



Research and EBP News

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

Kathy Oman, RN, PhD, FAEN, FAAN—Research Nurse Scientist, Professional Resources



If you didn't attend the 22nd Annual Rocky Mountain Research and EBP Symposium on March 17 & 18th at the Renaissance Denver Hotel you missed a great one!

Thursday's lively keynote speaker, **Dr. Marianne Chulay**, got the participants motivated and ready for action with her passionate presentation about clinical researchers making a difference in patient care. The workshops that followed in the afternoon were well attended and addressed a variety of topics: **Writing for Publication**, presented by Dr. Roxie Foster from the UC Denver College of Nursing; **Statistics for the Bedside Clinician**, presented by Dr. Paul Cook, Director of the Center of

Nursing Research at the College of Nursing; **Performing Literature Searches**, facilitated by Lisa Traditi, the Health Sciences Library Head of Education; and **Guiding Clinician-Driven Research Teams**, presented by Dr. Marianne Chulay, a consultant in clinical research.

Friday started with a thoughtful and informative presentation on Promoting Partnerships to Advance Research and EBP by **Dr. Robin Newhouse**, an internationally recognized speaker from the University of Maryland. The remainder of the day included poster sessions featuring more than forty five posters and multiple breakout sessions highlighting twenty eight clinical research and EBP initiatives from around the Rocky Mountain region.

At lunch, **Dr. John Steiner**, the Senior Director of Health Research at Kaiser Permanente, discussed the novel strategy of using stories to illustrate research findings to families, patients, media and policy makers.

Poster recognition awards went to the following participants:

- Anne Marie Kotzer PhD, RN, CPN, FAAN from The Children's Hospital
- Johanna Crock RN, BSN, OCN from University of Colorado Hospital & Joan Thies RN, BSN, CNOR from St. Anthony's North Hospital

All in all, it was a wonderful conference and we hope more of you can participate next year. The call for abstracts will be earlier this year, be looking for it in June 2011.

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CHAMPION'S CHATTER

Andrea McFarland, RN, BSN, CCRN
Clinical Nurse Educator—8W Ortho/Surgery

It is always a challenge to increase staff participation and engagement in hospital activities, and journal clubs are no exception. Staff members often struggle to maintain a work-life balance between working shifts on their unit, participating on hospital-based committees, participating in champions groups, and doing extra projects for their units. Often times staff simply can't make it to the hospital one more day to take part in a journal club. In the Burn/Trauma ICU we had an idea to reach staff who wanted to participate in a journal club,

but couldn't make the designated time that the club was set for. In this highly technological world we live in today, why not put journal club online too?

We used --*SharePoint*, a computer program that the Burn/Trauma Unit uses to sign up for their schedule to post a journal article and the journal article critique form for staff to use. We also set up a discussion board for staff to post their comments and concerns related to the article, as well as dialogue with other staff members about

the journal topic. Continuing education credit was offered only upon completing the journal article critique and posting on the discussion board at least twice. After much needed support from the Clinical Nurse Educator, Camy Boyle, we were able to offer a creative way for staff to participate in journal club in their own space and in their own time.

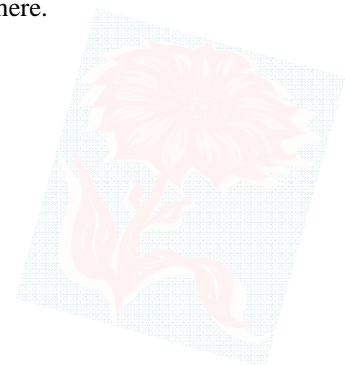
EVERYTHING YOU WANTED TO KNOW ABOUT THE NURSING RESEARCH COMPETENCY 2011, BUT WERE AFRAID TO ASK!

Situation: All UCH RNs need to complete the annual Research and Evidence-Based Practice Competency prior to your performance evaluation.

Background: The focus for this year's competency is "Nursing Consult", the evidence-based clinical reference provided by UCH at the Health Sciences Library online site.

Assessment: There will be *eight* 30 minute Grand Round sessions in May! Hope to see you there.

Date	Time	Place
Monday, May 9	1130-1200 or 1230-1300	AOP 2005/2006
Tuesday, May 10	1815-1845 or 1930-2000	AIP 2133
Monday, May 16	0730-0800	AIP 2007
Wednesday, May 18	1000-1030 or 1100-1130	AOP 2005/2006
Monday, May 23	0730-0800	AIP 2007



If you can't attend a Grand Rounds session, complete a HealthStream module.

Recommendation: Sign up in HealthStream for one of two options:

- 1.) Attend one of the Grand Rounds (this is how you will get credit for attending). Locate the session in the catalog by searching for: Research Competency Grand Rounds 2011.
- 2.) If you can't attend one of the sessions, complete the HealthStream module that will be **available by mid May**. It will be entitled "Research Competency Online Module 2011".

COLLEEN GOODE, PHD, RN, FAAN NURSING RESEARCH AND EVIDENCE-BASED PRACTICE GRANT AWARD RECIPIENTS

Regina Fink, RN, PhD, AOCN, FAAN

Members of the Research and EBP Council reviewed four applications submitted to the Colleen Goode Nursing Research and EBP Grant Fund at their monthly meeting in February 2011. While all were very high caliber, three were funded with research and EBP projects expected to commence this spring; project results will be disseminated in future newsletters.

- Joni Dunn, MN, RN, AOCN, CNS and Radiation Oncology Nursing Staff; Mentor Regina Fink, RN, PhD, AOCN, FAAN: “Effectiveness of Acupressure as Adjuvant Therapy in the Treatment of Nausea and Vomiting in Patients Undergoing Radiation Therapy”
- Kirtley Cellabos, MSN, RNC-NIC, PCNS-BC; Mentor Kari Waterman MS, RNC-NIC, CNS: “Donor Milk Program in the NICU”

- Brooke Ferguson RN, BSN; Hannah Harman, RN, BSN; Elizabeth Ziennik, RN, BSN; Erin Erikson, OTD/R, CLT; Katie Myers, PT, DPT; Michael Warren, PT Tech; Co-Mentors Barbara Wenger RN, MS, AOCNS, CRNI & Regina Fink, RN, PhD, AOCN, FAAN: “The Benefits of Exercise in Bone Marrow Transplantation: An Interdisciplinary Approach”

Dr. Colleen Goode served as our vice president of patient services at the University of Colorado Hospital between 1997 and 2009. She is a leader in EBP and Research nationally and is a Professor at the University of Colorado Denver, College of Nursing. She developed The Colleen Goode Nursing Research and EBP Grant Fund to support nurses in the clinical application of their own inquisitiveness to benefit patient care.

Funding nursing research and evi-

dence-based practice projects links our yearning to impact patient care at UCH and our passion for the compassionate work nurses and other health care professionals provide. This program provides support for nurses 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

We look forward to the results of the projects.

We thank all those who submitted applications and for your work to advance research and EBP at UCH. We hope others will consider submitting applications next January, 2012 when a request for proposals will be posted.

CAROLYN’S CORNER

THE SERVICE EXCELLENCE MANDATE: IMPROVING THE PATIENT EXPERIENCE

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

As many of you know, we are doing a pilot project relative to improving patient satisfaction in four areas of the hospital: 9E General Surgery, 9W Pulmonary, 6E Medicine Specialties, and the Emergency Department. All employees who regularly work on these units, including essential support personnel such as EVS and dietary staff, are being trained on AIDET. This is a service excellence model developed by Quint Studer, a former hospital CEO, who now is a leader in Evidence Based LeadershipSM techniques designed to improve service to both staff and patients. Eventually, we will implement the AIDET technique house wide.

So, what is AIDET? It is using “key words at key times” that help patients, families, and staff better understand what we are doing, and why. AIDET is a

good platform for applying key words. It is a communication framework that improves patients’ perception of their care, helps reduce their anxiety (thus improving outcomes), builds patient loyalty and ensures consistent communication between staff and patient. It creates a culture of *always*. AIDET is an acronym that stands for:

A--Acknowledge—“Good morning Mr. Smith.”

I-- Introduce—“My name is Carolyn Sanders and I am the Vice President of Patient Services and Chief Nursing Officer. I have been at UCH for over 21 years, so I know you are in the best place to receive the best care.”

D—Duration—“I am going to take about 5 minutes of your time today to ask you how your stay with UCH as been. Is this a good time to talk?”

E—Explanation—“At UCH, we want to ensure our patients have the best experience possible and we often meet with our patients to get a sense for how we are doing.”

T—Thank—“I’d like to thank you for taking the time to talk with me today. I appreciate your feedback. Is there anything you need before I leave?”

In a culture of *always*, patients are judging every employee and every interaction every time. The consistent use of AIDET will impact the overall perception of the patient experience, as well as the staff-to-staff interaction, in a very positive way. While the actual term AIDET might not resonate with everyone the first time, once it becomes inculcated in our culture of service, it becomes more natural.

Continued on pg. 5

HOW TO BECOME A CHAMPION TEAM

Mary Beth Flynn-Makic, RN, PhD, CNS, CCNS, CCRN, Research Nurse Scientist, Professional Resources

UCH has many committees, teams, and several champion teams that are vital to continually evaluating and improving practice. While each group is essential to the ongoing efforts to continually provide excellence in practice, the “champion team” name was recently defined to more clearly describe the critical elements that are central to all champion teams.

A review of best evidence is a key element in all UCH functions. However it is important to differentiate committees that are operational in function contrasted to clinical practice built on evidence-based practice (EBP). At UCH, “Champions” support evidence-

based practice initiatives that focus on improvement of clinical practice to optimize patient outcomes. The champion team has a central clinical concept which is the primary focus of the team’s purpose. The review of best evidence and ongoing application of evidence in practice related to the clinical concept is the central mission of the team. A champion team should be multidisciplinary and have a broad scope of practice, cross all/or many practice areas to include inpatient and outpatient practice environments.

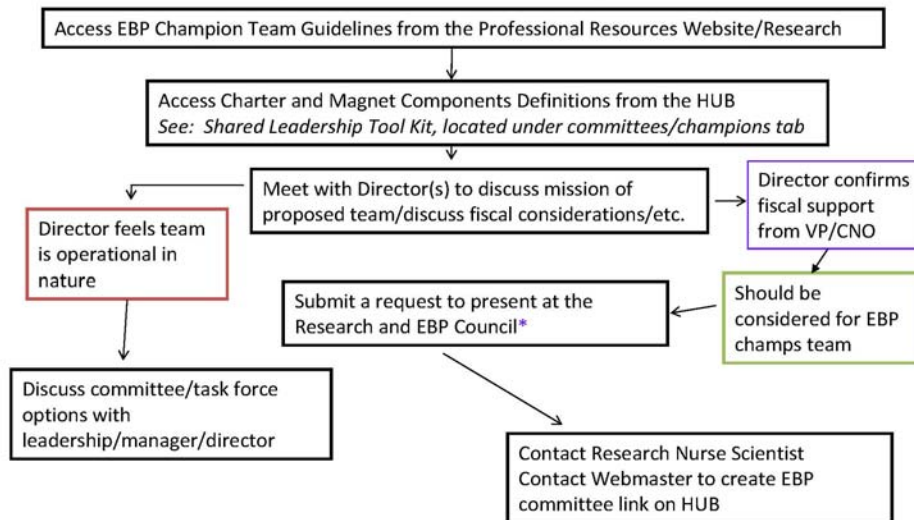
To assist champion teams, current and future, we developed guidelines describing expectations for all cham-

pion teams. In addition, should a group of individuals wish to form a new champion team, an algorithm describing the process is available to help identify key elements and the process that needs to be followed in developing a champion team. Documents explaining the process for ‘champion teams’ can be found on the Professional Resources Website, under Research Mission and Values, Resources.

If you have questions, please do not hesitate to contact a Research Nurse Scientist!

“At UCH, “Champions” support evidence-based practice initiatives that focus on improvement of clinical practice to optimize patient outcomes.”

Pathway to EBP Champion Team



**email copy of Charter and Magnet components identified as central tenants of proposed EBP Champion team*

CAROLYN'S CORNER CONTINUED FROM PAGE 3

Once AIDET becomes our service excellence culture (and it must become a culture), we can expect to see improved perception of care by patients and their families---after all, they are why we do what we do.

In addition to teaching the AIDET model to staff on these four units, charge nurses and nurse managers are “rounding” on patients to assess their impressions of our care and service. Furthermore, some members of the executive team are “rounding” on you as staff to ensure YOU are happy as well---happy staff means happy patients. It is important to us that staff have the resources necessary to do their jobs and ensure their work environment is a positive one.

The AIDET service excellence model is aimed at markedly and consistently improving our patient satisfaction scores. At UCH we look at two different patient satisfaction survey scores. The first is Press Ganey survey scores. Press Ganey is a vendor that sends satisfaction surveys to our patients on our behalf. These surveys are sent to inpatients, outpatients and patients seen in the ED. We pay close attention to specific survey questions relative to pain management, provider communication, discharge planning and explanation of medications. The second survey, probably lesser known, is HCAHPS. This survey is mandated by CMS (the Federal Government) and is administered to inpatients only. HCAHPS stands for “Hospital Consumer Assessment of Healthcare Providers and Systems”. Press Ganey also sends out this survey on our behalf. For this particular survey, we focus largely on how patients rate our hospital.

Our goal is for 75% of our patients to rate UCH a “9 or 10” on a 10-point scale. Unfortunately, our scores have been lower than we want and have been very inconsistent.

We want our patients’ experiences to be positive for obvious reasons---the patient’s perception of his or her care is a tangible reflection of your delivery of quality of care. And, hospitals that show consistently high patient satisfaction also show consistently better outcomes. But, in addition, when the Patient Protection and Affordable Care Act was signed into law in March 2010, patient-centered care—quality care—moved from being a legislative and reimbursement issue to being front and center nationwide. The program created a new urgency for improving performance. The value-based purchasing (VBP) initiative that begins in October 2012 will directly tie some of our Medicare reimbursement to our HCAHPS scores, among other quality metrics. So, our imperative to perform is even greater on several fronts.

We, as leaders at UCH, see first hand how hard staff work to ensure positive patient experiences and quality outcomes, however, our satisfaction surveys have been disappointing. The AIDET service excellence model is another evidence-based practice that we can add to our tool-kit in order to improve our patient’s experience at our hospital and ensure staff are happy in a positive environment. This is paramount to our continued success as a top ten hospital.

RESEARCH AND EBP CLASSES ARE BEING SCHEDULED FOR FALL AND WINTER, TO REGISTER FOR THESE OR OTHER CLASSES GO TO WWW.UCH.EDU/CLASSES-EVENTS

Developing a Survey—May 16, 2011

How to Display Data—August 9, 2011

Evidence-Based Practice Boot Camp: Mission Possible—September 29, 2011

EBP Beyond the Basics—October 18, 2011
(register on HealthStream)

Clinical Research: Getting Started—
December 1, 2011

MARY'S MESSAGE

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

Repeated studies indicate that hospitalized patients continue to experience unacceptable levels of pain. Additionally, data indicate that pain management has shown scant improvement over the past few decades. Recently UCH was invited to join a national study of patient pain, sponsored by NDNQI and an investigator from University of Utah. This study is titled: *Dissemination and Implementation of Evidence-Based Methods to Measure and Improve Pain Outcomes* (COMIRB #11-0284). Participating in a multi-site national study is an exciting opportunity for our hospital, particularly since it will be ground breaking for a number of important reasons:

- It gives clinical nurses and other members of the Pain Champions Team the experience of participating in a large national research study.
- It will identify, through the outcomes of our data collection, ways for UCH to potentially improve how we manage our patient's pain.
- It will give our hospital information on how our pain management compares to other academic hospitals. And it will help NDNQI to develop a new nurse sensitive pain indicator.

Nurses who participate in this study will take an online training module accessed through NDNQI, and on

April 20th they surveyed all eligible adult patients 19 years and older, who speak and understand English, to measure their pain level and ask questions about how nurses caring for them manage their pain. There are two data collection periods in this study, April and November. We appreciate the support of the pain champions who will be collecting these data, the managers supporting this project, and our patients who agree to be subjects! All of us will be very interested in these data to improve the patient pain experience at UCH!

"Recently UCH was invited to join a national study of patient pain, sponsored by NDNQI and an investigator from University of Utah."

UCH PHARMACISTS AND PHARMACY STUDENTS FOCUS ON MEDICATION USE EVALUATION (MUE)

Regina Fink, RN, PhD, AOCN, FAAN in collaboration with Larry Golightly, PharmD, BCPS

At the March Research and EBP Council meeting, pharmacy representative Larry Golightly PharmD, BCPS presented on Pharmacy Department Research Initiatives. He specifically reported on 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. 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 (see Table) have occurred in 2010, covering vari-

ous topics and involving interdisciplinary team members. This table 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.

You might ask, how do MUE project results get disseminated? Larry said that many of these projects have been presented at various pharmacy national conferences, a local pharmacy

conference, a national patient safety conference, and published in various journals. In addition, results have been placed on the pharmacy shared drive on the hospital intranet. The pharmacy residents also present at Pharmacy & Therapeutics and Clinical Effectiveness and Patient Safety meetings. We believe it is important for ALL UCH staff to understand and see all the great evidence-based practice and research work coming out of our Pharmacy Department.

See table on page 7

UCH PHARMACISTS AND PHARMACY STUDENTS FOCUS ON MEDICATION USE EVALUATION (MUE) Continued from page 4

Project Title	Authors/Team Members	Purpose
High-Alert Treatment Protocols: Efficiency and Safety Effects of Clinical Decision Support as Applied to IV Heparin Therapy	Michael A. Jones, PharmD; Larry K. Golightly, PharmD, BCPS; Deb Bonnes, RN, MS; Connie Chambers, RN; Tyree H. Kiser, PharmD, BCPS; Robert MacLaren, PharmD, FCCM, FCCP; Sondra May, PharmD; Holly Phillips, PharmD; Kathy Smith, RN, MS; Toby Trujillo, PharmD, BCPS (AQ-Cardiology).	To lessen nursing burdens associated with frequent or continuous patient observation, monitoring, and assessment necessitated by protocol administration of continuous intravenous (IV) administration of heparin, clinical decision support (CDS) technology was designed and implemented in medical and surgical intensive care units (ICUs).
Vancomycin Dosing in the Medical Intensive Care Unit	Dimitriy Levin, MD; Tyree H. Kiser, PharmD, BCPS	To improve prescribing and promote attainment of therapeutic antimicrobial drug levels, the impact of use of a vancomycin dosing nomogram actuated by pharmacists upon direct physician's orders was investigated.
Administration of Fully- Immunizing Courses of Human Papillomavirus Vaccine at UCH Outpatient Clinics	Lam Nguyen, PharmD	To discern the incidence of full completion of courses of immunization against HPV in patients attending UCH-affiliated outpatient clinics
Intravenous Potassium Supplementation with Added Lidocaine	Michèle Hanselin, PharmD	To evaluate the efficacy/safety of using lidocaine with IV KCl, a survey of UCH inpatient nurses was conducted.
Acetaminophen Dosing and Administration in UCH Inpatients	Allison Mann, PharmD	The impetus for this project was recent publication of clinical studies documenting the potential hepatotoxicity of oral acetaminophen in doses of 4000 mg/day and subsequent (but as yet unofficial) recommendations made by an FDA Advisory that such doses should be limited to not more than 3250 mg/day in adults.
Inhaled Ribavirin (<i>Virazole</i>) in UCH Inpatients	Lance Lindberg, PharmD	Reasons for study conduct included (1) limited data supporting clinical efficacy; (2) off-label use of a legend drug; (3) high; (4) recent cost escalations (totaling >\$665,000 at UCH during 2009).
An Analysis of Proton Pump Inhibitor Use in Medical Inpatients	Mary Anderson, MD; Amy Go, PharmD	Recent publication of clinical studies documented a potential for overuse of PPIs, with as many as 60% of hospitalized recipients lacking an identifiable indication.
Plerixafor (<i>Mozobil</i>) Utilization	Jeff Kaiser, PharmD, BCPS, BCOP	To determine (1) the success rate in achieving adequate stem cell collection in difficult-to-mobilize patients; (2) how previous chemotherapy exposure (based on regimen and cycle #) determines successful stem cell collection.
Assessment of a University Hospital Hypothermia Protocol	Lam Nguyen, PharmD	To compare outcomes between patients treated with the UCH Hypothermia Protocol with those reported in the literature and to determine if recent protocol revisions have impacted these outcomes.
Incidence of Mineral and Bone Disorder in Kidney Transplant Recipients	Lance Lindberg, PharmD	This survey sought to identify recent kidney transplant recipients for the purpose of determining their propensity for developing secondary hyperparathyroidism and related mineral and bone disorders.
Validation of a Direct Thrombin Inhibitor (DTI) Titration Protocol	Allison Mann, PharmD; Tyree H. Kiser, PharmD, BCPS	Implementation of a revised version of the treatment protocol for DTIs



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.

Publications:

Goode C, Fink RM, Oman KS, Traditi LK. The Colorado Patient-Centered Interprofessional Evidence-Based Practice Model: A Framework for Transformation Worldviews on Evidence-Based Nursing, Winter 2010

Link TD, Managing C. difficile in perioperative services. OR Nurse. 2011;16-19.

Kleiner C. Evolution and revision of the perioperative nursing data set published in AORN Journal, January 2011

Halverson-Carpenter K, Brazen L, Watterworth B, Watson M, Del-Monte J. Advancing education in a changing health care environment, AORN Connections, February 2011

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.

Podium:

22nd Annual Rocky Mountain Regional Multidisciplinary Research & Evidence-Based Practice Symposium, March 17&18, 2011

Purposeful Visits for Hospitalized Elderly Patients: Program Impact on Orientation, Agitation and Mood

Jan Hagman, RN, MS, Bill Mramor, RT, MS, CTRS, Dr. Ethan Cumbler, MD, Deborah Ford, RN, BSN, OCN

The Ventilated Patient's Experience

Regina Fink, RN, PhD, AOCN, FAAN, Ann Will Poteet, MS, RN, CNS, Mary Beth Flynn Makic, RN, PhD, CNS, CCNS, Kathleen Oman, PhD, RN, FAEN, FAAN, Janna Petrie, MS, RN, CCRN, Barbara Krumbach, MSN, RN, CNS, CCRN, CPAN

'Riding the Rockies' From a Dialysis Chair

Lacy Scott, RD, Megan Prescott, LCSW

University of Colorado Hospital In-Hospital Stroke Alert Improvement Project

Alex Graves, MS, ANP, Ethan Cumbler, MD, Rebekah Zaemisch, MD, William Jones, MD, Kerry Brega, MD

Decision Support to Reduce Urinary Catheter Insertions and Catheter-Associated Urinary Tract Infections

Mary Beth Flynn Makic, RN, PhD, CNS, CCNS, CCRN, Kathleen Oman, RN, PhD, FAEN, FAAN, Regina Fink, RN, PhD, AOCN, FAAN, Teri Hulett, RN, Fred Severyn, MD, Robin Scott, RN, MS, Nancy Chang RN BSN, Patricia Schillereff RN BSN, Jane Braaten, RN MS, Heidi Wald, MD, MSPH

Relief and Permanent Charge RN Leadership Longitudinal Research Outcomes

Mary Krugman, PhD, RN, NEA-BC, FAAN

Development of a Database to Assess Best Practices and Outcomes for Mechanically Ventilated Patients

Vivienne Smith, MS, RN, Allen Wentworth, MEd, RRT

Post Partum Hemorrhage (PPH) Simulation Project: Outcomes, Successes and Lessons Learned

Deborah Davis MS, RNC-OB, CNS

Reducing Ventilator-Associated Pneumonia in the Neonatal Intensive Care Unit

Kirtley Ceballos, MSN, RNC-NICU, PCNS-BC, Teri Hulett, RN, Christopher Morrissey, RRT, James Barry, MD

Creating a Standard of Care for Patient Education at the University of Colorado Cancer Center (UCCC): An Evidence-Based Practice (EBP) Project

Ingrid Wulf, RB, BSN, OCN; Regina Fink, RN, PhD, FAAN, AOCN

Placement of Esophageal Temperature Probes by Registered Nurses

Mary Beth Flynn Makic, RN, PhD, CNS, CCNS, CCRN, Karen Lovett, RN, MS

ASPAN 30th Annual Conference, Reinvest in Your Potential, April 3-7, 2011

Pre-Op Call Center: A Best Practice

Diane Leeth RN, BSN, CAPA

Presentation on ABG's

Barb Krumbach

Royal College of Surgeons in Ireland 30th Annual International Nursing & Midwifery Research & Education Conference, February 23-24, 2011

Reducing Ventilator-Associated Pneumonia in the NICU

Kirtley Ceballos, MSN, RNC-NIC, PCNS-BC

AORN 58th Annual Congress, Freedom to Be, March 19-24, 2011

PNDS: The 4th Quadrant-Delphi Study

Cathy Kleiner PhD, RN

The Perioperative Research Alliance: AORN, Clinical Practice & University of Michigan School of Nursing: Findings, Success, and Lessons Learned

Cathy Kleiner PhD, RN

Perioperative Nurse Residency Programs (Student Program)

Kezia Windham RN, BSN, CNOR, Katherine Halverson-Carpenter RN, MBA, CNOR

Career Development: What are my next steps?

Katherine Halverson-Carpenter RN, MBA, CNOR

Continued on page 9

Poster:

22nd Annual Rocky Mountain Regional Multidisciplinary Research & Evidence-Based Practice Symposium, March 17&18, 2011

Characteristics of Cancer Patients Who Fall: A Two Year Review and Analysis of Patient Safety net Oncology Fall Reports at UCH
 Johanna Crock, RN, BA, OCN, Mentors: Regina Fink, RN, PhD, FAAN, AOCN; Barbara Wenger, RN, MS, AOCNS, CRNI
 (Poster Award)

Trigger point Dry Needling & Resolution of Methadone use in Chronic Low Back Pain: A Case Study
 Anne Keil, PT, DPT

EBP Guidelines on Corneal Abrasion Management in the PACU
 Mary Rachel Romero, BSN, RN, CPAN, CAPA

Estimated Versus Actual Weight When Dosing rt-PA in Acute Ischemic Stroke: Is there a Difference?
 Alexandra Graves, NS, ANP, Anna VerHage, RN, BSN; Brian Richlik, RN, BSN; Holly Saratella; Mary Beth Flynn Makic, RN, PhD, CNS

Impact of a Shared Governance Model in Day Surgery
 Anne Soisson, RN, BSN, CNOR & Terri Link, RN, BSN, MPH, CNOR

The Effect of Post Procedure Phone Calls for Interventional Pain Patients on Post Procedure Outcomes and Patient Satisfaction
 Stephanie Brown, RN, BSN & Benjamin Meyerhoff, BA

The Development of Stages of Orientation for GNs on the Transplant Unit
 Heather Kunselman RN, BSN, CCTN & Heidi Monroe, RN, MSN, CNS, Martha Karnell RN, BSN, CCTN

ASPAN Conference, April 3-7, 2011

To Resuscitate or Not to Resuscitate? That is the Question.
 Nicole Babu, Michel Ballou, Barb Krumbach, Nicole Routh

EBP Guidelines on Corneal Abrasion Management in the PACU
 Rachel Romero, Barb Krumbach, Myrna Mamaril

Pre-Op Call Center: A Best Practice
 Diane Leeth RN, BSN, CAPA; Becky Wiseman RN, BSN; Valerie Watkins RN, BSN, CAPA

WOCN National Conference

Pressure Ulcer Assessment and Management in the PACU
 Rachel Romero, Barb Krumbach, Myrna Mamaril

AORN 58th Annual Congress, Freedom to Be, March 19-24, 2011

Impact of Professional Practice Model in Perioperative Services on Patient Outcomes and Nurse Autonomy
 Anne Soisson, RN, BSN, CNOR & Terri Link, RN, BSN, MPH, CNOR

Building an Effective Medication Reconciliation Program
 Tanya Beck BSN, RN, CAPA

Streamlining Patient Care Hand Over Between Anesthesia/OR/ICU
 Katy Friedrichs BSN, RN, CNOR, Carol Ruscin MSN, RN, CCM, Suzanne Sortman BSN, MA, RN, CNOR, Joanne Gadol BSN, RN, CNOR

Implementing a Robotic Surgery Program: Assessing its Impact on Patient Throughput
 Katherine Halverson-Carpenter RN, MBA, CNOR, Paul Maroni MD, Ashley Nassau MHA, Shauna Sutton BSN, RN, Catherine Kleiner PhD, RN

Human Factor Team Training: Impact on Perioperative Staff Satisfaction
 Katherine Halverson-Carpenter RN, MBA, CNOR, Terri Link BSN, MPH, RN, CNOR, Catherine Kleiner PhD, RN

Team Training to Reduce Nurse Turnover
 Katherine Halverson-Carpenter RN, MBA, CNOR, Catherine Kleiner PhD, RN

Safe and Effective Patient Positioning in Robotic Surgery
 (Award of Excellence Winner)
 Shauna Sutton BSN, RN, Robotics Coordinator, Terri Link BSN, RN, MPH, CNOR, Mary Beth Flynn Makic RN, PhD, Linda Brazen MSN, RN, Katherine Halverson-Carpenter RN, MBA, CNOR

Decision Support to Reduce Urinary Catheter Insertions and Catheter Associated Urinary Tract Infections
 Mary Beth Flynn Makic RN, PhD, Kathleen Oman RN, PhD, Regina Fink RN, PhD, Teri Hulett RN, Fred Severyn MD, Robin Scott RN, MS, Nancy Chang RN, BSN, Patricia Schillereff RN, BSN, Heidi Wald MD, MSPH

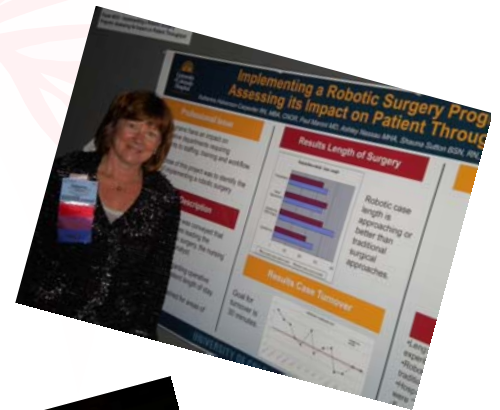
OR to PACU Hand-Off Communication
 (Award of Excellence Winner)
 Nichole Bach RN, BSN, CAPA, Janet Casa-Benowitz RN, BSN, Bonnie Maday RN, BSN, Carol Steenburgh RN

University HealthSystem Consortium annual conference February 21-23, 2011

The Isolated Blood Pressure Cuff
 Carolyn Bruce, BSN, RN of the CICU

Rocky Mountain Hospital Medicine 8th Annual Symposium: Practical Advances in the Care of the Hospitalized Patient, October 2010

Use of recalibrated serum creatinine concentrations for adjustment of





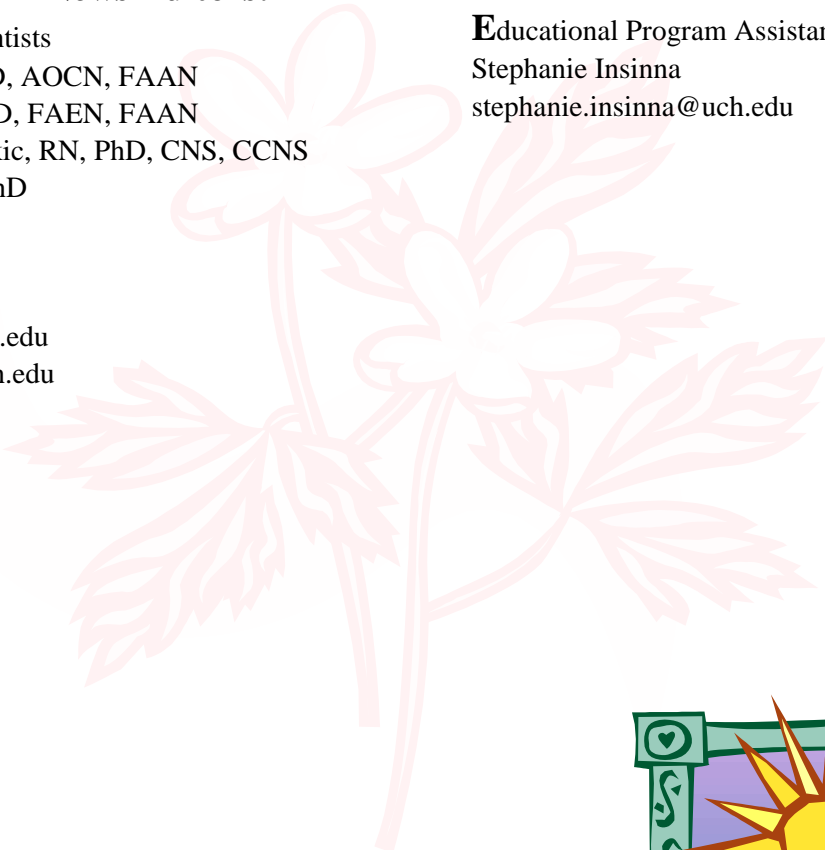
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TRIVIA QUESTION:

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

The first person to email the correct response to kathy.oman@uch.edu will win a coffee card!

Fall-Winter 2010 issue’s 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.

Answer: This is a Level III study. It is quasi-experimental because while there is an attempt to randomize the patients, odd/even days is not true randomization and there is also little control for confounding variables.

