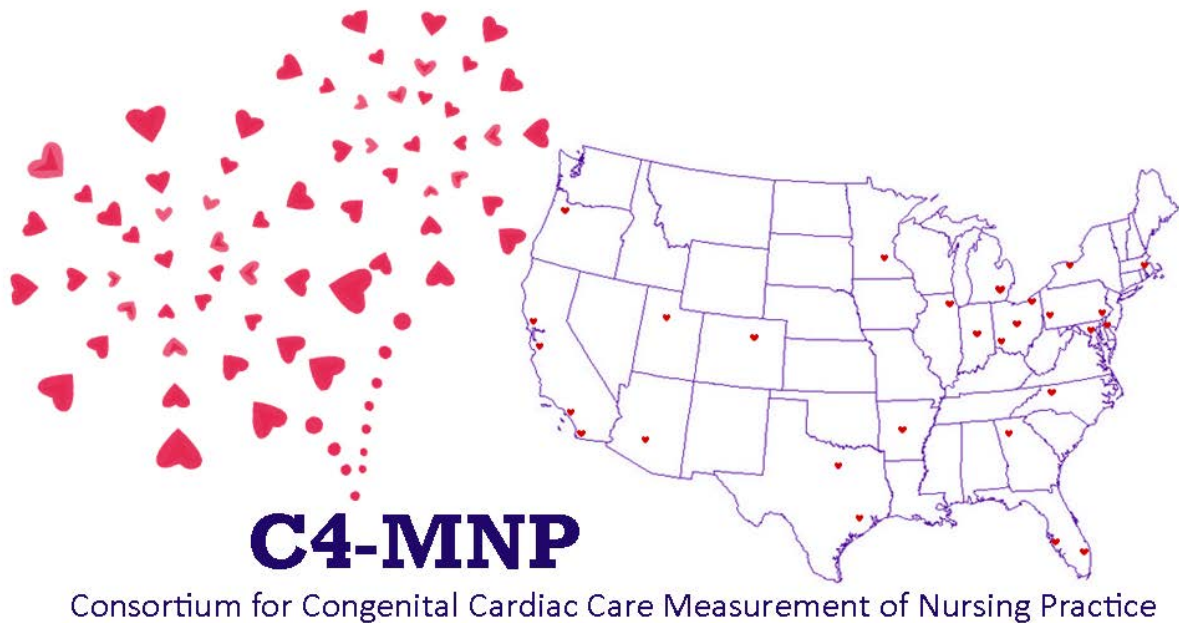


Consortium for Congenital Cardiac Care Measurement of Nursing Practice

Phase III Pilot Testing Aggregate Result Report

January 2016 – September 2016



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Funding Sources:

Boston Children's Hospital Program for Patient Safety & Quality (2013, 2014)

National Congenital Heart Defect Coalition (2014)

Dear Colleagues,

We are pleased to inform you that we have completed the analysis of benchmark data collected from the Consortium for Congenital Cardiac Care - Measurement of Nursing Practice (C4-MNP) Phase III pilot testing.

The goal of C4-MNP is to establish a national collaborative to identify nursing care actions for measurement in the highly complex pediatric cardiovascular care environment. Through the framework of the consortium, a national community of researchers, administrators, and clinicians has formed a broad network committed to rigorous measurement of the quality of care delivered by pediatric cardiovascular nurses.

The purpose of C4-MNP Phase III was to implement candidate quality measures for pilot testing and benchmarking in free-standing children's hospitals in the United States. The 10 measures that emerged from internal consensus and external review in Phase II were tested at a subset of nine participating sites over a six-month timeframe. Below, please find the aggregate result report.

Pilot sites were selected based on available resources to support data collection and ongoing participation in the Children's Hospital Association Pediatric Health Information System (PHIS). Participation in PHIS was required as this dataset will be used to link patient outcome data to information collected for the measures (Phase IV).

On behalf of this research team, I would like to extend our heartfelt appreciation for your continued commitment to this collaborative as we work to improve outcomes for pediatric cardiovascular patients and their families. I am confident that we will continue to generate new knowledge that will be important to our practice and to the overall field of pediatric cardiovascular nursing. Finally, we would like to recognize the Boston Children's Hospital Program for Patient Safety & Quality and the National Congenital Heart Defect Coalition for their generous support of this work.

Please let me know if you have any questions.

Sincerely,



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Table of Contents

Introduction	2
Measure One: Health of the Work Environment	4-7
Measure Two: Overall Years of Nursing Experience	8-10
Measure Three: Bachelor of Science in Nursing (BSN) Education	11-13
Measure Four: Nursing Certification	14-16
Measure Five: Nursing Staff Turnover	17-19
Measure Six: Weight Gain within 72 Hours of Discharge	20-22
Measure Seven: Feeding Safety	23-25
Measure Eight: Utilization of Early Warning Scores	26-27
Measure Nine: Pain Scores Decreased within 60 Minutes	28-30
Measure Ten: Device-Related Pressure Ulcers	31-33

Measure One: Health of the Work Environment

Measure Description

Human factors, communication, and leadership issues are the root cause of 60% of all sentinel events reported to the Joint Commission. In response, the American Association of Critical Care Nurses (AACN) identified essential standards for establishing and sustaining a healthy work environment. In 2009, the AACN launched their Healthy Work Environment (HWE) validated assessment tool, which provides a quantitative score for the standards of the HWE framework: Skilled Communication, True Collaboration, Effective Decision Making, Appropriate Staffing, Meaningful Recognition and Authentic Leadership. It is critical to maintain a culture of health in the work environment to ensure optimal patient outcomes.

Intensive Care and Acute Care Units Combined:

AACN Healthy Work Environment (HWE) Assessment Intensive Care and Acute Care Units Combined	All Units (N = 12)*		
	Minimum	Median	Maximum
Number of Respondents	18	33	77
Overall HWE Score	3.29	3.68	3.91
Skilled Communication	3.07	3.62	3.99
True Collaboration	3.09	3.63	3.85
Effective Decision-Making	3.46	3.85	4.04
Appropriate Staffing	3.15	3.53	4.05
Meaningful Recognition	3.05	3.53	3.84
Authentic Leadership	3.39	3.86	4.07

*One site did not survey the acute care unit; two sites conducted a combined acute care and ICU survey.

Measure One: Health of the Work Environment (continued)

Intensive Care Units Only:

AACN Healthy Work Environment (HWE) Assessment Intensive Care Units Only	ICUs (N = 7)*		
	Minimum	Median	Maximum
Number of Respondents	21	49	77
Overall HWE Score	3.29	3.65	3.91
Skilled Communication	3.07	3.53	3.99
True Collaboration	3.09	3.47	3.75
Effective Decision-Making	3.46	3.71	4.03
Appropriate Staffing	3.27	3.67	4.05
Meaningful Recognition	3.05	3.51	3.84
Authentic Leadership	3.39	3.85	4.00

*One site did not survey the acute care unit; two sites conducted a combined acute care and ICU survey.

Measure One: Health of the Work Environment (continued)

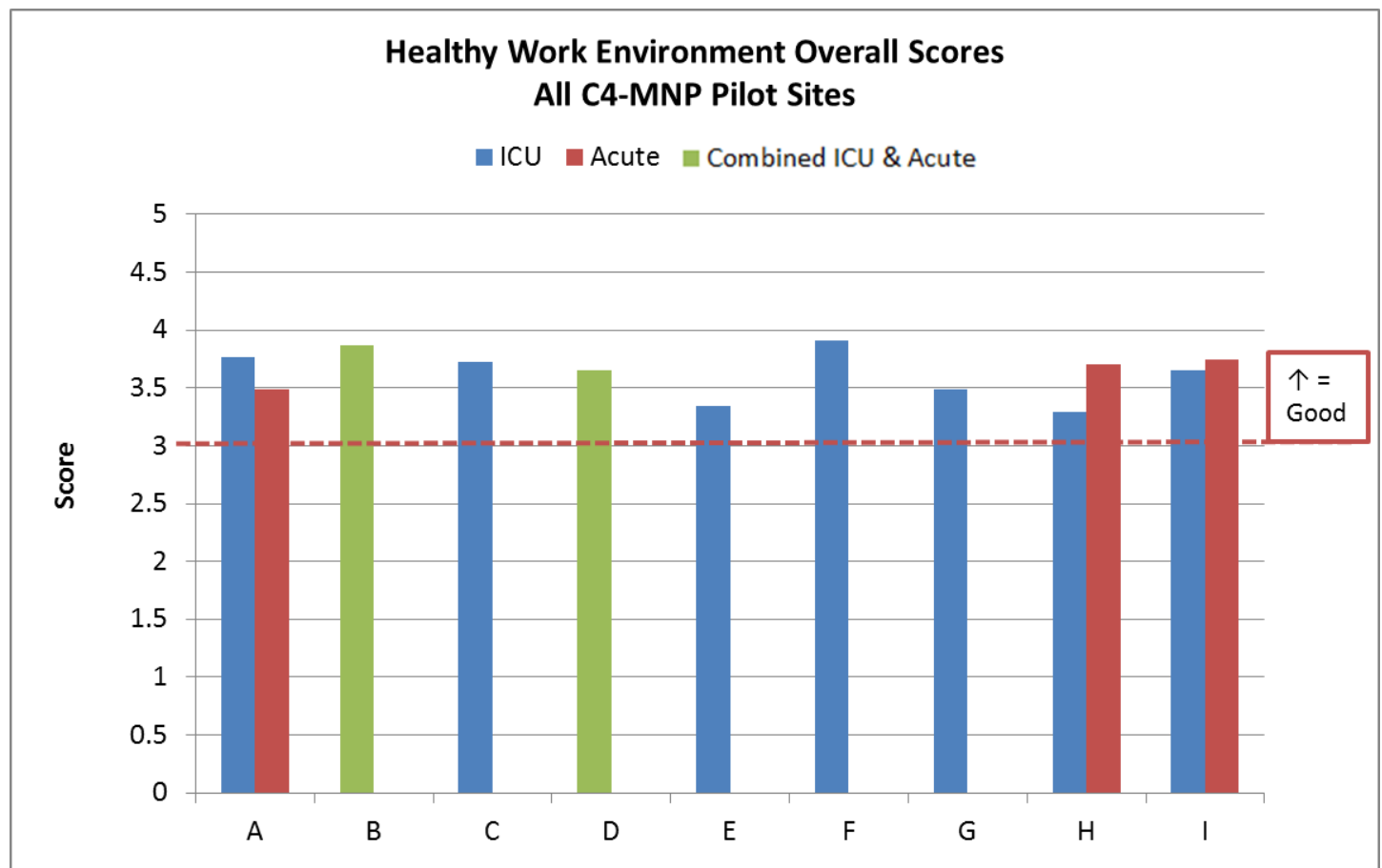
Acute Care Units Only:

AACN Healthy Work Environment (HWE) Assessment	Acute Care Units (N = 3)*		
	Minimum	Median	Maximum
Acute Care Units Only			
Number of Respondents	18	30	71
Overall HWE Score	3.49	3.7	3.75
Skilled Communication	3.63	3.77	3.83
True Collaboration	3.42	3.72	3.79
Effective Decision-Making	3.83	3.87	4.02
Appropriate Staffing	3.15	3.37	3.59
Meaningful Recognition	3.14	3.41	3.69
Authentic Leadership	3.79	3.8	3.89

*One site did not survey the acute care unit; two sites conducted a combined acute care and ICU survey.

Measure One: Health of the Work Environment (continued)

Benchmark Testing for Intensive Care and Acute Care Units:



Note: Benchmark based on internal Boston Children's Hospital target of scoring in the "good" range or above (1.00 – 2.99 = Needs Improvement; 3.00 – 3.99 = Good; 4.00 – 5.00 = Excellent).

Measure Two: Overall Years of Nursing Experience

Measure Description

Nursing experience is a unit-level measure of the percentage of registered nursing staff providing patient care that has 0-2 years of any clinical experience. Research conducted by Hickey et al (2013, 2016) confirmed the relationship between overall clinical nursing experience and pediatric inpatient outcomes. Unit staffing models with greater than 20% of nurses with 0-2 years of overall nursing experience resulted in an increased risk of inpatient mortality. This annual measure monitors the percentage of nursing staff that has 0-2 years of overall nursing experience to inform staffing models and safeguard patient outcomes.

Intensive Care and Acute Care Units Combined:

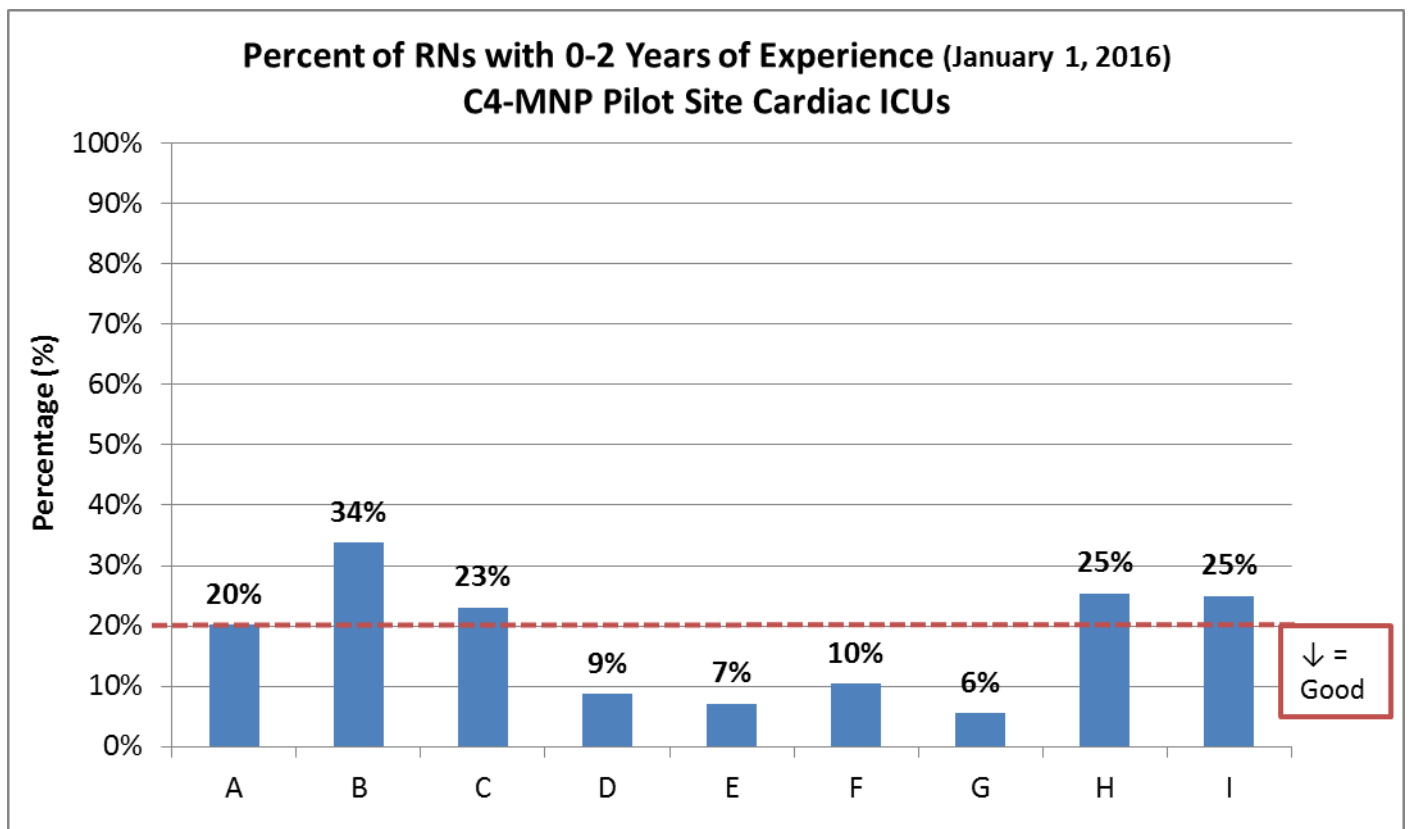
Overall Years of Nursing Experience Intensive Care and Acute Care Units Combined	All Units (N = 15)		
	Minimum	Median	Maximum
Number of Current RNs with 0-2 Years of Experience	3	14	35
Number of Current RNs	13	58	173
Percent of Current RNs with 0-2 Years of Experience	6%	23%	74%

Measure Two: Overall Years of Nursing Experience (continued)

Intensive Care Units Only:

Overall Years of Nursing Experience Intensive Care Units Only	ICUs (N = 9)		
	Minimum	Median	Maximum
Number of Current RNs with 0-2 Years of Experience	3	21	35
Number of Current RNs	46	70	173
Percent of Current RNs with 0-2 Years of Experience	6%	20%	34%

Benchmark Testing for Intensive Care Units:



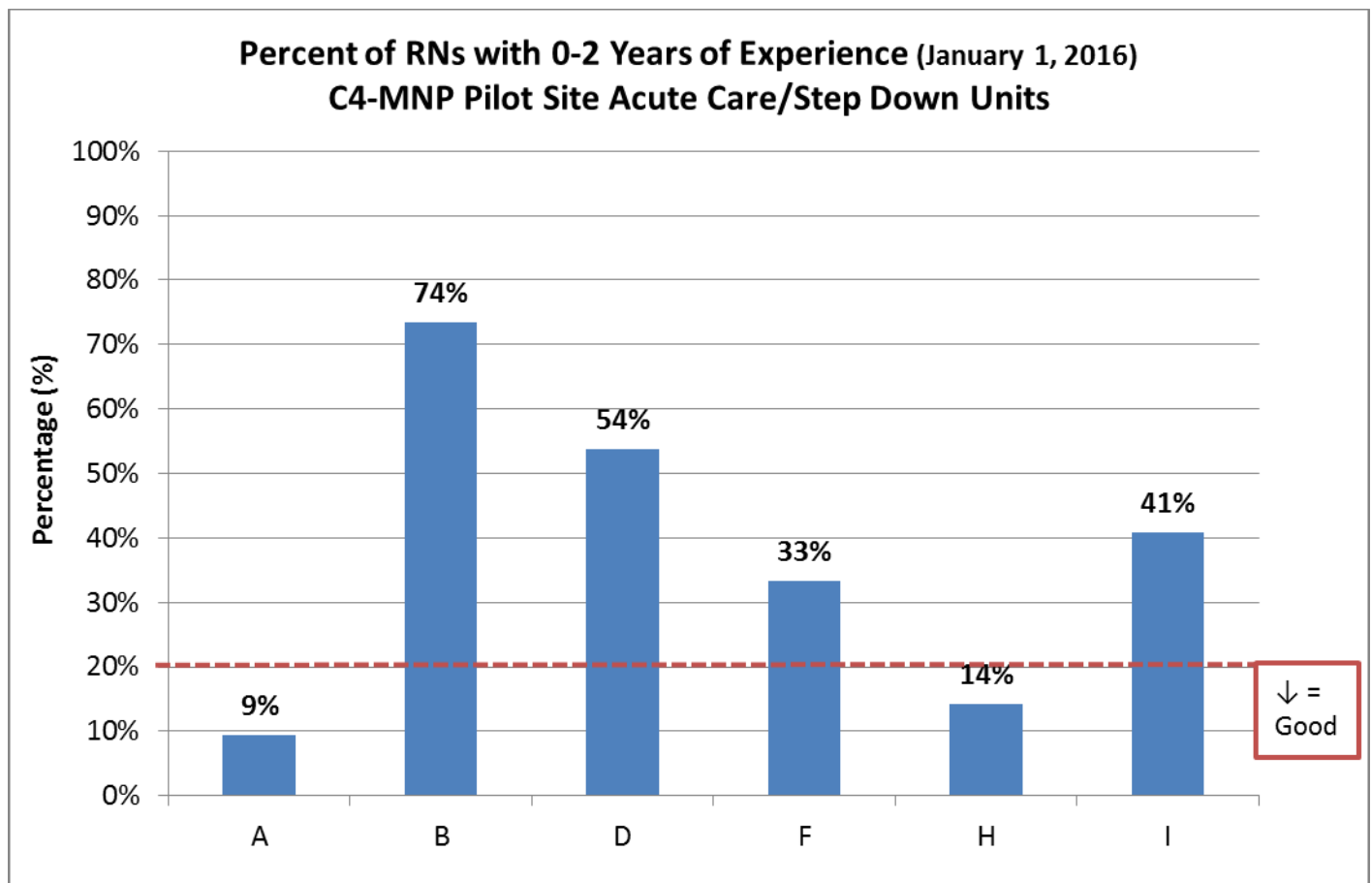
Note. Benchmark of less than 20% of nurses with 0-2 years of overall nursing experience based on evidence from Hickey P., et al. 2013 and 2016.

Measure Two: Overall Years of Nursing Experience (continued)

Acute Care Units Only:

Overall Years of Nursing Experience Acute Care Units Only	Acute Care Units (N = 6)		
	Minimum	Median	Maximum
Number of Current RNs with 0-2 Years of Experience	7	13.5	25
Number of Current RNs	13	45.5	139
Percent of Current RNs with 0-2 Years of Experience	9%	37%	74%

Benchmark Testing for Acute Care Units:



Measure Three: Bachelor of Science in Nursing (BSN) Education

Measure Description

BSN education is a unit-level measure of the percentage of registered nursing staff who are at least BSN-prepared. Studies have shown that there is a significant association between the educational level of RNs and outcomes for patients in the acute care setting, including mortality. Additionally, BSN-prepared nurses are in a better position to achieve masters or doctoral level degrees, which will be increasingly necessary with the growing demand for primary care clinicians, nurse researchers and nurse faculty. The Committee from the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the IOM recommended that at least 80% of nursing staff on a unit are BSN-prepared by the year 2020.

Intensive Care and Acute Care Units Combined:

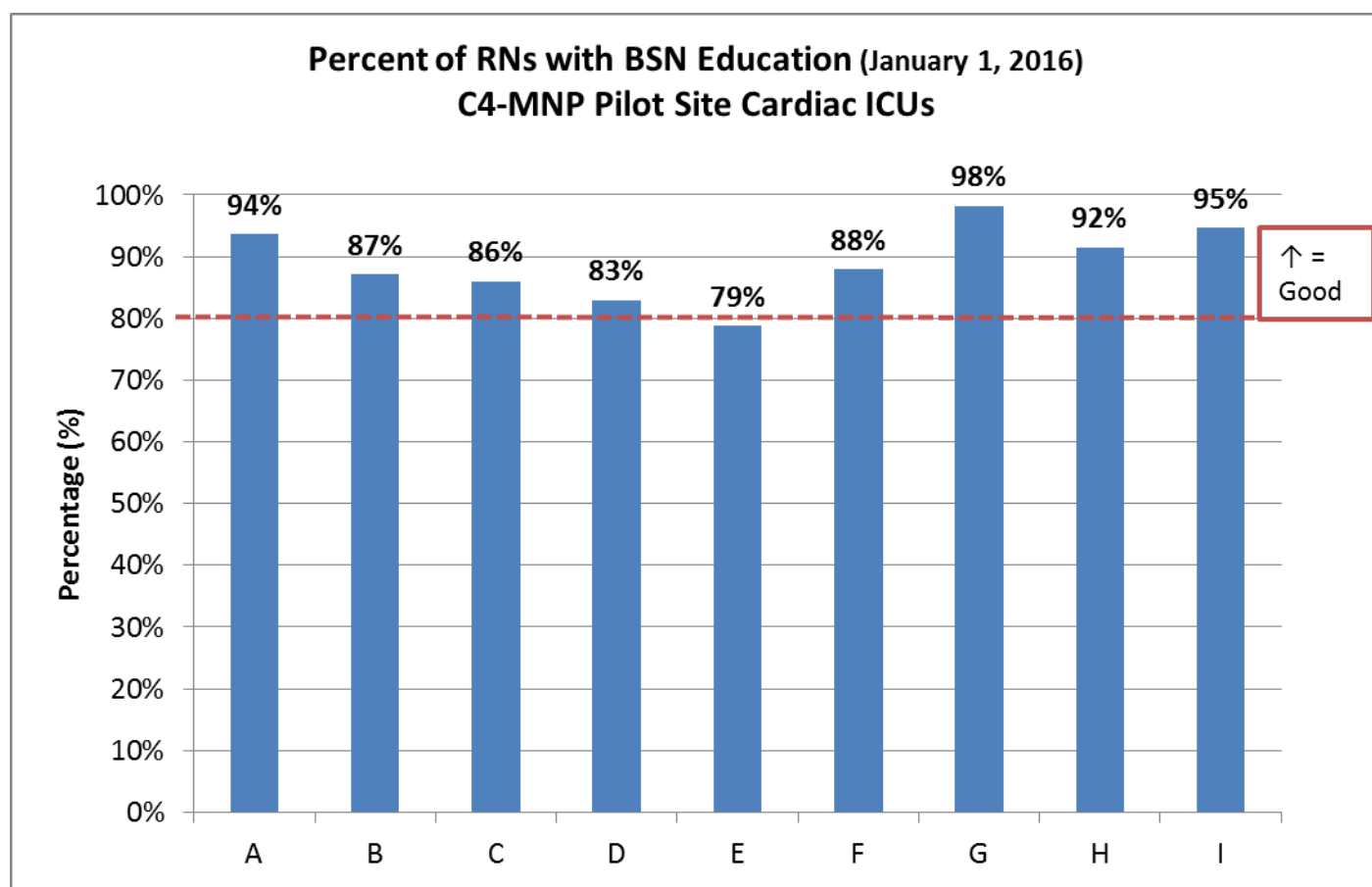
Bachelor of Science in Nursing (BSN) Education Intensive Care and Acute Care Units Combined	All Units (N = 15)		
	Minimum	Median	Maximum
Number of Current RNs with BSN	9	52	162
Number of Current RNs	13	58	173
Percent of Current RNs with BSN	51%	87%	98%

Measure Three: Bachelor of Science in Nursing (BSN) Education (continued)

Intensive Care Units Only:

Bachelor of Science in Nursing (BSN) Education Intensive Care Units Only	ICUs (N = 9)		
	Minimum	Median	Maximum
Number of Current RNs with BSN	39	54	162
Number of Current RNs	47	66	173
Percent of Current RNs with BSN	79%	88%	98%

Benchmark Testing for Intensive Care Units:



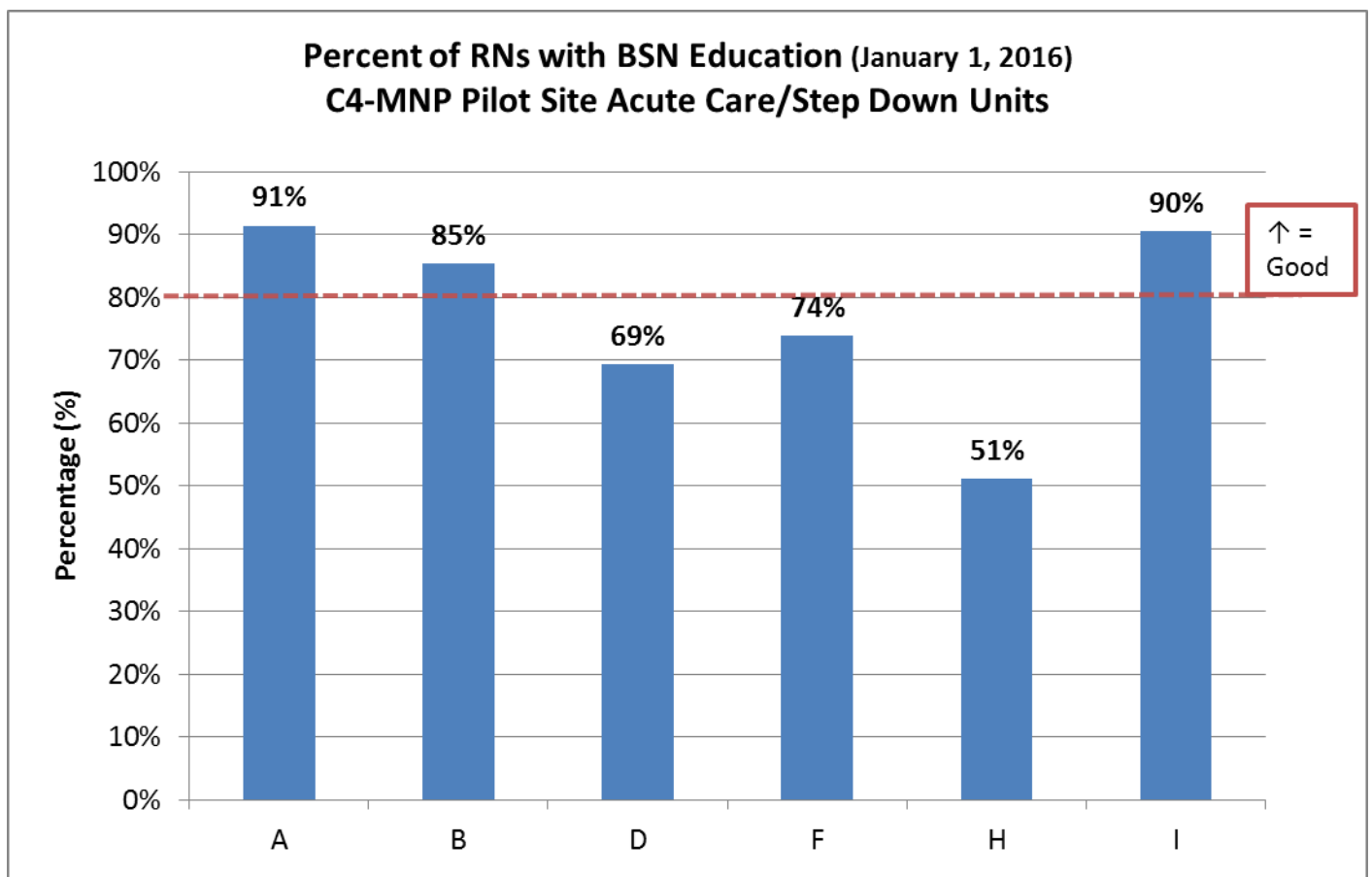
Note. Benchmark based on IOM goal to achieve a nurse workforce that is 80% BSN-prepared by 2020.

Measure Three: Bachelor of Science in Nursing (BSN) Education (continued)

Acute Care Units Only:

Bachelor of Science in Nursing (BSN) Education Acute Care Units Only	Acute Care Units (N = 6)		
	Minimum	Median	Maximum
Number of Current RNs with BSN	9	30	127
Number of Current RNs	13	42	139
Percent of Current RNs with BSN	51%	80%	91%

Benchmark Testing for Acute Care Units:



Note. Benchmark based on IOM goal to achieve a nurse workforce that is 80% BSN-prepared by 2020.

Measure Four: Nursing Certification

Measure Description

Nursing certification is a unit-level measure of the percentage of registered nursing staff providing patient care who are CCRN or CPN certified. There is currently emerging evidence linking nursing certification to patient outcomes (Hickey P, et al., in press).

Intensive Care and Acute Care Units Combined:

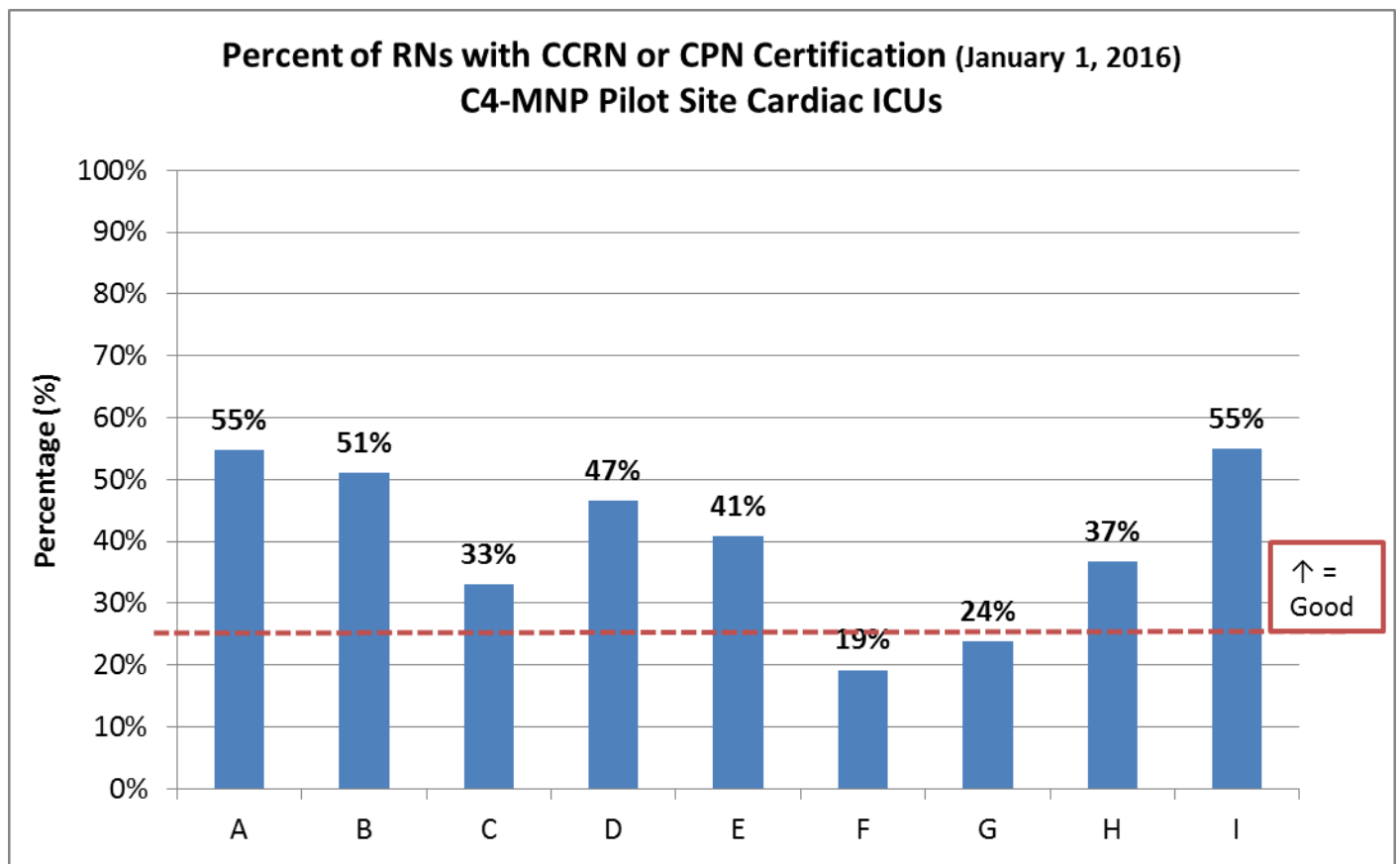
Nursing Certification Intensive Care and Acute Care Units Combined	All Units (N = 15)		
	Minimum	Median	Maximum
Number of Current RNs with Certification	4	20	69
Number of Current RNs with 1800 Hours	8	46	139
Percent of Current RNs with Certification	19%	40%	69%
Count of CCRN Certification	0	7	69
Count of CPN Certification	0	8	31

Measure Four: Nursing Certification (continued)

Intensive Care Units Only:

Nursing Certification Intensive Care Units Only	ICUs (N = 9)		
	Minimum	Median	Maximum
Number of Current RNs with Certification	10	27	69
Number of Current RNs with 1800 Hours	43	66	126
Percent of Current RNs with Certification	19%	41%	55%
Count of CCRN Certification	0	10	69
Count of CPN Certification	0	8	25

Benchmark Testing for Intensive Care Units:



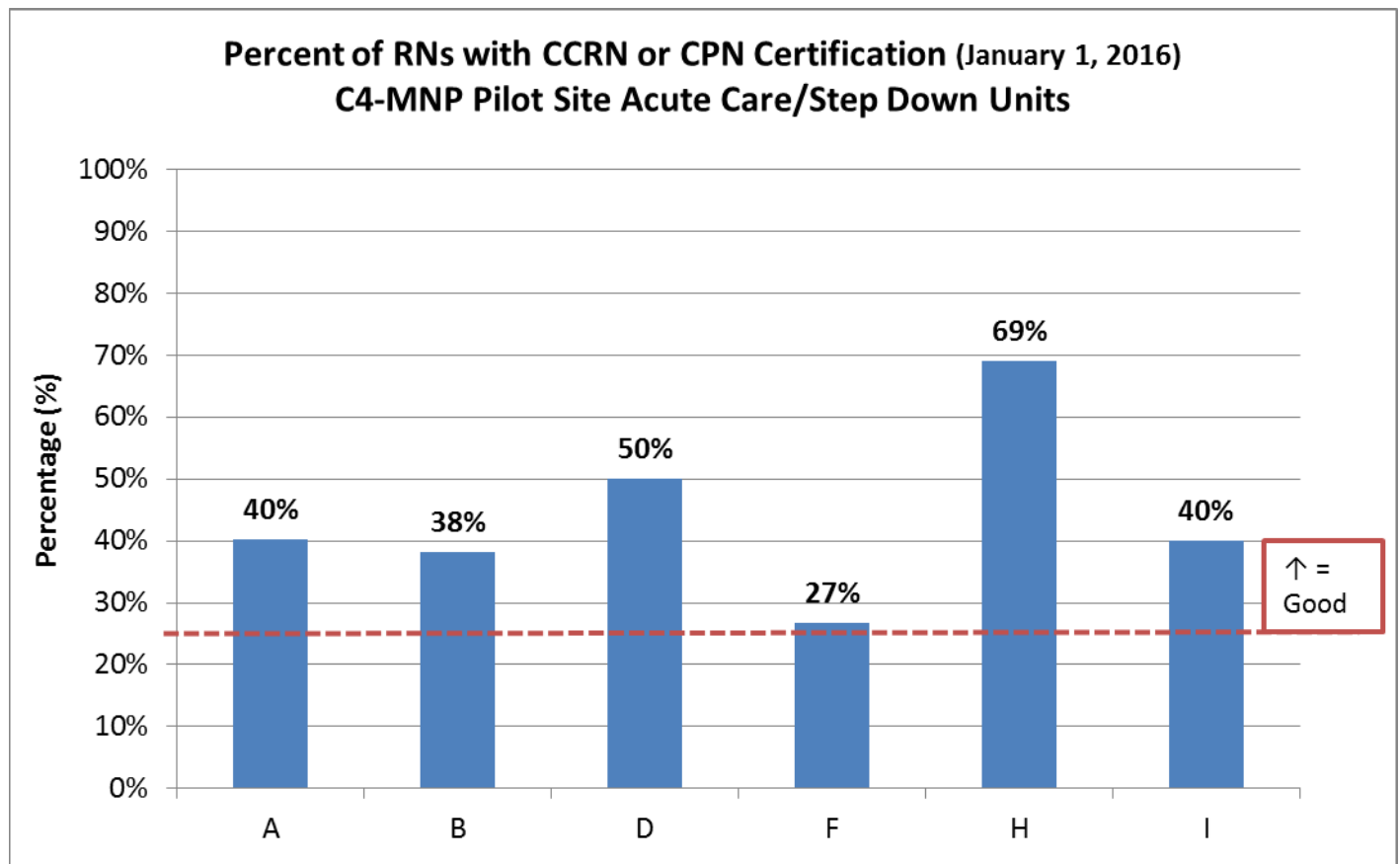
Note. Benchmark of greater than 25% of nurses with certification is based on evidence from Hickey P., et al. currently in press.

Measure Four: Nursing Certification (continued)

Acute Care Units Only:

Nursing Certification Acute Care Units Only	Acute Care Units (N = 6)		
	Minimum	Median	Maximum
Number of Current RNs with Certification	4	12	56
Number of Current RNs with 1800 Hours	8	29.5	139
Percent of Current RNs with Certification	27%	40%	69%
Count of CCRN Certification	0	4	30
Count of CPN Certification	0	5.5	31

Benchmark Testing for Acute Care Units:



Note. Target based on ICU benchmark of greater than 25% of nurses with certification.

Measure Five: Nursing Staff Turnover

Measure Description

Nursing staff turnover is a unit-level measure of the percentage of registered nursing staff who were not retained by the unit each calendar year. This definition includes both departures to other organizations and internal promotions and transfers. This measure recognizes the impact of the work environment on nursing staff retention, and its link to quality outcomes.

Intensive Care and Acute Care Units Combined:

Nursing Staff Turnover Intensive Care and Acute Care Units Combined	All Units (N = 15)		
	Minimum	Median	Maximum
Number of RNs Departed in CY2015	1	14	28
Number of RNs Employed in CY2015	13	64	173
Percent of RN Staff Turnover	2%	18%	32%
Total Budgeted RN FTEs	10.73	51.42	149.98

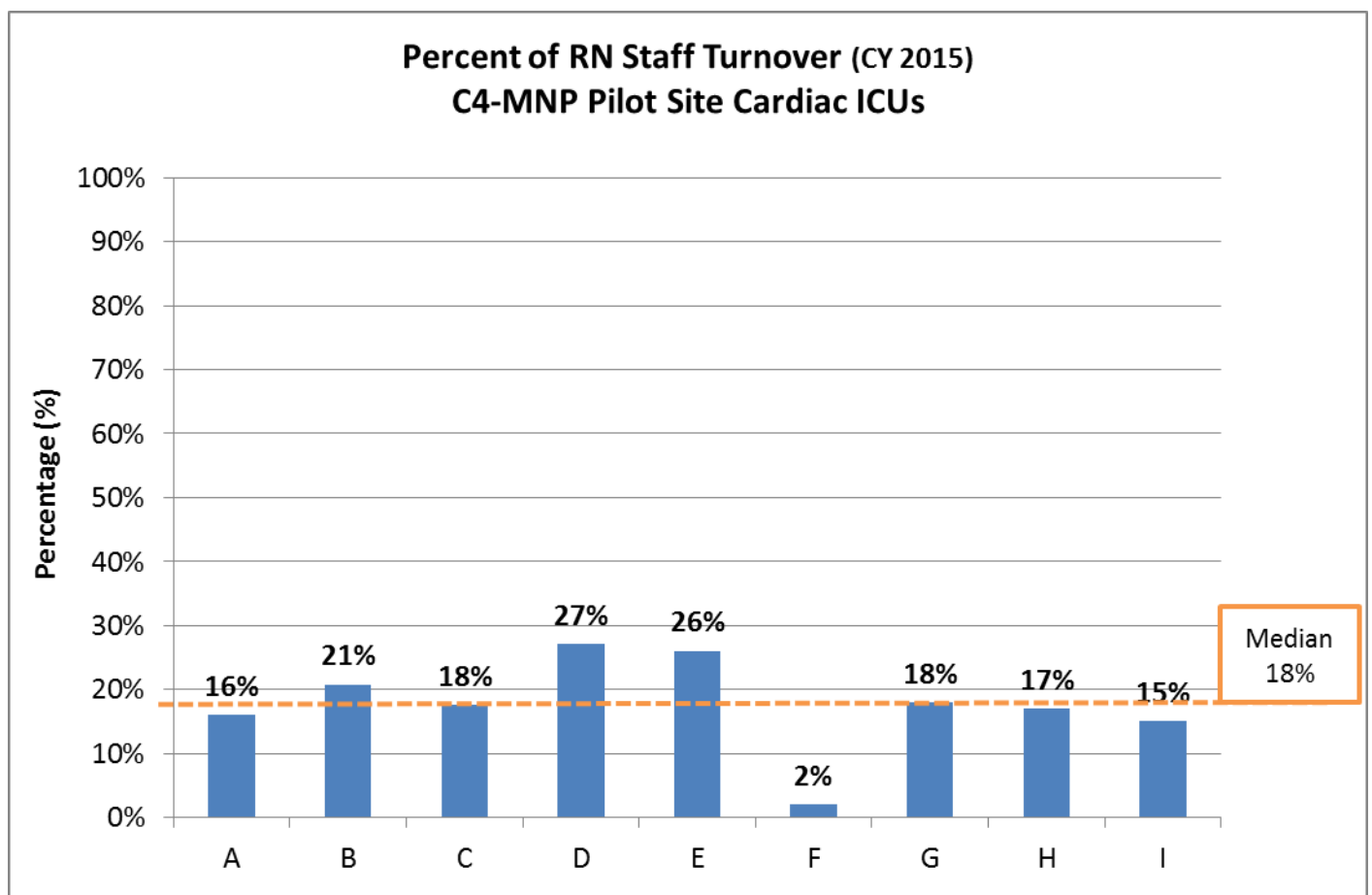
Primary Reason for RN Departure	Acute Care Units (N = 6)	ICUs (N = 9)	All Units (N = 15)
Left organization for other opportunity	11	46	57
Transferred to another unit	20	31	51
Moved out of area	13	16	29
Returned to school	5	11	16
Promoted within organization	1	11	12
Family responsibilities	0	11	11
Personal reasons	0	8	8
Organization terminated employment	1	4	5
Transferred to internal float pool	1	1	2
Retired	1	0	1

Measure Five: Nursing Staff Turnover (continued)

Intensive Care Units Only:

Nursing Staff Turnover Intensive Care Units Only	ICUs (N = 9)		
	Minimum	Median	Maximum
Number of RNs Departed in CY2015	1	16	28
Number of RNs Employed in CY2015	48	88	173
Percent of RN Staff Turnover	2%	18%	27%
Total Budgeted RN FTEs	10.73	43.10	149.98

Benchmark Testing for Intensive Care Units:



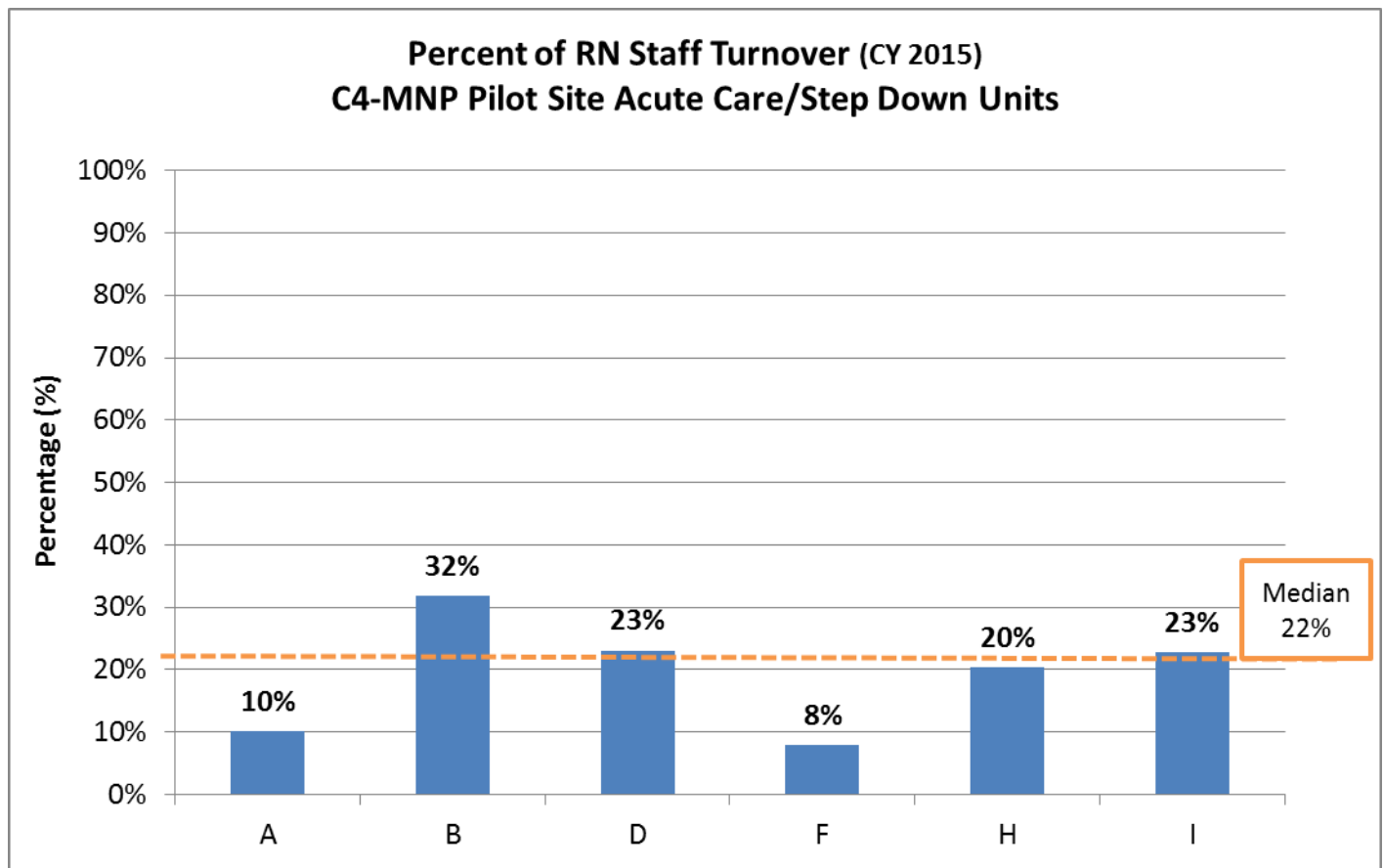
Note. No established benchmark available. Median of C4-MNP pilot site data presented.

Measure Five: Nursing Staff Turnover (continued)

Acute Care Units Only:

Nursing Staff Turnover Acute Care Units Only	Acute Care Units (N = 6)		
	Minimum	Median	Maximum
Number of RNs Departed in CY2015	3	11.5	14
Number of RNs Employed in CY2015	13	44	139
Percent of RN Staff Turnover	8%	22%	32%
Total Budgeted RN FTEs	41.12	72.04	140.7

Benchmark Testing for Acute Care Units:



Note. No established benchmark available. Median of C4-MNP pilot site data presented.

Measure Six: Weight Gain within 72 Hours of Discharge

Measure Description

Weight gain is a unit-level measure of the percentage of surgical inpatients aged ≤ 3 months who demonstrated an average weight gain of 0.015 - 0.02 kg/day, or a positive trend in weight, within 72 hours prior to discharge home. Weight gain prior to discharge is an important predictive factor for patient outcomes, especially in the population of surgical infants aged ≤ 3 months.

Intensive Care and Acute Care Units Combined:

Weight Gain within 72 Hours of Discharge Intensive Care and Acute Care Units Combined	Data Collection Month	All Units (N = 10)*		
		Minimum	Median	Maximum
Percent of Eligible Patients with Weight Gain within 72 Hours of Discharge	Month 1	14%	45%	80%
	Month 2	38%	53%	100%
	Month 3	0%	58%	100%
	Month 4	0%	50%	100%
	Month 5	0%	49%	100%
	Month 6	17%	50%	100%

*One site reported data for their acute care unit instead of their ICU because no patients are discharged from the ICU. ICU data from 5 sites were excluded because there were no eligible patients or there was only one month with eligible patients (i.e., patients were not routinely discharged from these ICUs).

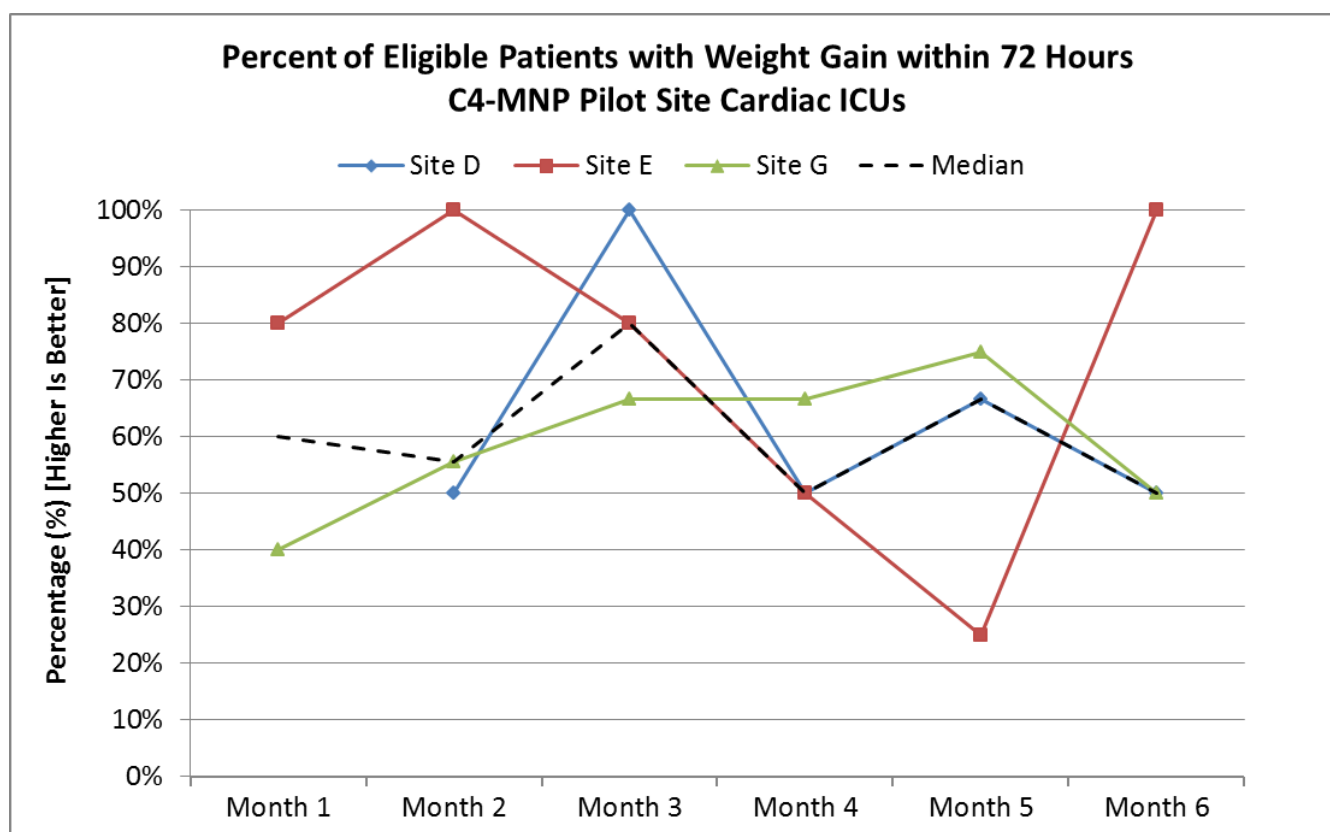
Measure Six: Weight Gain within 72 Hours of Discharge (continued)

Intensive Care Units Only:

Weight Gain within 72 Hours of Discharge Intensive Care Units Only	Data Collection Month	ICUs (N = 3)*		
		Minimum	Median	Maximum
Percent of Eligible Patients with Weight Gain within 72 Hours of Discharge	Month 1	40%	60%	80%
	Month 2	50%	56%	100%
	Month 3	67%	80%	100%
	Month 4	50%	50%	67%
	Month 5	25%	67%	75%
	Month 6	50%	50%	100%

*One site reported data for their acute care unit instead of their ICU because no patients are discharged from the ICU. ICU data from 5 sites were excluded because there were no eligible patients or there was only one month with eligible patients (i.e., patients were not routinely discharged from these ICUs).

Benchmark Testing for Intensive Care Units:



Note. No established benchmark available.

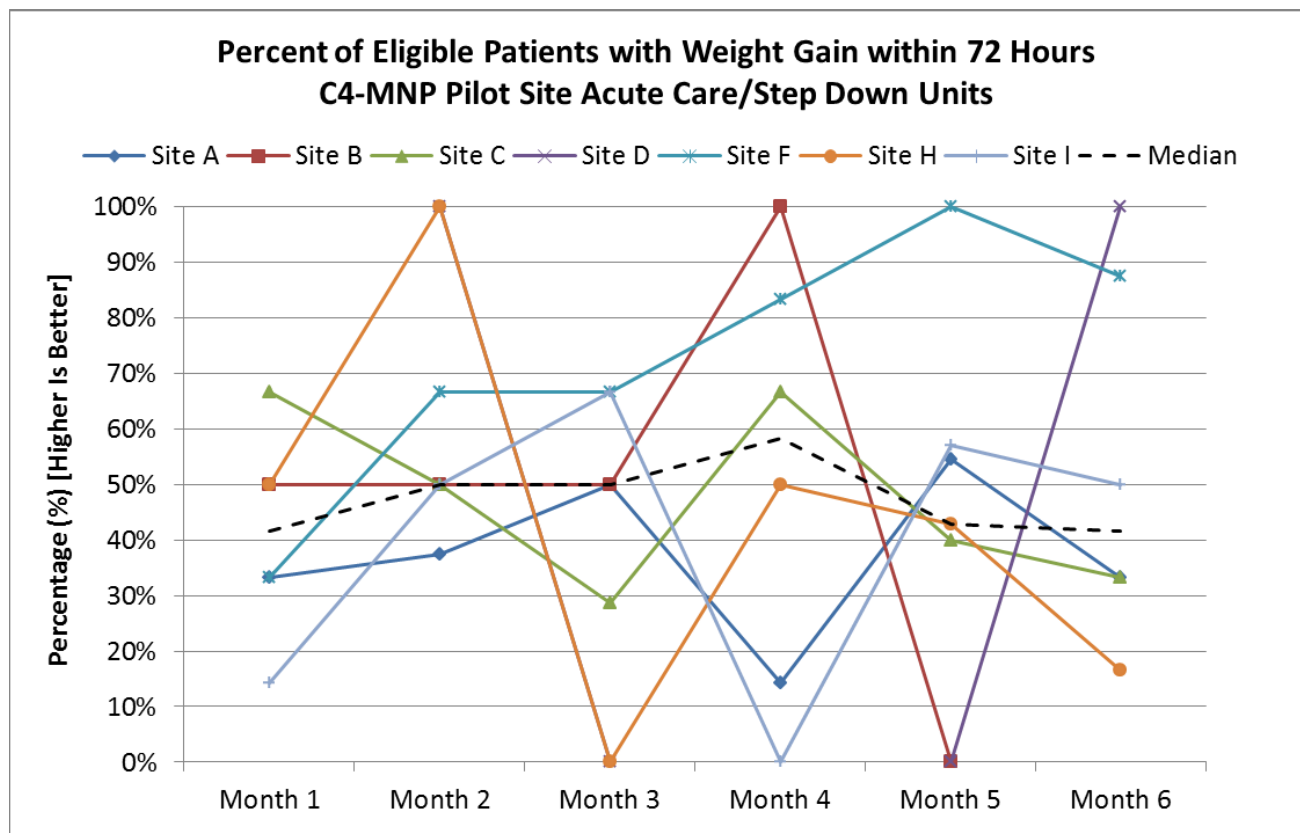
Measure Six: Weight Gain within 72 Hours of Discharge (continued)

Acute Care Units Only:

Weight Gain within 72 Hours of Discharge Acute Care Units Only	Data Collection Month	Acute Care Units (N = 7)*		
		Minimum	Median	Maximum
Percent of Eligible Patients with Weight Gain within 72 Hours of Discharge	Month 1	14%	42%	67%
	Month 2	38%	50%	100%
	Month 3	0%	50%	67%
	Month 4	0%	58%	100%
	Month 5	0%	43%	100%
	Month 6	17%	42%	100%

*One site reported data for their acute care unit instead of their ICU because no patients are discharged from the ICU.

Benchmark Testing for Acute Care Units:



Note. No established benchmark available.

Measure Seven: Feeding Safety

Measure Description

Feeding safety is a unit-level measure of the rate of adverse feeding events in post-operative cardiac surgical inpatients aged ≤ 3 months. As attention is placed on measuring weight gain prior to discharge, this balancing measure will ensure that any unintended consequences are captured.

Intensive Care and Acute Care Units Combined:

Feeding Safety Intensive Care and Acute Care Units Combined	Data Collection Month	All Units (N = 15)		
		Minimum	Median	Maximum
Adverse Feeding Event Rate per 100 Eligible Patient Days	Month 1	0.0	0.0	4.5
	Month 2	0.0	0.0	2.3
	Month 3	0.0	0.0	2.3
	Month 4	0.0	0.0	14.3
	Month 5	0.0	0.0	4.0
	Month 6	0.0	0.0	2.3

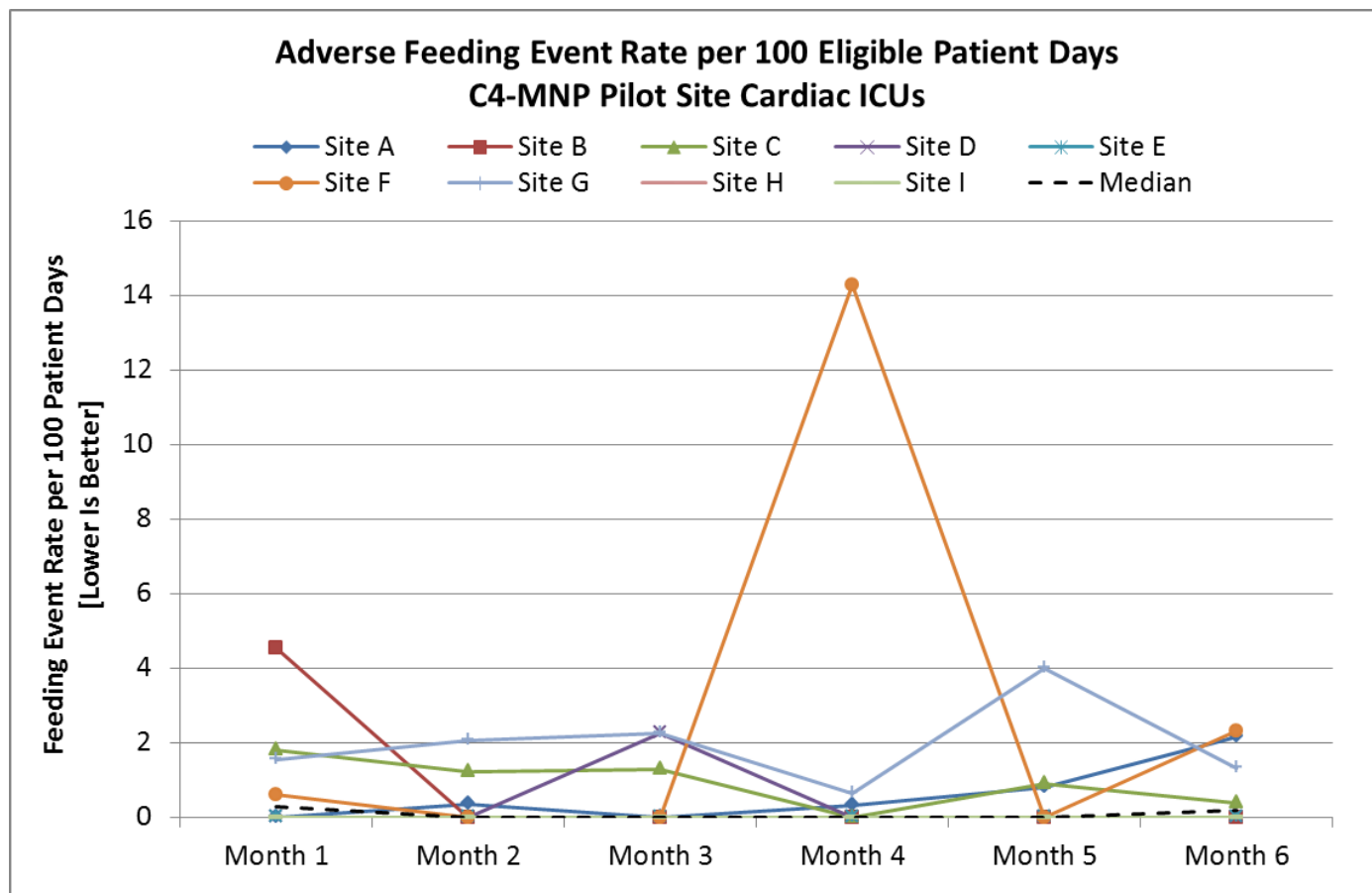
Adverse Feeding Event Type	Acute Care Units (N = 2)	ICUs (N = 4)	All Units (N = 6)
Necrotizing Enterocolitis (NEC)	4	26	30
Aspiration Pneumonia	0	1	1

Measure Seven: Feeding Safety (continued)

Intensive Care Units Only:

Feeding Safety Intensive Care Units Only	Data Collection Month	ICUs (N = 9)		
		Minimum	Median	Maximum
Adverse Feeding Event Rate per 100 Eligible Patient Days	Month 1	0.0	0.0	4.5
	Month 2	0.0	0.0	2.1
	Month 3	0.0	0.0	2.3
	Month 4	0.0	0.0	14.3
	Month 5	0.0	0.0	4.0
	Month 6	0.0	0.2	2.3

Benchmark Testing for Intensive Care Units:



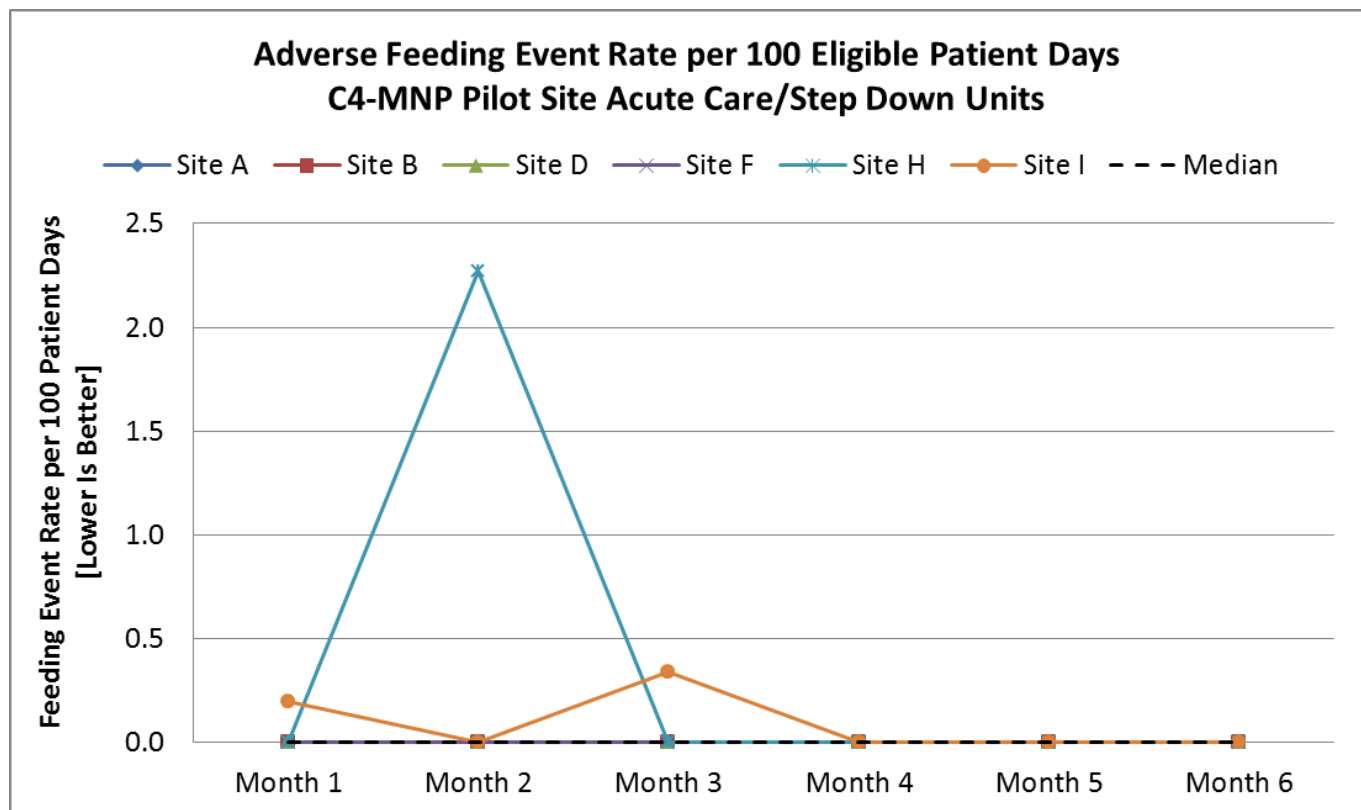
Note. No established benchmark available. Rates normalized to 100 patient days to allow for comparison across sites. Lower rates are better.

Measure Seven: Feeding Safety (continued)

Acute Care Units Only:

Feeding Safety Acute Care Units Only	Data Collection Month	Acute Care Units (N = 6)		
		Minimum	Median	Maximum
Adverse Feeding Event Rate per 100 Eligible Patient Days	Month 1	0.0	0.0	0.2
	Month 2	0.0	0.0	2.3
	Month 3	0.0	0.0	0.3
	Month 4	0.0	0.0	0.0
	Month 5	0.0	0.0	0.0
	Month 6	0.0	0.0	0.0

Benchmark Testing for Acute Care Units:



Note. No established benchmark available. Rates normalized to 100 patient days to allow for comparison across sites. Lower rates are better.

Measure Eight: Utilization of Early Warning Scores

Measure Description

Use of early warning scores is a unit-level measure of the rate of unplanned transfers to the CICU associated with code blue, resuscitation, or unprecedented need for escalation in care among patients on an acute cardiac care unit. Unplanned transfers from the inpatient floor to the ICU imply that significant clinical deterioration has occurred in the medical status of the patient without it being appreciated. The goal of medical therapy is to prevent the former from occurring, or recognize deterioration sufficiently early so that transfer to the ICU is not emergent. This measure attempts to understand whether the use of early warning score systems is associated with the rate of unplanned ICU transfers in the cardiac inpatient unit.

Acute Care Units Only:

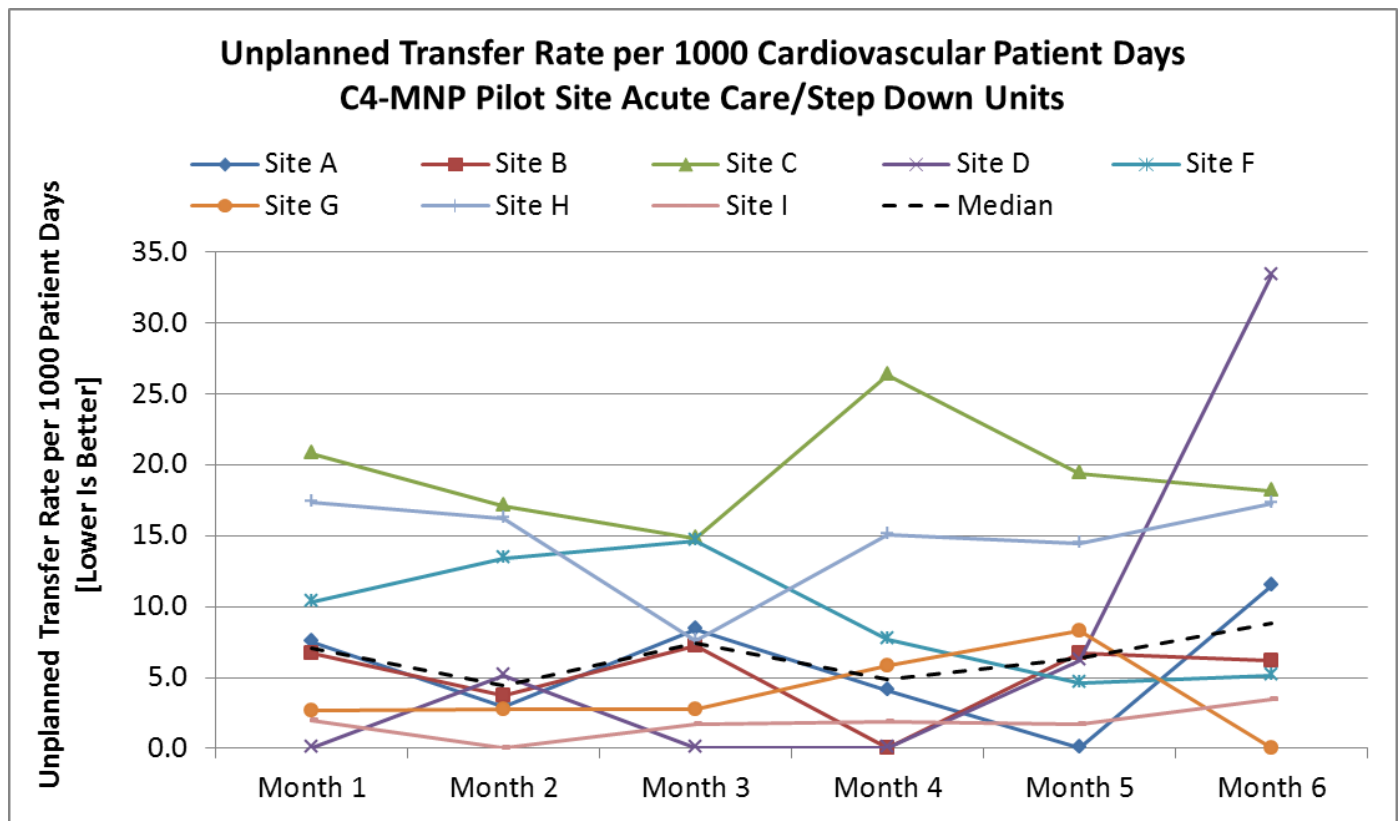
Utilization of Early Warning Scores Acute Care Units Only	Data Collection Month	Acute Care Units (N = 8)*		
		Minimum	Median	Maximum
Unplanned Transfer Rate per 1000 Cardiovascular Patient Days	Month 1	0.0	7.1	20.8
	Month 2	0.0	4.4	17.1
	Month 3	0.0	7.4	14.8
	Month 4	0.0	4.9	26.4
	Month 5	0.0	6.4	19.4
	Month 6	0.0	8.8	33.3

*One site reported data for their acute care unit instead of their ICU, and one site provided acute care unit data for this measure only.

Early Warning Score Tool	Acute Care Units (N = 8)
PEWS	5
CHEWS	1
SAFE Score	1
None	1

Measure Eight: Utilization of Early Warning Scores (continued)

Benchmark Testing for Acute Care Units:



Note. No established benchmark available. Rates normalized to 1000 patient days to allow for comparison across sites. Lower rates are better.

Measure Nine: Pain Scores Decreased within 60 Minutes

Measure Description

Pain scores decreased is a unit-level measure of the percentage of documented pain scores ≥ 4 with a 30% or more decrease within 60 minutes. Pain intervention is the selection and implementation of techniques to relieve pain (e.g., pharmacological, distraction). Pain reassessment is the subsequent evaluation of the effectiveness of pain relief measures following intervention. The timing of reassessment depends on the intervention but should happen as quickly as possible to ensure effective pain management. Effective pain management leads to faster recovery, shorter hospital stays, less frequent admissions and overall better quality of life for patients. On average, a reduction of approximately two points or a reduction of approximately 30% in the PI-NRS represented a clinically important difference.

Intensive Care and Acute Care Units Combined:

Pain Scores Decreased within 60 Minutes Intensive Care and Acute Care Units Combined	Data Collection Month	All Units (N = 9)*		
		Minimum	Median	Maximum
Percent of Pain Scores ≥ 4 Decreased by 30% or More within 60 Minutes	Month 1	53%	80%	96%
	Month 2	59%	78%	92%
	Month 3	55%	81%	92%
	Month 4	69%	74%	85%
	Month 5	66%	77%	91%
	Month 6	62%	82%	94%

*Pain score data were not reported by 3 units, and were excluded for 3 other units due to incorrect denominator.

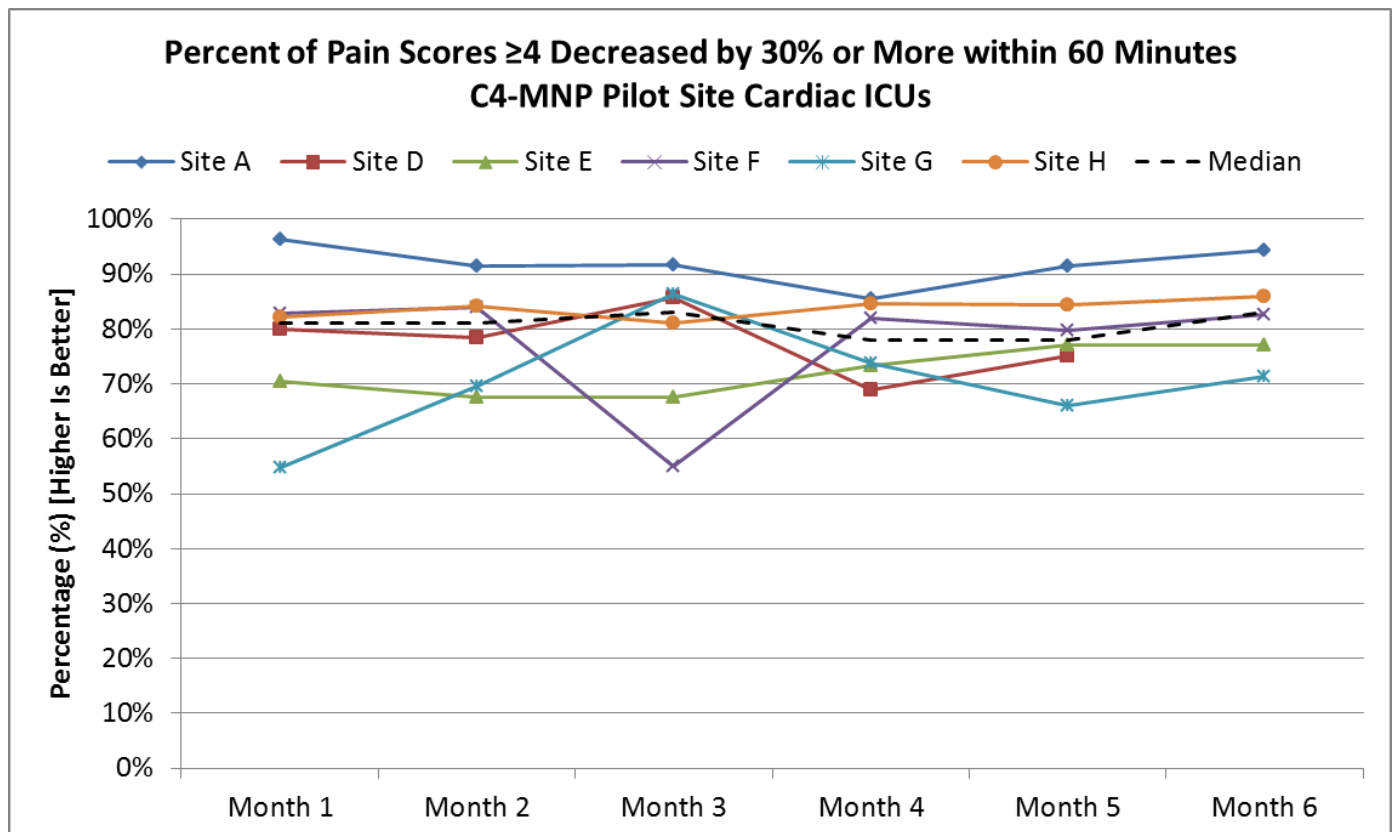
Measure Nine: Pain Scores Decreased within 60 Minutes (continued)

Intensive Care Units Only:

Pain Scores Decreased within 60 Minutes Intensive Care Units Only	Data Collection Month	ICUs (N = 6)*		
		Minimum	Median	Maximum
Percent of Pain Scores ≥ 4 Decreased by 30% or More within 60 Minutes	Month 1	55%	81%	96%
	Month 2	68%	81%	92%
	Month 3	55%	83%	92%
	Month 4	69%	78%	85%
	Month 5	66%	78%	91%
	Month 6	71%	83%	94%

*Pain score data were not reported by 3 units, and were excluded for 3 other units due to incorrect denominator.

Benchmark Testing for Intensive Care Units:



Note. No established benchmark available.

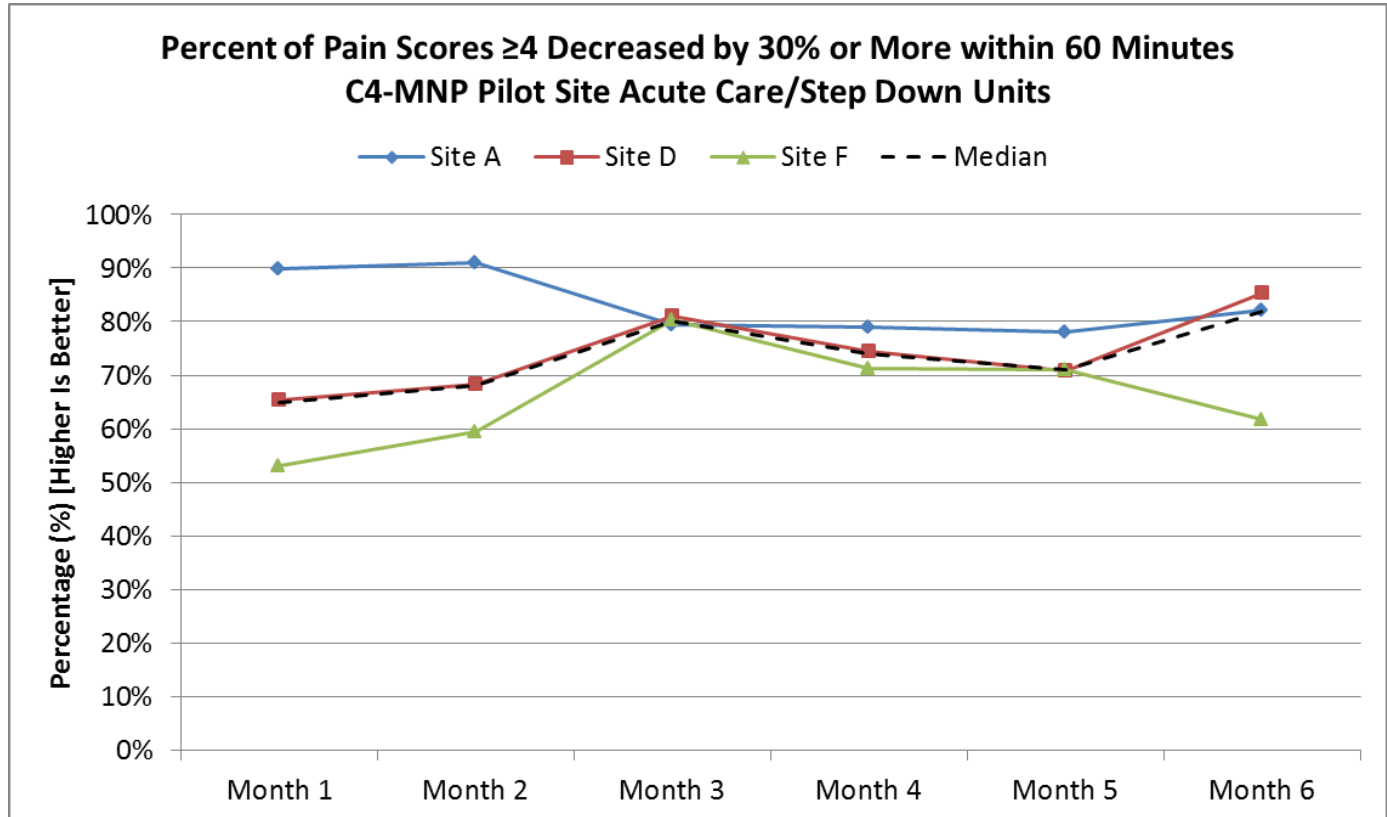
Measure Nine: Pain Scores Decreased within 60 Minutes (continued)

Acute Care Units Only:

Pain Scores Decreased within 60 Minutes Acute Care Units Only	Data Collection Month	Acute Care Units (N = 3)*		
		Minimum	Median	Maximum
Percent of Pain Scores ≥ 4 Decreased by 30% or More within 60 Minutes	Month 1	53%	65%	90%
	Month 2	59%	68%	91%
	Month 3	79%	80%	81%
	Month 4	71%	74%	79%
	Month 5	71%	71%	78%
	Month 6	62%	82%	85%

*Pain score data were not reported by 3 units, and were excluded for 3 other units due to incorrect denominator.

Benchmark Testing for Acute Care Units:



Note. No established benchmark available.

Measure Ten: Device-Related Pressure Ulcers

Measure Description

Device-related pressure ulcers is a unit-level measure of the rate of device-related pressure ulcers in cardiovascular inpatients. The goal of this measure is to compare best practices and corresponding device-related pressure ulcer rates.

Intensive Care and Acute Care Units Combined:

Device-Related Pressure Ulcers Intensive Care and Acute Care Units Combined	Data Collection Month	All Units (N = 15)		
		Minimum	Median	Maximum
Device-Related Pressure Ulcer Rate per 1000 Device Days	Month 1	0.0	0.0	5.2
	Month 2	0.0	0.0	5.0
	Month 3	0.0	0.0	10.8
	Month 4	0.0	0.0	4.3
	Month 5	0.0	0.0	4.9
	Month 6	0.0	0.0	7.3

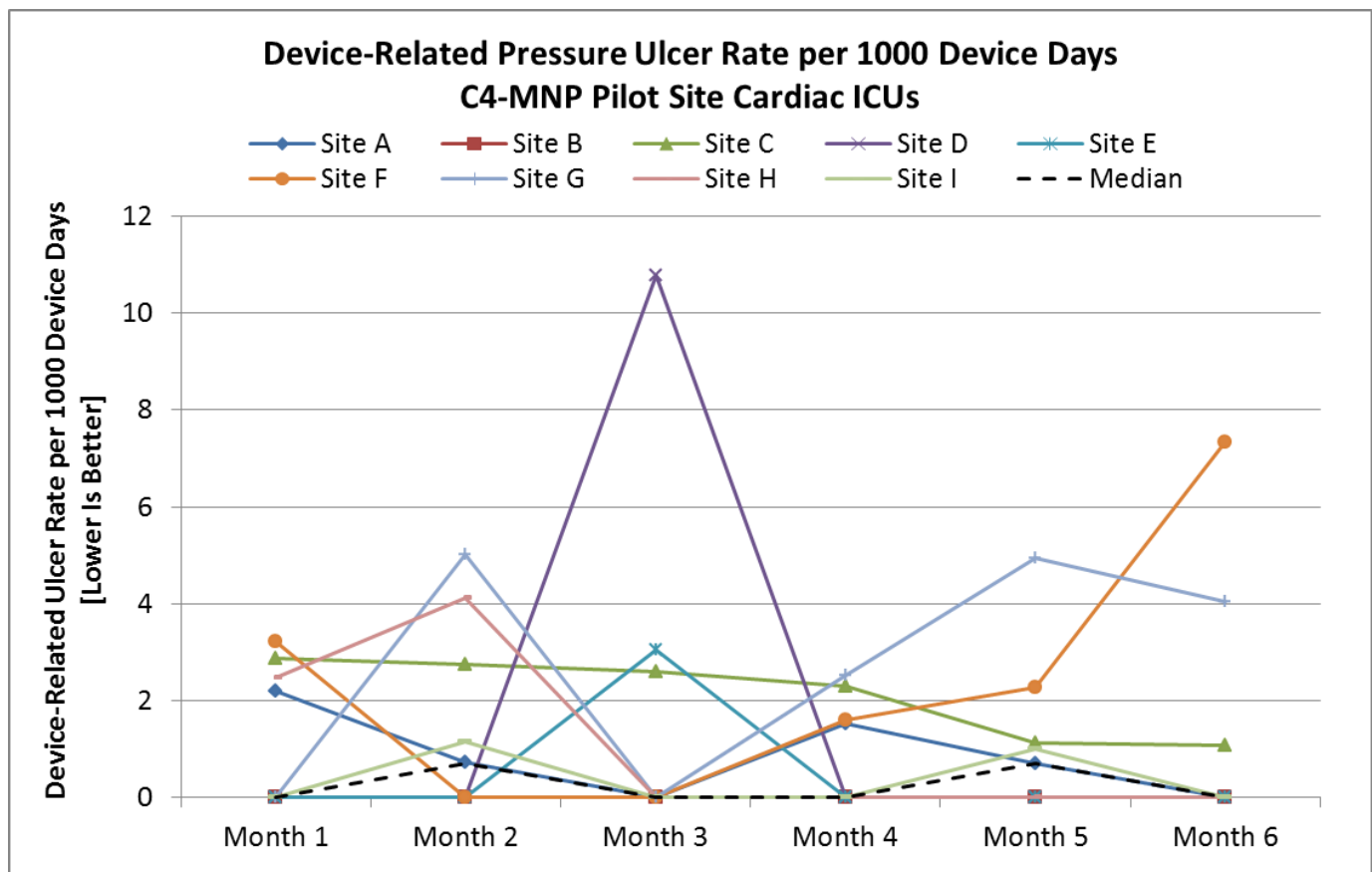
Type of Device	Acute Care Units (N = 2)	ICUs (N = 7)	All Units (N = 9)
Vascular Access Device	4	5	9
Non-Invasive Ventilation	0	7	7
Nasal Endotracheal Tube	0	4	4
Feeding Tube	0	4	4
Electroencephalogram Lead	0	2	2
Oral Endotracheal Tube	0	2	2
Cerebral Oximetry Probe	0	2	2
Foley Catheter	0	1	1

Measure Ten: Device-Related Pressure Ulcers (continued)

Intensive Care Units Only:

Device-Related Pressure Ulcers Intensive Care Units Only	Data Collection Month	ICUs (N = 9)		
		Minimum	Median	Maximum
Device-Related Pressure Ulcer Rate per 1000 Device Days	Month 1	0.0	0.0	3.2
	Month 2	0.0	0.7	5.0
	Month 3	0.0	0.0	10.8
	Month 4	0.0	0.0	2.5
	Month 5	0.0	0.7	4.9
	Month 6	0.0	0.0	7.3

Benchmark Testing for Intensive Care Units:



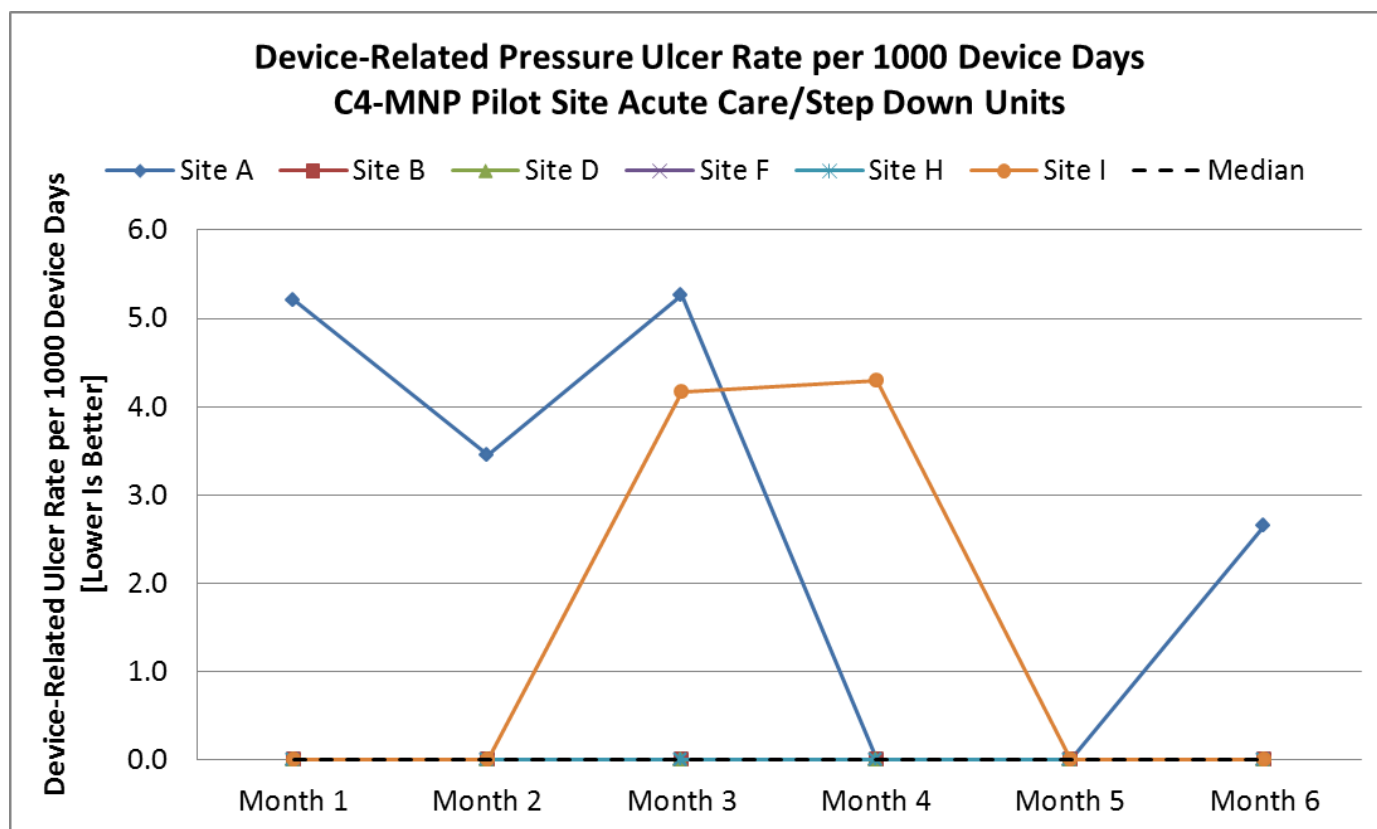
Note. No established benchmark available. Rates normalized to 1000 device days to allow for comparison across sites. Lower rates are better.

Measure Ten: Device-Related Pressure Ulcers (continued)

Acute Care Units Only:

Device-Related Pressure Ulcers Acute Care Units Only	Data Collection Month	Acute Care Units (N = 6)		
		Minimum	Median	Maximum
Device-Related Pressure Ulcer Rate per 1000 Device Days	Month 1	0.0	0.0	5.2
	Month 2	0.0	0.0	3.5
	Month 3	0.0	0.0	5.3
	Month 4	0.0	0.0	4.3
	Month 5	0.0	0.0	0.0
	Month 6	0.0	0.0	2.7

Benchmark Testing for Acute Care Units:



Note. No established benchmark available. Rates normalized to 1000 device days to allow for comparison across sites. Lower rates are better.