

Chief Nursing Executive / Chief Nursing Officer Governance and Leadership Initiative

REPORTING TEMPLATE – PRIORITY INDICATORS

The following table presents a reporting template with a list of **priority** nursing-sensitive inputs, processes (throughputs), and outcomes for your consideration. The template provides a core set of quality indicators that demonstrate the nursing contribution to care. Research from major nursing indicator projects¹⁻⁶ and literature reviews⁷⁻¹⁵ were used to inform the development of this template. Based on the evidence, a core set of quality indicators is proposed that includes both *process* indicators, which measure aspects of nursing care such as assessment and interventions, and nursing-sensitive *outcome* measures. The template also includes indicators which measure the *structure* of care as indicated by data on the supply and skill level of nursing staff, work intensity, and client characteristics.

The template includes quality indicators that are applicable to in-patient settings (such as acute care and community hospitals), those that are applicable to public health, and indicators common to both health contexts, colour-coded as follows:

In-patient indicators
In-patient & public health indicators
Public health indicators

The template is intended to provide CNEs and CNOs with implementable nursing quality indicators, which can be accounted for as a part of a general Board report or to inform a senior management sub-committee quality report, or other nursing related reports that the senior nurse executive may be responsible for. While it is recognized that not all data outlined in this template may be available in all settings, it is an indication of the types of data that can be used in providing various reports that will reflect the breadth of nursing's contribution and the related process and structure indicators. The template may also be used to direct new areas of data collection.

Quality Indicator	Performance Measure Data	In-patient indicators
		In-patient & public health indicators
		Public health indicators
Structure		
Staffing levels	<ul style="list-style-type: none"> Shift patterns / duration 	
	<ul style="list-style-type: none"> % of full-time NP, APN, RN, RPN FTEs Number of FTE vacancies Nurse caseload NP/APN/RN/RPN worked hours per patient day – direct and indirect time % or hours of nursing agency staff Rates of staff turnover within 12 months of hire % of overtime hours % or average number of NP/APN/RN/RPN sick days 	
Skill mix	<ul style="list-style-type: none"> % of NPs, APNs, RNs, RPNs Number of new graduate hires Type of education completed by nurses 	
Models of care	<ul style="list-style-type: none"> Assignment patterns (primary, functional, or team) 	
	<ul style="list-style-type: none"> Continuity of caregiver Continuity of care 	
Client demographics	<ul style="list-style-type: none"> Age Gender 	
	<ul style="list-style-type: none"> Socioeconomic status (educational attainment, individual-level income, neighbourhood income, crime rate) Population health averages or medians 	
Client health status	<ul style="list-style-type: none"> Diagnosis Acuity 	
	<ul style="list-style-type: none"> Morbidity / comorbidity (heart disease, cancer, diabetes, etc.) 	
	<ul style="list-style-type: none"> Cigarette smoking / exposure to second hand smoke Alcohol use Drug use Obesity rate Subjective health and well-being (activity level, exercise, diet, depression, stress) 	
Process		
Nursing assessment	<ul style="list-style-type: none"> Braden scale Falls risk assessment Pain assessment 	

Quality Indicator	Performance Measure Data	In-patient indicators
		In-patient & public health indicators
		Public health indicators
	<ul style="list-style-type: none"> • Priority-setting initiatives exist • Extent of implementation of data collection / management processes across programs • Use of best practices for identifying, analyzing, and interpreting: <ul style="list-style-type: none"> ○ Vulnerable groups (identified by vulnerability, population size, location, age-groups, gender) ○ Risk factors and determinants of health ○ Community engagement 	
Nursing intervention	<ul style="list-style-type: none"> • Number of clinical best practice guidelines implemented • Number of healthy work environment best practice guidelines implemented 	
	<ul style="list-style-type: none"> • Initiatives undertaken to enhance protective factors and reduce risk factors • List of targeted health promotion / harm reduction initiatives by at-risk group • Activities undertaken to facilitate client access to health information 	
Outcomes		
Client satisfaction	<ul style="list-style-type: none"> • Stories of client experiences 	
Client health & safety	<ul style="list-style-type: none"> • Average length of stay • Medication administration error rate • Restraint use prevalence • Number of client falls / injury fall rate • Number of patients who develop pneumonia • Number of patients who develop a UTI • Number of patients who develop pressure ulcers • Incidence of failure to rescue / in-hospital death from medical complications 	
	<ul style="list-style-type: none"> • Immunization / vaccination rates compared to national standards • Rates of vaccine-preventable disease, chronic disease, sexually transmitted disease, compared to national standards • Number of screening, early detection, and surveillance activities • Rate of population participation in health programs • Percentage of communicable diseases reported within timelines 	

Quality Indicator	Performance Measure Data	In-patient indicators
		In-patient & public health indicators
		Public health indicators
	<ul style="list-style-type: none"> • Age-adjusted mortality rate • Years of potential life lost (PYLL) • Self-reported level of health, functional status, and experiential status (% of clients who report good, fair, or poor health; % of clients who report distress; % of clients who report a disability; mean number of physically/mentally healthy or unhealthy days) 	

References:

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3. CORE Public Health Functions for BC (British Columbia), British Columbia Ministry of Health, <http://www.phabc.org/modules.php?name=Contentcore>
4. i-NMDS (International Nursing Minimum Data Set) & USA NMDS, Center for Nursing Minimum Data Set Knowledge Discovery, International Council of Nurses, <http://www.nursing.umn.edu/ICNP/home.html>
5. IQI (Indicators for Quality Improvement), NHS (National Health Service) Information Centre and the Department of Health, U.K., <http://www.ic.nhs.uk/services/measuring-for-quality-improvement>
6. NDNQI, National Database of Nursing Quality Indicators, American Nurses Association, <https://www.nursingquality.org/>
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