



Collaborative Alliance for Nursing Outcomes

"CALNOC has been extremely beneficial in assisting us in optimizing patient care and keeping focus on proactive ways to keep our patients safe. It also provides a networking avenue to learn best practices in order to continually increase the standard of care throughout the nursing profession."

*Kimberly C. Horton, RN, MSN, FNP, DHA
Vice President, Chief Nursing Officer
Mercy/Mercy Southwest Hospitals*

"CALNOC allows us to benchmark our hospital with like size hospitals in California. We use the data to drive excellence and promote high quality care on our magnet journey while keeping our Board informed."

*Karen Price Gharzeddine, BSN, MS, RN
Vice President, Ancillary Services
and Chief Nursing Officer
St. John's Pleasant Valley Hospital*

"We have had a 68% reduction in HAPU over the past several quarters and we credit our CALNOC comparative performance data as the critical starting point for our improvement journey. CALNOC is the best practice comparative registry of patient outcomes and workforce data available today."

*Kathy Harren, RN, MHA, CNE
Providence Little Company of
Mary Medical Center*

The imperative for quality patient care has never been stronger.

With nursing sensitive indicators and HCAHPS measures directly tied to reimbursement, there will be a direct effect on increasingly sensitive bottom lines for hospitals who must continually respond to new clinical, operational and regulatory demands. This is why more and more hospitals are joining CALNOC and the quest for global patient care excellence.

Leadership and Innovation

CALNOC (Collaborative Alliance for Nursing Outcomes) has been in the forefront of providing actionable information and research on nursing sensitive indicators to its member hospitals for the past 15 years.

CALNOC created the nation's first database registry of nursing sensitive indicators, transforming staffing, processes of care, and patient outcome data into powerful information to help guide decisions advancing improvement in patient care quality, costs, safety, and outcomes. CALNOC's registry and reporting combines staffing variables overlaid with nurse sensitive patient variables at the unit level to allow hospitals to benchmark against themselves and other like-sized institutions.

CALNOC contributed to the development of the National Quality Forum (NQF) nurse sensitive metrics and is the measure developer for the NQF Pressure Ulcer and Restraint Use prevalence measures for acute care. CALNOC is also the first to introduce a nursing sensitive medication administration process and outcome safety measure.

Regulatory Compliance & Accreditation

Participation in CALNOC assists hospitals in demonstrating compliance with regulatory, reimbursement, and accreditation requirements. CALNOC is a recognized registry for Centers for Medicare and Medicaid Services (CMS) and Joint Commission (TJC) and has been approved for Magnet Qualification.

Best Practices

Using CALNOC, staffing and other costs are lowered while quality and access to the highest quality care through evidence based practices increases. Best practices research looks at top performers and what's different for them, the structure and processes that help them reach their goals for highly reliable care.

Comprehensive & Flexible Reporting

CALNOC's web-based tool provides easy access to industry's most powerful, comprehensive, and flexible reporting system. Members can define custom reports by Unit, Unit Type, Facility, State, Hospital System, and more.



The CALNOC Registry

The CALNOC registry captures and benchmark unit data, structural measures, process measures, and outcome measures.

Unit Level Data	Structural Measures	Process Measures	Outcome Measures
<ul style="list-style-type: none"> ▪ Adult Acute Care – Critical Care, Step Down, Medical, Surgical, Med/Surgical Combined ▪ Pediatrics ▪ Post Acute (SNF, Distinct Part) ▪ Acute Rehabilitation ▪ Emergency Department ▪ Maternal / Child 	<ul style="list-style-type: none"> ▪ Hours of Nursing Care per Patient Day ▪ Ratios of patients to licensed staff ▪ Use of Contract Staff ▪ Staff Voluntary Turnover ▪ Nurse Education, Certification, and Years of Experience ▪ Unit Rate of Admissions, Discharges, and Transfers ▪ Maternal/Child Deliveries ▪ Emergency Department Encounters / Boarders 	<ul style="list-style-type: none"> ▪ Risk Assessment for Falls & Hospital Acquired Pressure Ulcers ▪ Protocol Implementation for Fall and Pressure Ulcer Prevention ▪ Restraint Use ▪ Medication Administration Safe Practices ▪ PICC Line Insertion Practices ▪ Patient/Bed Turnover ▪ ED Patient Flow 	<ul style="list-style-type: none"> ▪ Hospital Acquired Pressure Ulcer Rate by Stage ▪ Fall Rate and Injury Fall Rate ▪ Restraint Prevalence Rate ▪ Central Line-Associated Blood Stream Infections in PICC Lines ▪ Medication Error Rates ▪ PICC Line BSI Rates

Tangible Benefits

CALNOC Member hospitals reduced their Hospital Acquired Pressure Ulcer (HAPU) rates from 10% to 2.8%, with half of our hospitals achieving 0%. According to the American Society of Actuaries, Pressure Ulcers are the most frequent medical error and most preventable. They further cite the average cost per HAPU is \$10,288.

The California Department of Public Health (CDPH) assesses administration penalties of \$50,000 - \$100,000 for noncompliance with licensing requirements which caused, or was likely to cause, serious injury or death to patients. Participation in CALNOC can help to avoid these types of penalties.

Participation in the CALNOC registry can maximize your Value Base Purchasing performance improvement scores with clinical process of care (Core Measures). Now is the time to improve on 2010 baseline measures.

This is the CALNOC Advantage.

CALNOC members have consistently been able to benchmark and translate their data into actionable information to guide decisions that enable them to reduce costs while improving patient care quality, safety, and outcomes.

CALNOC. Leading the quest for global patient care excellence since 1996.