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Channeling New Evidence-Based Practices

Nursing Grand Rounds
6/10/15
Jennifer Michelle Sorrell MSN, RN, CPN
Amanda Sylvester, MSN, CNP

Cincinnati Children's — Objective

- Discuss recent efforts to pilot evidence-based practice changes for emergency department nurses and newly hired advanced practice registered nurses.

Cincinnati Children's — Magnet Component

- New Knowledge, Innovations & Improvements
  - Implement new practice
  - Revise an existing practice to improve care

MAGNET
RECOGNIZED
AMERICAN NURSES
CREDENTIALING CENTER

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Purposeful Nurse Rounding in the Emergency Department

Jennifer Michelle Sorrell, MSN, RN, CPN

Cincinnati Children's   Quality Improvement Project

Purposeful Rounding in the Emergency Department

Jennifer Michelle Sorrell, RN

Cincinnati Children's Objectives

- Identify barriers to satisfaction in the Emergency Department.

- Describe a recent evidence based practice implemented in the Emergency Department at Liberty.

Clinical Issue

– Patient/Family Satisfaction has emerged as an important issue

– Rounding has been identified as a way to impact satisfaction

– Increased length of stay in the ED

– Communication has been identified as a driver to enhance satisfaction and experience.

– Nurse rounding with patients can only facilitate communication

PICOT Question

P Patients and Families in the Emergency Department

I   Purposeful Rounding with Nurses

C Comfort rounding

O Patient Experience
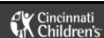
Search Strategy

- **Keywords**
  - **Patient Satisfaction**
  - **Emergency Department**
  - **Emergency Patients**
  - **Patient Experience**
  - **Nurse rounding**
- **Databases**
  - **PubMed**
  - **CINAHL**
- **Children's Hospital Association discussion board**
  - **Wesley Medical Center**

Findings

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12 articles

Nurse rounding has been identified as a way to improve satisfaction in the emergency department (Woodard, 2009; Meade et al., 2006; Kennedy et al., 2013; Kelly & Faraone, 2013; Baker, 2012; Blakley et al., 2011; Tea et al., 2008; Bourgault el al., 2008; Halm, 2009).

All with the exception
Of one article found
An increase in patient
Satisfaction when
Rounding was
Implemented.

1 Children's Health Association responses
– Increased scores for Gallop Poll

Citation	Grade
Forde-Johnston (2014)	1b
Halm (2009)	1b
Meade (2006)	3a
Morton (2014)	4a
Kelly (2013)	4a
Woodward (2009)	4a
Bourgault (2008)	4a
Tea (2008)	4a
Emerson (2013)	4b
Kennedy (2013)	4b
Baker (2012)	4b
Blakley (2011)	4b

Evidence Synthesis

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- Nurse rounding has been identified as a way to improve satisfaction (Woodard, 2009; Meade et al., 2006; Kennedy et al., 2013; Kelly & Faraone, 2013; Baker, 2012; Blakley et al., 2011; Tea et al., 2008; Bourgault el al., 2008; Halm, 2009).

- Implemented rounding in ED's and found an increase in patient satisfaction (Morton, 2014; Kelly, 2013; Emerson, 2013; Baker,2012)

- Implemented one and two hour rounding and found higher satisfaction scores post rounding with hourly rounding producing higher scores, however pre scores were also higher on those units (Meade, 2006)

- Rounding using a script or specific measures was implemented to create purposeful rounding (Kelly, 2013; Bourgault, 2008; Tea,2008; Baker, 2012)

Recommendation

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It is strongly recommended that patients receiving care in the emergency department participate in purposeful nurse rounding to improve patient/family satisfaction

(Forde-Johnston, 2014 [1b]; Halm, 2009 [1b]; Meade, et al., 2006 [3a]; Bourgault et al., 2008 [4a]; Kelly & Faraone, 2013 [4a]; Morton et al., 2014 [4a]; Tea et al., 2008 [4a]; Baker, 2012 [4b]; Blakley et al., 2011 [4b]; Emerson et al., 2013 [4a]; Kennedy et al., 2013 [4b]; Woodard, 2009 [4b]).

Implementation

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- Met with Practice Council in January 2015

- Proceed with Quality Improvement Project

- Met with ED Point of Care Coordinating Council March 9, 2015

- First test of change, implementation of rounding, February 11, 2015

Implementation

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- Using quality improvement methods, nurses in the Emergency Department round with patients/caregivers with a predicted length of stay > 2 hours. During rounding nurses address pain, review expectations/plan of care, and address delays in care and concerns. A rounding log was documented on by nursing

Evaluation

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- Some progress was made, the highest percentage was 21% of caregivers/patients participated in rounding with RNs

- Although audit tool was not widely used nurses reported communication with caregivers/ patients about plan of care, delays, and pain

- Nurses will continue to work on ways to improve communication with caregivers and patients in order to improve experience in the ED.

Barriers to Satisfaction

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Strategic Plan

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- Safety and Care Coordination & Outcomes by improving communication with patients and families and ensure plan of care known, delays/concerns addressed, and pain assessed.

Safety

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2012 National Patient Safety Goals:

- Improve staff communication with patients/families

- Identify education needs

- Identify patient safety risks

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Magnet Component
–Exemplary Professional Practice

Focus on Quality

MAG**N**ET
Magnet Journey | A shared vision of excellence

Cincinnati Children's Value

- Health care team aware of expectations by patient/caregiver and can better communicate around those expectations

Value
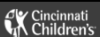
DANGER
Expectations Ahead!

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"Our strategic plan is centered on the child
Whether you are coming from around the corner or from the other side of the world, it is gratifying to take your child to a hospital that is so deliberately focused on carefully defined improved medical outcomes — and is holding people accountable for delivering those improved outcomes.

We just want our kids to get better."

Kay Fricke
Parent Coordinator, Family Advisory Council

Current Process Map

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Patient enters ED Walk-in squad → Quick reg by ESR → Roomed → triage → registration

Primary RN assess → MD Evaluation → Interventions /reassessments → Dispo

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Insert Name of Failure

Why

Lack of Satisfaction in the ED → Why

Waiting for Unknown → Why

Lack of communication → Why

Lack of consistency for reasons for wait → Why

Caution: If your last answer is something you cannot control, go back up to previous answer

Root Cause → No set expectations for communication with patient/family

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Key Driver Diagram

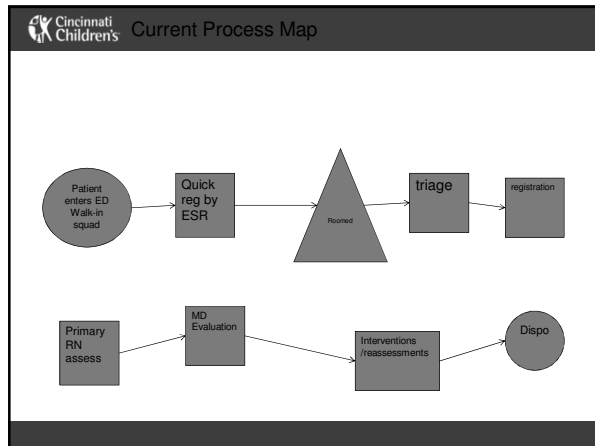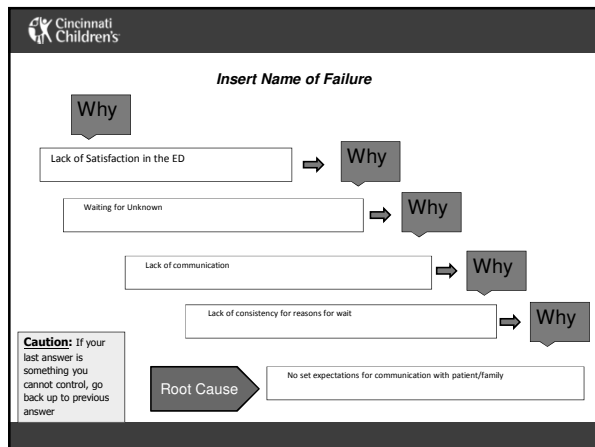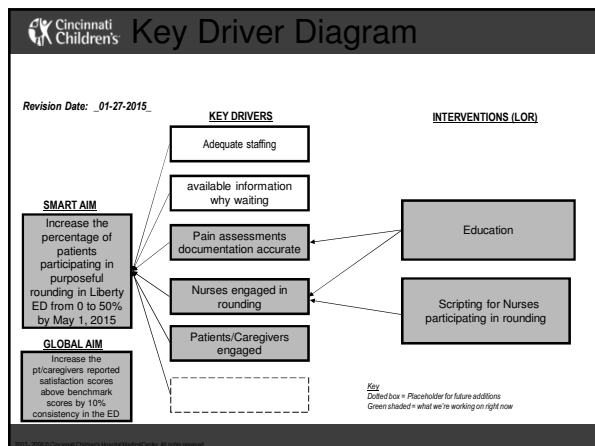Cincinnati Children's

*Revision Date: _01-27-2015_*

KEY DRIVERS   **INTERVENTIONS (LOR)**

Adequate staffing

available information why waiting

SMART AIM
Increase the percentage of patients participating in purposeful rounding in Liberty ED from 0 to 50% by May 1, 2015

Pain assessments documentation accurate

Nurses engaged in rounding

Patients/Caregivers engaged

GLOBAL AIM
Increase the pt/caregivers reported satisfaction scores above benchmark scores by 10% consistency in the ED

Education

Scripting for Nurses participating in rounding

Key
Dotted box = Placeholder for future additions
Green shaded = what we're working on right now

SMART Aim

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S SPECIFIC
M MEASUREABLE
A ACHIEVABLE
R REALISTIC
T TIMELY

Increase the percentage of Patients/Caregivers participating in purposeful rounding in Liberty ED from 0 to 50% by May 1, 2015.

PDSA worksheet

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PDSA: Nurse Rounding in the ED

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PDSA Name Nurse Rounding in the Emergency Department

Objective Describe the change you are testing.	Dates	Plan Plan for test (who, what, when, where) & data collection. What are the measure & the prediction? How will you know the change is an improvement?	Do Test the changes – record data & observations. Was the cycle carried out as planned? What did you observe that was not part of the plan?	Study Did the results match the predictions? What did you learn?	Act
Using the rounding log	02/11/15	Test the use of the log	2 RN's documented on log for patients in their zone for 4 hours	continue	√ Adapt ∈ Abandon ∈ Adopt
	02/15/15	Tested log 15-2300 having Greeter RN distribute log and explain to families about log and have them document	Families not always engaged at the greeter desk, kept logs in pockets etc	May be better to have nurses fill out log	√ Adapt ∈ Abandon ∈ Adopt
	02/23/15	Put rounding log on WOW and have nurses document			√ Adapt ∈ Abandon ∈ Adopt
	02/25/15	Continue to spread use of rounding log			√ Adapt ∈ Abandon ∈ Adopt
	03/02/15	Rounding logs on WOW's will continue for 24 hours and Michelle will collect data sheets and get feedback from night shift in the morning		Night shift not aware of rounding, too much clutter on WOWs, discussed door vs WOW	√ Adapt ∈ Abandon ∈ Adopt
	03/03/15	Michelle to touch base with nurses at each shift to ensure understand rounding purpose and answer question and get feedback			√ Adapt ∈ Abandon ∈ Adopt

Run Chart

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% of Families with > 2 hour ED visit who participated in purposeful rounding
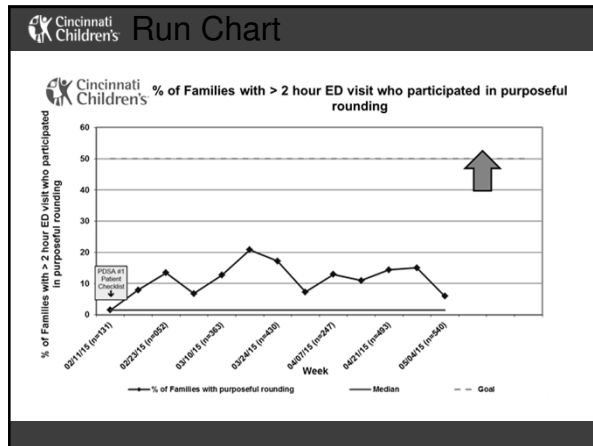
Sustainability

- EPIC for tracking rounding

- Adopt White Boards with information on logs and have in each patient roomed to be filled out by RN

- Spread to Burnet ED….
- Managers/leadership audit communication by talking with families
- Satisfaction scores

Acknowledgements

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 Mentor

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Mobile Technology for Advanced Practice Provider Education:
Improving Transition to Practice

Team Leader: Amanda Sylvester, MSN, CNP

Team Members (list names & role):
Mary Ellen Meier MSN, RN, CPN – EBP Mentor

Sponsor:
Teresa Schleimer, MSN, CNP – Clinical Manager

Date:
June 10, 2015

Clinical Issue

Current orientation for Advanced Practice Provider's (APP) at Cincinnati Children's includes the use of a paper based binder to guide the progress of new orientees through the hospital-required trainings and to navigate the transition to an advanced practice provider.

With our expansion to the Liberty campus, along with the increased growth within the APP team here at Cincinnati Children's, and the change to many of our employees working a 24/7 schedule, we are presented with challenges to effectively communicate and to keep our resources up to date and accessible.

Strategic Goals

- This project touches on all of the following Institution Strategic Goals:
  - Care Processes and Outcomes
  - Productivity
  - Expand Reach and Revenue/Clinical Expansion
  - Innovation

Value

- Providers will have more timely and relevant access to resources and patient education, improving patient interactions and satisfaction
- Resources will be available electronically, reducing waste. Additionally, the cost of mobile devices could potentially reduce technology costs as compared to traditional laptops

Quality

This project falls under the Magnet Model Component:

- New Knowledge, Innovations and Improvements

PICOT Question

P (population)   **Advanced Practice Providers**

I (intervention)   **Mobile Technology (iPads, tablets)**

C (comparison)   **Traditional paper-based materials**

O (outcome)   **Improved access to resources and improved clinical decision making**

T (time)   **Their 6 month orientation period**

Search Strategy

Search Terms:
- APRN's, physicians, interns, residents
- Portable computers, iPad
- Education
- Outcomes of education
- Clinical competence, professional competence, competency assessment

Databases
- CINAHL
- Pub Med
- Cochrane Library
- Psych Info

Findings

11 relevant articles

- 2 meta-analysis or systematic reviews
- 1 randomized controlled trial
- 1 cohort study
- 7 descriptive studies

Evidence Synthesis

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Grade for the
Body of Evidence:
Moderate

Citation	Level of Evidence
Berkowitz et al. (2014)	4b
Boruff & Storie (2014)	4b
George et al. (2013)	4b
Korbage & Bedi (2012)	4b
Krauskopf & Farrell (2011)	2b
Lobo et al. (2013)	4b
Luo, Chapman, Patel, Woodruff, & Arora (2013)	4b
Mickan, Atherton, Roberts, Heneghan, & Tilson (2014)	1a
Mickan, Tilson, Atherton, Roberts, & Heneghan (2013)	1b
Sclafani, Tirrell, & Franko (2013)	4a
Tanaka, Hawrylyshyn, & Macario (2012)	4a

Recommendations

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It is strongly recommended that mobile
technology is used for the education of
newly hired APP's to improve clinical
decision making and access to resources.

Current Process Map

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CCHMC Orientation Pathway
- NEO
- Patient Services Orientation
- CPR
- Medical Staff Services Orientation
- EPIC Training
- Required Modules
- Credentialing & Privileging

APRN Team Pathway
- Welcome Email sent to employee
- Initial 1:1 meeting (overview of what to expect during orientation)
- Transition to Practice Program (3 eight hour days)
- Monthly 1:1 meeting with Education Consultant through end of orientation

Division Orientation Pathway
- Meet Preceptor/ 1st day on Unit
- Division based orientation plan
- Competencies (once credentialed)

APP Lack of Confidence

Why

Not feeling prepared to practice ⟹ Why

Not having knowledge or experience ⟹ Why

Not having access to adequate resources ⟹ Why

Caution: If your last answer is something you cannot control, go back up to previous answer

Root Cause ⟹ Difficult to access, difficult to find

SMART Aim

Increase the self reported scores for newly hired Advanced Practice Providers in their overall confidence in their ability to access information for clinical decision making in their transition to advanced practice to from 4.11 to 4.5 by the completion of their 6 month orientation.

KEY DRIVER DIAGRAM

Project Name: Mobile Technology for Advanced Practice Provider Education: Improving Transition to Practice
Project Leader: Amanda Sylvester, MSN, CNP

Revision Date: 02-24-15

KEY DRIVERS   **INTERVENTIONS (LOR)**

SMART AIM
Increase the self reported scores for newly hired Advanced Practice Providers in their overall confidence in their ability to access information for clinical decision making in their transition to advanced practice to from 4.11 to 4.5 by the completion of their 6 month orientation.

GLOBAL AIM
Improve the orientation process and transition to practice for newly hired Advanced Practice Providers.

Clear orientation process within division

Engaged learner

Access to Identified Resources

Clear expectations identified for learner

Timely credentialed and privileged

Divisions create a specified and clear process for orientation
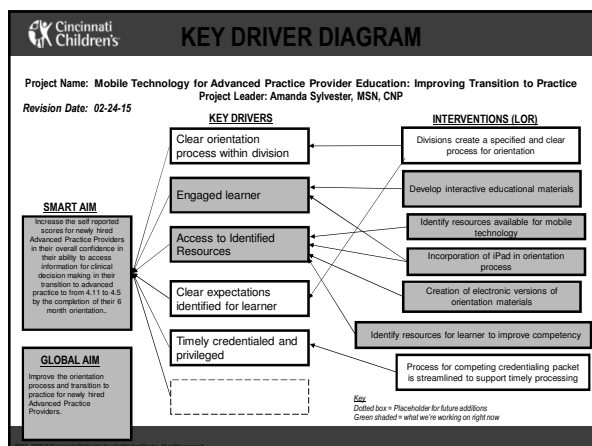
Develop interactive educational materials

Identify resources available for mobile technology

Incorporation of iPad in orientation process

Creation of electronic versions of orientation materials

Identify resources for learner to improve competency

Process for competing credentialing packet is streamlined to support timely processing

Key
Dotted box = Placeholder for future additions
Green shaded = what we're working on right now
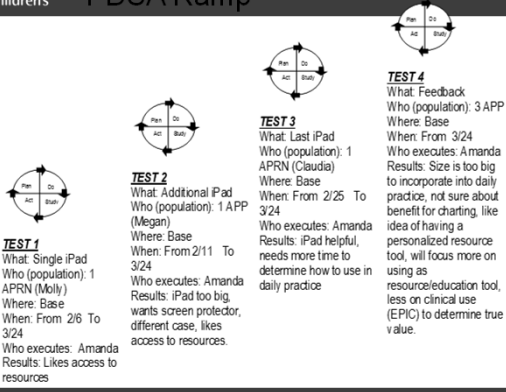
Interventions

- Work with IT to establish best system for:
  - Distribution of devices
  - Set up of devices
  - Distribution of apps for iPads
- Meet with each Advanced Practice Provider to provide "orientation" to their device and the project
- Meet with each participant individually every 2 weeks to assess progress

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- Meet with all 3 participants in a group setting
  - Meeting as a group allowed for sharing of uses of device
  - Facilitated a "community" environment
  - Generated renewed excitement for opportunities
- Survey participants at baseline, at 6 weeks, at 3 months, and again at 6 months – completion of their orientation
- Follow up via email periodically to determine use, assess needs, provide support, and elicit feedback.
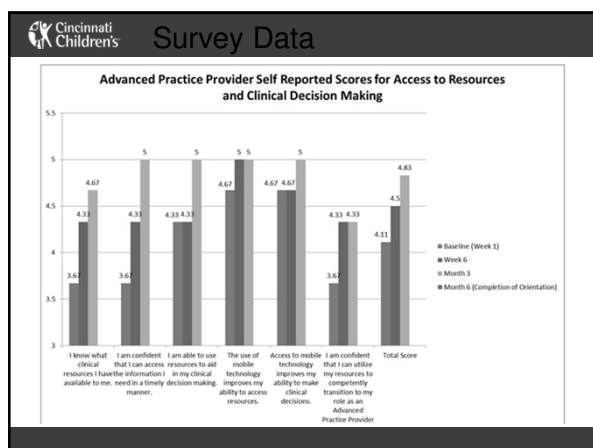

PDSA Ramp

TEST 1
What: Single iPad
Who (population): 1 APRN (Molly)
Where: Base
When: From 2/6 To 3/24
Who executes: Amanda
Results: Likes access to resources

TEST 2
What: Additional iPad
Who (population): 1 APP (Megan)
Where: Base
When: From 2/11 To 3/24
Who executes: Amanda
Results: iPad too big, wants screen protector, different case, likes access to resources.

TEST 3
What: Last iPad
Who (population): 1 APRN (Claudia)
Where: Base
When: From 2/25 To 3/24
Who executes: Amanda
Results: iPad helpful, needs more time to determine how to use in daily practice

TEST 4
What: Feedback
Who (population): 3 APP
Where: Base
When: From 3/24
Who executes: Amanda
Results: Size is too big to incorporate into daily practice, not sure about benefit for charting, like idea of having a personalized resource tool, will focus more on using as resource/education tool, less on clinical use (EPIC) to determine true value.

Survey Data

Advanced Practice Provider Self Reported Scores for Access to Resources and Clinical Decision Making

Lessons Learned

Participant Feedback:

- Having a personal resource for references that can be personalized to needs and preferences is valuable
- Limits to benefit for inputting information into EMR
- Size of the iPad Air was too large
  - Need to have ability to fit in lab coat pocket
  - Didn't want to put device down in patient's room for security and infection control reasons
  - Size and inability to put in lab coat was deterrent to being able to take everywhere with them for increased use
- Case was too bulky – made it awkward to use
- Need a precise stylus for note taking and input of data into EMR when using

Next Steps

- Final survey of pilot group at 6 months
- Plan is to purchase 12 iPad mini devices – one for each member of team
- Work with 3 participants to compile list of "best" apps for team
- Working to purchase some resources that will also be distributed via IT help to devices

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- Survey of entire team at delivery of device to assess baseline comfort with device, ability to access resources, etc.
- Survey again at 6 weeks and 3 months after baseline to determine progression
- Attend a team meeting shortly after delivery to foster "community" of sharing with entire team and generate excitement
- Offer time to meet with individuals that are having trouble with device or are not finding value in device to facilitate improved use

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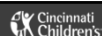
ThanK YoU!

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POC Scholar Co-hort members

Questions??