

APPENDIX D—ACRONYMS AND GLOSSARY/SELECTED RESOURCES

ACRONYMS

AHRQ	U.S. Agency for Healthcare Research and Quality
AHRQ PSI	U.S. Agency for Healthcare Research and Quality—Patient Safety Indicator
AIDS	Acquired Immune Deficiency Syndrome
AMI	Acute myocardial infarction
AMA	American Medical Association
ANA	American Nurses Association
BCH	Boston Children’s Hospital
BSI	Blood stream infection
CalNOC	California Nursing Outcomes Coalition
CDC-NNIS	U.S. Centers for Disease Control and Prevention/National Nosocomial Infection Surveillance System
CDP	Consensus Development Process (of NQF)
CMS	U.S. Centers for Medicare and Medicaid Services
DHHS	U.S. Department of Health and Human Services
DRG	Diagnostic related group
DVT	Deep vein thrombosis
FTR	Failure to rescue
HCUP	Healthcare Cost and Utilization Project (of AHRQ)
HF	Heart failure
HRN	High-risk nursery
ICD-9	International Classification of Diseases, 9 th revision
ICD-9-CM	International Classification of Diseases, 9 th revision, Clinical Modification
ICP	Infection control personnel
ICU	Intensive care unit
IHI	Institute for Healthcare Improvement
IOM	Institute of Medicine
IV	Intravenous
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KP	Kaiser Permanente
LOS	Length of stay
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MDC	Major Diagnostic Category
MilNOD	Military Nursing Outcomes Database
NA	Nurse assistant, nurse aide
NCQA	National Committee for Quality Assurance
NPUAP	National Pressure Ulcer Advisory Panel
NDNQI	National Database of Nursing Quality Indicators
NINR	National Institute of Nursing Research
NQF	National Quality Forum
NWI-R	Nursing Work Index—Revised
NS-LIJ	North Shore-Long Island Jewish Health System
ORYX	JCAHO performance measurement initiative
PE	Pulmonary embolism

NQF REVIEW DRAFT—DO NOT CITE OR QUOTE

PES-NWI	Practice Environment Scale—Nursing Work Index
PRO	Peer Review Organization (of CMS; now called QIOs)
QIO	Quality Improvement Organization (of CMS)
RN	Registered Nurse
RWJF	Robert Wood Johnson Foundation
SFB	Strategic Framework Board (of NQF)
UGI	Upper gastrointestinal
UTI	Urinary tract infection
VA	U.S. Department of Veterans Affairs
VANOD	U.S. Department of Veterans Affairs' Nursing Outcomes Database

GLOSSARY*

Acute myocardial infarction (AMI) – commonly known as a heart attack. Occurs when one of the arteries that supply blood to the heart muscle becomes blocked. Blockage may be caused by a spasm or clot of the artery. The blockage results in damaged heart muscle and a permanent loss of strength of this portion of the heart muscle.

Adverse event - describes a negative consequence of care that results in unintended injury or illness, which may or many not have been preventable.

Beta blockers – a medication commonly used in heart attack patients that may prevent additional heart attacks. Beta-blockers work by affecting the response to some nerve impulses in certain parts of the body. As a result, they decrease the heart's need for blood and oxygen by reducing its workload. They also help the heart to beat more regularly.

Central line catheter-associated bloodstream infection - a nosocomial bloodstream infection associated with a patient's central venous catheter.

Clinical data – refers to all the information contained in the patient's clinical record, including his/her past medical history, diagnoses, signs and symptoms, and laboratory test results. Clinical data are more detailed than administrative data, which contains only basic information about the patient and his/her condition and treatment.

Failure to rescue - death after an adverse event, which could possibly have been prevented with proper preventive measures.

Fall – an unplanned descent to the floor.

Functional outcomes - outcomes associated with a person's functioning including a variety of areas such as physical health, quality of self-maintenance, quality of role activity, and emotional status.

Heart failure (HF) – occurs when the heart loses its ability to pump enough blood through the body. Usually, the loss in pumping action is a symptom of an underlying heart problem, such as coronary artery disease. **Congestive heart failure** is a type of heart failure.

Hospital-acquired pneumonia - Pneumonia is an infection in the lungs. Sometimes, vulnerable patients such as the elderly or those who have had surgery may contract pneumonia while in the hospital (nosocomial pneumonia).

* Selected resources include American Nurses Association, available at www.ana.org; Center for Disease Control and Prevention, available at www.cdc.gov; Garner JS. Guidelines for prevention of intravascular infections. The Hospital Infection Control Practices Advisory Committee. *Infect Control Hosp Epidemiol.* 1996; 17:53-80; Merriam-Webster Medical Dictionary, available at www.intelihealth.com; National Quality Forum. *Safe Practices for Better Healthcare.* 2002. Washington, DC: National Quality Forum; OnHealth.com, available at www.onhealth.com; Silber JH, Williams SV, Krakauer H, Schwartz JS. Using clinical variables to estimate the risk of patient mortality. *Med Care.* 1992;30:615-627; U.S. Department of Health and Human Services, Healthfinder, available at: www.healthfinder.gov.

International Classification of Diseases, ninth revision (ICD-9) – a coding and classification system for mortality data from death certificates. The ICD-9 system was developed by the World Health Organization.

International Classification of Diseases, ninth revision, Clinical Modification (ICD-9-CM) – a system of assigning codes to specific diagnoses and procedures used in hospitals. The ICD-9-CM system was based on the ICD-9, and was developed by the Centers for Disease Control and Prevention’s National Center for Health Statistics

Logistic regression – a statistical method that can be used to estimate the likelihood of an outcome for a patient (e.g., death after surgery), based on the degree to which factors such as the patient’s age, gender, and co-existing diseases influence the outcome. Logistic regression is a type of risk adjustment.

Magnet status/designation - Magnet Status for Nursing Excellence is bestowed by the American Nurses Credentialing Center, an arm of the American Nurses Association. Magnet Status is granted only to hospitals that undergo a rigorous, voluntary evaluation process. In order to achieve Magnet Status, a hospital must successfully meet or exceed expectations in 14 categories of care and performance criteria. The hospital is judged by extensive documentation and onsite inspections.

Nursing care - the mix of personnel—RNs, LPNs, and nurse assistants—who deliver nursing services in acute care settings.

Nursing-centered intervention measures- focused on aspects of nursing intervention and processes of care provided by nurses. Based on the organization, nature, and quality of nursing care processes.

Nursing sensitive, nurse-sensitive - aspects of intervention and processes of care which are affected, provided, and/or influenced by nurses.

Outcome measure – looks at a patient’s health status or level of functioning following an episode of healthcare. Depending on the situation, providers have a varying degree of control over the outcome. Some outcome measures include urinary tract infection, central line catheter-associated BSI for ICU patients, and pressure ulcer prevalence.

Patient-centered outcome measures - focused on the outcomes of care delivered to patients by nurses.

Pressure ulcer - also called a decubitus ulcer, pressure sore, or bedsore, it is an ulceration of tissue deprived of adequate blood supply by prolonged pressure.

Risk adjustment – a general term for statistical methods that account for patient risk factors (i.e., characteristics such as age, gender, and other illnesses that may influence outcomes) and adjust a physician or hospital’s performance results to take into account how sick their patients were. Outcome measures like mortality are important to risk adjust, because some hospitals may treat sicker patients who are more likely to die even with good care, and risk adjusting the measures helps make for fair comparisons among hospitals. Risk adjustment can be done with clinical data or administrative data.

Sepsis - infection with disease-causing microorganisms or other toxins in the bloodstream.

System-centered measures - focused on system-level organizational effectiveness and efficiency that influences and is influenced by nursing care and performance. Based on structural, organizational, work process, and work design-related elements of the work environment.

Skill mix - the mix of RN, LPN/LVN, and nurse aides with direct patient care responsibilities.

Turnover - the number of persons hired within a period to replace those leaving or dropped from a workforce.

Urinary tract infection - is an inflammation of the urinary bladder or urethra. In most cases, it is caused by a bacterial infection.

Ventilator-associated pneumonia - hospital-acquired pneumonia in patients on a ventilator.

APPENDIX E—Selected References

The following list of references summarizes the evidence considered and reviewed during the screening, evaluation, and selection of measures for the initial nursing-sensitive performance measure set. Evidence includes literature that supports the measure's responsiveness to the evaluation criteria (importance, scientific acceptability, usability, and feasibility). The citations below are largely what was provided by measure sources/developers with selected additional references, as appropriate.

MEASURES RECOMMENDED FOR INCLUSION

1. Failure to rescue (major surgical patients)

- Aiken L, Clarke SP, et al. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*. 2002;288:1987-1993.
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2. Decubitus ulcer prevalence

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Grobe S, Becker H, Calvin A, Biering P, Jordan C, Tabone S. Clinical Data for Use in Assessing Quality; Lessons Learned from the Texas Nurses' Association Report Card Project. *Sem Nurs Mang* 1998;6(3):126-138.

Needleman J, Buerhaus PI, Mattke S, et al. Nurse Staffing and Patient Outcomes in Hospitals. Boston, MA:Health Resource Services Administration; 2001 February 28. Report No. 230-88-0021.

3. Pneumonia prevalence (hospital-acquired)

Kovner C, Jones C, et al. Nurse staffing and post-surgical adverse events: an analysis of administrative data from a sample of US hospitals, 1990-1996. *Health Services Research*. 2002;37(3):611-629.

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Needleman J, Buerhaus PI, Mattke S, et al. *Nurse staffing and patient outcomes in hospitals*. HRSA Report No. 230-88-0021. Boston, MA: Health Resource Services Administration; 2001 Feb 28.

4. Falls prevalence

American Nurses Association. National Database of Nursing Quality Indicators (NDNQI).

American Nurses Association. *Nursing care report card for acute care*. Washington, DC: American Nurses Publishing; 1995.

American Nurses Association. *Nursing quality indicators: guide for implementation*. Washington, DC: American Nurses Publishing; 1996.

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Unruh L. Licensed nurse staffing and adverse events in hospitals. *Med Care*. 2003;41(1):142-152.

5. Restraint prevalence

The California Nursing Outcomes Coalition (CalNOC). 98 hospitals study, Jan 2002 to March 2003.

Capezuti E, Strumpf NE, Evans LK, et al. The relationship between physical restraint removal and falls and injuries among nursing home residents. *J Gerontol A Biol Sci Med Sci*. 1998;53(1):M47-52.

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6. Urinary Tract Infection (UTI) prevalence

- Garner JS, et al. CDC definitions for nosocomial infections. Olmsted, RN, ed. *APIC Infection Control and Applied Epidemiology: Principles and Practice*. St. Louis: Mosby; 1996:A1-A20. Available at www.apic.org/pdf/cdcdefs.pdf.
- Kover C, Jones C, et al. Nurse staffing and post-surgical adverse events: an analysis of administrative data from a sample of US hospitals, 1990-1996. *Health Serv Res*. 2002; 37:611-629.
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- Unruh L. Licensed nurse staffing and adverse events in hospitals. *Med Care*. 2003;41(1):142-152.

7. Urinary catheter-associated UTI for intensive care unit (ICU) patients

- Emori, et al. Accuracy of reporting nosocomial infections in intensive care unit patients to the National Nosocomial Infections Surveillance System: a pilot study. *Infect Control Hosp Epidemiol*. 1998;19:308-316.
- National Nosocomial Infections Surveillance (NNIS) System Report, data summary from January 1992-June 2001. *Am J Infection Control* 2001;29:404-21. Available at www.cdc.gov/ncidod/hip/NNIS/2001nnis_report_accessible.pdf.
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0013). AHRQ Publication No. 01-E058. Rockville, Md: U.S. Agency for Healthcare Research and Quality; July 2001. Available at:
<http://www.ahrq.gov/clinic/ptsafety/pdf/chap15.pdf>.

8. Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients

- Coopersmith CM, Rebmann TL, et al. Effect of an education program on decreasing catheter-related bloodstream infections in the surgical intensive care unit. *Crit Care Med* 2002;30(1):59-64.
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9. Ventilator-associated pneumonia for ICU and HRN patients

- Emori, et al. Accuracy of reporting nosocomial infections in intensive care unit patients to the National Nosocomial Infections Surveillance System: a pilot study. *Infect Control Hosp Epidemiol*. 1998;19:308-316.
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10. Smoking cessation counseling (AMI, HF, pneumonia)

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11. Skill mix (RN and RN contract)

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- Moore K, Lynn MR, McMillen BJ, et al. Implementation of the ANA report card. *J of Nursing Admin*. 1999;29(6):48-54.

12. Nursing care hours per patient day (RN, LPN, aide)

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13. Practice Environment Scale-Nursing Work Index (PES-NWI) (composite and five subscales)

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