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**Ambulatory Care**  
**Nurse Sensitive Indicator**  
**ABC Toolkit**

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## Introduction:

Place what you want the user of the toolkit to know about the specific indicator here. State any resources or evidence-based practices and why these are important specifically to the initiative.

### **EXAMPLE:**

*Patients trust that their healthcare organization will keep them safe and provide a healing environment. Conversely, falls in healthcare settings are associated with poor outcomes for patients. Nurses play a key role in keeping patients safe in all care settings.*

*A fall may result in fractures, lacerations, or internal bleeding, leading to increased health care utilization. Research shows that close to one-third of falls may be prevented. Fall prevention involves managing a patient's underlying fall risk factors and optimizing the healthcare setting's physical design and environment (Agency for Healthcare Research and Quality).*

## Measure Definition

### **EXAMPLE:**

**Objective:**

*Reduce all ambulatory setting patient falls that are preventable falls (Accidental and Anticipated Physiological Falls) with or without injuries*

**Rationale:**

*Falls are a significant safety concern in healthcare, associated with an increased utilization of healthcare services and potentially reducing the quality of life. Fall prevention requires a multidisciplinary approach to create a safe patient environment and reduce injuries related to falling*

**Numerator:**

*All ambulatory setting patients who have had an accidental or anticipated physiological fall with or without injury*

**Denominator:**

*1000 ambulatory clinic visits*

**Inclusion/Exclusion Criteria:**

**Inclusion-** *Ambulatory setting and event subtype is "Accidental fall" or "Anticipated Physiological Falls"*

**Exclusion-** *Event types of "Unanticipated physiological fall".*

**Data Source:** *Incident Reporting System, Finance, NDNQI (if available for organization)*

## How to use ABC Toolkit

ABC requires a system focus to make needed changes. Multiple evidence-based strategies and practices have been identified to ABC.

These strategies have been grouped into broad categories:

- Structure, Process, Outcome - *Donabedian Model*
- Multidisciplinary Engagement
- Monitoring and Analysis
- Nursing Service Practice
- Clinical Practice
- Evidenced Based Interventions
- Services and Supplies
- Information Technology

Within each category, high-priority actions and stakeholders have been identified. At a minimum, facilities should implement the identified priority actions.

## Key Strategies for Success

### STRUCTURE

Develop Facility Specific Leadership Structure:

- Engage highest level leaders related to initiative to garner maximum support. Educate related to gap analysis, implementation plan and outcome evaluation processes.
- Designate a facility lead
- Establish an active \_\_\_\_\_ interdisciplinary leadership team that has been sponsored at the executive level
- [Utilize competencies for nursing process located on AACN website](#)

Nursing and other staff consistently \_\_\_\_\_ according to policy:

- Establish a process to identify... (overall what is needed)
- Establish a process for all nursing and other staff to be educated upon hire and/or annually
- Follow the established process to ensure all nursing and other staff are educated on...(specifics here)
- Create an expectation that all nursing and other staff are implementing the correct interventions according to...(provide examples of interventions)
- Create an expectation that all Clinical Staff are accurately documenting the...(provide examples of what documentation is expected, if applicable)
- Create the expectation that all patients and their representatives are educated on...
- Establish a process to educate and ensure that clinical staff are able to...

Ancillary Staff support the strategy efforts by:

- Establish a process for all ancillary staff/department for ongoing communication of changes to allow for process adoption or other workflow mitigation.
- Determine needed information access for other departments.

### PROCESS

Institute Evidence-Based \_\_\_\_\_ Interventions

- Establish a process to ensure that nursing and other clinical staff are implementing evidence based interventions such as:
  - List out specific interventions here

Institute Best Practice \_\_\_\_\_ Interventions

- Establish a process to ensure that nursing and other clinical staff are implementing best practice interventions such as:
  - List out specific interventions here

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### Services and Supplies

- All service locations are adequately provisioned with supplies and equipment required to implement \_\_\_\_\_ program strategies
- Create the expectation that there is a consistent supply of... (provide examples of expected supplies and/or equipment) in each service location.

## OUTCOME

### Monitoring and Analysis

Collect, analyze and distribute data

- Participate in a Patient Safety Organization (PSO)
- Create the expectation that all patient information communication are labeled “Patient Safety Work Product Privilege”
- Create the expectation that all Clinical Staff and ancillary staff facilitate a collaborative review of all \_\_\_\_\_ utilizing a standardized form/format.
- Establish a process for nursing staff, medical staff and leaders to review, analyze, and critique the data pertinent to their service location
- Create the expectation that facility data is analyzed by members of the leadership team
- Create an environment of continuous improvement utilizing the organizations improvement process of \_\_\_\_\_ (examples: DMAIC, PDSA/PDCA).
- Establish a process that the specified leadership team provides ambulatory leaders with facility specific data and that this data is shared in each location.
- Establish a process for review and updating of reports, policies, SOPs/Workflows.

## ABC Gap Analysis Tool - Instructions

### What is this tool?

The purpose of the gap analysis is to provide facility improvement teams with a mechanism to:

- Compare the evidence-based improvement strategies with the processes currently in place.
- Determine the gaps between current facility practices and identified best practices.
- Provide a structured approach in documenting action plans to address identified gaps.
- Provide a reference of available resources to support improvement efforts.

### Who should use this tool?

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The leader or designee will facilitate completion of the gap analysis with input from key stakeholders. Leader or designee should include direct care teams to assist in the development of action plans to address identified gaps and successfully deploy improvement strategies.

### How can the tool help you?

Upon completion of the gap analysis, leaders and facility team members will have:

- An understanding of the differences between current practices and evidence-based, best practices related to \_\_\_\_\_.
- An assessment of the barriers that need to be addressed before successful implementation of best practices and/or evidence-based practice.
- An awareness of available resources to support improvement efforts.

### Instructions

1. Complete the gap analysis with facility teams.
2. Determine for each question whether a 'Yes/No' result is appropriate or a '% compliance' should be utilized.
3. Review completed gap analysis with local nursing staff and leaders to determine highest priority actions to start improvement efforts.
4. Plan improvement strategies to address identified practice gaps should be placed into the organization approved improvement approach (*examples: DMAIC, PDSA/PDCA*).
5. Implement improvement strategies over a specific period of time with specified targets for each strategy.
6. Determine who will be responsible for running reports on a consistent basis.
7. Review and analyze data for ongoing process improvement on an agreed upon time frame (monthly, quarterly).
8. Share data and findings with nursing and other clinical staff, medical staff and operational leaders for continued engagement.
9. Determine next steps for each strategy after reviewing data and gathering input from stakeholders in each improvement strategy process.
10. Continue the cycle of improvements until processes are streamlined, hardwired and reach acceptable levels.



## EXAMPLE OF A GAP ANALYSIS TOOL (partial tool).

Remove examples & add your specifics here.

| Category                     | Improvement Strategy  | Analysis  | Action Plan / Comments                    | Available Resources   |
|------------------------------|---|---|---|---|
| Structure                    | <p><b>Goal: Develop Facility Fall Prevention Program</b></p> <ul style="list-style-type: none"> <li>Does the facility/organization have a designated fall leader?</li> <li>Does the facility/organization have an active Fall Prevention Interdisciplinary Team that has been sponsored at the executive level?</li> </ul>  | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |   |   |
| Multidisciplinary Engagement | <p><b>Goal: Reduce Falls through communication among patient care team members</b></p> <ul style="list-style-type: none"> <li>Do staff perform peer-to-peer coaching when evidenced based practices are not being witnessed with colleagues?</li> </ul>   | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>or _____%</p>  |   |   |
| Monitoring and Analysis      | <p><b>Goal: Collect, analyze and distribute data on Falls</b></p> <ul style="list-style-type: none"> <li>Do the Clinical Staff facilitate a collaborative review of all falls utilizing a standardized Fall Debriefing form?</li> <li>Is the facility/organization fall data analyzed by members of the Fall Prevention Team?</li> </ul>  | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |   |   |
| Nursing Services Practice    | <p><b>Goal: Nursing and other clinical staff consistently manage patients at risk for falls according to facility / organizational policy</b></p> <ul style="list-style-type: none"> <li>Does your facility/organization have a way to identify patients who are at risk for falling?</li> <li>Are all nursing and other clinical staff educated on hire and annually regarding policy on fall risk determination, fall prevention</li> </ul> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> | <p>• If yes, please explain<br/>_____</p> | <p><a href="#">Link Procedure(s) here.</a></p> <p><a href="#">Link Electronic Health Record - documentation of patient questionnaire.</a></p> <p><a href="#">Education modules for all Clinical Staff here.</a></p> |

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|                        |   |   |  |   |
|------------------------|---|---|--|---|
|                        | <p>interventions, and post fall debrief process?</p> <ul style="list-style-type: none"> <li>• Are all Clinical Staff implementing the correct fall interventions according to fall risk score (i.e. use of assistive devices, not left alone and unassisted etc.)?</li> <li>• Are all patients and patient representatives being educated on the risk of falling and is this being documented in the medical record?</li> </ul> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>   |  | <p>CDC Steadi Tool <a href="#">Link</a></p> <p>CDC Steadi Brochures</p> |
| Interventions          | <p><b>Goal: Institute Evidenced-Based Fall Prevention Interventions</b></p> <ul style="list-style-type: none"> <li>• Does your facility currently use any of the following? (Click all that apply)</li> <li>• Does your facility validate on a regular basis that these best practices are being done?</li> </ul>   | <ul style="list-style-type: none"> <li>• Not left alone during a procedure</li> <li>• Signage</li> <li>• Yellow Socks</li> <li>• Yellow Arm bands</li> <li>• Gait Belts</li> <li>• Slide Boards</li> <li>• Other: _____</li> </ul> <p>YES <input type="checkbox"/> NO <input type="checkbox"/><br/>or ____%</p> |  |   |
| Services and Supplies  | <p><b>Goal: All clinics/service locations are adequately provisioned with supplies and equipment required to implement fall prevention program</b></p> <ul style="list-style-type: none"> <li>• Is there a consistent supply of gait belts, walkers, wheelchairs, grab bars, bathroom alarms, and/or non-skid socks in each service location?</li> </ul>  | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>   |  | <p><a href="#">Gait Belt &amp; Slide Board information here.</a></p>    |
| Information Technology | <p><b>Goal: Adopt clinical decision support for healthcare workers to improve patient outcomes</b></p> <ul style="list-style-type: none"> <li>• Are the appropriate adult patient population fall risk assessment tools built into the facility's EHR?</li> </ul>   | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>   |  | <p>CDC Steadi Tool <a href="#">Link</a></p>                             |
| Other                  | <p><b>Add specific goals as needed.</b></p>   |   |  |   |

## Leader Role Descriptions

**Executive Leader:**

Nursing Executive

**Leadership Champion:**

Passionate Leader for (initiative) within the organization

**Role for Safety Coaches:** *(if applicable)*

Department Staff Member

**Leadership Team Membership:**

Nursing leadership, Clinical and Non-Clinical front line staff, Operational Leadership, Employee Health, Clinician Services, Ancillary Services (Imaging, infusion, etc.), Facilities, Materials Management and others as determined by initiative.

**Role Summary**

Understanding facility-specific opportunities and challenges, the initiative leader facilitates implementation of standardized strategies and serves as a consultant on goal activities.

**Desired Skills**

1. Effective at motivating teams and holding stakeholders accountable
2. Familiar with evidence-based and best practice interventions for \_\_\_\_\_
3. Commitment to initiative achievement within respective disciplines

**Functions and Duties an Initiative Leader**

1. Represent initiative activities and performance to leadership, relevant committees
2. Promote adoption of evidence-based practice and best practices across disciplines
3. Ensure continuing engagement in initiative activities
4. Participate in review of cases to identify whether measures were followed and outcomes achieved

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## **Exemplars:**

List and attach 2-3 exemplars, evidence practices, standards of care, and/or best practices here (pdf, doc, links)

**Examples:** Remove when developing.

1. *Proven strategy from another organization.*
2. *Poster presentation with improvement processes outlined.*
3. *Proven workflows.*
4. *National, Academic, or Institutional evidence-based practices.*

## Benchmarking

### External:

Examples of external benchmarking (remove examples):

NDNQI - National Database of Nursing Quality Indicators

CMS - Centers for Medicare and Medicaid Services

AHRQ - Agency for Healthcare Research and Quality

- External
- External
- External

### Internal:

Examples of internal benchmarking (remove examples):

Electronic Health Record

Practice Management System

Event Reporting System

- Internal (within the facility)
- Internal (within the organization)

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## **Contacts:**

Nursing Executive Name, Title, and Contact Information Here

Support Staff Name, Title, and Contact Information Here

Support Staff Name, Title, and Contact Information Here

## References/Resources:

Place all references and resources used for the initiative here.

**Examples:** Remove when developing

1. Agency for Healthcare Research and Quality (AHRQ) January 2021. Preventing Falls in Hospitals: A Toolkit for Improving Quality of Care. Retrieved from: [Preventing Falls in Hospitals | Agency for Healthcare Research and Quality](#)
2. Agency for Healthcare Research and Quality (AHRQ) February 2021. Fall Tips: A Patient-Centered Fall Prevention Toolkit. Retrieved from: [Fall TIPS: A Patient-Centered Fall Prevention Toolkit | Agency for Healthcare Research and Quality](#)
3. National Database of Nursing Quality Indicators (NDNQI). Reviewed August 2021.
4. Centers for Disease Control and Prevention (2016). Check for Safety: A Home Fall Prevention Checklist for Older Adults. Retrieved from: [Patient & Caregiver Resources | STEADI - Older Adult Fall Prevention | CDC Injury Center](#)

## AAACN NSI Toolkit Template References

The following organization's toolkits and/or websites were reviewed during the development of this toolkit. The best components of each were woven into the Nurse Sensitive Indicator toolkit for efficiency, logic and professional use (*reviewed/retrieved December 2022*).

1. AAACN - American Academy of Ambulatory Care Nurses
2. CSH - CommonSpirit Health
3. ANA - American Nurses Association
4. NDNQI - National Database for Nursing Quality Indicators
5. CDPH - California Department of Public Health
6. NLN - National League of Nursing
7. AACN - American Association of Colleges of Nursing
8. AHRQ - Agency for Healthcare Research and Quality
9. Donabedian Model (*Donabedian, A.*)