POSTER NUMBER 2

Category: Research

Abstract title: Nurses’ and Patient Care Technicians’ Perceptions of Toileting Patients on High Fall Risk

Authors: Maureen Barrett, RN-BC, MS, Vida Vizgirda, RN, PhD, JD, OCN,

Abstract:

Purpose: The purpose of this study is to examine nurses’ and PCTs’ perceptions of toileting High Fall Risk patients. / Design: A descriptive design using a survey methodology approach. / Method: Nurses’ and PCTs’ perceptions were measured with the Toileting Practice Survey. This survey includes 21 items which represent four general domains related to toileting High Fall Risk patients (Assessment, Patient, Equipment, and Nursing Care). The study was conducted at a major healthcare system that includes four hospitals. / Results: Two hundred twenty one nurses and 186 PCTs completed the survey. Significant differences were found between Nurses and PCTs in identification of patient characteristics associated with risk of toileting related falls (p<0.05). These specific differences include evaluation of patient mobility, toileting habits, medication use and medical conditions. Significant differences were identified between Nurse and PCT perceptions in the area of nursing care (p<0.05). These specific differences include scheduled toileting of patients with altered mental status, waking patients for toileting, routine toileting schedules, and diapers as an alternative toileting strategy. / Nurse and PCT characteristics of age and level of education found significant differences in the domain of nursing care (p < 0.05). / Conclusions: Results of this study highlight the importance of communication between the RN and PCT in the plan of care of high fall risk patients and specific areas for clinical focus. / Implications for Practice: This study’s results will serve to guide future research examining the effect of specific toileting practices on reducing falls and fall-related injuries. / References:

Category: Evidence based practice/Clinical excellence

Abstract title: BETA BLOCKER COMPLIANCE: MAKING IT HAPPEN

Authors: Linda Beagley MS BSN RN CPAN, Ruth Orozco BSN RN,

Abstract:

Background/Significance of the problem: The preoperative department struggled with missed beta blocker documentation and would be notified weeks later by an outside source who audited the charts. The PACU educator began to daily audit the surgical schedule for beta blocker compliance. What started as a clean-up in the preoperative area turned out to be a hospital-wide initiative. Approximately 30 percent of surgical patients came from the inpatient or emergency department. When inpatient charts were included in the daily review two problems were identified. First, beta blocker documentation was inconsistent especially in patients sent from the medical units and secondly medication reconciliation was not complete. Project Objective: The objective of this project was to improve beta blocker documentation to 100%. Strategy for Improvement: An inservice to update staff on hospital formulary beta blockers was completed along with instructions to document date and time of last dose. Individual nurses were counseled when documentation was not complete. Hospital policy states patients will have medication reconciliation completed within 24 hours. When incomplete documentation was identified the PACU educator notified the manager via email. The expectation was the manager would speak to the individual nurse who admitted the patient. Follow-up education on SCIP measures was assigned to all nurses who send or receive a surgical patient. Outcomes/findings: Data was reported monthly to the SCIP committee and hospital council meetings. Working together throughout the organization nursing was able to increase beta blocker compliance from 80% to 96%, 16% improvement. Conclusions: Safety is a team effort; it was a team that turned around beta blocker compliance.

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Nurse Transition Coach Model: Innovative, Evidence-based, and Cost Effective Solutions to Reduce Hospital Readmissions

Authors: M. Leslie Becker, RN, CRN, BS, Leslie Frain, RN, MSN, Jennifer Smith, RN, MSN, MBA Kathy Benjamin, MSN, RN, NE-BC Donna McNally, RN, BSN, MSN

Abstract:

Background/Significance of the problem / Four culturally and socio-economically diverse community hospitals in the United States implemented a nurse transition coach model (NTCM) that significantly reduced readmission rates in patients with congestive heart failure (CHF) from 2011 through 2013. The model was grounded in Watson's theory of human caring and emphasizes rapport and trust building with patients and their families. / Project Objective / The NTCM will employ a strong interprofessional communication structure that is nurse led in coordinating resources necessary to individualize care. / Strategy for improvement or implementation / Effective care continuum hand offs with bi-direction communication insure shared accountability for collaborative decision making. In addition, root cause analyses are conducted on all readmissions and lessons learned communicated to stakeholders. / Outcomes/findings / Several innovative strategies have been successful such as, the patient: 1) receives a starter pack of discharge medications regardless of ability to ability to pay, 2) is discharged with a follow-up appointment within 72 hours, 3) is given access to affordable transportation for physician visits (i.e., $2.00 a ride), and 4) is admitted to home care and seen within 24-48 hours post discharge. / Conclusion / Since implementation of the NTCM, CHF readmissions decreased in calendar year 2011 to 2013 in Hospital A: 17% to 8%, Hospital B: 25% to 9%, Hospital C: 19%-12%, and Hospital D: 20% to 16%. / Across all our hospitals CHF readmissions declined from 20.00% to 10.59% and all performed better than their own national benchmark. / Implications for practice / The cost savings post NTCM implementation was $294,429

References:

Source: Data Vision v1.2.0 The Open Source Report Writer
Category: Innovation


Authors: Margaret Behm, MS, APN-CNS, RNC-NIC, Joy Ogden, RN, MSN, CEN,

Abstract:

Title: Perinatal Emergencies in the Emergency Department: the birth of Code Stork / /
Background/Significance: Emergency Departments (ED) must be able to care for all patient populations, including perinatal emergencies. Perinatal emergencies require specific supplies and personnel typically not found in the ED. Chagolla, Keats, and Fulton (2013) warned that lack of a systematic process for perinatal emergencies can result in adverse patient outcomes. / / In 2010, Advocate Condell received a call from a paramedic unit that had responded to a precipitous home delivery of 23-week twins. The mother and premature twins arrived 45 minutes after the delivery, neither twin survived. The case highlighted barriers to care for perinatal patients who present to the ED. / / Project Objective: To describe Code Stork: an emergency response to perinatal patients who present to the ED at Advocate Condell. / / Strategy for Improvement: A joint task force, composed of Obstetric, Neonatal, and Emergency physicians and nurses, was convened to identify and resolve barriers to perinatal care within the ED. / / Task Force Findings: Absence of perinatal specific supplies in the ED, lack of a dedicated location for these supplies, excessive patient transport times between the ED and OB departments, and poor communication between ED and perinatal personnel. / / Outcomes: Perinatal resuscitation supplies are located in a dedicated space within the ED. The hospital’s Emergency Response Code System includes a designation, Code Stork, for this type of emergency. Annual staff education and review of all Code Storks provides feedback for ongoing improvement. / / Conclusion/Implications: In the past two years we have had 10 Code Storks with no adverse patient outcomes. Barriers to safe, effective care delivery for perinatal patients in the ED can be eliminated through inter-department and interdisciplinary teamwork. / /

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Decreasing Catheter Associated Urinary Tract Infections (CAUTI) in the non-ICU setting

Authors: Jenny Bolognani BSN, RN-BC and Clare Johnson, BSN, RN, Clare Johnson BSN, RN,

Abstract:

Background: According to the Center for Disease Control (2013), urinary tract infections are the most common type of healthcare-associated infection. Of these, 75% are associated with a urinary catheter (CDC, 2013). These infections cause a longer length of stay for the patient and have financial implications for the hospital. CAUTI is NDNQI nursing sensitive indicator recognized by Magnet and is a publicly reported hospital acquired infection. / Objective: The objective of this performance improvement project was to decrease the number of CAUTIs in the non-ICU setting. / Strategy for improvement: This performance improvement project was a partnership between the Infection Prevention Department and Clinical Practice shared governance council. A standardized 18 item surveillance tool was used to evaluate set-up, documentation, and plan for removal of the urinary catheter. Each group member was given competency on how to use the tool and inter-rater reliability was established. After collecting baseline data, the group focused on a low performing unit to pilot the intervention. Education and peer coaching was added at the time of surveillance to provide immediate feedback to staff. / Outcomes: During the first quarter of 2013, two of the three months performed below benchmark (NDNQI Magnet Mean). Upon implementation of surveillance, education, and peer coaching 3rd and 4th quarter results were 2 months above the benchmark, including the last two months of 2013 at zero CAUTIs. / Conclusions: Surveillance has increased staff awareness of CAUTI and the importance of early removal of the urinary catheter. Improvement in performance was achieved, but consistency and sustaining improvement is the goal. / Implications for Practice: The next phase of the project plan includes implementing a nurse driven urinary catheter discontinuation protocol. / References:

Category: Evidence based practice/Clinical excellence

Abstract title: Making the Conversation Count: Advance Care Planning

Authors: Diane Boyle, APN, ACHPN, MBA, Jean Mau, DNP, MSN, ACNS-BC, CHFN

Abstract:

Background: Respect for patient autonomy or self-direction is broadly recognized as the person’s ability to make decisions about their own health care. Meaningful conversations to assist the individual are key components to this process. The advance practice nurse (APN) plays an integral role in patient education and autonomy. / Project Objective: To provide evidence based education for APNs that provide strategies for meaningful conversations with patients and families in order to promote autonomy in healthcare decision making. / Strategy for implementation: Development of a course offering discussion strategies, tools on advance care planning, and providing evidence based strategies to engage in meaningful conversations with patients and families. Providing tools to document these wishes, in a way that allow individuals to share wishes with others who would make the decisions for the individual. / Outcomes: Positioning the APN as the instrument to engage in meaning conversations, individual choice, and advance care planning, ultimately promotes quality care and improving outcomes, and matching health care provided to what the patient and family wish. / Applicability to APN practice: This education provides APNs tools to utilize in their practice, providing strategies for meaningful conversations with patients and families in order to promote autonomy in decision making and the ability to age with dignity. / References:

Category: Evidence based practice/Clinical excellence

Abstract title: Improving Chlorhexidine Bath Performance in Patients with Central Lines

Authors: Jen Bronars, BSN, RN, Katie Wickman, MS, RN, CIC

Abstract:

Background of the Problem: Multiple studies have demonstrated the effectiveness of daily chlorhexidine (CHG) bathing in reducing central line-associated bloodstream infections (CLABSI) (Holder & Zellinger, 2009; Popovich, Hota, Hayes, Weinstein, & Hayden, 2009). Project Objective: The goal of the project was to improve compliance of daily CHG bathing in patients with central lines using a rapid cycle performance improvement model in a Level I urban teaching hospital.

Improvement Strategy: Pre- and post-intervention data was collected via point prevalence studies on all hospitalized patients with a central line. CHG bathing was assessed through documentation of care in the medical record. Interventions included the initiation of a daily CHG bath order, placement of a CHG magnet on the white board (for non-intensive care units), and education of personnel. Findings: Pre-intervention: 50% (10/20) of patients had a CHG bath charted within the previous 24 hours. One month post-intervention: 79% (11/14) bath charting compliance, magnet compliance was 66% (4/6), and order compliance was 50% (7/14). Two month post-intervention: 50% (5/10) bath charting compliance, magnet compliance was 83.3% (5/6), and order compliance was 70% (7/10). Conclusion: The interventions led to increased compliance one month post-intervention, but did not demonstrate improved bath charting compliance at the two month period. Magnet compliance and order compliance did improve at the two month mark. Implications for Practice: Assessing bath compliance by conducting snapshot chart audits may not reflect the total baths being done and true compliance over an extended period of time. Further investigation is needed to determine if the issue is related to charting non-compliance or care non-compliance.

References:

POSTER NUMBER 9

Category: Research

Abstract title: Factors Associated with Early Re-admission of Heart Failure Patients

Authors: Mary Brown, RN, Sherry Wallingford, RN, Deb Schug, RB Mary Byas. RNSandra Feder, RN

Abstract:

Introduction: Heart Failure is a complex, progressive disease marked by numerous adverse outcomes, the most costly being hospital readmissions. The emphasis on a reduction in readmissions has brought about a renewed interest in identifying evidence-based strategies that will lead to readmission prevention. This study examines 4 dependent variables and their association with early readmission of heart failure patients. The dependent variables are: patient motivation, medication adherence, patient-provider relationship, and social support.

Purpose of the study: To determine the association between the 4 variables with 30 day readmission following discharge from a hospital.

Methods: 4 dependent variables were measured using survey analysis. Responses were obtained from 2 subject cohorts: subjects remaining out of the hospital post day 30 of discharge and subjects readmitted within 30 days of discharge.

Results: Data analysis is in progress. Measures of central tendency for each of the dependent variables will be determined for the respective cohorts. Significant differences between cohorts will be analyzed on the four dependent variables using independent t tests (p<.05).

Discussion: Identifying factors associated with HF readmissions is one strategy for optimizing evidence-based care of HF patients. Differences in social support and patient motivation among readmitted and non-readmitted patients would reinforce the importance of discharge and home strategies that integrate adjunct strategies for improving self-care of the HF patient. Differences in medication adherence would strengthen the need for proper discharge and home follow-up on drug therapy.

Implications for Practice: Nurses are uniquely positioned to improve home care of HF patients leading to reduced readmissions. Nursing research that identifies factors associated with readmission of HF patients will lead to evidence-based strategies to reduce costly adverse outcomes related to early readmission.

References:


POSTER NUMBER 11

Category: Evidence based practice/Clinical excellence

Abstract title: Opioid Tolerance and Pain Management in the Surgical Setting

Authors: Ra’Net Bye, RN, BSN, Heather Meece, RN, BSN,

Abstract:

Background / A Peri-operative Shared Governance group was tasked with developing a relevant Evidence Based Pain project. PACU nurses recognized difficult pain management among patients taking opioids prior to surgery. A literature review using key words: chronic pain, opioids, tolerance, and surgery yielded 13 relevant articles. It was found that patients being prescribed opioids for chronic pain is on the rise and that they present a significant problem for healthcare providers treating them for acute surgical pain. Several care plans were recommended by experts but lacked baseline data to illustrate the benefits. / Objectives / To develop a standard method of identifying patients at risk for tolerance as well as to develop evidence based plan of care to manage the opioid tolerant patient’s pain beginning in pre-testing through discharge from PACU. / Outcomes / Measures to show there was improvement in the opioid tolerant patient's care as compared to current practices were identified. These include; achieving minimal to moderate pain scores throughout the patient’s visit, keeping lengths of stay < 60 minutes in PACU, having a reduction in unplanned admissions, and having improved patient satisfaction scores related to pain. A Baseline data collection tool was developed and data collection is near completion. / Implications for practice / Currently there is not enough evidence to support a single plan of care for effective surgical pain management in patients with opioid tolerance. Developing a plan of care with measurable outcomes will equip healthcare providers with successful interventions to care for this specific group of patients. /

References:

Poster Number 13

**Category:** Education

**Abstract title:** Minimizing Oral Mucositis in Oncology Patients: Putting Evidence into Practice

**Authors:** Diana Crabb, BSN, RN, OCN, Geraldine Eilert, BSN, RN, OCN, CMSRN, Christina Conley, BSN, RN

**Abstract:**

BACKGROUND / Mucositis occurs in 40% of patients receiving chemotherapy & up to 100% of patients receiving head & neck radiation therapy. The literature supports that oral care protocols may reduce the severity of oral mucositis & should include an assessment tool and an educational component for staff and patients. / PURPOSE / To assess nursing knowledge of evidence based interventions for oral mucositis. To implement an evidence based oral care protocol to decrease the severity of mucositis / STRATEGIES FOR IMPROVEMENT / Nursing knowledge was tested pre & post education program using a 17 question test; staff were also required to grade 7 pictures of the oral cavity using the WHO oral mucositis assessment tool. Pretest administered at the March staff meetings. Education program presented in April. Post test administered at the April staff meetings. / The education program was developed & presented by the Shared Governance Committee & consisted of evidence based information and interventions identified by the Oncology Nursing Society and the National Cancer Institute. / An evidence based oral protocol was developed that included: a daily oral assessment, evidence based interventions, and patient education. New products were also introduced. / OUTCOMES / Nurses' overall knowledge of oral mucositis increased as a result of the formal education program. / Nurses' knowledge of risk factors increased from 50% to 71%. / Nurses' ability to accurately assess and grade mucositis increased from 12% to 68%. / Nurses' knowledge of evidence based interventions increased from 40% to 68%. / Standardization of oral care and patient education / IMPLICATIONS FOR NURSING / Improving nurses' knowledge, assessment skills, & intervention techniques translates to improved patient outcomes for chemotherapy and head and neck radiation patients.

**References:**

POSTER NUMBER 14

Category: Evidence based practice/Clinical excellence

Abstract title: Urinary Catheter Usage: A Multidisciplinary Approach to Implement Evidence Based Practice

Authors: Mary Sue Dailey, APN-CNS, Kathryn Hastings, BSN, RN, Therese Sobol, BA, RHIA

Abstract:

Background/Significance of the Problem / Catheter associated urinary tract infections (CAUTI) are the most prevalent hospital acquired infection in acute care1. A CAUTI can result in additional cost, septicemia, and increased length of stay1. According to the Institute for Healthcare Improvement (2011), the Centers for Medicare and Medicaid Services consider CAUTI a non-reimbursable preventable hospital acquired complication / Project Objective / The goal was to improve the management of urinary catheters in medical and surgical patients. Areas of focus were: improving compliance with Surgical Care Improvement Project (SCIP) core measures, decreasing incidence of CAUTI and implementing an evidence based catheter necessity protocol. / Strategy for improvement / This project involved developing and refining policies, procedures, and orders. Documentation within the electronic medical record (EMR) was enhanced. The daily catheter report was revised to allow real time monitoring and feedback for the bedside nurse. Equipment for catheter insertion and urine collection was standardized and additional bladder scanners were made accessible. Further modifications to the urinary catheter policy were completed to address gaps. / Outcomes/findings / SCIP compliance with catheter removal improved from 91% (2010) to 99% (2013). Resources for the bedside nurse became more readily available and EMR changes streamlined data collection. A nurse driven protocol for use of coude catheters and catheter removal was approved by housewide nursing and medical executives. / Conclusions / This multifaceted project identified areas of opportunity beyond the original scope. A questioning attitude, administrative support and continual feedback are necessary to sustain change. / Implications for practice / Eliminating CAUTI impacts patient safety and cost to an organization. By translating research into practice, nurses play a key role in improving patient outcomes.

References:

Category: Evidence based practice/Clinical excellence

Abstract title: No Inhaler Left Behind: Strategies to Ensure Respiratory Inhalers Go Home with Discharged Patients /

Authors: Dan Dangler PharmD, BCPS, Debra Polster, MS, APN, CCRN, CCNS,

Abstract:

Introduction: Routine use of oral inhalers can prevent readmissions for exacerbations of COPD and asthma. In the second half of 2012, 267 respiratory inhalers were not sent home with patients upon discharge, costing the hospital $3,619 and patients $26,618. / Methods: At the beginning of 2013 a joint undertaking between Clinical Practice Council (CPC) and the Pharmacy Department addressed the problem of inhalers left behind on discharge. Two stickers were created to reinforce the nursing behavior of checking the patient specific bin of the Omnicell before discharge. Neon reminder stickers were generated by the pharmacy, sent up with each inhaler dispensed, and affixed to the medical chart of each patient with an inhaler. In addition, a graphic reminder sticker was created and dispensed to the units to be affixed on each patient’s discharge folder. Flyers reminding nurses of this initiative were distributed and posted near the tube station and medication rooms of each unit. Emails were sent to the leadership of each medical unit outlining each healthcare associate’s role. The pharmacy continued to tally the numbers of inhalers that remained in the Omnicell after discharge. / Outcomes: In 2012 prior to the start of this project, the average number of inhalers left behind on discharge was 38.1. Since June when the last of the CPC interventions was enacted, the average number of inhalers left behind was 16.8. / Conclusions: A multidisciplinary approach to the ongoing problem of inpatient inhalers not being discharged with patients, resulted in a 56% reduction in inhalers left behind. /

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Mature Nurse Retention Survey Project

Authors: Dawn Davison MSN RN CPAN

Abstract:

Abstract / The purpose of the Mature Nurse Retention Survey (MNRS) Project is to determine the needs of the mature nurse at Advocate Good Samaritan Hospital (GSAM) through participation in the MNRS, present results to GSAM Nursing Leadership, and provide strategies and recommendations related to retention. Research defines the “mature nurse” as any nurse over the age of 45. Forty-one percent of nurses are 50 years or older, with 82% of this subgroup anticipating retirement in the next decade. The project utilized an existing survey created by a nurse leader with permission from the author. The survey was posted on-line and accessed through Survey Monkey for two weeks. Approximately 365 nurses met criteria and 183 responded to the survey, creating a survey response rate of 50%. Information collected included demographics such as age, practice area and role, years in nursing, years with current employer, and intent to remain with employer. Other information included strategies such as scheduling flexibility, ergonomics and environment, technology, redesigned role, benefits, retirement plans, and recognition. The survey was deemed successful due to the robust response rate and general enthusiasm with which the project was received. The findings of the study, which suggest that increased patient acuity accompanied by increased nursing workload attribute significantly to dissatisfaction in the workforce of the mature nurse, were presented to Nursing Leadership in March 2013, Vice-President of Human Resources in July 2013, and reviewed by the Nurse Executive Committee for use in the Nursing annual strategic planning review for 2014. /

References:

POSTER NUMBER 22

Category: Evidence based practice/Clinical excellence

Abstract title: Successful Reduction of Urinary Catheter Utilization in a Pediatric Intensive Care Unit

Authors: Heather Frick, BSN, RN, TNCC, Laura McCaffrey, BSN, RN, Sinead Forkan Kelly, MHA, BSEH, RN, CIC Varsha Gharpure, MD

Abstract:

Introduction: Catheter associated urinary tract infections (CAUTI) are the second most common cause of healthcare associated infections (HAI), a daily risk associated with urinary catheter utilization (UCU). In 2012, surveillance in our Pediatric Intensive Care Unit identified UCU and CAUTI rates above 75th percentile for those in National Healthcare Safety Network (NHSN). / / Purpose: The purpose of this quality improvement (QI) project was to reduce UCU and CAUTI. We hypothesized that UCU and CAUTI can be reduced by implementation of evidence-based interventions. / / Methods: In 2012, a multidisciplinary QI team introduced two evidence-based interventions: 1) daily UC needs assessment and 2) hourly documentation of indication for UC. Standard NHSN reporting definitions were used to define CAUTI, UCU ratio (UC days/Patient Days) and CAUTI rates per 1000 UC days. Rates of CAUTI pre and post intervention were compared using the generalized estimating equation Poisson regression analysis. Duration of UC per patient (n = 26) and compliance with indication documentation for UC (88 UC days) were audited post intervention for 2 months. / / Results: Six CAUTIs occurred during the study. Implementation of interventions reduced CAUTI rates from a mean of 5.94 (CI: 2.8 -12.6) to 2.28 (CI: 0.4-14)(p = 0.26). UCU ratio reduced significantly (p < 0.0001) from 0.31 (CI: 0.25-0.37) to 0.15 (CI: 0.13-0.16). / / Implications for practice: Implementation of bundled interventions significantly reduced UCU. There was also a demonstrated reduction in CAUTI rates below reported 2011 NHSN mean (3.1). Additional studies over a longer time frame are needed to demonstrate statistical reduction in CAUTI. / / References:

POSTER NUMBER 24

Category: Evidence based practice/Clinical excellence

Abstract title: "Can You See Me Now?" The Late Preterm Infant

Authors: Denise Hammer MSN, RNC-NIC,

Abstract: The late preterm infant (LPI) is defined as an infant that is 34 weeks gestation to 36 6/7 weeks gestation. This population has been unrecognized as premature and consequently has experienced high morbidity and mortality rates. Theses infants appear mature and are frequently the size of full term babies and have in the past been treated as full term infants. A comprehensive program was created with the theme “Can You See Me Now” using orange as the signature color. A 0.5 CE program launched the LPI comprehensive program to introduce the AWHONN evidence based guidelines and an orange toolkit to increase visualization, awareness and recognition of this vulnerable population at a Central Illinois Medical Center. The toolkit was developed using all orange materials which include; a crib card with increased assessment criteria, a letter to the parents outlining care practices, an orange feeding clipboard, and a parent education book. After launching the pilot program gaps were identified. Updates have included an orange bedside report pocket card to assist staff to verbalize the increased care practices needed for the LPI, charting prompts in the assessment to assist in identification that this is a LPI, and orange boxes in the care map with additional dropdown boxes to prompt staff for interventions. Each practice change has included additional education. The implementation of evidence based guidelines has increased recognition of complications and recognition during assessments that the infant is LPI. The use of the toolkit has increased visualization that the infant is LPI and provided parental education. The future plan is to gain approval from the institutional review board (IRB) to complete a chart review and collect data on documented care practices to validate that staff are influenced by the education and visual prompts to change care practices and increase patient outcomes.

References:

Category: Innovation

Abstract title: Improving Diabetes Education for Diabetic Stroke Patients

Authors: Cheryl Jastrzebski RN, MSN, CNRN, CMSRN, Florence Hernandez RN, BA,

Abstract:

According to the CDC (2012), diabetes is a major cause and risk factor for stroke. Hispanics are 1.3 times more likely than white adults to have diabetes. Approximately 70% of the population served by MacNeal Hospital is Hispanic. In 2009 through June 2011, less than 50% of the diabetic stroke patients at Certified Joint Commission Primary Stroke Centers (PSCs) including MacNeal Hospital had documented diabetes education. The project objective was to increase the percent and improve the quality of diabetes education provided to diabetic stroke patients. In July 2011, a multidisciplinary stroke team collaborated. The following were initiated: inclusion of handouts titled Control you Diabetes for Life (English and Spanish) in the Stroke Packet, mounting five posters about diabetes care on the Stroke Unit, provision of bilingual resources, education of RNs about utilizing handouts and setting diabetic goals, refresher on patient education documentation, link to handouts on the hospital’s intranet and a Grand Rounds presentation on Diabetes and Stroke. In the 3rd quarter of 2012, the percent of diabetic stroke patients receiving diabetic education was approximately four times the percent from January to June 2012. In 2012 and 2013, respectfully 91% and 84% of the MacNeal diabetic stroke patients received education. MacNeal Hospital provides a greater percent of diabetes education to stroke patients compared to IL PSCs since the initiation of this project. In conclusion, the percent of stroke patients with diabetes education increased. The Hispanic population at MacNeal hospital is receiving culturally appropriate resources. Patients and families are viewing the diabetes posters on the unit. Implications for practice include providing culturally and linguistically appropriate resources, placing diabetes resources on the hospital’s intranet, mounting posters to educate patients/families and utilizing teach back. Analyzing the patient’s literacy level is a future ini

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Using A3 thinking to address a problem with bowel elimination on an orthopaedic unit

Authors: Marge Kearney APN, ONC, Kristina Gilbertsen RN, BSN, Emily Krushas RN, BSN, ONC, Catharine Haen RN, BSN, ONC, Michelle Lutz RN, BSN, ONC

Abstract:

Background: Staff nurses on an orthopaedic/trauma unit were frustrated by the incidence of constipation among some of the inpatients with a longer length of stay due to trauma or postoperative complications. At Good Samaritan Hospital there is no consistent bowel management regimen, there is a lack of assessment of bowel habits, and inconsistent documentation. / Objective: Describe the methodology used to investigate and resolve issues with bowel elimination in orthopaedic inpatients. / Strategy for Improvement: Using A3 thinking as a problem solving tool from LEAN methodology literature we looked at gaps in practice and knowledge and completed rapid experiments including an evidence-based algorithm to treat constipation and education of staff on consistent assessment and documentation of bowel habits. / Outcomes: We were able to show improvement in monitoring and maintenance of bowel function among patients, lessening frustration for both staff and patients. / Conclusion: Utilizing A3 thinking is an effective way to guide a process improvement effort and will result in practice change. / Implications for Practice: Other inpatient units will benefit from this education in order to achieve a higher level of practice and plans to expand this education should be a priority in 2014.

References:

POSTER NUMBER 28

Category: Evidence based practice/Clinical excellence

Abstract title: Changing practice on postoperative urinary retention (POUR) using A3 process improvement methodology.

Authors: Marge Kearney APN, ONC, Michelle Nottoli RN, BSN, MBA, CAPA, ONC, Lina Munoz RN, BSN, CPAN Sheri Lyons RN, BSN, ONCMegan Czosnyka RN, BSN, ONC

Abstract:

Background: The staff of an orthopaedic unit in a community hospital raised questions about bladder management postoperatively as they were seeing a large amount of postoperative urinary retention in their patients. Not only were many patients being catheterized on the postoperative unit, but bladder scan volumes were excessive. / Objective: Describe how A3 process improvement methodology was used to improve practice for orthopaedic patients with postoperative urinary retention (POUR). / Strategy for Improvement: An interdisciplinary group of staff nurses was formed to look at current evidence on postoperative urinary retention. They used A3 thinking from LEAN process improvement methodology literature to investigate gaps in their practice and make changes and improve outcomes for patients with a high risk of POUR. Patients were pre-screened for risk of POUR prior to elective orthopaedic procedures and urinary catheters were placed intraoperatively in patients at high risk of POUR. Patients at low risk of POUR were managed on the postoperative unit through use of a protocol for frequent monitoring by bladder scan and intermittent straight catheterization if they were unable to void adequately. / Outcomes: This process and practice change led to a decrease in the incidence of postoperative urinary retention and also a decrease in bladder retained volumes seen on bladder scans. / Conclusions: Use of a pre-screening tool and proactive insertion of urinary catheters in patients at high risk of POUR can decrease incidence of postoperative urinary retention. Use of a protocol to monitor and manage postoperative urinary function can decrease bladder retained volumes and incidence of postoperative urinary retention. / Implications for Practice: Education on evidence-based practice for managing postoperative urinary retention is necessary for all surgical nurses, including preoperative, intraoperative and postoperative areas in order to assure better patient outcomes.

References:

Category: Research

Abstract title: Well Tested Electronic Care Planning System Produces Powerful Evidence for Nursing Care Decisions

Authors: Gail M. Keenan, PhD, RN, FAAN, Janet Stifter, MS, PhDc, RN, Karen Dunn Lopez, PhD, RN, Yingwei Yao, PhDDiana Wilkie, PhD, RN, FAAN

Abstract:

Background For years nursing leaders have struggled to communicate the value of the profession’s contributions to patient outcomes. In the late 1970s pioneers in nursing recognized the future potential of computers to help demonstrate nursing’s impact. Through careful design, implementation, and systematic testing under real time conditions in multiple hospitals and units, our research team demonstrated how an innovative nursing documentation system enables the assessment of the impact of nursing care on patient outcomes (1996 -current). Our innovation, HANDS plan of care system, when implemented produces interoperable or standardized nursing data a requirement for creating meaningful descriptions of nursing care, measuring the impact of it, identifying best practices and benchmarking. A little known fact is that nearly all data entered by nurses into electronic documentation systems today lack interoperability and as a result the data cannot be used to evaluate the impact of nursing care. The HANDS innovation includes the standardized application, database architecture, content (SNTs and other terminologies), user interface, and standardized training modules that facilitate valid and reliable data collection and produces meaningful data results. / Objectives and Strategy: This presentation will provide (1) a comprehensive description of HANDS, and (2) within the context the world-wide evidence over the past 40 years, the recent innovative findings that demonstrate the power of HANDS to show the outcomes of nursing interventions. / Implications for Practice: Attendees will gain basic knowledge about the documentation standards needed to produce interoperable clinical nursing data for benchmarking and other uses. /

References:

**POSTER NUMBER 30**

**Category:** Evidence based practice/Clinical excellence

**Abstract title:** Reducing the Duplication and Unnecessary Tasks Associated with Inpatient Admissions.

**Authors:** Kathryn Keenon,

**Abstract:**

Purpose: The goal of this evidence-based practice (EBP) project is to streamline the admission process in order to increase time spent on direct patient care and education. / Rationale: There have been in recent years as many as 35 million inpatient admits nationwide (U.S. Census, 2011, pg. 119). Patients are admitted to the hospital for acute care and the unnecessary tasks involved in a traditional admission process centered more on the patient history/chronic problems. By relinquishing this sacred cow the RN has more time to spend “interacting with the patient upon admission” (Ackerman, 2012, pg. 429) which leads to more accurate plans of care for the patient. / Synthesis of Evidence: Over a 2 week period data will be collected recording the length of time required for completion of the inpatient admission history and inpatient admission assessment forms. Twenty Adult/Pediatric admissions on the 6th floor Adult Medical/Pediatric Care Unit at Sherman Hospital will be included. After implementation of the new forms, twenty will be used as a comparison. The National Database of Nursing Quality Indicators (NDNQI) questions pertaining to this topic will be used for baseline nursing impression of work environment data. / Implementation Strategies: The admission history and admission assessment forms were reviewed by many members of the team to get their input and to also determine what was not necessary for regularly requirements and practice utility. There were many things that were found to be unnecessary, things that have changed but did not change on the forms (ex. RN supervisor is listed as ext 4166), and duplication. I reviewed all of these finding with the teams that would be effected and was able to remove what everyone agreed upon as being unnecessary to complete the admit process. / Practice Change: After the forms were changed data was again collected on the same unit to see the amount of time spent on the inpatient admission history and inpatient

**References:**

Category: Research

Abstract title: Stage-Based Educational Interventions for Promoting Early Screening Mammography Use among Korean-American Women

Authors: Jin H. Kim, Ph.D. RN,

Abstract:

Introduction: Breast cancer is the most frequently diagnosed cancer among Korean American women and yet, they had the lowest screening mammography rates among other ethnic minority sub-population in the US. / Purpose: A quasi-experimental, two-group design study was conducted to test a culturally appropriate, targeted intervention. The intervention, titled GO EARLY Save Your Life, was specifically designed to increase mammography use guided by the integrated theoretical frameworks of the Transtheoretical Model of Change (TTM) and Health Belief Model (HBM). / Methods: 180 KA women aged 40 years or older who had not had mammograms within the past 12 months completed baseline and two follow-up questionnaires (16 and 24 weeks post baseline). The intervention group (N = 90) received an interactive education focused on breast cancer, early screening guidelines, and beliefs (breast cancer-related and Korean cultural beliefs) based on the stages of mammography use (pre-contemplation, contemplation, or relapse). The control group (N = 90) completed questionnaires only, without receiving education. / Results: Significant increases occurred in mammography use between 16 and 24 weeks post-test within groups. Mammography use increased by 15% for the intervention group and 7% for the control group. No statistically significant intervention effect on mammography use was found between the intervention (34%) and control group (23%) at 24 weeks post baseline. The education was effective in increasing breast cancer knowledge and perceived benefits, and decreasing perceived barriers, fear, seriousness, fatalism, and traditional Korean preventive health orientation. / Discussion/Implications for Practice: The educational program was feasible and culturally sensitive to KA women, and can be replicated in other KA communities. A longitudinal study with more repeated measures of mammography use is needed to assess the further educational impact on mammography use and estimate the length of

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Malnourishment – Our Patients Are At Risk

Authors: Jessica Krusenoski, Kathryn Hastings, BSN, RN

Abstract:

More than one-third of patients are malnourished upon admission to the hospital (Tappenden, Quatrara, Parkhurst, and Malone, 2013). Without further treatment, two-thirds of these patients are at risk for additional decline including adverse events like: pressure ulcers, delayed wound healing, infection, muscle wasting, falls, readmissions, longer length of stay, higher treatment costs and mortality (Tappenden et al., 2013). Even if admitted as nourished, a hospitalized patient has a one-third chance of being discharged malnourished (Tappenden et al., 2013). Incomplete charting of assessments has led to delayed communication to dietitians of patients requiring further evaluation and a poor appraisal of their actual oral intake. The target state was to provide early identification of malnourished patients, provide effective communication between RNs and the multidisciplinary care team, and integrate a nourishment plan. Utilizing the LEAN A3 Process Improvement Model, a multidisciplinary action plan was developed with an approach towards enhancing nourishment in all of our inpatients. The plan targeted education and communication to specific audiences including: Team Leaders, RNs, PCAs, UICs, Care Managers, Dieticians, Hostesses, and Speech Therapy. A pilot was launched on a 23 bed Medical/Surgical/Oncology unit with education delivered through flyers, huddles, rounding and leadership support. Metrics tracked included: percentage of documented supplements and meal intake, number of times admission screen completed within 24 hours, and percentage of accurate nutrition screen triggers. After the 3 month pilot, the percentage of documented supplements increased from 13% to 77% and documented intake from 41% to 88%. The accuracy of triggers is now more often documented which activates a dietary consult. Implementing a housewide approach to improve nutrition for our patients is now underway based on these outcomes.

References:

Category: Research

Abstract title: Evaluating the confidence, competence and retention of new graduates participating in Advocate Christ Medical Center/Hope Children's Hospital New Graduate Nurse Residency Program

Authors: Colleen Leake, MSN, RN-BC, Wendy Micek, PhD, RN, NEA-BC, Cheryl Lefaiver, PhD, RN, CCRP

Abstract:

Introduction / There is a knowledge gap in graduating nurses compared with the expectations for beginning practice. The first year transition is critical to ensuring a nurse’s success, competence and confidence. In 2009, a New Graduate RN Residency Program was developed to address this gap. / Purpose / To evaluate the new graduate’s confidence and competence during their first year in a professional nursing role. / Methods / We used a repeated measures design using the Casey Fink Graduate Nurse Experience Survey to evaluate the effectiveness of the nurse residency program. A total score and subscale scores in the following areas: stress, organize-prioritize communication, professional satisfaction and support were tested for change over time using repeated measures analysis of variance. A separate section of the tool evaluated satisfaction with job aspects and work environment. Participation was required and occurred within 3 months of hire. / Results / Survey results showed a significant improvement in the total score and the organize-prioritize and communication subscales, while the support and professional satisfaction scores did not change over time. A significant change was seen with six job aspects; however, this change became less positive over the twelve month period as did the work environment. / Discussion / Residents’ improvements in prioritization and communication confirm expected growth in a new nurse. The lack of change in other subscales and less positive reported job aspects suggests that nurses’ expectations may normalize in the first year. / Implications for Practice / The expectations of new graduate nurses may not align with the reality of the health care environment. An opportunity exists to partner with our academic colleagues to bridge the gap between clinical and acute care practice.

References:

Category: Research

Abstract title: Improving Nurses’ Knowledge of Inhaler Technique in the Inpatient Hospital Setting Through Web-Based Education

Authors: Amber McVey, RN, BSN, Jean Slana, RN, BSN, Advocate Illinois Masonic Medical Center, Susan Corbridge, RN, PhD

Abstract:

Introduction / Chronic lower respiratory diseases, such as asthma and COPD, continue to have high admission and readmission rates to hospitals due to frequent exacerbations; these admissions result in increased healthcare costs and patient morbidity and mortality (Elixhauser, Au, & Podulka, 2008). While pharmacotherapeutic treatment, such as inhaler usage, can decrease exacerbation rates, numerous studies show that patients are not using inhalers properly (Celli, Thomas, Anderson, et al., 2008). Nurses are key to patient inhaler education; however, a recent study at UI Health showed a significant discrepancy in nurses’ perceived knowledge of inhaler technique versus actual knowledge (DeTratto et al., in press). / Purpose of the study / This study is a continuation of the DeTratto study. The purpose of this study is to investigate if a behavioral change has occurred in hospital nurses at UI Health after viewing a web-based learning module regarding proper inhaler technique. / Methods / UI Health nurses will complete a pre-test, web-based educational module, and a post-test regarding proper inhaler technique for MDI, Diskus®, and Handihaler devices. Nurses will then participate in an in-person demonstration of inhaler technique at the annual competency fair. Demonstrated competency will be measured via a validated checklist for each inhaler. This will be compared to inhaler competency of nurses attending the fair who did NOT participate in the learning module, allowing for comparison of validated checklists scores between nurses who completed the web-based module and those who did not. / Results & Implications / Development and execution of the educational module for inpatient nurses will be shared. Enhancing nursing knowledge of proper inhaler technique has the potential to minimize exacerbations, improve patients’ self-care, and decrease readmission rates of asthma and COPD patients. / References:

Category: Evidence based practice/Clinical excellence

Abstract title: Decreasing Heart Failure Readmissions with APN-led Clinic

Authors: Sandra Mikulich RN MSN FNP-BC,

Abstract:

Abstract: / Program structure and patient population: Heart Failure program developed in April of 2011. Protocols and standing orders developed with ACCF/AHA and HFSA guidelines, in collaboration with medical director. Direct care provided in Heart Failure Clinic by Nurse Practitioner. Visit consists of thorough education regarding heart failure disease process, medications, daily weights, sodium and fluid restriction, activity level and self care guidelines. Follow up visits are based on need for titration of medication and assessment of compliance issues. Strategies/ process employed to reduce readmission rate NP collaborated with patient accounts and administration to develop payment structure to allow Public Aid patients would have access to the clinic and be treated at minimal cost, of $20 per visit. Medical Executive Committee approved protocol/order set, which includes order all patients admitted with primary diagnosis of heart failure to be enrolled in heart failure clinic. Outcomes: Baseline readmission rate prior to program was 23.4%. Average readmission rate for 8 months following was 11 %. Overall HF clinic readmission rate is 0.8%. Practice implications: By providing cost effective, evidence based optimal management of HF patients readmissions can be reduced.

References:

Category: Innovation

Abstract title: Tackling ED Recidivism: Empower and Engage Your Organization

Authors: Dawn Moeller, Leah Montoya BSN MHA RN, Lisa Hall BSN MSN RN Nan Coulon RNSue Kutcher LCSW

Abstract:

Objectives: 1. Reduce recidivism rates through the creation of individualized plans of care in the Emergency Department 2. Manage health care costs 3. Empower patients to become active participants in their own health care by providing tools and alternatives to promote healthy lifestyles 4. Provide consistent high quality patient centered care with each ED visit 1. Develop specific criteria to select appropriate candidates for care plan implementation 2. Create an operational guideline that promotes the fair and equitable treatment of all patients 3. Identify medical personnel that would be essential in order to create a culturally sensitive, holistic, and diverse team 4. Gain organizational support 5. Identify how the project can successfully incorporate actions to address the new health care reform measures 6. Identify technology that facilitates communication among ED staff, and links documentation, the tracking of patient outcomes, and the gathering of data 7. Design methods and tools to involve the patient, family or support system, in their plan of care 8. Create partnerships with primary care givers, pain management specialists, and external agencies to build a community of support for the patient.

Outcomes / Findings: Patients identified for individual care plans included those with frequent visits to the ED defined as by inclusion and exclusion criteria. Patients were categorized into one of five different demographic groups. Results: 309 individual care plans were developed for patients using the identification methodology described above. Of those 309 patients, ED recidivism was reduced from 2,206 visits prior to the individual care plan to 549 visits (75% reduction) post care plan. ED readmissions were also reduced from 577 prior to the individual care plans to 113 (79% reduction). Reductions seen in every demographic group. Estimated 2.3 million dollars saved over the course of 2 years since project implementation.

References:

Category: Evidence based practice/Clinical excellence

Abstract title: “Combating Sepsis: A Multidisciplinary Approach To Identification and Treatment.”

Authors: Susan Moy RN CCRN, Cynthia Zaletel MSN, APN/CNS, CCRN, TNS, CCNS, Sue Durkin MSN CCRN CCNS, Kim Gutierrez BSN, CCRN, TNCC

Abstract:

Background/significance: At Advocate Good Samaritan Hospital, Sepsis ranks within the top three-readmission diagnoses within 30 days of discharge. Not only associated with higher mortality, hospital costs for Sepsis treatment topped $20.3 billion, an 11.5% annual increase since 1997 (Pfuntner, Wier, & Steiner, 2013). The Surviving Sepsis Campaign (SSC) created guidelines for early recognition and treatment to decrease mortality and improve patient outcomes. 

Objective: Our objective was to develop screening tools and staff education regarding early identification and treatment of Sepsis utilizing the 2012 SSC guidelines. Ultimately, utilizing a protocolled approach to care will improve outcomes, decrease associated complications, and mortality (Dellinger, et al., 2012).

Strategy for improvement or implementation: A multidisciplinary team was created including physicians, nurses from acute care units, laboratory, respiratory care, pharmacy, quality improvement, and clinical informatics representatives. Screening tools and clinical pathways for the Critical Care Unit (CCU) and Emergency Department (ED) were developed and implemented along with staff and physician education. Compliance with screening tools was measured utilizing MIDAS®, a strategic performance management system. Metrics tracked include the SSC Care Bundles for three, six, and 24 hours.

Outcomes/conclusion: Monthly audits revealed poor compliance with the use of the SSC Care Bundles and screening tools in both CCU and ED. Tools were improved and additional education in both units slowly improved compliance over six months. Ongoing education to physicians and staff continues to ensure compliance. Plans to educate the general nursing units on early recognition of Sepsis are in development.

Implications for practice: Implementing change in practice is a challenge. However, with continued diligence, Sepsis outcomes can be improved.

References:


Category: Evidence based practice/Clinical excellence

Abstract title: Fall Prevention in the Inpatient Setting

Authors: Diana Pearce, MSN, PCCN, RN-BC, Candice Washilewski, BSN, RN, Laura Kelley, PT
Breanna Garrett, BSN, RN
Emily DiCicco, BSN, RN

Abstract:

Background: Patient falls are a common problem in hospitals and can account for increased length of stay and increased healthcare costs, not to mention pain and decline in function of the patient. In 2008 the Centers for Medicare and Medicaid Services (CMS) stopped reimbursing hospitals for costs associated with falls. In 2012, Adventist La Grange Memorial Hospital had 141 patient falls, which is an average of 12 falls per month. We embarked on a fall prevention program in November 2012. / Project Objective: Decrease the number of patient falls to meet the National Database of Nursing Quality Indicators (NDNQI) median in three consecutive months, as well as report on measurable outcomes and give feedback to staff on progress. / Strategy for Improvement: An interdisciplinary committee was formed in integration with Adventist Hinsdale Hospital. Equipment was updated including fall kits available on each unit and updated cords for alarm integration with the call light system. Education was performed to staff and patients and their families, and follow up / root cause analysis occurs after every patient fall. / Findings: Falls decreased by 52% and there is a greater awareness of fall prevention among staff. / Conclusions: The increased awareness of falls and the processes put in place have proven effective in the last year. We will continue to monitor progress. / Implications for Practice: Patient safety has to be our number one priority. Some falls aren’t preventable but education needs to be continuous with staff and patients/families to help decrease the incidence. We are currently looking at revising the educational brochure given to patients/families and updating the policy to reflect best practice. / References:

Category: Evidence based practice/Clinical excellence

Abstract title: Implementing mPPID: Medication Positive Patient Identification / A Patient Safety Effort

Authors: Diana Pearce, MSN, PCCN, RN-BC, DeAnna Crawford, RN BSN, Laura Vorgic, RNC-OB, BSN

Abstract:

Background: In order to prevent or reduce errors, the establishment of protective measures is crucial to the safety of our patients and is recognized by accrediting organizations such as Joint Commission and Leapfrog. Medication Positive Patient Identification (mPPID) was implemented 9/11 as a patient safety initiative to reduce medication errors. Adventist La Grange is one of 9.4% of hospitals that have instituted mPPID to prevent medication administration errors. / Project Objective: Improve the scanning success of meds sent to staff by the pharmacy. Increase the compliance of med and patient wristband barcode scanning to above 95%. Decrease the amount of med errors that occur during the medication administration process. / Strategy for Improvement: Identified the barriers that exist when administering medications via mPPID and consulted with pharmacy to discuss the identified medications that were difficult to scan. Re-educated staff on the process to report medications that do not scan. Updated equipment including replacing old Workstations on Wheels (WOWs) and added scanners to provide backup devices as needed. Follow up included monthly reports to each department management to discuss with staff and hold nurses accountable while recognizing high performers. / Findings: From 7/11 to 9/13, medication related occurrence reports increased though a decrease was noted in those related to medication administration. mPPID compliance rates increased from 92.64% in 1/13 to 96.39% in 8/13, which was the highest % for all Adventist facilities. / Conclusions: Nurses are more compliant with scanning both the patient and the medication after the interventions. Patient safety has increased in regards to med administration after the implementation of bedside scanning. / Implications for Practice: Continual monitoring is needed regarding meds that do not scan so that compliance will remain high. Patient safety has to be of utmost concern to staff regarding med administration.

References:

Category: Research

Abstract title: Impact of DASH Diet on Endothelial Function in Heart Failure Patients

Authors: Carol Pisano RN, BSN, CCRN, Luay Rifai, MD, Janel Hayden, RD, Marc A Silver, MDB, Bernadine Brennan, RN, BSN, CCRN

Abstract:

Introduction: Endothelial dysfunction has been recognized as a pathophysiologic mechanism in the progression of heart failure (HF). Much of the current pharmacotherapy of HF focuses on improving vascular function but little attention has been paid to ability of dietary approaches to improve endothelial function. In this study, we sought to examine the effects of the Dietary Approaches to Stop Hypertension (DASH) diet on endothelial function in patients with symptomatic HF.

Methods: Forty chronic Stage C, New York Heart Association (NYHA) functional class I to III, HF patients were randomized to be on a DASH diet regimen or follow the general recommendations for diet in HF for 1 month. Age was 40 to 84 (mean 64) years, 22 were men. Mean ejection fraction was 42 ±15%. To assess endothelial function, large and small arterial elasticity (LAE, SAE) at rest were obtained using the pressure pulse contour analysis technique with the Cardio-Vascular Profiling Instrument model CR-2000 (Hypertension Diagnostics, Inc. Eagan, MN). Data collected included exercise capacity as measured by six-minute walk test, weight and DASH diet index score for compliance.

Results: Patients tolerated the DASH diet regimen without complications. Average DASH diet index was 6.8/11. The net change in LAE at 1 month was significantly improved in the DASH group when compared to the control group (p<0.05). Additionally, patients in the DASH group had improved six-minute walk distance at 1 month compared to their control counterparts (p<0.05). There was also a trend towards weight loss (-2.5 kg) in the DASH group, and weight gain (+0.8 kg) in the control group at 1 month (p<0.05).

Discussion: At one month, compared to dietary controls, patients who followed a DASH diet had improved large artery compliance and six-minute walk distances. Longer term evaluations are in progress. The DASH diet may potentially be an important adjunctive therapy for patients with symptomatic HF.

References:

Category: Innovation

Abstract title: Is There Room for Nursing in Medical Education? Pilot of a Case-Based Patient Safety Curriculum

Authors: Katherine Pischke-Winn, Joseph Halbach, MD, MPH, Kelly Smith, PhD David Mayer, MD

Abstract:

ABSTRACT / Learner Objective: Learners will be able to identify and formulate plans to overcome barriers to interdisciplinary approaches to communication and teamwork education. / / Background: Ineffective communication is the root cause of approximately 70% of adverse patient safety events. Communication between physicians and nurses is the primary link in keeping patients safe. Health care professions possess their own culture, identity, habits, and lexicon. To improve patient safety, curricula must create opportunities that support productive interdisciplinary teamwork and communication. / / Purpose: The purpose of the study was to develop, pilot and evaluate an interdisciplinary communication and teamwork case-based curriculum for medical students. / / Methods and Study Design: An interdisciplinary team of faculty employed a six-step process (problem identification, needs assessment, goals and objectives, education strategies, implementation, evaluation) to develop the curriculum. The curriculum was piloted with 20 medical students over two days at the 2012 Telluride Patient Safety Educational Roundtable. A nurse-physician dyad led small-group learning experiences utilizing a series of cases exemplifying communication and teamwork breakdowns in patient care. Evaluations included informant interviews, content analysis of student reflections, and a survey conducted 12 weeks post-Roundtable. / / Major Outcomes: All 20 students posted reflections, and 75% of students completed the follow-up survey. Content analysis indicated that the small-group learning enhanced medical student awareness of shared communication skills and their importance while working within a healthcare environment. Students indicated some difficulty with the case concepts. / / Conclusions/Recommendations: The case-based nurse-physician led curriculum demonstrated enhanced medical student awareness of the role of shared communication to keeping patients safe. Minor modifications to the cases t

References:

Category: Innovation

Abstract title: Observation Versus Engagement:: New Interventions in Maintaining Unit Safety

Authors: Richard Ray, RN, MS, PMH-BC,

Abstract:

In acute psychiatric settings, it is a common practice to increase the intensity of observations of patients who present with self-injurious thoughts or who are at risk to injure others. These high-level doctor-ordered interventions designed to address a myriad of symptoms are intrusive and may result in untoward stimulation for the patients resulting in potential for increased violence (Whitehead, E., & Mason, T. 2006). These observations require a disproportionate number of staff to monitor only a few patients, which decreases staff productivity while increasing staff stress. (Neilson, P., & Brennan, W. 2001). The nurses at an academic medical center located in a large urban area addressed the problem of intrusive or over stimulating levels of observations by developing two nursing protocols designed to move the practice from observation to engagement. These nursing protocols are less intrusive, address the individual patient needs while maintaining the milieu safety (Ray R., Perkins E., Meijer B., 2011). This poster will discuss the adverse consequences of traditional observations, describes the practice changes involved in moving from observation to engagement and describe the positive outcomes of these new interventions.

References:

Category: Research

Abstract title: One On One Versus Group Mentoring: Does It Really Matter?

Authors: Gina Reid Tinio PhD, MS, MPH, RN-BC,

Abstract:

Given the cost implications of new graduate nurse retention, it is critical that we examine the outcomes of interventions associated with their on-boarding process. Mentoring is one of those interventions worth examining. Given the lack of standardization for new graduate transition programs across the country, many organizations provide their new graduates the opportunity to be mentored one on one or in a group setting. Little is published about the differences, if any, about the effect of the mentoring type on the mentoring outcomes. This presentation highlights the results of an innovative research study that assessed the effects of one on one mentoring versus group mentoring on new graduate nurses' turnover intent. Using the theory of job embeddedness as the framework for analysis, group cohesion and work empowerment scores of 2,032 new graduate nurses that completed a formalized nurse residency program were studied. The findings were surprising and illustrate that that group mentoring positively influences new graduate nurses' intent to stay in their position for at least 12 months following the completion of a residency program. Conversely, one on one mentoring appears to negatively impact turnover intent. The presenter will guide nurse leaders through the study results and provide some food for thought on items to consider as they select the mentoring interventions, if any, for new graduates at their facilities.

References:

Category: **Education**

**Abstract title:** Integrating nursing education and practice: utilizing clinical partnerships to provide simulation experiences to nursing students.

**Authors:** Karyn J Roberts, Kimberly Duback, BSN, RN, CPN, Kelley Sava MS, APN, CPNP Jennifer A. Obrecht, DNP, RN, PCNS/BC

**Abstract:**

Background and significance of the problem/project / Simulation in nursing education has been recognized as an effective methodology to provide students a safe environment to practice nursing skills, develop clinical reasoning, and critical thinking skills. Seeking creative ways to implement simulation for pre-NCLEX students, as well as encourage Pediatric Clinical Nurse Specialist (CNS) students to gain experience and education in implementing simulation, nursing faculty sought to collaborate with a current clinical partner. The purpose of this presentation is to describe the creation of a pediatric respiratory simulation for pre-NCLEX students led by a pediatric CNS student. / Strategy for Implementation / Nursing faculty, a pediatric Advanced Practice Nurse (APN) preceptor and a pediatric CNS student collaborated to implement a simulation for two separate clinical groups of pre-NCLEX students at a regional children’s hospital. The CNS student developed the simulation, implemented a needs assessment, facilitated the simulation and debriefing with guidance from the APN preceptor and nursing faculty. / Outcome findings / Students rated the experience as positive overall when providing feedback on a brief survey distributed after the simulation. / Conclusions and Implications for Practice / Utilizing clinical partnerships resulted in successful collaboration between nursing faculty, the CNS student and APN preceptor. The simulation, implemented in the clinical setting for both the pre-NCLEX and CNS students, was an innovative way to integrate pre-NCLEX and graduate nursing education, allowing pre-NCLEX students and the CNS student to meet individual course competencies. Moving forward nursing faculty and the APN preceptor desire continued collaboration providing simulation to various student levels. /

**References:**

Category: Evidence based practice/Clinical excellence

Abstract title: The Effects of a Standard Analgesic Protocol on Pain Control, Nausea, Length of Stay, Functional Status, and Discharge Disposition in Patients Undergoing Knee and Hip Replacement

Authors: Judy Schaller, RN, MSN, Tina Bobo, RN, MSN,

Abstract:

While pain management is essential for the post-operative joint patient, pain medications have frequent and potentially serious side effects and their use can result in clinical complications. The hypothesis of this research project was that utilization of a new standard oral and topical pain medication regimen would result in improved pain control, less nausea, better functional recovery, and decreased length of stay for total hip and total knee replacement patients at a large community hospital. The original standard medication regimen included patient-controlled analgesia, hydrocodone, and spinal Duramorph. The new standard medication regimen included: pre-operative Sustained release Oxycodone, Lyrica, and a Scopolamine patch and post-operative Sustained Release Oxycodone, Oxycodone immediate release, Celebrex, Lyrica, Tylenol, spinal with no Duramorph, and intravenous Dilaudid if needed for severe pain. Both regimens utilized a single injection nerve block. A retrospective study was completed after implementation of the new standard medication regimen. The sample included twenty patients undergoing total hip replacement pre-protocol, twenty one patients undergoing total knee replacement pre-protocol, eighteen patients undergoing total hip replacements post-protocol, and 18 patient undergoing total knee replacements post protocol. Retrospective data were collected using a computer-generated report from Meditech and chart review utilizing the Meditech system. The results of this research identified that patients on the new standard medication regimen had decreased length of stay, improved pain control, and a decreased incidence of nausea while maintaining their functional status and discharge disposition.

References:


Merge File AHC Nursing Research Symposium Abstracts – Working data
Category: Research

Abstract title: Waking Up to Safety: An Examination of Nurse Work Hours and Patient Safety

Authors: Bonnie J. Schleder, Ed.D, APN, CCRN

Abstract:

INTRODUCTION: The link between health care worker fatigue and adverse events is inseparable. As a 12-hour day workweek progresses, errors are more frequent on the fourth and fifth day. Previous research demonstrated that after 24 hours of sustained wakefulness, observed performance was similar to a blood alcohol level of 0.10 %. While registered nurses are indispensable to healthcare, fatigued nurses put their patients at risk. PURPOSE: To determine if work hour guidelines and education regarding safety risks had an impact on nurses extended duty time, fatigue management practices, and patient outcomes. METHODS: This quantitative research study utilized survey data collected from a convenience sample of clinical nurses who worked at Advocate Good Shepherd (AGSH) and Condell Hospitals. AGSH implemented work hour guidelines and fatigue education, Condell hospital did not. Both the control and research groups voluntarily completed the fatigue countermeasure survey (n=597). Additional data was collected on hours worked, safety events, and nurse-sensitive patient outcomes. A pre-post/test design was utilized. RESULTS: Pre-implementation data collected demonstrated nurses work hours exceeded recommendations. The introduction of voluntary work guidelines and education resulted in a statistically significant reduction in work greater than three consecutive 12-hour shifts, X(3) = 12.509, p < .01. Nurses did not routinely use countermeasures to combat fatigue; however, there was a statistical difference in total countermeasure use following work hour guidelines and fatigue education, F (2, 592) = 7.758, p < .01. No statistical difference occurred in adverse safety events or quality outcomes. DISCUSSION/IMPLICATIONS: This study demonstrated success in the interest of safety, of work hour guidelines and education to improve fatigue countermeasures and hours worked. Nurses and managers must recognize inherent safety risks when working fatigued.

References:

POSTER NUMBER 56

Category: Education

Abstract title: Changing Hospital Culture: Collaborative Response to Emergency Cesarean Sections

Authors: Barbara C. Schuch, MSN, RNC-OB, C-EFM, Sally M. Krempel, MSN, RNC-OB, Joan E. Rucker, MSN Katherine Q. Hodur, MSN, RNC-MNN, CBC

Abstract:

Abstract / Background/ Significance of the Problem / Based upon the American College of Obstetrics and Gynecology’s (ACOG) and the American Academy of Pediatrics (AAP) recommended standard (30 minutes from decision to incision for emergency cesarean sections) the “30-minute rule”, a preliminary data review of “decision to incision” time audits identified discrepancies in standardized communication and collaboration between medical and nursing staff. / Project Objective / By integrating Kurt Lewin’s “Change Management Model”, this educational program’s aim was to change the culture and create an effective and collaborative response to emergency cesarean sections. / Strategy for Improvement or Implementation / The methodology of this interprofessional program incorporated a broad range of instruction (didactic lecture, fetal strip review & simulation) focusing on standardized communication, interprofessional teamwork training, potential maternal/ infant outcomes and simulation of emergency cesarean section scenarios. / Outcomes/ Findings / Through implementation of this four part educational program, in conjunction with the development of departmental guidelines, ongoing data collection, and quality improvement review, this program was able to facilitate and sustain effective interprofessional collaboration and has made a significant impact on compliance with the ACOG “30-minute rule” standard September 2012-April 2013 compliance with “30-minute rule” at 45% / May 2013-December 2014 compliance with "30-mute rule” at 73% / Conclusion / Barriers to sustained culture change continue to be identified through the debriefing of each individual case and addressed through the provider and nurse “peer review process. Improving patient safety and quality of care was the primary focus of the project. / Implications for Practice / Were to apply the project’s objectives to clinical practice. / Sustainment of culture change beyond the initial implementation of the project. /

References:

Category: Education

Abstract title: The Pressure of Staging Pressure Ulcers

Authors: Peggy Siegele, MS, APN, ACNS-BC, Mary Schultz, BS, RN, Heidi Christianson, BS, RN

Abstract:

Background/Significance of the problem: Pressure Ulcer prevention and treatment continues to challenge health care. Accurate identification and classification of pressure ulcer requires strong nursing assessment and skill. The nurses and nursing technicians on the 2N Cardiac Telemetry Unit integrate pressure ulcer prevention strategies into daily practice. Nurses also receive education on staging pressure ulcers during orientation. However, when patients present or obtain pressure ulcers nurses are required to accurately stage the wound to optimize treatment and outcomes. Project Objective: In an effort to improve both the skill and comfort of nurses in pressure ulcer staging, the shared governance team implemented a focused unit based project on staging pressure ulcers. All nurses completed a pre-test that required assessment of 7 pressure ulcers of varying stages along with review questions related to pressure ulcer knowledge. Strategy for improvement: A laminated copy of pressure ulcers stages was placed in all patient rooms for reference. A “Stage the Pressure Ulcer” question of the week was reviewed daily at nursing huddles. Each week a new pressure ulcer was presented for a total of 5 weeks. After the fifth week a post test with 10 pressure ulcer staging questions was distributed. The post test also included two subjective questions regarding the nurses’ perception of their skill and comfort with staging. Both tests are confidentially matched to measure pre and post test improvement. Outcomes/Findings/Conclusion and Implications for practice: The outcome and conclusion sought include both improvements in accuracy of staging and enhancement of nurses’ comfort in pressure ulcer staging.

References:

Poster Number 61

Category: Research

Abstract title: A Feasibility Study Using the Essential Oil Lavender to Reduce Preoperative Anxiety in Females Undergoing Breast Surgery

Authors: Linda Sobeck, RN, BSN, CAPA, Dawn Corey RN BS CAPA, Maggie Colabuono RN BSN, Patrice Stephens MS APN AOCN, Joann Quinn RN

Abstract:

Objective For patients undergoing breast cancer surgery, anxiety during the preoperative phase has been identified as a frightening and difficult time. Nurses are in a unique position to manipulate the day surgery environment. We studied the use of aromatherapy to reduce anxiety in patients awaiting breast cancer surgery and sought to: describe the change in anxiety score from before to after aromatherapy; compare the difference in anxiety between treatment groups; describe subject’s satisfaction with aromatherapy. Method A randomized control trial of was conducted. In an experimental study, breast cancer surgery patients were randomized to the treatment group receiving lavender aromatherapy through a nasal inhaler or control group using a placebo inhaler. Anxiety was measured using the State Trait Anxiety Inventory (STAI) at three time points before surgery: upon admission, 10 minutes after inhaler use, and 60 minutes after inhaler use. Prior to transfer to surgery, satisfaction was measured using a one-time self-report questionnaire. The changes in STAI score over time and between groups were tested using repeated measures analysis of variance (ANOVA). Questionnaire results were reported descriptively. Results Twenty subjects were in the treatment group (mean age 60±11 yrs) and 19 in the control group (mean age 55±10 yrs). ANOVA indicated a significant decrease in anxiety over time (F13.3, p=0.000). The type of treatment had no significant effect on the anxiety scores. Yet, at 10 minutes, the treatment group declined from 45.2 to 38.7, while the control group decreased from 42.16 to 41.79. Questionnaire responses showed the treatment group was more satisfied with the use of aromatherapy and more likely to recommend the therapy to others. Conclusion This study provided a simple, low risk nursing intervention that may reduce situational anxiety for this cancer population. These findings suggest that nurses can impact the patient’s anxiety by changing the day surgery

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Before, During and After the Catheter: A Protocol to Prevent both CAUTI and Urinary Retention

Authors: Joyce Springer, BA, MSN, RN, Kelli Heisner, BSN, RN, CIC, CPPS,

Abstract:

Background: The Delnor CAUTI Prevention team in collaboration with Nursing, Physicians and Quality continues to work on the National Patient Safety Goal (NPSG) to reduce catheter associated urinary tract infections (CAUTI). The CAUTI team annually reviews and prioritizes interventions including education, new products, nursing evidence-based (EBP) projects, assessments, documentation, and reporting. CAUTI prevention is recognized as nursing quality indicator in Magnet Hospitals.

Objective: To consolidate best practices into an Indwelling Urinary Catheter protocol to allow nursing management of catheter removal.

Strategy: The CAUTI team created the Indwelling Urinary Catheter protocol based on the best practices that they had championed. It was then trialed, revised it and promoted with nursing and physicians. It was approved by Infection Prevention, the Nursing Practice Council, and the Medical Executive Committees for implementation at Delnor in 2012. Subsequently it has been updated and expanded system-wide at Cadence Health in 2013.

Outcomes & Findings:
1. Delnor’s average catheter days per 1000 patient days has decreased from 30.8 to 20.5 - a 33% decline since 2011.
2. Delnor’s CAUTI rates remain below the CDC’s national average (NHSN – National Healthcare Safety Network) and Magnet hospitals (NDNQI - National Database of Nursing Quality Indicators).
3. Results of an EBP project on catheter stabilization provided support for a new product and practice.
4. Results of an EBP project on post-catheter management (2011) provided support for including it in the algorithm.

Implication for nursing practice:
1. Nursing ownership urinary catheter management – pre-, during and post-catheter improves patient outcomes.
2. Process improvement is ongoing.

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Perioperative Management of the Adult Diabetic Patient

Authors: Sue Stachulski, Dr. David Young MD.

Abstract:

Perioperative Management of the Diabetic Patient / Background: In the United States age 65 and older, 26.9% had diabetes in 2010. About 1.9 million people aged 20 years or older were newly diagnosed with diabetes in 2010 in the United States. At least 20% of surgical patients have diabetes. Research has demonstrated that maintaining blood glucose in a range of 140-180mg/dl decreases incidence of morbidity and mortality in critically ill patients. Studies have also documented decreased incidence of wound infections. For our surgical diabetic patients primary care, surgeon, and nursing instructions for pre-operative management were often in conflict. Anesthesia management of diabetes was inconsistent. / Objectives: / 1Develop and implement a perioperative diabetic protocol to maintain blood glucose 100mg/dl-140mg/dl. / 2.Monitor and report glycemic target of blood glucose of less than 180mg.dl on admit to post anesthesia care unit(PACU). / 3.Monitor and report incidence of blood glucose of less than 70mg.dl across the perioperative spectrum. / Implementation: Protocol algorithm was developed by Dr. David Young. A multidisciplinary team was formed to implement processes and order sets. An intensive education plan was implemented for all periopertive areas. Data retrieval processes for measuring glycemic targets were streamlined. / Outcomes: 2012 admit to PACU blood glucose less than 180mg/dl average 84.75% 2012 blood glucose less than70mg/dl 0.35% 2013 blood glucose less than 70mg/dl 0.35% / Conclusion; Implementation of our perioperative diabetic protocol standardized our care of the diabetic patient. Our outcomes demonstrated 84.75% success of reaching our glycemic target without significant occurrence of hypoglycemia. /

References:

Category: Research

Abstract title: Linking Patient Specific Outcomes and Individual Nurse Continuity: An Innovative Study of Hospital-Acquired Pressure Ulcers (HAPU) from Practice Based Evidence

Authors: Janet Stifter, RN, MS, CPHQ, Gail Keenan, PhD, RN, FAAN, Diana Wilkie, PhD, RN, FAAN, Yingwei Yao, PhD, Karen Dunn Lopez, PhD, RN

Abstract:

Introduction: Nurse continuity, once a valued hallmark of the primary nursing model, is rarely considered in nurse staffing decisions due to the inability to readily measure and demonstrate its return on investment regarding patient outcomes. In addition, available studies have not demonstrated a clear link between individual nurse continuity and patient specific outcomes.

Purpose: Using an innovative method of measuring nurse continuity, the Hands on Automated Nursing Data System (HANDS), we examined the influence of the number of shifts cared for by the same/single RN on the development of HAPU.

Methods: HANDS, an electronic plan of care documentation tool with standardized nursing terminology, was used over 1-2 years by 787 unique nurses in four hospitals on nine units. Patient diagnosis, intervention, and outcome data; patient demographics; nurse characteristics; dates and times were documented for each nurse’s shift resulting in 42,403 care episodes. A comparative secondary data analysis was performed using HANDS.

Results/Discussion: This presentation describes use of data mining results to create an analytic dataset of 3300 episodes, 300 with and 3000 episodes without HAPU, matched with patient-level predictor(s) (age, hydration, nutrition, mobility, incontinence) documented in HANDS. Logistic regression analysis of raw data elements available in HANDS determined the influence of nurse continuity and additional staffing variables on the presence of HAPU while controlling for patient-level predictors.

Implications: HANDS is introduced as an innovative tool for measuring nurse continuity and patient outcomes because individual nurse characteristics can be tracked and linked to patient characteristics, care, and outcomes. The HANDS database provides Chief Nurse Executives with a new measurement strategy to provide reliable and valid data about unit level care continuity and its influence on patient outcomes.

References:

**Category:** Education

**Abstract title:** Maintaining A Steady Heartbeat: Increasing Nursing Knowledge and Comfort Levels with Temporary Pacemakers

**Authors:** Meg Stoinski CCRN, Lisa Moran RN BSN, Dani Garrity BSN CCRN Michelle Campbell MSN APN CCRN CSCBonnie Schleder Ed.D APN CCRN

**Abstract:**

Background/Significance: Cardiac pacemakers are often needed in the postoperative cardiovascular patient to maintain a steady heartbeat. The use of a temporary pacemaker adds complexity to an already high risk patient. This complexity requires the nurse to be both knowledgeable and comfortable in changing pacemaker settings to prevent clinical demise. / Project Objective: To increase nurses’ knowledge and comfort level in responding to appropriate pacemaker settings. / Strategy for improvement or implementation: Staff identified pacemaker adjustment needs as a safety risk. Following this identification, cardiovascular nurses were asked to complete a survey on their current knowledge and comfort with adjusting temporary pacemakers. Analysis of the survey identified areas that needed education or lacked comfort. All nurses were required to attend simulation classes to demonstrate appropriate actions. One projection is that positive reinforcement through simulation will increase nurse comfort. Immediately following the simulation class and six months later, nurses will complete the same survey testing their knowledge and comfort levels. / Outcomes/findings: Pre-data demonstrated that an improvement in knowledge and comfort in adjusting temporary pacemakers is needed. The outcome of this study will determine if knowledge and/or comfort levels improves with focused simulation. / Conclusions: The goal is that focused simulation will improve knowledge and comfort levels of nurses responding to pacemaker adjustment needs will be determined in Feb 2014. / Implications for practice: Nurses’ ability to respond to clinical situations is a key factor in promoting positive patient outcomes. The complexity of the cardiovascular postoperative patient with a temporary pacemaker requires additional education; however, additional education does not always yield a response. Increasing nurse comfort is needed to promote appropriate responsiveness to prevent clinical demise. / **References:**

Category: Evidence based practice/Clinical excellence

Abstract title: Initiating Cue Based Infant Driven Feedings

Authors: Anne E Surerus RNC BSN

Abstract:

Background/Significance of Problem: Infant feedings have often focused on the quantity of the feeding needed for weight gain, without regard for any stress an infant may be experiencing. Infants experiencing stress at feedings can later exhibit nipple aversion or feeding difficulties. Project Objective: By focusing on infant readiness cues and the quality of the infant's suck on a nipple, an infant may be ready for discharge earlier by achieving the goal of nippling entire feedings without stress cues. Strategy for Improvement or Implementation: Nursing staff, physicians, neonatal nurse practitioners (NNPs), and parents were educated on feeding readiness cues, stress cues, quality of nippling and caregiver techniques in feeding. This study was then conducted over 4 weeks in the Special Care Nursery (SCN), focusing on infant readiness to take oral feedings, recognizing stress cues in infants and responding to them appropriately. Outcomes/Findings: While maintaining nutrition during this study, there was an increase in the number of NG feedings, an increased percentage of NG feeding amount, and a trend toward fewer days in the hospital. Infant stress with feeding was decreased, staff recognition of feeding readiness and stress cues increased and SCN parents verbalized a higher confidence in their ability to feed their infant. Conclusions: While maintaining nutrition, and monitoring for feeding readiness and stress cues, infants can safely be fed using cue based infant driven feeding. Implications for Practice: When stress cues are responded to appropriately, infants can experience safer, less stressful feedings and be discharged earlier from the hospital.

References:

POSTER NUMBER 67

Category: Evidence based practice/Clinical excellence

Abstract title: Restraint Reduction in the ICU

Authors: Maria Suvacarov MSN, CCRN, CEN, Jayci Dubik BSN, Christine Nordin MSN, CCRN

Abstract:

Background: The utilization of restraints at the Adventist La Grange Memorial Hospital (ALMH) intensive care unit (ICU) was very high and exceedingly above the National Database of Nursing Quality Indicators (NDNQI) published benchmark. / Project Objective: To reduce restraints utilization in the ALMH ICU to at or below the NDNQI benchmark rate. / Strategy for Improvement: Staff was educated on restraints reduction objectives and goals. In addition misconceptions about restraints were corrected: It is the common belief that patients arousing from anesthesia could be disoriented, anxious or agitated causing them to be at risk for self-extubation if not restrained. But, since the 1990’s studies have shown that restraints do not prevent unexpected or self-extubation. In fact, the use of restraints is known to increase the risk of harm and injury to patients. Education on appropriate sedation and pain management including analgo-sedation and delirium screening was provided for staff. In addition restraint alternatives were provided for staff (Posey Secure Sleeve). Daily restraint tracking sheet and charge nurse rounding log was developed and implemented. Continued need for restraints was discussed daily during interdisciplinary rounds. Progress was shared and celebrated with staff. / Findings: While ICU Patient Days remains constant, the Restraint Patient Days dropped through a dramatic reduction in the volume of patients initiated on restraints AND the length in restraint days. At the begging of the initiative the ALMH ICU restraint rate was at 260 restraints /1000 patient days. With in 9 months of the initiative the rate was down to 45 restraints /1000 patient days. / Conclusions and Implications for Practice: Restraint reduction is possible when appropriate education, tools and monitoring is offered to staff.

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Transfusion Safety: Less is More

Authors: Mary Lou Sylwestrak, MS, APRN, OCN, CWOCN, Lori Pinzon, MHA, RN,

Abstract:

Background/Significance of the Problem / A blood transfusion can be a life saving procedure. However studies show a correlation between increased blood transfusions, and an increased risk of infection, as well as increased length of stay. Blood utilization in the United States is 15% higher per capita than Europe and 44% higher than Canada. Transfusion related acute lung injury (TRALI) and transfusion associated circulatory overload (TACO) are leading causes of transfusion related morbidity and mortality. Proper blood management reduces patient risks, conserves the blood supply, and reduces health care costs. / Objective / The goal of this initiative was to improve patient safety, decrease adverse outcomes from unnecessary blood transfusions & decrease costs. / Strategies for Improvement / Blood transfusion practices were assessed & results shared with physicians, & hospital leaders. At the system level, RBC guidelines with lower thresholds were developed and multiple Red Blood Cell order sets with transfusion indications were developed. Physicians, nurses, & laboratory associates were all educated on the new evidence based transfusion guidelines and practices. A Transfusion Safety Committee was formed. The new guidelines & order sets were implemented. / Outcomes / Good Shepherd Hospital decreased the rate of RBCs transfused per 1000 adjusted patient days from 65.73 in January 2011 to 25.86 in November 2013. The annualized cost for RBC transfusion (excluding administration & tubing etc) decreased 45%. / Implications for Practice / Eliminating unnecessary transfusions conserves the blood supply, and can help decreased adverse events such as transfusion reactions, TACO, & TRALI. Eliminating unnecessary transfusions decreases hospital costs.

References:

Category: Research

Abstract title: A Descriptive Study Exploring Compassion Fatigue in Obstetrical Nurses

Authors: Joella A. Tabaka MSN, RN,

Abstract:

Background /Significance of problem / Nursing shortages, increased work load, turnover rates, higher acuity patients, are all negativity prompting change of careers. / The phenomenon of stress and burnout are commonly found in ICU’s, Oncology, and the ED, however we don’t often read of it in OB. Looking closely, stress and burnout are found in obstetrics, however it is defined differently as compassion fatigue. For this study, compassion fatigue = burnout. / Compassion fatigue occurs from giving high levels of energy and compassion over a long period of time to patients who are suffering, often without experiencing positive outcome (Gilmore. 2012). Compassion fatigue leads to: Employee / Job dissatisfaction, Low retention rates, Low morale and Emotional exhaustion. / Research Question? / Is stress, burnout or compassion fatigue present in the nurses working in the New Life Center at Condell Advocate? / What are the stressors, or indicators of dissatisfaction? What defines compassion fatigue for nurses specifically? Can we identify causes, and address solutions? / Outcomes/finding? / These will be discovered by comparing the independent variables of nurse characteristics, patient characteristics and unit/environment, with the dependent variable of stress, burnout or compassion fatigue, with the use of a survey and focus groups. / Using a mixed method, of quantitative and qualitative in a descriptive design of research I will measure with the use of a Likert scale and focus groups allowing for feedback, input and elaboration on themes identified in the survey. / With a pilot study given first to the largest group of staff on the unit, the RN's followed by focus groups determined by results from the survey this should provide a place to start with making improvements. / Once it is determined exactly the perceived problems, they can be addressed for employee satisfaction improvement. This will also increase morale and overall job satisfaction, less turnover, and longer retention.

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Safely Administering Intravenous Medications to Reduce the Risk of Extravasation

Authors: Jeanne Webster, RN, BSN, CCRN, CVRN, Meredith Mahue, RN, ONC,

Abstract:

Safely Administering Intravenous Medications to Reduce Risk of Extravasation / "As many as 25% of extravasation injuries cause a burden of disease more severe that the patient's principal admitting diagnosis, including: pain, limitation in mobility, decreased function, permanent nerve damage, soft tissue sloughing, tendon damage, loss of limb function and mortality" (1) / In order to evaluate best practice and improve patient safety outcomes a process improvement project was initiated to survey staff knowledge of irritant, vesicant, and high risk medications, including assessment techniques and appropriate interventions. Sampling survey data and incidence occurrence reports prompted a four step approach to improving outcomes: 1) Staff education on IV medication administration with continuing education credit. 2) Guardrail in place to prompt central venous access devices for vasoactive medications and high osmolarity parenteral nutrition. 3) Incorporating the 'Institute of Safe Medication Practice High Risk Medications' list of the medication administration report. 4) Partnering with IV therapy team to review and update current extravasation policy. It is estimated that 75% of a hospital nurse's time is spent providing IV therapy service, continuing education has increased staff awareness and improved patient outcomes. Continuing analysis of self reported incidents is evaluated monthly to determine future educational needs and best practice.(2)

References:

POSTER NUMBER 72

Category: Evidence based practice/Clinical excellence

Abstract title: Nothing About Me Without Me: Implementing Bedside Shift Report on an Inpatient Mental Health Unit

Authors: Toni WInks RN-BC, Peggy Van Horn RN-BC

Abstract:

Background/Significance: Evidence based practice shows bedside shift report improves patient safety, health outcomes, and patient satisfaction. Little research exists to support these findings on a mental health unit. Objective: To implement bedside shift report in the inpatient mental health unit. Strategy for Implementation: All RNs attended house-wide training on bedside shift report. Staff worked together to identify process barriers. Shared Governance staff collaborated with unit therapists, dieticians, and social workers to modify programming to accommodate the process. Because nurses were accustomed to receiving report on all patients on the unit, a white board was created to provide important patient information at a glance. The use of SBAR, the Mental Health Status Board, and the EMR was emphasized to improve communication. Outcomes: The white board has been updated to include more relevant patient information. Report at the bedside has improved safety and has helped to prevent splitting/manipulative behaviors from patients. Although initially we expected this process to save time, we found that we often spend more time in report, especially on newly admitted patients. Conclusion: Patients have been cooperative and have adjusted well to bedside shift report. RNs are able to provide continuity of care and show consistency with enforcing unit rules and guidelines. Implications for Practice: Staff has identified barriers and adjustments are still being made to improve efficiency. Because evidence shows bedside shift report improves safety and patient outcomes, the staff have committed to the process change.

References:

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Category: Evidence based practice/Clinical excellence

Abstract title: RN Initiated Back Board Discontinuation Protocol

Authors: Amy Wlodek, Dawn Moeller BSN MHA CEN RN, Lisa Puckhaber BSN RN Kim Sorkin BSN RNNKaren Hanzel BSN RN

Abstract:
The purpose of this project was to create an RN initiated backboard discontinuation protocol 1. Prolonged immobilization places patients at risk for skin breakdown, anxiety, and severe discomfort. 2. The use of a long backboard should be primarily as a transportation device according to new ATLS guidelines. 3. Use of the Back Board Removal Pathway algorithm establishes patient reliability and minimizes risk and liability. / Setting: A Level 2 community hospital in the northwestern suburbs of Chicago. / Exclusion / Inclusion criteria established. / When patients met the criteria using the Back Board Removal Pathway, RN collaborates with the ED MD prior to proceeding with proper log rolling technique utilizing a minimum of 3 people. An education and competency program, identifying patients who are considered to be low risk for cervical spine injury based on mechanism of injury. Patients remain supine with a cervical collar in place until MD comprehensive evaluation. Only certified Trauma Nurse Specialist (TNS) and Trauma Nurse Core Competency (TNCC) were eligible to evaluate patients for backboard discontinuation. Annual written competency and return 1:1 demonstration is required with an RN facilitator prior to being eligible. / Results/ Outcomes: / Previous studies have shown that patients remained on backboards for several hours and preliminary results referenced show that the amount of time on back boards decreased from 8-14 minutes. Our initial results averaged 78 minutes on a back board prior to implementation of new protocol. We have seen an improvement of 89% in decreased times since initiating this protocol. Conclusions: By utilizing a Back Board Removal Pathway the patient can be safely removed from the backboard by a certified Trauma Nurse Specialist. Spinal precautions can still be maintained without the use of a traditional back board. Patients have decreased pain and increased satisfaction.

References:

Category: Evidence based practice/Clinical excellence

Abstract title: Strengthening Our Future Nurses

Authors: Jennifer Wolinski MSN, RN, Vicki Fahey BSN, RN, CNOR,

Abstract:

Background/Significance of the problem There is a strong need for recruiting and retaining Operating Room (OR) nurses. New graduate nurses need experience in addition to competencies and knowledge obtained in their educational realm to efficiently bridge into the professional nurse role.

Project Objective To improve the new graduate nurse retention rate by 20% in the next 12 months. Establish a program to assist in a smooth transition from student life into professional life to produce strong nurse beginners.

Strategy for improvement or implementation The OR Nurse Residency Program was developed in January of 2013. The first Open Houses held on April 6th and 13th welcomed senior nursing students. The three nursing residents chosen partook in 120 clinical hours in the OR during their Capstone. In addition to their clinical participation, residents participated in an evidence-based practice project. The residents were then hired as nursing care technician and continued to work within the Operating Room setting for the next three months. After completion of their nursing boards, the residents returned and accepted the full time role of Clinician.

Outcomes/Findings The program attracts nursing students who have a specific interest in the Operating Room. The first group of nursing residents has completed the first two phases of the program and have been hired as Clinician I’s. Additional Advocate facilities have expressed an interest in establishing an OR nurse residency program at their sites.

Conclusions The OR nurse residency program will assist new graduate nurses with their transition into their professional role as a nurse. Improvements were observed in their skills and abilities, organization and prioritization, communication with surgical team members, patients, and families. Implication for practice Residency programs have the potential to increase clinical competencies, leadership skills, job satisfaction, and decrease turnover rates.

References:

Category: Research

Abstract title: Evaluation of an Opioid Risk Assessment Tool

Authors: Ann Zimmerman RN, MSN, ,

Abstract:

Evaluation of an Opioid Risk Assessment Tool / Ann Zimmerman RN, MSN / Introduction: More than 51.4 million surgical procedures are performed in hospitals annually1 with 80% of these patients experiencing postoperative pain. Opioid analgesia remains the primary pharmacological intervention for managing pain in hospitalized surgical patients, but it is not without risk. Unintended advancing sedation and respiratory depression from opioid analgesia are common outcomes and can have tragic consequences. More than 58% of opioid-related events resulting in death or permanent loss of function are the result of improper monitoring.2 Despite the frequent use of opioid-induced sedation, there are no universally accepted guidelines for assessment and monitoring of patients receiving opioid analgesia. / Purpose: To introduce a new opioid risk assessment tool (OPRAT) and document its reliability and validity amongst PACU nurses in a community hospital. / Methods: Face and content validity of the OPRAT will be established using a comprehensive review of the literature and by content experts. Reliability will be established with a test-retest method of 6-8 PACU nurses scoring patient medical records with and without opioid risk factors. / Results/Discussion: Psychometrics of the OPRAT produced by this analysis will be presented. / Practice Implications: The rationale for developing the OPRAT is to assess and predict need for capnography, a non-invasive respiratory monitoring system which measures the partial pressure of carbon dioxide during exhalation. The Institute for Safe Medication Practices indicates that capnography should be used for patients at heightened risk for opiate-induced respiratory depression.3 Early detection of opioid-related respiratory depression with capnography could lead to increased patient safety and improved patient outcomes. / References:

Category: Evidence based practice/Clinical excellence

Abstract title: “Responsiveness”: The Unit Concierge and the use of scripting for answering call lights

Authors: Alicia Zwillinger, BSN, RN, Johanna Lemke, BSN, MA, RN-BC,

Abstract:

Background: Responsiveness of hospital staff has been directly correlated with patient's perceptions of the quality of care they receive. Project Objective: The purpose of this project was to improve patient's perception of responsiveness in an urban teaching hospital, as measured by the HCAHPS patient satisfaction survey question 'promptness in responding to the call button'. In 2013, the Clinical Practice Council performance improvement group implemented a new scripting initiative for the Unit Concierge (UC). Improvement Strategy: A script was written, printed, and placed in plastic frames next to call light docks throughout the hospital in order to standardize the response of the UCs over the intercom. UCs participated in education and a compliance survey was done which showed that most UCs implemented some of the script into their practice, but not completely or consistently. Outcomes: In 2011, responsiveness of hospital staff as measured by inpatient HCAHPS Responsiveness Domain (6-month rolling by received date) was ranked in the 59th percentile. For December 2013, the rank of responsiveness of hospital staff is in the 71st percentile. Conclusions: Innovation takes trial and error and interventions require time and persistence to become “hard wired”. A necessary part of performance improvement is identifying strategies that don’t work, or only have a partial effect. The unit concierge scripting project served in demonstrating the amount of impact this particular intervention could have. Implications for Practice: Some key future questions include: Are we holding the UCs accountable and monitoring compliance? Do patient's perceive the UC response as “responding to their needs?” To achieve top quartile/top decile performance will require a multifaceted approach, of which the UC training and scripting may remain an important piece.

References: