

Background

The purpose of the Quality Council in the professional governance structure at Salinas Valley Health Medical Center is to monitor, evaluate, and support organization and unit-level goals related to the five nurse-sensitive Magnet® data requirements. The council members are expected to act as quality consultants and educators to support improvement projects related to Magnet data. While the Quality Council members routinely evaluated nurse-sensitive indicators (NSI) each month such as fall rates, central line-associated bloodstream infection (CLABSI) rates, catheter-associated urinary tract infection (CAUTI) rates, and hospital-acquired pressure injury (HAPI) rates, there was no clear process to ensure improvement of underperforming measures. This was a problem since there was often inconsistency in how unit stakeholders responded to underperforming measures. One of the Quality Council 2023 annual goals was to create a more formal process for action planning to enhance accountability with improvement efforts, improve tracking, and optimize patient outcomes. During Q1 2023, the council discussed ideas for achieving this goal.

Methods

In April 2024, the council approved a new *Action Plan Process*. The new process clearly outlined criteria for determining when an underperforming measure would receive an action plan request from the Quality Council:

- **Process:** If a measure has *underperformed* the national benchmark for 2 months in a row or 2 months within a quarter or 2 quarters in a row:
 - o The Unit Practice Council (UPC) is notified via a referral
 - Unit leader is also notified via e-mail
 - o Within 2 months, that UPC's quality representative will report to the Quality Council regarding:
 - Awareness/acknowledgement of that specific data trend
 - Planned or implemented improvement strategies (action plan)

The expectation is for clinical nurses to work collaboratively with unit leaders to develop an improvement plan for the underperforming measure. All staff on the unit should be notified about the unit's action plan to encourage cohesive improvement efforts. The Magnet clinical excellence specialist educated the UPCs about the new process during her rounding at the monthly UPC meetings. Beginning in May 2023, the Quality Council began utilizing the process.

Results

From implementation to October 2024, the Quality Council has requested 15 action plans for various underperforming measures in both inpatient and outpatient units. All units, except the two new ones in October, submitted their plans within the 2-month deadline. To date, the Quality Council has declared 11 of the 15 as "complete" related to improved outcomes on the identified measure (see Table 1).

We observed a stretch of months in a row when no new action plan requests were necessary from December 2023 to March 2024 and again from June to August 2024.

Table 1

Action Plans of May 2023-October 2024					
Month	Unit	Measure	Data Improved	Date Action Plan Completed	Duration in Months
May 2023	Heart Center	Falls	Yes	Jul 2023	2
Jun 2023	Telemetry/1 Main	Falls	Yes	Aug 2023	2
	Med-Surg/3M	HAPI 2+	Yes	Aug 2024	14
Jul 2023	Oncology	Falls	Yes	Jan 2024	6
Aug 2023	ICU/CCU	CAUTI	Yes	Nov 2023	3
Sep 2023	Telemetry/5T	Falls	Yes	Dec 2023	3
	Outpatient Infusion	Falls	Yes	Nov 2023	2
Oct 2023	Med-Surg/3M	Falls	Yes	Jul 2024	9
Nov 2023	Ortho-Neuro-Spine (ONS)	Injury Falls	Yes	Mar 2024	4
Apr 2024	Telemetry/5T	Falls	Yes	Sep 2024	5
	Med-Surg/3M	Injury Falls	In Progress		
May 2024	Diagnostic Imaging	Falls	Yes	Sep 2024	4
Sep 2024	ICU/CCU	HAPI 2+	In Progress		
Oct 2024	Outpatient Infusion	Falls	In Progress		
	Telemetry/1 Main	Falls	In Progress		

Conclusions

The frequency of new action plans has decreased over time, which could indicate enhanced awareness of unit-level data, and an increase in prevention strategies implemented by staff. The new process improved accountability and response to underperforming quality measures. It helped stimulate action within our councils, in collaboration with unit leaders. This led to improved outcomes on many of the identified measures, often within a couple of months of receiving the action plan request.

The Quality Council will continue to evaluate specific unit-level NSI data monthly and exercise the action plan process as needed. Moving forward, we hope to utilize a similar process for other types of data such as patient experience or workplace violence measures. In addition, we encourage other councils within the organization to implement an action plan process when council-specific data is underperforming benchmarks and improvement efforts are needed.

