronic order set
- Outcome Measures
 - % of children with clinically obvious long bone fractures that get IV pain medication within 30 minutes
 - Time from triage assessment to the delivery of IV pain medication
- Balancing Measures
 - Left without being seen
- Average length of stay

Slide 22



