

ABSTRACT:

STREAM: EVIDENCE-BASED PRACTICE – MEASURING THE VALUE

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Do Nursing Outcomes Databases Affect Organizational and Patient Outcomes? A Synthesis of the NOD Literature

BACKGROUND: Nursing outcomes databases (NODs) have been developed in the last two decades to fill gaps in availability of information regarding the effects of nursing care on nursing-sensitive patient outcomes; however, little is known about the degree to which these databases have achieved their goals.

OBJECTIVE: To synthesize the evidence on the effect of NODs on patient and system outcomes.

DESIGN: A systematic review of peer-reviewed and grey literature was conducted. Databases (MEDLINE, EMBASE, CINAHL, and Google Scholar) and grey literature sources were searched using the following keywords: nursing outcomes database; nursing minimum data set; CalNOC, MilNOD, VANOD, NDNQI, and nursing sensitive outcomes/indicators. All English language, peer-reviewed publications reporting on the use of data from a nursing outcomes database were included.

RESULTS: We found 13 published empirical studies. Key themes addressed in these studies include: Nurse staffing and work characteristics in relation to patient outcomes; RN job satisfaction; measurement of the validity and reliability of scales; and use of NOD data for

benchmarking purposes, performance measurement, and quality improvement. Nursing minimum datasets (NMDS) measure similar elements.

CONCLUSION: Given the heterogeneity of the limited number of publications found on NODs, evidence of their effect on patient/ system outcomes could not be established. Further research is needed to explore NOD limitations (if any) and strategies for improvement. Further, the similarities and differences between NMDS and NODs and their possible integration should be explored.

BIO:

SPEAKER:

Tracey Shaben, CNIA Alberta Jurisdictional Representative

Tracy currently works as the Clinical Coordinator for Informatics at the University of Alberta Hospitals/Stollery Children's Hospital in Edmonton, Alberta. She received her Master's in Nursing in 1992 with clinical nursing expertise in Pediatrics specifically nephrology and oncology. In 1993, Tracy moved into the world of clinical informatics and for over 15 years has been leading a variety of clinical software implementations in acute care and ambulatory settings across BC and Alberta. Tracy has been involved in national health informatics initiatives including CNIA as jurisdictional representative and conference planning committee member since 2005; Canada Health Infoway's Nurses Advisory Group advising on End-user nursing engagement strategies and Pan-Canadian Peer to Peer Network initiative; and C-HOBIC workshop participant on mapping Canadian clinical outcomes using ICNP. Tracy represents the Canadian Nurses Association as Alternate to Kathryn Hannah on Canada Health Infoway's Standards Collaborative Strategic Committee. Tracy is an active member of COACH presenting at e-Health conferences over the past 4 years.

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This study is in the process of being published as a full paper in another journal.