

Annual SWPONL Conference
Nurse Leaders:
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Southwestern Pennsylvania
Organization of
NURSE LEADERS 

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Nemacolin Woodlands Resort

SWPONL 2021 CONFERENCE POSTERS

Nursing Leadership

Quality and Safety

Education and Innovation

Thank you for the support of the Scientific Posters Session:

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Let's Talk About It: Decreasing Fall Occurrences by Improving Communication of Fall Risk Status

Alexandra Crowley MSN RN, Miranda Crum BSN RN, Benjamin Morrow MSN RN NEA-BC, Sarah Ortenzo MSN RN SCRNP, Kristy Stewart BSN RN

Problem

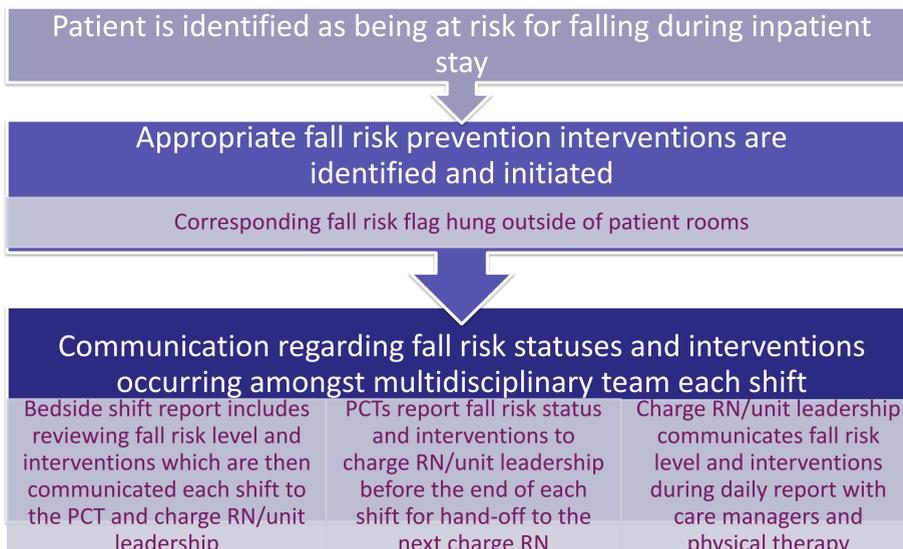
Historically, our neurosurgical stepdown unit was challenged by high fall occurrence rates and failed multiple previous fall prevention initiatives due to impracticality & unsustainability. It was identified that current practice is for staff to minimally discuss fall risk status, but did not include reviewing patient specific fall prevention interventions, resulting in various fall prevention practices. This project will improve nursing practice through utilization of a standardized and sustainable process for staff to provide patient-specific fall prevention interventions.

Project Goal

To observe a 25% decrease in fall rates in the neurosurgical patient population on our unit from June 2020 to November 2020 by increasing awareness of patient specific fall prevention interventions amongst patient care technicians (PCTs), registered nurses (RNs), care managers, and physical therapists.

Methods

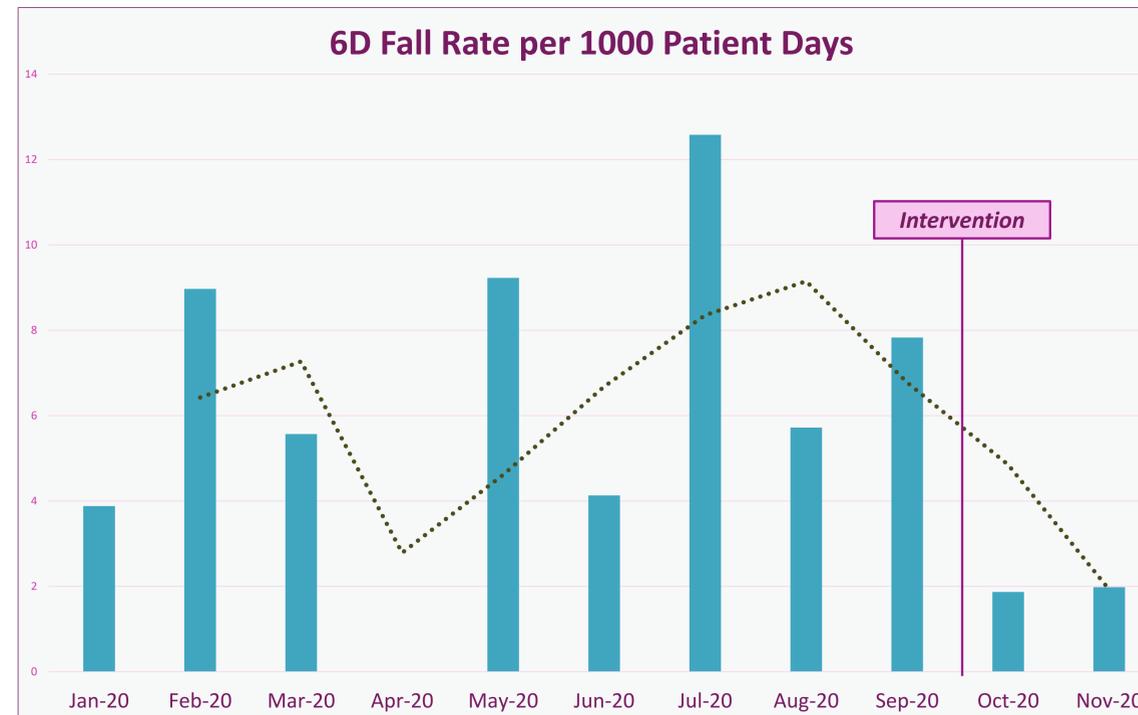
As a result of the identified lack of communication of patient specific fall prevention precautions amongst multidisciplinary teams, unit leadership developed the below process for standardized communication amongst PCTs, RNs, care managers, and physical therapists to increase awareness of patients who are identified as fall risks. Education was shared with staff during huddles and emails and the new process began in September 2020. Unit leadership analyzed fall occurrence rates monthly.



Above image depicts two nurses communicating the patient's fall risk status during bedside shift report for optimal patient and healthcare team understanding surrounding fall prevention.

Outcomes

A **52.1%** decrease in the fall rate can be observed from June 2020 to November 2020. Surpassing our original project goal of a 25% decrease in fall occurrence rates. Within the first 2 months of this project, our unit experienced its longest fall-free streak of 49 days. An outlier of zero falls for April 2020 is present due to the closure of our unit during this month as a result of the COVID-19 pandemic.



Quarter	Fall Rate
Q1 2020	18.42
Q2 2020	13.36
Q3 2020	26.13
Oct & Nov 2020	3.85

Implications for Nursing Practice

The impact of this project shows patient populations previously thought to be resistant to fall prevention initiatives, such as our neurosurgical population, have opportunities available for reducing fall rates and other business units with similar patient populations.

Next Steps

Sharing success with nursing leadership throughout the hospital and other UPMC business units with similar populations. Additionally, our new process will be built into 6D new hire orientation for both RNs and PCTs. A final next step in this project includes incorporation of the bathroom buddy system on 6D. This extra layer of fall prevention ensures all patients receive assistance with ambulating to and from the bathroom.



Continued Success: In February 2020 after incorporation of the bathroom buddy system with our fall prevention communication process, our unit won the Marie Wengryn I-CARE Falls Prevention Program award for the longest fall-free days during 2020 Q4 in the neuroscience division at UPMC Presbyterian Hospital.

References:



PRACTICE PROBLEM

- Medical errors can cause an increased length of stay (Lee & Quinn, 2018).
- Errors can also cause an increase in overall costs (Paradiso & Sweeney, 2019).
- Healthcare organizations must create a culture that prioritizes safe patient care (Russell & Radke, 2014).
- Some leaders have embraced a Just Culture framework, but it is not widely adopted.
- There is an underlying current of apprehension for nurses to complete incident reports after errors occur.

The aim of this project was to improve communication between leaders and nurses, enhance perception of Just Culture, and increase the number of incident reports.

For nurses who work on a medical telemetry unit how does the implementation of a Just Culture framework, compared to current practice, improve nurse perception of Just Culture and incident reporting rates in 9 weeks?

METHODOLOGY

Methodology included utilization of the following:

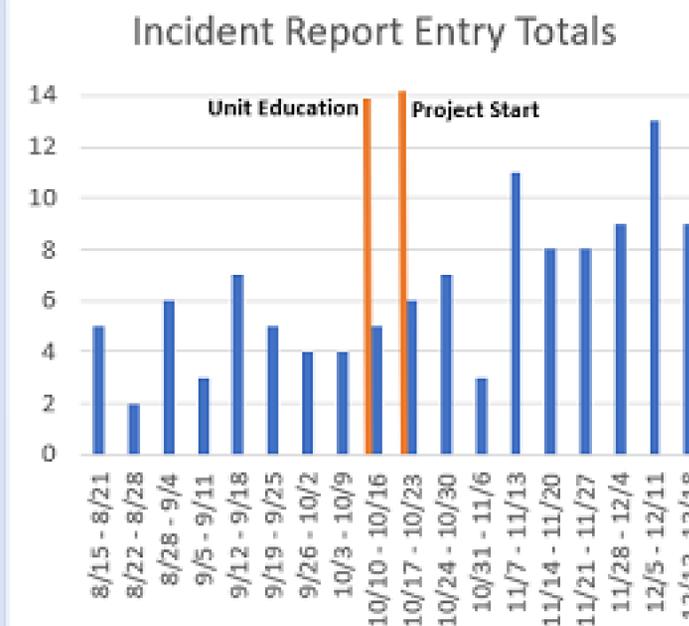
- Roger's Diffusion of Innovation Theory
- **Setting:** medical telemetry nursing unit at large quaternary care hospital
- **Population:** Nurses who provide direct patient care on a 32-bed medical telemetry nursing unit; N=35
- **Intervention:** Just Culture framework
- **Outcomes:** Just Culture Assessment Tool (Petschonek et al., 2013) and incident reporting rates
- **Formative and Summative Evaluation:** included DNP student's presence on the to provide support as needed
- **Data Collection:** included tracking the results of the pre- and post-survey, along with the number of incident reports
- **Analysis:** included descriptive statistics with graph illustrations

Just Culture Assessment Tool:

- 66% of eligible participants completed the pre and post survey
- Mean pre-survey JCAT score was 121, and mean post-survey JCAT score was 127
- 60% of nurses' perception of Just Culture improved at post-survey

Incident Reporting

- Incident report totals increased by over 80% during the project



- Leaders become fairer and more consistent when evaluating incident reports and can facilitate enhancement of practice and policy.
- Organizations see an enhanced culture of accountability and overall patient safety culture.
- Organizations can also save financial resources by reducing costs associated with length of stay, readmission rates, medication errors, and hospital acquired injuries.

- Through Just Culture, nurses become participants in identifying system process breakdowns by completing more incident reports.
- Just Culture is a proven framework to strengthen nursing practice, leading to enhanced nurse engagement and improved patient outcomes.

Lee, S., & Quinn, B. (2018). Incorporating medication administration safety in undergraduate nursing education: A literature review. *Nurse Education Today*, 72 (2019): 77-83.

Paradiso, L., & Sweeney, N. (2019). Just culture: It's more than policy. *Nursing Management*, 50(6), 38-45.

Petschonek, S., Burlison, J., Cross, C., Martin, K., Laver, J., Landis, R., & Hoffman, J. (2013). Development of the Just Culture Assessment Tool (JCAT): Measuring the perceptions of healthcare professionals in hospitals. *Journal of Patient Safety*, 9(4), 190-197.

Russell, K., & Radtke, B. (2014). An evidence-based tool for regulatory decision-making: The regulatory decision pathway. *Journal of Nursing Regulation*, 5(2), 5-9.

Making an Impact: The Ongoing Benefits of a New Graduate Nurse Rotational Program

Nicolette Corrado BSN, RN, ENLS; Marissa Darnay MSN, RN, CMSRN; Catherine Green MSN, RN, CMSRN; Jennifer Parrotte MSN, RN

Background

The transition period for new graduate nurses (NGNs) is a vulnerable time during which they decide their intent to commit to the profession and their organization. Many NGNs change clinical areas within this first year of practice. This program allows NGNs to gain experience on numerous hospital units before choosing a permanent unit.

Program Description



Medical/Surgical Rotational Program

- 6 Units
- Length: 28 weeks
- 12 RNs per cohort, 2 cohorts per year
- Switch units every 4 weeks



Critical Care Rotational Program

- 4 Units
- Length: 25 weeks
- 8 RNs per cohort, 2 cohorts per year
- Switch units every 4 weeks

Role of Rotational Leads

Pre-start	First Two Weeks	Initial Unit	Additional Units
<ul style="list-style-type: none"> - Conduct applicant interviews - Send monthly check-ins - Track licensure - Create resources for orientation - Preceptor training completion - Set preceptor expectation - Make orientation schedules - Facilitate preceptor interviews 	<ul style="list-style-type: none"> - Teach didactic orientation education - Facilitate simulation training - Tutor for basic arrhythmia course - Conduct hospital tour - Facilitate meetings with Executive Leadership 	<ul style="list-style-type: none"> - Meet with NGN and preceptor weekly to discuss orientation progress - Discuss progress with unit leadership - Coach key tactics: Bedside Shift Report and Hourly Rounding - Ensure completion of orientation documentation 	<ul style="list-style-type: none"> - Mentor NGN weekly - Meet with NGN monthly to discuss progress and satisfaction - Continued clinical coaching - Facilitate selection and transition to permanent units

Program Benefits

New Graduate Nurse

- Streamlined transition to practice with an expanded skill set
- Connection to their selected unit
- Gained experiences throughout multiple units and patient populations
- One on one attention and support from rotational leads
- Continued support from Advanced Clinical Education Specialists
- Improvement of nurses' understanding of the challenges unique to each unit
- Prepared to integrated into a full-time position during historically low recruitment times

Unit Leadership

- Gaining a prepared and engaged NGN
- Removal of time burden related to recruitment, interviewing, and onboarding for their unit
- Provides widely trained nurses who are flexible and not afraid to be reassigned to other units

Organization

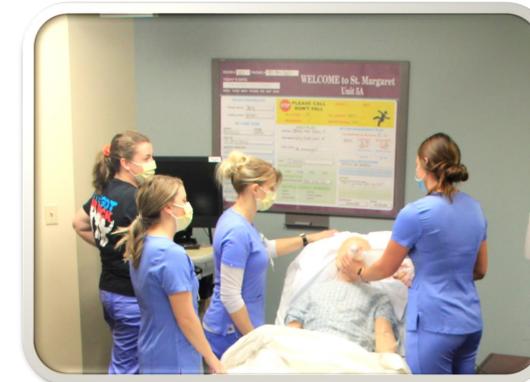
- 86 NGNs recruited into the rotational program since 2018
- Improved retention of resilient nurses
- Helps provide adequate staffing for units
- Nurses prepared to integrate into a full-time position during historically low recruitment times

**Program Graduates:
Where are they now?**

- Leading Unit-Based Councils
- Vizient projects accepted at National Conference
- Higher rate of returning for BSN/MSN
- Utilizing the My Nursing Career Ladder to clinician role
- Precepting for their units and the Rotational programs
- Charge nurses
- Perceived by leaders as strong, versatile, and resilient



"It's an amazing program. Each place I go I learn so much and carry that with me through other rotations."



"I was not sure which unit I would like, but this program makes it easy to see which is the best fit for me."

"It's a great environment for a beginning nurse to take his/her first steps into this career."



Next Steps

Add additional ancillary experiences

Increase annual hiring goal from 40 to 72

Add additional program tracks

HAPPY STAFF, HAPPY GRAPH: ASSOCIATIONS BETWEEN QUALITY AND BUSINESS OUTCOMES

Lauren Christy, PhD, MSN, RN, NEA-BC, Benjamin Morrow, MSN, RN, NEA-BC and Melanie Smith-Fortney, MSN, RN, NEA-BC

UPMC Presbyterian

Hospitals are continuously tasked with altering current paradigms to meet the expectations of Centers for Medicare and Medicaid Services (CMS). The current pursuit of hospitals is to increase Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Value-based purchasing (VBP) dimension scores by implementing strategies in alignment with CMS provisions.

Staff engagement has an impact, not only with HCAHPS, but also the revenue of the hospital organization. In 2017, staff engagement was prioritized to increase HCAHPS scores and profitability in a 758 licensed trauma level 1 acute care hospital in Pittsburgh, Pennsylvania. With over 1,500 inpatient staff, hospital leadership sought to increase HCAHPS and VBP dimension scores by increasing the engagement of front-line staff. Nurse Leaders were tasked with engagement activities To change the culture of the hospital and dynamic of multi-disciplinary approaches.

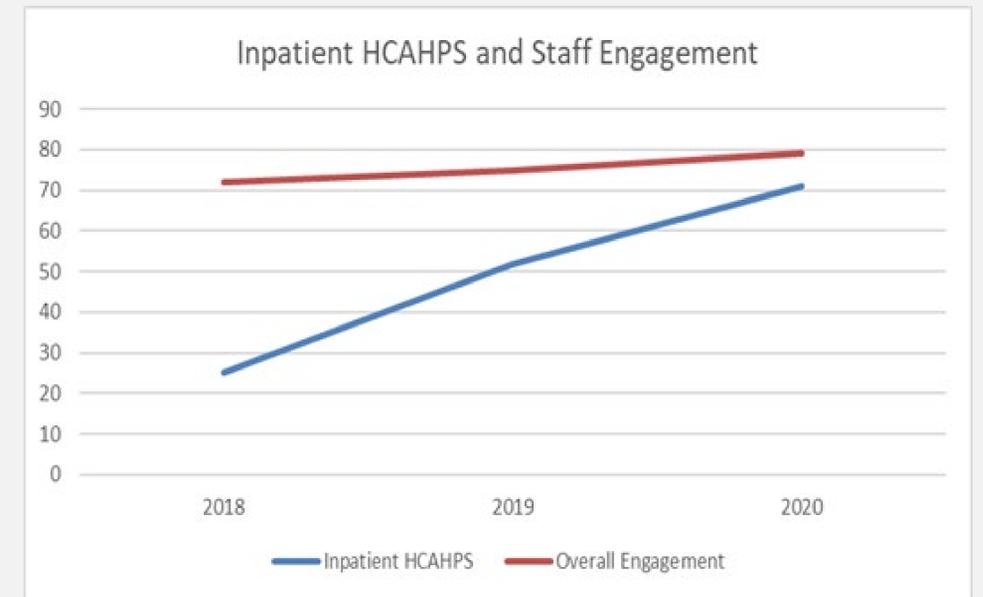
HCAHPS Implementations:

- Nurse Leader Rounding
- Bedside shift report
- Updating White Boards
- AIDET implementation
- Hourly Rounding
- Daily Care Plans
- Discharge phone calls

Staff Engagement Implementations:

- Nurse Leaders were tasked with engagement activities.
 - 1:1 interaction on a monthly basis
 - Professional development for staff
 - Recognition
 - Collaborative work environments
 - Physician Unit Partnerships
 - Peer Interviews

Over a three-year timeframe, 2018-2020, an inferred association with staff engagement and patient experience was noted. This association resulted in an increase in HCAHPS and VBP dimension scores. Thus, increasing the patient experience and profitability of the organization. Over the three years, the organization was able to increase HCAHPS scores from 26th to the 81st HCAHPS percentile ranking and an increase in VBP dimension score for Overall Rating of the Hospital from 1 to 4.



VBP HCAHPS Dimension Overall Rating of Hospital				
	2017	2018	2019	2020
Improvement Points	0	2	4	4
Achievement Points	1	3	4	4
Dimensions Score	1	3	4	4

Press Ganey Nurse Excellence Survey: Statistical Methods to Achieving National Benchmarks Using the Moneyball Theory

Lauren Christy, PhD, MSN, RN, NEA-BC, Benjamin Morrow, MSN, RN, ENA-BC and Melanie Smith-Fortney, MSN, RN, NEA-BC

UPMC Presbyterian

One of the requirements of the American Nurses Credentialing Center (ANCC) Magnet Application is the outperformance of a National Nurse Excellence Survey for the organization. The Achievement of Magnet designation was denoted as a goal for a 757 licensed bed acute care hospital in Pittsburgh, Pennsylvania. The Moneyball statistical theory was modified to this healthcare setting to provide statistical predictions for outperforming departments.

The linear regression statistical method was used as a predictor of Nurse Survey Outperformance for over 90 departments.

Independent variables included:

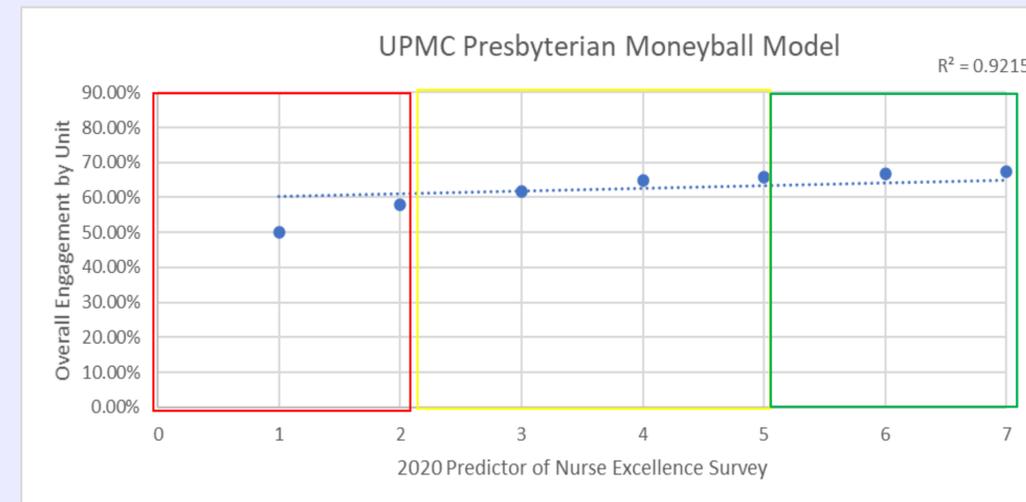
- Department level overall employee engagement percentage of an organizational wide engagement survey
- Department level outperformance of domains in prior RN excellence survey

Dependent variable:

- Predicted outperformance of Nurse Excellence survey domains

In order to coach the identified units with opportunity from an unsuccessful to successful RN Excellence Survey Result nursing leaders implemented prescribed tactics including:

- Preparatory boot camps were held for all nursing leaders
- Creation of an achievement board to highlight each domain and ways the department exemplified this area
- Messaging and language for the survey focused on helping clinical RNs identify how their practice aligned with the RN excellence domains
- Nursing leaders held “Magnet Monday” spotlights to highlight the identified departments’ culture
- Nursing leaders coached clinical RNs through nurse leader rounding
- Unit based slogans were used to build department enthusiasm
- A new 1:1 employee rounding template was provided for nurse leaders to focus rounding on connecting RNs with survey domains on a monthly basis
- Organizational focus was on outcomes not on hospital or department level participation



After the predictions of the departments were determined, nurse leaders were tasked with identifying departments which most likely could achieve an improvement from prior years results to successfully out benchmark in at least 4 domains.

Using the statistical method, the hospital was able to outperform in 5 out of 7 National Press Ganey Nurse Excellence Survey domains. In previous 6 years, the hospital was not able to outperform in any domains. Outperformance in over 50% of the departments were in the domains of Autonomy, Interprofessional Relationships, Leadership Access & Responsiveness, Professional Development and RN to RN Teamwork and Collaboration. Hospitals may utilize this method to out benchmark in National Nurse Surveys and have the ability to apply for Magnet Designation.

ACHIEVEMENT BOARD			
<p>AUTONOMY The amount of independence, initiative, and freedom permitted or required for daily work activities.</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p>ADEQUACY OF RESOURCES & STAFFING Adequate staff and support resources to provide quality patient care.</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p>FUNDAMENTALS OF QUALITY CARE The Nursing Model of care as well as nurses' clinical competence and development.</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p>INTERPROFESSIONAL RELATIONSHIPS The collaboration between nurses and other health care team members to create individualized care plans based on the patient's needs.</p> <ol style="list-style-type: none"> 1. 2. 3.
<p>LEADERSHIP ACCESS & RESPONSIVENESS The role and key qualities of the nurse leader and the ways in which the nurse leader supports the nurse.</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p>PROFESSIONAL DEVELOPMENT Access to professional development to support the nurses' career goals.</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p>PARTICIPATION IN HOSPITAL AFFAIRS The participatory role and valued status of nurses in a hospital-wide scope.</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p>RN TO RN TEAMWORK & COLLABORATION The formal and informal interactions between nurses during working hours.</p> <ol style="list-style-type: none"> 1. 2. 3.

NURSE MANAGER SPAN OF CONTROL AND ITS EFFECTS ON REGISTERED NURSES

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 Nancy Sweeney, PhD, APRN, BC
 Old Dominion University, Norfolk, VA

Background

- Nurse managers span of control influences many key components in healthcare. Turnover, patient quality and financial implications make the influence of the nurse manager even more paramount.
- Jones et al. (2015) created a span of control tool aimed to measure engagement, turnover and improve succession planning in a healthcare organization in Pittsburgh.
- Ideal span of control is defined as less than 37 direct reports.
- The span of control guideline was implemented and assessed to have decreased turnover and improved patient experience after one year of implementation.
- This study was conducted in the same organization and assessed the sustainability of the span of control implementation and its impact on HR and quality outcomes.

Purpose

The purpose of this quality improvement project was to determine if a lower span of nurse manager control makes a difference in key HR and quality outcomes (i.e., employee engagement, RN turnover, patient experience and 7-day readmission rate).



Methods

Study site:

University based Medical Center hospitals in Central Pennsylvania.

Design:

- Non-experimental causal comparative design
- Retrospective approach examining two groups

Targeted population

- Nurse managers working in acute care hospital setting at a 40+ hospital system

Sample size

- Minimum 60 nurse managers (30 in each group) who meet inclusion criteria
 - Nurse managers with an ideal span of control
 - Nurse managers without an ideal span of control

Exclusionary criteria

- Nurse managers with < 2 years experience
- Nurse managers with < 5 employees

Implications

- Addressed the gap of nurse manager span of control and its influence on patient experience, patient quality and turnover.
- Supports organizations in determining if a span of control tool is effective in achieving desired results. May help healthcare executives gain more confidence in their decisions on span of control.

References

Jones, D., McLaughlin, M., Gebbens, C., & Terhorst, L. (2015). Utilizing a scope and span of control tool to measure workload and determine supporting resources for nurse managers. *JONA: The Journal of Nursing Administration*, 45(5), 243-249. doi:10.1097/nna.000000000000193

Ontario Hospital Association. (2011). Leading Practices for Addressing Clinical Manager Span of Control in Ontario Hospitals. Retrieved February 13, 2020, from [http://www.oha.com/Services/HealthHumanResources/Documents/Span of Control \(Final\).pdf](http://www.oha.com/Services/HealthHumanResources/Documents/Span of Control (Final).pdf)

Results

Two statistically significant areas with employee engagement using the Mann Whitney U test.

- Employee engagement domain:
 - “Most days I look forward to coming to work” (P=.012)
 - “My talents and ability are well used” (P=.024).

No statistical significance related to turnover, patient experience or 7-day readmission.

Employee Engagement Items	Mann-Whitney U	Z Score	Asymp. Sig. (2-tailed)
My work provides me with meaning and purpose?	435.000	-1.000	.315
I consider My work challenging and exciting	420.000	-1.026	.305
Most days I look forward to work	345.000	-2.510	.012*
My talents and ability are used well	360.000	-2.260	.024*
I would like to work at my job even if a similar job was available	450.000	0.000	1.000
I would recommend this organization as a great place to work	420.000	-0.605	.545

Increasing Patient Access to Healthcare Providers Through Tele-health

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UPMC Magee-Womens Hospital

Background

Breastfeeding has been shown to have numerous health benefits for both birthing persons and babies¹. Therefore, breastfeeding should be encouraged and supported in the immediate postpartum period and the weeks following the birth. During the 2019 pandemic caused by SARS-CoV-2 virus, fear of the resulting coronavirus disease caused patients to request shorter lengths of stay and created a hesitancy to attend outpatient visits². This had the potential to negatively impact the quantity of birthing persons able to access outpatient breastfeeding and the quality of the support they received.

Methods



Identifying the Target Population

- Post-birth the provider team may identify a need and place an order for lactation support
- The patient may self-identify as needing support

Contacting the Lactation Center

- A lactation consultant will reach out if an order is placed
- The patient may reach out directly to the Lactation Center number listed in the brochure or post-partum education book

Scheduling/Accessing an Appointment

- A video visit will be set up using MyUPMC
- This can be accessed via the app or on the web-based portal

Lactation Support Services

- During the tele-lactation support, the consultant is able to mimic the benefits of an in-person visit
- One visit is typically needed but more can be arranged if necessary

Purpose

- To provide alternative access to lactation support for birthing persons planning to forego in-person services due to the pandemic
- To increase the utilization of outpatient lactation support services by appealing to trends focusing on generational preferences toward the delivery of remote care

Results

Figure 1 Outpatient Lactation Support Volume 2019 vs. 2020

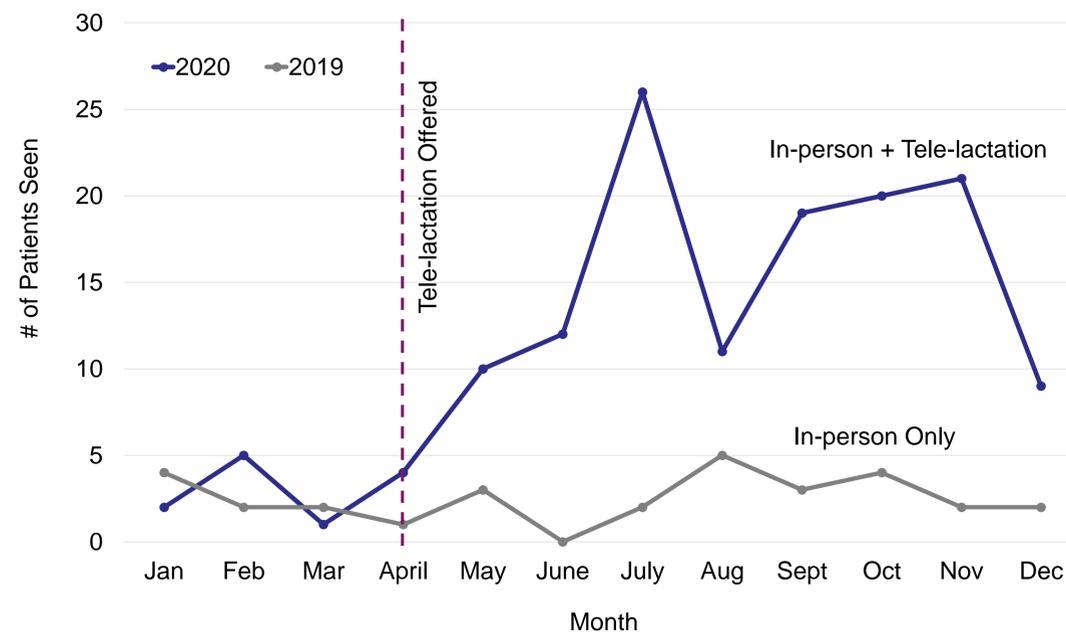


Figure 1: Figure displays outpatient lactation support volumes by month comparing 2019 and 2020. In 2019 only in-person lactation support was offered. In 2020, in-person support was offered in addition to tele-lactation services beginning in April 2020.

Figure 2

	2019	2020
Tele-Lactation	0	132
In-person	30	8
Total	30	140

Figure 2: Chart displaying the breakdown of visit modalities by year.

Figure 3

Breastfeeding Rate (Year's Avg.)	
2019	82.83%
2020	83.83%
Absolute Change	1.00%

Figure 3: Chart displaying changes in the breastfeeding rate from 2019 to 2020.

Conclusion

The implementation of the tele-lactation program led to a **467% increase** in the number of patients able to be seen in the outpatient setting for breastfeeding support (30 → 140 patients) when comparing 2019 and 2020 data.

The large increase in patient volume may be indicative of larger trends in the population of childbearing age who favor the ease and synchronous options offered by tele-health alternatives.

Future Direction

- Continue to grow outpatient access to breastfeeding support
- Continue improving breastfeeding rates for women with a focus on racial disparity
- Billing for outpatient services to decrease financial burden on patients
- Improve process for receiving breast pump timely in postpartum period

References

1. Ross-Cowdery, M., Lewis, C. A., Papic, M., Corbelli, J., & Schwarz, E. B. (2017). Counseling About the Maternal Health Benefits of Breastfeeding and Mothers' Intentions to Breastfeed. *Maternal and Child Health Journal*, 21(2), 234–241. <https://doi.org/10.1007/s10995-016-2130-x>
2. Mehrotra A, Chernen M, Linetsky D, Hatch H, Cutler D. The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges. *The Commonwealth Fund*. <https://doi.org/10.26099/ds9e-jm36>
3. Ferraz Dos Santos, L., Borges, R. F., & de Azambuja, D. A. (2020). Telehealth and Breastfeeding: An Integrative Review. *Telemedicine Journal and e-Health*, 26(7), 837–846. <https://doi.org/10.1089/tmj.2019.0073>

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Background

- Expected/projected increase in COVID-19 positive patients and patient census in general
- Where would these patients be cared for?
 - Surgeries back to normal operations
 - Established units at average expected census

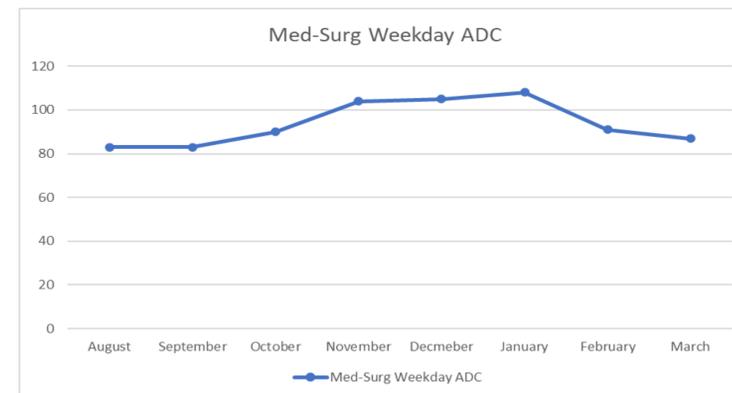
Challenges Identified

- Doors without windows/glass
- No negative pressure rooms
- Different types of patient acuity/assignments
- Identifying what providers covered the increase in patients
- Staffing
- Quarantined staff
- Potential exposures
- Nurse leader rounding
- Communication boards for patients in rooms
- Education for staff on certain therapies not familiar with
 - For stepdown patients placed on surge unit, some nurses not familiar with bipap/AirVo

Metrics

- 356 total patients were cared for on the surge unit from opening, October 29, 2020 to February 13, 2021
- 193 COVID positive patients were cared for
- Average Length of Stay (LOS) was 34.9% higher for COVID positive patients
 - Non COVID patient: 8.3 days
 - COVID positive: 11.2

Increase in Med-Surg Inpatients During Time Period

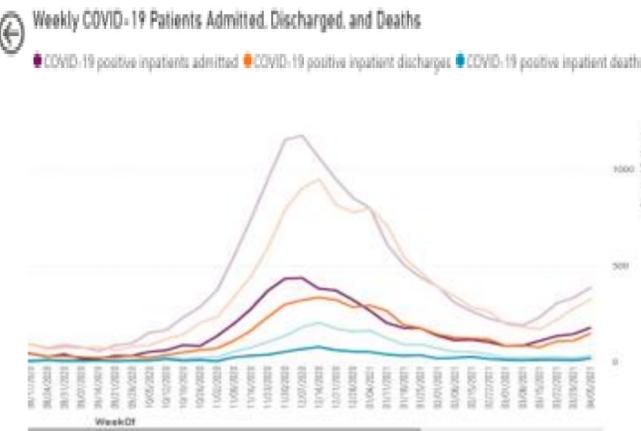


Staff Contributions

- 21,685 paid hours
- 3,272 overtime hours (15%)
- Had involvement from educators, directors, non bedside nurses from within the hospital
 - Utilized tiered nursing: what the nurses were comfortable doing from independent assignments to team nursing to functioning as aides
 - Educators assisted Respiratory by helping perform breathing treatments, incentive teaching, etc
- Hospitality staff helped with tasks they were capable of doing

Plan

- Identify a space/unit
 - Previously closed unit
- Identify staffing plan
 - Repurpose non bedside nursing roles to support surge unit
 - Schedule meetings to review and assess staffing for the med-surg side of hospital
 - Increased entire hospital staffing meetings to 4x day
- Stock each room with appropriate equipment.
 - Have other medical equipment readily available on unit (respiratory, crash cart, intubation)
- Convert rooms to negative pressure to accommodate increase in COVID+ and PUI patients
- Coordinate with supply chain to add and stock additional supply items
- Implement expedited discharges hospital wide
- Review medications stored on unit with Pharmacy and make changes, anticipate what could be needed
- Work with Dietary to ensure patients receive their trays timely



Key Stakeholders:

- Nursing
- Respiratory
- Hospital Command Center
- Nursing Operations
- Maintenance
- Education
- Dietary
- Environmental Services
- Hospitality
- Pharmacy
- Health Management
- Physicians
- Supply Chain Management
- Regulatory/Quality/Safety

Special Acknowledgement in Implementing Surge Unit:

Maribeth McLaughlin, MPM, BSN, RN, Interim Chief Nursing Officer, Vice President of Operations

William Vehovic, Operations Director Respiratory Services, Emergency Management Coordinator

Central Workforce Staffing Center: Strategic Redeployment of Staffing Resources

Lauren Gorman, MSN, RN; Jill Larkin MSN, MBA, DNP, CMQ/OE; Holly Lorenz, DNP, RN, NEA-BC; Sarah Martin-Cua MBA, MSN, RN

Background

The COVID 19 pandemic required hospitals to develop strategies to redeploy nursing and non nursing staff to support facilities experiencing surges in ICU and Med/Surg Census. UPMC, a 40-hospital health system, with facilities 38 facilities in Pennsylvania, implemented a strategic plan incorporating Nursing and Non-Nursing tactics and operational strategies in response to COVID19 census surges. The Central Workforce Staffing Center (CWSC) was created to strategically redeploy clinical and non-clinical employees throughout the UPMC system. The CWSC Team utilized new information systems and bridged these technologies together to efficiently communicate staffing needs and available resources. A process flow was developed to identify and match skill sets of available resources to a specific facility need.

Goal

Develop & manage a Central Workforce Staffing Center (CWSC) for all Pennsylvania UPMC clinical & non-clinical areas in response to surge needs related to COVID-19 impacts to staffing & operations, not fulfilled within the local Business Units(BU).

Objectives

- Provide 24/7 support for staffing needs not filled locally
- Collect staffing needs & availability from BU/Facilities
- Coordinate & deploy resources in a timely manner to areas of need
- Attempt to deploy staff on same shift they were scheduled'
- Ensure warm handoff of redeployed staff working at a new facility
- Acknowledge staff redeployed with handwritten thank you note

Tools

- Microsoft Office Package, automated scheduling system and bed capacity systems

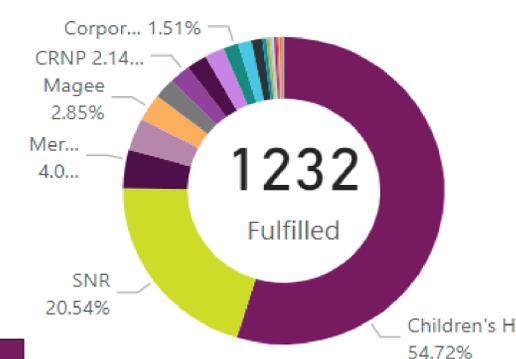
Implementation

- Core team of CWSC staff identified
- In-take form created to identify key employee demographic and skills through Microsoft forms
- Microsoft Teams site developed to communicate available resources and timely notification of redeployments
- Each business unit identified a labor pool representative to ensure consistent communication.
- Each facility BU labor pool representative communicated available staff to be redeployed or communicated staffing needs
- Twice daily huddles with labor pool representatives from each BU identified highest need departments and available staff & skill set.
- Once staff resource was matched, CWSC Team ensured communication occurred "warm handoff" to BU representative receiving resource for just in time orientation and onboarding
- Handwritten thank you note sent to redeployed staff member

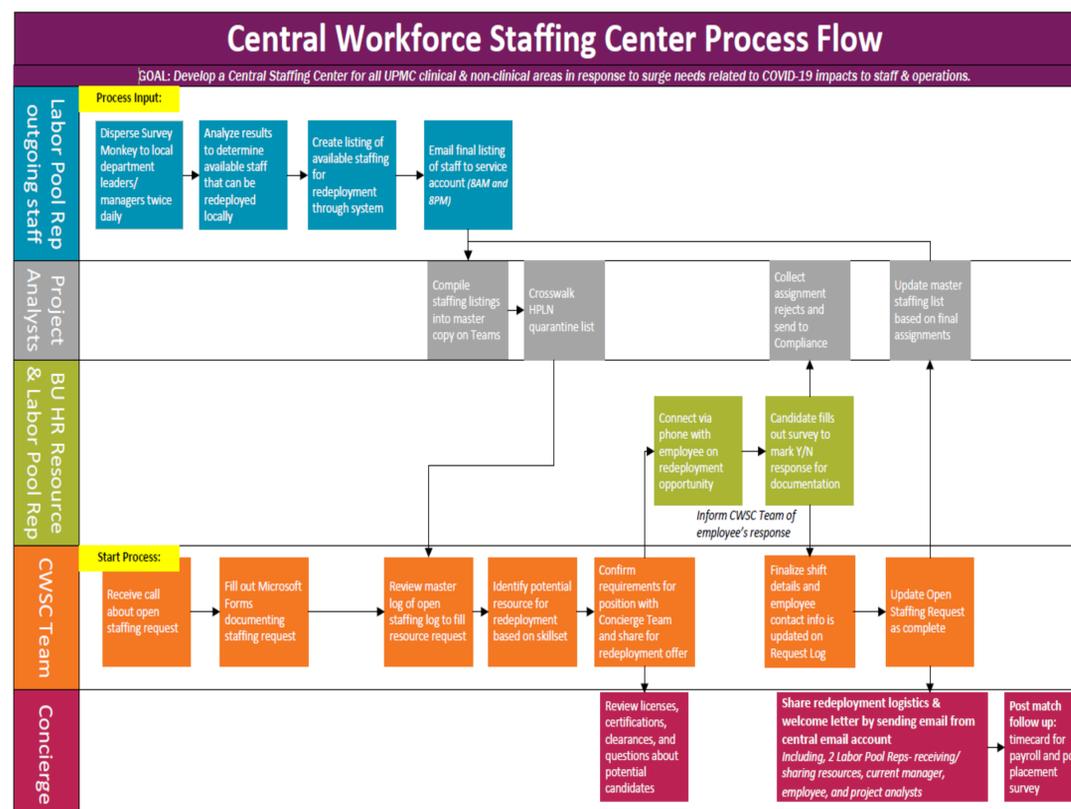
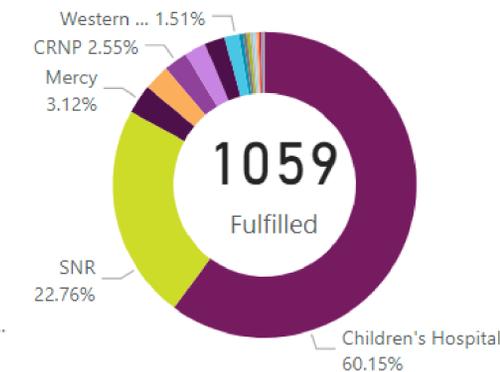
Outcomes

- 1232 total shifts filled with redeployment over 16 months
 - 86% of filled shifts were nurses
 - Other roles included care attendant, patient care technician, respiratory therapist, health unit coordinator, nurse practitioner
- 24 Facilities redeployed a staff member to another BU

Total Redeployments



RN Redeployments



Next Steps

- Identify future non inpatient nursing and nursing support resources-engage in townhall to review Back2Bedside opportunities
- Create flexible staffing programs and scheduling opportunities
- Proactively schedule just in time training in preparation for future pandemic and census surges
- Utilize automated scheduling system to preschedule identified resources obtained from electronic data base

Acknowledgements

The authors acknowledge and thank the nursing and non nursing staff who were willing to be redeployed to care for surges in COVID 19 patients at UPMC during this time of immense needs.



Saving Every Patient – 1 at a time! (SEP-1 Early Management Bundle, Severe sepsis/shock)

Katie McConnell MSN, RN, ONC, Dr. Elizabeth Tedesco DNP, RN, CEN, NEA-BC, PHRN,
Dr. Jonathan Landis FACEP, MD, Dr. Tom Rice MD, MS, Brian Lohr PharmD
UPMC Passavant Hospital Pittsburgh, PA

Problem statement:

The comprehensive and time sensitive Surviving Sepsis Campaign (SSC) guidelines continue to be a challenge for hospitals to meet. Both the Centers for Medicare and Medicaid Services and the National Quality Forum have identified this diagnosis as a priority. Presently, many sepsis patients are identified late resulting in significant morbidity and death (Tedesco, 2017).

Project intent:

The “sepsis bundle” has been central to the SSC.

Developed separately from the guideline’s publication by the SSC, the bundles have been the cornerstone of sepsis quality improvement since 2005 (Levy & Rhodes).

UPMC Passavant hospital’s SEP-1 compliance median by year 2017 was 31.8% and 2018 was 53.0%. Our intent is to improve compliance to > 60%.

Methodology:

Improvement is a result of two strategies by the interprofessional sepsis committee’s work:

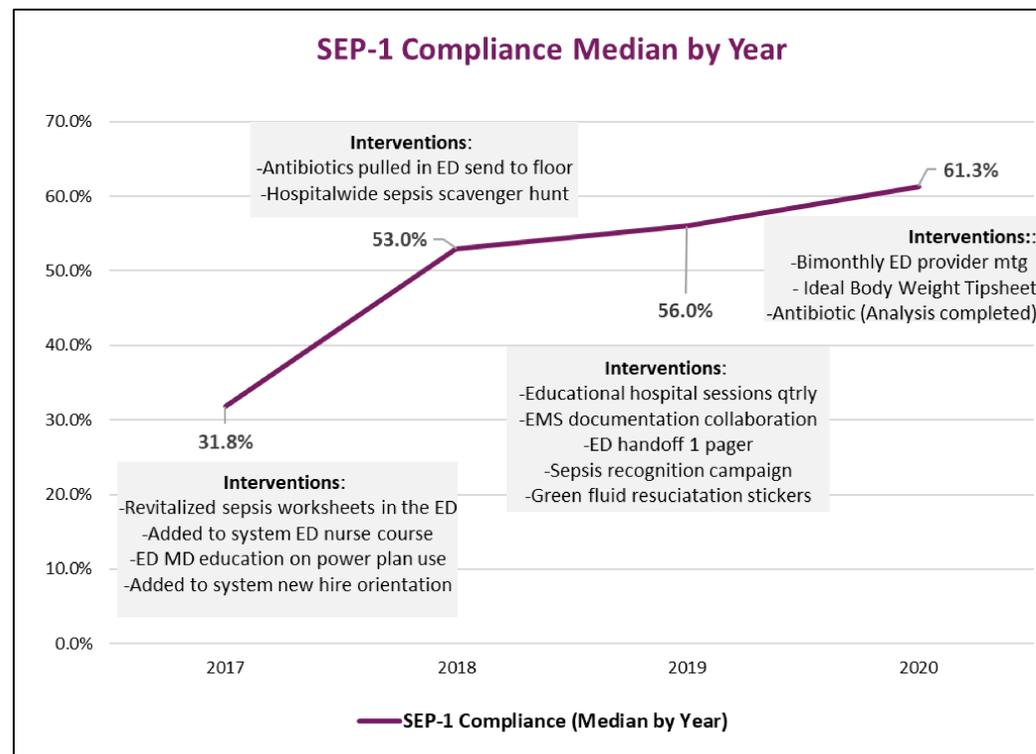
- 1) Focused interventions based on opportunities from trended data and retrospective case reviews
- 2) Hospital awareness and educational campaigns

Awareness and education are a large part of our hospital’s sepsis campaign driven by current best practices and specific findings related to our case reviews. Events include Sepsis management MD lunch and learn, led by Intensivist physician champion & hospital wide scavenger hunt.

Methodology (cont.):

The interprofessional committee develops and organizes a plan of action based on the data, reviews, and discussion. Over the past years, a few of the specific interventions identified included:

- Antibiotic medication availability (ED pull and send)
- EMS collaboration with fluid resuscitation (documentation)
- Sepsis management algorithm 1 pager w/new & experienced ED staff
- Green fluid resuscitation stickers communicate volumes given during handoff from ED to inpatient
- Ideal Body Weight tip sheet
- Chair of Emergency Medicine and Director of Emergency Services review bi-monthly with the ED providers on specific wins and fall outs with these high-risk patients. Individualized patient scenarios are presented to the providers to display what impact they had or not



Results:

UPMC Passavant’s SEP-1 compliance median by year has increased over the past four years. In 2017 (31.8%), 2018 (53%), 2019 (56%) to 61.3% in 2020.

Conclusions/Implications for Nursing:

The interprofessional sepsis committee’s work encouraged staff to improve practice from the bedside perspective.

One benefit of the sepsis team approach was that it heightened the awareness of this crucial critical illness across all the professional roles.

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Acknowledgement:

To the UPMC Passavant Sepsis Champion Committee for all their hard work of “Saving Every Patient”

- Lisa Manni, Director of Nursing
- Kim Fennick, Sr. Clinician ED
- Christie Galcik, Clinical Education Specialist ED
- Maggie Lattanzio, Programmatic Nurse Specialist
- Libbey Scarborough, Unit Director MICU/SICU
- Sarah Sakaluk, Unit Director Resource
- Deb Zeigler, Sr. Professional Nurse ED
- Laura Fitch, Sr. Professional Nurse MICU/SICU



PAD It PPI In The Neuro Trauma ICU: Pressure Attenuating Dressing In Time To Prevent Pressure Injury

Teresa Lucchetti MSN RN CNL CCRN, Thomas Moore DNP RN CCRN CNRN, Karen Nigra BSN RN CCRN, Katherine Spiering MSN RN CCRN, Joseph Darby MD,
UPMC Presbyterian – Neuro Trauma ICU

Problem Significance

Critically ill patients are at risk for developing pressure injuries (PI) primarily due to immobility. Local placement of pressure relieving pads in an attempt to reduce PI's has been previously reported as a promising intervention in the critically ill population. The primary aim of this project was to determine if we could reduce the frequency of PIs in our Neuro-Trauma ICU by the application of adhesive foam pads to sacral and heel pressure points at the time of ICU admission.

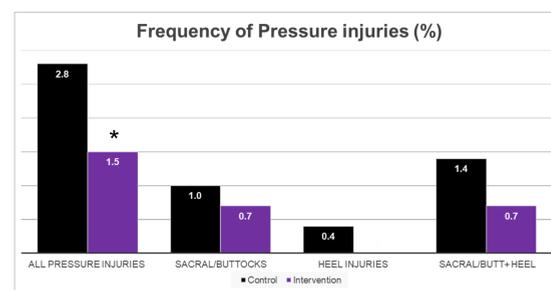
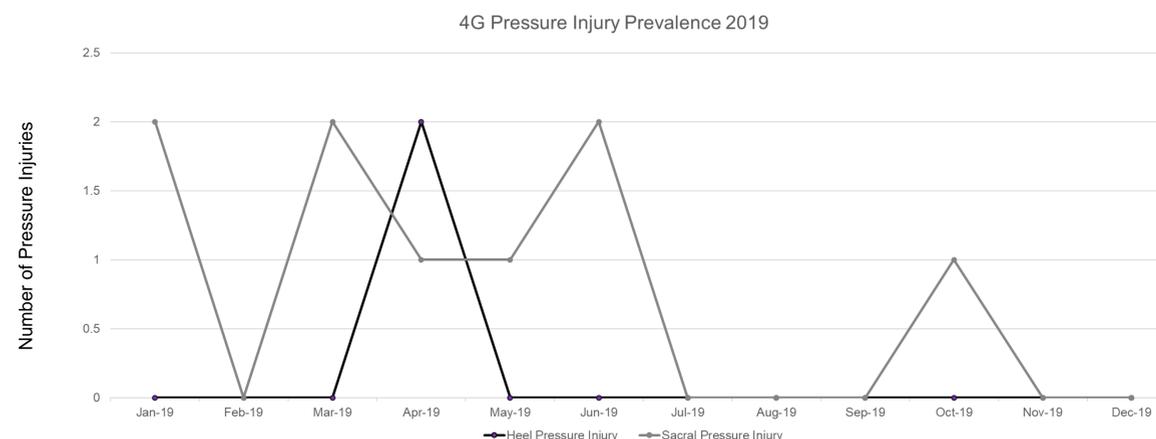
Goal

To reduce sacral and heel hospital acquired pressure injuries (HAPIs) in the Neuro Trauma ICU patient by using adhesive foam pads.

Methods

- ICU nursing staff were educated on the rationale and application of the foam pads
- Adhesive foam pads were applied to all patients who met inclusion criteria:
 - Patients with traumatic brain injury or spinal cord injury
 - Patients with limited mobility
 - Patients with SKIN (Sensory, Impairment, Kinetics, Incontinence, Nutrition) score
 - If patient able to ambulate and refuse pads, not included in project
- Daily rounding checklists included visual validation of adhesive pad placement on each patient by the interdisciplinary team. In addition to visual validation of placement, weekly pressure injury prevalence audits were performed on the unit

Results



* P < 0.05

	Group 1	Group 2
Patients (N)	3249	688
Patients with pressure injury N, (%)	92 (2.8)	10 (1.5)*
Sacral/ Buttocks injury n (%)	22 (0.7)	4 (0.6)
Heel injury N, (%)	8 (0.2)	0
Sacral/Buttocks + Heel injuries n, (%)	2 (0.1)	0
Sacral + other, not heels N, (%)	9 (0.3)	1 (0.1)
Heel + other, not sacral n, (%)	4 (0.1)	0
All with sacral/buttocks injuries N, (%)	33 (1.0)	5 (0.7)
All with heel injuries N, (%)	14 (0.4)	0
All with sacral or heel N, (%)	45 (1.4)	5 (0.7)

* P < 0.05

This project resulted in a statistically significant **reduction in ALL pressure injuries** (frequency of pressure injuries from a 2.5% to a 1.5% over a 1-year timeframe) in the unit population, and a trend of reductions of pressure injuries specific to heel and sacral locations.

Discussion

Barriers	Lessons Learned
Limited Equipment Resources	PPC evaluation of items stocked in patient room carts
Knowledge Deficit	Additional focused education on skin care and application of foam pads
Variations in Practice	Unit decision for standardization of sacral and heel preventative care
Nurses do not prioritize skin care	Unit cultural shift
Staff Turnover	Utilizing PPC to empower nurses for unit changes

Conclusion and Future

The routine application of foam pads to the sacrum and heels reduced the frequency of PIs in our ICU. Extension of this practice to other UPMC ICUs may reduce the institutional and patient burden of PIs with attendant benefits.



Unit Bulletin Board

References



Support Education: Roles of a Health System's Simulation Center During a Pandemic



Lisa Atkinson, MSN, Coordinator of Simulation Operations, CHSE
Washington Health System



DESCRIPTION OF PROBLEM

Great patient care is the mission of the Washington Health System, and became a priority during the Covid-19 pandemic. The Rice Family Simulation Center provides education to this health system, which includes a school of nursing, staff, and the community. Before the positive cases of the virus spiked, the simulation center developed a disaster policy, evaluated the curriculum, and prioritized educational needs. The center completed research and collaborated with the interprofessional team. We also reviewed available evidence-based practice recommendations from regulatory, governmental, and professional organizations in order to determine the best methodology to deliver the necessary courses including:

- Providing remote learning, video recording, and virtual simulation for the School of Nursing
- Completing support education for non-clinical nurses returning to the bedside
- Offering transition courses to staff reassigned to critical care units
- Adhering to social distancing requirements for offering American Heart Association courses by increasing the frequency of classes with limited number of participants
- Creating mock simulations in-situ to develop standard work processes
- Designing Covid-19 adult & pediatric simulations to practice processes of admitting and transferring patients
- Evaluating competency of staff on proper hand hygiene practices and precise application of personal protective equipment
- Supporting new nurses who graduated during the pandemic during orientation/onboarding process to provide additional education based on individual needs

PICO QUESTION

How can a health system's simulation center provide support to hospital staff, a school of nursing, and the community during a pandemic?

RICE ENERGY FAMILY SIMULATION CENTER

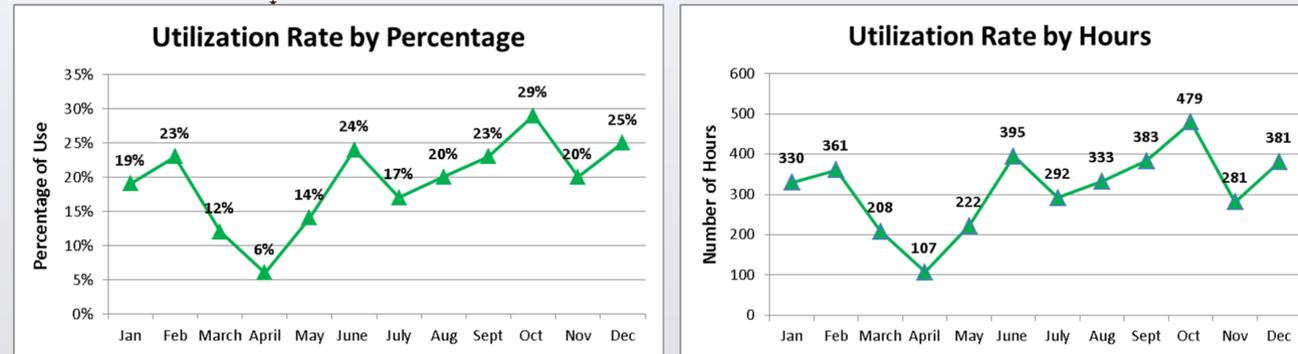
Mission:

Provide evidence-based, simulation learning experiences designed to enhance great patient care

Vision:

Operate a regionally recognized, interprofessional simulation center that enriches system-wide, and learner specific needs for education and training

2020 Simulation Center Utilization Rates



The center had a 19% overall average including 3,774 hours in 2020

IMPLICATIONS ON PRACTICE

Five process changes resulted during the mock Covid-19 in-situ simulations:

1. Discontinuing aerosolized breathing treatments and prohibiting ventilation with a bag-valve mask to prevent potential spread of the virus
2. Developing a standardized work process for transferring adult Covid-19 positive patients from medical surgical units to the critical care unit
3. Creating a standard work process for admitting suspected pediatric Covid-19 positive patients
4. Adding white boards to crash cart for improving communication skills due to personal protective equipment (PPE) requirements
5. Locating the crash carts strategically outside the patient's room to prevent contamination of equipment



EXPECTED OUTCOMES



METHODS

Iowa Model of Evidence-Based Practice

- I. Identify Problem
- II. Prioritize
- III. Inter-Professional Collaboration
- IV. Literature Search

REFERENCES

Coronavirus Covid-19 Resources for CPR training. American Heart Association <https://cpr.heart.org/en/resources/coronavirus-covid19-resources-for-cpr-training>

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Covid-19. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Covid-19 in Pennsylvania. Pennsylvania Department of Health. <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>

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Use in Treatment of Sepsis in the Emergency Room



Dr. Cheryl Panza, DNP MSN RN CMSRN

Introduction and Problem

Sepsis is currently the leading cause of death whereby one out four patients die (Schorr, 2018). Proper screening, recognition of the sepsis triad, and a 3-hour bundle implementation provides for timely antibiotic administration which improves mortality (Ballester et al., 2018). Timely recognition of sepsis and implementation of robust interventions can reverse sepsis, slow the progression of shock, and decrease mortality. Nurse compliance with performing the sepsis risk assessment in the emergency room has decreased which can potentiate delays in treatment.

Purpose of the Project

The purpose of this quantitative quasi-experimental project is to improve sepsis mortality rates with antibiotic infusion timeliness through re-education of the professional staff on proper sepsis screening, recognition, and bundle implementation (Brink et al., 2019).

Clinical Questions/PICOT

In adult emergency room patients, aged 18 years and older, how does a staff educational intervention on sepsis screening, recognition, and antibiotic administration time versus no educational intervention impact mortality over a four-week period.

Variables

The independent variable is the re-education of the staff in the emergency room on the proper screening, recognition of the signs and symptoms of sepsis, and bundle implementation. The dependent variable is the administration time of the antibiotic.

Data Analysis

Data analysis occurred with utilizing a Chi-square test for screening and recognition on both groups being pre- and post-educational intervention implementation. An unpaired *t*-test was used for testing antibiotic administration timeliness on both groups of pre- and post- educational intervention implementation.

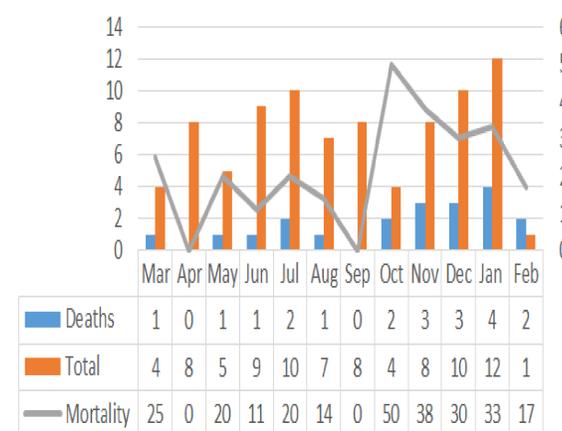
Results

Q1 Was the screening completed? An unpaired *t*-test was utilized to perform the analysis Pre- and Post Screening. Pre-Intervention completion was 68.4% and 79.4% Post-intervention. Increase of 11.4% This was not Statistically Significant as resulted with a *p* value of .82
 Q2: Was the timeliness of antibiotic of administration within 60 minutes of recognition of the sepsis triad?
Pre: 117 Minutes and Post: 44 Minutes. A decrease by 73 minutes which was found to be statistically significant with a *p* < .001 through an unpaired *t*-test. Additionally, this ranked better than the national infusion time.

Results (cont.)

Q3: What was the effect post education intervention of the emergency department staff regarding recognition of sepsis and timelines of antibiotics on mortality? Research supports with screening and recognition of sepsis and timeliness of antibiotic infusion there is a decrease in mortality.

Sepsi Mortality 12 Month Review
Mar. 2019 - Feb. 2020



Discussion

Although there was not statistical significance resulted with screening completion, there was still improvement. This could be related to the Covid-19 resulting in a decrease of visits as patients are not seeking care in the ED. There was a positive result on antibiotic administration by decreasing infusion time by 73 minutes.

Project Limitations

A noted limitation was both the compliance of the nurse to complete the screening tool and the healthcare provider to implement the bundle. Another limitation is the availability of the antibiotics within the department versus dispensing from the pharmacy. The last limitation is the vacancy of the emergency room director position that occurred in the post data collection period which can also affect compliance due to decrease accountability.

Recommendations for Future Projects and Practice

A recommended future project would be to determine the benefits of screening tools between qSOFA and SIRS. Also to determine if simulation provides for an improved understanding of sepsis versus use of Power Point Presentations. Two future recommendations for practice are for announced sepsis alerts and nurse-led sepsis protocol implementations based from positive screening results.

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Implementation of a Simulation-Based Training to Improve Staff Competence in Medical Emergencies

Lauren Piper, MSN, RN, CCRN

UPMC McKeesport

Background

The first five minutes of a medical emergency, such as a cardiac arrest, are crucial to patient outcomes. During the first few minutes, the staff responding may not be trained to the higher level of care that is required for the patient.

Literature Review

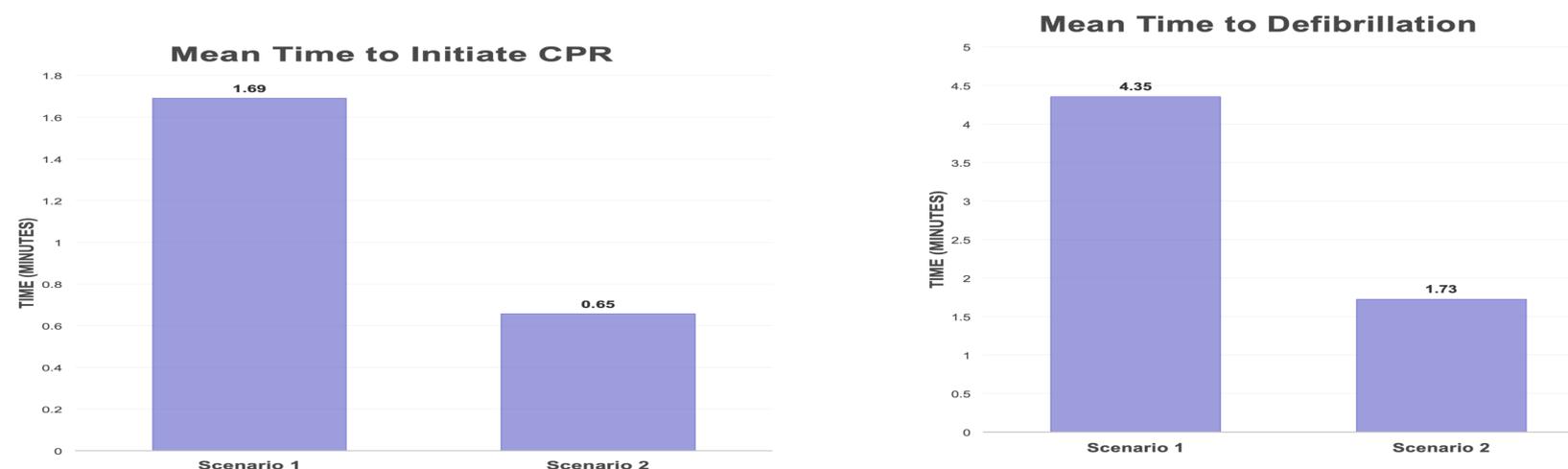
The benefits of simulation-based trainings include improvements in staff competence and confidence for emergent situations. The implementation of simulation-based trainings (the First Five Minutes and Mock Codes) can lead to the improvement in staff competence at UPMC McKeesport.

Objectives

The learner will initiate cardiopulmonary resuscitation (CPR) within one minute of recognizing the pulseless patient during the First Five Minutes scenario.

The learner will perform defibrillation within two minutes of recognizing the pulseless patient during the First Five Minutes scenario.

Outcomes



48 nurses and nursing support staff participated in 12 First Five Minutes sessions, (February 2021-March 2021).

The mean time to initiate CPR decreased from 1.69 seconds to 0.65 seconds. The mean time to defibrillation decreased from 4.35 minutes to the 1.73 minutes.

Special Thanks:

Eric Pekala, Director Respiratory Therapy, UPMC McKeesport
UPMC McKeesport Critical Care Leadership Team
Margaret Myers BSN, RN, Carlow University

Methods

- **Participation:** Staff voluntarily participated in multiple half-hour sessions scheduled one day per week. Sessions included a brief orientation to the simulation environment.
- **Initial scenario:** Staff were observed for basic cardiac life support skills (time to initiate CPR and time to defibrillation), use of the equipment, identification of resources, and team dynamics.
- **Debriefing:** Following the initial scenario skill accuracy and skill completion time were reviewed.
- **Second scenario:** Staff completed the scenario again and were observed for basic cardiac life support skills (time to initiate CPR and time to defibrillation), use of the equipment, identification of resources, and team dynamics.

Conclusions

Decrease in time to initiate CPR and defibrillation following simulation-based training.

- Reflective of the literature.
- Meets two crucial links to the AHA's *Chain of Survival*.

References

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Creation of an Opioid Stewardship Committee (OSC) to Focus on Patient Safety During the Opioid Pandemic

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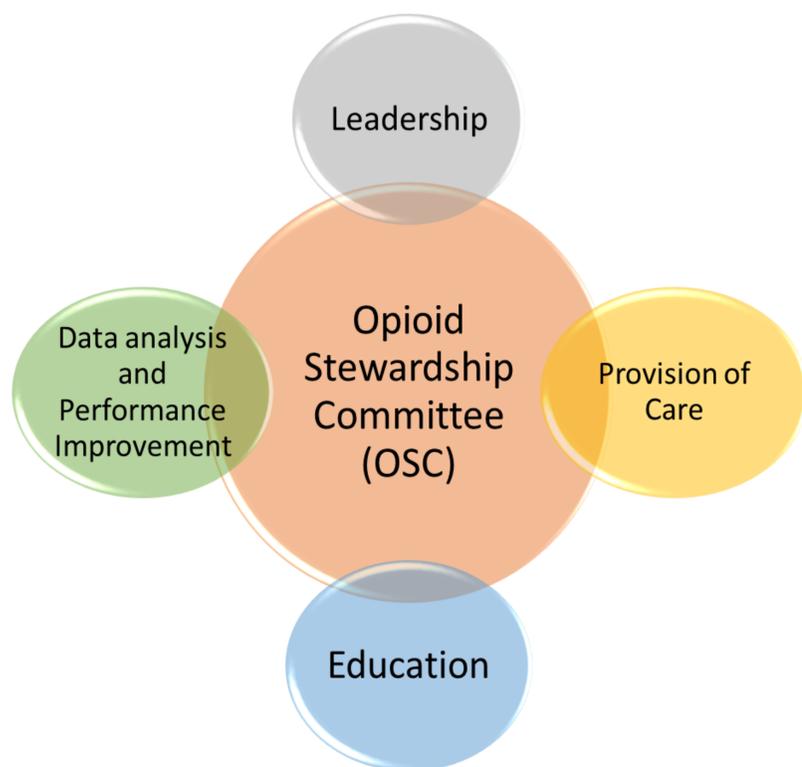
Problem statement

"The opioid epidemic in America continues to be an urgent public health that threatens the nation. Over the past several years, research studies and vital statistical data have documented the worsening epidemic, from the growth in prescription opioid use to the challenges of addiction, overdose, and death" (NQPP 2018).

Committee goals

The Opioid Stewardship Committee (OSC) initiative began in June 2018. Overall fundamental goals include decreasing risk and improving outcomes. It is imperative that hospitals identify gaps in evidence-based guidelines and pain standards of opioid management within their walls, to help mitigate adverse events for patients, and improve patient safety.

Committee Working Groups listed below:



Methodology

The OSC is a multidisciplinary approach to include medical staff, nursing, pharmacy, pain medicine, education, informatics, quality, and risk. OSC were split among four working groups: Leadership, Provision of Care, Education, and Data analysis and Performance Improvement. Each group focused on specific actions to address The Joint Commission pain standards and stewardship practices.

Accomplishments

Leadership team:

- Coordinated efforts for consumer take back drug boxes
- Researched drug deactivation systems

Provision of care team:

- Completed a review of nursing documentation related to pain management on the patient's Interdisciplinary Plan of Care (IPOC) and discharge instructions

Education team:

- Developed annual controlled substance for nurses that addresses:
 - Proper administration of controlled substance according to pain scale result-based physician order
 - Proper storage & wasting process

Data Analysis & Process Improvement team:

- Created an internal data dashboard:
 - Opioid adverse drug events
 - Condition A and C events with naloxone utilization
- Completed an analyses:
 - Discharge opioid prescribing practices
 - Naloxone event review
 - Falls with injury and opioid utilization

Opportunities

Future expansion of OSC includes more in-depth data analytics, high risk patient screening and intervention, community collaboration, and to decrease unused opiate supply by increasing access to safe and convenient disposal sites.

Conclusions/ Implications for Nursing

The OSC represents one model for hospitals to promote safe and rational prescribing of opioids to mitigate preventable adverse events. Pain management is critical. Involvement of nursing is crucial to assure patient comfort and safe administration as well as providing education to patients and care givers to assure safe pain management continues after discharge.

Acknowledgement

To the UPMC Passavant OSC members for all their hard work and dedication that have been instrumental in formation and development of the committee.

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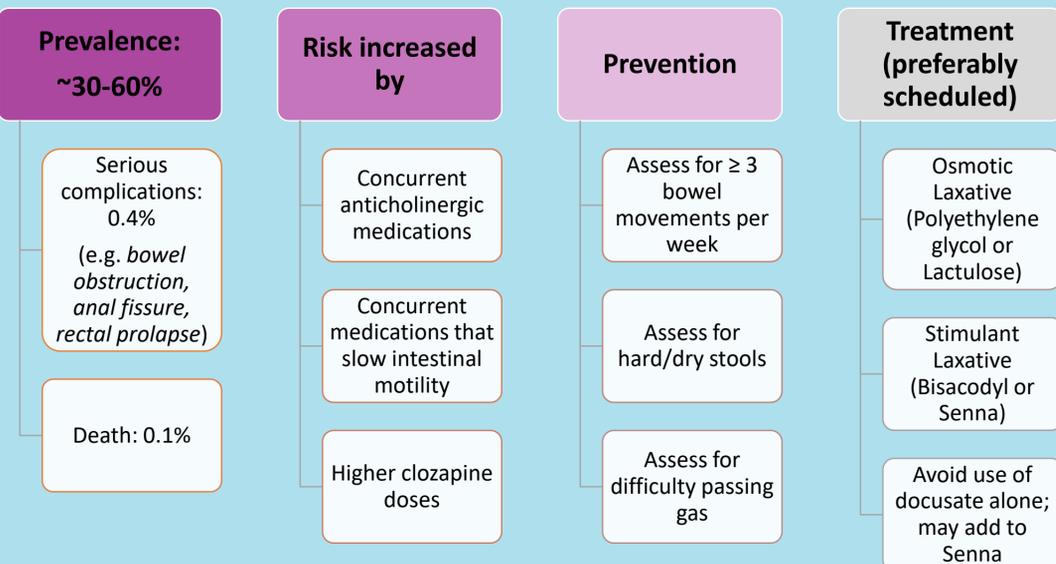
National Quality Partners Playbook: Opioid Stewardship (March 2018). National Quality Forum, Washington DC.

Managing Clozapine-Induced Constipation in a Long-Term Structured Residence For Adults with Serious Mental Illness

Lori Arbutiski, RN, MSN, Ana Lupu, PharmD, Andreea Temelie, PharmD, K N Roy Chengappa, MD, MRCPsych
UPMC Western Psychiatric Hospital

BACKGROUND

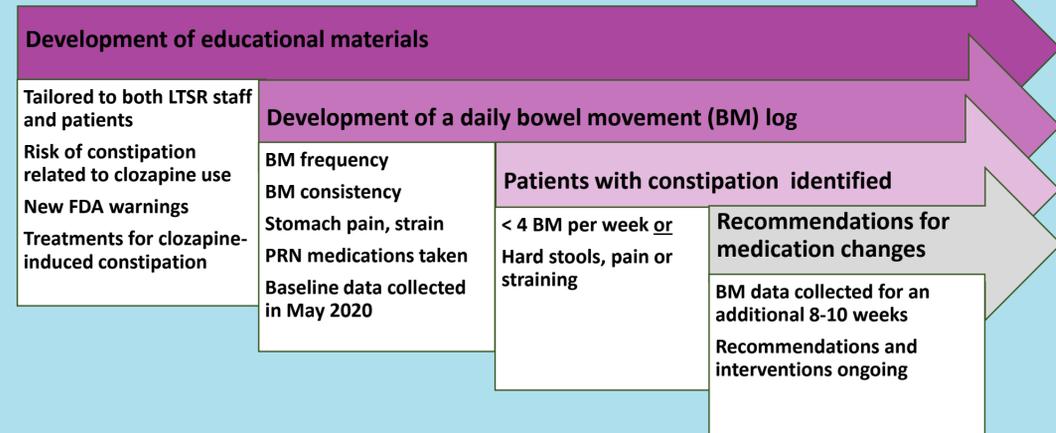
Clozapine-Associated Constipation



February 2020

FDA strengthened clozapine-related constipation warnings and made labeling changes

DESCRIPTION OF INTERVENTION

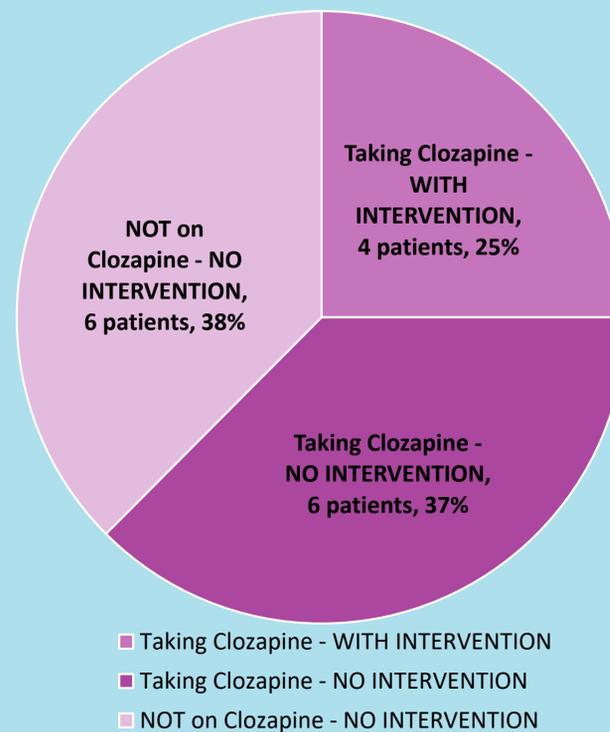


OBJECTIVE

This project seeks to assess the impact of routine assessment and treatment of clozapine induced constipation in a long-term structured residence for adults with serious mental illness.

RESULTS

- Sample size: N=16 patients which represents the full capacity of the long-term structured residence
- All patient identifiers were removed, and patients were labeled 1-16
- Data collection period: May, June, and July 2020
- 10/16 patients (62.5%) received clozapine, of whom, 4 clozapine patients experienced constipation (less than 4 BM/week)



IMPACT OF INTERVENTION

4 Patients with Clozapine-Associated Constipation

Patient 13

Pre-intervention data showed average bowel movements of 3.75 a week. After the intervention of adding Senna-Docusate, frequency of bowel movements increased to an average of 5.3 a week with much improved subjective comfort on bowel regularity

Patient 12

Although discharged at the end of May 2020, pre-intervention data showed severe pain and straining during every bowel movement at an average of 7 a week during the first week of May. After the intervention of adding Senna-Docusate on May 7th, 2020, patient reported no pain or straining and had an average of 6.8 bowel movements up until discharge. Patient was very happy with the results.

Patient 7

Pre-intervention data showed average bowel movements of 9 a week. After the intervention of adding Senna-Docusate, patient had a reduction of bowel movements at an average of 5.7 a week even with Clozapine being increased. The patient was very concerned about constipation before clozapine was initiated, and so is pleased with the result of adding a laxative

Patient 14

Preintervention data showed average bowel movements of 11 a week. After the intervention of deprescribing Senna-Docusate, patient had a reduction of bowel movements at an average of 8.8 a week. Too many stools was the problem, not constipation, thus the laxative was stopped.

NEXT STEPS

- Nursing assessments will continue daily indefinitely to monitor all patient's bowel movements.
- During monthly treatment team meetings, bowel assessments will be reviewed with the Clinical Pharmacist and Doctor.
- Recommendations and interventions will be ongoing.
- Dietary and life-style changes to encourage regularity of bowel habits will be undertaken at treatment teams

REFERENCES

Condition M: Designing a Campus Specific Behavioral Health Crisis Response Team at UPMC Presbyterian Hospital



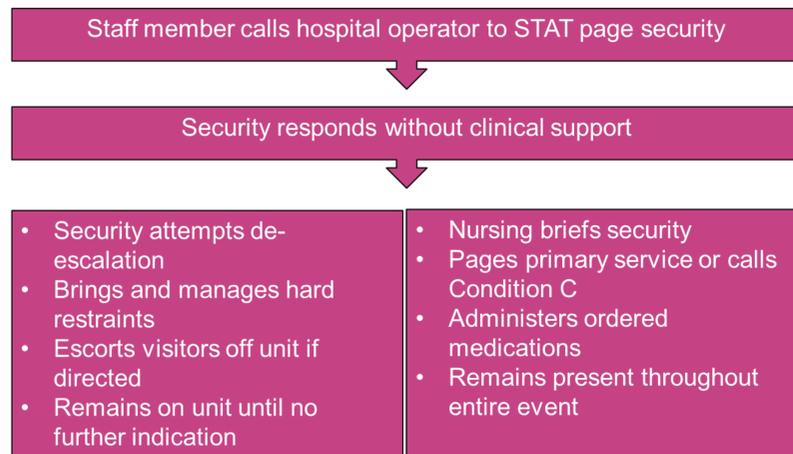
Kimberly Baker MSN, RN, CARN, NPD-BC; Jill Bertoty MSN, RN; Leslie Cairns DNP, RN, CMSRN; Donald Charley; Priya Gopalan MD, FACLP; Laura Hunsberger BSN, RN, PCCN; Ben Morrow MSN, RN, NEA-BC; Alice Mullinary MSN, RN; Melanie Smith-Fortney MSN, RN, NEA-BC; Gena Walker MD, FHM

Significance of Problem

Physical violence against healthcare workers remains a public health crisis. In addition to the physical consequences of this violence, job satisfaction, engagement, and patient care are also compromised.

Although UPMC Presbyterian had a **Condition M**/security response team for escalating situations, the process was fragmented. The lack of a multi-disciplinary response team for behavioral health crises often led to a delay in care and increase in risk for patient and staff injury. Bedside staff were disengaged from the de-escalation process and relied solely on security for de-escalation and safety.

Previous Process



Objective

Develop a multidisciplinary response team to improve overall safety of patients and staff during behavioral health crises and improve staff perception of safety.

Action Steps

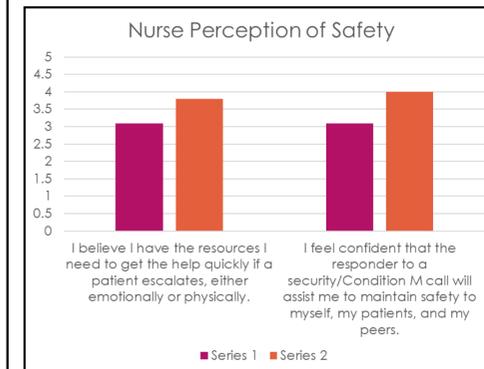
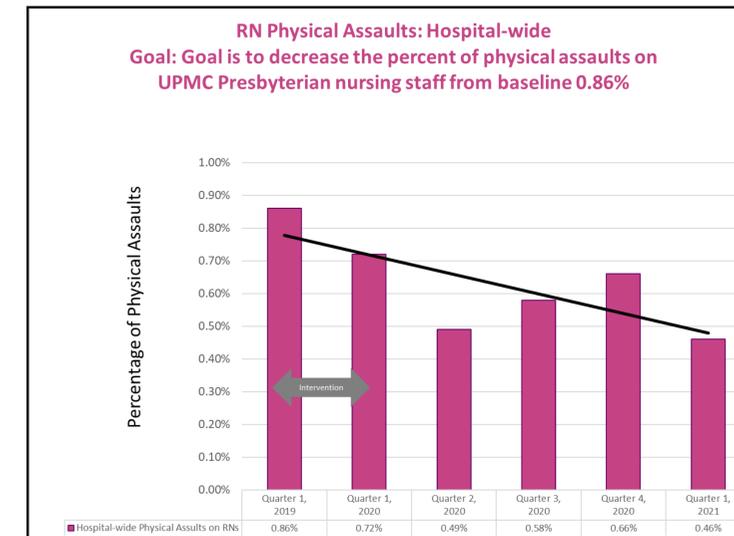
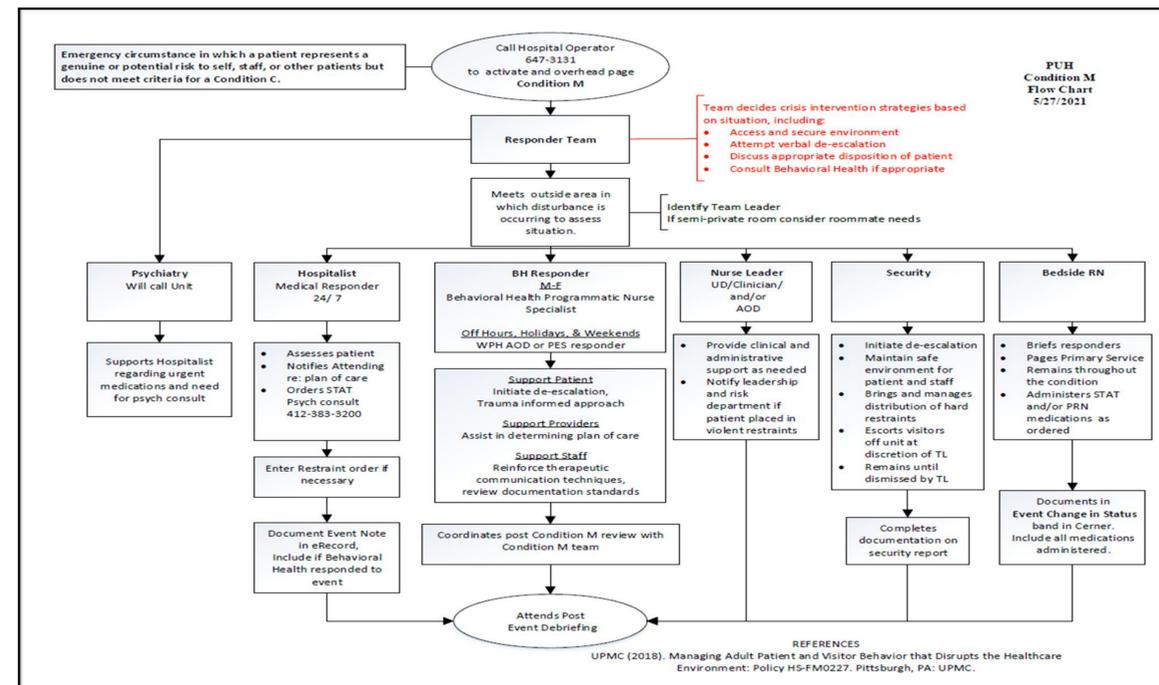
- Met with Western Psychiatric Hospital of UPMC and Presbyterian Hospital leadership to develop a multidisciplinary response team
- Drafted a campus specific **Condition M** policy and modified the following year to reflect new knowledge
- Provided verbal de-escalation training to all nursing leadership as well as physician leadership
- Expanded de-escalation training to nursing units
- Performed Mock Codes to ensure staff comfort
- Developed an overhead and pager response alert
- Provided staff education by attending council, committee, and unit-based meetings and using screensavers on the clinical computers
- Surveyed staff on perception of safety and confidence in **Response Team** on units with highest rate of **STAT** security calls

Outcomes

- Condition M** calls increased by nearly 500%
- Patient physical assaults on staff decreased from 0.86% to 0.58% within first year of implementation and to 0.46% within two years postimplementation
- Staff perception of safety and confidence in crisis response increased by nearly one point on the Likert scale
- The **Response Team** is now available to all ambulatory clinics UPMC Presbyterian

New Process

The collaborative approach – one call, team response



Nursing implications

- Physical violence leads to both physical and emotional trauma
- Nurses are leaving the bedside as a result of this violence
- Improving the immediate collaborative response to violent situations improves staff satisfaction and safety improve
- Patient safety is maintained through the multidisciplinary approach

References



Establish a Care Coordination Plan for High Need/High-Cost Utilizers in the Emergency Department



Bridgett Trump, MSN, BSN, RN



Department of Nursing, California University of Pennsylvania
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Background

- Patients present to the ED with the same complaints and health issues
- Patients with frequent visits to the ED are not identified
- No consistency or coordination of care for repeat visits
- Patients continue to visit frequently to the ED with the same complaints and health issues
- Rural Hospital participation in Pennsylvania Rural Health Model

Aim Statement

By the end of calendar year 2021, develop individualized care plans to coordinate care for multiple repeat visits to the Emergency Department (ED). Our goal is to decrease utilization and readmission rates by 2% in 12 months.

For whom? = Repeat visitors to the ED

What? = Develop individualized care plans to coordinate care

By when? = By the end of calendar year 2021

How much? = Decrease utilization and readmission rates by 2% in 12 months

PICO Question

What is the evidence that a coordinated care plan developed for patients that are identified as frequent ED utilizers will improve patient self-management as evidence by a decrease in readmission rates within 30 days of implementation of the patient's care coordination plan?

Population = Frequent ED utilizers

Intervention = Coordinated Care Plan

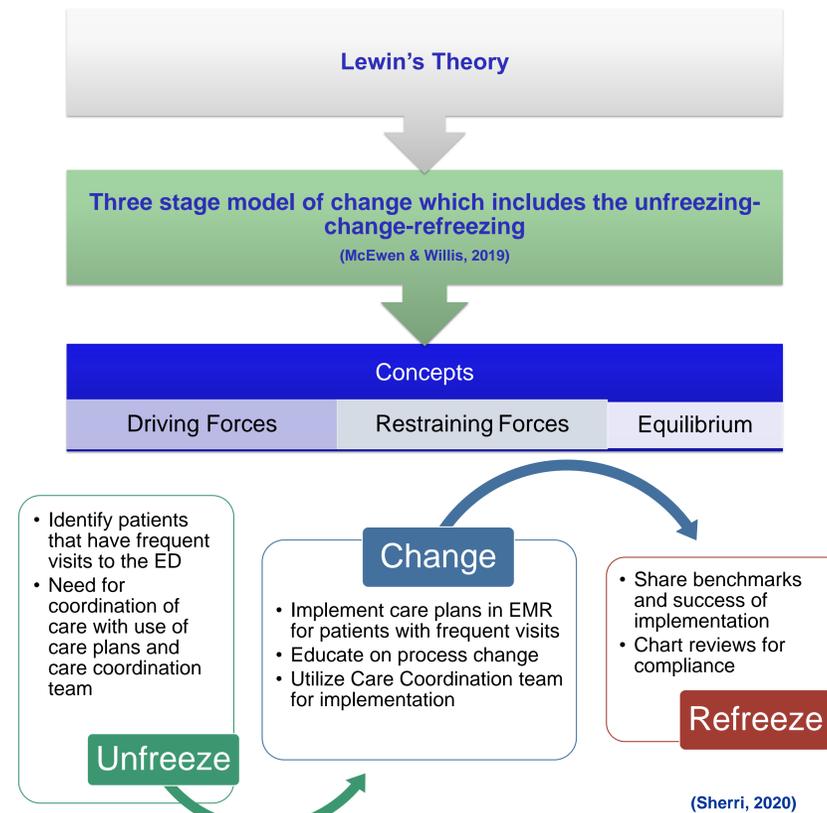
Comparison Group = Patients with frequent visits to the ED who did not have a developed care coordination plan

Outcome = Decrease in potential avoidable utilization

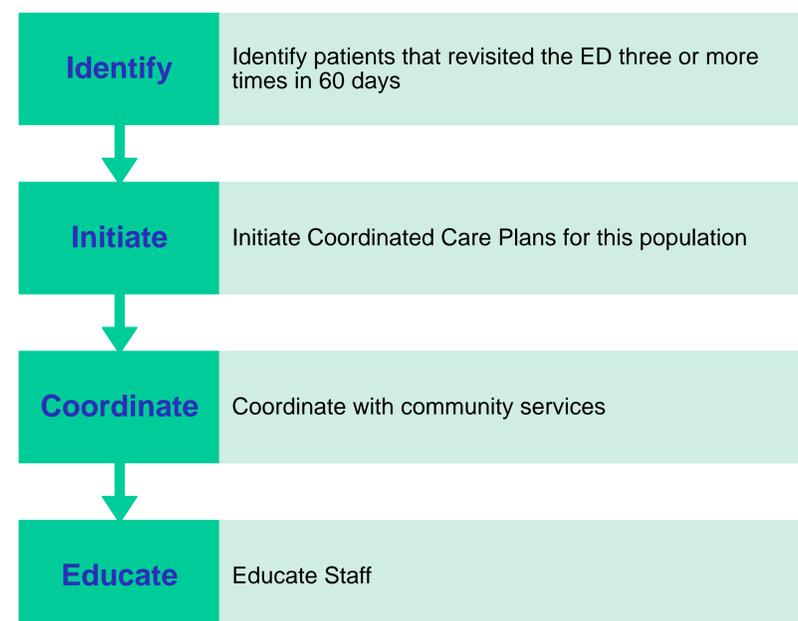
Key Supportive Evidence

- Frequent ED utilizers
 - Costly to the hospitals
 - Estimated cost of one Medicaid ED visit is \$664 per adult (Hewner et al., 2018)
 - Unnecessary utilization
 - Decrease in hospital admissions (Mercer et al., 2015)
 - Inappropriate level of care
 - Community based programs cut ED visits by nearly 30% (Wilson-Pecchi, 2017)

Intervention Theoretical Framework



Collaborative Intervention & Resources



Cost Benefit Analysis

- Decrease in frequency of ED visits will:
 - Decrease financial impact on hospital
 - Increase patient flow in the ED
 - Provide appropriate outpatient level and quality of services
- ED-based care coordination will:
 - Decrease ED visits
 - Decrease unnecessary admissions from the ED
 - Decrease unnecessary costs to insurance companies for ED and inpatient services

Goals/Outcomes

- Development of report to capture frequent utilizers
- Identify the patients that frequently visit the ED
- Development of Coordinated care plans in the electronic health record
- Identified patients with coordinated care plans
- Coordination of care with community upon discharge
- Medication adherence 30 days after ED discharge
- Patient follow up with primary care providers

Conclusions & Next Steps

- Implementation of coordinated care plans to top 100 patients that have 3 or more ED visits in any 60 days
- Enable providers across the continuum of care to have access to post-ED care plan
- Maximize use of community resources for individual patients
- Reduce unnecessary ED visits and admissions
- Decrease potentially avoidable utilization
- Decrease financial impact on the hospital

References

- Hewner, S., Sullivan, S. S., & Yu, G. (2018). Reducing Emergency Room Visits and In-Hospitalizations by Implementing Best Practice for Transitional Care Using Innovative Technology and Big Data. *Worldviews on Evidence-Based Nursing*, 15(3), 170–177. <https://doi.org/10.1111/wvn.12286>
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The Importance of Bedside Leaders: A Fall Prevention Initiative



Caitlin Konieczka BSN RN, Jessica Zelcs BSN RN, Sarah Ortenzo MSN RN SCRNP, Tammy Barker BSN RN CNRN

Background

When patients are admitted to hospitals, they are placed in an unfamiliar setting and can be at an increased risk for falling during their stay. Falls can be detrimental to patients by impacting their hospital length of stay, level of independence, and quality of life. In response to this problem to better serve our patients, our team began utilizing Responder 5 technology for identifying when a staff member is present in a patient's room paired with intentional hourly rounding to reduce falls and call bell utilization.

Problem & Baseline Data

Despite previous fall-prevention initiatives, our neuroscience trauma stepdown unit had the highest fall occurrence rates in our hospital in September 2019 with a 12.63% fall occurrence rate. A common theme amongst previous attempts was they were not led by bedside staff.

Project Goal

To have bedside nurses lead this initiative to evaluate the correlation between the amount of call bells, hourly rounding, and falls by analyzing data from the Responder 5 system with the goal to observe a 5% decrease in the fall occurrence rate from Q3 2019 to Q3 2020.

Timeline & Process

Q3 2019: High number of falls occurring on 5G without a standardized intervention in place

Q4 2019: Unit leadership and bedside staff identified the need for developing a consistent process to prevent falls within the unit

Q1 2020: Bedside nursing leaders identified to champion fall prevention and trained on hourly rounding initiative, which included assessing each patient's pain, positioning, potty, pump, and possessions.

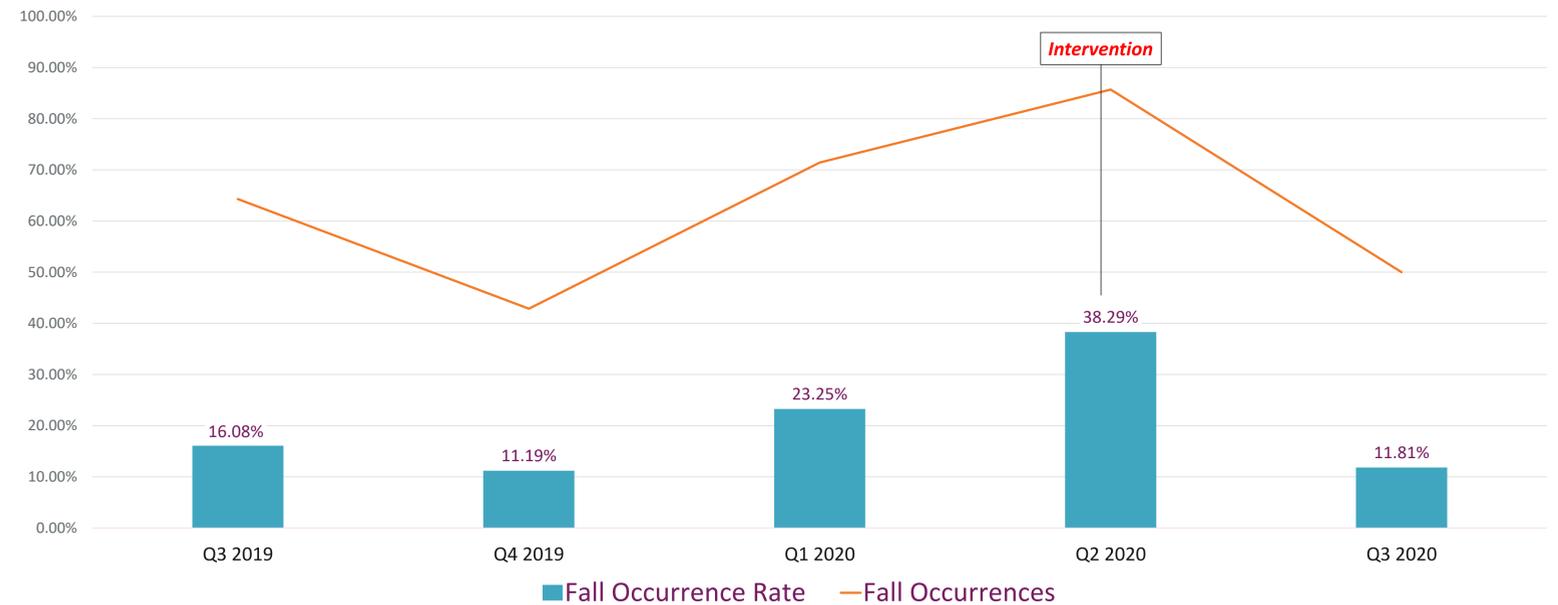
Q2 2020: Bedside nursing leaders provided education to staff on Responder 5 and hourly rounding & go-live with new hourly rounding process utilizing Responder 5 technology

Q4 2020: Evaluated outcomes of new falls prevention initiative

Outcomes

Our project went live in Q2 2020 where, at the time, our unit had a 38.29% fall occurrence rate. Outcome data was analyzed in October 2020 showed a decrease in the fall occurrence rate to 11.81% for Q3 2020. In addition to achieving a 26.6% reduction in fall occurrence rates from Q3 2019 to Q3 2020 an initial 69.2% decrease post-implementation can be observed.

Falls on 5G



Keys to Success



Bedside staff buy in is crucial. Providing unit-specific data in real time helps demonstrate how the project will improve patient care.



Educating bedside staff and unit leadership on the process will help with project sustainability.



Unit leadership must support the project leads and assist with navigating data and care considerations throughout project.

Project Distinction

This fall-prevention project is unique in that it is led by compassionate bedside nursing staff who wanted to improve patient safety on our unit. Role modeling the importance of being change agents, our project has influenced others to begin additional quality improvement initiatives that positively impact patient care. Our project demonstrates that nursing leaders are present everywhere and can drive changes in care that result in patients having a safe, fall-free stay when supported by their unit leadership.

Next Steps

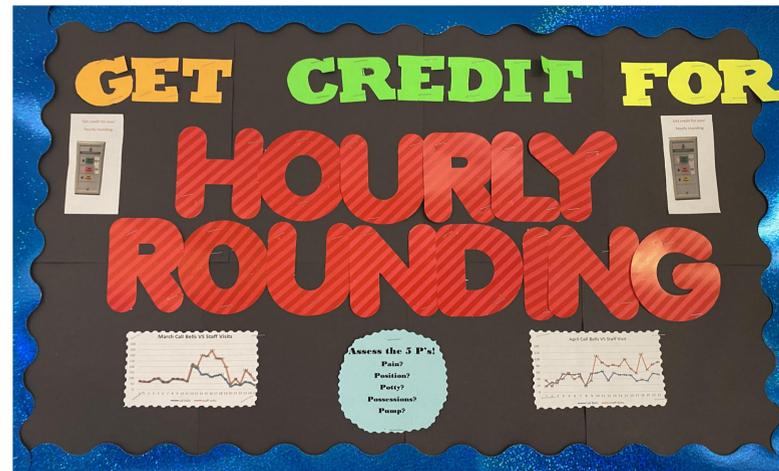
We will continue to support project progression and sustainability by educating newly hired staff. Our team will continue to provide fall data updates during morning huddles to promote staff awareness of the continued efforts to prevent patient falls from occurring on our unit.

References

Center For Quality, Safety & Innovation, & Wolff Center At UPMC. (October 2020). UPMC Presbyterian's Patient Falls (Fall Data Through September 30, 2020).

Morris, R, & O'Riordan, S. (2017). Prevention of falls in hospital. *Royal College of Physicians*, 17(4), 367-368. DOI: <https://doi.org/10.7861/clinmedicine.17-4-367>

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A bulletin board on our unit has helped staff remember the importance of hourly rounding while also providing an overview of what to assess each hour. Including pictures of which Responder 5 color is for each type of staff provides an easy reference for staff.



Huddles with bedside staff and unit leadership at morning shift change are crucial to address who is high risk for falls.

Sustained Achievement: Decreasing Urinary Catheter Utilization and CAUTIs through Focused Education on an Orthopaedic Unit.

Alyssa Sypolt, MSN, RN-BC; Lisa Welsh, BSN, RN; Donna Devitto, BSN, RN; Unit 9 North Nursing Staff; Dr. Joon Lee, MD, BCOS
UPMC Presbyterian

Objective

Following this presentation, the participant will be able to discuss decreasing CAUTIs for orthopaedic patients through focused education on limiting urinary catheter utilization and appropriate catheter care.

Project

The purpose of this project is to continue to limit the number of CAUTIs to equal to or less than the NHSN national benchmark. Orthopedic patients frequently have urinary catheters inserted for the duration of their surgery. This places them at risk for urinary complications including the potential for CAUTIs.

There were six (6) CAUTIs reported in 2018 for our 25-bed Orthopedic Unit. This was higher than the CDC National Healthcare Safety Network (NHSN) Standardized Infection Surveillance rate. During monthly unit quality meetings, we reviewed our opportunities for improvement. In 2019, we decreased CAUTIs from 6/year (2018) to 2/year and urinary catheter utilization from 82/month (2018) to 67.4/month.

The goal of this 2020 project was to:

- ✓ Continue to limit the number of CAUTIs equal to or less than the NHSN national benchmark.
 - The 2019 rate was 2.
- ✓ Continue to limit Foley catheter utilization.
 - The 2019 rate was 67.4 patients/month.

Process

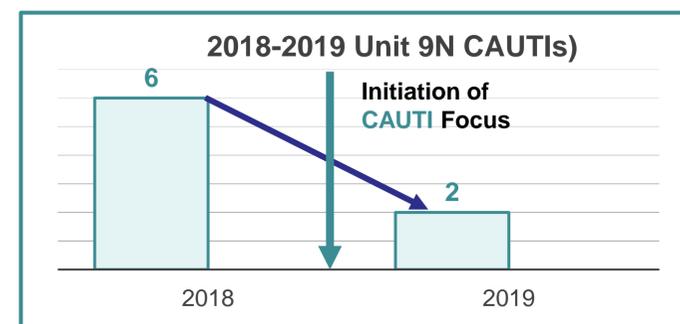
Baseline Process

- ✓ Use of the Nurse-driven Urinary Catheter Removal Protocol
- ✓ Almost all post-op patients had urinary catheters
- ✓ Patients admitted with urinary catheters, but without an order for a urinary catheter
- ✓ Ordering urine tests without clinical indications
- ✓ Ordering U/S and C&S simultaneously
- ✓ Inconsistent use of chlorhexidine gluconate (CHG) baths
- ✓ Inconsistent use of StatLocks to secure the tubing
- ✓ Inconsistent documentation of urinary catheter care

Baseline Data

Urinary catheter utilization

- ✓ 2018
 - 82 patients/month
 - 144 catheter days
- ✓ 2019
 - 67.4 patients/month
 - 134 catheter days



Methods

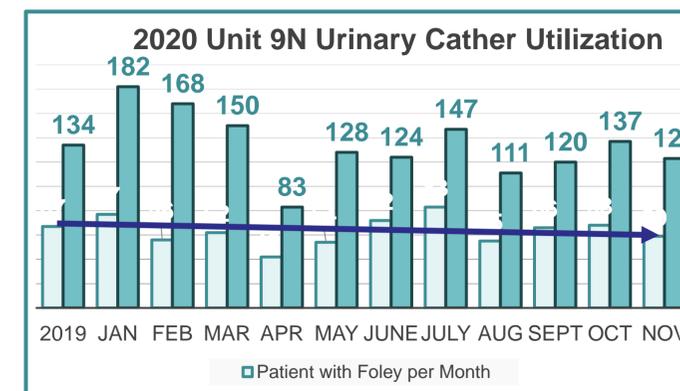
New Process

- ✓ **RN and PCT focused education**
 - Early removal of urinary catheters
 - Urinary catheter care with CHG daily and as needed
 - StatLocks to secure urinary catheter tubing
 - Urinary catheter bags hooked to the side of the bed
 - CHG bathing for all patients
 - Review documentation for urinary catheter utilization and urinary catheter care
- ✓ **Physician education**
 - Urinary catheter necessity
 - Ensure that there is a clinical indication
 - Concern for a CAUTI
 - Order U/A
 - If positive, order C&S

Outcomes / Evaluation

Urinary catheter utilization

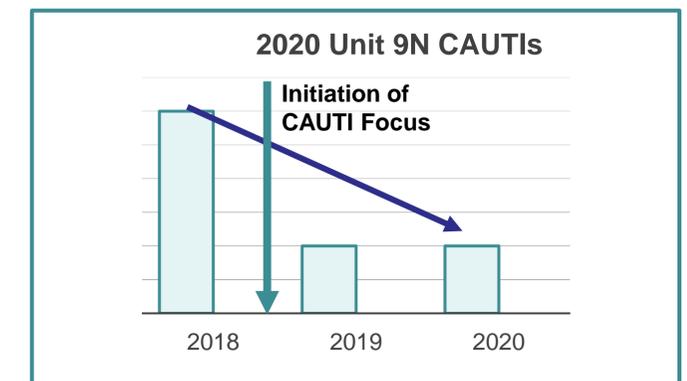
- ✓ **2020**
 - Urinary catheter utilization decreased to 63 patients/month.



Outcomes / Evaluation

CAUTIs

- ✓ **2020**
 - Sustained achievement with CAUTIs at 2/year.



Relevance to Nursing

- ✓ It is clear to us that the Physician Champion is vital, and it is crucial to work as team with physicians.
- ✓ These shared projects also require constant surveillance of urinary catheter utilization and care.
- ✓ We will also continue to provide education for staff and patients on CHG bathing.



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- Paulus, C., White, G. W., Silkaitis, C., Mikolajczak, A., Johnson, A., Keck, A., ... Young, C. (2016). The impact of urinalysis reflex criteria on surveillance catheter-associated urinary tract infections. *Open Forum Infectious Diseases*, 3(suppl_1)
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Sustained Achievement: Reducing Hospital Readmissions

Through Post-Discharge Phone Calls for Post-operative Otolaryngology Patients.

Cheryl Kleer, MSN, RN, CMSRN; Colleen Cochenour, MSN, RN-BC; Elizabeth Ciardi, RN, CMSRN; Carol Scholle, MSN, RN, NEA-BC; Darlene Lovasik, MN, RN, CCRN-K, CCTN; Unit 8W Charge Nurses; Eric Wang, MD, FACS
UPMC Presbyterian

Project

Post-operative otolaryngology patients have complex discharge planning requirements including the need for home care, equipment and supplies, and patient / family teaching. The risk for complications is high and ED visits / hospital readmissions are not uncommon in this patient population.

The Unit Leadership recognized the need for follow-up calls to patients on Discharge Day 2. The call confirms that ongoing care have been properly addressed: Home Care Nurse visits, supplies are delivered, prescriptions are filled, and post-operative appointments are scheduled with providers.

- Provides an opportunity for the patient / caregiver to express concerns about patient's care and condition.
- The Charge Nurse recognizes when there is a need to escalate the call.
 - ENT intern, ENT clinic, Home Care Liaison, etc.

Objective

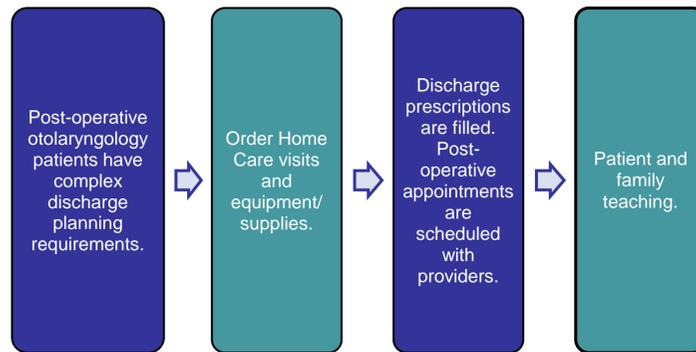
Following this presentation, the participant will be able to discuss the decrease in 7 day readmissions for otolaryngology patients following post-discharge phone calls.

Quality Indicators

- The quality indicators for this project are:
- The Otolaryngology (ENT) 7-day readmission rate.
 - Monthly post-discharge call data.

Process

Baseline Process



Issues Identified

- No post-discharge phone calls
- Post-discharge supplies were ordered
 - No follow-up
- Home Care Nurse visits were scheduled
 - No follow-up
- Patients / families have questions
- Unable to assess patient adjustment

Baseline Data

January 2018 – July 2018

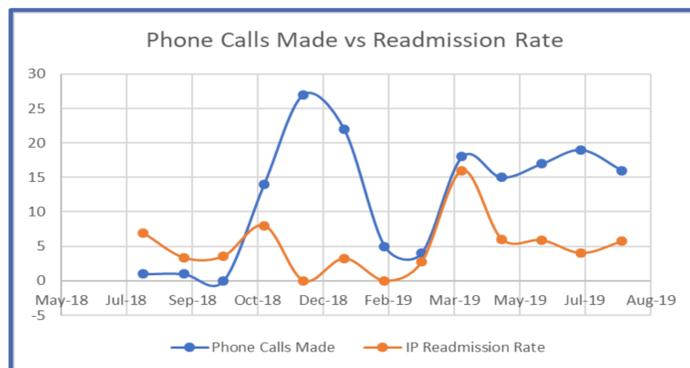
- Mean 7-day readmission rate **7%**

July 2018

- Implemented discharge phone calls

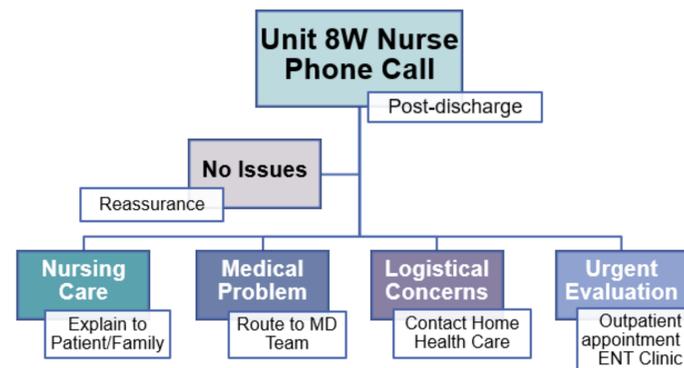
July 2018 – July 2019

- Mean 7-day readmission rate **5%**



Methods

New Process



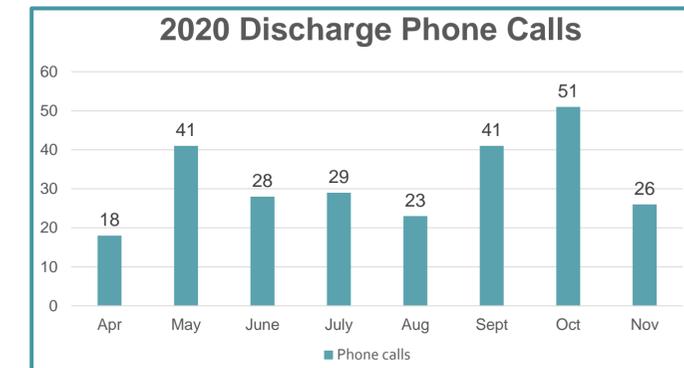
Responses to Post-discharge Phone Calls

- The responses can be categorized as:
 - No issues
 - Nursing care
 - Medical problems
 - Logistical concerns
 - Urgent evaluation require

Outcome / Evaluation

2020 Discharge Phone Calls

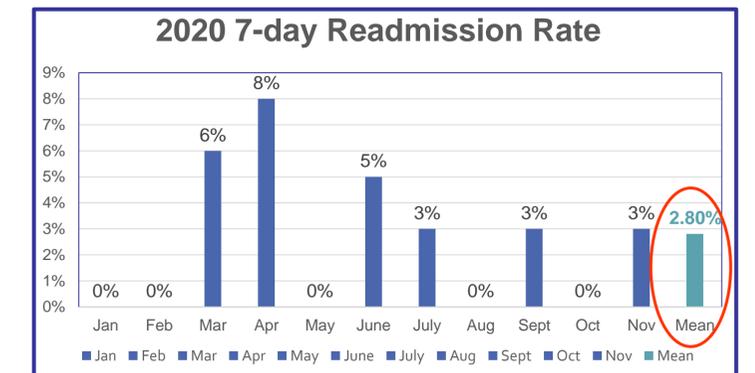
- Mean **33.6/month** (range from 18 - 51/month).
- Post-intervention calls correlated with reduced readmission rates.



Outcomes / Evaluation

2020 7-Day Readmission Rate

- Through focused calls to the patients and families, the mean 2020 readmission rate for ENT patients decreased to **2.8%** (range 0 - 8%)



Relevance to Nursing

- It is important to have consistency within the Charge Nurses making the phone calls.
- We provided Charge Nurse education sessions and worked with the HUCs to populate demographics to the follow-up tool.
- We also worked with the unit Physician Partner to obtain dedicated ENT Clinic access for patients that may need to be seen prior to their scheduled post-discharge appointments.

References

- Harrison, J. D., Auerbach, A. D., Quinn, K., Kynoch, E., & Mourad, M. (2014). Assessing the impact of nurse post-discharge telephone calls on 30-day hospital readmission rates, *J Gen Intern Med*, 29(11):1519-25.
- Nelson, J. M., & Rosenthal, L. (2015). How nurses can help reduce hospital readmissions: Learn how to help mitigate readmission risk starting from the time of admission, *AmericanNurseToday.com*, May:18-20.
- Woods, C. E., Jones, R., O'Shea, E., Grist, E., Wiggers, J., & Usher, K. (2019). Nurse-led postdischarge telephone follow-up calls: A mixed study systematic review, *J Clin Nurs*, 28(19-20):3386-3399.
- Yiadom, M. Y. A. B., Domenico, H., Byrne, D., Hasselblad, M. M., Gatto, C. L., Kripalani, S., ... Bernard, G. (2018). Randomised controlled pragmatic clinical trial evaluating the effectiveness of a discharge follow-up phone call on 30-day hospital readmissions: balancing pragmatic and explanatory design considerations, *BMJ Open*, Feb 14:8(2).



Collaborating With Nursing Council Members To Cultivate Hourly Rounding Best Practices



Sharon Hanchett, MSN, RN, OCN; Sherri Jones, MS, MBA, RDN, LDN, SSG, CPHQ, FAND;
Katie Falcioni, MSN, RN; Kristen George, BSN, RN; Karen Urban, RN; Amy McLaughlin, MSN, RN, NE-BC

University of Pittsburgh Medical Center (UPMC) Shadyside

Problem:

Literature shows benefits of hourly rounding to both increase patient experience scores and mitigate patient safety events. Hourly rounding is one of the UPMC best practice initiatives to promote the reimagined patient experience but has been the most challenging to hardwire for our facility. Only 20% of our inpatient nursing units were meeting the hourly rounding benchmark. A few years ago, the nursing Professional Practice and Development Council (PPDC) was successful in championing Bedside Shift Report, so nursing leadership supported PPDC championing hourly rounding in the same way. We needed to overcome barriers identified by nurses to experience consistent hourly rounding and improved organizational performance.

Current State:

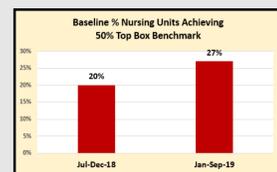
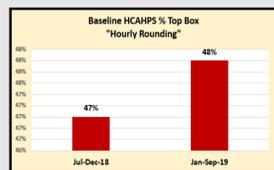
PPDC nurses conducted a current state assessment by interviewing nursing peers to gather perceived barriers, as well as any wins experienced by performing hourly rounds.

Reported Barriers to Hourly Rounding:

- Don't want to disturb sleeping patients every hour
- Staff resistance and inconsistency with accountability
- Nurses perceived as extra work vs being proactive and bundling care
- Units without Responder 4 or 5 need to use paper log
- Responder 5 units cannot differentiate phone calls from rounding reminders

Baseline HCAHPS:

- 47-48% Top Box (% always) for "Hourly Rounding"
- 20-27% nursing units achieving the 50% top box benchmark



Goal:

To improve the patient experience as evidenced by at least a 5% increase in HCAHPS scores related to Hourly Rounding at UPMC Shadyside in calendar year 2021.

Methods:

PPDC partnered with an Improvement Specialist to champion the hourly rounding initiative and implement improvement strategies as indicated below.

PPDC's Improvement Strategies Included:

- Engaged Shared leadership Councils to champion Hourly Rounding
- Enhanced technology for recording Hourly Rounds with call light Responder 5 system
- Developed a series of 6 video vignettes to educate staff on what Hourly Rounding should look and sound like
- Created an Hourly Rounding Tip Sheet to emphasize expectations
- Conducted peer interviews to identify Hourly Rounding Best Practices
- Held an Hourly Rounding bulletin board contest
- Implemented sustainability by requiring monthly hourly rounding unit report outs at monthly PPDC meetings

Hourly Rounding Tip Sheet

What is Hourly Rounding?
It is purposeful rounding to proactively address the patients' needs by consistently calling specific behaviors outlined in this tip sheet. Hourly Rounding is NOT just peeking in on the patient or saying "I'm here to check on you." Using the correct words and behaviors matters.

Always Address the 5 "P's"

1. Pain
2. Potty
3. Position
4. Pump
5. Possessions

Hourly Rounding Behaviors & Steps:

1. Knock upon entering and introduce yourself (name and position) - Perform AIDET
2. Perform hand hygiene upon entrance
3. Acknowledge patient by name (and check armband as appropriate)
4. Use opening key words: Hourly Round
"I'm here to hourly round on you."
"I'm back to do my hourly rounds to ensure you're safe."
5. Address the 5 "P's" (see box above)
6. Perform any other scheduled tasks
7. Assess additional comfort needs
8. Conduct environmental assessment (safety and sanitation)
9. Ensure call light is within reach
10. Always ask "Is there anything else I can do for you before I leave?" / "How time?"
11. Explain plans to return:
"I will be back in about an hour to complete another hourly round. In the meantime please press your call light if there is something that cannot wait until then."
"Your Patient Care Technician, X, will be back within the hour to complete her hourly round."
12. Document rounding via: Responder system or paper log
13. Perform hand hygiene upon exit

Effective Hourly Rounding decreases call lights, falls, and pressure injuries while increasing patient satisfaction

Hourly Rounding Bulletin Board Contest

The WINNER is...
Emergency Department

PPDC Hourly Rounding (HR) Unit Update Report

Month/Date of Update:	Nursing Unit:	Element	Response/Comments
1. Have you implemented the practice upon addressed?	☐ No ☐ Yes	1. "I'm here to hourly round on you."	☐ No ☐ Yes
2. "What do you think we do for you?"	☐ No ☐ Yes	2. "I'm back to do my hourly rounds to ensure you're safe."	☐ No ☐ Yes
3. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	3. "I'm here to hourly round on you."	☐ No ☐ Yes
4. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	4. "I'm here to hourly round on you."	☐ No ☐ Yes
5. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	5. "I'm here to hourly round on you."	☐ No ☐ Yes
6. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	6. "I'm here to hourly round on you."	☐ No ☐ Yes
7. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	7. "I'm here to hourly round on you."	☐ No ☐ Yes
8. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	8. "I'm here to hourly round on you."	☐ No ☐ Yes
9. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	9. "I'm here to hourly round on you."	☐ No ☐ Yes
10. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	10. "I'm here to hourly round on you."	☐ No ☐ Yes
11. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	11. "I'm here to hourly round on you."	☐ No ☐ Yes
12. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	12. "I'm here to hourly round on you."	☐ No ☐ Yes
13. "Does your unit have an armband for rounding?"	☐ No ☐ Yes	13. "I'm here to hourly round on you."	☐ No ☐ Yes

Video Vignette Series

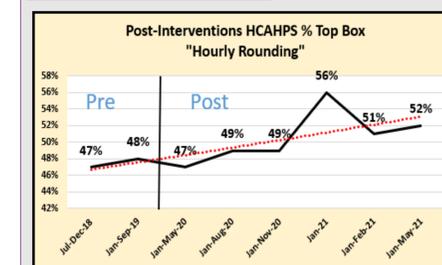
Created by our own staff

RN explaining/ conducting 1st round	RN being validated by nurse leader	RN/ PCT conducting round at nighttime
PCT rounding while answering call light	PCT rounding while doing BGM testing	PCT rounding and encouraging "potty"

References:

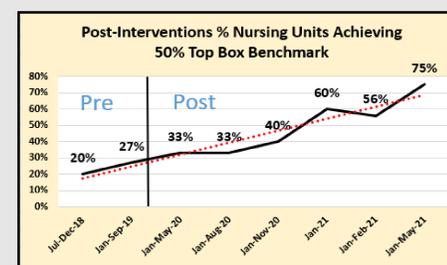
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2. Hourly Rounding Toolkit. 2006-2019 Huron Consulting Group Inc. and affiliates. pp.1-19.
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Outcomes: Met and exceeded 5% goal of HCAHPS improvement



Increased HCAHPS % Top Box score from cumulative avg: 47% to 52% for a:

- 5% point increase
- 11% overall improvement



Increased % nursing units meeting 50% benchmark from 20% to 75% for a:

- 55% point increase
- 275% overall improvement

Demographic Profile - Unit: Total

Question	Response	n	%
Check on you hourly during the day	Always	710	52%
	Usually	515	37%
	Sometimes	119	9%
	Never	33	2%
Total		1,377	

Cumulative 2021 YTD (Jan 1- May 31)

Although Top Box (% always) is 52%...the combined "always" and "usually" is 89% for calendar year 2021 to date

Future Considerations:

1. Continue to provide patient experience score updates, especially with hourly rounding, at monthly PPDC meetings
2. Consider engaging ancillary departments in conducting hourly rounding with routine patient interactions
3. Promote use of Hourly Rounding skills labs to allow staff to practice and be coached on performance
4. Continue to pursue enhancements to the Responder 5 system to track hourly rounds and send hourly alerts
5. Ultimately upgrade all nursing units to the call light responder 5 system

Relevance to Leadership:

- Hourly rounding can positively impact patient experience organizational performance
- To encourage hourly rounding, there's benefit to engaging shared leadership council members (bedside nurses)
- Unit director enforcement and accountability is important
- When nurses are empowered to develop the strategies, a transformation of advancing nursing practice can succeed

Improvement Specialist supported by a generous grant from the Shadyside Hospital Foundation





Collaborating With Nursing Council Members To Cultivate Hourly Rounding Best Practices



Sharon Hanchett, MSN, RN, OCN; Sherri Jones, MS, MBA, RDN, LDN, SSG, CPHQ, FAND;
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University of Pittsburgh Medical Center (UPMC) Shadyside

Problem:

Literature shows benefits of hourly rounding to both increase patient experience scores and mitigate patient safety events. Hourly rounding is one of the UPMC best practice initiatives to promote the reimagined patient experience but has been the most challenging to hardwire for our facility. Only 20% of our inpatient nursing units were meeting the hourly rounding benchmark. A few years ago, the nursing Professional Practice and Development Council (PPDC) was successful in championing Bedside Shift Report, so nursing leadership supported PPDC championing hourly rounding in the same way. We needed to overcome barriers identified by nurses to experience consistent hourly rounding and improved organizational performance.

Current State:

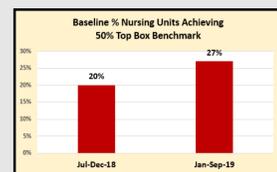
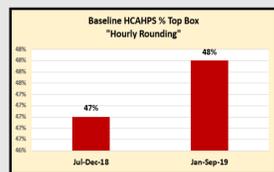
PPDC nurses conducted a current state assessment by interviewing nursing peers to gather perceived barriers, as well as any wins experienced by performing hourly rounds.

Reported Barriers to Hourly Rounding:

- Don't want to disturb sleeping patients every hour
- Staff resistance and inconsistency with accountability
- Nurses perceived as extra work vs being proactive and bundling care
- Units without Responder 4 or 5 need to use paper log
- Responder 5 units cannot differentiate phone calls from rounding reminders

Baseline HCAHPS:

- 47-48% Top Box (% always) for "Hourly Rounding"
- 20-27% nursing units achieving the 50% top box benchmark



Goal:

To improve the patient experience as evidenced by at least a 5% increase in HCAHPS scores related to Hourly Rounding at UPMC Shadyside in calendar year 2021.

Methods:

PPDC partnered with an Improvement Specialist to champion the hourly rounding initiative and implement improvement strategies as indicated below.

PPDC's Improvement Strategies Included:

- Engaged Shared leadership Councils to champion Hourly Rounding
- Enhanced technology for recording Hourly Rounds with call light Responder 5 system
- Developed a series of 6 video vignettes to educate staff on what Hourly Rounding should look and sound like
- Created an Hourly Rounding Tip Sheet to emphasize expectations
- Conducted peer interviews to identify Hourly Rounding Best Practices
- Held an Hourly Rounding bulletin board contest
- Implemented sustainability by requiring monthly hourly rounding unit report outs at monthly PPDC meetings

Hourly Rounding Tip Sheet

What is Hourly Rounding?
It is purposeful rounding to proactively address the patients' needs by consistently calling specific behaviors outlined in this tip sheet. Hourly Rounding is NOT just peeking in on the patient or saying "I'm here to check on you." Using the correct words and behaviors matters.

Always Address the 5 "P's"

1. Pain
2. Potty
3. Position
4. Pump
5. Possessions

Hourly Rounding Behaviors & Steps:

1. Knock upon entering and introduce yourself (name and position) - Perform AIDET
2. Perform hand hygiene upon entrance
3. Acknowledge patient by name (and check armband as appropriate)
4. Use opening key words: Hourly Round
"I'm here to hourly round on you."
"I'm back to do my hourly rounds to ensure you're safe."
5. Address the 5 "P's" (see box above)
6. Perform any other scheduled tasks
7. Assess additional comfort needs
8. Conduct environmental assessment (safety and sanitation)
9. Ensure call light is within reach
10. Always ask "Is there anything else I can do for you before I leave?" / "How time?"
11. Explain plans to return:
"I will be back in about an hour to complete another hourly round. In the meantime please press your call light if there is something that cannot wait until then."
"Your Patient Care Technician, X, will be back within the hour to complete her hourly round."
12. Document rounding via: Responder system or paper log
13. Perform hand hygiene upon exit

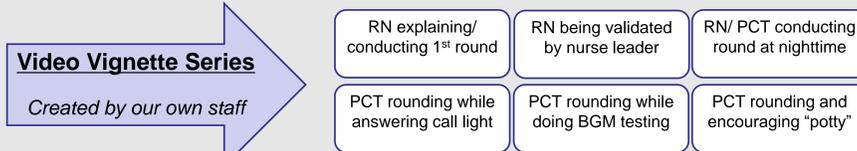
Effective Hourly Rounding decreases call lights, falls, and pressure injuries while increasing patient satisfaction

Hourly Rounding Bulletin Board Contest

The WINNER is...
Emergency Department

PPDC Hourly Rounding (HR) Unit Update Report

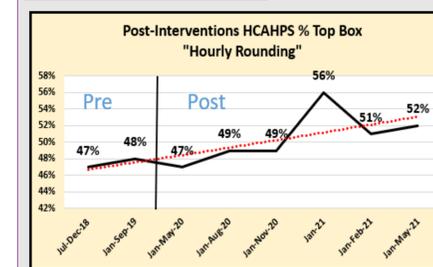
Month/Date of Update	Nursing Unit	Element	Response/Comments
11/1/20	Emergency Department	1. Are nurses responding to the patient upon admission?	Yes
11/1/20	Emergency Department	2. What are conditions like on your unit?	Emergency Department - Proactive POCs, both the HR and POCs. Other units call, respond, notify, etc. Listen to patient concerns.
11/1/20	Emergency Department	3. Does your unit have an action plan for rounding?	Yes
11/1/20	Emergency Department	4. Does your unit do the standard 5 "P's" or other? (Pain, Potty, Position, Pump, Possessions)	Yes
11/1/20	Emergency Department	5. How do you ensure your rounding is consistent across all units?	Yes
11/1/20	Emergency Department	6. Does your unit bundle other tasks with rounding?	Yes
11/1/20	Emergency Department	7. How do you ensure appropriate assessment of call lights, pressure injuries, and patient falls with rounding?	Yes
11/1/20	Emergency Department	8. Are you able to answer from being out of rooming?	Yes
11/1/20	Emergency Department	9. Is unit leadership (RN, NP, NNP, etc.) visible, change taking call, knowledgeable in rounding best practices?	Yes
11/1/20	Emergency Department	10. Any specific situations that were not challenging?	Yes
11/1/20	Emergency Department	11. Are additional HR comments/updates to check?	Yes



References:

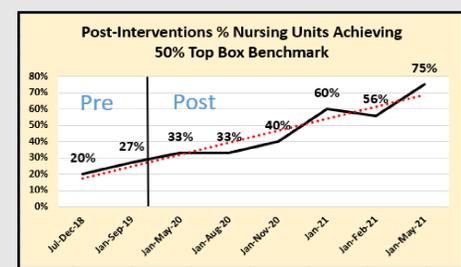
1. Give your nurses back 166 hours every month. Hardwired Results. 2005. 1 (3): pp.2.
2. Hourly Rounding Toolkit. 2006-2019 Huron Consulting Group Inc. and affiliates. pp.1-19.
3. Meade, C.M., Bursell, A.L., & Ketelsen, L. (2006). Effects of nursing rounds: on patients' call light use, satisfaction, and safety. American Journal of Nursing, 106(9), 58-70.

Outcomes: Met and exceeded 5% goal of HCAHPS improvement



Increased HCAHPS % Top Box score from cumulative avg: 47% to 52% for a:

- 5% point increase
- 11% overall improvement



Increased % nursing units meeting 50% benchmark from 20% to 75% for a:

- 55% point increase
- 275% overall improvement

Demographic Profile - Unit: Total

Question	Response	n	%
Check on you hourly during the day	Always	710	52%
	Usually	515	37%
	Sometimes	119	9%
	Never	33	2%
Total		1,377	

Cumulative 2021 YTD (Jan 1- May 31)

Although Top Box (% always) is 52%...the combined "always" and "usually" is 89% for calendar year 2021 to date

Future Considerations:

1. Continue to provide patient experience score updates, especially with hourly rounding, at monthly PPDC meetings
2. Consider engaging ancillary departments in conducting hourly rounding with routine patient interactions
3. Promote use of Hourly Rounding skills labs to allow staff to practice and be coached on performance
4. Continue to pursue enhancements to the Responder 5 system to track hourly rounds and send hourly alerts
5. Ultimately upgrade all nursing units to the call light responder 5 system

Relevance to Leadership:

- Hourly rounding can positively impact patient experience organizational performance
- To encourage hourly rounding, there's benefit to engaging shared leadership council members (bedside nurses)
- Unit director enforcement and accountability is important
- When nurses are empowered to develop the strategies, a transformation of advancing nursing practice can succeed

Empowering Nurses through an Innovative Competency Assessment Model

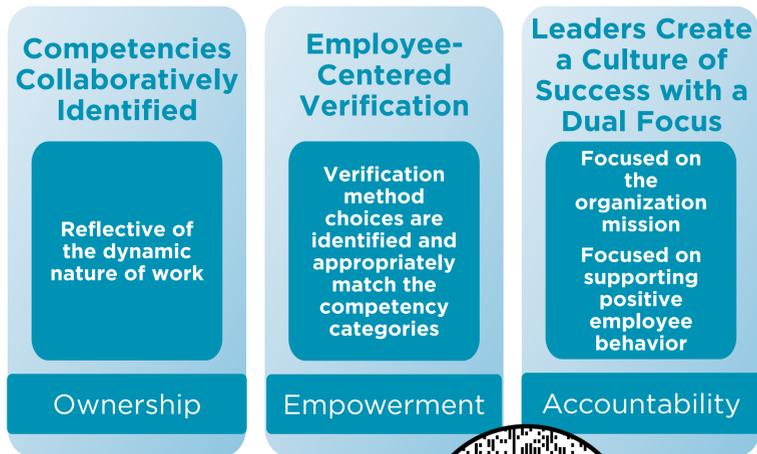
Catherine Green, MSN, RN, CMSRN | Kendallyn White, MSN, RN, CMSRN

Background

- Historically, at UPMC St. Margaret, nursing competence was verified annually during competency fairs where nurses completed skills stations on set dates
- This method is not evidence-based, does not prove true competence, is a staff dissatisfier due to lack of relevance to practice and having to come into work additional hours, and is not cost-effective

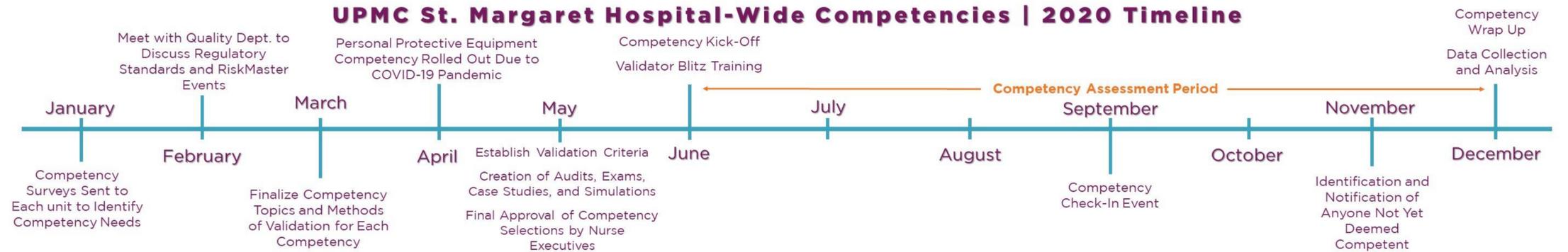
Donna Wright Competency Assessment Model (DWCAM)

- Literature review for best practice revealed the DWCAM, which fosters staff ownership, empowerment, and accountability
- Nurse educators developed various validation methods for each competency, including exams, case studies, simulations, and real-time validation
- Nurses chose which method to complete during scheduled shift hours



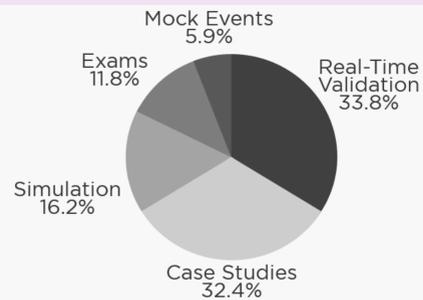
Implementation

UPMC St. Margaret Hospital-Wide Competencies | 2020 Timeline

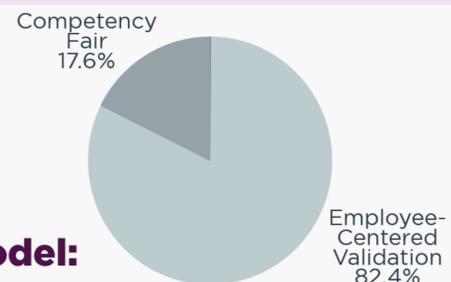


Outcomes: Staff Survey and Completion Data

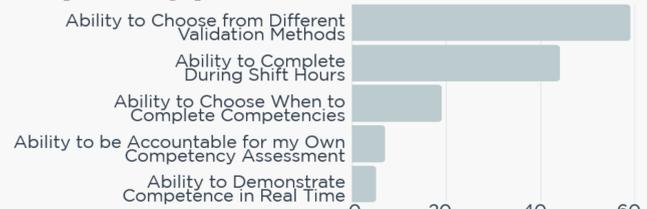
My favorite competency validation choice was:



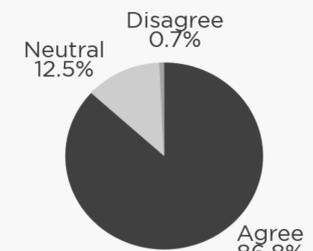
I prefer the following competency assessment validation model:



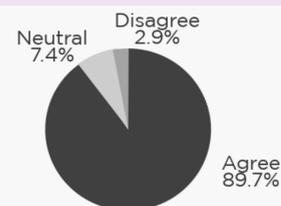
What did you like most about the new competency process?



Completing my competencies independently empowered me to have control of my own practice.



The competency topics are relevant to my current practice.



Competency Completion Data



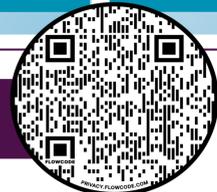
Implications for Practice

- Allowing nurses to choose the method and timing of their competency validation increases nurse satisfaction and fosters accountability for professional development
- Cost-benefit analysis revealed an estimated \$27,150 savings for the organization

Next Steps

- Implement more validation methods
- Improve completion tracking
- Transition from paper to electronic forms by using Microsoft Teams and Microsoft Forms
- Transition unit-based competencies to the Donna Wright Competency Assessment Model

References



Perioperative Pediatric Nursing Professional Development

Tracey Young, MSN, RN,

Purpose/ Problem

The perioperative nurse educator at AHN West Penn Hospital was challenged to develop a pathway by which the hospital's perioperative nurses would become competent to provide perianesthesia care for pediatric surgical patients.

Background

Pediatric surgical patients at West Penn had been provided perioperative care on the Burn Unit because this unit was the only locked unit where nursing staff were educated in the care of pediatric patients and certified in Pediatric Advanced Life Support. Then in a leadership meeting on September 13, 2019, to review the pediatric surgical experience at West Penn, the decision was made that perioperative nurses would care for all pediatric surgical patients, in accordance with best practice (ASPAN, 2016; AORN, 2019).

The Nursing Professional Practice and Education (NPPE) department's perioperative nursing professional development specialist was challenged to develop a plan to assess perioperative staff learning needs and provide the education identified as needed for this to occur.

References

- ASPAN (American Society of PeriAnesthesia Nurses). Competency Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the Perianesthesia Setting (CBO) 2016 edition. Hoefner-Notz R, Ed. Cherry Hill NJ, ASPAN, 2016.
- AORN (Association of Operating Room Nurses). Standards of Care. Denver, AORN, 2019.
- Meyers RS. Pediatric fluid and electrolyte therapy. *J Pediatr Pharmacol Ther.* 2009;14(4):204-211.

Contact Information

Tracey Young, MSN, RN

Special thanks to Maria Buchko, MSN, RN, NE-BC, and Mandi Paronish, MSN, RN, CPN

Strategies/Methods

With the support of the NPPE department leadership and the nurse manager of the Ambulatory Surgery Center (ASC), Gastrointestinal Lab, and Post-Anesthesia Care Unit (PACU), the perioperative nursing professional development specialist (NPDS) addressed the learning needs of the perioperative nurses. The NPDS found that the perioperative nurses had concerns about taking on perianesthesia care of pediatric patients because many of them had never provided care for a pediatric patient and lacked foundational education in the needs of this patient population. The NPDS conducted a learning needs assessment of the staff and developed an educational plan to meet their specific needs.

The education began with pediatric-specific knowledge related to perioperative care. In addition, the NPDS reviewed a summary report of the operative procedures most often performed on pediatric patients at the hospital within the past 18 months and developed education specific to these surgical procedures. Because the time frame for education was short, it was determined that the most efficient and effective pathway for delivery of the education was to hold a 4-hour skills day during which perioperative nurses would master skills at 8 different stations in a round-robin format.

The Pediatric Skills Day stations, set up in various locations in the perioperative area, were "Disney" themed, as follows:

1. Simulation of a Pediatric Code Blue related to hemorrhage after a tonsillectomy and adenoidectomy procedure
2. A pediatric code cart "search and find" (see form below)
3. Pediatric airway management
4. Pediatric perioperative medication interactive game
5. Pediatric vital signs and growth and development milestones
6. Family-centered care in the perioperative period
7. Pediatric computer jeopardy game
8. Pediatric surgical procedures most often done at the hospital

A total of 22 perioperative RNs were educated in 3 sessions held on January 30 (n=7), February 6 (n=7), and May 28 (n=8) 2020. At the conclusion of each 4-hour event the staff were asked to complete 2 evaluations, one from the NPPE Department regarding the overall education and one from the STAR (simulation) Center regarding the Pediatric Code Blue simulation. As a reminder of key information for the care of pediatric patients, nurses were provided with a "badge buddy" listing maintenance therapy fluid flow rates on one side and normal pediatric vital signs on the reverse (see below),

Pediatric "badge buddy" (Meyers, 2009)

Maintenance therapy

How to calculate maintenance fluid flow rates?
The most commonly used formula is (4/2/1) rule a.k.a (Weight+40), which is used for both adults and pediatrics.

4/2/1 rule

- 4 ml/kg/hr for first 10 kg (=40ml/hr)
- then 2 ml/kg/hr for next 10 kg (=20ml/hr)
- then 1 ml/kg/hr for any kgs over that

This always gives 60ml/hr for first 20 kg then you add 1 ml/kg/hr for each kg over 20 kg

So: **W** = _____
For any p

Age Group	Pediatric Vital Signs		Blood Pressure
	Heart Rate	Resp. Rate	
Newborn	85-205	30-60	60-84/ 31-53
Infant (< 1 year)	100-190	30-60	72-104/37-68
Toddler (1-3 years)	98-140	24-40	86-106/40-61
Preschool (3-5 years)	80-120	22-34	89-112/45-72
School Age (6-12 years)	75-118	18-30	96-115/57-80
Adolescent (13-18 years)	60-100	12-16	110-131/65-83

Pediatric Code Cart Search and Find



Pediatric Code Cart Search and Find
Directions: Review contents of the code cart and document location.

ITEM	DRAWER COLOR/LOCATION
IV PREP KIT	
18 & 20 GAUGE NEEDLE X 1.1/4"	
BACKBOARD	
10 FRENCH NG TUBE	
LYRYNGOSCOPE BLADE MILLER #2	
NONREBREATHER SIMPLE O2 MASK	
7 BERMAN ORAL AIRWAY	
20 & 18 GAUGE NEEDLE X 1.16"	
15 GAUGE STERNAL/ILIAC ASPIRATION NEEDLE	
BP CUFFS INFANT, CHILD & SMALL ADULT	
IV CATHETER 22 GAUGE X 1"	
8 FRENCH NG TUBE	
5.0 MM ENDOTRACHEAL TUBE UNCUFFED	
SMALL MAGILL FORCEP	
BABY/PED AMBU BAG	

Staff signature _____

Educator Signature _____

Results

The NPPE Department evaluation form asked nurses to evaluate the learning activities and learning environment and supplements on a scale of 4 (Excellent) to 1 (Poor/Not Useful). Forms that were returned all gave a "4" rating to the learning environment and teaching tools (folders/handouts, media used, interactive applications/exercises). Those that listed a "most valuable educational station" named the mock code. The only station that was not routinely rated "4" was the Pediatric computer jeopardy game, which was the most challenging test of knowledge, although even this station received a mean rating of 3.5. Learners also provided comments including "Well done education!" and "Made PALS [Pediatric Advanced Life Support] more understandable."

The STAR Center evaluations asked learners to rate, on a scale of 7 ("extremely satisfied") to 1 ("extremely dissatisfied"), the simulation instructors (knowledge, voice, course management, feedback), prebriefing session, simulation training, debriefing session, simulators/task trainers, and simulation technicians (availability, competency, professionalism). Mean scores were between 6.00 and 7.00 with the exception of 2 subscores in the second session ("Establishment of a positive learning environment" during prebriefing, 5.83, and "Believability of the case" during simulation training, 5.86).

Implications for Practice

As validated by the results of the learning needs assessment, perioperative nurses at our hospital felt the need for education regarding the specific characteristics and perianesthesia care needs of pediatric patients/families. The results of the 2 posteducation surveys showed that perioperative nurses believed that the 4-hour round-robin session including a variety of learning activities and modes was highly effective in meeting their education needs.

A unique component of the education, Family-centered care in the perioperative period, helped the nurses educate the parent/caregiver about what to expect from their child at different stages of the perioperative experience and how to meet care needs appropriately (eg, how to hold and comfort the child and when to call the surgeon/seek emergency care)

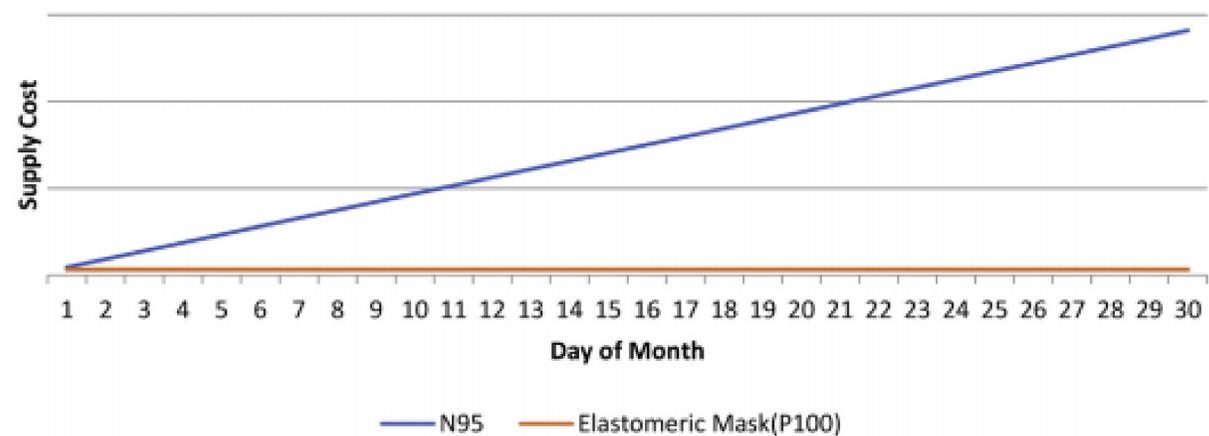


Implementation of an Elastomeric Mask Program as a Strategy to Eliminate Disposable N95 Mask Use and Resterilization

Sricharan Chalikonda, MD, MHA, FACS, Hope Waltenbaugh, MSN, RN, CNOR, NE-BC, Sara Angelilli, MSN, RN, CNOR, et al.

Problem

The COVID-19 global pandemic placed a large demand on personal protective equipment for healthcare workers. N-95 respirators, required to perform aerosolizing procedures, are in short supply and have increased significantly in cost. The lack of a clear end to the pandemic requires hospitals to create a long-term, cost effective solution to the N95 shortage. We initially used methods to reuse and resterilize N95 masks; however, we found they did not solve the issues related to just-in-time fit-testing and cost.



Methods

We initiated a program to reduce our dependence on N95 masks by implementing a phased program to acquire industrial style elastomeric P100 masks as a substitute for reuse and resterilization of disposable N95s. We created an allocation strategy based on availability of the masks, as well as an operational plan to fit test, educate, and disinfect the masks.



Journal Article &
Disinfection Video links



Outcomes

Within 1 month, we reduced the number of N95s needed by our network by 95%. The cost was, conservatively, 10 times less per month than purchasing disposable N95s, and the cost benefit increases the longer they are needed.

Implications

Establishment of an elastomeric mask program is feasible and less expensive than programs focused on reusing and disinfecting disposable N95 masks. In addition, elastomeric masks can be stored for future surges and should be considered an essential part of all healthcare facilities' supply of personal protective equipment.

Introducing SAM: A Skills Acquisition Model for Nursing Orientation

BACKGROUND

- Previous orientation model for new nurses lacked optimal preceptor-orientee interaction and optimal learning experiences.
- New graduate nurse satisfaction levels and retention rates also demonstrate room for improvement.

IMPLEMENTATION

- Through a team approach to patient care, the preceptor will provide optimal learning experiences & focus on the orientee's acquisition of essential nursing skills.
- The SAM model will increase new nurse confidence, thus positively impacting job satisfaction and commitment.
- The SAM orientation model will be implemented for all new nurses on acute care units beginning in August of 2020.
- I will compare satisfaction, retention rates, and length of orientation pre- and post-SAM implementation.

CORE: UPMC Beginnings & CHP Nursing Orientation

LEVEL 1: Assessment & Documentation

LEVEL 2: Medication & Communication

LEVEL 3: Quality & Safety

LEVEL 4: Continuum of Care

LEVEL 5: Workload Management

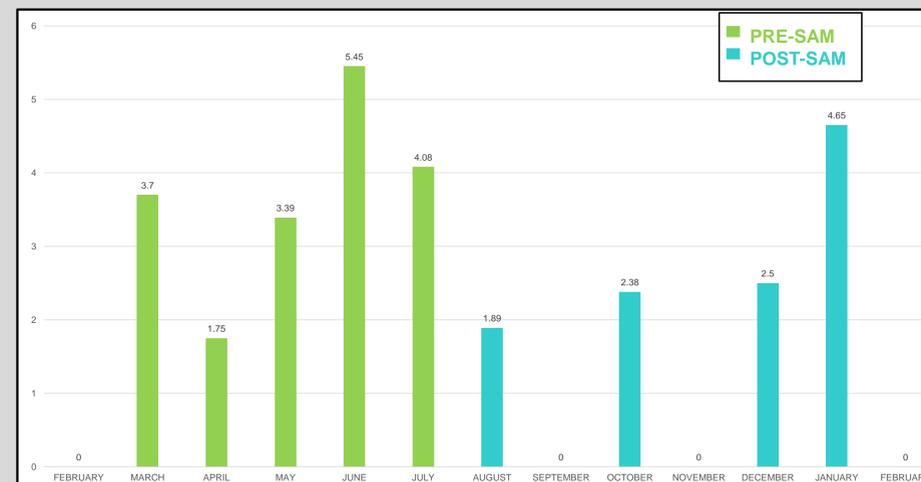
ONGOING: Professional Development

Carrie M. Jeffery MSN, RN, CPN
UPMC Children's Hospital of Pittsburgh

NURSE RESIDENT SATISFACTION

6-month responses Pre-SAM	6-month responses Post-SAM
3.29	3.47
0.18 point increase!	

NEW NURSE TURNOVER WITHIN 1ST YEAR



LENGTH OF ORIENTATION

PREVIOUS PLAN		SAM (NEW)	
UNIT	# OF WKS	UNIT	# OF WKS
6A	13	6A	12.00
6B	13	6B	13.00
7B	12	7B	11.33
7C	12	7C	9.67
8B	12	8B	10.00
9A	10	9A	10.80
9B	18	9B	15.60
CHRU	8	CHRU	
AVERAGE	12.25	AVERAGE	11.77

OUTCOMES

- Length of orientation for new nurses has decreased by 2 weeks on 2 acute care floors at CHP.
- Overall length of orientation for new nurses has decreased by 4%, or 0.5 weeks.
- Average new nurse turnover on acute care units within the 6-month period pre- and post-SAM implementation showed a 2.04% decrease.
 - PRE-SAM 3.67%
 - POST-SAM 1.63%
- Nurse residents showed a 0.18-point increase in satisfaction and commitment scores on the Casey-Fink Satisfaction and Commitment survey.

IMPLICATIONS

- Provide learning opportunities for preceptors to allow feedback and address concerns, as well as to present evidence-based practices to help strengthen the preceptor role at CHP.
- Suggest meetings every 2 weeks with orientee-preceptor teams, unit leadership, and unit-based educators to facilitate movement through orientation and transition to independent practice.
- Gain senior nurse leader support through presentation of this project at shared governance councils and conferences, to encourage acceptance of this change on units.
- Adapt the SAM model to be utilized in departments across CHP.
 - SAM model adaptation to OR and ED is currently in progress; goal for implementation is fall of 2021.

REFERENCES

- Beamer, J.C., Kromer, R.S., & Jeffery, A.D. (2020). Imagining an orientation built on trust. *Journal for Nurses in Professional Development*, 36(1), 2-6. DOI: 10.1097/NND.0000000000000602
- Laflamme, J. & Hyrkas, K. (2020). New graduate orientation evaluation: Are there any best practices out there? *Journal for Nurses in Professional Development*. Advance online publication: doi: 10.1097/NND.0000000000000642

The Effectiveness of a Mentoring Program to Address Nurse Retention and Turnover in the Acute Care Setting

Allegheny General Hospital - Allegheny Health Network

Catherine Doerfler, RN, BSN ,PCCN and Susan Leininger, RN, MSN

Introduction and Objectives

The transition of graduate nurse into an acute care setting can be intimidating and stressful. The increasing complexity of the acute care setting, high patient acuity, demanding workload and lack of clinical support have led to a high level of new nurse turnover rates. With the onset of COVID-19, the stress new graduates have experienced has increased as well. According to the National Council of State Board of Nursing, approximately 25% of new nurses leave a position within the first year of practice. 1 These results have negatively influence patient safety and health care outcomes. Nursing shortages can lead to errors in patient care and high morbidity and mortality rates. In addition, nursing turnover creates a financial burden at the organizational level. Replacing, rehiring and orienting a new nurse can cost an organization twice the cost of a new graduates nursing annual salary.2 The objective of the project was to determine if a mentoring program encouraged and fostered nursing retention in the acute care setting.

Review of the Literature

Over 300 articles were identified using Cinahl and Medline search engines that reviewed various models of mentoring programs. Some of the mentoring programs discussed the development of a mentoring environment, the outcomes of mentoring, criteria for mentoring and new approaches to mentoring as well as nurse resiliency. Articles more than 5 years old and those that were not bedside nurse mentoring programs were excluded. Many of the articles reported that mentoring programs have a positive impact on the graduate nurse transitioning into clinical practice with improved retention rates. The authors focused on three articles that will be highlighted. Szalmasagi reported that there was a significant increase of nurses still employed after one year when a mentoring program was in place as compared with those without a mentoring program2. Zhang, et.al conducted a systematic review in which most mentoring programs reported a reduction in nurse turnover, increase in job satisfaction and an increase in nurse competency. 3 Lastly, Davey, et. al provided quantitative evidence, through surveys and interviews, that a mentoring program was an effective means of establishing support and that mentor-mentee relationships were beneficial to the growth of the new nurse 4.

Methods

A mentoring program was developed on a surgical telemetry unit. Mentors and Mentees were assigned by management based on characteristics and scheduling, and the time of hiring. Based on a pre-survey given to the 8A nursing staff, the mentorship program was developed to reflect an informal confidential partnership. Mentors and mentees are expected to be in contact 5 to 6 times a year, however, the contact can be more frequent if mutually agreed upon. In addition to the partnership meetings, the mentorship program provides monthly Zoom meetings and or dinner outings for socialization within the mentorship program. A bar code was provided to the nursing staff to upload the survey. The survey consisted of four questions.

1. What is your employee number (information will only be used to validate effectiveness of program.
2. At work I feel I have someone who cares about me
3. I have someone I can ask questions if I need help
4. What are your goals after mentorship program has been completed
5. Did the mentorship program increase the likelihood of remain on the unit for 2 years

Summary of Findings/Results

Nursing management and the 8a unit-based council worked collaboratively towards developing a Qualtrics survey for the mentees. The survey was sent out to all the mentees, the response rate was 100%. The survey as well as the interviews completed through Zoom meetings and mentorship outings, showed a positive affect on the transition of the novice nurse to the acute care setting. Mentees reported a supportive nursing staff environment as shown in Tables One and Two. Table 3 indicates that half of mentee wanted to stay on the unit. Half of the mentees have a desire to leave the unit for relocation as part of their profession development. The program goal to retain nurses for two years was 50% as seen on Table 4.

Table 1

At Work, I Feel Like I Have Someone Who Cares About Me

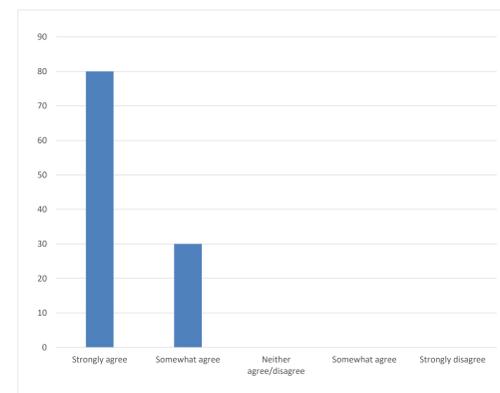


Table 2

I Have Someone I Can Ask Questions If I Need Help

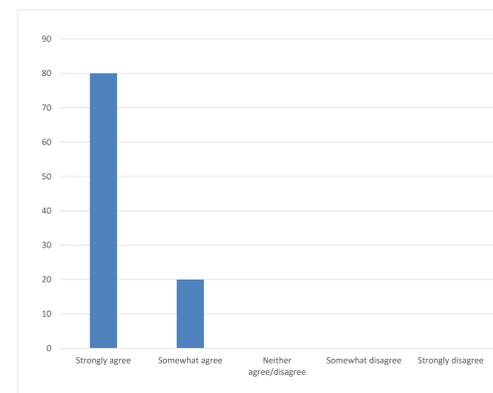


Table 3

What Are Your Goals For The Mentorship Program Once Completed

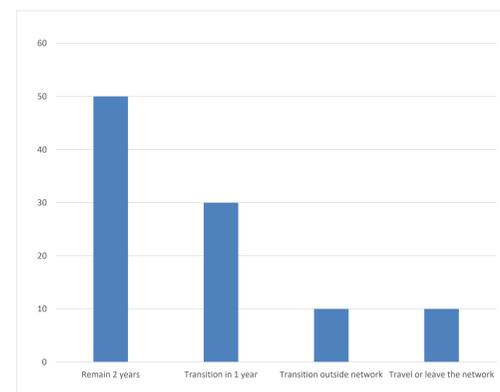
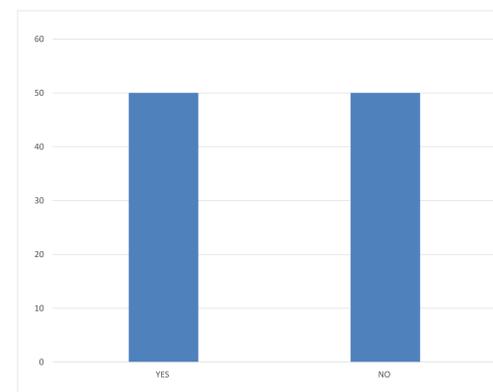


Table 4

Mentorship Program Increased the Likelihood to Remain on This Unit for 2 Years



Implications for Practice

1. Mentorship programs has shown positive results with transitioning the novice nurse in the acute care setting.
2. Mentorship programs increase retention of new nurses.
3. Develops and establishes a professional relationship with members of the nursing units
4. Builds confidence in communication with the health care team and confidence in patient care.
5. Socialization helps the new nurse to become a part of the nursing unit family outside of the work environment.
6. Concerns for patient acuity and ancillary assistance

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 Brandon McEwen, Assistant Nurse Manger 8A
 To All the Mentors and Mentee on 8A
 8A Unit Council Members,
 Art Cardone, Lean Coach

Cultivating Collaboration For An Evidence Based Practice Organization While Mentoring & Driving Innovation at the Bedside



Judith Tinelli, MSN, RN, ONC, CRRN, CNL ● Emily Wickline, PhD, BSN, RN, CMSRN ● Jennifer Parrotte, MSN, RN

UPMC St. Margaret, Pittsburgh, PA

Results

Problem

The Evidence Based Practice & Research Council (EBPRC) at a Community Hospital continues to see multiple research projects & quality projects occurring simultaneously in our environment, but the dissemination of new knowledge to our healthcare professionals has been lacking

There was a need to mentor nurses to understand, evaluate & conduct research for engagement & Magnet re-designation

An educational dissemination plan was needed to embed EBP knowledge into our nurses' practice

A familiar & easy to access platform was needed to teach nurses how to access, appreciate & appraise current research

Importance

Building EBP education into our systems addresses the gap in knowledge about the evidence & how it relates to their practice

Many bedside nurses are unaware of nursing research, & the knowledge & skills to review literature to develop projects (Tucker, et al., 2021)

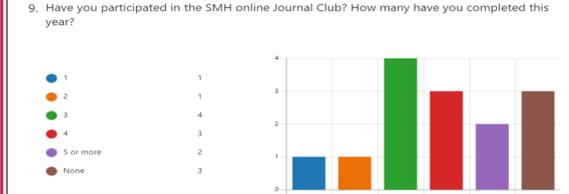
Mentors are needed to guide bedside nurses in the steps of EBP practice research according to the ARCC model (Melnik, et al., 2017)

Nursing knowledge in the hospital environment has a positive correlation between nursing engagement, research & implementation of best practices in nursing (van der Goot, et al., 2018)

Innovation is needed as healthcare advances in a constantly changing environment

Assess Readiness of EBPRC

Needs Assessment for council members (2020).



AIM: Enrich the to soil with education & build a strong support system to let EBP flourish

Implementation Plan for EBPRC

- Spark interest in the council with videos of nurse researchers at our hospital
- Promote council branding with a custom logo
- PhD Nurse Researcher with office hours to assist with planning & abstracts – including Research Application
- Have a formalized process using Melnyk's 7-step EBP model as a step-by-step to organize EBP projects
- Have all research tracked through our EBPRC

GOALS for EBPRC Members:

- “Nurse Ambassador Scholar” as a standard of care for council
- EBPRC members to be research mentors
- Increase presentations at conferences
- Increase IRB research submissions
- Promote EBP education at system level
- Spread 12-month program to all nurses
- Make EBP & RESEARCH a culture at St. Margaret & beyond!

Establish a Nurse Ambassador Scholar 12- month program

- Online Journal Club articles by Melnyk with emphasizing key point videos presented at each EBPR Council meeting with CEUs
- Evidence-Based Practice and Research Council – EBP readiness survey
- EBP PICOT, Rapid Critical Appraisals and EBP worksheets will be used by mentors.
- 12-month graduation certificate
- Key strategies for Nurse Managers to implement EBP on their units.
- Research office days for mentoring support
- Leadership support to enculture EBP.

Development of Tools & Video

Research Application

The EBPR Council has received your application and your project has been selected for review. You will receive a research bundle with contact information for guidance, articles, and support data.

Next Steps:

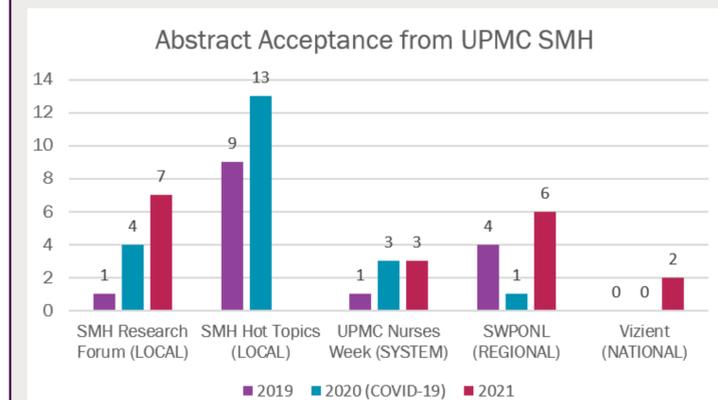
- Solidify your topic and develop a formalized PICOT question
- Review the PICOT question with the unit director and active stakeholders (if applicable) and have the unit director sign off on project
- Complete a literature review

VIDEO: “Nursing Research @ SMH”

12-Month Journal Club

- Month #1:** Factors needed to implement EBP
- Month #2:** How to read a journal article
- Month #3:** How to do a PICOT question
- Month #4:** Levels of evidence
- Month #5:** Rapid Critical Appraisals (RCA)
- Month #6:** Statistical significance & validity
- Month #7:** How to package an RCA for the Operations Council
- Month #8:** Template for the steps in a QI & EBP project
- Month #9:** Securing admin. support, writing a letter to CNO, exempt or expedited IRB, creating a budget
- Month #10:** Key strategies for the managers successful implementation of an EBP pilot
- Month #11:** Disseminating a project, creating a power point, publishing tips
- Month #12:** Sustaining the EBP change using mentors to sustain the change

Increased SMH presentations at conferences:



Increased IRB research submissions at SMH:

<p>The Impact of Bedside Shift Report on HCAHPS Scores & CMS Penalty Claims</p> <p>STUDY 20070234</p> <p>Completed 2021</p>	<p>Increasing Non-pharmacological options with the Holistic Cart</p> <p>STUDY 1912026</p> <p>Approved 2021</p>	<p>Igniting Nurses' Value, Implementation, and Knowledge of Evidence-Based Practice</p> <p>STUDY 21040085</p> <p>Approved 2021</p>	<p>Using Simulated Family Presence to Decrease Agitation in Hospitalized Patients w/ Dementia or Delirium</p> <p>STUDY 20070375</p> <p>IRB pre-submission</p>
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Promoted & spread 12-month EBP education at system level with **STUDY 21040085**

Nursing Implications

EBP culture needs mentors to advance & sustain EBP

Education can be utilized across an organization to improve quality & performance by using innovative platforms

References

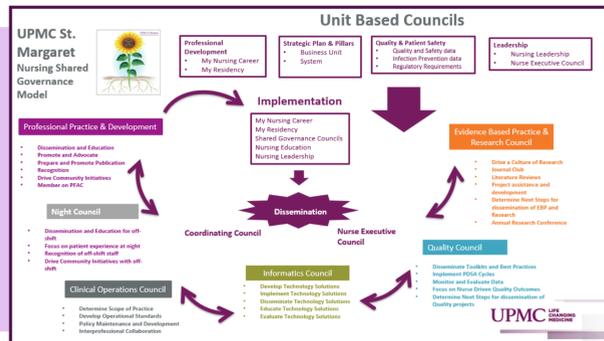
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Reporting Structure for Councils

ONGOING ASSESSMENT: Develop awareness of the research council functions & interconnectedness, identify barriers to conducting research and identify unit-based projects that could benefit from council assistance



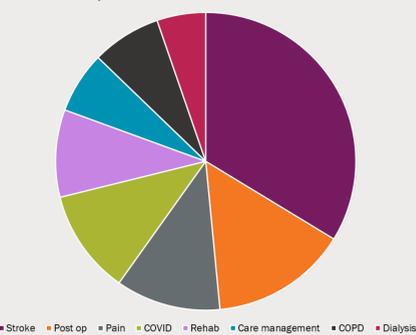
St. Margaret Platform Development

An Online Journal Club was developed in March of 2020 & used as an electronic, educational, easy to access platform to acquaint nurses with the current literature about topics relative to their practice

Nurses also received incentive to participate with free Continuing Education Units upon completion of evaluation & quiz

502 completed articles in the first 10 months across the UPMC Network

502 Completed online Journal Club Articles



Decreasing Length of Stay During the COVID-19 Pandemic Positively Impacts Patient Outcomes in the Postpartum Setting

Rebecca Lavezoli, MSN, RN, CCRN, CBC; Beth Quinn, MSN, RNC-MNN; Gysella Muniz Pujalt, MD, FAAP;

Heather Ambrose, DNP, RN, NEA-BC, CENP, CPN; Catherine Thomas, MSN, RN, CNL, CBC & Maribeth McLaughlin, RN, BSN, MPM

Background

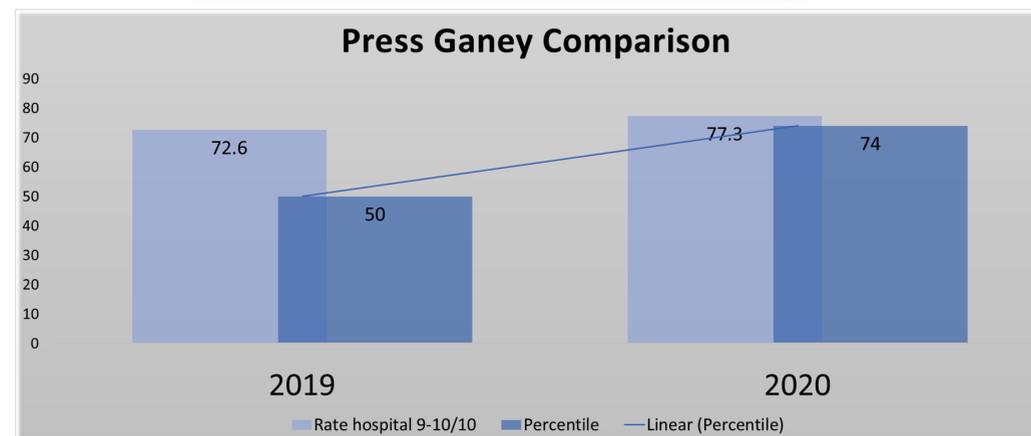
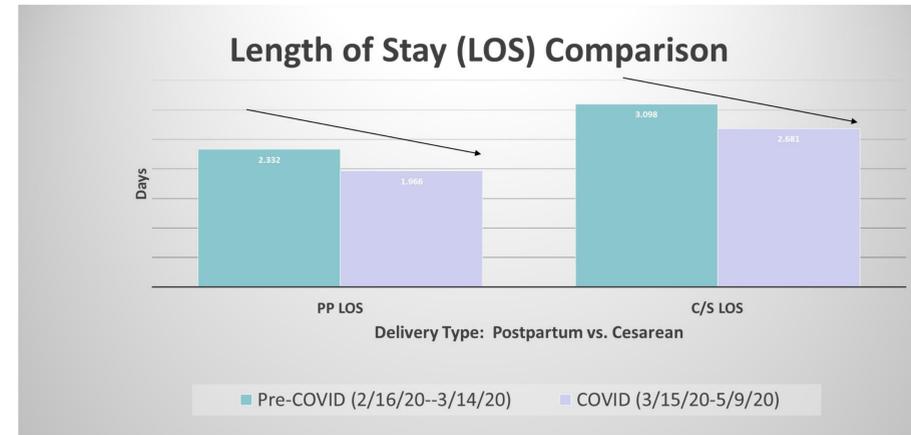
Since onset of the COVID-19 pandemic, obstetric patients desired for a shorter length of stay (LOS). Through a multidisciplinary team approach, these fears were taken into consideration while also adhering to best practices and safety standards. What the team came up with led to altering standard pathways that made a lasting impact on patient outcomes and overall patient experience.

Methods

The multidisciplinary team approach involved:

- Virtual meetings including case management, social work, nursing leadership, as well as pediatric and obstetric providers who combined forces to adjust traditional discharge guidelines.
- Timeframes for newborn testing migrated from the 36-hour to the 24-hour period. Newborns needed to meet certain milestones to be safe for discharge.
- Frequency of patient vital checks increased for the first 24-hours postpartum. These adjustments were defined in nursing pathways that streamlined workflow for both mother and baby care and had significant impact in determining patient eligibility for discharge.

UPMC Magee-Womens Hospital



Results

Since implementing nursing care pathways, overall maternal LOS decreased compared with pre-pandemic LOS. Readmission rates maintained or decreased in certain settings, and emergency department visits decreased for both newborns and mothers. Patient satisfaction scores for postpartum increased by 29 percentile points from 2019 to 2020.

Future Direction

Through reevaluating traditional standards and implementing nursing pathways, care became streamlined in a way that had positive impacts. Patient needs were met while maintaining safety guidelines. Reevaluating and adjusting existing guidelines and creating pathways to capture best practices can enhance patient outcomes and overall experience.

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Respite Rooms: An Innovative Approach To Boost Nurse Resiliency With COVID-19 Burnout

Melanie Smith-Fortney, MSN, RN, NEA-BC; Sandra Rader, DNP, MSA, RN, NEA-BC; Jesse Callaro, MSN, RN; Sherri Jones, MS, MBA, RDN, LDN, SSGB, CPHQ, FAND; Shelley Watters, DNP, RN, NE-BC; Lisa Donahue, DNP, RN, CPPS; Amy McLaughlin, MSN, RN, NE-BC



UPMC Presbyterian Shadyside

Issue:

Enormous challenges have been faced by healthcare workers during the COVID-19 pandemic. The psychological stress can become overbearing. A recent Psychology journal article states "It is imperative that we develop novel tools to assist healthcare workers in dealing with the significant additional stress...as a result of the pandemic (Putrino 2020)." Putrino reported a 59.6% reduction in staff-reported stress with recharge rooms. Prior to the pandemic, nursing literature supported respite areas to specifically lessen nurses' stress. At UPMC Presbyterian Shadyside, only 1 respite room existed across both campuses for staff to use.

Project Goal:

Our nursing leadership team endorsed creating several staff respite rooms with the goal to provide care givers an area to recharge in a safe, socially distanced space.

Manner Addressed:

- A literature search was conducted to determine features of healthcare respite rooms.
- Various geographical locations were identified to easily convert to respite rooms, including family lounges.
- Grant funding was obtained for expenses.
- Regulatory, Infection Control, Safety, and Maintenance departments were engaged for approvals/expertise.
- Items were purchased, rooms engineered and furnished, and marketing communicated.
- Food and Nutrition supplied refreshments.
- Shared leadership council members volunteered to maintain the rooms.
- A visit log was created for each room to capture day/time, position role, and any qualitative comments.

PUH Campus	SHY Campus
8 North (MUH)	1 st fl. West Wing
7 G (PUH)	ED South Connector
7 D (PUH)	4 East
11 F (PUH)	5 West
ED (pending)	6 West
3 E (pending)	4 West

Presbyterian Campus:
4 rooms currently exist
2 added rooms pending

Shadyside Campus:
1 room existed prior
5 rooms were added

Amenities Provided:

- Recliner chair
 - Soft lighting
 - Nature artwork
 - Sound machine
 - Massage wand
 - Aromatherapy
 - Inspirational quotes
 - Refreshments
 - Tissues
 - Resource handouts
 - Hand sanitizer
 - Sanitizing wipes
- (may vary by individual room)

Samples of Various Respite Rooms:



Sample visit log communication



Funding Provided By:

- Ladies Hospital Aid Society
- Shadyside Hospital Foundation



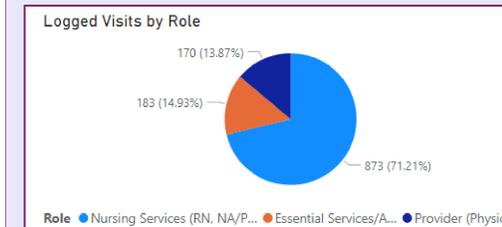
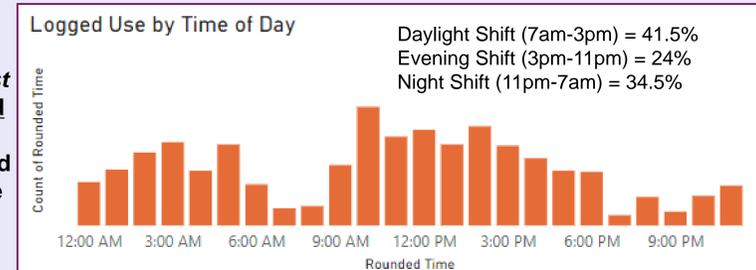
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Findings:



10:00 am had highest use logged
7:00 pm had lowest use logged



Highest use logged by Nursing Services-RN/PCT/NA/HUC (71%)
Almost equal amount logged by Providers-MD/APP (14%) and Essential/Ancillary (15%)

Staff/Provider Comments: (Provided from the visit log)

- "This was amazing. It's exactly what I needed, and I will definitely be coming back. We need more of these rooms!"
- "This room is wonderful!!!! Very peaceful. Makes a nice difference in a crazy shift to not only be able to step off the unit, but to have somewhere to go to be alone for a few minutes that isn't a bathroom."
- "Thank you for this room, it really helps me get through my day."
- "This room is very needed for the staff here. It provides a quiet space that can't be found anywhere else in the hospital, and that goes a long way towards helping us keep oriented to our duties."

Relevance to Nursing Leadership:

Nurse leaders must be connected to frontline care providers to recognize and respond with appropriate strategies when care begins to take a psychological toll. Staff are the greatest resource to an organization, thus maintaining their wellbeing is essential.

Improvement Specialist involved was supported by a generous grant from the Shadyside Hospital Foundation



Excellence During Distancing: New Nurse Transition to Practice Program During COVID-19



UPMC | ST. MARGARET

Jennifer Hicks MSN, RN, CEN & Jennifer Parrotte MSN, RN

Background

- The first year of practice in nursing is a time of continuous change, learning, and uncertainty
- Literature supports the need for formal transition to practice programs that provide support for skills development, relationships, and the reality shock of their new role and responsibilities known as a practice gap
- This theory to practice gap leads to a decline in self confidence between the 6-to-9-month mark after their start of their new job
- The COVID-19 pandemic created additional challenges for nurses as their formal training was greatly impacted especially in the clinical settings

Restructuring the Program: A Movement for Change

- Restructured education department for 2020
- Reviewed evaluations from previous 2 years that were collected via the vendor Vizient and individual session evaluations completed via paper
- Feedback included that their enrollment into the program was delayed causing it to be less applicable, they did not feel supported, and that the method of presentations was not appealing
- Casey Fink Experience Survey used to measure stress, support, organizing prioritizing, communication leadership, and professional satisfaction
- 12 sessions over 12 months ranging between 4-6 hours
- First hour of each session was devoted to clinical reflections

Quality Outcomes

- Management of the changing patient condition
- Patient and family education
- Pain management
- Medication safety
- Skin integrity and wound management
- Patient fall prevention
- Infection prevention and control

Leadership

- Patient care delivery, resource management and delegation
- Conflict resolution
- Interprofessional communication
- Patient care coordination

Professional Role

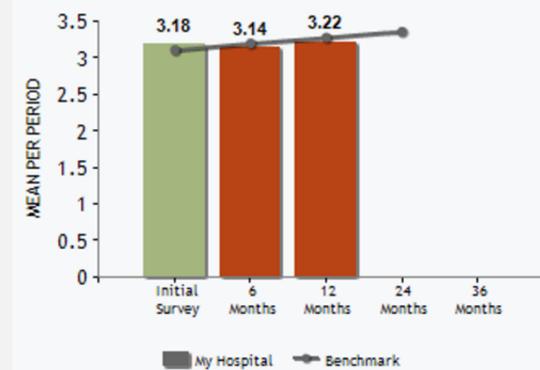
- Ethical decision-making
- Cultural competence in the nursing care environment
- Stress management and self care
- Evidence-based practice
- Professional development

Data Review

- The national trend showed a pattern of an upward curve from the initial survey to the six-month survey, although the hospital saw a contrasting opposite trend happen with each group

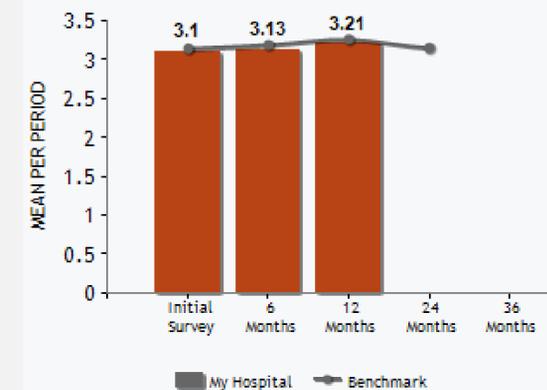
2019 SMH vs. NRP

Overall - Overall



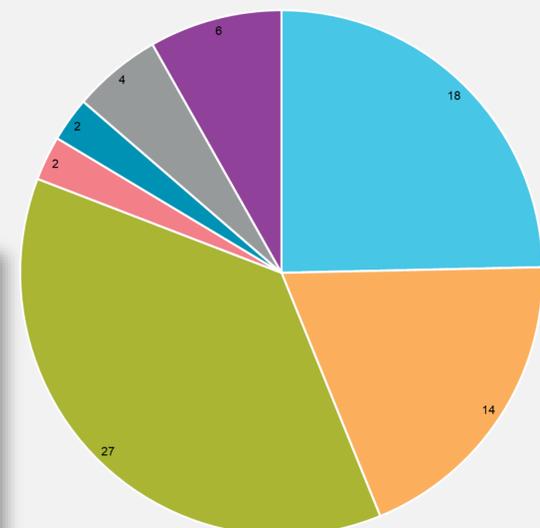
2020 SMH vs. NRP

Overall - Overall



- The changes have showed a trend of support overall for the residents and a 0.05 difference from the national mean
- Two resident submissions accepted to the poster session of the 2021 Virtual Vizient Clinical Workforce and Nurse Residency Program Conference

Percentage of Residents



Residents' Skills Over 12 Months Scoring Above the Mean SMH vs. NRP Participants



Steps Taken

- Fresh view with new coordinator
- Goal of beginning program within 3 months of start date
- Curriculum redesign including hands on learning
 - Escape room
 - Low and high-fidelity simulation
 - Debriefing scenarios
- Facilitators that are program graduates
- Incorporating hospital experts as presenters
- Open skills labs in simulation lab
- Changed when EBP was introduced
- DNP-prepared project mentor for EBP
- Completed EBP project and presented a PowerPoint, a poster, and an abstract to develop presentation skills
- Utilizing Microsoft Teams collaborative functions to keep sessions interactive

Next Steps

- Incorporating more hands on with the decreasing pandemic restrictions
- Continue to expand the use of the simulation lab into sessions

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Improving Transition to Practice Orientation for Nurses in the Progressive Care Setting

Kristen Lutz, MSN, RN, CEN, PCCN-K
UPMC Passavant

Problem:

In 2020, many nursing programs transitioned to an online learning format in response to COVID-19, which limited the amount of clinical practice and simulation time nursing students were receiving. This has contributed to a lack of confidence in patient care for our graduate nurse population as evidenced by the Casey-Fink Experience Survey®. Among many other factors, confidence issues have also contributed to nurse turnover. According to the Nursing Solutions, inc (NSI), in 2020 the average RN turnover for a step-down unit was amongst the highest at 24.4%. The PCUs at UPMC Passavant have reflected those numbers with an average 3-year combined turnover/transfer rate of 29.36% and most of those leaving within the 6–18-month length of service timeframe.

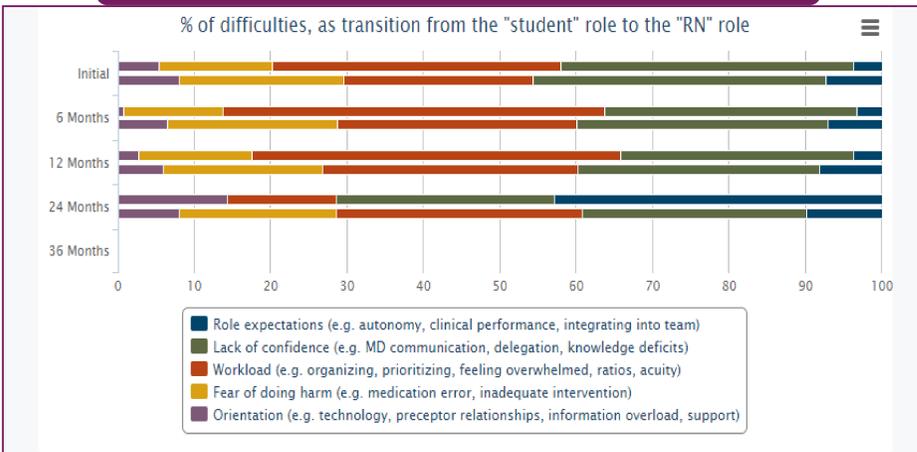
Intervention:

In response to these needs of our graduate nurses, the PCUs at UPMC Passavant have adopted a new orientation method called ECCO. This stands for Essentials of Critical Care Orientation, and it is an online learning system created by the American Association of Critical Care Nurses (AACN). The content is presented via web-based interactive learning modules which is supplemented by a simulation component specialized for the PCU at UPMC Passavant.

Measuring Success:

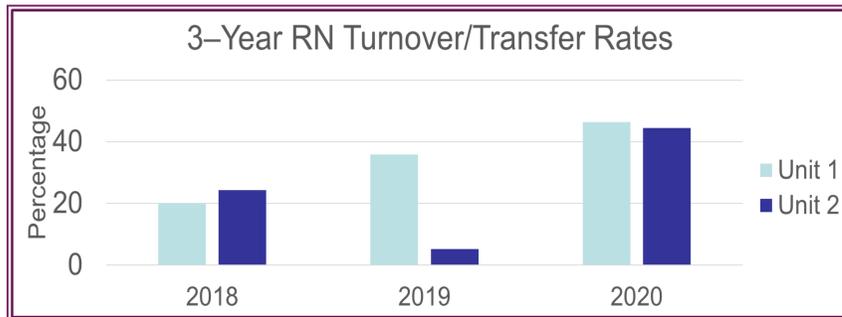
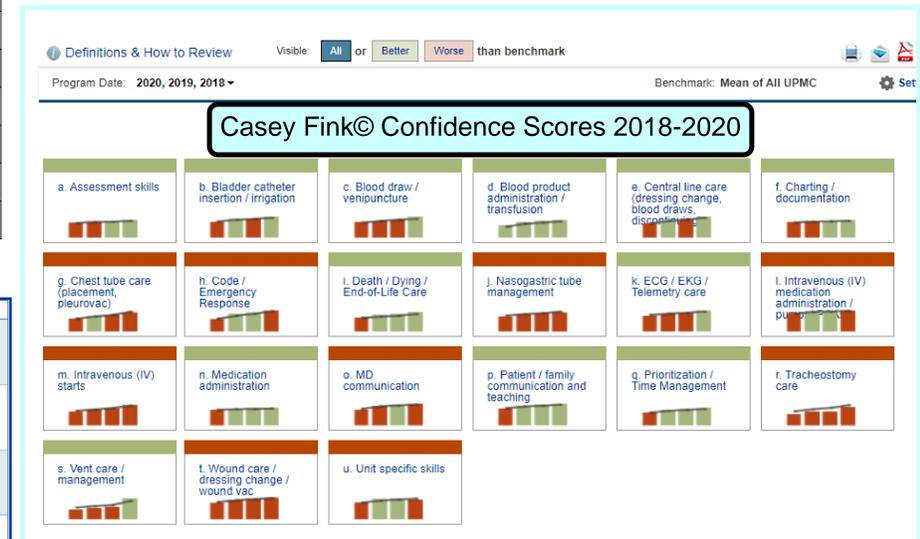
Graduate nurses complete the Casey-Fink Experience Survey® at the beginning of orientation and rate their comfort level for individual skills using a scale of 1 (completely uncomfortable) to 4 (completely comfortable). They then repeat this survey during their RN Residency at sessions 1, 6, & 12 which allows us to see if their confidence levels increase after orientation and through their first year of practice. A PCU specific skills/assessment section was added to the Casey-Fink® tool for those who will be completing ECCO to determine efficacy of that specialized education. RN turnover rates will be monitored, and we expect to see a steady decline along with overall higher confidence ratings from our nurses.

Casey Fink® % of Difficulties for the New RN 2018-2020



Old Orientation	New Orientation
Didactic (RNO & RN Beginnings)	Didactic (RNO & RN Beginnings)
Basic Arrhythmia & ACLS	Basic Arrhythmia & ACLS
8-week unit-based orientation	8-week unit-based orientation
Just in time learning with a preceptor	Just in time learning with a preceptor
Weekly 1:1 check-ins with educator	Weekly 1:1 check-ins with educator
4-hour Foundations class	20 hours of ECCO modules
	12 hours of unit-specific simulation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
JANUARY 31	February 1 Beginnings on Demand 8a-4:30p	2	3 Virtual RNO 8a-4:30p	4 Virtual RNO 8a-4:30p	5 ECCO modules 7a-11a 11a-7p on unit	6
7 7a-3p on unit	8 eRecord 8a-12p NIHSS 12p-4p	9 eRecord 8a-12p	10 7a-3p on unit	11 ECCO modules 7a-11a ECCO sim 11a-3p	12	13
14	15 7a-7p on unit	16 IV Shadowing 7a-11a	17 RN Beginnings 8a-4:30p	18 ECCO modules 7a-11a 11a-7p on unit	19	20
21 7a-3p on unit	22 7a-3p on unit	23	24 BAC 9a-5p	25 BAC 9a-5p	26 BAC 9a-1p	27
28	March 1 7a-3p on unit	2	3 7a-3p on unit	4 ECCO modules 7a-11a ECCO sim 11a-3p	5	6 7a-7p on unit
7	8 7p-7a on unit	9	10 ACLS 8a-2p	11 ACLS 8a-2p	12	13 7p-7a on unit
14 7p-7a on unit	15 11p-7a on unit	16 11p-7a on unit	17	18	19 ECCO modules 7a-11a ECCO sim 11a-3p	20
21	22	23 7p-7a on unit	24 7p-7a on unit	25 7p-7a on unit	26	27 Expected end of orientation



- Course content, implementation ideas, and the option to purchase site/end user licenses can be found at www.aacn.org
- Simulation and hands on practice can be done low-fidelity and does not require a simulation center to complete. Simulation plans are not included in the ECCO purchase.
- Our simulation includes skills that RNs lacked confidence in such as chest tubes, emergency response & IV starts along with assessments and interventions of procedural patients.

UNIT SPECIFIC SKILLS 4 North/4 South	Completely uncomfortable	Somewhat uncomfortable	Somewhat comfortable	Completely comfortable	N/A
1. Patient management post cardiac catheterization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Patient management post ablation/watchman	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Patient management post TAVR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Identifying stroke S/S	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Managing a patient on Bipap	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Administering/managing cardiac medications (Tikosyn/Sotalolol)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Initiating/managing cardiac medication drips (Cardizem, dopamine, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Initiating/managing an insulin drip	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Recognizing and managing sepsis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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Advocacy Through Discussions



UPMC | ST. MARGARET

Jennifer Hicks MSN, RN, CEN | Jennifer Parrotte MSN, RN

Background

- UPMC St. Margaret (SMH) is a 3-time Magnet designated 250 bed community hospital serving the Greater Pittsburgh Region
- SMH has a strong commitment to providing unique educational opportunities and restructured the education department for 2020
- Examined feedback: written evaluations, attendance, education needs assessment, and verbal feedback. All supported a non-traditional presentation style with a remote learning option
- Topics suggested: advocacy, community disparities, diversity, race, ethical dilemmas, and biases

Problem

- The demographics of the employees of SMH does not match the demographics of the population it serves
- The suggested topics mirror the differences our staff and the populations we serve have based on age, race, diversity, and areas they reside in
- There are topics that happen in the media/news that intersect with healthcare and our commitment as professionals, but there is not a shared space to discuss these as professionals

Implementation

- Goal of connecting the nurse back to their purpose of acting as core advocate for the patient, profession, and the community
- We used the PDSA model to plan for the topics, advertise, prepare, and host the sessions

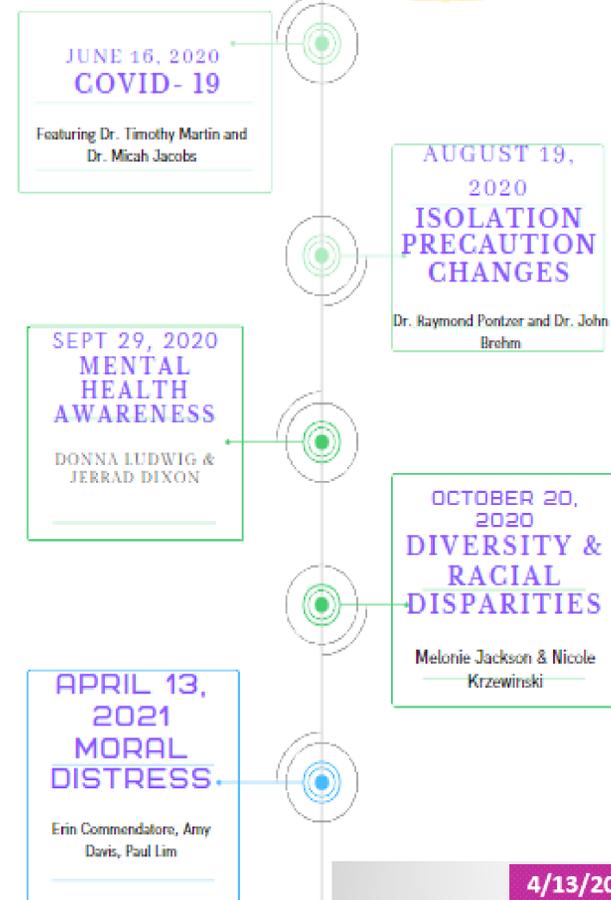
Conversational, interview style discussion between expert and moderator

60-minute timeframe with Q&A offered throughout

Offered via virtual platform of Microsoft Teams and recordings to view later

Allowed for self reflection of one's own biases and to experiences others' perceptions in a safe environment

CONVERSATIONS IN HEALTH CARE

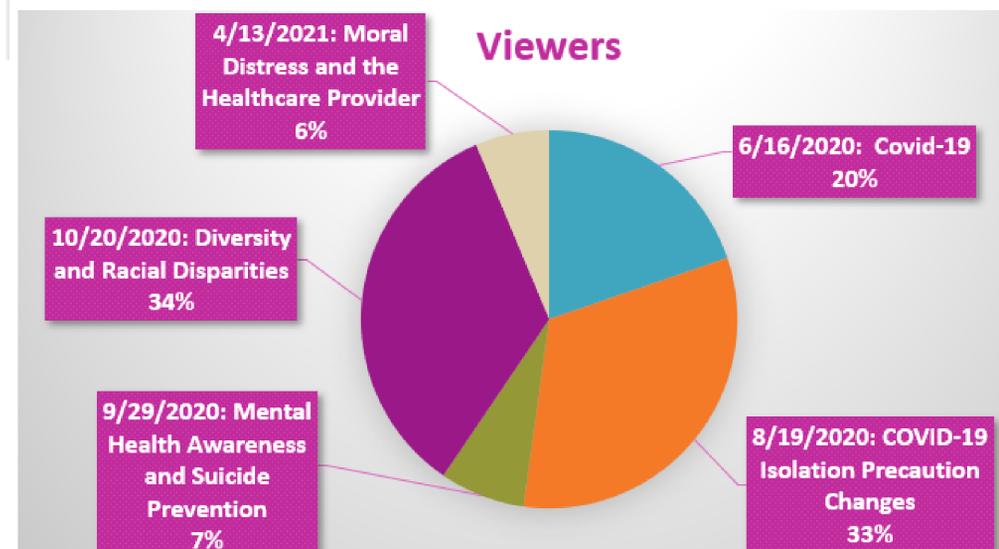


Results

- Gave staff the ability to discuss topics that have a negative connotation or could be uncomfortable
- Were able to drive advocacy and action regarding important topics from bedside nurses, strengthening their commitment to the profession
- Leaders felt empowered to start conversations with staff
- Greater variety of viewers from broader fields outside of nursing reiterating the interdisciplinary spectrum of the topics

Attendance

- Over 410 viewers in the first 5 sessions



Future Implications

- Nurses do have a voice beyond the walls of the hospital to impact change
- Not every nurse wants to do traditional advocacy type of work



- Shows nurses that there are many avenues to become involved and that a simple conversation can go a long way
- Bedside nurses are involved in decision making
- Fosters a culture of frequent reflection
- Gain skills to advocate for a variety of patients and topics
- Drives strategic vision of the hospital
- Renewed motivation for a Diversity and Inclusion Council at the hospital

References

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Background

In 2020, the Coronavirus had become a pandemic, impacting every aspect of our personal and professional lives. One aspect that was significantly impacted was how education was delivered.

The nurse leaders at UPMC were faced with the challenge of successfully onboarding Registered Nurses into the organization during the pandemic. The challenge to overcome was how to appropriately onboard Registered Nurses while not compromising the learning objectives or outcomes and ensure the safety guidelines set forth by the CDC, the state of Pennsylvania and UPMC were followed.

UPMC nurse leaders rose to the challenge and pivoted from a 2-day in-person Registered Nurse Orientation model to a 3-day virtual module conducted via Microsoft TEAMS.

Project Aim

To successfully onboard Registered Nurses at UPMC while following pandemic safety guidelines required by the CDC, our state, and our organization while maintaining the integrity of Registered Nurse Orientation via a virtual format.

Program Content

Day 1

- Infection Control
- Pain Management
- Legal/Risk/Regulatory
- Safe medication Practices
- Medication Exam
- Mindfulness

Day 2

- UPMC Resources
- Blood Administration
- Falls/Safe Patient Handling
- IV Care and Maintenance
- My Nursing Career
- Advanced Directives
- Diabetes Management

Day 3

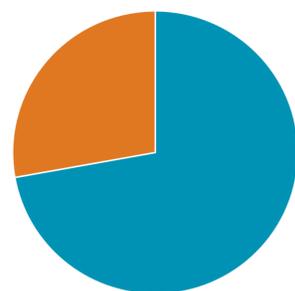
- Effective Communication
- Skin Risk Assessment
- DVT/PE Prevention
- Restraints
- Response to Conditions
- Suicide Precautions and Commitments

Tiffany Conlin MSN, RN, CMSRN, Nancy Miller MSN, RN, ONC, Katharine Sebesta DNP, RN, Feather Bacher MSN, RN, CNRN, Catherine Green MSN, RN, CMSRN, Dawn Klejka DNP, RN, NPJ-BC, Jeannine DiNella DNP, RN, CCNS, Beth Augustine MSN, RN-BC, Melissa Cade

UPMC Centralized Registered Nurse Orientation-Allegheny County

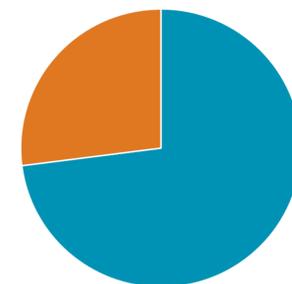
Outcomes

Informative and Engaging Presentation



- Strongly agree (ALL speakers) 869
- Agree (Most speakers) 335

Adequate Time for Each Topic



- Strongly agree 875
- Agree 324



"Today I learned about the importance of patient safety and the role I play in that. I learned how to act on UPMC's core values in the professional setting"

"The presenters made me excited to start working and helped us feel like they all want us to succeed!"

"Today's orientation provided me with so much education and materials that I will be able to utilize on the floor"

Feedback from participants

"Was impressed that there was a meeting set up the day before just to ensure that you were able to log in. In doing so, it eased my mind about any tech issues that may occur."

"Virtual orientation is great in my opinion. Much more convenient for me."

"I love how positive everyone is and how welcoming they are. The people I have encountered thus far have been so positive and cheerful. It's refreshing"

Lessons Learned

Increase in Participation Among New Hires

- Participants were more engaged and communicative on virtual platform
- New hires participated via the chat box, hand raising function, Mentimeter polls, and interactive Q&A sessions

Increase in Participation Among Content Experts

- Presenting virtually removed the barrier of traveling for content experts

Time Adjustments For Optimal Virtual Learning

- Format of in-person class days were too long and did not support virtual learning
- To adjust to virtual format, it was decided to increase the number of days orientation was scheduled while decreasing the number of hours per day

Conclusion

Over 1200 evaluations of the virtual class were analyzed showing effective learning and a positive experience for the learner.

Successful creation and implementation of virtual Registered Nurse Orientation has demonstrated the viability and strength of virtual learning.

The success of this class shows how the pandemic has forever shifted the way education will be offered.

Special Thanks

We'd like to acknowledge the hard work of everyone involved in making the transition to virtual learning a success.

References



Nurses' EBP Beliefs in a Community Hospital System: A Comparative Analysis

Deborah Lewis, DNP, RN, CNE; Jessica Love, MSN, RN; Tammy Vogel, MSN, RN; Helen K. Burns, PhD, RN, NEA-BC, FAAN

Background

- Practicing from an evidence-base requires a comprehensive approach involving ongoing education, clinical application and dissemination of outcomes
- In 2015, a cross sectional research study was conducted to measure Excelsa Health nurses' (N=295) beliefs in EBP using the EBP-Beliefs Scale
- The results indicated that nurses were unsure of their beliefs about EBP
- In response to these findings, from 2015 to 2020, the Professional Governance Council, in concert with clinicians, educators and leaders, introduced strategies for education, application and dissemination of EBP-related activities
- These activities evolved from the Nursing Strategic Plan and Magnet journey.
- The outcome was to enhance nurses' beliefs in EBP through education, application and dissemination.

Purpose

- This IRB-approved, cross sectional study measured nurses' beliefs in EBP using the EBP-Beliefs Scale and compared these scores against the EBP-Beliefs Scale scores obtained in 2015
- Demographic characteristics were compared against the EBP-Beliefs Scales scores between and within the two cohorts
- The outcome was to determine if there were changes in nurses' beliefs about EBP before and after the introduction of education, application and dissemination activities.

Methods

- In 2020, Excelsa Health nurses were surveyed electronically using the EBP-Beliefs (EBP-B) Scale
- The EBP-Beliefs Scale is a 16 item Likert-type survey designed to measure nurses' beliefs about EBP. The total score ranges from 16 and 80. Higher scores indicate stronger beliefs in EBP
- Data were entered into an electronic database and were analyzed using descriptive and inferential statistical tests.
- Data from 2020 and 2015 were compared using descriptive and inferential statistical tests and examined for trends. The level of significance was set at $p < 0.05$



Results

- Comparing the 2015 (N=295) and 2020 (N=103) cohorts, there were no differences in nurses' age, years of practice within Excelsa Health and years of nursing practice
- Differences in highest level of nursing education ($X^2=50.19$ $p=.000$) were found, with a lower proportion of nurses holding diplomas in 2020. Also in 2020, a higher proportion of nurses stated their practice role as other ($X^2=14.53$ $p=.013$)
- There was a statistically significant difference in the EBP-B Scale mean scores between the 2015 (mean=56.43, SD=8.59, range=18-81) and 2020 (mean=61.01, SD=7.63, range=40-80) cohorts ($p=.000$)
- In 2015, there was a moderate, inverse correlation between the EBP-Beliefs Scale and nurses' age ($r = -.335$, $p=.000$), which was not found in 2020.
- Similarly in 2015, there was a weak, inverse relationship between the EBP-Beliefs Scale and years of nursing practice ($r = -.279$, $p=.000$) that was not found in 2020.
- Fifteen out of 16 EBP-Beliefs Scale item mean scores increased in 2020 compared to 2015



Nursing Implications

- Five years of concerted efforts to enhance nurses' beliefs in EBP resulted in improved EBP-Beliefs Scale scores. Examples of strategies to enhance nurses EBP beliefs included:
 - Education: Unit-based, self-learning modules were completed by all staff, with the coaching of EBP champions. An electronic journal club was offered.
 - Application: Nurse-driven protocols based on evidence were developed, utilized and evaluated. An EBP and Research Committee was created and includes staff, educators and administrators representing all Excelsa Health hospitals
 - Dissemination: Staff exchanged best practices and translated research findings during the annual EBP and Research Forum. Staff also presented at regional and national conferences and published in peer-reviewed journals

Conclusions

- Five years of education, application and dissemination related to EBP improved nurses' beliefs in EBP
- Understanding changes in nurses' beliefs in EBP lays the foundation for subsequent five-year strategic plans for strengthening EBP within the hospital system.
- Future endeavors will focus on mentoring Excelsa Health nurses to create their own evidence and translate their findings into practice

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Building and Supporting a Culture of Nursing Inquiry

Connie Henry DNP, RN; Olivia Glotfelty-Scheuering MLIS, EBP(CH)
UPMC Mercy

Identification of the Project

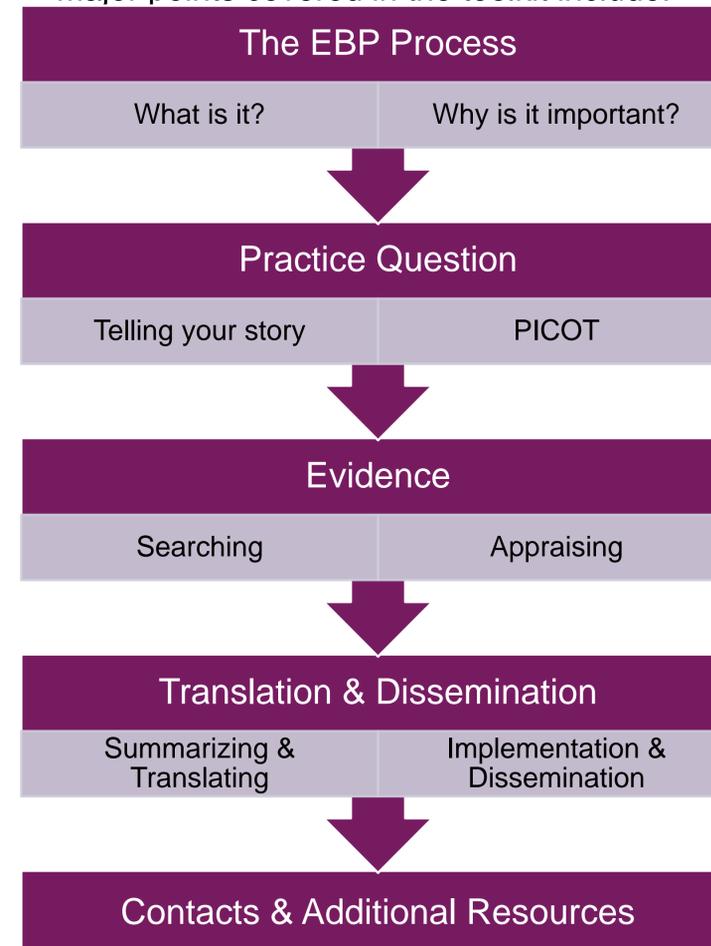
- The aim of this project is to improve knowledge, quantity, and quality of scholarly work from frontline nurses.
- Barriers were identified that prohibit nurses from completing nurse-drive EBP projects, including lack of time, lack of understanding and skill, lack of authority to change practice, and underutilization of internal resources.
- Utilizing the EBP and Research Shared Governance Nursing Councils as the infrastructure, and a thorough review of the evidence, a step-by-step systematic process was created with the intent of investing in a culture of nursing inquiry
- The Councils determined that designing an accessible evidence-based practice (EBP) toolkit was the best approach for impacting this issue.

Description of Project

- Evidence-based practice, defined as use of high-quality current research, clinical expertise, and patient preference for determining care, is essential to improving nurse and patient outcomes.
- The EBP and Research Shared Governance Nursing Councils provided input on how the EBP toolkit should look, where it should reside, and what content should be included.
- UPMC Mercy utilizes the Johns Hopkins Nursing Evidence-Based Practice Model, which provided the outline for the EBP Toolkit.
- Goals for the toolkit included:
 - Easy to access
 - Easy to navigate
 - Provide information for a range of knowledge levels (beginner to expert)
 - Aggregate internal and external resources into one location
 - Increase knowledge and comfort with EBP-specific skills
 - Increase number of nurse-led EBP projects
 - Connect EBP and Research Shared Governance Nursing Councils to the work being done at UPMC Mercy
 - Serve as a learning module for EBP mentor development

EBP Toolkit

- The toolkit guides staff from the spirit of inquiry through the exploration of evidence to support practice change in the delivery of patient care. Each level includes detailed explanations as the individual progresses through the steps.
- Additionally, one on one assistance is available through EBP mentors and prepared nursing council members.
- Connecting with the Librarian was integral in the development and implementation of the toolkit.
- Major points covered in the toolkit include:



Implications for Practice

- Today's nurse has the responsibility to provide, lead, and sustain evidence-based care. Doing so requires a thoughtful approach and multiple strategies to nurture a culture of inquiry where nurses ask questions that ultimately influence scholarly work.
- This EBP Toolkit provides:
 - Support for our nurses and encourages them to undertake EBP projects and initiatives.
 - Support for our Shared Governance Council members building and supporting nursing inquiry at UPMC Mercy
 - Support for EBP mentors and champions
- Enhanced scholarly work is anticipated with the development of this structured process

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Using Simulation to Address Nurse Residents' Learning Needs During Covid-19

Deborah Lewis, DNP, RN, CNE; Helen K. Burns, PhD, RN, NEA-BC, FAAN

Background

- COVID19 disrupted the didactic and clinical education of graduating nurses and little is known about the effects of pandemics on transition to practice for graduate nurses
- To address graduate nurses' abbreviated educational experiences, we built a simulation experience into our Nurse Residency Program to bridge the gap between ending formal education and entering professional practice.
- The simulation time included scenarios and skill practice
- To tailor the simulation experience to the Residents' needs, 35 Nurse Residents completed a learning needs assessment (LNA) in Summer 2020
- The top priorities for their learning needs were:
 - performing neurological assessments;
 - clinical procedures of tube feedings, tracheostomy care, IM/IV injections;
 - critical thinking in patient care;
 - communication with patients and staff.

Purpose

- The purpose of this project was to facilitate transition to practice of newly graduate nurses in a nurse residency program by:
- Utilizing a learning needs assessment
 - Creating a simulation experience
 - Measuring confidence post simulation

Methods



1. Initial contact via email was made with the newly hired Nurse Resident with a link to complete the LNA
2. LNA results were shared with the Clinical Directors, Preceptors, and Educators
3. The agenda for building the simulation training based on the LNA was created by a team of educators and education nurse navigator and included:
 - Standardized "Introduction" to nurse residency
 - "Critical Thinking" escape room
 - "Communication" simulation
 - "Standard Work" simulation
 - Hands on skill practice

Outcomes

- Nurse Residents (n=49) completed a post simulation survey immediately afterwards that measured their confidence (more, less, neither more or less) in performance and amount of time devoted to the scenarios.
- Residents reported being more confident in all learning needs; percent ranges were from 83.67% (n=41) and 95.9% (n=47).
- No learning need was rated as less confident.

Application Comments Examples

I will try not to be afraid to ask questions

Using the communication skills as well as priority setting skills

Bedside report and the double checking when going into their room with nurse who is reporting off

Time management, prioritization of care, wound care, patient education

Braden score, fall assessment, medication administration, neurological assessment

Standard nurse day, Critical thinking

Stroke/RRT

Interdisciplinary practice

Wound, trach care, standard work, patient education are all skills I will be using in the transition

Lessons Learned

- LNAs should measure confidence in performing skills prior to and after the simulation experience.
- All Nurse Residents should complete the LNAs
- Based on feedback simulation day was decreased from eight hours to four
- Include more skills into simulation scenarios based on Nurse Resident feedback
- Limit any didactic component "more hands on" requested
- New graduates, as well as nursing educators, staff and leaders, were satisfied with this education approach.

Takeaways

- Adding a simulation day prior to the commencement of a nurse residency helps newly hired graduates whose clinical education was abbreviated during COVID 19 gain confidence
- Using simulation scenarios to address learning needs creatively bridges the gap between missed clinical learning and entry into practice.
- Nurse educators and leaders can apply this approach in their own Nurse Residency programs. .

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UPMC International

Development of a Policy and Procedure Repository for International Use

Frank G. Ricci, DNP, RN, CCRN-K, NEA-BC; Sandy Giammona, MSN, RN; Wanyue Chen, MPH, PMP; and Siew Lee Grand-Clement, MSN, CLSSBB, CPHQ, CPPS, EDAC

Background

- The University of Pittsburgh Medical Center (UPMC) is a large, Pittsburgh-based healthcare system that operates over 40 hospitals and hundreds of outpatient locations in the United States (US), as well as internationally in China, Italy, Ireland, and Kazakhstan.
- UPMC facilities utilize thousands of policies and procedures (p/p) to guide the clinical and non-clinical practices that drive their world-class care delivery.
- Many of the p/p created and implemented in the US by UPMC require adaptation in order to safely integrate local practices and regulatory differences.

Planning

- Multidisciplinary team of clinical, legal, and compliance leads partnered with information technology colleagues to develop a p/p repository where each international operational site can access document templates for local adoption.
- The process for preparing p/p for utilization includes review of contents by relevant UPMC subject matter experts, extrapolation of unnecessary information in order to arrive at a simplified form, and addition of country-specific information by local experts.
- The newly-developed repository, easily accessible from all international locations, allows end users to review available p/p templates and select them when ready to be localized for implementation.

The screenshots show a web-based interface for UPMC Policies, Procedures, and Guidelines. The top screenshot displays the 'Nursing' department with a list of policies including 'EMPLOYMENT POSITION AND EDUCATION REQUIREMENTS', 'COMPLEXITY ASSESSMENT', 'Continuum of Care', 'Pulping Guidelines', 'Documentation by Nursing Personnel', 'Vital Signs: Temperature, Pulse, Respirations and Blood Pressure', 'Bladder Irrigation: Continuous Via 3 Way Policy', and 'Wound Care'. The bottom screenshot displays the 'Infectious Disease' department with a list of policies including 'Latex Sensitivity', 'Antimicrobial Stewardship Program PROCEDURE', 'Desensitization and Graded Challenges', 'System Infection Prevention and Control Committee', 'Aseptic Technique for Invasive Procedures', and 'Infection Control/Construction/Facility Services Practices POLICY'.

Expected Outcomes

- While the repository is currently applicable for existing and developing UPMC international operational locations, future sites will also benefit as the need to develop an initial p/p database arises.
- By implementing consistent p/p across all locations globally, UPMC can ensure that the world-class care delivered at US sites will also be available internationally, allowing the system to fulfill its mission of making world-class care available to patients close to home.

Implementation

- Selection of over 1700 system-wide and hospital-based p/p via UPMC Intranet. Quality control and identification of non-applicable resources resulted in acceptance of ~ 1500 p/p for review and selection.
- Cross-reference of selected p/p with system- and hospital-level representatives. Exploration of additional protocols/clinical pathways/job descriptions not posted to the UPMC Intranet but utilized within individual departments.
- Initiation of p/p review based on new hospital activation project in Chengdu, China, with plan to expand to other international UPMC locations. Verification of documents for hospital opening and activation with departmental leaders for accuracy and comprehensiveness.
- Cataloging of information into spreadsheet with additional categories such as hospital department, associated Joint Commission International standard, and end user. Filter functions allow for easy searching.
- Creation of virtual location for eventual cleansed policies to reside – access granted to representative(s) from each country. International UPMC sites don't have same Intranet access due to security concerns.
- Cleansing of policies to be completed by local team and follows city/state/country laws. Each country required to establish a policy regarding how to govern local p/p.
- Development of comprehensive plan for annual p/p updating.



Providing Medication Education for Transplant Recipients Using On-line Education During COVID-19 Restrictions.

Stephenie Dermont, RN, BSN; Diane Jaynes, RN, BSN, CCTN; Carol Tamenne, RN, BSN, CCTN; Lisa Fox-Hawranko, RN, MSN, NE-BC; Heather Johnson, PharmD, BCPS; Kristine Schonder, PharmD; Kristen Shimko, PharmD; Darlene Lovasik, MN, RN, CCRN-K, CCTN
UPMC Presbyterian

Project

The purpose of this project is to provide transplant medication and safe living education to patients and families via on-line education during restricted visitation due to COVID-19.

Objective

Prior to March 2020, patient and family education for transplant medication and safe living were provided via in-person classes provided on the unit twice/week. Due to COVID-19 visitation restrictions, families were initially not able to be present for the education sessions and then only one support person was permitted.

Quality Indicators

The Quality Indicators selected for this project are:

- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
- When I left the hospital, I clearly understood the purpose for taking each of my medications.

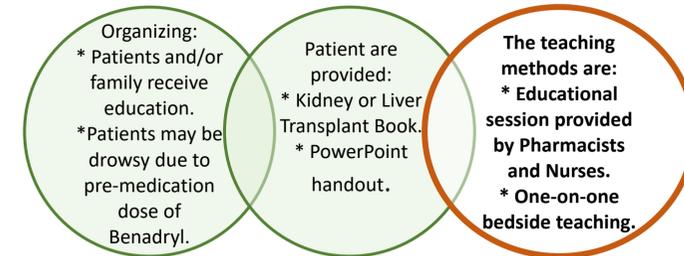
The outcomes are measured by the following HCAHPS (“Top Box” All Database) scores:

- ❖ Tell you what new medicine was for
 - Score > 77
- ❖ Staff describe medicine side effect
 - Score > 48
- ❖ Info re symptoms/problems to look for
 - Score > 89
- ❖ Understood the purpose of each medication
 - Score > 59

Process

Baseline Process

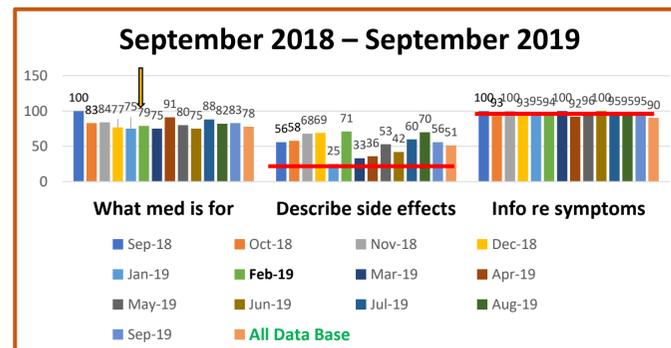
Educational sessions are provided by the Pharmacists and Nurse Clinicians twice/week (Mondays and Thursdays at 11:00 am). The Pharmacists review the medications/side effects and the Nurses review “Healthy Living” recommendations. The patients continue to receive the Kidney or Liver Transplant Book.



Issues Identified

- ❖ It can be challenging to provide the class at the scheduled time due to unit activity.
- ❖ It may be difficult to include patients and/or family members at the time of the class due to patient care, off-unit testing, etc.
- ❖ Family members may not be able to attend the classes due to their work schedule.
- ❖ Not all of the patients that receive/complete the Press Ganey survey are transplant patients that attended the class.

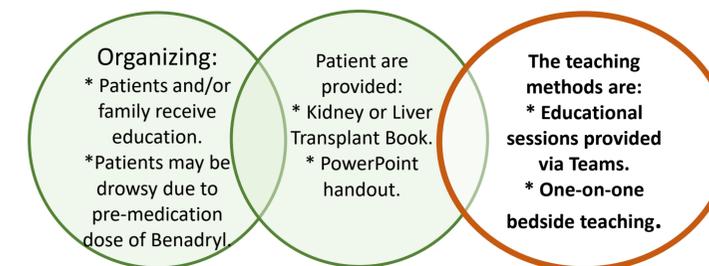
Baseline Data



Methods

New Process

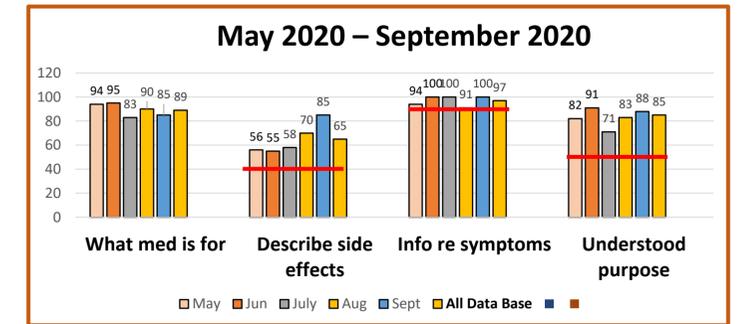
- ❖ Developed patient educational programs that are appropriate for on-line learning
- ❖ Established a Teams Meeting site.
- ❖ Prepared and distributed fliers to promote the teaching sessions.
- ❖ Provided staff education regarding program logistics.
- ❖ Educational sessions are provided by the Pharmacists and Nurse Clinicians once/week on Thursdays at 11:00 am via Teams.
- ❖ The Pharmacists review the medications and side effects and the Nurse Clinicians review “Healthy Living” recommendations.
- ❖ The patients continue to receive the Kidney or Liver Transplant Book.



Issues Identified

- ❖ Some patients and families found it difficult to use the Teams on-line format.
- ❖ Family members were not able to participate in the classes due to their work schedule.
- ❖ It was challenging to provide the class at the scheduled time due to unit activity.
- ❖ Participation varied; sometimes the class was held with only one or two participants.
- ❖ However, we received positive reinforcement through direct feedback from patients and families expressing appreciation for the classes.

Outcomes / Evaluation



All scores exceeded the “All Database” HCAHPS parameters:

- ❖ Tell you what new medicine was for
 - Scores 83-95 (range), 89 (mean)
 - Exceeded > 77 target
- ❖ Staff describe medicine side effect
 - Scores 55-85 (range), 65 (mean)
 - Exceeded > 48 target
- ❖ Info re symptoms/problems to look for
 - Scores 91-100 (range), 97 (mean)
 - Exceeded > 89 target
- ❖ Understood the purpose of each medication
 - Scores 71-91 (range), 85 (mean)
 - Exceeded > 59 target

Relevance to Nursing

- It takes a team! Our plan is to:
- ❖ Increase focus on the side effects.
 - ❖ Ensure that nurses incorporate medication teaching and potential side effects as they administer the medications.

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Promoting A Pipeline Approach to Retain Graduate Nurses: A tailored interviewing approach to strategically retain graduate nurse applicants, fill hospital unit vacancies, and develop nurse confidence.

Megan Lowman, MSN, RN, CEN, TCRN & Samantha Zych, MSN, RN, CEN, CMSRN

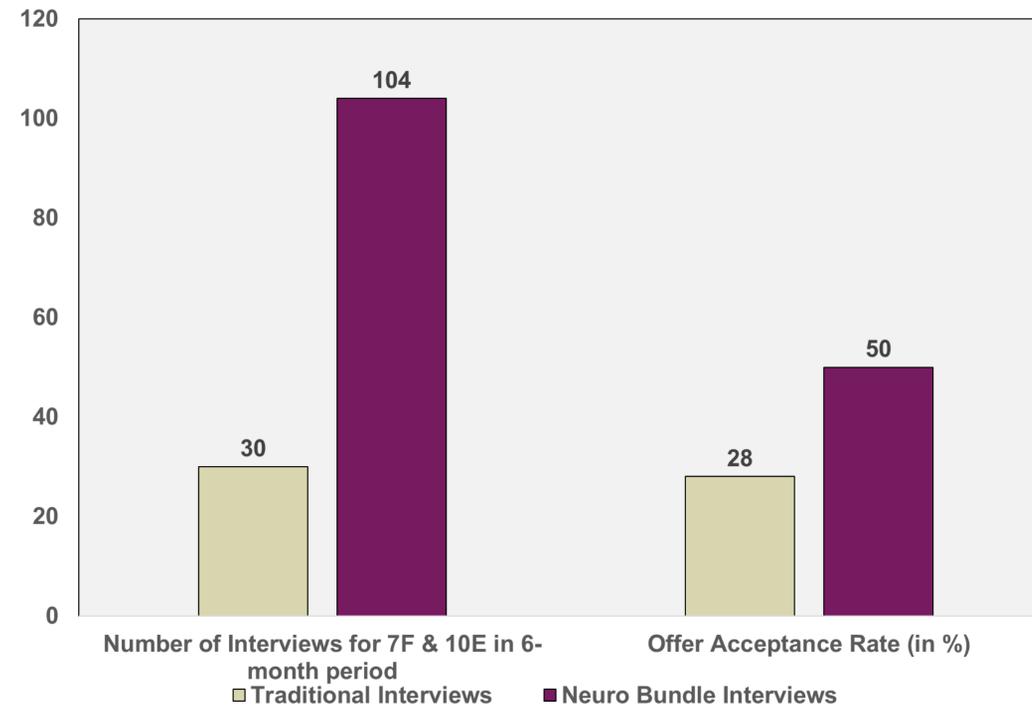
UPMC Mercy, Pittsburgh, PA

Purpose:

- To successfully recruit and retain graduate nurses (GNs) to fill acute care vacancies while preparing them to transition to the Intensive Care Unit (ICU) when ready

Significance of Problem:

- ICU job postings attract many GN applicants while many acute care unit vacancies remain unfilled for extended periods of time
- Neuro Division acute care units had a 28% offer acceptance rate on a combined 30 interviews over a 6-month period
- Due to the Covid-19 Pandemic, many graduate nurses had minimal exposure to patients in a clinical setting
 - lead to prolonged onboarding times and increased anxiety among 1st year ICU nurses



Process:

- Starting in June 2020, the UPMC Mercy Neuro Division began interviewing GN candidates in a group format
- Applicants were provided with an overview of 10E Progressive Care, 7F Neuro Trauma, and 8A Medical ICU
- Benefits of starting on an acute care unit were discussed with each candidate
- A plan was developed to transition the candidate to ICU once a nursing foundation had been developed
- Candidates had the opportunity to be offered a position in a single unit or multiple positions based on a collaborative conversation with the hiring managers and the applicant

Results:

- GN offer acceptance rate increased to 50% among a total of 104 interviews when the bundled approach was utilized
- >20% increase in offer acceptance
- Since implementation of this model, 10 nurses have been successfully transitioned from acute care units within Mercy to the ICU
- Length of onboarding has been significantly decreased & new hires report increased confidence in mastering ICU skills

Implications for Nursing Practice:

- Improved retention and development of quality 1st year nurses
- Increased collaboration between acute care and critical care leadership