

RESEARCH and EBP News



MAGNET CONFERENCE HIGHLIGHTS

Danielle Schloffman, RN, MSN, NE-BC—Magnet Program Director

22 nurses from UCH attended the 2011 international Magnet® conference in Baltimore, Maryland this October. The Magnet conference, held annually, is attended by RNs from Magnet hospitals and by RNs whose organizations are on the Magnet journey to excellence. This year, 20 countries were represented with over 7,500 nurses participating. Nurses attend the Magnet conference to learn more about how to enhance professional practice, create positive work environments, improve quality and safety, and how to review and apply current research and evidence-based practice. UCH had a strong showing at the conference – especially when considering over 1,300 abstracts were submitted! We had 2 podium presentations, 2 live poster presentations and 1 virtual poster presentation.

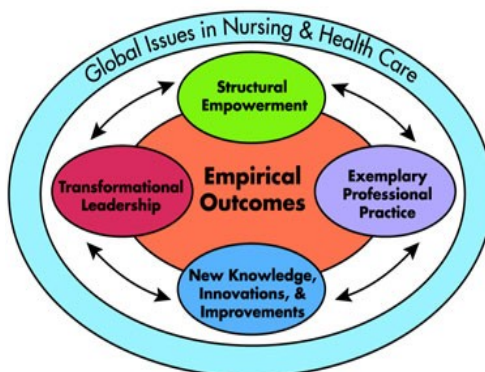
- Mission Possible! National Accreditation of a Nurse Residency Program (Podium: JoAnn DelMonte)
- Reducing Catheter Associated Urinary Tract Infections with Nurse-Driven Interventions (Podium: Regina Fink and Mary Beth Makic)
- Role of the Research Nurse Scientist in the Perioperative Setting (Live Poster: Cathy Kleiner & Katherine Halverson-Carpenter)
- Magnet a Mile High: How the Colorado Magnet Program Director Collaborative is Achieving the New Magnet Vision (Live Poster, Danielle Schloffman)
- Improving Patient Flow: Real-Time, Capacity/Demand Management (Virtual Poster: Carolyn Sanders & Lorna Prutzman)

The highlight of the conference was when one of our very own, **Tracey Anderson, MSN, RN, CNRN, FNP-BC, ACNP-BC** Neurocritical care nurse practitioner in the Neuro ICU, received the American Nurses Credentialing Center **Magnet Nurse of the Year Award!** This award recognizes the outstanding contributions of patient care clinicians working in Magnet hospitals. Five inaugural awards were given, one in each of the Magnet Model components. Tracey was



recognized under the component of Structural Empowerment. Tracey played an important role in developing the hospital's Stroke Program and leading its successful effort to gain Joint Commission certification as a Primary Stroke Center. Our stroke program saved the hospital \$2.7 million and reduced length of stay by nearly 500 days in the first year. Tracey's successful initiative to educate staff on recognizing stroke symptoms decreased the time between notification and patient arrival for a CAT scan from 69 to 27 minutes. Under her leadership, UCH become one of just three hospitals in the country to receive funding from the Neuroscience Nursing Foundation to offset the cost of preparing clinical nurses for the Certified Neuroscience Registered Nurse exam. In the last year, 14 staff nurses have obtained specialty certification.

Magnet provides hospitals a framework for excellence. Within the component of New Knowledge, Innovations & Improvements, hospitals must demonstrate how they integrate



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research and evidence-based practice into clinical and operational processes. Hospitals must also show how nurses are educated about EBP, enabling them to use the latest evidence to provide optimal patient care and improve work environments. Magnet also requires hospitals to have established and evolving programs related to EBP and research. In addition, hospitals must evaluate and use published research, generate new knowledge, and disseminate research findings to the community.

Did you know UCH won the highly prestigious Magnet Prize® in 2004 for our innovative EBP program? We are one of only 9 Magnet hospitals to achieve this coveted award! Consider submitting an abstract (in January 2012) for next year's national Magnet Conference to be held in Los Angeles in October 2012.

CHAMPION'S CHATTER—New Journal Club Critique Forms

Terry Rendler RN, MSN, WHNP-BC - Co-chair Magnet Steering Committee and Clinical Nurse Level IV, Birth Center

Hello and Happy Fall to everyone. Fall always reminds me of being a kid and heading back to school to “hit the books” and learn a few things. Now, as an adult “hitting the books” is more like “reading the journals” and it happens year-round. I know that I enjoy reading the current literature and sharing that knowledge with my colleagues to try and continually improve patient care on my unit.

Just in time for fall is the roll-out of our new and improved Journal Article Critique Forms! The Research Nurse Scientists and Evidence-Based Practice Champions got their heads together over the last year to come up with newer, shorter, more user-friendly forms to critique various kinds of articles for Journal Clubs. Gone are the long, daunting, difficult to understand forms that have been the thorn in many a side

of staff nurses embarking on the Journal Club experience.

There are now 4 critique forms available on the Professional Resources intranet site at <http://www.uch.edu/for-healthcare-professional/professional-resources/research-ebp/resources/>

The forms are for Quantitative, Qualitative, Meta-Analysis/Systematic Review, and Non-Research journal articles. Each form is only one page long and has mostly yes/no and short answers with some open ended questions regarding how the article relates to your practice. There is also a level of measurement table attached to 3 of the critique forms (the Meta-Analysis/Systematic Review always being a level 1).

In addition to the critique forms, there are also Leader forms available for

each one. These are a great tool to help guide you through critiquing and evaluating the article and leading the journal club.

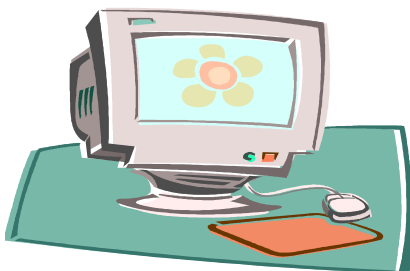
Still don't think you can do it? Sure you can!! There are always resources available to you if needed. You can contact the Research Nurse Scientists with any questions, or to help mentor you through the process. If your unit has an Evidence-Based Practice Champion, they and your educator will be happy to guide you. Journal Clubs can be fun! Set one up off-site and have food and beverages while you collaborate with your colleagues and earn a CE! Or, offer one on your unit and be the envy of your friends!

Fall is a great time to turn over a new “leaf” and jump into Journal Clubs with both feet, you'll be glad you did!

CHAMPION'S CHAIR

Monica Brock, RN, BSN, CPAN—Clinical Nurse III, AIP PACU

Greetings and Happy Fall! I wanted to take a moment to introduce myself as the new Evidence Based Practice Champions' (EBP) Co-Chair, along with our current Research Nurse Scientists. In the six years that I have been at UCH as a staff nurse, I have learned many things, and boy has the time flown by! I initially joined the EBP Champions' Committee as a champion for the AIP PACU a couple of years ago strictly due to my perceived lack of knowledge of evidence based practice. Little did I know this decision would lead me to accept a co-chair position for the same committee I joined merely to improve my comfort level with EBP. What I quickly came to find, however, was that I already knew a lot about EBP and it didn't have to be an intimidating subject. You see, we are fortunate to work for an organization that values and encourages the use of evidence in practice. It is all around us and infused into daily practice. Perhaps the biggest barrier to EBP, the lack of organizational support, is for us no barrier at all. The culture at UCH is one that embodies a spirit of inquiry; something critical to the success of any EBP program. Look around and you will see changes that staff nurses among us are making based on evidence to improve the quality of care that our patients receive. I am excited about the improvements I have seen first-hand, and am honored to be a part of a team that knows the important role that EBP plays in delivering world class care. I would encourage you to find out who your EBP Champion is for your unit. If you find that you don't have one, consider joining our committee! Or just send me an email and I would be happy to send you more information on what the committee is all about. You can reach me at monica.brock@uch.edu. I look forward to serving you in this role!



DID YOU KNOW.....

DID YOU KNOW THAT THERE ARE A LOT OF RESEARCH AND EVIDENCE BASED PRACTICE PROJECTS GOING ON HERE AT UCH? THE RESEARCH NURSE SCIENTISTS KEEP A DATABASE OF CURRENT PROJECTS AND UPDATE IT QUARTERLY. FEEL FREE TO CLICK ON THE FOLLOWING LINK TO THE RESEARCH AND EBP COUNCIL PAGE WHERE YOU FIND THE DATABASE [HTTP://HUB.UCH.EDU/CHAMPIONS-COMMITTEES/RESEARCH-AND-EBP-COUNCIL/ABOUT-THE-COUNCIL/](http://hub.uch.edu/champions-committees/research-and-ebp-council/about-the-council/)

COLLEEN GOODE FUND CALL FOR PROPOSALS—YOU CAN DO IT!

Regina Fink, RN, PhD, AOCN, FAAN—Research Nurse Scientist

It's that time of year again!!! Why not consider submitting an application for funding of your project?

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.

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:

1. Printed materials for the project
2. Supplies
3. Funds may not be used for salaries or institutional overhead
4. Checks will only be written to your department, not to an individual investigator.

The application process will be open December 1, 2011. All forms and information regarding the application process are on the HUB, professional resources department, research. All application materials need to be submitted electronically to:

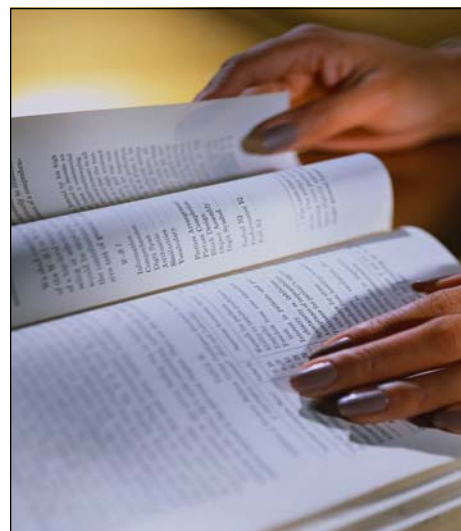
UCH-GoodeEBPGrant@uch.edu

Application deadline is January 9, 2012 at 5pm. Notification of grant awarded will occur by February 3, 2012.

THREE TYPES OF GRANTS ARE AVAILABLE:

EBP 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.

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.



REPORTS FROM 2011 COLLEEN GOODE FUND RECIPIENTS

The Benefits of Exercise in Bone Marrow Transplant Patients: An Interdisciplinary Team Approach

Barbara Wenger, RN, MS, AOCNS, CRNI; Erin Erickson, OTD/R; Katie Myers, DPT; Michael Warren, RT; Matt Gallagher, DPT; Regina Fink, RN, PhD, AOCN, FAAN; Hanna Harman, RN, BSN; Brooke Ferguson, RN, BSN, Liz Ziemnik, RN, BSN

Working with the bone marrow transplant (BMT) population presents many unique challenges for the interdisciplinary team due to treatment-related complications. According to recent studies, exercise training is safe during cancer treatment and has been associated with improved physical functioning, quality of life (QOL), and cancer-related fatigue. Unfortunately, patients are greatly deconditioned by the time appropriate reinforcement and action is taken. The purpose of our EBP/quality improvement project was to determine the feasibility, effectiveness, and benefit of a standardized exercise regimen with the BMT population when utilized in pre/post transplant phases. So far, over 25 patients undergoing allogeneic or autologous bone marrow transplant have been enrolled and evaluated between May-November 2011. Upon admission, each patient has a baseline functional assessment by the PT/OT therapist and

are placed in one of three specific exercise program phases. Fatigue level and quality of life are assessed using the MD Anderson Brief Fatigue Inventory on admission, every two weeks, and at discharge. Patients transitioned through activity phases based on medical status, activity level, lab values, and compliance. Patient length of stay, adherence, and satisfaction with the exercise program are assessed. Data analysis has been initiated at this time and 94% of respondents believed that the exercise program met their needs, was “just right” for them, was not too challenging, and improved their strength. We couldn’t have done this without funding obtained from the Colleen Goode Grant which was used for our exercise equipment: hand and ankle weights, stretch bands, yoga mats, steps, and a second controller for the Wii that was previously donated to the BMT program. We will be presenting our final results at the Research and EBP Symposium in March! Hope to see you there.

Using Donor Milk in the NICU

Kirtley Ceballos, MSN, RNC-NIC, PCNS-BC, Clinical Nurse IV, NICU Patient Outcomes Coordinator

After finalizing the Nursing Practice Guideline for the use of donor milk in the NICU and getting the information/consent form for parents approved, all NICU RNs completed 2 mandatory educational in-services related to the safety and efficacy of donor milk use for preterm infants. Thanks to the use of Colleen Goode Grant Funding, pasteurized donor human milk was purchased for use in the NICU in June 2011. The response from families has been positive and use of donor milk in the NICU has far exceeded expectations!

exceeded expectations! Only anecdotal evidence is available so far, but RNs report improved feeding tolerance in preterm and ill patients. We expect that data analyzed 1 year post-implementation will show decreased infection rates, fewer TPN days, and shorter lengths of stay now that NICU babies are receiving species specific nutrition. Thank you NICU RNs for gracefully accepting this major change in workflow and culture. Your commitment to improving patient care is inspiring!

SO...You Need to Make a Poster?

Mary Beth Flynn Makic, RN, PhD, CNS, CCNS—Research Nurse Scientist, Critical Care

Did you know that we use a central template for poster presentations to represent the amazing work we accomplish at UCH? We also provide three ways to help you learn how to put together a poster for presentation! The Research Nurse Scientists provide classes on how to create an effective poster, there is a chapter in the UCH Research and Evidence-Based Practice Outcomes Manual on poster presentations, and there is also an online HealthStream course. To access the Healthstream course, go to “catalog” and simply enter the word “poster”. The course titled “*How to Create a Poster Presentation*” will be a selection. After completing the course to learn about what components should be on your poster, access the UCH Poster Template. To download the poster template, simply access the *Research and EBP Council* via the HUB, by accessing the departments, councils, and champions committees directory. You’ll find the most current poster template at this website. The UCH poster template is revised every year, so please check the website each year for the latest version of the template! Never hesitate to contact a Research Nurse Scientist to assist or critique your poster prior to printing!



CAROLYN'S CORNER

THE SERVICE EXCELLENCE MANDATE, PART II: THE IMPORTANCE OF "SCRIPTING" IN COMMUNICATING WITH OUR PATIENTS

Carolyn Sanders, RN, PhD, NEA-BC — Vice President for Patient Services and Chief Nursing Officer

Despite receiving accolades from U.S. News and World Report, University HealthSystem Consortium and Denver Business Journal, our hospital is very inconsistent in our patient satisfaction scores. Because of our inconsistent and often low patient satisfaction scores, UCH is making Service Excellence a strategic priority moving forward.

Last spring, I wrote about our Service Excellence mandate and our move towards a hospital wide service excellence model developed by the Studer Group. It is a model that utilizes a "scripted" form of communication. This model is called AIDET™ and is an acronym for:

- A—Acknowledge
- I—Introduce
- D—Duration
- E—Explain
- T—Thank

After writing this, many staff asked me why we need to be "scripted" with AIDET. They asked me why we couldn't just use individual forms of enhanced communication. Staff indicated they feel like "robots" when asked to utilize scripted communication tools and that it felt uncomfortable.....These are all great comments and questions and I can certainly understand the concerns.

With health care consumers increasingly playing a role in health care delivery, and with these consumers becoming more educated about healthcare, their expectations of their health care experiences are escalating. Taking cues from the hospitality and services industries, who became enamored with scripting years ago, hospitals are implementing service excellence programs that utilize models of scripting to enhance the patient experience.

The benefits of scripting are far reaching and in fact, many models of scripting were derived from feedback on patient satisfaction surveys. Scripting is used by health care providers to communicate important information and to calm patient's fears. In addition, research has shown that scripting enhances the patient's perception of delivered quality of care (Ryan and Wojciechowski 2003). Scripting guides staff through critical elements of a conversation and this process becomes habitual, therefore it remains consistent. What this consistency results in

is "certainty" for our patients.

Scripting doesn't have to be "memorizing statements", but rather a consistent form for communicating with patients. Other research regarding communication with patients indicated the simpler and more consistent communication the better. Simple and consistent communication methods were highly correlated with satisfaction, perceived quality and behavior intention (Salehi, Strawderman, Ruff, 2005).

Think about the color coding of our scrubs attire. Initially, staff felt their individuality was jeopardized by requiring them to all wear the same color scrubs based on job role, right? Well, look at how this has enhanced the level of certainty for our patients! Our patients know that eggplant colored scrubs belong to our respiratory staff; that royal blue belongs to our nursing staff and forest green denotes our EVS staff. Our Patient and Family Centered Care Advisory Council has reported they appreciate the color coded scrubs and feel much better knowing "who" is providing care to them. The same principle applies to scripting communication.

Service Excellence is an integral part of our hospitals success, both in terms of patient satisfaction and financial viability. In addition, service excellence concepts and concise, scripted communication models must be present in the daily working environment---it must become "how we do things every day for every one". I found this creed from an MD at the Cleveland Clinic from 1921--

- ◆ A patient is the most important person in the institution – in person or by mail.
- ◆ Patients are not dependent on us – we are dependent on them.
- ◆ Patients are not an interruption of our work – they are the purpose of it.
- ◆ Patients are not an outsider to our business—they are our business.
- ◆ The patient is not someone to argue or match wits with.
- ◆ The patient is a person, not a statistic.
- ◆ It is our job to satisfy them.

- William Lower, MD, 1921

So, I truly hope we all embrace our journey towards service excellence and the process of AIDET---it is indeed our business and it is indeed why we do what we do.

Journal Club Updates

Mary Beth Flynn Makic, RN, PhD, CNS, CCNS—Research Nurse Scientist, Critical Care

The EBP Champions have been working hard this year to streamline the ANCC application forms for journal club as well as to create an on line, virtual, journal club! We are excited to announce that in January 2012 ANCC application form "templates" for journal club will be available through the EBP Champion website accessed through the HUB. The templates should assist you in applying for ANCC CE credits for journal club more efficiently. Also, currently revised journal club forms are available at this website! We hope to launch virtual journal clubs in January, 2012. The online version of journal club will be a blog, using the "UCH Blog World" feature on the HUB. Virtual journal club will allow healthcare providers of all disciplines to engage in a blog discussion on a variety of topics helping us continually explore evidence to improve and grow our practice at UCH. The virtual medium will also allow journal clubs across departments/services and disciplines. Anyone can join a virtual journal club blog! Please visit the *EBP Champions website* in January as well as look for information from your *EBP Champion of Change Team member* for more details on virtual journal club coming to UCH!

MARY'S MESSAGE

Mary Krugman, RN, PhD, NEA-BC, FAAN—Director, Professional Resources

What is the Evidence Driving the RWJ/IOM Future of Nursing Report?

In 2010, the Robert Wood Johnson Foundation, in collaboration with the Institute of Medicine, published the fourth in a long line of reports regarding the future of nursing. You may be surprised that the first of these reports on nursing education and the entry for nurses into practice was published in 1923: the Goldmark Report! While the Flexner Report, during that same time period, was published about the need for MDs to have a structured foundation for educational preparation and practice, and was quickly adopted in its entirety, nurse leaders have not been able to agree on what constitutes a foundation for nursing practice despite subsequent reports: The Brown Report (1948), the ANA Position Paper on Educational Preparation (1965), and the Lysaught Report (1970). Now, this latest report is receiving significant attention by the entire country due to the evidence supporting its findings. What are the recommendations in this RWJ/IOM

recent report, and what is the evidence? And how does UCH measure up to these recommendations? This column will address the evidence and outline what is happening in the environment now, at a rapid pace, to change the nursing profession for the future!!

The Robert Wood Johnson Foundation has been a major advocate for nursing for decades. In this most recent report, they state:

“Nursing’s bond to patients and link to quality of care are pivotal, as nurses make up more than half of the healthcare workforce. To improve the quality of hospital care, we must also transform the quality of nursing care at the patient’s bedside.”

A key point in this report is that quality of care will not improve unless all nurses are well educated for practice and full partners in redesigning health care in the USA. This report has 8 recommendations. These will be outlined and matched by

a table to show where UCH stands in relation to the recommendations, and what actions are taking place on the state level in Colorado to make the transformational changes. Our state, one of 46 across the country, has initiated a coalition to implement these changes! This Campaign for Action across the nation is supported by the AARP and RWJ.

Review Table 1 (page 7), and learn more about the RWJ/IOM report by going on line to the Institute of Medicine report: www.nap.edu. You can also volunteer to be on a subcommittee for the Colorado Action Coalition, by contacting me at ext. 86658. If you wish a full set of references identified in this report, please contact me as well. Those of us who have been in nursing practice for years are excited about the energy and dedication of Colorado nurse leaders, as well as our country, to finally move nursing forward as a profession!!!



**RESEARCH AND EBP CLASSES ARE NOW BEING
SCHEDULED FOR 2012
TO REGISTER FOR THESE OR OTHER CLASSES
GO TO WWW.UCH.EDU/CLASSES-EVENTS**

Creating a Poster (also online)
Creating a Survey
EBP Boot Camp
Displaying Data
Clinical Research: Getting Started
EBP: Beyond the Basics

January 5, 8-10 am
February 14, 8-10 am; September 10, 8-10 am
April 17, 8-4; September or October: TBA
June 11, 8-10 am; July 26, 8-10 am
November 14, 8-4
TBA (Scheduled with Residency Program)

TABLE 1 - RWJ/IOM RECOMMENDATIONS

Recommendation	UCH Status	Colorado Action Coalition Initiative
<p>1. Remove Scope of Practice Barriers. <i>Evidence:</i> APNs provide similar if not better outcomes delivering care within scope of practice as MDs in primary care & OB, per outcomes research.</p>	<p>1. UCH embraces nurses practicing as APNs, including CNM, CRNA, NP, and CNS roles.</p>	<p>1. Subcommittee working with CNA to ensure no barriers to role functioning as APN across state</p>
<p>2. Expand opportunities for nurses to lead collaborative PI/EBP initiatives. <i>Evidence:</i> 34 UCH RN publications on quality/EBP projects in process of publication! Multiple journals reporting improved outcomes from RN quality initiatives.</p>	<p>2. UCH as 26 active EBP/Research/PI projects underway. NDNQI RN Satisfaction Scores high in collaboration; UEXCEL provides opportunities to lead, advance. Magnet x 3!!</p>	<p>2. Work underway to place nurses on key board of directors in communities across Colorado.</p>
<p>3. Implement Nurse Residency Programs. <i>Evidence:</i> literature reports ↑ NLGN retention and satisfaction with position, commitment to career after experiencing a nurse residency program.</p>	<p>3. UCH led the national initiative for nurse residency programs by UHC/ AACN Post Baccalaureate Nurse Residency program, accredited by CCNE. We (and Colleen Goode) were an ‘edge runner’ for this initiative!</p>	<p>3. Colleen Goode and I co-chair a subcommittee to develop residency programs throughout Colorado, so every newly licensed nurse receives a transition into practice by a structured nurse residency program.</p>
<p>4. Increase BSN RNs by at least 80%,(preferably 100%), nationwide by 2020. <i>Evidence:</i> over 18 articles document significant association between ↑ RN education and improved patient outcomes</p>	<p>4. UCH has over 80% of the nursing workforce BSN prepared. Decisions need to be made as to how to meet this requirement for RNs at UCH not BSN prepared.</p>	<p>4. A subcommittee, led by the Deans of BSN programs in Colorado, is planning bridge and integrated programs with Associate Degree SON to meet this deadline. Goal: all ADN students will either receive a BSN or transition RN to BSN by 2020.</p>
<p>5. Double the number of RNs with a doctorate by 2020. <i>Evidence:</i></p>	<p>5. UCH has to review this goal, to determine how to best support some of our RNs desiring this path.</p>	<p>5. Colorado now has a significant shortage of qualified nursing faculty. There is a subcommittee working on this issue: the Colorado Council of Nurse Educators.</p>
<p>6. Ensure nurses engage in life long learning. <i>Evidence:</i> Literature documents the rapid changes in practice. Continuous knowledge updates are essential to the delivery of quality care.</p>	<p>6. UCH requires RNs to complete a minimum of 10 CNE hours annually. We invest in ANCC, with > 40 courses offered annually. The IOM report on CE advocates professions participate together in life long learning. This development is now underway.</p>	<p>6. Colorado does not require CE for re-licensure. This means many health-care entities do not support this by CE dollars, depending on the RN to engage in life long learning. Many RNs do not engage in CE activities when no fiscal support is available. A subcommittee has been formed to examine barriers.</p>
<p>7. Prepare and enable nurses to lead change to advance healthcare. <i>Evidence:</i></p>	<p>7. UCH has a positive work environment for leading change, both internally and by nurses’ active participation in their professional organizations.</p>	<p>7. The Colorado Action Coalition is actively identifying nurse leaders to select these individuals to become visible voices for the public on nursing issues and healthcare reform.</p>
<p>8. Build an infrastructure for the collection and analysis of inter-professional workforce data.</p>	<p>8. UCH collects data on the NDNQI Practice Environment Scale; HR has a Vision 2020 Workforce Committee; other institutional data.</p>	<p>8. Center for Nursing Excellence collects nursing workforce data. The state of Colorado has poor data collection systems. Colorado Trust collects some data; area for improvement.</p>



Staff at UCH have been busy presenting the good work that is being done here. We would like to recognize and congratulate the following list of persons who have published, or presented podium and poster presentations.

Manuscripts Published or Accepted for Publication

- **Shannon Hurliman, Kristen Paston.** Code Labs: Expediting Laboratory Test Results during a Code. *Critical Care Nurse*, 31 (5), 30-36, October 2011.
- **Mary Beth Makic.** Management of Nausea, Vomiting, and Diarrhea during Critical Illness. *AACN Advanced Critical Care*, August/September 2011.
- **Kathy Oman, Mary Beth Flynn Makic, Regina Fink, Nicole Schrader, Teri Hulett, Tarah Keech, Heidi Wald.** Nurse-Directed Interventions to reduce Catheter-Associated Urinary Tract Infections. *American Journal of Infection Control*, November, 2011
- **Kathy Casey, Regina Fink, Cathy Jaynes, Linda Campbell, Paul Cook.** Readiness for Practice: The Senior Practicum Experience, *Journal of Nursing Education*, November, 2011.
- **Annsley Buffington, Jennifer Zwink, Regina Fink, Deborah DeVine, Carolyn Sanders.** Factors Affecting Nurse Retention at an Academic Magnet Hospital, *Journal of Nursing Administration*, publication accepted for February 2012.
- **Regina Fink, Heather Gilmartin, Angela Richard, Elizabeth Capezuti, Marie Boltz, Heidi Wald.** Indwelling Urinary Catheter Management (IUC) and CAUTI Prevention Practices in Nurses Improving Care for Healthsystem Elders (NICHE) Hospitals, *American Journal of Infection Control*, Publication accepted for February 2012.
- **Alyson Dare, Amanda Moore, Mary Beth Makic.** Decreasing HAPU through Nursing Rounds. *Journal of Wound Ostomy and Continence Nursing*, Publication accepted for March/April 2012.
- **Mary Beth Makic, Karen Lovette, Fareed Azam.** Esophageal Temperature Probe Placement by Nurses. *AACN Advanced Critical Care*, Publication accepted for December 2011.
- **Michael Galbraith, Regina Fink, Gayle Wilkins.** Couples Surviving Prostate Cancer: Challenges in their Lives and Relationships. *Seminars in Oncology Nursing*, 2011; 27 (4):300-308.

- **Carolyn Dietrich** is working on revisions to her Thermometer study submitted to JOPAN.
- **Jeffery Hebert, John Corboy, Mark Manago, Margaret Schenkman.** Effects of Vestibular Rehabilitation on Multiple Sclerosis-Related Fatigue and Upright Postural Control: A Randomized Controlled Trial *Physical Therapy* 2011; 91(8):1166-1183.
- **Backstrom, KM, Whitman J, Flynn T.** Lumbar spinal stenosis-diagnosis and management of the aging spine. *Manual Therapy*. 2011; 16(4):308-317.
- **Ventre KM, Barry JS, Davis D, Baiamonte VL, Wentworth AC, Petras M, Coughlin L, Barley G].** Using in-Situ Simulation to Evaluate Operational Readiness of a Children's Hospital-Based Obstetrical Unit. *Simulation in Healthcare* 6:2011 [in press]. Will also be presented at the International Simulation Health Conference, January 2012, San Diego, CA.

National Presentations

- **Alyson Dare, Amanda Moore.** A NDNQI quality improvement project: Decreasing HAPU through Nursing Rounds. Poster presentation, NDNQI Conference January 25-27, 2012, Las Vegas, NV

American Society of Perianesthesia's National Conference (ASPAN) in Seattle in April, 3-7 2011:

- **Dianne Leeth, Becky Wiseman and Valerie Watkins.** Pre-op Call Center: A Best Practice Model (Poster).
- **Rachel Romero, Barb Krumbach, Myrna Mamaril.** EBP Guidelines on Corneal Abrasion Management in the PACU (Poster).
- **Nicole Babu, Michele Ballou, Barb Krumbach, Nicole Routh.** To Resuscitate or Not To Resuscitate: That is the Question (Poster).
- **Barb Krumbach.** A Look at Peripheral Nerve Blocks in the Perianesthesia Setting (Lecture).
- **Barb Krumbach.** ABC's of a CBC (Lecture).
- **Barb Krumbach.** Navigating the ABG Highway (Lecture).
- **Valerie Watkins.** Patient and Family Education: Maximizing Success.

Representing UCH at the AORN conference in March with posters was:

- **Tanya Beck.** Building an Effective Medication Reconciliation Program
- **Nikki Bach.** Pre-op Unit. OR to PACU Hand Off Communication. Nikki received an excellence award for her poster.



KUDOS TO OUR GRADUATE NURSE RESIDENTS FOR THEIR STELLAR EBP FINAL PROJECTS!

Nurse Resident /EBP Final Project	Clinical Area
Cassie Applegate & Stacy Skiftens: Prevention of Thromboemboli in Post Partum Patients	Birth Center
Sarah Strozinski: Mindfulness-Based-Stress-Reduction: an Intervention for Stress in an Oncology unit	ONC/ BMT
Shelly White: Capacity RN Role and Recommendations	Internal Medicine
Lauren VanAbel/Jaime Cisek: Bed Bugs	Med Spec
Pam Richardson: Are we Successfully Assessing Pain in the Neonatal Patient?	NICU
Michael Watson: Surgical Site Prep and Infection Prevention	OR
Bina Shahid & Jenny Kalisch : Continuity of Care Issues in the Burn Patient	Ortho and BTICU
Sarah Hopkins & Elizabeth Balleweg: Moral Distress in the SICU Nurse	SICU
Katherine Lindgren: Limiting O ₂ in COPD Patients	Pulmonary
Sophie Pritchard & Ryan Bowers: Minnesota Tube Use: What the RN Needs to Know	MICU
Dan Charney: Probiotics and IV Antibiotic Administration Recommendations	Transplant
Kathy Wise: Minimizing Pain/Bruising with SQ Heparin	Transplant
Kelly Mcintosh: REM Sleep in the CHF patient and Nursing Intervention of Uninterrupted Sleep	IMCU
Sarah Dennis: ST Segment Monitoring: Implications for Nurses	CICU
Sarah Baxt & Katie Stotts: In and Out: Traffic Patterns in the OR	OR
Hannali Clark & Stephanie Jarrold: Banked Breast Milk Policy and Considerations	NICU
Chris Costanzo: Reducing transfusions for Burn patients/ surgery	BTICU
Shannon Daley, Erin Harrington & Abbie Steider: Scrub Disinfection Practices and Outcomes	Gen Surg & Pulm
Michelle De Angelo: US Guided IV starts	CTRC
Vanessa Emmer & Sena Siegfired: Phone Interruptions: perceptions, problems and interventions	Rehab and Int Med
Gretchen Hufendick & Kelsey Magnuson: Considerations in Lavaging Newborns	Birth Center
Amanda Kowalski: Team STEPPS	CICU
Kristen Estabrook: Evaluating RN Compliance with Yankeur Suction Protocol	Int Med
Rachel Rich-Shea & Jeanine Resseguie: Compliance with Isolation Measures & the Patient's Perspective	MICU
Miryam Fillingim: Art Therapy and Cancer Symptom Management	ONC/ BMT
Jaclyn Heissel & Katie TeKrony: Delirium Management & CAM Assessment in the Burn ICU patient	BTICU
Emily Lambert: Sleep Quality & Deprivation in SICU Patients	SICU
Kelly Moulden & Lisa Robertson: CHF Readmission Factors and Prevention	IMCU
Mariana Palacios: Fall Risk Assessment and Intervention	Med Subspec
Kelly Nelson & Katherine Ridge: CAM tool for Delirium Assessment	Medicine/ ACES
Matt Schwartz: Induced Hypothermia in the Neurosurgical Patient	Neuro ICU
Anne Wachtel: Fatigue Assessment in the Oncology Patient Population	ONC/BMT
Leslie Ward & Starr Nicely: That's a Pressure Ulcer, right?: NDNQI Training to Increase Nurses' Confidence in PU Assessment	Ortho
Richard Webb: Falls and Epilepsy Unit Safety	Neuroscience
Amy Adams & Michele Pelzer: Relationship Between Delirium and Pain	SICU
Suzannah Averill & Nikki Lenny: Digital Chest Tube Air Leak Detectors	Gen Surg & Pulm
Jennifer Beams & Kelsey Nielsen: Time to Remember: Wet to Dry Dressings	Gen Surg
Aimee Beauregard: Palliative Care for ESLD Patients	Med Subspec
Katherine Cowan, Amy Manske & Emily Norris: Sleep Enhancement in Long Term Hospitalized Patients	ONC/BMT
Tonia Erickson & Mary Hartenstein : Education Essentials for Heart Failure Patients (tool kit)	IMCU
Julie Grano and Emily Ho: The Heart of the Matter: Non-invasive cardiac output techniques	MICU
Annie Halverson & Annalee Hamilton Cook: Crib Cards as Education Tools Regarding Plan of Care for Late Preterm Infants	Birth Center

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Carinne Henger & Alicia Korn: Is UCH Nursing Using the most appropriate sedation scale?	Ortho
Stephanie Jones: Heel Sticks in the NICU: Strategies for Pain Management	NICU
Amy Huntsman & Vanessa Sonnen: Ante partum Depression	WWC
David Jimenez & Matt Thomson: IV Teams for PIV Insertions	Int Med
Caitlin Kowalski & Betsy Yseth: Geriatric Hospital Readmissions	Med/ ACES
Maddison Libby & Kristi Schuessler: An Exploration of UCH OR RN Perceptions and Practices Related to Using the Braden Scale	OR
Natasha Merriam: SAH and Vasospasm	Neuroscience
Megan Mulvany & Sara Wilson: Improvement of Discharge Instructions in the Emergency Department	ED
Alex Schack: CPOE: Enhancing the ICU Workflow	CICU
Sarah Wels: Improving Patient Care in Semi-Private Rooms	Transplant
Katherine Hepp: Neonatal Skin Condition Score	NICU

TRIVIA QUESTION:

Kathy Oman, RN, PhD, FAEN, FAAN
Research Nurse Scientist/CNS

Name this research design...

A study is conducted to look at one or more phenomena (variables) across multiple populations at a single point in time with no intent for follow-up.



The **FIRST** person to email the correct answer to Kathy.oman@uch.edu wins a Starbucks coffee card.

Last edition's trivia question:

This is a statistical test that measures the strength and nature of the relationship between two variables. What is the name of this test?

Answer: Correlation (either Pearson's r or Spearman's rho)

Kudos to our UCH Pharmacists and Pharmacy Students for their focus on Medication Use Evaluation (MUE)

Larry Golightly, PharmD, BCPS—Clinical Pharmacy Specialist

Medication Use Evaluation (MUE) subcommittee projects, which examine how medications are used in comparison to the best evidence and the ideal situation and what would be the desired outcome for patients, are listed below. Pharmacy residents (post completion of the PharmD program at the University of Colorado, Denver School of Pharmacy) are required to perform a MUE project as part of their one year residency program. Multiple projects have occurred in 2011, covering various topics and involving interdisciplinary team members. This listing represents only a portion of the quality improvement efforts that are performed by our pharmacy staff. Almost without exception, these projects are designed to investigate an actual or potential problem in the medication use process. Evidence, often in the form of ideals or standards-of-care, is used as criteria for detecting the existence or measuring the extent of a problem in our practice. Many of these projects have been presented at various pharmacy conferences and published in journals.

Medication Use Evaluations

- IV Heparin Surgical Prophylaxis by Sara Cheng, MD, PhD (September 2010)
- Dosage Adjustment of Tenofovir (*Viread* and [with emtricitabine] *Truvada*) in Patients with HIV Infection and Chronic Kidney Disease by Jacob Langness, PharmD, Jason Hindman, PharmD and Jennifer Kiser, PharmD (February 2011)
- Modafinil (*Provigil*) by Kelly Schoeppler, PharmD (January 2011)
- Daptomycin and HMG Co-A Reductase Inhibitor (Statin) Interactions by Larry Golightly, PharmD, BCPS (January 2011)
- Medication Adjustment in Renal Impairment: Insight into the Resident Mind by Kathrin Harrington, MD, Larry Golightly, PharmD, BCPS, Dimitriy Levin, MD, Kelly Schoeppler, PharmD and Katie Lundin, PharmD (October 2010)
- Durability of Visual Physiological Effects Associated with Intravitreal Bevacizumab (*Avastin*) Therapy in Neovascular Retinal Disorders by Genevieve Kautz, PharmD and Larry Golightly, PharmD, BCPS (February 2011)
- Evaluating the Impact of Clinician Practice in the Operating Room to Effect a Sustained Decrease in Thrombin Utilization While Converting from Bovine to Recombinant Human Thrombin (rHT, *Recothrom*): A 24-Month Evaluation by Clark Lyda, Pharm D and Gerard Barber, RPh, MPH, FASHP (March 2011)
- Renal Drug Dosing Adjustments by UCH Clinical Pharmacists by Larry Golightly, PharmD, BCPS; Sondra May, PharmD; and Nancy Stolpman, PharmD, PhD (September 2010)
- QT Interval Prolongation in Patients with Cardiovascular Disease: A Prospective Evaluation of the Effects of Ondansetron (*Zofran*) by Matt Hafermann, PharmD, Gretchen Siebold, PharmD, BCPS and Robert Page, PharmD, MSHP, BCPS, FCCP, FASHP (April 2011)
- Sipuleucel-T (*Provenge*) for Treatment of Metastatic Prostate Cancer by Larry Golightly, PharmD, BCPS and Jordan Washburn, PharmD (July 2011)
- Everolimus (*Afinitor*) for Calcineurin Inhibitor (CNI) Minimization in Lung Transplant Recipients with Renal Dysfunction by Kelly Schoeppler, PharmD and Martin Zamora MD (May 2011)
- Evaluation of Standardized Intravenous Antibiotic Desensitization Protocols at an Academic Medical Center by Genevieve Kautz, PharmD, Amy Go, PharmD and Steven Dreskin, MD, PhD (May 2011)

Poster Presentations

- Rocky Mountain Hospital Medicine 8th Annual Symposium: Practical Advances in the Care of the Hospitalized Patient. October 2010, Denver, Colorado. Use of recalibrated serum creatinine concentrations for adjustment of drug dosages: Derivation of a formula compatible with conventional dosing recommendations
- Society of Hospital Medicine HM2011 Annual Meeting. May 2011, Grapevine, Texas. Medication adjustment in renal impairment: Insight into the Resident Mind
- American Society of Health System Pharmacists 44th Annual Meeting. June 2011, Denver, Colorado. Use of recalibrated serum creatinine concentrations for adjustment of drug dosages: Compilation of dosing recommendations compatible with conventional and revised estimates of kidney function

Publications

- Go AC, Golightly LK, Barber GR, Barron MA. Linezolid interaction with serotonin reuptake inhibitors: report of two cases and incidence assessment. *Drug Metabol Drug Interact.* 2010;25:41-7.
- Jones MA, Golightly LK, Stolpman NM. Use of recalibrated serum creatinine concentrations for adjustment of drug dosages: determination of values compatible with conventional dosing recommendations. *Ann Pharmacother.* 2011;45:748-56.
- Harrington KA, Golightly LK, Levin DR, Schoeppler KM, Lundin KS. Medication adjustment in renal impairment: Insight into the resident mind. *J Hosp Med.* (Submitted).
- Golightly LK, Teitelbaum I, Kiser TH, Levin DR, Barber GR, Jones MA, Stolpman NM, Lundin KS. *Dosage Adjustment of Medications Eliminated by the Kidneys.* Aurora CO: Larry Golightly on behalf of the University of Colorado Hospital Foundation; 2011.
- Ellis SL, Golightly LK, Drayna CC, McDermott MT. Comparative clinical pharmacokinetics of dipeptidylpeptidase-4 inhibitors. *Clin Pharmacokinet.* 2012 (Invited Review in Progress).



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HAPPY HOLIDAYS!



*Newsletter layout by:
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