

## Improvement Group (B4)

12-13 September 2018, Melbourne  
Meeting Code HRT1818

### Why participate?

- ❑ Identify differences in patient outcomes that can be addressed by changing nursing care
- ❑ Compare progress on key initiatives with other leading organisations
- ❑ Evaluate linkages between staffing levels and patient care indicators
- ❑ Develop action plans to improve nursing care

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\$A5,250\* for first facility in your network. \$A4,250\* for each additional facility. \*excl GST

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**ENQUIRIES**

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The theme for 2018 is “Workforce model benchmarking to look at improvement opportunities for patient outcomes”.

Is it as simple as “more nurses equals better care”? What impact does the nurse to patient ratio have? How important is the skill mix of the nurses on the ward? Is there a correlation between shorter length of stay and increase in readmission rates?

The purpose of the Nursing Improvement Group is to enable Nurse leaders to improve patient outcomes and ensure a stable and productive nursing workforce.

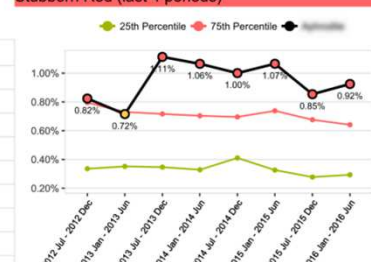
Indicator	Result	Nursing median	Performance*	2 year trend	Page
1.1 Nursing staff sick leave	4.1%	4.8%			4
1.2 Annual nursing staff turnover	8%	7%			5
1.3 Nursing staff workers compensation claims (per 100,000 hours)	2.9	0.9			6
1.4 Agency share of clinical nursing hours	0.7%	0.9%			7
NS3.4 Proportion of urinary tract infections	0.30%	0.40%			8
NS8.1 Proportion of pressure injuries	6.07%	2.16%			9
NS8.1 a Proportion of pressure injuries stage 3 or 4	0.65%	0.04%			10
NS8.1b Proportion of unspecified pressure injuries	3.6%	12.0%			11
NS8.1c Proportion of unspecified pressure injuries (unrestricted LOS)	2.8%	14.3%			12
NS9.2 Proportion of failure to rescue	5.5%	7.8%			13
NS9.3 Proportion of cardiac and respiratory arrests	0.02%	0.06%			14
NS9.4 Survival rate of patients with cardiac or respiratory arrests	66.67%	55.78%			15
NS10.1 Proportion of in-hospital falls	0.24%	0.28%			16
NS10.1c Falls resulting in fracture or intracranial injury per 10,000 bed days	1.1	1.0			17
PO3 Proportion of postoperative DVT/PE	0.33%	0.46%			18
11.1 Proportion of formal complaints closed within 35 days	94%	93%			19
11.2 Proportion of formal complaints acknowledged in 5 days	100%	100%			20
11.3 Rate of healthcare associated SAB per 10,000 bed days (Coded)	1.52	0.67			21
11.4 Rate of healthcare associated SAB per 10,000 bed days (Collected Online)	0.16	0.71			22
11.5 Rate of hand hygiene compliance for nurses and midwives	87%	85%			23

Jan 2016 - Jun 2016 | Nursing Report |

● ● ● NS3.4 Proportion of urinary tract infections  
Comparison with peers (2016 Jan - 2016 Jun)



Stubborn Red (last 4 periods)



Formula: [patients with UTI] / [total patients]

Source: Casemix

Description: % of episodes with additional (non-principal) diagnosis of UTI (onset during admitted episode)

Includes inpatient episode in reporting period. Includes all care types. Includes episodes with additional diagnosis of urinary tract infection (ICD-10 code N59.0 or T83.5). Includes episodes with condition with onset during the episode of admitted patient care. Excludes episodes with DRG of diseases & disorders of the kidney & urinary tract (MDC 11), diseases & disorders of the reproductive system (MDC 12 or 13), pregnancy, childbirth & the puerperium (MDC 14), newborns & other neonates (MDC 15). Excludes episodes with principal diagnosis of urinary tract infection (ICD-10 code N59.0 or T83.5), unspecified bacterial infection (A499), intestinal infectious diseases (A0x) or tuberculosis (A1x). Excludes episodes with any diagnosis of UTI and other complications following pregnancy and delivery (O239, O234, O862, O086 or O863).

# Nursing Improvement Group

## What do you need to do?

- ❑ Designate a nursing liaison representative to coordinate communications including data and survey submissions, definitions, practices, and policies
- ❑ Participate actively in teleconferences to plan the annual workshop
- ❑ Report progress on current Aim Statements and improvement plans
- ❑ Identify an innovative idea for implementation to improve patient outcomes
- ❑ Organise a delegation of up to four people to attend the annual workshop

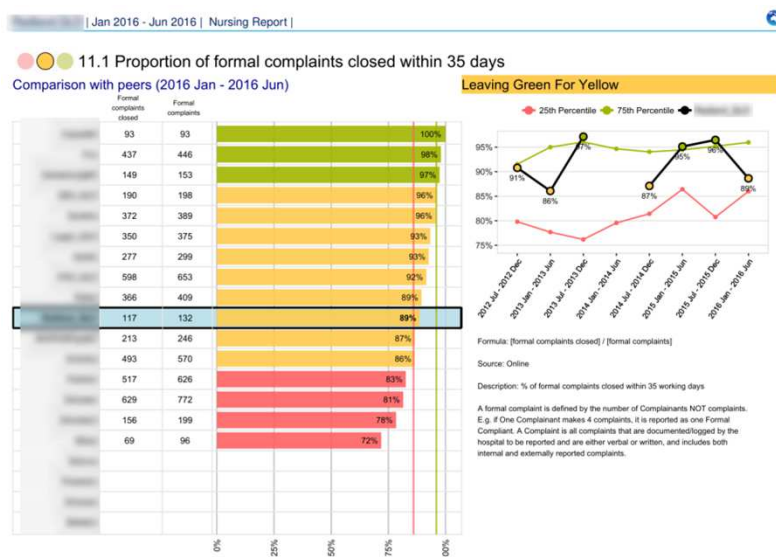
## The Health Roundtable assists by:

- ❑ Extracting casemix-adjusted patient outcome indicators from existing data collections for participating health services
- ❑ Organising external speakers who can provide innovative ideas to improve nursing practice or patient outcomes on the selected topic
- ❑ Facilitating the annual meeting, and provide a meeting summary
- ❑ Follows-up with participants to track progress of aim statements

Dates	Timeline 2018
29 Mar	Review of July-Dec 2017 data
9 July	Pre-meeting survey
6 Aug	Pre-meeting survey returned
5 Sep	Briefing materials circulated
12-13 Sep	<b>Nursing Improvement Workshop— Melbourne</b>

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.



## Delegate feedback from previous workshop:

- » "Lots of excellent and very useable ideas"
- » "Over and above my expectations"
- » "Motivated me to implement some great work!"
- » "Excellent meeting and very well run"
- » "The two days helped me hugely to network and meet 'new'"
- » "Like minded awesome nurses. We will definitely be back next year to feedback our planned work"
- » "Excellent - inspiring presentation"
- » "Very informative issues and ideas"
- » "Great keynote presentation"
- » "Very much enjoyed the last two days. Found it very interesting. Great ideas. All hospitals facing the same battles".