

Two examples – fall rates and RN satisfaction – show how PVH reviewed data and made improvements.

Fall Rates – Upon review of the Nursing Scorecard, the Nursing Quality Committee commissioned a task force to review equipment, the nursing process, and assessment of falls. A committed task force, now a standing committee, reviewed falls-related data, identified best practices, and worked with staff to effectively “hard wire” preventive measures into patient care processes. The outcome of the committee’s efforts was a significant 2006–2007 improvement in both unassisted fall rates and falls with injury, decreasing by 55% and 33% respectively.

RN Satisfaction – Improvement in RN satisfaction came about in a similar manner. Although PVH nurse satisfaction scores were high compared to other NDNQI hospitals, the PVH Nurse Recruitment and Retention Committee believed PVH could do more. Using staff feedback, the group recognized that the combination of a professional environment, varied reward and recognition programs, career path opportunities, and supportive front-line leadership are what keep clinical staff wanting to “get out of bed and come to work each day.” This nurse-led committee actively works with the Human Resources department, directors, and senior leaders to develop initiatives that continuously improve the nursing environment. The committee’s efforts have resulted in nurse turnover (7.2% annualized) and vacancy rates (3.5% through September 2007) being among the lowest in the industry.

One important aspect of successful and sustained performance and quality improvement efforts is the infrastructure to support data collection for and the effective use of the NDNQI database. Key to this is the site coordinator having a consistent data entry coordinator who knows the requirements and has experience in database utilization and data presentation. By adding this simple staffing step, the data entry coordinator ensures the integrity of the data and that data submission is done in a timely and correct manner.



Achieving high levels of performance and world-class outcomes does not happen without the efforts of many dedicated individuals. Poudre Valley Hospital is proud to be recognized for its efforts. As we teach all our new employees in orientation: “At Poudre Valley Health System we are all healthcare providers, no matter what your position; focused on providing quality care and excellent service in a safe environment.”



POUDRE VALLEY HOSPITAL
POUDRE VALLEY HEALTH SYSTEM

NDNQI Award for Outstanding Nursing Quality 2007

Poudre Valley Hospital

The NDNQI® Award for Outstanding Nursing Quality™ is a new recognition program from the American Nurses Association that acknowledges NDNQI participating hospitals that have achieved sustained overall excellence in nursing-sensitive quality indicators.

This award reflects nursing quality excellence in RN satisfaction, patient outcomes, and nurse staffing. The analysis performed by the NDNQI staff involved rank-ordering the hospitals based on the values of all NDNQI indicators. Candidates included general hospitals that submitted data to NDNQI over the past 12 quarters and participated at least once in the RN Survey. Based on this analysis, the recipient of the 2007 inaugural award is Poudre Valley Hospital in Fort Collins, Colorado.

Please join us in congratulating Poudre Valley Hospital, and read on to learn how your colleagues attained a high level of performance and outstanding nursing quality for their staff and patients.

Poudre Valley Hospital

Poudre Valley Hospital (PVH), a locally owned, private, not-for-profit organization, provides a full spectrum of medical care to residents of Northern Colorado, Nebraska, and Wyoming. A part of the regional Poudre Valley Health System, PVH is headquartered 60 miles north of Denver in Fort Collins (population 137,000). Comprising a hospital, a behavioral health facility, and numerous outpatient services and clinics, PVH has as its primary organizational goal to be a “world-class healthcare provider” offering patients the best available care at the lowest cost for generations to come.

By all indications, aiming for this goal is working! In 2000, PVH was the 18th hospital to be recognized as a Magnet Hospital for Nursing Excellence, and it

was re-designated in 2004. Also in 2004, PVH was the first organization of any industry to receive the Colorado Performance Excellence Peak Quality Award, the state’s highest quality award. (See box at right.)

In September of 2000 PVH joined NDNQI. The primary reason? Because of both the availability of national benchmarks and the emphasis on monitoring outcomes required of Magnet Hospitals. PVH has gone beyond routine participation, serving as one of the pilot facilities for the 2001 RN Satisfaction Survey.

PVH Recognitions Since Joining NDNQI

- A Solucient Top 100 Hospitals® four times consecutively in 2004, 2005, 2006, and 2007.
- One of *US News and World Report’s* America’s Best 50 Best Hospitals for Orthopedics in 2003, 2004, 2005, and 2006.
- Bariatric Surgery National Center for Excellence since 2005 by the American Society of Bariatric Surgery.



PVH’s High-Level Performance

PVH’s high level of performance is based on the organizational vision of becoming a “world class healthcare provider,” a vision that is supported by a well-developed and balanced strategic plan emphasizing employee engagement, collaboration among providers, service and quality excellence, and financial stability. The PVH Board of Directors actively supports this vision with a strategic plan that has the human and financial resources to assist employees and providers to meet identified goals and objectives.

Senior management prioritizes participation in national databases that compare PVH to other institutions. Databases such as NDNQI have assisted PVH in reaching outside its organizational boundaries to seek out and identify top performers in a number of performance and clinical quality areas and by using the top quartiles of NDNQI indicators to assess its level of performance. Identifying evidence-based best practices, engaging staff in modification and change of current practice, setting realistic goals, all combined with effective deployment and follow-up is a repeatable process for producing successful outcomes. NDNQI’s bulletin board aided PVH in connecting with other NDNQI facilities.

PVH’s nurse-led governance committee structure actively encourages clinical staff from all levels and areas of the organization to be involved in performance and quality improvement efforts. One of the most active and visible committees is Nursing Quality. Led by bedside nurses and using the Nursing Scorecard, the committee regularly reviews nursing quality indicators, comparing current outcomes to identified goals and/or available

benchmark data. Indicators that do not meet or exceed established goals elicit committee discussion and action plan development.

An action plan can be as simple as “increase awareness of a concerning trend” or as comprehensive as forming an interdisciplinary Plan-Do-Compare-Act (PDCA) team. Progress on any action plan is reported back to the committee for regular review. In addition, each unit or department has a quality committee that can further define and break down concerns or issues that might be detected through the data specific to their area. The Nursing Quality Committee reports to the PVH Clinical Quality Improvement Committee, which in turn reports to the Health System’s Quality Committee of the Board of Directors (as diagrammed below). PVH’s Chief Nursing Officer and Director of Quality and Risk Management are active participants in board-level discussions, educating members on quality issues of concern and action plans for resolution as well as areas of success.

PVH Quality Reporting

