



**SWPONL 30<sup>th</sup> Annual Educational Conference**

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**POSTER ABSTRACT  
BOOKLET**

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# 1. “A Community Hospital’s Journey to Excellence”

Jacqueline Stogoski & Susan Hoolahan, UPMC St Margaret

The purpose of this journey was to create a Magnet culture for patients and staff. By creating the Magnet culture patients benefit from evidence-based care delivery, improved patient outcomes and a corresponding increased satisfaction. Staff experiences a work environment infused with core values: empowerment through shared decision making, transformational leadership, and proactive and patient-centered care.

In 1991 the American Nurses Credentialing Center, was established to provide a mechanism for organizations to seek recognition as a Center of Nursing Excellence known as the Magnet Recognition Program. The original research study from the 1980s provided a conceptual framework for our journey; however there are additional important building blocks. The goals of the Magnet program are; (1) promoting quality in a setting that supports professional practice, (2) identifying excellence in the delivery of nursing care to patients, and (3) disseminating “best practices” in nursing services.

Utilizing the shared governance model at UPMC St. Margaret, which includes eleven councils, we embarked on our Magnet journey to excellence. Councils served as workgroups and forums. Council members from various units and disciplines served as role models and messengers in disseminating the changing culture and practice. The Magnet forces and building blocks served as our roadmap along the journey, keeping us faithful to the route and ultimate outcome. Each building block was pivotal in our decision making and practice change implementations.

Our nurses and nursing leadership have spent time building a structure that supports accountability and autonomy. Furthermore the outcomes of our shared governance model are greater accountability for practice, greater staff satisfaction evidenced by NDNQI survey results, improved clinical outcomes, and greater efficiency. The evidence based practice and research used results in better patient outcomes, contributes to the science of nursing, increases confidence in decision making, keeps policy and procedure current, and eliminates unnecessary work. The final outcome is successful achievement of Magnet designation.

Contact: [stogoskijc@upmc.edu](mailto:stogoskijc@upmc.edu), [hoolahanse@upmc.edu](mailto:hoolahanse@upmc.edu)

## 2. “The Professional Practice Partnership”

Evelyn Ozanich, Mary K. Wehling, Tawne Wineland, Allegheny General Hospital

In an effort to improve staff engagement and retention, our CNE charged a team of staff nurses and management from two unique campuses to define a formal shared governance structure that promotes shared decision making related to the nurse’s practice and work environment.

The steering committee had to address unique barriers such as one campuses’ previous experience with shared governance; union verses non-unionized nurses; community verses tertiary setting; and incorporating a structure in place at one campus. The members reviewed the literature, participated in webcasts, conferenced with other healthcare organizations with mature shared governance structures, conducted staff surveys and created a vision for the model.

The Councilor model was chosen and care was taken to ensure representation from all nursing units and departments. The responsibilities of the identified council member roles were outlined by the committee. The referral process allows a referral from anyone in the organization to flow through the structure. Since the nursing research council has been in place since the 1990s, care was taken not to disrupt the dynamics of this council.

In the pre-implementation phase, the steering committee led unit-based staff education sessions, manned poster sessions, and presented at pre-scheduled conferences to management, staff nurses and clinical educators. Staff nurses chosen to participate in the new model were required to attend a 2-day training program.

The startup of the councils was staggered over a six month period to ensure support from the steering committee. In July 2009, the steering committee officially retired with the launching of the Coordinating Council.

Our current focus is directed toward supporting the implementation of unit councils. Our vision for the future is to work as a partnership within a multidisciplinary framework to enhance our clinical practices and work environment for the good of the patient and nurse.

Contact: [eoanich@wpahs.org](mailto:eoanich@wpahs.org); [mwehling@wpahs.org](mailto:mwehling@wpahs.org); [tbevec@wpahs.org](mailto:tbevec@wpahs.org)

### **3. “Shared Governance: A Journey, Not A Destination”**

– Jacqueline A. Collavo, The Western Pennsylvania Hospital

Shared Governance – shared decision-making – involves engaging and empowering staff, which has long been associated with good leadership. However, not all nursing leaders implement these concepts, and not all staff nurses are eager for their role in Shared Governance.

Shared Governance is based on these primary principles:

- Partnership – between healthcare providers and patients and among all disciplines and nursing
- Equity – allowing staff roles and relationships to integrate into structures and processes to achieve positive patient outcomes
- Accountability – the ability to invest in decision-making and express ownership in decisions
- Ownership – recognition and acceptance that everyone’s work is important; the organization’s success depends on staff members taking ownership of their decisions and being accountable to and vested in quality patient outcomes.

Each Shared Governance model is unique, but all successful models share these basic elements:

- A committed nurse executive who is invested in the process
- A strong nursing management team – committed to each other, nursing, the organization and the implementation of Shared Governance
- Staff nurses who are educated, committed, willing to build collaborative relationships, and to be accountable and work with a clear understanding of what is to be accomplished
- A plan and timeline for implementation.

Most nurses resist change, and implementing a Shared Governance model requires change. But when the organization and nurses are committed, they will discover how to collaborate and increase accountability – and reap the rewards of staff autonomy and independence within a framework of collaboration and teamwork.

Shared Governance involves strategic changes - structural, individual, organizational, and cultural. Implementing these changes is a journey, not a destination. Over time, changes will reshape professional nursing practice at the organization, creating a Magnet hospital, Healthful Practice Environment with high involvement – using Shared Governance processes and evolving professional practice models.

Contact: [jcollavo@wpahs.org](mailto:jcollavo@wpahs.org)

## **4. “Nurses’ Use of a Clinical Ladder for Professional Growth, Leadership, Development, and Continual Learning”**

– Christal Dixon, Evangelical Community Hospital

Evangelical Community Hospital is a small rural hospital that has limited potential for advancement of nurses in clinical or management capacities. Nursing staff are consistently looking for ways to grow professionally within the organization and the department of Nursing is interested in “growing nurses.” A Shared Governance model has been utilized at Evangelical for over a decade. The program has been extremely successful for the Hospital and the nursing staff but did not fill the need of nurses to feel individual growth.

Five years ago a Clinical Ladder program was developed to help address these issues. The Clinical Ladder was based on Benner’s Novice to Expert model. This is a five step ladder with level one being mandatory to enter the program. There are eight categories in each level: Nursing Practice/Patient Care; Education/Teaching; Quality; Unit Development; Communication; Leadership/Management; Community Involvement; and Financial Involvement/Political Awareness. Steps two through three provided for professional growth and continual learning but remained more of a personal endeavor and little to benefit their peers and the organization. In the last two years as nurses reach levels four and five we are seeing projects that are beneficial to the individual, peers, and the Hospital as a whole. We have experienced significant improvement in practice issues throughout the hospital. Projects have included relationship and flow issues between units; studies involving call bell response times and missing medications; staff education, and aids to help with multiple practice issues.

In a small organization we have found a clinical ladder to be an invaluable tool to assist with providing a healthful practice environment and “growing nurses.” We believe the combination of Shared Governance and a Clinical Ladder can provide nurses in an organization the opportunity to grow professionally, have continually learning, and mentor them to the development of leadership skills.

Contact: [CDixon@evanhospital.com](mailto:CDixon@evanhospital.com)

## 5. “Online Nursing Journal Clubs for Staff at Pediatric Hospital: A Pilot Study.”

- Kristen Straka. Children’s Hospital of Pittsburgh – UPMC

**Purpose of Project:** The purpose of this project is to increase staff nurse awareness and participation in nursing journal clubs through the use of the hospital Intranet.

**Expected Outcomes:** Staff nurses will begin to use evidence based practice and nursing research by asking the clinical question and identifying trigger areas through participation in online nursing journal clubs.

**Research Utilization Framework:** A review of literature describes the benefit of nursing journal clubs in supporting nursing excellence and professional development. In addition, journal clubs help to create the culture of questioning current practice, identifying a practice change, and implementing the change to increase patient and staff satisfaction, as well as impact patient safety and length of stay.

**Steps and Strategies of Utilization:** Past history at our pediatric hospital shows inconsistency with nursing journal clubs throughout the individual units. Much resistance has been met with staff nurses citing time was a factor in participation. In order to promote work/life balance and contribute to staff professional development, an online nursing journal club was developed. The goal of this establishment was to question current practice, empower staff nurses to make the necessary changes in current practice to improve patient care, and to provide staff nurses an avenue for continuing education (CE) attainment. The online nursing journal club was developed by the Evidence Based Practice committee and had featured articles chosen by staff nurses posted quarterly with a post test, comment/discussion mandatory field, and evaluation. Working with the Web Design team, the post test and evaluations were sent to the Advanced Practice Nurse (APN) for Nursing Research. The participant’s CE certificate was then emailed to them once completed. Advertising was completed through weekly hospital newsletters and on the Intranet home page.

**Evaluation and Outcomes:** Since implementation in March 2009, results thus far show 50 participants.

Comments include: *“Easy and great info!”*

*“Appreciate the online CEU – makes it much easier to obtain CEs”*

*“I like having online availability of CEUs. I work in a position currently that limits my exposure to online nursing education unlike the inpatient staff.”*

*“This is a great way to introduce new evidence based info and also provides valuable information to the nursing staff. I think more than one article should be given per quarter.”*

**Implication for nursing practice:** Based on the outcomes, the implication for nursing practice will be to continue online nursing journal clubs and monitor staff participation. By providing an online web based nursing journal club, staff nurses can participate at their convenience while continuing their professional development.

Contact: [Kristen.straka@chp.edu](mailto:Kristen.straka@chp.edu)

## **6. “The Phenomenon of Compassion Fatigue & Nursing Leadership Challenges”**

- Carol Patton, Chatham University

One of the great challenges in health care delivery settings is recruiting, orienting, and retaining educationally and experientially qualified nurses who are committed and dedicated to meeting the organizational mission through their service and patient care efforts. Nursing is a caring profession and it is easy for nurses to give so much of themselves that they experience a psychological phenomenon known as “compassion fatigue in acute care, community-based, and long term care facilities. Nurse leaders are in a key position to recognize and promote a culture of caring and compassion in health care delivery while staying in tune with and recognizing psychological needs of nurses including compassion fatigue and the far-reaching impact compassion fatigue has on nurses. The costs of recruiting and orienting nurses due to compassion-fatigue-related attrition is increasing exponentially and the purposes of this poster presentation are to: 1) describe the concept of compassion fatigue applied in the context of health care delivery settings; 2) identify signs and behavioral indicators of compassion fatigue; 3) identify practical, cost-effective strategies to assist nurses in dealing with compassion fatigue; and 4) identify risk factors for developing compassion fatigue.

## **7. “Understanding Horizontal Violence and its Impact on Patient Safety & Nurse Vitality”**

- Carol Patton, Chatham University

Horizontal Violence is an issue that one does not expect to occur in nursing which is a very caring profession; however there is a body of knowledge in nursing and health care literature that describes and discusses how destructive horizontal violence can be and the impacts of it on patient safety and nurse vitality. Horizontal violence often results in indirect aggression, bickering, and fault-finding which are all unproductive in a fast-paced, ever changing health care delivery setting. The purpose of this poster presentation is to :1) Provide an overview and definition of horizontal violence; 2) examine 5 theories to explain horizontal violence; 3) examine specific action strategies to stop the cycle of horizontal violence; 4) examine the role of the nurse leader in creating a zero tolerance culture for horizontal violence in the health care workplace; and 5) examine best practice for nurse leaders to create work environments the promote professional nurse empowerment and enhance patient safety and nurse vitality.

Contact: [cpatton@chatham.edu](mailto:cpatton@chatham.edu)

## 8. “Nurses Influencing Health Policy”

- Mary O’Connor, California University of PA

Nurses are in a position to influence and change policies related to nursing and healthcare in the United States. Nurses work with legislators and their staff at the time legislation is drafted; can suggest amendments to legislation once it is in legislative committees; and can recommend to their legislators how to vote on legislation. There are 2.9 million registered nurses in the United States working in over 7,500 hospitals and many other healthcare organizations. This would be a daunting force for promoting a healthcare agenda, however, a relatively few number of nurses are involved in influencing health policy. Some of the possible reasons are that health policy is briefly touched upon as a content area in basic nursing programs today and many nurses who graduated 10 years ago or longer never had this content area in their nursing programs. The world of health policy is foreign, distant and often seems too difficult an area for nurses to take on. Another reason may be that, although many nurses are becoming involved in their professional organizations, many of these organizations focused on networking and continuing education in the area of the professional organization. The ANA and PSNA are very active with respect to health care policy but many nurses do not belong to these organizations.

In our academic organization, we have a cyclical education approach to teaching nurses how to become involved in health policy. The first course presents a brief lesson on how a bill becomes a law and students are asked to contact a legislator about a health care bill that is of interest to them and take a position on the bill. Students often receive responses from the legislator and are pleased to have had this contact. Throughout their time in the nursing program and after graduation, students and alumni receive emails about hot legislative topics by one of the faculty on a regular basis. These emails include information about the pending legislation and how to get in touch with their legislators to take a position and voice their opinion after they use their own critical thinking skills. In the last course of the program, students are asked to explore a trend or issue in nursing and part of this assignment includes researching existing or pending legislation related to the topic. They present this information to other students verbally, via Discussion Board on Blackboard, and weave it into their term paper. In addition, the instructor posts current legislation information in the Course Documents section in Blackboard for every content area.

Outcomes are presently anecdotal only, but feedback from the students is very positive. Two alumni reported back that they found this content very helpful when they participated in a Lobby Day for Nurse Anesthetists in Harrisburg last year. One student’s initial contact with a local legislator during the first course of the term resulted in several other contacts with him on other issues, and she invited him to speak to members of the Med-Surg professional nursing organization. Other students and graduates continue to respond to emails that they are grateful for the ongoing contact and information, particularly when a hot topic requires immediate action.

Future goals are to explore students’ and graduates’ responses to the current methods used to determine whether they have increased their health policy efforts and to include links on the Dept of Nursing webpage.

Contact: [occonnor@cup.edu](mailto:occonnor@cup.edu)

## 9. “The ‘I AM’ Assessment – A Pilot Study to Open Caregiver-to-Patient Communication and Enable Better Patient-Centered Care”

- Jacqueline M. O’Brien, Susan Hoolahan, UPMC St. Margaret’s

Providing quality patient care is a daunting task for healthcare providers. It requires astute clinicians to meet the patients’ physical needs related to their illness. With the focus on technology, modern day medical care does not leave time that used to exist to develop a personal rapport with the patients. Consequently, the patients often feel that their emotional and spiritual needs are not being considered.

Utilizing the question from Press Ganey Survey, “*Staff addressed emotional needs..*”, for the time period March 1, 2008-February 28, 2009, UPMC- St. Margaret ranked lower than desired as compared to other hospitals in the 150-299 bed group. We have designed a pilot study to open communication and create dialogue to enable better patient-centered care.

Our pilot consists of the “I AM” assessment, which helps identify personal characteristics about the patient. Using the in-room whiteboard to project magnetized icons of those personal characteristics, all caregivers will be trained to recognize the personal characteristics and use them as discussion starters and traits that caregiver and patient may hold in common.

It was decided to produce a core set of icons(pictures) to be used on the magnetic whiteboard. The images included dog-lover, cat-lover, book-lover, etc. As part of the initial nursing assessment, the primary nurse would ask two basic questions: what name shall we call you and what are some things you would like to share with your caregivers. This is being called the “I AM” assessment and is placed on the front of the paper chart. (The assessment document will be removed from the medical record upon discharge.) The information provided through the assessment would be shared with the entire unit-based staff to provide a point of personal conversation or a way to share common traits.

Our committee’s mission is to improve staff opportunities to meet the psychosocial needs of our patients. This team developed from a passion and desire to improve the care of the patients in relation to their unique emotional and spiritual needs. Our team is comprised of dedicated individuals committed to improving patient care and satisfaction. We are making every effort to make a difference for our patients and their family members and enjoy the administrative support at UPMC St. Margaret which provides the environment for patient and family-centered care to occur.

Contact: [obrienjm@upmc.edu](mailto:obrienjm@upmc.edu), [hoolahanse@upmc.edu](mailto:hoolahanse@upmc.edu)

## **10. “Maximize Your Resources: Informatics Nurses and Clinical Nurse Educators Working Together to Transform Workforce Skills and Staff Education”**

- Toni Lee Hebda, Terri L. Calderone, Ruth Tarantine, Chatham University

Nurse leaders are in a key position to explore new ways to maximize resources within healthcare delivery systems for greater efficiency. One area for special consideration is the pairing of informatics nurses and clinical nurse educators. Often informatics nurses work exclusively with the design and implementation of information systems or report to the information services department.

The scope and knowledge for the informatics nurse is not limited to information systems however. Informatics nurses can be invaluable resources to clinical nurse educators to help them develop their own informatics skills, as well as help them to identify staff skills needed for evidence based practice, determine collaborative strategies to develop and evaluate those skills, and explore creative ways to use available technology to maximize resources and enrich staff development education.

In this presentation you will be able to examine how nurse leaders can help clinical nurse educators and informatics nurses work together to transform learning in the healthcare delivery setting. Financial challenges, rapid changes in professional practice, and technology advances require staff to continually update their skills in order to care for patients. Informatics nurses can integrate principles from the TIGER Initiative (Technology Informatics Guiding Educational Reform), a national effort to “enable practicing nurses and nursing students to fully engage in the unfolding digital electronic era in healthcare” (TIGER, n.d.) into staff development learning opportunities and provide nurse educators with skills to support learning that leads to a value-added increase in their role and in overall safe and high quality patient care. This presentation discusses an Educational Leadership Model, skills assessment survey, educational technology tools, and strategies to advance the TIGER Initiative among clinical nurse educators.

Contact: [thebda@chatham.edu](mailto:thebda@chatham.edu), [tcaldерone@msn.com](mailto:tcaldерone@msn.com)

## 11. “Voice over Internet Protocol (VoIP) and its Effects on Patient Satisfaction and Increasing Nurses’ Time at the Bedside”

--Terri L. Calderone, Toni Lee Hebda, & Ruth Tarantine

Nurse leaders are in a key position to evaluate and adopt new technology that has the potential to foster patient safety, improve satisfaction, and increase staff efficiency. Health information technology (HIT) evokes images of computers and complex, expensive information systems but **Voice over Internet Protocol (VoIP)** telephones provide a simple tool for bedside nurses who must frequently speak with other professionals, ancillaries, and family members. VOIP allows communication over the hospital’s secure network at a lower cost than traditional telephone systems. Common features such as customizable ring tones, speed dialing, call back, call forward, caller ID, voicemail, hold, and voice activated commands are useful. Advanced features include voice recognition; password protection; broadcast capability; the ability to create contact lists; web searches; call status; and video- and teleconferencing. Optimal use of VOIP phone features can increase the amount and quality of time nurses spend at the bedside. Technical requirements, costs, concerns and issues are discussed.

Contact: [tcalderone@msn.com](mailto:tcalderone@msn.com), [thebda@chatham.edu](mailto:thebda@chatham.edu), [tarantinera@upmc.edu](mailto:tarantinera@upmc.edu)

## **12. “Utilizing Internet Technology for Education and Evaluation”**

--Cariann Johnson-Huber & Jacqueline O'Brien, UPMC St. Margaret

At UPMC St. Margaret traditionally, annual competencies were completed using a paper process. The updating of this "Mandatory Education Packet" (MEP) was laborious and expensive. Also, there were difficulties storing all of the completed assessments for the entire staff. UPMC St. Margaret decided to utilize electronic technology to deliver the MEP for calendar year 2009.

Utilizing uLearn, we began the transition from paper to electronic education. A PowerPoint presentation containing the education material was converted into the uLearn system which allows participants to review the education online. The participant then completes an assessment which is recorded and stored electronically. This affords leadership the ability to review employee compliance from a simple spreadsheet. Other technological advantages include; mass enrollment of personnel, staff who are on leave from work are able to complete their competencies upon return, orientation hours have been reallocated from test completion to didactic offerings, and the electronic system is in alignment with UPMC's Green initiatives.

The implementation process was smooth. Baseline education was conducted for two weeks prior to the initiation of the 2009 MEP. Two months were allotted to complete the initial MEP (15 competencies). A computer training room and facilitators were provided for the ancillary departments who do not regularly use computers, as well as any staff who had specialized educational needs. After the two month period, 98% of the staff completed their online mandatory education competencies for 2009.

The future of uLearn and online education is limitless. Since inception, two competencies per month have been auto enrolled to various staff groups. For example, mass education regarding a patient safety issues was sent to all nursing staff. Within five days of auto enrollment, 25% of the staff completed this education. Moving forward we have acquired new software to improve this electronic process further.

Contact: [johnsonc2@upmc.edu](mailto:johnsonc2@upmc.edu), [obrijm@UPMC.EDU](mailto:obrijm@UPMC.EDU)

### **13. “Strategy for Assessing and Facilitating Evidence-based Nursing Practice in a Community Hospital”**

- Linda Koharchik, Alle-Kiski Medical Center and Citizens School of Nursing

Evidence-based nursing practice (EBNP) is the central focus of this capstone project with a purpose of assessing and facilitating the knowledge, skills, and attitudes of nursing managers in a community hospital setting related to EBNP before and after implementing a series of educational sessions designed to address the learning needs of this group related to EBNP. This is a work in progress; as such, preliminary findings are comparable to findings from a national survey (from which the project survey was derived). This project will be completed in September 2009 and a post-implementation survey will follow.

This project is significant in that it demonstrates how a small community hospital with limited resources can embrace and promote nursing based on best practices. This is a win-win strategy where knowledge and service of one of the institution’s own nurse educators fulfilling requirements of a Doctorate in Nursing Practice, benefits the hospital’s nursing department and ultimately the care of patients. The DNP candidate facilitates an understanding of the Iowa model of evidence-based nursing practice, assisting in the development of clinical questions, demonstrating the use of electronic resources to perform literature searches, describing the critiquing of literature, explicating the strength of evidence, and identifying outcomes to measure the effectiveness of practice changes. After the initial sessions, the nursing managers will act as champions to promote an understanding of EBNP among staff nurses, and the DNP candidate will act as a resource person. The impact of this initiative will be seen in the embedding of EBNP into the culture of the nursing department.

Contact: [lkoharchik@yahoo.com](mailto:lkoharchik@yahoo.com)

## 14. “TuesDay is NewsDay: A Standardized Communication Process for Nurses”

- Deborah Mazzie-Lages, St. Clair Hospital

### **Problem:**

Nursing leaders are burdened with the timely dissemination of information to bedside caregivers. As multiple disciplines collaborate to obtain best-practice and meet the demands of regulatory agencies, the volume of information expands exponentially. A review of the literature identified effects of information overload include stress and tension within the work environment. Additionally, information overload creates a risk of imprecise clinical judgment and clinical errors caused by inadequate time to review and process data.

**Plan:** The Shared Governance Practice Council utilized Toyota Lean Principles and staff surveys to examine the numerous ways nurses receive information. A standardized communication process was developed to provide a “one-stop information shop” for the nurses.

**Implementation:** All communication to the nursing staff is funneled thru Clinical Development Department and compiled into a weekly electronic newsletter entitled TuesDay is NewsDay (TDND). Each issue is one page in length, with the week’s “hot” topics summarized in three sentences with a contact person for questions. Topics may have an electronic link to additional information which is presented in a standardized format. Administrators, committee members, and project teams— anyone needing to spread information to nurses now exclusively utilizes TDND. E-mail blasts to nurses (other than unit-specific issues from managers) have ceased. Nurses are expected to read every issue and are accountable for the information. Back issues are available under an indexed, archived link so nurses can search via topics. The newsletter is accessed from the facility’s intranet front page and from the Nursing Portal. Clip-art, staff pictures, positive patient outcomes, and content quizzes for prizes and recognition help to engage the reader.

**Relevance:** This process to standardize information delivery, improve information dissemination and mitigate effects of communication overload could be duplicated to provide a framework for communication in other facilities. Staff satisfaction surveys and outcome measures are pending.

Contact: [Deborah.Lages@stclair.org](mailto:Deborah.Lages@stclair.org)

## 15. “Nurses in the Know”

- Carol Miller, Martha Hochedoner, UPMC Braddock

Knowledge is power. In the world of patient care, knowledge is the key to positive patient outcomes, patient understanding their illnesses, treatments, and medications, and the coordination of the care provided in hospital settings. Poor communication can result in misunderstanding and a lack of knowledge among members of the healthcare team. Miscommunication has been identified by The Joint Commission as a contributing factor to sentinel events within healthcare facilities. The complex processes of communication about patient care must be complete for successful patient outcomes.

UPMC Braddock employs a variety of ways to communicate the ever-changing regulatory landscape, nursing and medical news, policy and procedure changes, and individual patient information. These methods have grown and expanded in recent years and have recently been enhanced by technology.

"The Patient Advocate", the UPMC Braddock nursing newsletter, celebrates five years of existence. Through this newsletter nurses are provided with information that allows for consistent involvement of their nursing practice.

Hospital specific tools enhance communication. The "Ticket to Ride" (a one page report used for patients being taken off the unit for testing) and Voice Care (a report system that uses the telephone) are effective methods used to enhance communication between nursing care units and other departments. The Circle of Knowledge is cards that include information regarding patient care processes that serve as a handy reference tool. The cards are placed on a ring that can be carried by the staff in their pocket to allow immediate access to information. A final tool is the use of screensavers on the clinical desktop to facilitate widespread communication.

The value of accurate, complete information for patients in the healthcare setting is immeasurable. Working towards the goal of effective communication provides an opportunity for creativity and innovation particularly in today's economic environment.

Contact: [millercm3@upmc.edu](mailto:millercm3@upmc.edu), [hochendonerna@upmc.edu](mailto:hochendonerna@upmc.edu)

## 16. “Using Toyota-based “Lean” Methods to Improve the Quality and Timeliness of ED Services”

-David Kish, Peggy Rohland, St. Clair Hospital

**Opportunity** - Overcrowding, long waits, and frustrated staff and patients had become commonplace in our Emergency Department. While the organization approved a large upgrade to the physical plant, we knew that simply increasing square footage without improving processes would just shift bottlenecks from the waiting room into the treatment area.

**Goal** – Use Toyota-based (or “Lean”) methods to:

- Improve the quality and timeliness of our care by reducing the time from “door to treatment;”
- Increase our capacity to meet our service area’s demand for emergency services by improving patient flow; and
- Increase patient satisfaction by reducing wait times.

**Intervention** - The redesign of the ED triage process benefited from a hospital-wide commitment to the Toyota Production System, or Lean, as our Hospital’s method for performance improvement. Training of a core group of ED staff members began in June 2008. In September 2008, our first multidisciplinary team initiated changes to our traditional triage methods. After creating a process map and identifying areas of waste, we focused on a “Direct to Bed” approach. Workflow was moved from a serial process to one where several steps could be accomplished in parallel. Highly specified methods of communication and standardization of processes removed as much variability as possible.

**Results** – See the following table for results from our process redesign.

Improvements-At-A-Glance	Before (Jan 08)	April 09	% Improvement
Door to Room time in minutes	54 mins	14 mins	74%
Door to Provider time in minutes	81 mins	34 mins	58%
Patient Satisfaction with wait for room (Mean Score on a scale of 1-100)	58	88	34%
Patient Satisfaction with wait to see physician (Mean Score on a scale of 1-100)	63	77	18%
Patients leaving without being seen	130	19	85%

Contact: [David.Kish@stclair.org](mailto:David.Kish@stclair.org), [peggy.rohland@stclair.org](mailto:peggy.rohland@stclair.org)

## **17. “Improving Alarm Management of the Cardiac-Monitored Patient in the Hospital Setting”**

- Mary Ann S. Jacobs, Bryn Mawr Hospital

Many facilities experience the challenge of providing safe quality cardiac monitoring on telemetry units with staff who are increasingly desensitized from alarm saturation. This Magnet Hospital identified the need for change to enhance patient safety and quality of care while improving staff work environment. To enhance safety and quality, nursing teamed with technology experts to select the most current fail safe product available that adapted to organizational culture and provided best practice.

Staff and team communication coupled with technology integration created the essential connection between the patient bedside and a centralized monitor room. The Hill-Rom Nurse call system provided this unique connection essential in creating this strong communication link which was crucial in facilitating the integration of the new team member, the monitor technician demonstrating a reliable source of communication of alarms.

Decentralized decision making permitted the development of policy and procedures through staff collaboration which supported a smooth transition of change. This approach facilitated staff compliance and softened the resistance of change. Positive team relationships and respect were developed through creative integration and educational opportunities. An educational program, “The Road show”, was created to bring the multi-disciplinary team together to foster mutual understanding of team performance and contributions. Nursing leadership focused on staff support, facilitating a successful transition with visibility and rounding. Success was measured against quality measures and continuous process improvement led to practice adaptation. A standardized report process was initiated by the team in response to feedback and data collection that emphasized a need for standardization and structure. This report process also served as a platform for measuring staff satisfaction and team member value in a small research project.

The success of this transition was contingent upon staff engagement and team collaboration in planning, implementing and ongoing evaluation of process performance. This method of process improvement can also be applied to other focused initiatives in the clinical setting.

Contact: [jacobsm@mlhs.org](mailto:jacobsm@mlhs.org)

## 18. “Baby Steps: the Mental Health Support Group for Perinatal Patients at St. Clair Hospital”

- Terry Fulcher, Kathy Niznik, St. Clair Hospital

Postpartum depression is the number one complication of childbirth. National and local statistics suggest that 1 in 8 moms will experience this. The serious impact of perinatal mood disorders is recognized by national government and nursing organizations as having far reaching implications on both infant and family relationships. St. Clair Hospital maternity staff RNs identified a growing number of postpartum patients experiencing this complication. A community needs assessment revealed an absence of community support programs.

Patricia Colonghi (2009) coined the acronym **LEAD: Listening, Education, Adaptation & Determination**, as principles in leadership development. Applying these key principles to the project management and team development of Baby Steps: the Mental Health Support Group for Perinatal Patients at St. Clair Hospital will demonstrate how mentoring can transform health care practice. **Listening** to postpartum women revealed barriers in obtaining timely mental health consults and a decision was made to determine what internal and external resources could be obtained. Collaboration of mental health and maternity nurse teams provided the framework for the initiation of a mental health support group. **Education** of maternity and mental health staff became a priority. **Adaptation** of previous program attempts provided a suitable solution to begin to meet patient needs. Referral resources came from within the St. Clair Hospital environment. Materials were collected and networks developed within the greater Pittsburgh community. **Determination** and commitment to meet patient needs built momentum in the project. An interdisciplinary team leads support group meetings. Evaluation from group participants and staff nurses provides feedback and direction for future focus.

Baby Steps is a fine example of how healthful practice environments can provide an excellent climate for professional growth and improved patient practices. Mentoring of nursing staff and collaborating with nurse and community leaders can allow new possibilities in care models.

Contact: [kathe.niznik@stclair.org](mailto:kathe.niznik@stclair.org)

## **19. “Telemental Health: More Services for Less Inconvenience”**

- Sherryl Pavlick, VA Pittsburgh Healthcare System

In 2004 the Veterans Health Administration established clinical requirements to meet the needs of veterans with mental health issues. The VHA Handbook 1160.01 identifies the services that were to be implemented by 2009. One service identified as being needed was behavioral health care more accessible to veterans living in rural areas. With the demand for mental health services increased due to veterans returning from the Operation Enduring Freedom and Operation Iraq Freedom plus veterans from former wars, telemental health services can increase the quality of care veterans receive.

This remote video care has been studied by the VA for the past ten years. The Veterans Health Administration (VISN 4) in Pittsburgh has contracted with 5 clinics to offer these services in Beaver, Fayette, Washington, Westmoreland, PA and St. Clairsville, Ohio. This service offers veterans registered with a Primary Care Physician in one of 5 outlying Clinically Outpatient Based Clinics (CBOCs) the services for mental health treatment without traveling over an hour to see a clinician. To promote the delivery of Evidence Based Treatment to veterans, they have the services of both, a Psychologist and a Certified Nurse Practitioner, along with treatment by their Primary Care Team.

The veteran's visit is conducted at the clinic via a video conferencing device which connects to a similar device at the clinician's office. Patient satisfaction with this type of visit has been shown to be comparable to a face-to-face visit. These specialized services in the VA and the country are rapidly growing and offers increased accessibility to providers with cost effectiveness for behavioral health care.

Contact: [Sherryl.Pavlick@va.gov](mailto:Sherryl.Pavlick@va.gov)

## 20. “Ed Capacity Management: From Red to Green”

- Diana Allman & Karen Kunak, Jefferson Regional Medical Center

At Jefferson Regional Medical Center, we recognized we were experiencing significant ED delays which impacted how we provide care and services to our community.

In June of 2007 the TeleTracking electronic bed management suite was installed which enhances patient placement, centralized transport and environmental services. This technology allows key hospital staff to monitor and direct patient placement, bed turn around time and bed availability. An automated nurse to nurse report system was implemented, whereby staff can record patient report similar to voicemail for oncoming staff and receiving units.

A process was needed to recognize impending overcrowding sooner and make decisions that would prevent implementing our “Disaster” plan or “Treatment Delay” alerts. JRMC were known as a hospital that frequently implemented a “condition RED or Yellow” which alerted the ambulances of significant delays in the Emergency Room. Ambulance personnel informed patients of this and attempted to divert the patient to another facility. In April, 2008 an internal color coded alert system was implemented which notifies key departments the Emergency Department is approaching or has reached capacity. Each department/staff member implement internal processes needed to decompress the Emergency Department in a prescribed amount of time with patient placement and workload reprioritized.

Key staff positions were developed to support patient flow within the organization. These include an administrative supervisor who is responsible for the overall placement of patients and patient flow. An Admission Team based in the Emergency Room to complete admission assessments prior to patient arrival on the nursing unit. A Patient Flow Coordinator whose primary responsibility is Emergency Department flow. All of these positions work in tandem to ensure patient flow remains steady and consistent.

With these changes we have seen positive outcomes with our throughput initiatives. Our “Treatment Delay” alerts are almost non-existent and the ED wait times have decreased significantly. Nurses are more willing to accept admissions and rather than a “push”, we are gradually moving to a “pull” philosophy with patient placement. Patient assignments occur more quickly and we are now seeing patients moving through the ED more quickly.

Contact: [Diana.Allman@jeffersonregional.com](mailto:Diana.Allman@jeffersonregional.com); [karen.kunak@jeffersonregional.com](mailto:karen.kunak@jeffersonregional.com)

## 21. “Code Green”

– Marcia Ferrero, Allegheny General Hospital

“Code Green” is an *eighteen* month process to improve patient-flow and financial results at our institution. *External* access to inpatient hospital beds had become a major challenge due to the increased volume of patients, *isolation needs* and the age of the organization’s physical plant. In an effort to address this, the organization *escalated efforts* to increase bed activity, increase nursing personnel and *update the information system* infrastructure to improve *tracking of flow for incoming and outgoing patients*.

An internal assessment of the situation *revealed* the organization diverting over *fifty (50)* patients a month, having the emergency room in Code Red over *a hundred (100)* hours a month and *patients dispositioned to be admitted waiting greater than ten (10)* hours in the emergency room for a bed. (*Code Red are hours that an institution diverts ambulances to other facilities*).

After a detailed review, the organization also showed that the number of beds taken out of service due to infections were as many as *eighty (80)* a day, *which is approximately 19% of the average daily census*, and as many as *ten (10)* ICU beds and eight (8) telemetry beds were blocked due to lack of available staff. In the spring of 2006, a new Coronary Care Unit *was redesigned*, a dedicated eight-bed stroke unit *with remote telemetry capability was constructed*, and *three (3)* additional Intensive Care Unit beds added. *The pediatric service was relocated to our second facility* to allow room for an expansion of orthopaedic services. *Simultaneously*, the Human Resources Department was challenged to hire 200 nurses by Memorial Day 2007 and the IS department *charged to activate an electronic bed tracking system* by mid 2007.

Results in the months of September *through December* showed a *dramatic decline in code red hours to zero (0)* and diversions decreased *by 75*. November and December results were the best in the organization’s history with zero code red hours and zero diversions. The organization had its highest admissions in October 2007 since January 2003 and its financial results improved \$2.73 million better than budget for the month of September.

Contact: [mferrero@wpahs.org](mailto:mferrero@wpahs.org)

## **22. “A Best Practice for the Prevention of Hospital Acquired Urinary Catheter Associated Infections (CAUTI)”**

- M. Melissa Kolin, UPMC Horizon

Increased clinical scrutiny by regulatory agencies and health care payers, as well as expectations of patients/families for the delivery of safe quality care, poses a formidable and progressive challenge for US healthcare organizations. As the national trend to judge quality and award reimbursement based on outcomes increases, every area of healthcare will be affected. In addition, the spread of managed care, growing price competition, and the tightening of Medicare and Medicaid have steadily increased pressure on U.S. health care systems to pursue safety and quality.

In 2008 our organization undertook the task of redefining our urinary catheter infection control processes to design and implement best practices aimed at reducing the potential incidence of patient healthcare acquired catheter associated urinary tract infections (CAUTI).

The goal of the initiative was to develop and adhere to mechanisms to measure and report the incidence of catheter associated urinary tract infections and achieve 100% compliance in a daily assessment of urinary catheter necessity with the appropriate discontinuation of the catheter when criteria was not met as evidenced by concurrent and retrospective medical record review.

A multidisciplinary team including medical staff leaders, nursing leaders, front line nursing staff and quality staff met, reviewed and revised the policy and procedure related to urinary catheter insertion, usage and care. The team recreated a documentation tool for physicians to complete in their progress note to describe criteria for usage justification and a tool for nursing to complete a daily necessity assessment to improve compliance. Staff education was completed regarding prevention of CAUTI's, including hand washing, aseptic insertion technique, and catheter care. The facility, at the same time, moved toward the total use of silver coated catheters to standardize product/equipment.

A decrease in catheter days was achieved over a six month period following implementation with progressive process improvement noted. Also noted was the decrease in CAUTIs. Performance continues to be monitored monthly.

Contact: [kolinmm@upmc.edu](mailto:kolinmm@upmc.edu)

## **23. “Prevention of Catheter Associated Urinary Tract Infections (CAUTI)”**

- Lynda Nester, Mon Valley Hospital

Urinary Tract Infections are the most common hospital acquired infection. Eighty percent are attributed to indwelling urethral catheters.

An interdisciplinary team was formed with representation from multiple disciplines, both professional and support staff. The team reviewed the existing policies and conducted a literature review for evidence based best practices. The team also developed a Fishbone diagram to identify patient, caregiver, systems, equipment and environmental factors influencing the development of CAUTIs.

One equipment factor identified through the diagram was the inconsistent use of a device to anchor the foley Product selection and new product education were conducted. To make the use of device “simple and direct”, the Central Sterile staff began to attach the anchoring device to the foley catheter insertion tray.

Appropriate indications for the use of an indwelling catheter were established by the team. A bladder bundle was developed to standardize the work. Assessment screens were developed that called for staff to review the indications for the indwelling catheter daily and to collaborate with the physician daily.

Using a model successful in the reduction of patient falls, indwelling catheter device days are reviewed at Daily Bed Huddle. The number of devices, the indication for use, and potential alternatives are briefly discussed. Nurse Managers and nursing leaders hold each other accountable for reducing indwelling catheters.

A computer based staff education program was developed by the team and made mandatory for all staff involved with insertion or maintenance of indwelling catheters. In addition, a Skills Fair was conducted. Monongahela Valley Hospital met the goal of 50% reduction of Catheter Associated Urinary Tract Infections. In addition, the number of foley device days decreased by 41%. Aside from the change in foley anchoring device, additional technology was not needed.

Contact: [LNester@monvalleyhospital.com](mailto:LNester@monvalleyhospital.com)

## 24. “Redesigning the UPMC Falls Best Practice Model”

- Deborah Vehec, UPMC McKeesport

Patient falls are a leading cause of adverse events and injuries in hospitals.

The UPMC Falls Best Practice Model redesign was intended:

- ❖ To accept that all inpatients are at risk to fall, and change the culture to identify and protect patients who are at risk for being injured if they fall.
- ❖ To streamline the process for assessing patients for fall risk/risk for injury by ensuring that elements of care delivery such as the environment, interventions, staff/patient communication, and post-fall follow up requirements could be easily met.

Following a ‘Falls Rapid Improvement Event’ five work groups were established - assessment, interventions/equipment, environment, staff/patient communication, and post-fall follow-up. Two assessment ‘tests of change’ were conducted between November 2008 and January 2009. The first ‘ABCS’ fall assessment tool was tested on 250 patients and the second ‘New Tool’ was tested on 154 patients. The results were that each tool proved to have valuable attributes, with the ‘New Tool’ a better fit for meeting the needs of the varied UPMC patient population. As a result the ‘New Tool’ a simple, home grown, three question assessment was chosen. Fall interventions have been bundled into three levels – Universal, Level 1, and Level 2. Environmental recommendations were categorized by new and existing construction. Two educational brochures were developed to provide fall prevention information for patients and staff. Post-Fall follow-up documentation was reviewed and new forms designed, with investigation also underway to enable information from the electronic health record to interface with the incident reporting system.

Contact: [vehecdl@upmc.edu](mailto:vehecdl@upmc.edu)

## 25. “Trauma VAP SWAT Team: A Rapid Response to Infection Prevention”

– Karen Dysert & Lori Laux, Allegheny General Hospital

### Background/significance of your clinical question

Ventilator associated pneumonia (VAP) is one of the most common infections acquired by adults and children in the Intensive Care Unit (ICU). In early studies, it was reported 10-20% of patients undergoing ventilation develop VAP. VAP is a cause of significant patient morbidity and mortality, increased utilization of healthcare resources and excess cost.

### Clinical Question and Appraisal of evidence

Can a multidisciplinary team focused on the prevention of VAP implement strategies to cause a reduction in this infection?

### Application of evidence into practice

The interventions to prevent VAP are well documented in the literature. At Allegheny General Hospital, best practices were implemented to prevent VAP. Best practice elements were obtained from the Institute of Healthcare Improvement, Centers for Disease control and prevention and American Thoracic Society. After these interventions were implemented, there was a drop in the VAP rate but the incidence of VAP continued. At that time, the Trauma Intensive care unit had the highest incidence of VAP among the intensive care units. The nursing and physician leadership of the unit sought interventions to decrease the rate or eliminate VAP. A multidisciplinary group of healthcare professionals (nursing, medicine, respiratory, infection prevention, trauma administration and rehabilitation) began to meet in January 2008 to intensify efforts to prevent VAP. They initially focused their efforts on Head of Bed (HOB) elevation and transports of ventilated patients. The initial efforts focused on nursing staff education through daily checks of HOB angle and staff education during these checks. Every ICU bed had the capability of collecting statistics on HOB elevation. The beds were also equipped with alarms if HOB went lower than 30 degrees. The staff was educated on the use of the alarms to maintain HOB elevation. Data from the beds were utilized to chart the unit progress for HOB elevation. This data was reviewed at staff meetings and posted on the unit.

### Evaluation and Outcomes

A goal of 16 hours per day was set for every patient for HOB elevation 30 degrees or greater. In January 2008 when the Trauma VAP SWAT team was formed, the median HOB elevation for patients in the unit was 5 hours and 43 minutes per day. In February and March the time for HOB elevation gradually increased until June 2008 when the target goal of 16 hours per day was attained. This goal has continued to be reached every month. HOB elevation was extended to transports of ventilated patients for tests and procedures. By partnering with respiratory therapy and anesthesia, the patients are suctioned before and after the test and patients are transported at 30 degrees minimum. Prior to 2008 the VAP rate was 8.6 per 1000 ventilator days. Since January 2008, the rate of VAP is 2.1 per 1000 ventilator days.

### Future Directions

The group is working on implementing a mobility protocol in the trauma unit and continuing to investigate ways to decrease infection.

Contact: [KDYSERT@wpahs.org](mailto:KDYSERT@wpahs.org), [llaux@wpahs.org](mailto:llaux@wpahs.org)

## 26. “A Compassionate Approach to Root Cause Analysis”

--Barbara Jordan, UPMC Northwest

Healthcare organizations are places where people come to improve their health or maintain their wellness. Unfortunately, mistakes can happen in these institutions that put the patient at risk of having a bad outcome. According to the Institute of Medicine’s 1999 *To Err is Human* report, up to 98,000 people die each year from medical errors.

When significant or unusual events occur, an investigation may be conducted that is called a root cause analysis. The purpose of a root cause analysis is to uncover the underlying cause(s) of the event and develop an action plan to prevent the event from reoccurring. The healthcare workers who are involved in the event are often asked to attend the root cause analysis to participate in information sharing about the details of the event and development of the action plan. The healthcare worker may have feelings of guilt or shame surrounding the event. The invitation to attend a meeting to discuss an event may feel threatening or intimidating to the healthcare worker. In order to decrease the healthcare worker’s fear or anxiety, the root cause analysis should be conducted in a manner that is non-threatening and free of blame. By allowing the healthcare worker an opportunity to discuss the event in a safe environment, healing can begin. The discussion that takes place during a root cause analysis can be compared to a critical incident debriefing. Staff at our facility have said they felt relieved after the meeting and appreciated the opportunity to participate in creating a safer environment for patients.

This presentation will outline the process to conduct a compassionate root cause analysis and describe the outcomes of an effective root cause analysis.

Contact: [jordanba2@upmc.edu](mailto:jordanba2@upmc.edu)

## **27. "Managing Scheduled Cesarean Deliveries and Labor Inductions to Improve Patient Flow and Patient Safety"**

--Sue Pedaline & Kerri Brooks, Magee-Womens Hospital of UPMC

An all too familiar scenario is occurring in labor and delivery units across the country: increasing cesarean delivery rates and increasing elective induction rates create patient flow problems, bed shortages and care concerns. The challenge for our organization was to respond to this patient flow crisis in a physical environment not prepared to handle increasing volume.

A multidisciplinary team was formed to examine the barriers to efficient scheduling of cesarean deliveries to maximize utilization of available OR space and improve on-time deliveries to improve overall satisfaction. Several improvements were made but a persistent barrier identified was the impact a non-criteria based labor induction had on overall patient flow in the department. Failed inductions leading to unscheduled cesarean deliveries regularly caused delays in the scheduled procedures. In response, our organization implemented and enforced criteria-based induction scheduling.

The results of these scheduling improvements included great improvement in on-time surgeries, drastic reductions in elective inductions that do not meet ACOG criteria, a near elimination of NICU admissions as a result of an elective induction and a reduction in primary cesareans following induction. Additionally, the department has been able to absorb increasing volume and demonstrate efficient utilization of available operating room space.

Contact: [spedaline@magee.edu](mailto:spedaline@magee.edu)

## 28. “Use of a Virtual Simulation Education Program to Engage All Veterans Health Administration (VHA) Employees in Infection Prevention and Culture Change that Promotes Patient Safety

- Kathleen Risa & Alan Bernstein, VA Pittsburgh, VA Headquarters

**Issue:** The VHA Methicillin-resistant *Staphylococcus aureus* (MRSA) Directive established policy, mandating implementation of the “MRSA Bundle” (Active Surveillance, Contact Precautions, aggressive Hand Hygiene, Culture Change) in all VA Medical Centers (VAMC). The policy was underpinned by efforts to prevent healthcare-associated MRSA transmissions and infections while improving patient safety. The Culture Change component of the “MRSA Bundle” endorses Infection Prevention as everyone’s job, a natural component of each patient encounter. To accomplish this, VHA’s Office of Nursing Service (ONS) needed to change a historically bureaucratic culture into a paradigm where *every* employee understands the impact of MRSA and participates in Infection Prevention. This effort would require consistent education and orientation of *all* employees. ONS opted to develop an online MRSA employee education program using state-of-the-art virtual reality simulation and 3-D technology.

**Project:** In collaboration with other VHA stakeholders, ONS charged a VHA-wide multidisciplinary to develop content, scripts, and storyboards. A technical/graphics company created simulations, filmed video segments, and produced the program. The stakeholders made major revisions on alpha review. Beta test questions were developed based on realism, clarity, appeal, user-friendliness, impact of the education, and effectiveness of the simulations. More than three hundred VHA-wide multidisciplinary employees reviewed the revised program, and scored a total of 91 questions using a 5-point scale. The stakeholders agreed *a priori* to accept the program if the reviewers recommended only minor changes. Reviewers had 18 days to complete their reviews. The contractor provided raw data to the stakeholders.

**Results:** Scores for all questions in all sections of the program ranged between 3.7 and 4.7. Sections with the higher level simulations scored 3.8 to 4.3. An overall score for the course could not be calculated because not every reviewer scored every question, so scores for each question in each section were averaged. Unscored questions were ignored. In all, at least 217 unique employees scored 13,189 questions. The highest numbers of unscored questions were in sections presented as articles, documents and links to websites.

**Discussion:** Mitigating MRSA transmissions and infections improves patient outcomes, but requires a consistent, multidisciplinary approach, with every level of personnel contributing. The MRSA Education program was highly rated by a broad sample of VHA employees, and meets the vision and goals set forth by the stakeholders. The program satisfies the on-hire and annual training component of the 2010 Joint Commission Patient Safety Goal to “implement evidence-based practices that prevent healthcare-associated infections due to multidrug-resistant organisms in acute care hospitals”. The VHA MRSA Virtual Simulation Education Program will be available to all VHA employees in the fall of 2009. Plans to provide the Program to the public are in progress. Visit <http://www.va.gov/MRSA> for further details.

Contact: [Kathleen.Risa@va.gov](mailto:Kathleen.Risa@va.gov), [alan.bernstein2@va.gov](mailto:alan.bernstein2@va.gov)

## 29. “BLS: Class in a Bag”

– Janet Bischof, Wheeling Jesuit University

### **Problem, issue or project**

Compliance with the 2007 BLS HealthCare Provider AHA guidelines is a change from the “BLS Blitz” mentality of the past. Classes are standardized through the use of specific equipment, video presentations which make information consistent, and “practice as you go’ sessions imbedded in the program. This has caused confusion, expense, and time constraints in presenting the new format.

### **Manner in which the study or problem was addressed**

Class size is limited by both the number of BLS instructors and the amount of equipment available for each participant. Class size is defined in the registration process. All required equipment for an individual is separated into individual bags and is stored in such. When the session is being set up, the bags are emptied into each individual place/setting and for session clean-up – the equipment is returned to the bag. Individual bags are stored on hangers.

### **Describe the findings, conclusions or solutions to the problem or idea.**

Class size has not exceeded the maximum registration limit.  
Set up and take down is more efficient, less time consuming, and all required equipment is readily available for the participants.

### **Evaluate the relevance of this study, innovations or strategy**

A simple way of organizing the required equipment need to teach a BLS course – both from the setup and take down perspectives.

### **Relevance to other settings and countries**

This “bag system” could be utilized at any BLS training center in any setting.

Contact: [jbischof@wju.edu](mailto:jbischof@wju.edu)

### **30. “Naloxone & Post-Administration Assessment Compliance using EHR Triggers”**

- Janet M. Griffiths & Ruth Tarantine, UPMC St. Margaret

The Institute of Medicine (1999) estimated 44,000-98,000 patients die annually from medical errors. One source of errors lies within high alert medications, specifically narcotics. The administration of naloxone in inpatient settings signifies possible adverse drug events. Education and electronic health record (EHR) modifications are key to increase nursing awareness of opioid and naloxone half lives, post administration assessment, and overall administration safety.

Retrospective chart reviews revealed naloxone was frequently administered on inpatient units without post-administration assessment. A learning needs assessment revealed many inpatient nurses were not aware of need to frequently assess patients post-naloxone administration to avoid possible re-narcotization. In addition, it was determined that an EHR trigger based on naloxone administration documentation was needed to remind nurses of follow up vital sign assessments. This trigger also allowed continuity of care and safe “hand off” between caregivers in event of care escalation.

An EHR trigger was developed that would “fire” on documentation of naloxone on the eMar. This trigger would place the naloxone vital sign protocol on nursing’s task list in the EHR. Housewide education was conducted teaching nursing staff proper naloxone administration and post-administration assessment.

Audits identified the correlation between housewide naloxone usage and EHR triggers. Audits required the query of electronic naloxone protocol triggers, manual review of naloxone usage, and retrospective chart review to ensure vital sign protocol compliance. Post implementation findings revealed 100% compliance in the first six months.

As we continue to perfect patient care through the use of an EHR, we realize building electronic evidence based protocols contributes to positive patient outcomes. As hospitals embrace the EHR, this process change serves as an example and catalyst for future patient safety initiatives.

Continuous naloxone compliance auditing is essential. Constant education and reinforcement is needed to ensure compliance, prevent adverse events, and therefore promote patient safety.

Contact: [griffithjm2@upmc.edu](mailto:griffithjm2@upmc.edu), [tarantinera@upmc.edu](mailto:tarantinera@upmc.edu)

## 31. “Migrating Databases: An Opportunity for Collaboration and Evidence Based Practice”

- Janet M. Griffiths, Janice Letterle, & Melanie Shatzer, UPMC St. Margaret

UPMC St. Margaret, a 250 bed Magnet® designated teaching hospital located in suburban Pittsburgh, was an early adopter of the electronic health record. As the first acute care hospital within a seventeen hospital health system our clinical and informatics teams identified and implemented many best practice technological initiatives. Last summer our facility was tasked by the corporate informatics team to migrate into an existing database which housed our urban hospitals. The goal of the migration to the urban or core zone was to streamline processes, support and provide improved access to patient records across the health system. In addition to these goals, the UPMC St. Margaret team wanted to ensure that the many best practices that were created and received national recognition were maintained after the migration.

To achieve these goals and experience a successful zone migration, multiple workgroups were formed. Representation from each business unit and all disciplines involved with electronic record documentation was established. The groups used evidence-based practice, national standards and guidelines to negotiate acceptable solutions when a compromise was not easily reached.

Successful migration to the new database zone was achieved this spring. The outcomes to date have extended beyond our walls to impact our colleagues throughout the health system. Examples include the adoption of UPMC St. Margaret decision support rules, cost saving measures facilitated by the electronic health record and standardized order sets.

The multidisciplinary and evidence-based practice approach promoted collegial relationships throughout the system with a unified goal of best patient care and electronic integration. As information technology is ever-changing and expanding this collaborative approach will provide the framework for future endeavors. The model that was used for this successful project can be adopted at most facilities engaged in electronic health record activities.

Contact: [griffithjm2@upmc.edu](mailto:griffithjm2@upmc.edu), [letterleja@upmc.edu](mailto:letterleja@upmc.edu), [shatzermb@upmc.edu](mailto:shatzermb@upmc.edu)

## **32. “Forming Communities of Practice: Education of Health Professionals in Interprofessional Settings”**

- Sue Sterrett, Chatham University

### **Background:**

This presentation describes a qualitative study analyzing the perspectives of health profession students, teachers and administrators involved in an interprofessional learning experience, a year-long fellowship studying developmental disabilities. Participants represent seven health care disciplines.

Interprofessional education is called for in all health profession’s curricular models and standards, but in practice there are many hurdles to implementation. A unique feature of this study is the use of a situated learning theory, communities of practice, as a lens for interpretation. The study represents a new focus for the development of effective interprofessional learning experiences.

### **Methodology:**

The qualitative study utilizes the principles of grounded theory. Data was obtained from semi structured interviews and researcher memos, to identify themes and concepts. The interviews were taped, transcribed and entered in a qualitative data program, NVIVO7. Data was analyzed by coding for themes and then looking for relationships and linkages. The major concepts of the theory of communities of practice (Wenger, 1998) were used as a starting point in analysis.

### **Results:**

Results relate to three areas; community-building, meaning-making and feeling respected. The findings indicate the participants developed an interprofessional community of practice. This study offers an organizing conceptual framework for thinking about effective interprofessional communities of practice.

### **Relevance of the Study:**

This study is the first step in the development of a model of an effective interprofessional community of practice. Results lead to criteria to guide program development and strategies for successful implementation in educational settings and guiding principles for development of IP community in the clinical setting.

Contact: [ssterrett@chatham.edu](mailto:ssterrett@chatham.edu)