MASSACHUSETTS GENERAL HOSPITAL
PCS QUALITY & SAFETY

Nursing Sensitive Indicators

Nurse Sensitive Indicators (NSIs) are specific patient outcomes that are influenced by nursing care. These measures are used to monitor the quality of care and patient safety at hospitals across the country. At MGH our philosophy is guided by the concept of **Excellence Every Day**: giving our best every day to our patients and each other.

As part of that philosophy we have developed "bundles" of interventions that are guided by evidence-based practice. The following are specific nursing interventions related to nursing sensitive indicators. All bundles include **purposeful hourly rounding.**

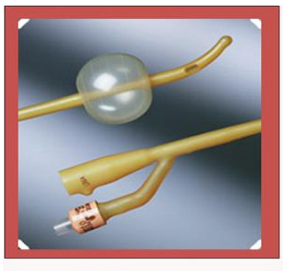
Patient Falls: LEAF Program (*Let's Eliminate All Falls)*

- Daily Fall Risk Assessments (Morse risk assessment scale completed daily-upon transfer-if condition changes)
- Targeted interventions based on risk assessment findings
- Team communication (Room Signage and IPASS)
- Patient Education (Pamphlets and videos)
- Prevention Equipment (alarms-low beds and mats-non-slip socks)
- Post-Fall Response (immediate response to prevent injury-plan to prevent repeat fall)

NOTE: Students may only ambulate a patient at high risk for falls once they have checked with patient's primary nurse, and may only do so **with an instructor or member of the patient's primary team** (not another student).

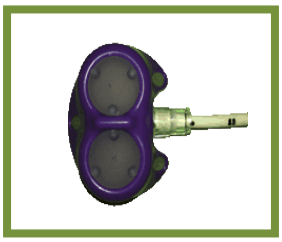
Hospital-Acquired Pressure Ulcers (S.O.S.)

- **S-** Skin Assessment/Risk Assessment (Braden and Braden Q risk assessment scales completed upon admission-daily-upon transfer-if condition changes
- **K-**Keep moving-turning in bed and chair (every 2 hours in bed and every 15-20 minutes in chair)
- **I-**Incontinence Management (absorbent cloth incontinent pads-skin protection products-scheduled toileting)
- **N-**Manage nutrition (consult dietician-supplemental snacks-monitor intake and output-consider calorie count



Catheter-Associated Urinary Tract Infection (A.R.M.)

- **A**void- the use of catheters- consider alternatives (intermittent catheterization-condom cath-bladder ultrasound-scheduled toileting)
- **R**educe- the number of days a catheter is in place by regularly assessing continued need every day
- **M**aintain- insert using sterile technique- keep the catheter tubing below the level of the bladder -avoid dependent loops-daily cath care with soap and water-maintain a closed system-use sterile port for specimens-secure catheter to prevent urethral trauma



Central Line Associated Blood Stream Infections

- Utilize MGH Central Line Insertion Checklist for all insertions
- Conduct daily assessment for removal of central line
- Use Biopatch as part of central line dressings
- Use of Chlorohexidine bathing for Intensive Care patients
- Use Curo port protection caps