

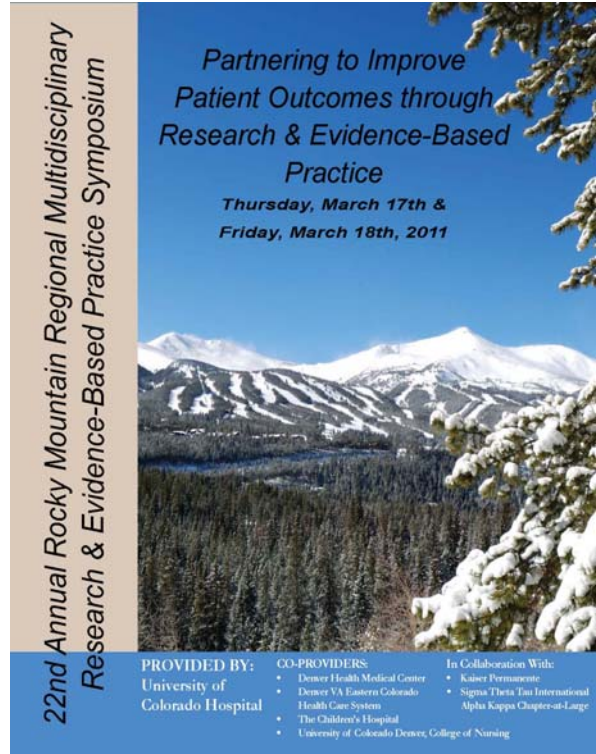
Research and EBP News

22ND ANNUAL ROCKY MOUNTAIN REGIONAL MULTIDISCIPLINARY RESEARCH AND EVIDENCE-BASED PRACTICE SYMPOSIUM

SAVE THE DATE!

The theme of this year's symposium is Partnering to Improved Outcomes through Research and Evidence-Based Practice.

For complete details and registration information visit www.uch.edu/symposium



Partnering to Improve Patient Outcomes through Research & Evidence-Based Practice
 Thursday, March 17th & Friday, March 18th, 2011
 22nd Annual Rocky Mountain Regional Multidisciplinary Research & Evidence-Based Practice Symposium

PROVIDED BY: University of Colorado Hospital
CO-PROVIDERS:

- Denver Health Medical Center
- Denver VA Eastern Colorado Health Care System
- The Children's Hospital
- University of Colorado Denver, College of Nursing

In Collaboration With:

- Kaiser Permanente
- Sigma Theta Tau International Alpha Kappa Chapter-at-Large

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CAROLYN'S CORNER CAROLYN SANDERS, PHD, RN, VICE PRESIDENT OF PATIENT SERVICES AND CHIEF NURSING OFFICER

It is now 2010 and Colleen Goode, my predecessor, has been gone for nearly 2 years. As many of you may recall, Colleen had a passion for Evidence Based Practice (EBP) and was really the "pioneer" at UCH to bring EBP into our organization. Colleen shaped the foundation for EBP at UCH and developed a model that is internationally recognized.

Today, EBP is not only part of our daily lives, it is the basis for our professional practice and it is used to promote quality at

all levels in our environment. Since EBP was brought to UCH, there have been hundreds of projects, many often mentored by our research nurse scientists and CNS/educators, that utilize evidence in order to create, change or augment our practices. Because of this work, UCH received the 2004 Magnet prize for Innovation in Evidence-Based Practice. Colleen's model of EBP continues at UCH and I am confident was instrumental in our recent esca-

lation to "Number 8" in the University HealthSystems Consortium for our quality and outcomes. Our perseverance with EBP has certainly paid off for our organization, and most importantly, our patients.

As Colleen retired early in 2009, she wanted to be sure her legacy of EBP was kept alive at UCH. She had a clear vision that UCH would continue on its path to excellence through the continued use of evidence in practice.

A NEW EVIDENCE-BASED CHAMPIONS TEAM: THE LOOK REPORT CHAMPIONS

PEGGY HEILMAN, JAN HAGMAN, LIZ JOHNSON, AND JAMIE NORDHAGEN

Two-thirds of sentinel events are related to breakdowns in communication. In 2006 the Joint Commission identified a need to standardize hand-off communication to include an opportunity to ask & respond to questions. The opportunity exists to standardize change of shift report across our organization. In a traditional approach, report consists of the off going and on coming nurse gathering information and establishing the plan of care away from the patient. Moving report to the bedside includes the patient and family in the plan of care and allows nurses to visualize their patients earlier in the shift.

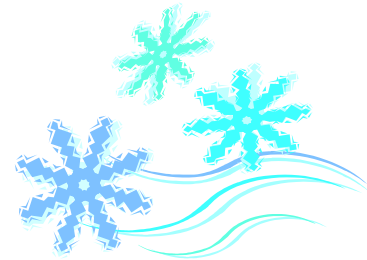
A thorough search of databases, Cochrane Database, National Guideline Clearing House, Evidence-Based Guidelines, Professional Organization websites such as NINR, AACN, & ITNS, was conducted and no guidelines were found to suggest best hand off communication practice. The literature however is vastly growing with evidence that supports report at the bedside as an effective strategy to hand-off communication (Riesenberg, Leitzch, & Cunningham, 2010). Stan-

dardizing verbal report with a SBAR format (Dufault et al., 2009), incorporating safety checks of patient, medications, and environment (Chaboyer, McMurray, and Wallis, 2010), improved accuracy & relevancy of patient information, staff accountability & continuity of care (Chaboyer et al., 2010) demonstrated an improvement in patient safety, patient satisfaction, and nurse satisfaction.

6W Transplant outcomes from October 2009 – September 2010 demonstrates increased patient satisfaction (staff worked together to care for you, staff include you in decisions re: treatment, and nurses kept you informed), RN satisfaction (improved staff accountability), patient safety (verification and documentation of high alert infusions), and a decrease in RN incidental overtime (annualized savings \$22,057.50). 12W outcomes reveal decreased RN incidental overtime and increased patient satisfaction.

All the med surg units, Maternal / Child, ICUs, and PACU are standardizing change of shift report to include hand off communication at the bedside in the form

of the LOOK Report (**L**ocate to the bedside, **O**btain pt information & goals for the shift, **O**bserve the patient, room, medications, and **K**eep it timely). Due to the size of this project, as well as the need to standardize hand off communication for all the quality and safety reasons mentioned above, we have formed the LOOK Report Champion's team. Our champion's team will eventually evolve into a *Hand Off Communication Champions Team*, once the LOOK Report roll out is completed in order to address communication issues that impact the patient throughout their hospital stay. Hand off after all occurs outside of change of shift, and between other disciplines besides nursing.



EBP CHAMPIONS CHATTER

Susan Swanson, RN, MS, CNS, AOCN, Oncology Clinical Nurse Coordinator

The “*Evidence-Based Practice Boot Camp*” has inspired oncology clinic staff nurses to launch three projects that may change ambulatory nursing practices across UCH.

Margaret Sheehan, RN, BSN, OCN is actively working on fall prevention strategies during clinic visits to the cancer center. After attending EBP Boot Camp, she completed a review of the literature on falls in clinic settings. She also examined all patient falls experienced in the cancer center with data from the Patient Safety Net reports, entered the data into an SPSS database, completed data analysis, and created a Power Point presentation of the results at a general oncology staff meeting. She is currently working on a system to identify high fall risk patients, incorporating inpatient fall risk scales with evidence-based practices and fall prevention interventions for the ambulatory clinic setting, and a staff education health stream learning module for fall preventions in ambulatory settings.

Ingrid Wulf, RN, BSN, OCN is actively working on patient/family education for those patients new to chemotherapy and cancer treatments. After identifying a variety of teaching processes and materials currently used by oncology clinic and infusion nurses,

she completed a literature search, compiled statistics from an electronic Zoomerang survey of Cancer Center Health Care Professionals, and used benchmark data from other national cancer centers, to lead a patient education committee in the development of a patient/family DVD and more streamlined patient education plan. She also surveyed over 200 patients about their feelings about current education processes at the Cancer Center and examined the results. There is potential to increase patient/family satisfaction and safety, and may decrease the amount of time clinic nurses spend providing telehealth nursing practices.

Finally, the Cancer Center is exploring current best evidence to improve telephone triage. The current Cancer Center telehealth nursing practices vary from clinic to clinic, representing frustrations among nurses and patients expecting timely responses to their concerns and questions. A small group of clinic nurses (Sue Swanson, Sharon Alfes, Jamila Mallory, and Lori Allen) started an oncology telehealth nursing committee, completed an extensive review of the literature, provided several journal club offerings, and created a data collection tool. Results of the first survey measuring call volumes were shared with Cancer Center administra-

tors and clinic nurses, and the next survey measuring call content and disposition of calls will start next month. The goal of this project is to streamline calls from patients/families, develop a systematic nursing assessment process, use oncology nursing evidence-based practices guidelines for interventions, and integrate these practices with the new electronic medical record EPIC.

All three of the projects described utilized the mentoring assistance of one of UCH’s research nurse scientists, Regina Fink, RN, PhD, AOCN, FAAN. Did you know that there are 4 Research Nurse Scientists available to mentor all health care professionals at UCH in EBP and Research Processes? Feel free to contact them for assistance or sign up to attend the next EBP Boot Camp!

The Cancer Center is actively looking at current research and evidence to improve our practice, patient outcomes, and the Cancer Center experience.

HEALTH SCIENCES LIBRARY GOES MOBILE!

BY SHEILA YEH AND LISA TRADITI

UNIVERSITY OF COLORADO DENVER, ANSCHUTZ MEDICAL CAMPUS

The library’s website has been optimized for viewing on your mobile phone or Web-enabled mobile device. Visit the library’s website at <http://hsl.ucdenver.edu/> to be seamlessly redirected to the mobile version. Useful resources are just a touch away and your result screens are mobile friendly when you search information with the search box.

The mobile site includes:

Top resources: Medline, CINAHL, MDConsult, Micromedex, etc.

Journal searching:

Chat or Ask a Librarian
Interlibrary loan service

Registering for library classes:

Library news and events
Library hours, map & directions

Please provide us with your mobile experience comments and suggestions by clicking the Feedback link located at the bottom of the page.

**The Health Sciences Library:
We’re there wherever you go
... we’re mobile!**

MARY'S MESSAGE: CHANGE AND EVIDENCE-BASED PRACTICE

MARY KRUGMAN, RN, PHD, FAAN—DIRECTOR, PROFESSIONAL RESOURCES



Our hospital is undergoing significant but positive change in many directions, including the implementation of EPIC and expansion of the hospital into a new, connected tower addition. The importance of both of these initiatives is the power of evidence behind these innovations to our hospital environment. With EPIC, we are gaining an excellent electronic medical record that is deeply embedded with evidence, from alerts to MDs if they enter two drugs that interact negatively on patient outcomes, to nursing interventions built on evidence. Our nursing informatics team members and other EPIC

Clinical Nurse Analysts have been examining our UCH evidence to assure it is represented in EPIC. For example, our UCH EBP Fall Assessment tool has been built into the EPIC frame; clinical nurses will be very pleased to find the tool now has the ability to calculate the total fall score automatically! The inter-professional EPIC Team building the new physician order entry system is double checking order sets to ensure the most recent evidence is part of these new orders with pharmacy; again, nursing is a key player assisting in this process. While no new computer system is

perfect, this one is considered a power in the field of electronic medical records, and crosses all UCH divisions and patient care areas to prevent serious medical errors using best practices. We are also fortunate that our campus affiliate hospital, The Children's Hospital, also uses EPIC. This has tremendous potential for partnership with any medical records of patients who share our services.

The second initiative, the expansion of our facility, is also being greatly supported by evidence-based practice! Using the framework of the Transforming Care at the

"Our nursing informatics team members and other EPIC Clinical Nurse Analysts have been examining our UCH evidence to assure it is represented in EPIC."

Bedside (TCAB) Initiative from Robert Wood Johnson,¹ a team led by Director Deb Devine has been extensively examining the evidence related to unit design to drive facility decisions based on the best available evidence. So many nurse educators and managers are serving on this group, individuals are impossible to name. But this team's work is excellent, with the evidence as good as is currently available in this emerging field of facility design. This means members of this TCAB design group attend their user groups with a universal document that has the evidence out-

lined on all aspects of unit and building designs, so space decisions related to best practices for safety of patients and staff are based on evidence! Congratulations to both the EPIC and TCAB groups for basing important decisions on the nursing work environment and patient safety, based on the best available current evidence for practice!

A final change that is very noteworthy related to evidence-based practice is the recent arrival of our newest Research Nurse Scientist, Cathy Kleiner, RN PhD! I am delighted to partner with Katherine

Halverson-Carpenter to bring Cathy on board, to enhance the use of research and evidence-based practice in the operative and perioperative areas. Cathy's expertise and synergy with these areas incorporating her AORN background, and her participation as a new member of our Research Nurse Scientist team, will greatly enhance our advancement in improving patient care, safety and clinical nurse knowledge of research and evidence-based practice. Welcome, Cathy!

Best regards to all!

CAROLYN'S CORNER CONTINUED FROM PAGE 1

She was cognizant, however, that resources are tight, time is valuable and support elusive. Therefore, Colleen requested monetary gifts be made and placed into a fund that staff could use to support EBP projects.

Therein was born the *Colleen Goode Research & Evidence-Based Practice Fund*. Colleen wanted the dollars associated with this fund to be used by staff to support staff time, supplies, data tools

and other things necessary to support the use and promotion of EBP. Various levels of funding are available for professional staff at all levels. Contained in this newsletter are instructions about how to apply for and obtain funding to support research & EBP projects at UCH.

By participating in research and EBP projects, staff become leaders in their own departments by working to improve practice, patient care and delivery sys-

tems. This was and always will be the vision moving forward. We owe Colleen a debt of gratitude for her foresight in creating this fund for staff use. I believe it is a tribute to her to keep her vision for the proliferation of EBP at UCH alive and moving forward.

A NEW FACE ON THE RESEARCH NURSE SCIENTISTS TEAM

CATHERINE KLEINER, PHD, RN

Dr. Cathy Kleiner is a new Research Nurse Scientist in the Professional Resources Department. She received her PhD in Nursing from Duquesne University in 2004 and has conducted research in pain management, online education, and most recently in nursing language development and perioperative nursing issues. As the Vice-President of Research and Nursing at AORN she established a collaborative relationship with the University of Michigan to conduct research in the perioperative setting. The first project initiated by the collaboration was an evaluation of processes that contribute to errors in surgery. The count process was one of the focus areas with evaluation including timing of counts, parallel

work occurring, experience of staff, type and length of surgery. The results of this work will be published within the next year. In addition, Dr. Kleiner worked with the AORN nursing staff to revise the development process for the recommended practices to ensure they were evidence based and peer reviewed.

Dr. Kleiner has 30 years of experience in nursing. She has worked in a variety of positions including nurse executive, nursing manager in hospital settings, and as an associate professor in the school of nursing at the Medical College of Ohio. In her faculty role Dr. Kleiner developed a perioperative elective course that allowed students to have concentrated time in this setting. She also incorporated the perioperative areas for a med/

urg clinical site and as a site for capstone coursework for undergraduate students.

Dr. Kleiner has authored several papers that have been published in the AORN Journal, the International Journal of Nursing Studies, and the Journal of Nursing Education. She has presented her findings at varied nursing conferences and is active in several professional organizations. She will be focusing on perioperative research in her new role.

“Dr. Kleiner has 30 years of experience in nursing. She has worked in a variety of positions including nurse executive, nursing manager in hospital settings”

OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT—ANCC APPROVED CONTINUING NURSING EDUCATION COURSES

- Thoracic Surgery Seminar, November 29, 2010
- Clinical Research: Getting Started, December 2, 2010
- 12 Lead EKG, December 9, 2010
- Advanced CRRT, January 25, 2011
- Nursing Considerations for Acute and Chronic Renal Disease, February 16, 2011
- 22nd Annual Rocky Mountain Regional Multidisciplinary Research & Evidence-Based Practice Symposium, March 17 & 18, 2011
- Bariatric Surgery Seminar, March 21, 2011
- Trauma Nurse Core Course (TNCC), March 30 & April 1, 2011

TO REGISTER FOR THESE CLASSES VISIT WWW.UCH.EDU/CLASSES-EVENTS

Also, check us out on [Facebook](#). Just search for Continuing Nursing Education—University of Colorado Hospital. Like us today to receive up-to-date information on upcoming classes and events!

THE COLLEEN GOODE NURSING RESEARCH AND EVIDENCE-BASED PRACTICE FUND

Dr. Colleen Goode served as our vice president of Patient Services at the University of Colorado Hospital from 1997 – 2009. She is a leader in EBP and Research nationally and is now a Professor at the University of Colorado Denver, College of Nursing. In her honor, *The Colleen Goode Nursing Research and EBP Fund* was established upon her retirement from UCH to support nurses in the clinical application of their own inquisitiveness to benefit patient care.

The goals of this fund are to provide financial support for nursing research and evidence-based practice projects that impact patient care at UCH and/or our professional work environment.

This program provides support for nurses who will work with other interdisciplinary team members to:

- Continually evaluate their practice
- Seek answers to clinical questions in an effort to improve their practice
- Change their practice based on evidence and evaluation of that change

To apply for this grant the proposed nursing research and EBP projects must focus on positive impact for patients or family members of patients, or the professional work environment at UCH.

The application process will be open December 1, 2010. All forms and information regarding the application process will be posted on the HUB, professional resources department, research. Application deadline is January 10, 2011 at 5pm. Notification of grant awarded will occur by February 10, 2011.

THREE TYPES OF GRANTS ARE AVAILABLE

Evidence-Based Practice Grants (up to \$750)

These will be awarded to stimulate the use of patient-focused data and/or previously generated research findings to develop, implement, and evaluate changes in nursing practice. We encourage nurses who have research/EBP experience as well as those who do not to apply.

RESEARCH GRANTS (UP TO \$1,000)

The Research grant provides awards to qualified individuals carrying out clinical research studies that directly benefit patients and/or families at UCH.

The Principal Investigator (PI) must be currently employed at UCH in a clinical setting with direct patient care involvement. Funds may be awarded for new projects or projects in progress. As with the EBP projects, applicants are encouraged to identify a Mentor, especially if you are less experienced in applying for a research grant.

GENERAL GUIDELINES

- To be eligible, you must be a registered nurse with a current license and plan to work with an interdisciplinary team at the University of Colorado Hospital (as appropriate given the project focus).
- Applicants should be ready to implement their projects immediately following funding from the Colleen Goode EBP and Research Fund.
- Evidence-based practice projects should have the focus of the practice change and proposed methods for interventions to apply evidence into practice identified in the proposal. Outcome measures to evaluate the effectiveness of the EBP project should be outlined in the proposal.
- Research projects which have been exempted in writing or approved by COMIRB will be considered. A copy of your IRB approval will be required prior to the funding of your grant will be considered. (You may, however, apply for a grant while IRB approval is pending). Research projects without IRB approval pending or obtained will not be considered.
- Funds may be used only for direct expenses, including:
 - Printed materials for the project
 - Supplies
- Funds may not be used for salaries or institutional overhead
- Checks will only be written to your department, not to an individual investigator.

DISSEMINATION GRANTS (UP TO \$250)

We will help nurses who have completed a Research or EBP project to share the results of their findings with other nurses and institutions at a national or international venue. Monies may be used for poster production only. Costs of poster development should not exceed \$250; bids for producing posters will need to be obtained from two separate entities. Funds will only be provided to Grantees whose projects have been approved for presentation at a professional conference.



WHAT DOES A RESEARCH NURSE SCIENTIST DO?

We are fortunate to have four research nurse scientists (RNS) at UCH. Each RNS has different areas of clinical and research expertise. They often collaborate to provide maximal support of their clinical and research strengths in various ways throughout the hospital.

Regina Fink, RN, PhD, AOCN, FAAN has expertise in oncology, pain, and palliative care. She has also focused her research interests on the Graduate Nurse Experience and Nurse Retention. Cathy Kleiner, RN, PhD is a perioperative nursing expert and Mary Beth Flynn Makic, RN, PhD, CNS, CCNS, CCRN is an expert in critical care, skin, wounds, and pressure ulcers. Kathy Oman, RN, PhD, FAEN, FAAN is an emergency nursing expert as well as ethics, family presence, and palliative care. Together this team works together to advance nursing practice in ALL care areas throughout the hospital, embrace EBP within the each practice setting, and conduct research to generate new knowledge for practice.

The role of the RNS is diverse with many responsibilities, such as:

- Conduct nursing research
- Disseminate findings of research in presentations and manuscripts
- Present in areas of expertise
- Provide leadership to the Research and EBP Council
- Each RNS participates as a member on all evidence-based Champion's Teams and facilitates the evidence-based mission of the team

- Coordinate, teach, develop EBP/Research courses for UCH
 - EBP: Beyond the Basics
 - Clinical Research: Getting started
 - EBP Boot Camp
 - Survey Design (new January 2011)
 - Presenting Data (new October 2010)
 - Poster Development: "How To" (November 2010 & January 2011)
 - Manuscript Writing Seminars (January 2010)
 - Update/review Research EBP manual (Fall 2009)
 - Coordinate the Annual Rocky Mountain Research Symposium
- Develop and disseminate the annual research competency
- Provide new hire orientation
- Facilitate and mentor journal clubs throughout the organization
- Assist UCH Team Members with abstract writing and submissions to local and national conferences
- Assist UCH Team Members with poster development
- Mentor manuscript development and submission
- Facilitate COMIRB training and application processes
- Develop TRIP sheets

Our Research Nurse Scientists are available to help you explore an idea, develop an EBP project, or explore the conduct of research in your practice area. Don't hesitate to send us an email or give us a call if you have any questions.



- Regina Fink, RN, PhD, AOCN, FAAN
(regina.fink@uch.edu - x86647)
- Cathy Kleiner, PhD, RN (catherine.kleiner@uch.edu – x86616)
- Mary Beth Flynn-Makic, RN, PhD, CNS, CCNS, CCRN
(marybeth.makic@uch.edu – x86398)
- Kathy Oman, RN, PhD, CEN, FAEN, FAAN
(kathy.oman@uch.edu - x86656)

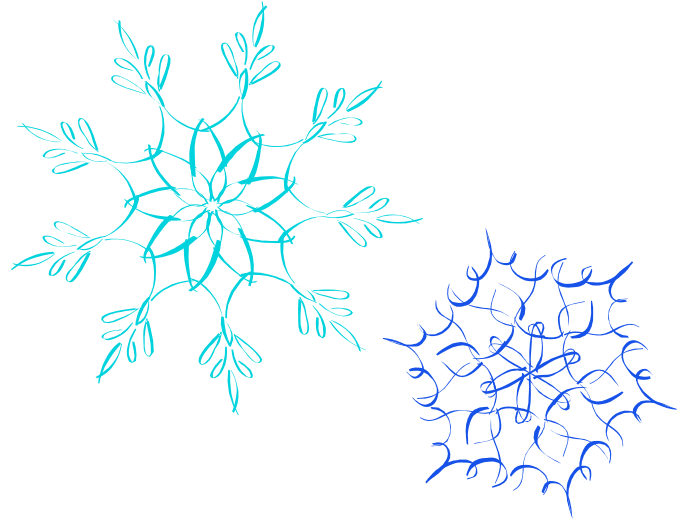


University of Colorado Hospital
Professional Resources, MS 901
12401 East 17th Ave.
Aurora, CO 80045

Research and EBP News Editors:

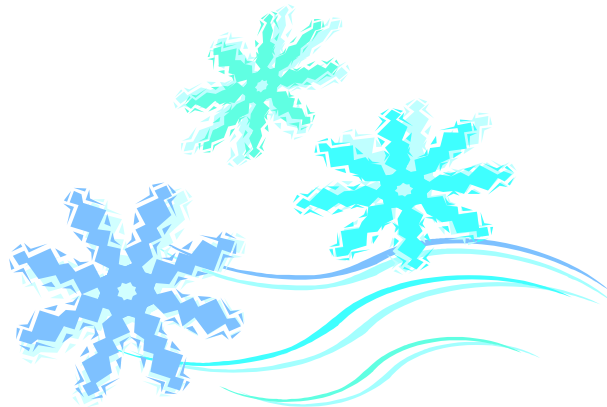
Research Nurse Scientists

Regina Fink, RN, PhD, AOCN, FAAN
Kathy Oman, RN, PhD, CEN, FAEN, FAAN
Mary Beth Flynn Makic, RN, PhD, CNS, CCNS
Email:
regina.fink@uch.edu
kathy.oman@uch.edu
marybeth.makic@uch.edu



Design and Layout by:

Educational Program Assistant
Stephanie Insinna, BA
stephanie.insinna@uch.edu



TRIVIA QUESTION:

What level of evidence (use the UCH table) best describes the following study:

The effect of a new type of wound care product is being tested on surgical patients. Patients admitted to the unit on even days receive the usual wound care; patients admitted on odd days receive the new skin product. Time to surgical wound healing and incidence of infection is being measured. The patients will be followed in the clinic for final outcome measures.

The first person to email the correct response to regina.fink@uch.edu will win a Starbucks' s coffee card!