



Administrative Dashboards: Excellence in Data Driven Decision-Making

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- Phillip E. Rosen, BS, Staff Analyst, Nursing Informatics, Miami VA Healthcare System
- Candido Pezon, BS, Data Management Service, Miami VA Healthcare System
- Mara Wilhelm, MA, Chief Medical Library Services, Miami VA Healthcare System







Objectives

- Highlight the role of Nursing Informatics (NI) practice in providing support to the Chief Nurse Executive.
- Identify the interdisciplinary, collaboration process utilized to develop Nursing Administrative Dashboards.
- Identify multiple data contexts in developing nursing administrative dashboards

Nurse Executive Vision



- Miami VA Healthcare System's Vision to become the Best Healthcare System in VA (Baldrige, Carey, Magnet Journey)
- Department of Veterans Affairs, Office of Nursing Service Vision
- Communicating nursing data
- Information Management
- Building Nursing Informatics support & structure
- Easy access to process, forecast, & communicate data

Description of Need



- Why was CHANGE needed?
- Data driven-decision making
 - Describing the structure/characteristics of nursing workforce
 - Managing human and fiscal resources
 - Managing workload
 - Analyzing, predicting and responding to administrative and clinical performance measures

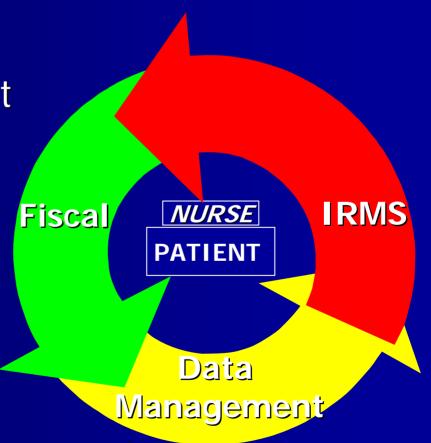
Interdisciplinary Team Model

IRMS

Data Management

Nursing

Fiscal



Multidisciplinary Collaboration

- Nursing Informatics and Nursing Administration provide consultation to the Office of Nursing Service and the VANOD program office
- Work with various VHA and local departments to create dashboards such as Data Management, DSS, and IRMS
- By 2007, Miami VA Nursing was recognized as "Best Practices" by VANOD program Office at VeHU 2007 for the work in Dashboard advancement

Keep in Mind...

- Review existing data & reports
- Design user friendly tools
- End-user involvement in design
- Assure flexibility & "drill-down"

capability

Budget Preparation

 Use of historical data to project costs, staffing and equipment/technology needs



Is your staffing data accurately captured???



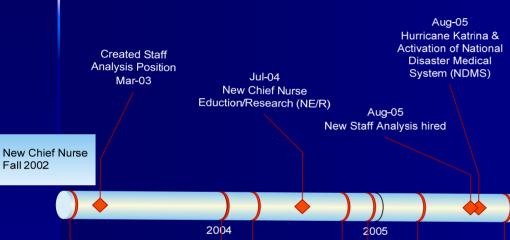
Resource Utilization

- Assure Measurement of Nursing Workload
- Allocate Resources based upon patient/resident/client needs
- Oversight of allocated resources
- Optimize fiscal resources to support patient care
- Monitor use of staff
- Develop systems to monitor/measure Nursing quality and outcome

Project Timeline

Administrative Dashboard Development

TIMELINE



Jan-04

Fall 2002

2006 2007 2008 Jul-07 Evidence Based Oct-05 Nursing Technology Face to Acquisition of **Assessment** Face NM ProClarity Analytic Aug-07 **Tranining** Mar-04 Miami VA Identified as VANOD "Best Practice" Apr-05 Established Nursing NE/R Redesign Jan-06 **Data Operations** Apr-06 Working with VACO and Committee **NM Present Dashboards** Identified Lack of **VANOD Staff** at NEC Data Analytic Information Management Oct-04 Infrastructure **Data Transformation** Dec-04 Jan-03 and Representation of Information Management Mar-06 National VA Data **Data Transformation ProClarity Training** On site ProClarity Vendor and Representation NEC customization and development 12 of Miami Data Nursing Executive Staff

VHA Health Information Systems: Electronic Health Record

How It All Began:

- 1980's development on the Decentralized Hospital Computer Program (DHCP) information systems in VA medical facilities emphasized primarily hospital-based activities
- Focus on implementation of integrated software applications into a complete hospital information system
- MUMPS (Massachusetts General Hospital Utility Multi-Programming System) programming language
- In 1990 VHA upgraded computer capacity at all medical facilities and is the enterprise software for health care delivery

VA's EHR Worldwide



- DHCP grew rapidly and is used now by many private and public health care facilities throughout the United States and the world
- DHCP represented the total automation activity at most VA medical centers in 1985
- DHCP is now only one part of the overall information resources at the local facility level

VA's EHR - VISTA

- Veterans Health Information Systems and Technology Architecture (VISTA) was developed in 1996
- Robust, integrated and automated environment supporting day-to-day operations at local Department of Veterans Affairs (VA) health care facilities
- Client-server architecture ties together workstations and personal computers with GUI interfaces and with locally developed software
- Interoperable with commercial off-the-shelf software (COTS) and products used with:
 - Existing and future technologies
 - Decision Support System (DSS)
 - Other national databases
 - Locally generated data lie outside the scope of VISTA

VISTA Functionality

- VISTA incorporates benefits of DHCP including multiple other information resources vital to dayto-day operations at VA medical facilities
- VISTA is DHCP's evolution to a new & open system, client-server based environment that utilizes commercial and web-based technologies
- Collection of monographs developed as an introduction to VHA developed software that comprises a large part of our integrated hospital information systems

VISTA SYSTEM Components

- Health Data Systems
- Registration, Enrollment, and Eligibility Systems
- Health Provider Systems
- Management and Financial Systems
- Information and Education Systems

Nursing Informatics



- Nursing Research and Informatics department was conceived, implemented and re-engineered, over 3 ½ year period
- NI combines integrated services
- Incorporates 14 "Forces of Magnetism"
- Change re-active to pro-active problem solving
- Reviews of VA and non-VA Magnet© designated facilities were conducted in assessing the design of the department

Miami VA Nursing and VISTA

Overview

- 1991- Miami VA Nursing Service implemented the VISTA "Nursing Package" as a management tool
- Creation of the Nursing Service 24 hour report
- Used by Chief Nurse Executive, Nursing Leaders and on site Managers/Supervisor's
- Limited formal education of Nursing management on purposes & use of data captured in the "Nursing Package"
- Validate and support staffing budget and staffing requirements
- Forecast staffing vacancies in advance and plan recruitment strategies

More History

- Poor implementation of the VISTA program
- Over time, and with several different Nursing Administrators and staff at Miami VA the process and its importance were lost
- VISTA "Nursing Package" database was not maintained
- No staffing Methodology package exists
- Invalid and inaccurate data (staffing data, man hours, variance, acuity and HPPD) resided in the Miami VA "Nursing Package"

Data Repository Created

- Multisource Data Extraction
 - MUMPS Data Extractor used for strategic reporting
 - Interactive Data Transfer



– VistA

MDE Technical Aspects

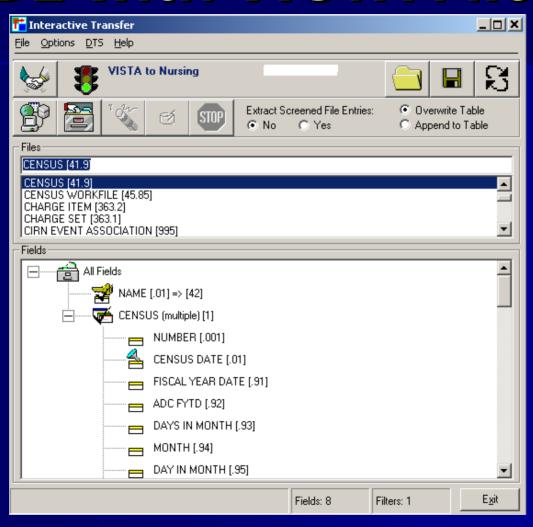
- Data migration from VISTA FileManager using hierarchical format to SQL databases, such as Microsoft SQL Server's
- Relational format to transforming the hierarchical data relationships
- Data analysis after data migration with third-party tools
- Predefined data structure (demographics, medications, admission / discharge)
- Customize (group your own files)
- Extracts data from FileManager-based M/Caché databases to any SQL database, data warehouse, or data mart
- Allows the use of COTS data analysis tools which permit the following:
 - Natural language specifications and graphical diagrams
 - User control over the type and appearance of data on reports, using functions that sort and filter data

More on MDE...

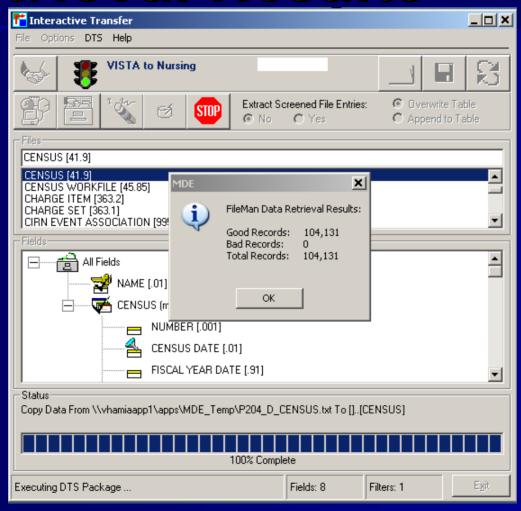


- Enables administrators, clinicians, and researchers to analyze their own data
- Allows administrators to view trends in large amounts of data using the server component
- Clinicians and researchers to extract data from more specialized FileManager files using the desktop component
- Allows extractions to be performed without the need to involve I/S personnel
- Converts FileManager data types to standard SQL data types, enabling users to take advantage of the COTS tool functionality
- Filters data as it is extracted so only the desired data is actually present
- Uses data warehousing and data mart tools to:
 - Forecast trends
 - Combine data from different departments, such as clinical and financial, to create insightful data "views"
 - Executive information-type systems for decision support

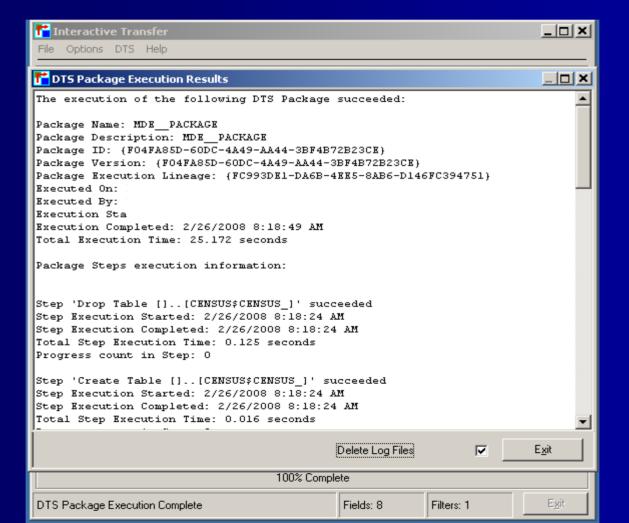
MDE with VISTA FileMan



MDE Graphic Data Retrieval Results



MDE Package Execution Results



ProClarity and SQL 2000 Purchase

- Miami VAHCS purchased MS SQL Server 2000 and Proclarity in 2004
- Microsoft SQL Server 2000 is the data warehousing layer of Miami VA's Business Intelligence (BI)
 - Providing data warehouse platform and repository
 - MS SQL Data transfer Services and Analysis Services
 - Data Management created data cubes for Nursing

ProClarity Desktop Professional

- Integrates advanced analytic capabilities into the Microsoft® Office environment
- ProClarity allows users to continue to work within their frequently used desktop tools
- Used to quickly and easily build interactive analytics into PowerPoint® 2003 presentations, Microsoft Outlook® 2003, Digital Dashboards and web sites

ProClarity Desktop Professional

- Fits into the "reporting and analysis" layer of Microsoft BI
- Provides "browser-based thin client"
 - Designed for novice-to-average BI users
 - Works well with Nurse Executives & Nurse Managers who lack NI background
- Web-based Standard
 - Briefing Books
 - Conduct standard OLAP data analysis
 - Create and save personalized views
 - For advanced users, ProClarity Professional
 - KPI Designer and Selector components let users create and publish their own KPIs
 - Create complex data sets of interest

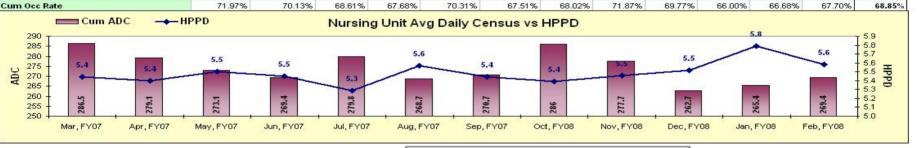
Data Representation

- Data Displayed with Proclarity a part of Microsoft's Business Intelligence
- Reduces complexity of organizing and distributing information
- Leads to competitive advantages
- Better decisions
- Improved bottom line



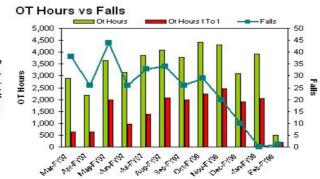
Sample Test Account

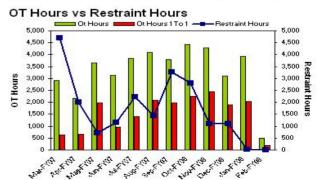
Nurse Location: Workload Measures	All Nurse Location Select Nursing Locations (units). Use drop down arrow to see the list.												
	Mar, FY07	Apr, FY07	May, FY07	Jun, FY07	Jul, FY07	Aug, FY07	Sep, FY07	Oct, FY08	Nov, FY08	Dec, FY08	Jan, FY08	Feb, FY08	Totals & Avg
Category 1	4,383	4,379	4,717	4,285	5,613	5,317	4,853	5,494	5,063	5,229	5,089	1,221	55,643
Category 2	4,447	4,145	3,983	3,942	4,175	3,840	4,163	3,983	3,616	3,570	3,801	777	44,442
Category 3	13,567	12,363	12,225	11,450	11,464	11,165	10,542	11,676	11,084	10,866	11,012	2,583	129,997
Category 4	2,793	2,966	3,309	3,215	3,418	3,494	3,377	3,484	3,261	2,976	3,007	660	35,960
Category 5	10	24	3	6	48	30	21	10	6	9	18	15	200
Nurse to Patient Ratio	0.14	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.14	0.13	0.13
Lpn Mhours	6,792.00	6,319.30	6,905.00	6,253.75	6,059.50	6,488.50	6,341.50	7,287.00	7,071.50	6,667.00	7,363.00	1,672.00	75,220
Na Mhours	12,654.50	12,542.00	12,687.00	12,078.50	12,811.50	13,070.50	12,096.25	12,894.00	11,941.00	12,064.00	12,277.00	2,792.00	139,908
Rn Mhours	28,848.50	26,353.50	26,946.25	25,736.00	27,041.16	26,804.80	25,717.00	27,587.00	26,448.00	26,254.25	27,957.00	6,054.00	301,747
Total Manhours	48,295.00	45,214.80	46,538.25	44,068.25	45,912.16	46,363.80	44,154.75	47,768.00	45,460.50	44,985.25	47,597.00	10,518.00	516,876
BDOC	8,880	8,373	8,465	8,081	8,675	8,330	8,121	8,867	8,331	8,143	8,227	1,886	94,379
Admit	547	554	569	543	562	572	497	546	490	481	608	143	6,112
Discharge	581	535	585	538	555	598	485	535	508	521	567	162	6,170
Unique Patient	711	671	714	683	707	727	636	693	648	629	703	365	7,887
Cum ADC	286.5	279.1	273.1	269.4	279.8	268.7	270.7	286	277.7	262.7	265.4	269.4	274.04
HPPD	5.44	5.4	5.5	5.45	5.29	5.57	5.44	5.39	5.46	5.52	5.79	5.58	5.49
Oper Beds	398	398	398	398	398	398	398	398	398	398	398	398	398



Staff Indicator Units:	All Staff Indicator Units Select Staff Indicators Units. Use drop down arrow to see the list.												
Staff Indicators	Mar-FY07	Apr-FY07	May-FY07	Jun-FY07	Jul-FY07	Aug-FY07	Sep-FY07	Oct-FY08	Nov-FY08	Dec-FY08	Jan-FY08	Feb-FY08	Totals & Avg
Falls	38	26	44	26	33	34	26	29	20	10	0	1	23.92
Restraint Hours	4,685.00	2,008.00	720.00	1,157.00	2,233.00	1,424.00	3,262.00	2,815.00	1,095.00	1,099.00	17.00	0.00	20,515.00
Ot Hours	2,911.25	2,169.00	3,643.25	3,142.00	3,859.00	4,095.00	3,779.50	4,410.50	4,296.25	3,098.75	3,933.00	483.50	39,821.00
Ot Hours 1 To 1	625.25	646.50	1,990.00	965.25	1,388.25	2,074.75	1,977.50	2,244.75	2,455.25	1,904.25	2,039.50	193.50	18,504.75
Falls / 1000 BDOC	4.27	3.10	5.19	3.21	3.80	4.08	3.20	3.27	2.40	1.23	0.00	0.53	2.86
Restraint Hrs / 1000 BDOC	526.35	239.42	84.96	143.00	257.08	170.80	401.38	317.18	131.26	134.76	2.06	0.00	200.69







Multiple Sources for Data

- Vista Financial Management System (FMS)
 - PAID
- VistA Nursing Package
 - AMIS
- - Incident reports
 - Nursing-sensitive Quality Indicators
- Nursing Administrative Data
 - RRR database
- ASSISTS Injury database
- Manually collected data



VISTA Nursing Package

November 2004 "Nursing Package" was found to have more than 1000 Nursing staff entered when the first attempts of data analysis and validation were conducted*

Creation of Nursing Data Operations Committee

- October 2004
 - Disparate data sources and reports
 - Multiple manual reports that were not reconciled
 - No formal process for data validation
 - No formal process to assess data accuracy

NURSING DATA OPERATIONS COMMITTEE (NDOC)

- Vision: Provide accurate and useful data that will drive decisions for nursing and patient care
- Mission: Collect, validate, interpret and disseminate quality data that will guide administration and management decisions about staffing and patient care

(Miami, VAHCS Nursing, 2005)

Data Cleaning/Screening

- Sophisticated programming staff and NI are required
- BI is used to accomplish this data scrubbing
- Microsoft BI is delivered
- through three layers or workloads
 - Data warehousing
 - Data reporting and analysis
 - Performance management

Data Validation



CHALLENGES FACED:

- No formal process in place
- No vacancy report for nurse recruitment
- Paper/pencil tracking nursing personnel movement
- Complex, multilevel, multisource data
- Multiple data owners
- Lack of overall organizational process
- Under resourced and under developed staff

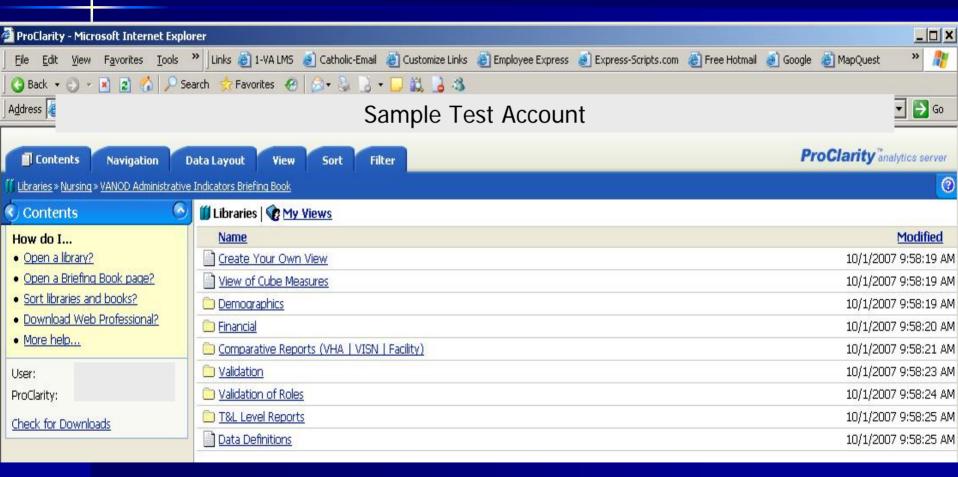
Data Quality Control in . Organizational Management

- Managers use benchmarks for organizational control and monitoring
- Quality control issues focus effects of missing data impacting organizational effectiveness indicators
- Clinical and Administrative "GIGO"
 - Overestimate
 - Underestimate
 - Missing data
- GIGO impact
 - Faulty business decisions
 - Catastrophic outcome

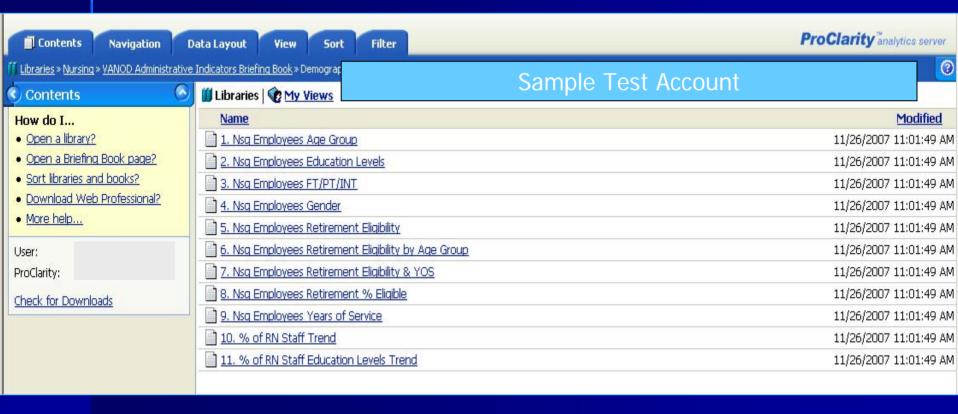


 Web-based access to live clinical data decreases data collection, entry and management costs while increasing productivity

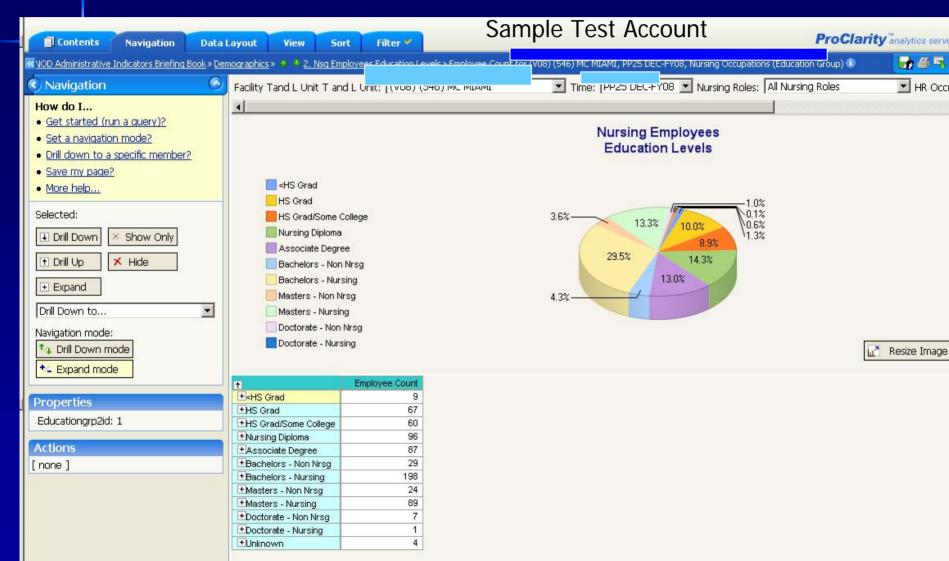
VANOD Briefing Book



VANOD Briefing Book # 2

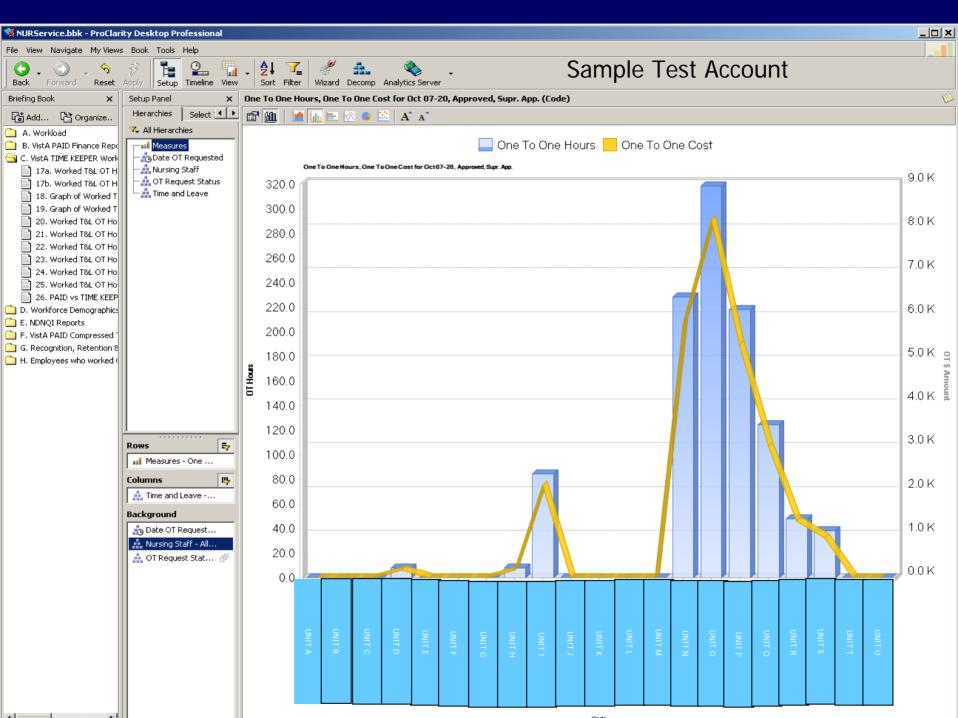


VANOD Briefing Book Nurse Education levels VAHCS



ProClarity Business Reporter

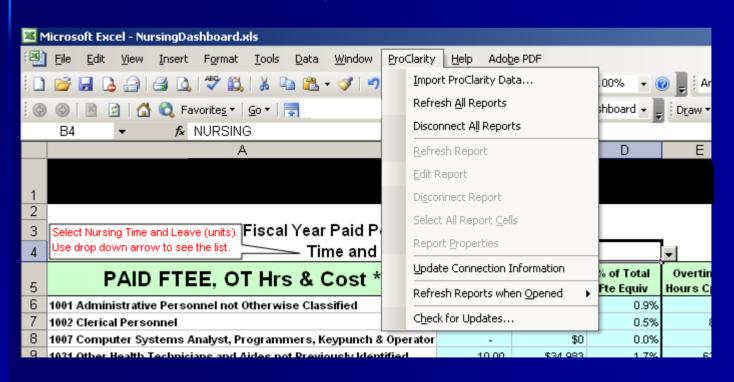
- "Add on" for MS Excel Business Reporter
- Allows users to create sophisticated spreadsheet models that maintain live data-feeds
- Business reports are prepared in the Excel spreadsheet format
- Multi-dimensional analytic views created within ProClarity can be easily linked to Excel
- Live data allows timely reported information
- Wizards available for end-users
 - Importing or exporting live data from ProClarity into Excel



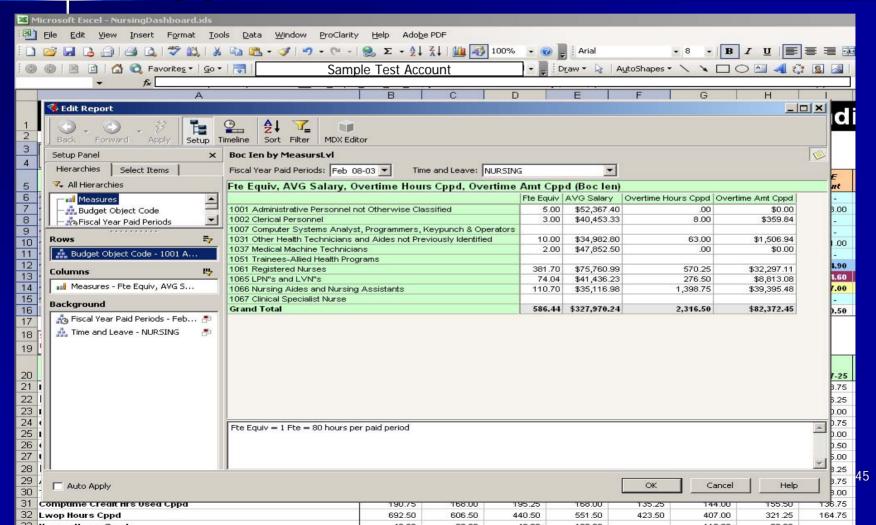
Business Reporter Graphic

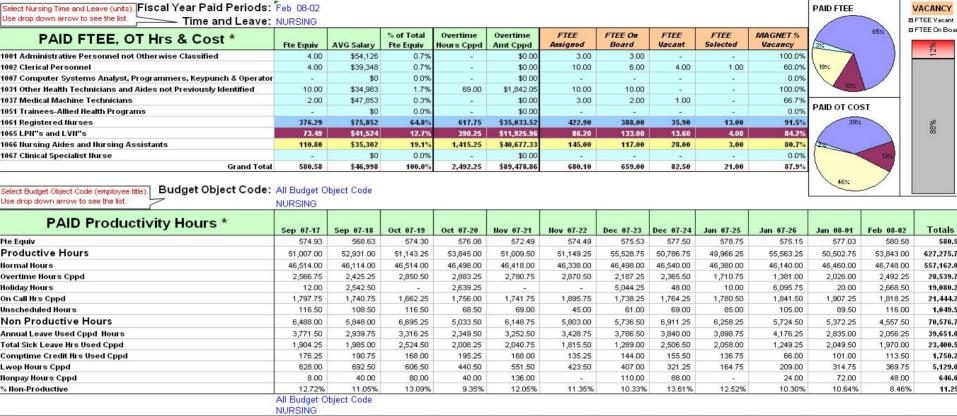


Sample Test Account



Editing Dimension with Business Reporter inside MS Excel





Sep 07-17 Sep 07-18 2,647.75

\$83,192,15

\$24,824.00

1.014.00

38.30%

Worked T&L OT Cost **

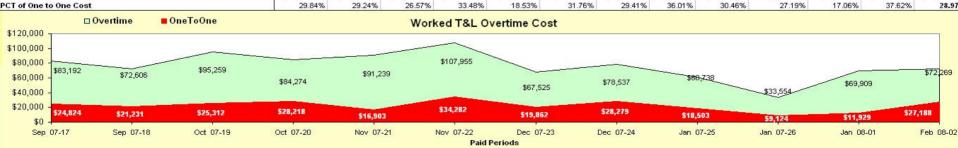
Hours Requested

One To One Hours

One To One Cost

PCT of One to One Hours

Cost Estimate



Oct 07-20

\$84,273,77

\$28,218.00

2.535.75

1.147.00

45.23%

Nov 07-21

\$91,238,69

\$16,903.00

2,635.25

696,00

26.41%

Nov 07-22

\$107.954.99

\$34,282.00

3,256.50

1.370.00

42.07%

Dec 07-23

2.076.75

816.00

39.29%

\$67,525,38 \$78,536,61

\$19,862.00 \$28,279.00

Dec 07-24

2,500.00

1.152.00

46.08%

Jan 07-25

\$60,738.04

\$18,503.00

1.909.50

769.00

40.27%

Jan 07-26

\$33,553,64

1,029.75

389.00

37.78%

\$9,124.00

Jan 08-01

\$69,908,61

\$11,929.00

2,098.50

483.00

23.02%

Feb 08-02

2.261.00

1.062.00

46.97%

\$72,268,69

\$27,188.00

Totals

\$917.055.1

\$265,655.0

27.923.

10.746.

38.48

Oct 07-19

\$95,258,91

\$25,312.00

2.794.00

996.00

35.65%

2,178.75

852.00

39.10%

\$72,605.63

\$21,231.00

FTEE Assigned, On Board, Vacant, Selected and MAGNET % Vacancy data source from Recruitment MSAccess database

PAID OT Hrs & Cost and PAID Productivity Hours: Data source from VistA PAID system. The T&L of this system is the assigned to the employee. Data is transmitted every paid period. Morked T&L OT Cost: Data source from VistA TIMEKEEPER system. The T&L of this system is where OT truly took place. Data is not transmitted, local only.

Sample Test Account Workforce Demographics



Grand Totals

1065 LPN"s and LVN"s

1067 Clinical Specialist Nurse

1066 Hursing Aides and Hursing Assistants





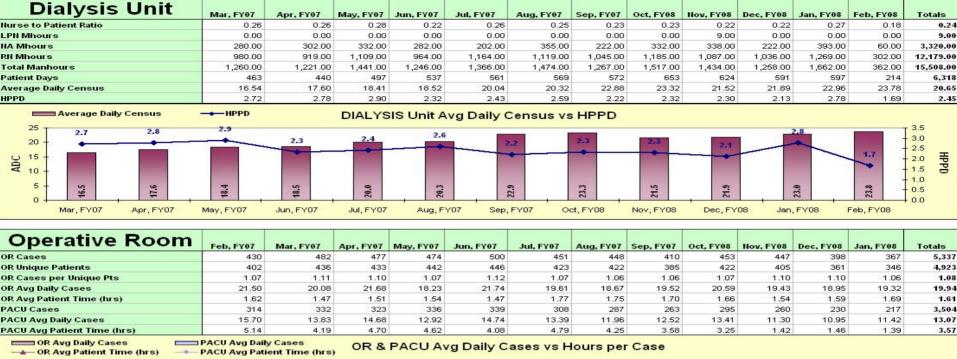
Emergency Room

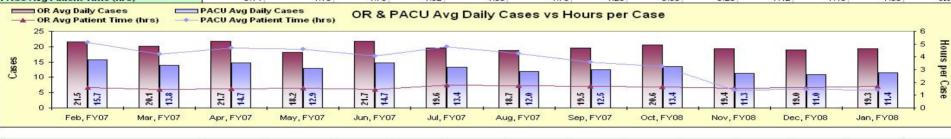
Mar, FY07

500

2,101

Apr, FY07







Aug, FY07

Jul, FY07

Aug, FY07

2,297

Sep, FY07

Sep, FY07

Oct. FY08

Oct, FY08

Nov. FY08

Nov, FY08

2,040

Dec. FY08

Dec, FY08

Feb, FY08

Feb. FY08

otals

60

Jan, FY08

2,174

Jan. FY08

Dialysis data source: Nursing Package for ManHours, Progress Notes with title 'DIALYSIS DAILY TREATMENT' for Patient Days and Avg Daily Census.
Surgery data source: VistA Surgery OR Package

2,391

Jul, FY07

May, FY07

Jun, FY07

Emergency Room data source: VistA Outpatient Encounter Package using primary stop code of 102, 130 and 131.

Apr. FY07

Jun, FY07

Mar, FY07

May, FY07

NURSING SRV Financial Indicators

Select VA Cost Centers. Use drop down arrow to see list. This value drives the entire report

eriods: Feb 08-02

RN Not Rept to Nursing: All RN Employees Not Reporting to No

FTEE	Fte Equiv	AVG Salary	% of Total Fte Equiv		
1060 Professional Nurses	100000000000000000000000000000000000000	\$ -	0.0%		
1061 Registered Nurses		\$ 82,734.41			
1062 Chief Hurse Trainees		\$ -	0.0%		
1063 Nurse Anesthetist	4.00	\$ 138,129.75	4.5%		
1064 Nurse Practitioners	39.56	\$ 98,347.38	44.4%		
1065 LPN"s and LVN"s	-	\$ -	0.0%		
1066 Nursing Aides and Nursing Assistants	-	\$ -	0.0%		
1067 Clinical Specialist Hurse	3.00	\$ 100,337.00	3.4%		
Grand Total	89.16	\$ 104,887.14	100.0%		

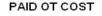


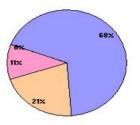
47.8%

Feb 08-02

All RN Employees Not Reporting to Nursing Srv

OT Hours & Cost	Overtime Hours Cppd	Overtime Amt Cppd			
1060 Professional Nurses	29.	\$	1		
1061 Registered Nurses					
1062 Chief Hurse Trainees		\$	N=		
1063 Nurse Anesthetist	9.50	\$	956.46		
1064 Nurse Practitioners	8.00	\$	488.08		
1065 LPN"s and LVN"s	-9	\$	(e		
1066 Nursing Aides and Nursing Assis		\$	9-		
1067 Clinical Specialist Hurse	-20	\$	72		
Grand Total	67.50	\$	4,502.60		





Select Budget Object Code (employee title) to show Productivity Hours and OT Cost.

All RN Employees Not Reporting to Nursing Srv

Nurse Budget Object Code: All Nurse Budget Object Code

Nurse Budget Object Code:	All Nurse B	udget Object	Code										
PAID Productive Hours	Sep 07-17	Sep 07-18	Oct 07-19	Oct 07-20	Nov 07-21	Hov 07-22	Dec 07-23	Dec 07-24	Jan 07-25	Jan 07-26	Jan 08-01	Feb 08-02	Totals
Fte Equiv	85.10	85.30	86.13	87.20	87.08	87.10	88.00	89.10	89.20	88.60	89.20	89.16	89.16
Productive Hours	7,173.25	7,201.75	7,252.25	7,324.00	7,314.50	7,288.00	7,407.75	7,451.75	7,461.00	7,475.50	7,547.25	7,536.50	88,433.50
Normal Hours	6,816.00	6,816.00	6,896.00	6,976.00	6,976.00	6,976.00	7,056.00	7,136.00	7,136.00	7,136.00	7,136.00	7,216.00	84,272.00
Overtime Hours Cppd	112.50	110.75	125.75	112.00	95.00	82.25	92.25	72.25	85.50	19.50	142.75	67.50	1,118.00
Holiday Hours	2	10.00	20	4.00	12	2	10.00	12	= 1	17.00	22	-	41.00
On Call Hrs Cppd	244.75	257.00	230.50	230.50	243.50	229.75	249.50	243.50	239.50	303.00	268.50	253.00	2,993.00
Ot On Hol Hours	2	1	2	1.50		2			1	27	<u>-</u>	2	1.50
Unscheduled Hours	-	8.00	-		1.5					- - 20		-	8.00
Non-Productive Hours	751.25	722.50	843.75	765.00	1,074.50	984.50	1,147.25	951.50	1,042.25	1,734.00	929.75	737.50	11,683.75
Annual Leave Used Cppd Hours	476.50	448.25	530.75	520.50	700.50	501.00	866.00	475.50	717.75	1,384.50	622.25	295.50	7,539.00
Total Sick Leave Hrs Used Cppd	252.00	205.25	281.25	209.00	342.50	473.00	264.00	433.25	306.50	292.50	299.00	357.00	3,715.25
Comptime Credit Hrs Used Cppd	14.75	69.00	26.25	35.50	22.00	2.50	9.25	34.75	18.00	9.00	8.50	10.00	259.50
Lwop Hours Cppd	8.00	ji = j	5.50	3723	9.50	8.00	8.00	8.00	92 1	48.00	92	75.00	170.00
Nonpay Hours Cppd		[[21][2	[Sec.]	12		8.00	12	1 12		92	8.00	16.00
% Non-Productive	10.47%	10.03%	11.63%	10.45%	14.69%	13.51%	15.49%	12.77%	13.97%	23.20%	12.32%	9.79%	13.21%

All Nurse Budget Object Code

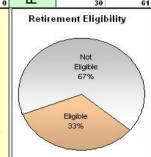
All RN Employees Not Reporting to Nursing Srv													
	Sep 07-17	Sep 07-18	Oct 07-19	Oct 07-20	Nov 07-21	Nov 07-22	Dec 07-23	Dec 07-24	Jan 07-25	Jan 07-26	Jan 08-01	Feb 08-02	Totals
Overtime Hours Cppd	112.50	110.75	125.75	112.00	95.00	82.25	92.25	72.25	85.50	19.50	142.75	67.50	1,118.00
Overtime Amt Cppd	\$ 10,802.55	\$ 11,291.56	\$ 9,821.30	\$ 9,541.30	\$ 7,330.08	\$ 8,439.30	\$ 7,403.90	\$ 8,888.17	\$ 8,290.75	\$ 3,831.02	\$11,129.82	\$ 4,502.60	\$101,272.35



NURSING SRV Workforce Demographics

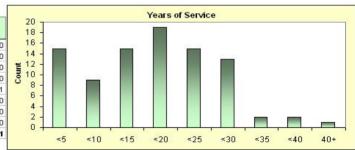




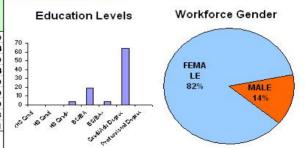


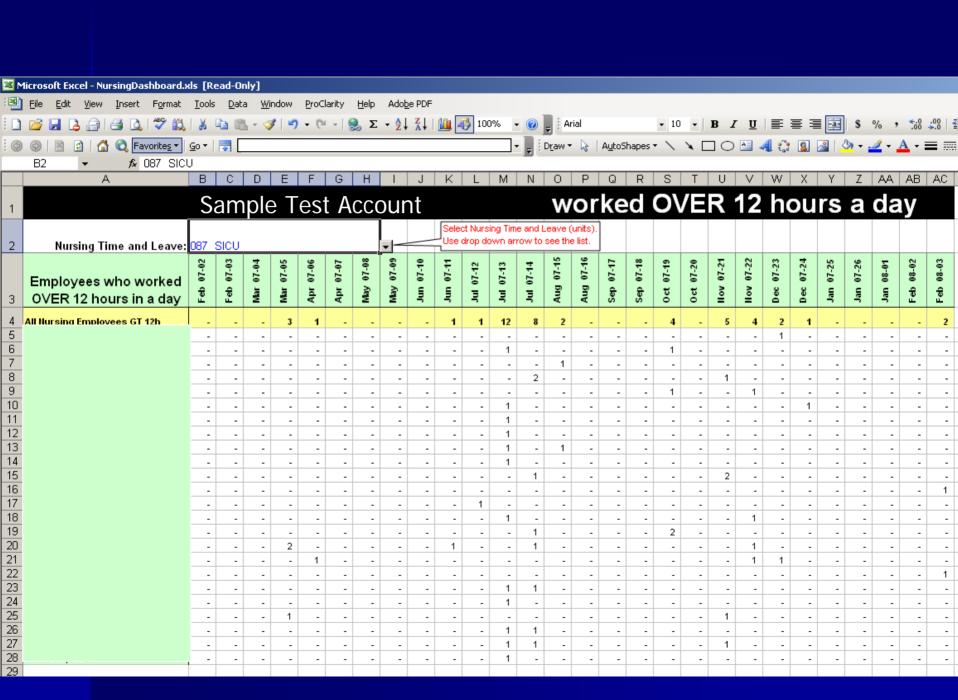
All RN Employees Not Reporting to Nursing Srv											
Years of Service	<5	<10	<15	<20	<25	<30	<35	<40	40+		
1060 Professional Hurses	0	0	0	0	0	0	0	0	0		
1061 Registered Nurses	6	5	4	11	11	6	0	1	0		
1062 Chief Nurse Trainees	0	0	0	0	0	0	0	0	0		
1063 Nurse Anesthetist	2	0	0	1	0	0	1	0	0		
1064 Nurse Practitioners	7	4	10	6	4	6	1	1	1		
1065 LPN"s and LVN"s	0	0	0	0	0	0	0	0	0		
1066 Nursing Aides and Nursing Assistants	0	0	0	0	0	0	0	0	0		
1067 Clinical Specialist Nurse	0	0	1	1	0	1	0	0	0		
Grand Total	15	9	15	19	15	13	2	2	1		

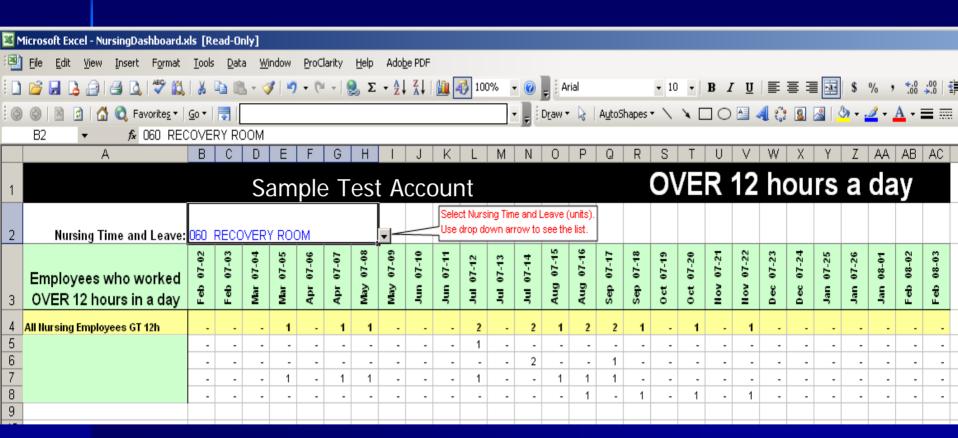
Feb 08-02



Feb 08-02 All RN Employees Not Reporting to Nursing Srv										Feb 08-02 All RN Employees Not Reporting to Nursing Srv				
Education Levels and Gender	<hs grad<="" th=""><th>HS Grad</th><th>d HS Grad+</th><th>BS/BA</th><th>BS/BA+</th><th>Grad/Adv Degree</th><th>Professi onal Degree</th><th></th><th>MALE</th><th>Grand Total</th><th>Education Levels</th></hs>	HS Grad	d HS Grad+	BS/BA	BS/BA+	Grad/Adv Degree	Professi onal Degree		MALE	Grand Total	Education Levels			
1060 Professional Hurses	0	0	0	0	0	0	0	0	0	0	70 ¬			
1061 Registered Nurses	0	0	4	15	3	22	0	38	6	44	60]			
1062 Chief Hurse Trainees	.0	0	0	0	0	0	0	0	0	0	50 -			
1063 Nurse Anesthetist	0	0	0	1	0	3	0	- 1	3	- 4	40 -			
1064 Nurse Practitioners		0	0	3	1	36	0	37	3	40	30 -			
1065 LPN"s and LVN"s	0	0	0	0	0	0	0	0	0	0	10]			
1066 Hursing Aides and Hursing Assistants	0	0	0	0	0	0	0	0	0	0	0 +			
1067 Clinical Specialist Hurse	0	0	0	0	0	3	0	2	1	3	" " Cang " Cang " Cang, Distance Distan			
Grand Total	0	0	4	19	4	64	0	78	13	91	" Can to			







Select Staff Indicators Units, Use drop down arrow to see the list

170.80

401.38

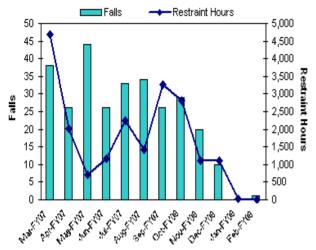
317.18

Staff Indicator Units: All Staff Indicator Units Totals & Staff Indicators Mar-FY07 Apr-FY07 May-FY07 Jun-FY07 Jul-FY07 Aug-FY07 Sep-FY07 Oct-FY08 Nov-FY08 Dec-FY08 Avg Jan-FY08 Feb-FY08 26 33 26 29 20 Falls 38 26 44 34 10 23.92 Restraint Hours 4,685.00 2,008.00 720.00 1,157.00 2,233.00 1,424.00 3,262.00 2,815.00 1,095.00 1,099.00 17.00 0.00 20.515.00 2.911.25 3,643.25 4,296.25 3,933.00 483.50 39.821.00 Ot Hours 2,169.00 3,142.00 3,859.00 4.095.00 3,779.50 4,410,50 3,098.75 646.50 Ot Hours 1 To 1 625.25 1.990.00 965.25 1.388.25 2.074.75 1,977.50 2,244.75 2,455,25 1.904.25 2,039.50 193,50 18,504.75 Falls / 1000 BDOC 4.27 3.10 3.21 3.80 3.20 3.27 2.40 1.23 0.53 5.19 4.08 0.00 2.86

257.08

Falls vs Restraint Hours

Restraint Hrs / 1000 BDOC



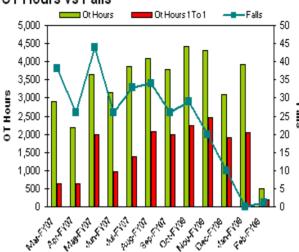
526.35

239.42

OT Hours vs Falls

143.00

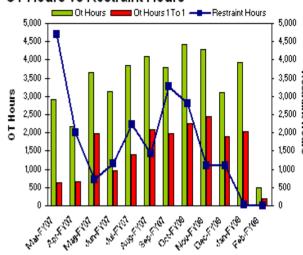
84.96



OT Hours vs Restraint Hours

134.76

131.26



2.06

0.00

200.69

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