OCULI DATA

KEEPING AN EYE ON NURSING QUALITY

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OCULI DATA
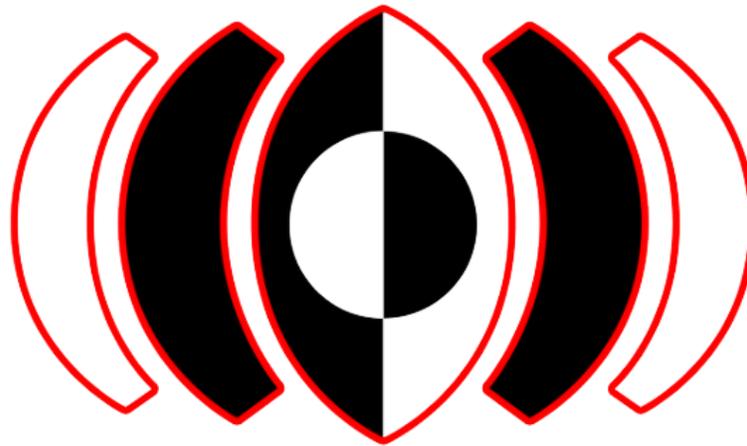
KEEPING AN EYE ON NURSING QUALITY

Customer Information – August 2022

A New Alternative for NSI Benchmarking

The OCULI database is a web-based application that offers a cost-effective benchmarking opportunity for healthcare facilities of all sizes and settings to compare aggregate, de-identified nursing sensitive quality indicator outcomes against units/clinics of comparative facilities across the United States to improve performance of patient care. The database streamlines, to a basic level, the data entry and reporting of key nursing sensitive indicators –inpatient and ambulatory measurements. Many more are under production. The OCULI indicators are aligned with evidence-based **_practices_** available from open sources and align with definitions and expectations of pay for performance and regulatory reporting programs.

What Makes Us Different

The simplicity and real-time options for data entry provide essential elements for facilities to save staff time while reliably comparing themselves to others on a quarterly or rolling eight (8) quarter basis.

A Streamlined Database – Because only data directly relevant to the benchmarked mean or median for each indicator needs to be included, the entry is simple, streamlined, and cost-effective.

Access to Data – National benchmark means and medians are available immediately after the data entry period ends. Partner access to organization demographics, data entry, and reports is intuitive and minimal training is required to use the system.

Making Graphs Easy – Only Oculi offers *Graph Creator* to produce, download, and print labeled, pre-post data graphs on any client data set. Perfect for empirical outcome data evidence.

Current Indicators	
Inpatient	**[N]Ambulatory**
[A]Assault by Psychiatric Patient	Average HbA1C Levels
[A]Catheter Associated Urinary Tract Infections	Falls with Injury
[A]Central Line Associated Bloodstream Infections	Left Without Being Seen
[A]Clostridium Difficile Infections	Non-Suicidal Self-Injury
[P]Device Related Hospital Acquired Pressure Injuries - Incidence	Patient Burns
[A]Device Related Hospital Acquired Pressure Injuries – Point Prevalence	Peripheral IV Extravasations
[A]Falls with Injury	Peripheral IV Infiltrations
[P]Hospital Acquired Pressure Injuries Stage 2+ Incidence	Surgical Errors
[A]Hospital Acquired Pressure Injuries Stage 2+ Point Prevalence	Average HbA1C Levels
[A]Multi-Drug Resistant Organisms	Falls with Injury
Methicillin Resistant Staphylococcus Aureus Infections	Left Without Being Seen
Non-Suicidal Self-Injury	
Peripheral IV Extravasations	
[A]Peripheral IV Infiltrations	
Primary Postpartum Hemorrhages	
Ventilator Associated Events	
Venous Thromboembolisms - Hospital Acquired	

[A] **Approval was provided by the ANCC Magnet Program in August 2022.**
[P] ANCC Approval pending further review
[N] For the 2023 Manual (EP20EO), the Magnet office is not "approving" specific nurse-sensitive clinical quality indicators as the source of evidence (SOE) requires that the organizations provide narrative of their rationale for measure selection as well as the benchmarking available. The list of measures in the Manual is merely a suggested list."

NOTE: Additional indicators to meet changing expectations are under development.

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Frequently Asked Questions

Welcome to the OCULI Data nursing sensitive indicator database. This database is intended to streamline data entry and national benchmarking against comparable healthcare facility and unit types. Facilities can use any system of their choice to collect data for easy entry into OCULI. OCULI eligible data supports the calculation of an <u>outcome</u> rate for each indicator based upon defined numerators (event/occurrences) and denominators (controls for volume).

1. What makes the Oculi Data comparative database different?

The Oculi Data nursing sensitive indicator (NSI) database is designed to be streamlined and time efficient for users to <u>enter only a numerator and denominator for each indicator</u>. Users must assure that those two elements meet the expectations of simple, standard definitions that align with regulatory programs, evidence, and recognized best practices. The database is being designed as an alternative to current available vendors, not a replica. The database will not meet the needs of facilities that use multiple levels of <u>process</u> data from a comparative database for the purpose of performance improvement.

2. How are indicator definitions and calculations created?

Evidence-based practice (EBP) sources, primarily from CDC, NIH, AHRQ and applicable professional association standards, are accessed and evaluated for appropriate definitions. The Oculi indicators are then aligned with EBPs available from these published sources and align with definitions and expectations of pay for performance and regulatory reporting programs. Basic definitions, with inclusion and exclusion criteria where needed, are provided to users, but full understanding and usage of these and other source documents to assure consistent data collection processes is expected by each individual facility. In nearly all cases, organizations are not expected to collect additional information beyond what they are already collecting in the manner that they are currently collecting it. Defined events/occurrences [numerators] are divided by readily available volume metrics [denominators] and multiplied by standard conversion factors, as needed, to create meaningful rates.

3. How much time will be required to enter data?

With the previously described streamlined data needs, data entry will be greatly reduced. Pilot facilities can expect a total of 2 - 3 hours or less to enter quarterly data, depending on the number of units within the facility and use of the *Express Entry©* form. It is anticipated that this data entry time will continue to be reduced when file uploads and system integrations become available.

4. How much user training will be required?

Actual use of the database is intuitive, with online prompts and brief instructions available. The *Client Technical Tips©* provides an overview of user set-up, data entry, and report access within the database. Initial set-up of organization and facility profiles, and units, will be completed with the client by Oculi Data staff. Staff will provide additional guidance and support as needed. The *Clinical Users' Guide©* provides an overview of definitions, calculations, and guidance for data entry for each indicator. The responsibility for knowledge and adherence to definitions and individual event/occurrence and denominator definitions will be the responsibility of the organization/facility.

5. When will data comparisons reach a level that creates a statistically significant national benchmark?

A minimum number of participating facilities/units is needed to establish a statistically appropriate national benchmark for some cohorts. It is estimated that approximately 30 facilities will be needed to offer initial levels of statistical comparison for tier one cohort groups. Facilities enrolling need to be aware that statistical comparison may not be guaranteed during membership period and it is recommended that facilities requiring national comparison maintain an alternative benchmark source during the interim or until national comparison status is reached. Data will be available

immediately for comparison to other member partners, but that number and the variety of facilities and units may be limited. The ANCC Magnet Recognition Program® has proved the following approval, effective August 2022:

> **"Oculi Data worked collaboratively with the ANCC Magnet Recognition Program® to support the 2023 Magnet® Application Manual requirements for EP19EO for all eligible inpatient care units. The required clinical indicators of falls with injury and hospital-acquired pressure injury stages 2 and above, and the seven (7) other indicators are accepted as outlined in the 2023 Magnet Application Manual. Approval was provided by the ANCC Magnet Program in August 2022."**

6. **What comparison cohorts will be available?**

Tier One - comparisons at the facility level will include all facilities, licensed bed size, teaching status, and Magnet® designation. Additional comparison to all inpatient areas, all ambulatory areas, all adult areas, or all pediatric areas is also part of Tier One.

Additional Tiers – Unit types and definitions are derived from multiple sources and are designed to align with existing published unit types. Availability of unit level statistically significant comparison data will be based on a meaningful number of like-units enrolled in the program.

Additional emphasis is being placed on the needs of ambulatory and pediatric units as we strive to enhance opportunities for facilities caring for these populations to use data sources that they already collect.

7. **When will data entry periods close and will there be an opportunity to enter retroactive data?**

Data entry due dates and lock-out periods are currently under consideration and will be finalized by consensus of the Oculi Data team and our stakeholders; however, the current anticipated closure is 30-45 days after the end of the quarter. Comparison reports will be available immediately after the closure of the period. Because data entry is streamlined and quick, we do not anticipate a need for retroactive data entry to previously closed periods. Review of reports and data tables immediately alerts a client if data has not been entered. Limiting retroactive data entry assures the integrity of the issued benchmark for each closed data period.

8. **What are the technology requirements and safeguards of the database?**

The Oculi database is a SaaS cloud-based application that is not downloaded to a device and data is not stored on a device once submitted. It is designed to be device agnostic and will work on smart devices, although data entry will be easier on desktop or laptop screens with keyboards. Each user will create a unique user identification and password to protect access to the database, including 2-factor authentication.   Administrators and users will only have access to their own organization. Portal penetration testing has been performed with outstanding results by an independent online security company and audits are conducted regularly.

9. What is the pricing model?

To align with the unit-based data collection model, Oculi Data has transitioned from licensed bed-size related fees to unit or clinic-based fees to align with the data entry expectations of each facility. For facilities not accepted into the pilot program, those fees are currently **$10 per enrolled unit or clinic per month** PLUS a one time $120 per unit implementation fee. Contracting is annual or multi-year.