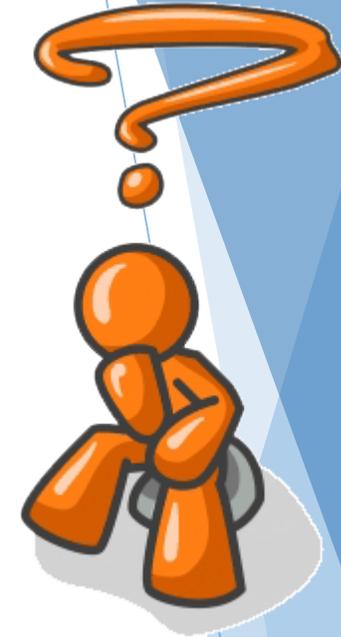




Embracing inquisitive thinking by front-line staff



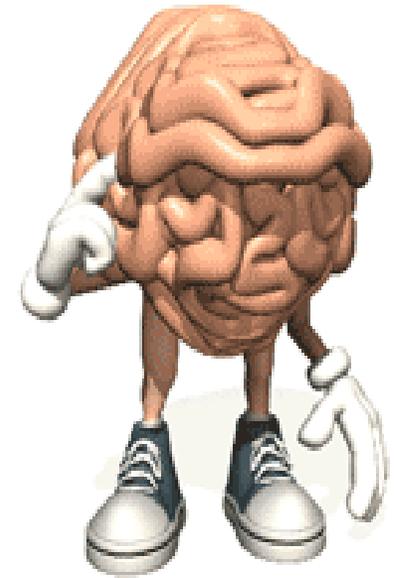
Rebekah Powers DNP, RN-BC, CMSRN, CSPHA, CHTS-CP

Carol Boswell, Ed.D., RN, CNE, ANEF, FAAN;

44th Biennial Sigma Theta Tau Convention
October 28th - November 1, 2017
Indianapolis, Indiana

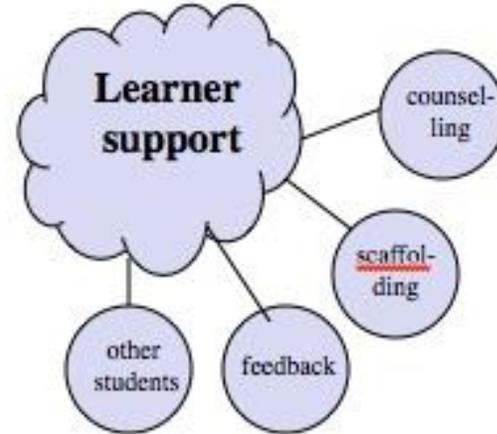
Discloser

None of the presenters of this CNE activity have disclosed any potential bias or conflict of interests as it related to this presentation.



Background

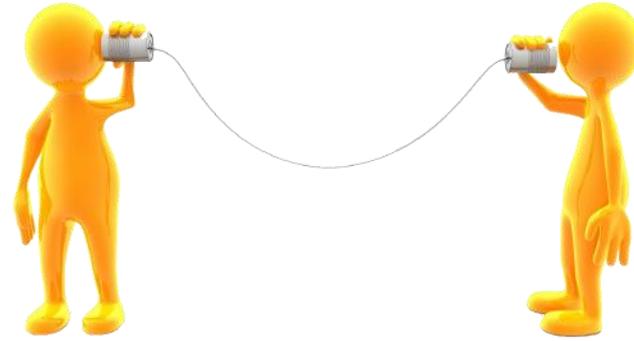
- ▶ Nursing Practice Based on Evidence supports
 - ▶ Improved Patient Outcomes
 - ▶ Positive Nurse Autonomy
 - ▶ Accountability
 - ▶ Work Satisfaction
 - ▶ Improved Recruitment and Retention of Frontline nurses



SUPPORT

Background

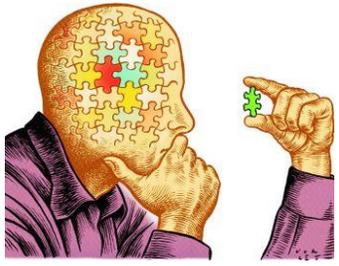
- ▶ Changing Practice
 - ▶ Viewed as additional work
 - ▶ Not view with excitement
 - ▶ Communicate EBP, Research and QI from publications to active bedside provision of health care



Process

- ▶ Academy created to facilitate translation of EBP into practice setting
- ▶ Recognize early adopters and provide support
 - ▶ Facilitate translation into practice
 - ▶ Challenge interdisciplinary collaboration
 - ▶ Excite individuals to challenge the system
- ▶ Encouraging innovative thinking about clinical decisions and making changes based on evidence





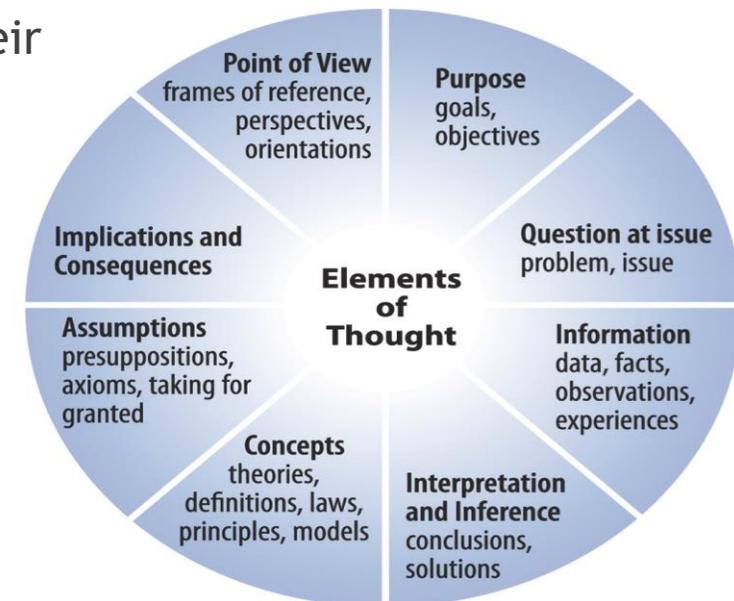
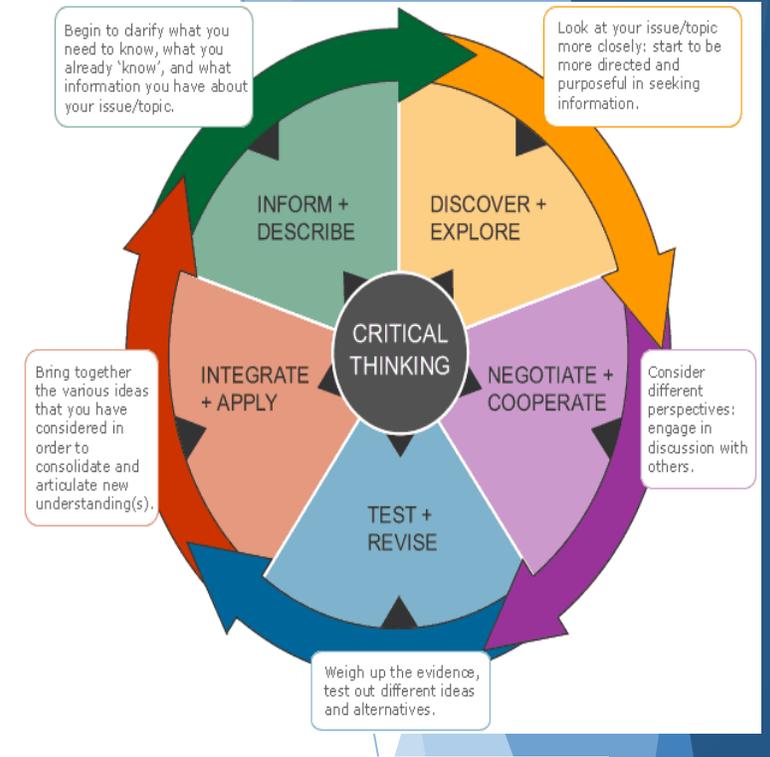
Development of content

- ▶ Commitment for the staff is a minimum 6 months
 - ▶ Education with CE (6 hours CE provided)
 - ▶ The development, implementation, and dissemination of the results from an EBP, research, CIT, or quality improvement project
- ▶ The sessions will be used to clarify, verify, and augment the ideas.
- ▶ The cohort size for this project will be restricted to no more than 12 participants each session.



Development

- ▶ Multiple graphics were used to present different ways of thinking.
- ▶ Varies ideas about encouraging “thinking outside of the box” were used to stimulate individual’s thought process.
- ▶ Each individual was assigned a mentor to help them work on their unique project.
- ▶ Assignments were given at each of the sessions to help move the projects forward in a positive manner.
- ▶ Each session, the participants were asked to speak about their progress at moving their project forward.
- ▶ Time was given for literature review management.
- ▶ Rough drafts of the posters were presented for feedback.



Result

▶ First Cohort

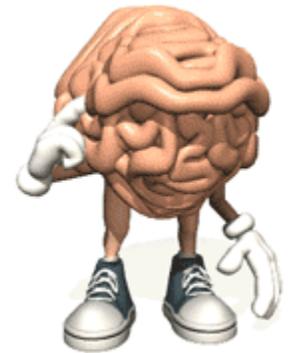
- ▶ Fourteen participants from Marketing, Laboratory, Cultural Diversity, Administration, Ancillary, Education, Management & Frontline Nursing
- ▶ Four dropped due to other time commitments
- ▶ Two abstracts were submitted from the projects
- ▶ Five posters were presented at an in-house session to showcase the efforts by the cohort.

▶ Second Cohort

- ▶ Eleven participants
- ▶ Two dropped before the sessions began due to time commitments

▶ Third Cohort

- ▶ Combination of nursing and clerical participants



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ACADEMY OF INQUISITIVE THINKING

STEPHANIE WOOTEN BSN, RN



MIDLAND HEALTH

PARTICIPATING IN THE ACADEMY

- WHAT'S IN IT FOR ME?
 - CONTINUED EDUCATION
 - EMPOWERMENT
 - COLLABORATION WITH OTHER DEPARTMENTS AND MEMBERS
 - VOICE FOR CHANGE
 - TEAM BUILDER
 - PROBLEM SOLVER



CHOOSING THE PROJECT

- MEANINGFUL TO DAILY PRACTICE
 - PROMOTE A CHANGE THAT WOULD DECREASE STRESS ON THE STAFF TO HUNT AND GATHER SUPPLIES
- SIGNIFICANT TO PATIENT CARE
 - ALLOWS NURSE MORE TIME AT THE BEDSIDE
- ATTAINABLE CHANGE
 - PROPER COLLABORATION CREATES A POSSIBLE CHANGE



FINISHED PROJECT

- AOIT CLASSES PROVIDED INSIGHT, RESOURCES, COLLABORATION, PLUS NEW LEARNING EXPERIENCES
- RECEIVED CEU'S DURING CLASS
- PRESENTED FINISHED PROJECTS IN THE MAIN LOBBY

STANDARDIZE CENTRAL SUPPLY ROOMS

S. Wooten BSN, RN

P: Floor staff members

I: Color coding and grouping Standardize central supply rooms

C: Color coding and grouping common supplies versus no standardization

O: Decrease waste time and cost

T: Implement small test of change within 2 months

PROBLEM

- Inconsistency in stocking central supply rooms
- Excessive time hunting and gathering for supplies
- Increased time away from patient bedside
- Cost inefficient

SOLUTION

- Standardize central supply rooms across the facility
- Create efficiency and ease of stocking and finding supplies
- Color code areas into sections
 - Orange- Toiletries/Basics
 - Green- GI/GU
 - Blue- Respiratory
 - Red- Wound care
 - White- Miscellaneous
 - Yellow- Sterile supplies, Isolation

“Color-coded labeling of controls and other artifacts may reduce the likelihood of error...” (Cicconi, Eibling, Mangione, 2012)

“Standardization means reducing unnecessary variation in a process...reducing variation in...equipment, and supplies means that providers and staff don’t have to waste time looking for needed items either before or during a patient visit” (Institute for Health care Improvement, n.d.)

“My patient was left in their room alone crying because it took me 4-7 minutes just to find tissues...”



“We don’t have all the supplies we need, we have to use the large 4x4 gauze when all we need is a 2x2 piece...”
RN

TIME FRAME

Unfreeze:

- Complete scavenger hunt and questionnaire within 1 week
- Compile results for implementation plan

Transition:

- Restock central supply room on one willing unit in 2 week
- Educate CS staff, nurses and patient care assistants
- Small test of change
 - Implement standardized stocking Medical Unit

Refreeze:

- Complete post scavenger hunt and questionnaire within 1 week
- Compile results to determine effectiveness

EVALUATION

- Scavenger Hunt results pre and post
- Survey results pre and post

REFERENCES

Cicconi, L., Eibling, D., & Mangione, M. (2012). Standardized Color-Coding Solution Labeling in the Operating Room. Retrieved June 21, 2016, from <http://www.hfes.org>
<http://www.iitn.org/resources/Pages/Changes/StandardizeRoomsEquipmentPatientFlowandInformationFlow.aspx>
http://www.umich.edu/~joc481/joc481_past_reports/F0901.pdf
 The team met informally with 40 nurses, techs, and unit hosts from 28 units

BARRIERS



- TIME CONSTRAINTS
- LACK OF EVIDENCE BASED PRACTICE RESEARCH
- PUSH BACK
 - FRONTLINE STAFF
 - CENTRAL SUPPLY STAFF

POST ACADEMY

- WHAT WAS GAINED FROM THIS EXPERIENCE?
 - BECAME A VOICE FOR CHANGE WITHIN THE FACILITY
 - ABLE TO BE A PART THE SOLUTION NOT THE PROBLEM
 - GROWTH AS A NURSE
 - ADVOCATE FOR NURSE AND PATIENT



Academy of Inquisitive Thinking

IMPROVING INPATIENT HOSPICE CARE

BY: KRISTEN NALL RN, BSN, CMSRN

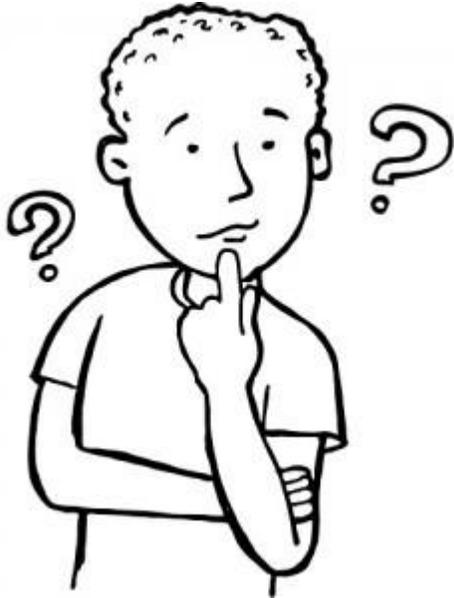


Why I Chose to Participate in the Academy

- ❖ Ability to learn about my organizations processes when it comes to front line nursing staff implementing changes based on evidence based practice (EBP).
- ❖ To learn about research and how research affects my nursing practice, and how to utilize research to make changes within my organization.
- ❖ Many people always have ideas but are not armed with the adequate tools to do research and implement a project and this Academy was a perfect opportunity to learn those necessary tools.



Choosing my own research project



- ❖ I chose to focus on a topic that relevant to an area I was working in so I could create more of an impact to my own practice.
- ❖ Being a Geriatric nurse I focused on my work with Hospice patients who are admitted to the hospital during their end of life care.
- ❖ I made the focus of my project be education for fellow nurses and healthcare providers who encounter Hospice patients.
- ❖ The skills I acquired during the Academy of Inquisitive Thinking was paramount in developing my research skills to complete my project successfully.

My Finished Poster Project that was presented to the Organization



Kristen Nall RN

Improving Inpatient Hospice Care

What is Nursing?

- Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations. (ANA, 2016)
- A Hospice Nurse cares for patients at the end of their lives. Their main responsibility is to help people live as comfortably and independently as possible and with the least amount of pain, in their final days. One of the largest parts of being a Hospice Nurse involves helping patients, and their families feel more comfortable about death and providing them with the emotional support they need. (Johnson, 2014)

We will increase the care of Hospice patients on the Medical/ACE unit by increasing nursing knowledge on key elements of inpatient hospice care.



§217.11. Standards of Nursing Practice.

(D) Accurately and completely report and document:

- (vi) contacts with other health care team members concerning significant events regarding client's status; (BON, 2015)

(N) Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment; (BON, 2015)

Common Hospice Medications

Morphine Sulfate

- Morphine sulfate is used to reduce pain and can also minimize shortness of breath, treatment is started at the lowest dose and increased if symptoms become worse. The most common side effects are sedation, mild nausea and constipation. (Hospice, 2012)

Lorazepam (Ativan)

- Lorazepam is used to reduce anxiety and/or restlessness it can also be used for shortness of breath and insomnia. The most common side effect of Lorazepam is sedation. (Hospice, 2012)

It is acceptable to give both Lorazepam and Morphine at the same time if needed for comfort.

Atropine Drops (Sublingual Use)

- Atropine drops are used to reduce lung congestion. The drops are administered in the mouth or under the tongue. The most common side effect of Atropine is dry mouth. Providing sips of water or ice chips or swabbing the patient's mouth can reduce mouth dryness caused by Atropine. (Hospice, 2012)

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Overall Experience with the Academy of Inquisitive Thinking

- ❖ The Academy was a great learning opportunity that my organization offers for all employees who are interested in making positive changes within the organization.
- ❖ I felt that the material that was covered during the was well put together in order to give us the tools we needed to be successful in completing our desired project.
- ❖ I have recommended the Academy of Inquisitive Thinking to fellow nurses and co workers who wish to make changes in their own departments. It is a great opportunity to learn and to become a change agent within the organization.



Academy of Inquisitive Thinking: A Report that Doesn't Hurt

Author: Hallie Hurt

Why the Academy?

- Provide an opportunity to expand my knowledge.
- Advance my skills in critical thinking.
- Explore the endless possibilities with Evidence Base Research.
- Discover new paths to empower floor nurses to express their ideas.

Why Bedside Reporting?

- Gain a higher level of patient safety and patient satisfaction.
- Reduce incidents related to the lack of bedside reporting.
- Increase nursing satisfaction.
- An ongoing issue within the unit that needed to be addressed in a positive way.

How did it go?

- Surveys were used to gain input from staff and patients.
- Research on the impact of bedside nursing.
- Barriers were exposed in the midst of the project.
- The issue of the lack of bedside reporting was picked up from a different group and was turned into a policy implemented throughout the organization.

Post Academy

- Anything is possible with the power of research.
- Barriers may arise, but the experience is well worth the time.
- Encourage other front line staff members that they can make a difference.

A Report That Doesn't Hurt

Authors: Hallie Hurt BSN, RN

Background

- Nurses noncompliant with bedside report
- Patient satisfaction decreasing due to absent bedside report at change of shift
- Nursing satisfaction decreasing due to mandatory bedside reporting
- Bedside reporting at change of shift promotes patient safety
- Without bedside report, patient's are more at risk for falls and injuries.

AIM

- Implement positive change of attitude with a new perspective on bedside reporting
- Create a handoff report that brings patient satisfaction as well as nursing satisfaction
- Develop a system to promote patient safety during change of shift reporting
- Eliminate the barrier with bedside reporting

Intervention

- Filter out the current communication barrier with bedside report
- Educate nursing staff on the positives of bedside reporting
- Educate nurse's aides on the importance of bedside report
- Discuss with patient's what they want to hear at bedside reporting
- Discover what's important to nurses when handing off report

Data

- Anonymous surveys from front line nursing staff
- Anonymous surveys from patients & families

Results

- The bedside reporting issue has improved . The barrier of communication is slowly resolving. Nurses are beginning to participate with bedside reporting, resulting in improved patient satisfaction scores.

Questions ?



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