NURSE RESIDENCY COLLABORATIVE SUMMIT

Spread the Wealth: How Solving Nurse Residency Issues Translates to All Nursing

Tuesday, October 6, 2020 at 8:30 - 11:30 am ET

PENNSYLVANIA ACTION COALITION

A healthy PA through nursing

October 6
8:30 AM – 12:00 PM
Virtual

AGENDA

8:30 – 8:40 AM	WELCOME
8:40 – 9:10 AM	Mirror-Mirror on the Wall: Coordinator Reflections Tell All
9:10 – 9:40 AM	Preparing RNs New to Clinical Practice to Provide Primary Palliative Care
9:40 – 9:55 AM	BREAK
9:55 – 10:25 AM	Creating an EBP Culture through the Nurse Residency Program
10:25 – 11:50 AM	Graduate Nurse Resident Presentations
11:20 – 11:50 AM	Getting Connected to #NurseResidency with Social Media
11:50 AM – 12:00 PM	CLOSING

PA-NRC 3rd Annual Summit

Welcome

Denise Ratkiewicz, MSN, RN, NPD-BC
Nurse Residency Program Manager at Allegheny Health Network
Chair, PA Nurse Residency Collaborative

October 6, 2020

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

Disclosures

- **Attendance** at the program can earn **3.0** contact hour through Penn State College of Nursing.
- Penn State College of Nursing is an approved provider of nursing continuing professional development by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- There is a link for you to complete the **evaluation** prior to the award of the certificate.
  - ➢ Due October 16th
- There are **no conflicts of interest** by the presenters at this program.

Thank you for participating in this program.

If you have any questions, please contact
Outreach and Professional Development
at nursece@psu.edu

PennState
College of Nursing

Penn Medicine

Nurse Residency at Penn Medicine

Mirror-Mirror on The Wall: Coordinator Reflections Tell All

Kelly Gallagher, MSN, RN, NPD-BC, NE-BC | Allison Healy, MSN, RN-BC | Lisa Iozzo, BSN, RN-BC
Wendy Luca, MSN, RN, OCN | Margaret Stein, MSN, RN, NPD-BC | Karen Ulmer, MSN, RN, RNC, NPD-BC

October 6, 2020

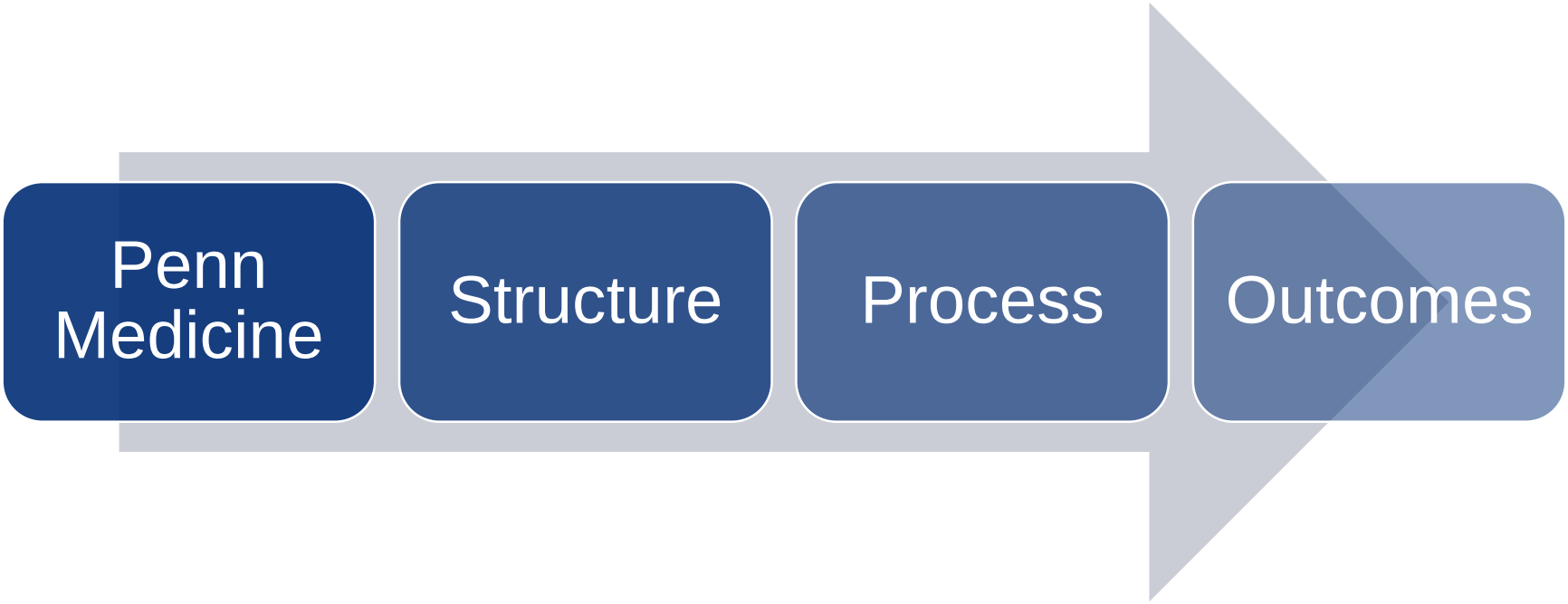
Conflicts of Interest

- We have no conflicts of interest to declare.

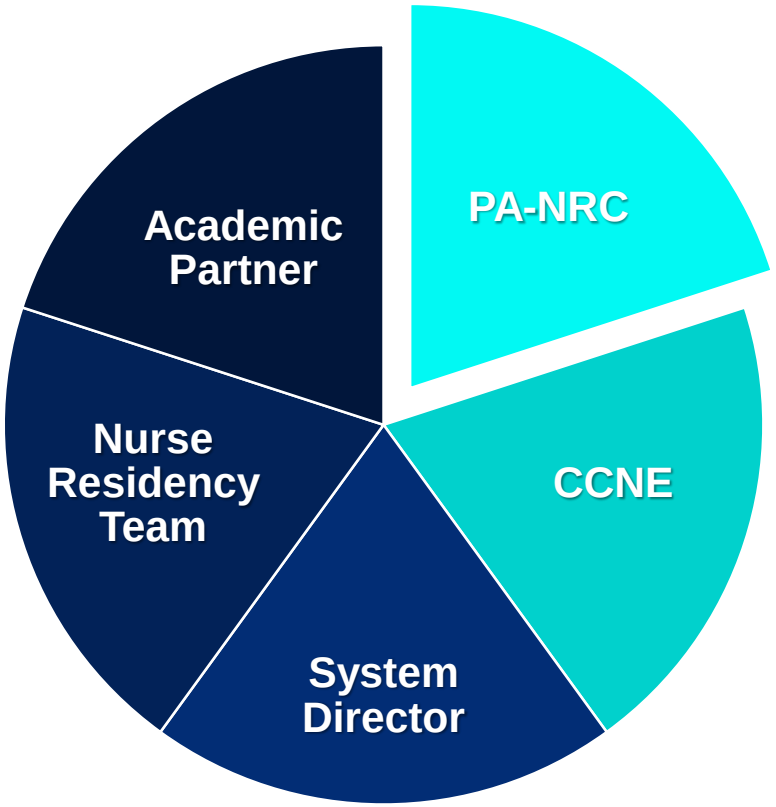
Objectives

- Describe how reflective practice is used as a program evaluation tool for Nurse Residency Program (NRP) Leaders.
- List four strategies to improve a NRP using reflective practice.

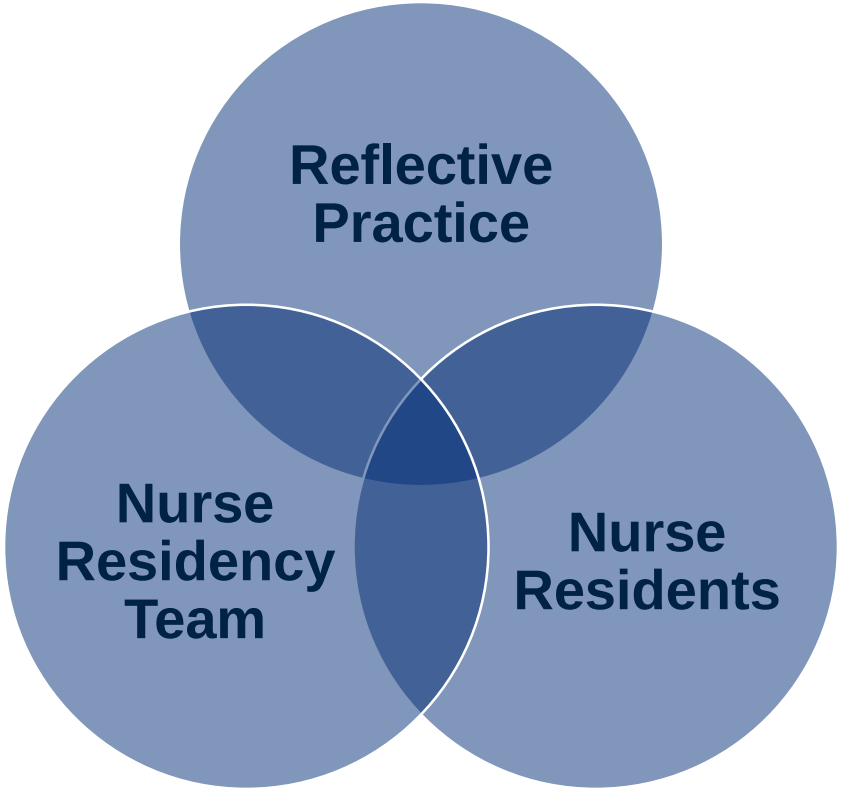
Agenda



Nurse Residency at Penn Medicine



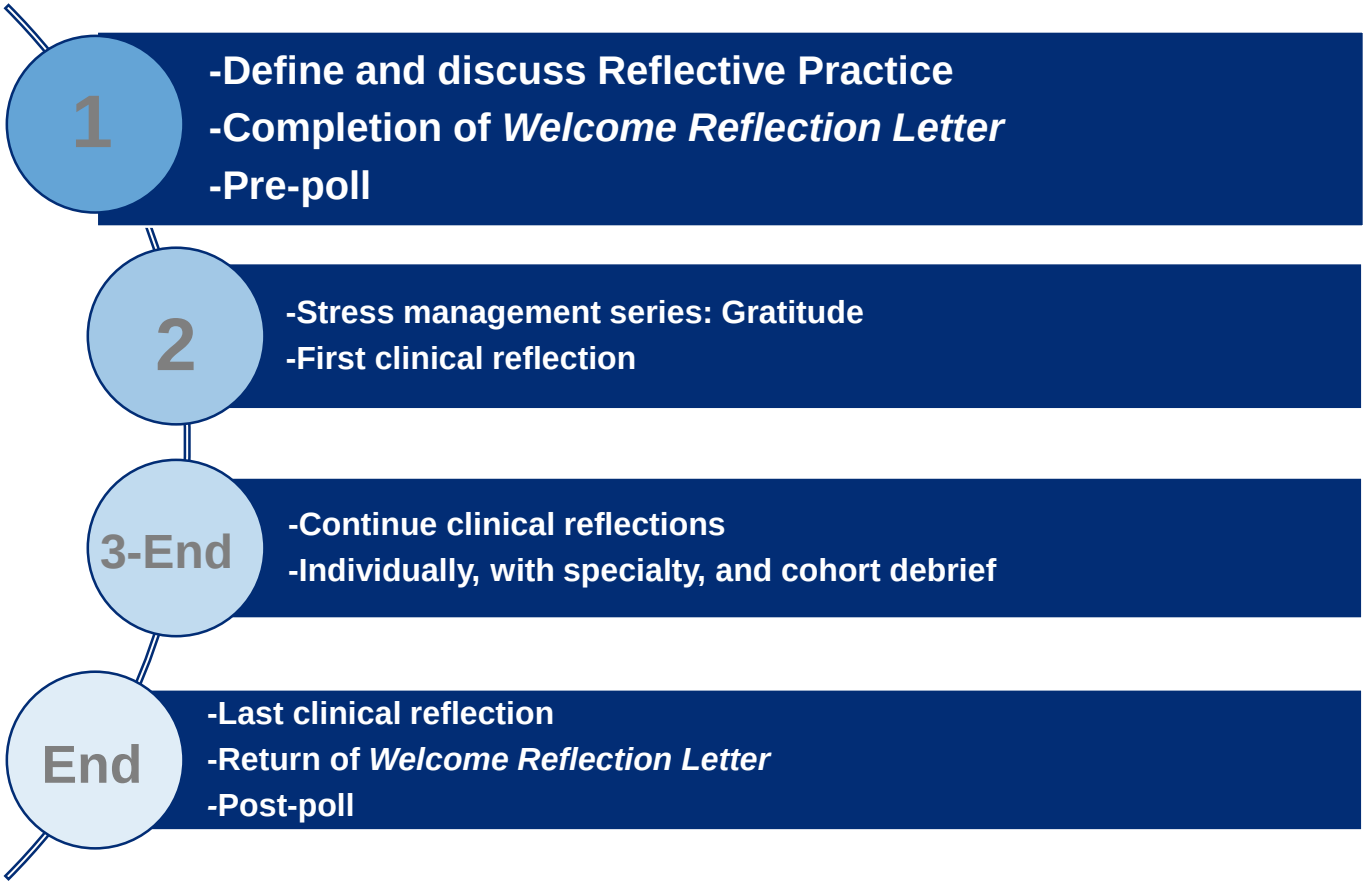
Conceptual Framework



Structure – Nurse Residents

- Individual
- Specialties
- Group discussion

Process – Nurse Residents



Structure and Process – Nurse Residency Team

- Structure
  - Just-in-time reflection
  - NRP Committee meetings
  - Yearly strategy meeting
- Process
  - Real-time feedback
  - Seminar evaluations
  - Vizient surveys

Outcomes – Successes

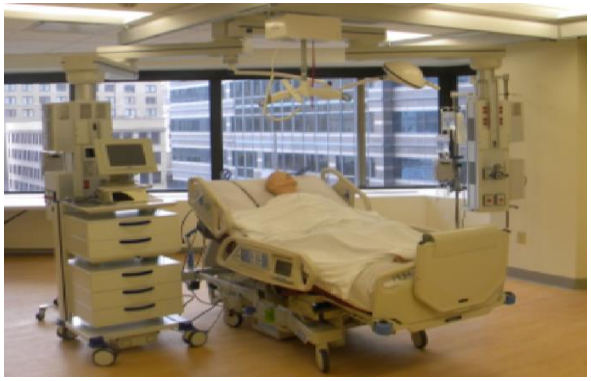
1. Increasing seminar interactivity
2. Retaining nurse residents
3. Incorporating peer review throughout the curriculum

91.8%

1	Same rank
2	Practice focused
3	Timely, routine, and continuous
4	Fosters a culture of safety and best practice
5	Not anonymous
6	Incorporates developmental stage

Outcomes – Challenges

1. Developing approaches to help nurse residents
2. Preparing for a system-wide re-accreditation
3. Managing cohort disengagement



The employee-based nurse residency program at Penn Medicine is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org).

Outcomes – Lessons Learned

1. Practicing what we preach
2. Incorporating new hospitals into a system
3. Engaging leadership with projects

Penn Medicine

Nurse Residency at Penn Medicine

Name: Holly Bischof **Cohort:** March 2019

Directions:

1. Prior to *Seminar 6* on **November 14, 2019** each nurse resident must complete the information on this form and meet with his/her Nurse Manager to **sign** this form (even if you have the same Nurse Manager and are on the same team). Please print clearly or **type** (preferably).
2. Each nurse resident must meet with his/her Nurse Manager to:
   - Assure project alignment with the goals of the Department of Nursing and of your unit.
   - Discuss current Penn Medicine projects / initiatives / policies that support your topic.
   - Obtain approval of project indicated by signature on this form.
3. This will be collected during *Seminar 6* from each nurse resident after your NRP Coordinator signs.

Topic: Night time quietness in the hospital

What is the problem, and why is it important?
Patients report low satisfaction with hospital quietness. Quietness is important for patients to rest.

What baseline metrics, if any, will need to be gathered prior to beginning your project?
Press Ganey results for "quietness of hospital environment"
FY 18: 34.5% FY 19: 37.8% FY 20 (July): 30.4%

- *P = Patient Population/Problem:* adult neurology | neurosurgery med surg patients
- *I = Intervention:* Signs to bring awareness of night time quiet hours
- *C = Comparison:* absence of quiet hours reinforced
- *O = Outcome:* increase patients' satisfaction in quietness of hospital environment

***Proposed* PICO Question:**
In an adult neurological | neurosurgical med surg patient population, will awareness of night time quiet hours increase patients' satisfaction in the quietness of the hospital environment?

Team Member's Name	Unit	Entity	Nurse Manager's Name
1. Team Leader: Holly Bischof	Silver 9	HUP	Brianna Gravina
2. Jill Moely	Silver 9	HUP	Brianna Gravina
3. Zach Kuntz	Silver 9	HUP	Brianna Gravina
4.			

Nurse Manager's Signature: Date: 11/5/19
CNS / CPL / Educator's Signature: Date: 11/5/19
NRP Coordinator's Signature: Date: 11/14/19

6

Outcomes – Grateful For

1. Appreciating our team
2. Supporting NRP from leadership
3. Influencing the future of nursing

Mirror, Mirror…Time to Reflect

Discussion

Penn Medicine

Nurse Residency at Penn Medicine

Tales from the Bedside / Clinical Reflections

Instructions: Individually, reflect and write your 3 successes, 3 challenges, 3 lessons learned, and 3 things you are grateful for from your experiences at the bedside. Then, share your *Tales from the Bedside* with your table and prepare a table summary to share with the cohort.

3 Successes:

1. _____
2. _____
3. _____

3 Challenges:

1. _____
2. _____
3. _____

3 Lessons Learned:

1. _____
2. _____
3. _____

3 Things You Are Grateful For:

1. _____
2. _____
3. _____

In Closing

- Effective evaluation tools for NRP
- Sustained retention of new graduate nurses
- Engaged team and nurse residents

Special Thanks To

- Efrain Delgado – Nursing Technology Instructor
- Christine Hockenbury, MSN, RN, NPD-BC, IBCLC – NRP Coordinator
- Heather Long, MSN, RN, NPD-BC – NRP Coordinator
- Diane Murphy, MSN, RN, NPD-BC, PCCN-K – NRP Coordinator
- Anne Marie Pettit, MSN, RN – NRP Coordinator
- Sandi Seiler, MSN, RN, CRNP-BC – NRP Coordinator
- Karen Wilf, MSN, RN, PCCN-K – NRP Coordinator
- NRP Faculty and Support Staff
- Penn Medicine Nurse Residents

References

- American Nurses Association. (1988). *Peer review guidelines*. Kansas City, MO: ANA.
- Commission on Collegiate Nursing Education. (2015). *Standards for accreditation of entry-to- practice nurse residency programs*. Washington, DC: CCNE.
- LeClair-Smith, C., Branum, B., Bryant, L. (2016). *Peer-to-peer feedback: A novel approach to nursing quality, collaboration, and peer review*. The Journal of Nursing Administration, 46(6).

Penn Medicine

Contact Kelly Gallagher at Kelly.Gallagher2@pennmedicine.upenn.edu for more information.

Preparing RNs New to Clinical Practice to Provide Primary Palliative Care

Betty Ferrell, PhD, MA, CHPN, FPCN, FAAN
Professor & Director of Nursing Research and Education

Polly Mazanec, PhD, ACHPN, FPCN, FAAN
Research Associate Professor, Case Western Reserve University
Project Director: ELNEC Undergraduate/New Graduate & ELNEC Graduate

Why Do We Need RNs to Be Prepared to Provide Palliative Care Now More than Ever?

- Nurses must be able to fill the gap that exists in specialty palliative care services
- More than 117 million adults have 1 or more chronic disease
- Numbers of patients with serious illness will only increase as baby boomers age
- Over 2.6 million people die each year in the U.S., many of them in acute care settings

CDC, 2019

Our World Has Turned Upside Down

- COVID-19 has changed our world (Rosa et al., 2020)
- Nurses and other healthcare providers are suffering from moral distress, compassion fatigue and burnout
- New graduates are facing unique challenges on entry-into-practice
- Now, more than ever before, new graduate nurses need to have primary palliative care education to be equipped to handle the challenges caring for those with serious illness

Palliative Care: The Essence of Nursing

- Is for all patients with serious illness, across clinical settings and across the lifespan
- Focuses on a holistic approach to the patient and family
- Addresses the physical, psychological, social and spiritual domains of quality of life
- Advocates for patient/family wishes and goals of care
- Is compassionate, culturally sensitive care

NCP, 2018

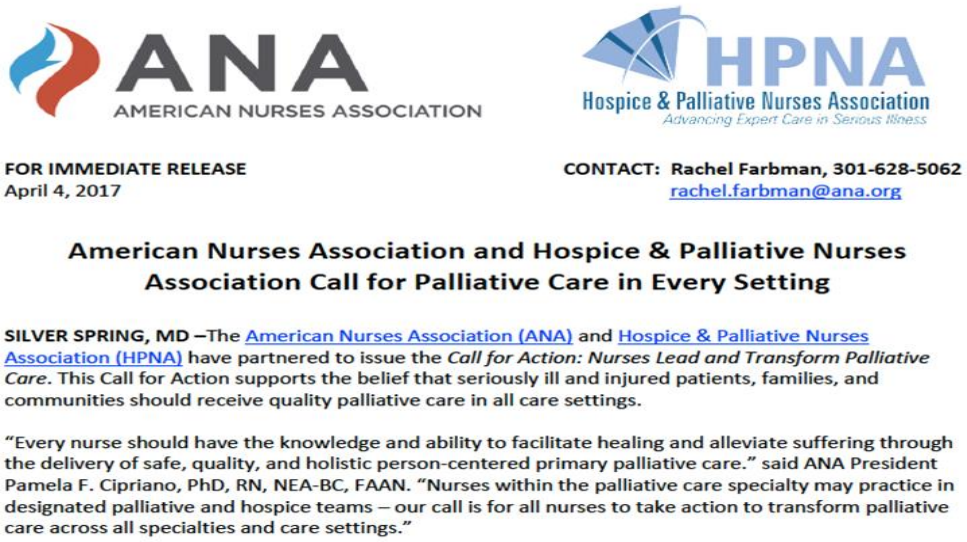
Primary Palliative Care

- Primary palliative care includes basic skills and knowledge about caring for individuals with chronic, serious and advanced illness, as well as dying patients:
  - Begins at diagnosis and is offered across the disease trajectory
  - Includes management of common pain and symptoms
  - Provides advance care planning discussions and support to complete advance directives
  - Emphasizes access to community resources and interdisciplinary team members

Dahlin, 2015; NCP, 2018

ANA – HPNA: Call for Palliative Care in Every Setting

- Calls for Nursing to lead and promote palliative nursing in Administration, Education, Research, Policy, and Practice
- Many resources throughout and specifically in Appendix A



ANA
AMERICAN NURSES ASSOCIATION

HPNA
Hospice & Palliative Nurses Association
Advancing Expert Care in Serious Illness

FOR IMMEDIATE RELEASE
April 4, 2017

CONTACT: Rachel Farbman, 301-628-5062
rachel.farbman@ana.org

American Nurses Association and Hospice & Palliative Nurses Association Call for Palliative Care in Every Setting

SILVER SPRING, MD –The American Nurses Association (ANA) and Hospice & Palliative Nurses Association (HPNA) have partnered to issue the *Call for Action: Nurses Lead and Transform Palliative Care*. This Call for Action supports the belief that seriously ill and injured patients, families, and communities should receive quality palliative care in all care settings.

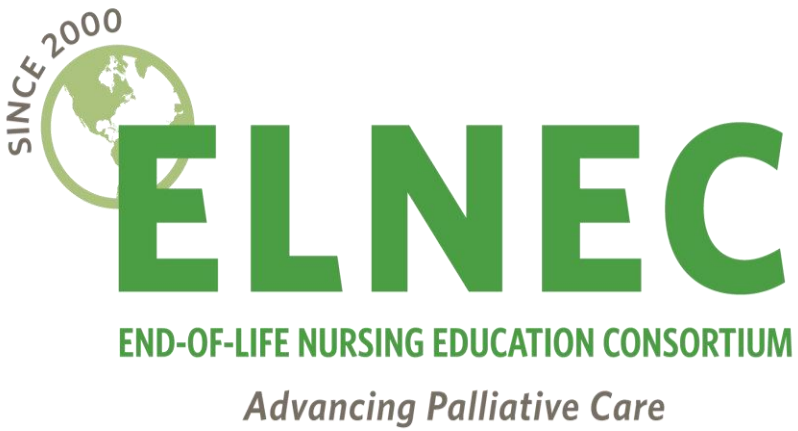
"Every nurse should have the knowledge and ability to facilitate healing and alleviate suffering through the delivery of safe, quality, and holistic person-centered primary palliative care." said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "Nurses within the palliative care specialty may practice in designated palliative and hospice teams – our call is for all nurses to take action to transform palliative care across all specialties and care settings."

NCP and NQF: 8 Domains of Palliative Care

- Structure and processes of care
- Physical aspects of care
- Psychological and psychiatric aspects of care
- Social aspects of care
- Spiritual, religious, and existential aspects of care
- Cultural aspects of care
- Care of the patient at the end of life
- Ethical and legal aspects of care

NCP, 2018

Celebrating 20 Years of Providing Palliative Care Education



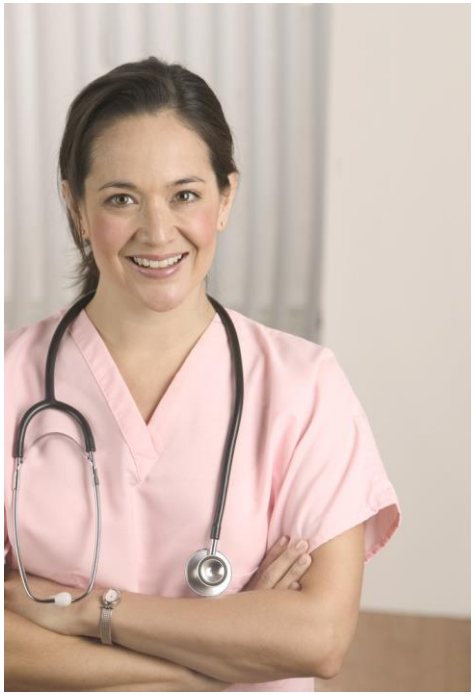
City of Hope

American Association of Colleges of Nursing

ELNEC History

- 2000: Curriculum Developed
- 2001: 1st National ELNEC Course
- Currently 10 ELNEC Curricula:
  - ELNEC Core
  - ELNEC Geriatric
  - ELNEC Pediatric Palliative Care
  - ELNEC Critical Care
  - ELNEC APRN
  - ELNEC International
  - ELNEC Undergraduate/New Graduate
  - ELNEC APRN Oncology
  - ELNEC Communication
  - ELNEC Graduate

Accomplishments Since ELNEC's Inception (1/2001-6/2020)



- National ELNEC Train-the-Trainer courses have been held
- Training courses have been held across the US and internationally in **100** countries
- Translated into **11** languages
- Over **24,600** trainers
- Those trainers have gone back to their community and have educated over **739,000** healthcare professionals

ELNEC Undergraduate Education Project

- 2016 Cambia Health Foundation funded a 3-yr project to
  - Evaluate the state of palliative nursing in undergraduate nursing education
  - Develop competencies that all students should meet by the time of graduation from their pre-licensure programs (AACN CARES)
  - Design and implement an innovative online curriculum to meet the recommendations of the new competencies
- Additional 3 yr. funding in 2019 supported the development of Master's and DNP competencies (*G-CARES)* and an ELNEC Graduate Curriculum
- An update/revision: ELNEC Undergraduate/New Graduate

AACN CARES Document

- To address the gaps, palliative nursing experts and faculty from across the U.S. came together in Portland OR (2015) to write the American Association of Colleges of Nursing (AACN) Palliative CARES Document
  - C ompetencies
  - A nd
  - R ecommendations for
  - E ducating Nursing
  - S tudents

  http://www.aacnnursing.org/Portals/42/ELNEC/PDF/New-Palliative-Care-Competencies.pdf

Key Features of the 2020 ELNEC Undergraduate/New Graduate Curriculum

- Each module contains:
  - Testimonials from nursing leaders in palliative care
  - Case studies requiring critical thinking
  - Brief video clips demonstrating palliative nursing skills
  - Application quizzes at the end of each module- requiring mastery level of 80%
  - Pediatric and geriatric palliative care woven throughout

(Ferrell et al., 2018)

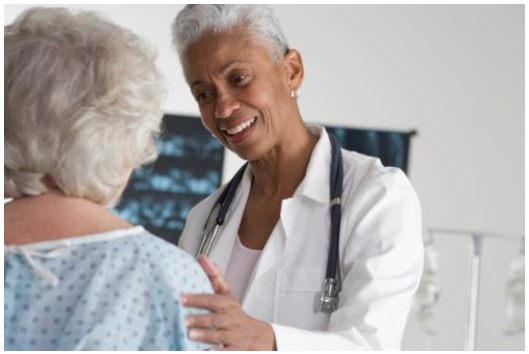
What Topics Are Covered in the ELNEC Undergraduate/New Graduate Online Curriculum?

- #1: Introduction to Palliative Nursing Care
- #2: Communication in Palliative Nursing
- #3: Pain Management in Palliative Nursing
- #4: Symptom Management in Palliative Nursing
- #5: Loss, Grief, Bereavement
- #6: Final Hours of Life

*Ethics & Culture content embedded across all 6 modules

Themes Throughout ELNEC Undergraduate/New Graduate Curriculum

- Family as the unit of care
- Importance of honoring culture
- Vital role of the nurse as advocate

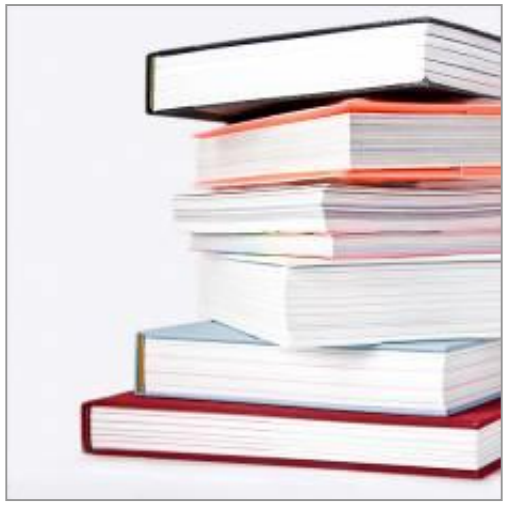


Themes Throughout ELNEC Undergraduate/New Graduate Curriculum (cont.)

- Palliative care is for all patients, across the life-span, with a serious illness & their families
- Palliative care should be provided across the disease trajectory and in *all clinical settings*
- *Interprofessional* care is essential for quality palliative care!

However……

NEW GRADUATE NURSES CAN NOT PRACTICE WHAT THEY DO NOT KNOW!



Pilot Project: Preparing New Graduates to Provide Primary Palliative Care

- 2018 integrated ELNEC UG into the NR program at City of Hope in three cohorts
- 55 NRs completed the curriculum
- 78% reported having some palliative care education in their UG program, but none had had ELNEC training
- All post-education responses demonstrated statistically significant improvement
- 24/46 (52%) indicated they had changed their clinical practice at one month post-education (pain & symptom management; self-care)

COH Nurse Residency Project

Pre-& Post-Survey Responses

		Pre-Course Results				Post-Course Results				pre vs post comparison p-value
Cohort	Questions:	N	Mean (std)	IQR	Min, Max	N	Mean (std)	IQR	Min, Max	
All Cohorts	*How comfortable in caring for pts with serious illness*	*55*	*6.3 (2.1)*	*(5, 8)*	*(1, 10)*	*46*	*7.7 (1.2)*	*(7, 8)*	*(4, 10)*	0.0001
	How competent feel caring for patients with serious illness	*55*	*5.5 (2.0)*	*(4, 7)*	*(1, 10)*	*46*	*7.7 (1.1)*	*(7 , 8)*	*(5, 10)*	<0.0001
	Knowledgeable in hospice and PC	*55*	*6.0 (1.8)*	*(5, 7)*	*(1, 9)*	*46*	*8.2 (1.2)*	*(7 , 9)*	*(4, 10)*	<0.0001
	Knowledgeable in pain assessment or mgt	*55*	*6.6 (1.8)*	*(6, 8)*	*(1, 10)*	*46*	*8.4 (1.1)*	*(8, 9)*	*(5, 10)*	<0.0001
	Knowledgeable in symptom assessment or mgt	*53*	*6.0 (1.8)*	*(5, 7)*	*(1, 10)*	*45*	*8.1 (1.1)*	*(7 , 9)*	*(5, 10)*	<0.0001
	Knowledgeable in communication in serious illness	*53*	*5.5 (2.2)*	*(4, 7)*	*(1, 10)*	*46*	*7.5 (1.4)*	*(7 , 8)*	*(3, 10)*	<0.0001
	Knowledgeable in loss grief bereavement	*53*	*5.1 (2.3)*	*(3, 7)*	*(0, 10)*	*46*	*7.2 (1.5)*	*(6 , 8)*	*(3, 10)*	<0.0001
	Knowledgeable in caring for a patient in final hours	*53*	*4.9 (2.3)*	*(3, 6)*	*(0, 10)*	*46*	*7.1 (1.8)*	*(6 , 8)*	*(1, 10)*	<0.0001

* p-value from wilcoxon rank sum test (which is the non-parametric version of a t-test).
Note: matched comparisons were not possible since all participants in cohort 1 and some participants on the other cohorts did not have ID's recorded in the pre- vs post- questionnaires.

Mazanec et al., 2020

ELNEC Team Connected with AACN/Vizient to Support Nurse Residency Programs

- Worked with Relias, our LMS partner, to ensure every AACN/Vizient program could receive a link to ELNEC Undergraduate/New Graduate
- Coordinated integration with the Vizient team
- Nurse Coordinators will guide new graduates through the modules in person or virtually, depending on the institution's preference
- Excited to have PA as part of Phase 1 roll-out along with NJ and NYC

Recommendations for Integration

- Curriculum is online- Use share screen, present each one-hour module during classroom time over the course of the 12 month residency program
- Content can be emotionally laden- debriefing about clinical experiences related to serious illness will help prevent compassion fatigue and address moral distress
- Support for the NR Coordinators is key- Polly Mazanec pmm@case.edu and our ELNEC team elnec@coh.org are here to help!

Recommendations for Integration (cont.)

- Relias is the LMS platform that supports the technology
- Tech support is available M-F 8 am- 8 pm EST
  - https://elnec.academy.reliaslearning.com/contact.aspx
- Recommendations are found at:https://elnec.academy.reliaslearning.com/Data/Default/Images/System%20Requirements%20for%20Learner.pdf
  - Google Chrome is recommended web browser

Recommendations for NRP Coordinators

- Go through the modules and assess for material that can help you fill gaps.
- Review supplemental materials:
  - Educational Strategy
  - Case study
  - Handouts
  - References
- Videos are key!
- For large cohorts, split into groups and complete the modules in one smaller group while another group completes another activity.

General NRP Content Covered

Communication

Patient Care

Specialty Populations

Evidence Based Practice Projects

- Legacy work
- Moral distress and resilience
- Advance Care and Decisions of Care conversations
- Patient and family involvement in care planning

ELNEC

Rollout Process

References

- American Association of Colleges of Nursing (2016). CARES Competencies. https://www.aacnnursing.org/Portals/42/ELNEC/PDF/New-Palliative-Care-Competencies.pdf
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Time for Your Questions

PA-NRC 3rd Annual Summit

Break

9:40 – 9:55 AM

October 6, 2020

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

Creating an EBP Culture through the Nurse Residency Program

Jeanette Palermo, MSN, RN, NPD-BC & Catherine Levonian, PhD, MPH, RN, NPD-BC

October, 2020

American Association of Colleges of Nursing

vizient®

Learning Objectives

- **Identify strategies to build an Evidence-Based Practice culture.**
- **Describe institutional outcomes of supporting a nurse residency program.**

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Overview

Engaging the nursing workforce to meet the IOM* goal

Organization provides a structure, resources and a cultural expectation

Unit climate needs to expect, support and reward EBP

Address barriers of time, knowledge and support

Engaging new nurses

- Nurse Residents enlist and engage experienced nurses
- Improvements strengthens the culture of EBP

*IOM: Institute of Medicine (National Academy of Sciences)

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Background

Challenged to keep up with changing practice
Competing demands in practice

- Vizient nurse residency program in 2007
- Academic-Practice partnership
- 2019: 235 nurse residents
- 12-month NRP: seven full day seminars
- Goal: incorporate EBP* in the care they provide
- Start EBP from first meeting with residents
- Leadership commitment

*EBP: Evidence-Based Practice

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Intervention

Curriculum fosters questioning as a natural default

Critically questioning the care provided and using EBP process to tackle clinical issues

Key Features Nurse Residency EBP:

- Small groups work together on an EBP project
- Gain engagement by allowing them to select topic of interest
- Use Johns Hopkins model to provide guidance and systematic approach
- Time within seminars to work on projects
- Open communication with nurse residents, CNS and managers

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Using Technology to Improve Communication

Intervention

Steps the nurse residents complete:

- Formulates a PICO*
- Perform literature search
- Appraises and evaluates literature
- Apply the evidence
- Evaluates the outcomes
- Write abstract and develop a poster
- Dissemination

***PICO:** The P.I.C.O. Model for Clinical Questions

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It Takes a Village

Nurse residents are mentored by:

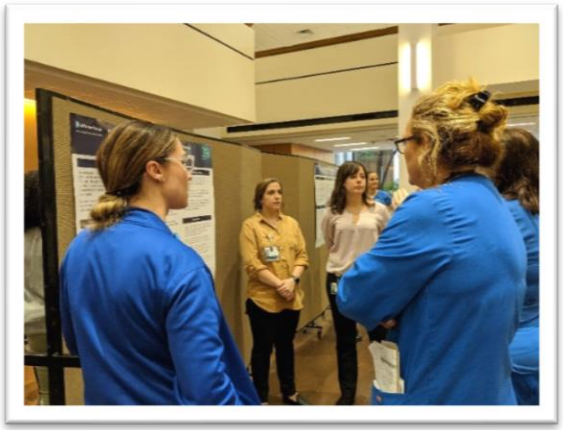
- Nurse Residency Director
- Facilitators
- Clinical Nurse Specialists
- Internal experts
- Academic partners
- Librarian
- Former nurse residents, senior staff

If supported by evidence, nurse residents work to implement practice change.

vizient.

Outcomes

- EBP project completion builds confidence
- Since 2016: nurse residents completed 182 EBP projects
- Nursing leadership provides support to the residents
- Goal is to disseminate EBP projects



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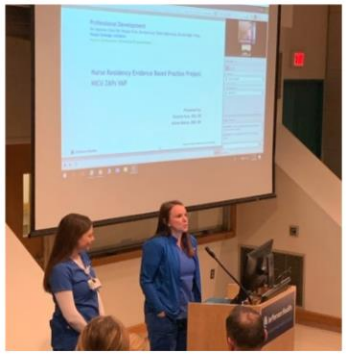
Dissemination & Recognition

Nurse residents presented at:

- Nurse Residency celebration
- Nursing Governance Body; Unit Councils
- Local, State & National conferences


Nursing Governance

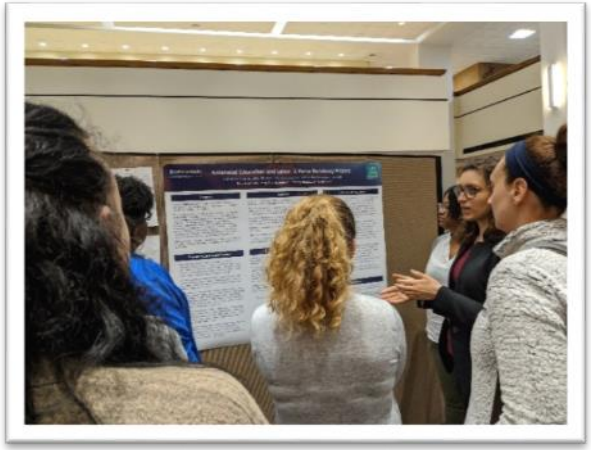

PA Summit


Unit Bulletin Board


Vizient NRP Conference

Involving Staff

- **Mentoring**
- **Participation in project**
- **Attend EBP Day and Nursing Governance**
  - CE (live and online)



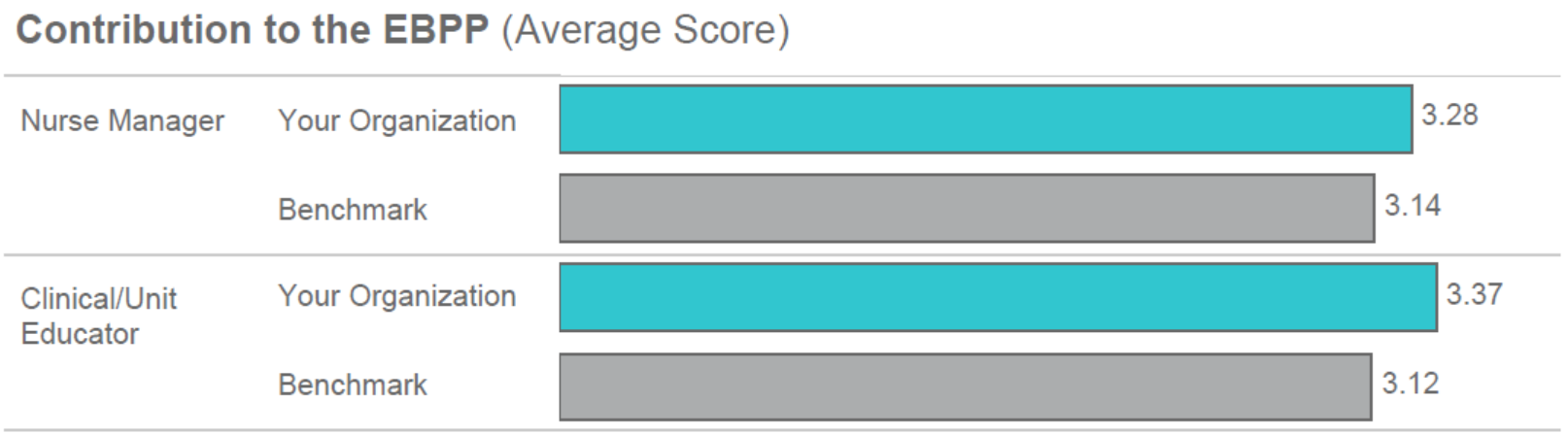
Practice Change

- Ortho Ambulation cards
- Sleep promotion cardiac unit
- OB education- discharge and antenatal
- Mindfulness cards

Close your eyes, take a deep breath
Bring awareness to your breath and body
Ask: “How am I feeling right now?”
Acknowledge that feeling
Exhale negative thoughts, tension

Nurse Manager Survey

2019 Nurse Manager and Clinical Educator Survey



EBPP: Evidence-Based Practice Project

Nurse Resident Program Evaluations 2017, 2018, 2019

– EBP	
1.An excellent learning experience.	2.93 ▲ 2.75
2.Well organized.	3.11 ▲ 2.81
3.Supported by the Resident Facilitator or other designated individual(s).	3.23 ▲ 3.05
4.A learning opportunity (even if I completed one while in school)	3.05 ▲ 2.9
5.Valued by my unit administrators.	3.05 ▲ 2.89
6.Well received by my unit staff.	3.01 ▲ 2.85
7.Provided a way to resolve an issue on my unit.	3.02 ▲ 2.82
8.A good way to enhance nursing practice on my unit (or my institution).	3.05 ▲ 2.9
9.Enhanced my understanding of the impact of such projects.	3.08 ▲ 2.9

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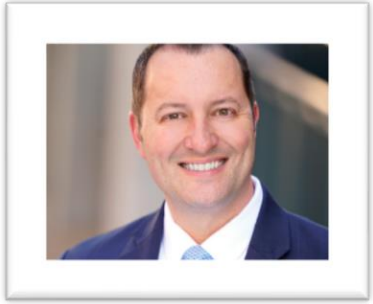
Leadership Commitment

"When I meet our new to practice nurses, I see the future of nursing with an educated, engaged, passionate workforce. While healthcare has many opportunities for improvement, I am convinced nurses will be part of the solutions."

"When I see the nurse residents EBP projects, I realize they are improving the care we provide to our patients and families and impacting the spirit of inquiry throughout nursing. My goal is for Jefferson Health to become THE destination for new to practice nurses in the Greater Philadelphia region!"



Jeff Doucette, DNP, RN, NEA-BC, FAAN
Senior Vice President & Chief Nursing Officer

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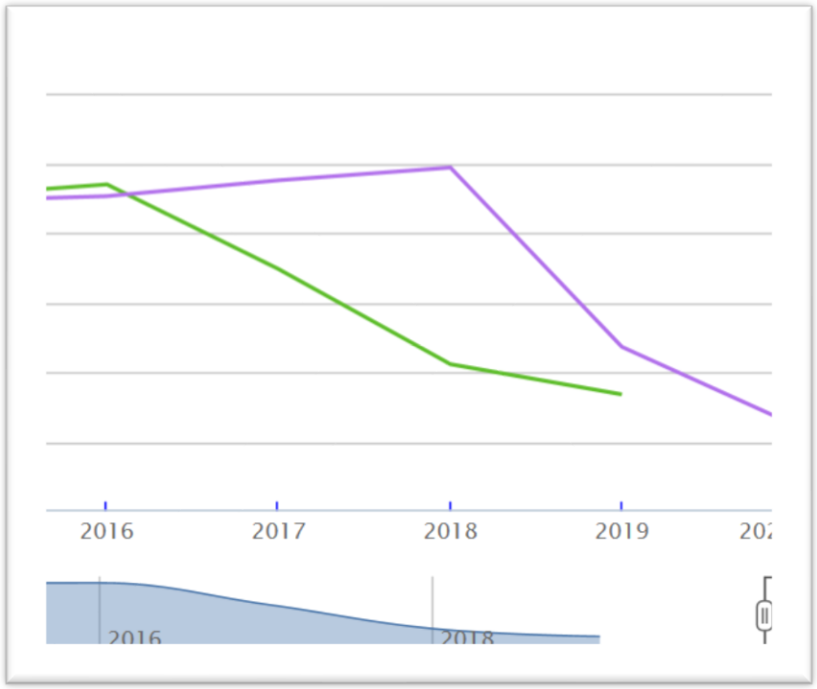
Key Success

Engaged nurses and retention

2018 Turnover rate 2.8% (benchmark 9.8%)



Key Takeaways

EBP culture is enhanced through a nurse residency program.

Leaders provide time and support for EBP education, project development and dissemination.

Key stakeholders see the benefits of the EBP projects

Residents tell us about their EBP projects:

- Allowed me to look into research and advanced my clinical knowledge.
- Used as a tool for unit improvement, plenty of support and structure made the project easier.

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Questions?

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Catherine Levonian, Catherine.Levonian@Jefferson.edu

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Appendix

Jefferson Health

14 Hospitals

- Abington Hospital*
- Abington – Lansdale Hospital**
- Jefferson Bucks Hospital
- Jefferson Cherry Hill Hospital*
- Jefferson Frankford Hospital
- Jefferson Hospital for Neuroscience*
  – *Vickie and Jack Farber Institute for Neuroscience*
- Jefferson Methodist Hospital*
- Jefferson Stratford Hospital*
- Jefferson Torresdale Hospital
- Jefferson Washington Township Hospital*
- Magee Rehabilitation Hospital
- Physicians Care Surgical Hospital
- Rothman Orthopaedic Specialty Hospital
- Thomas Jefferson University Hospital*
  – *Sidney Kimmel Cancer Center (NCI-designated)*

6,600 physicians/practitioners

7,400 nurses (full/part time)

40+ outpatient and urgent care locations

Over **4.3 million** patient interactions annually

* Magnet® designation from the American Nurses Credentialing Center for nursing excellence

** Pathway to Excellence® designation from the American Nurses Credentialing Center for sustaining a positive practice environment

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Contact Jeanette Palermo at Jeanette.palermo@Jefferson.edu and Catherine Levonian at Catherine.Levonian@Jefferson.edu for more information.

PA-NRC 3rd Annual Summit

Graduate Nurse Residents Presentations

October 6, 2020

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

DON'T MISS A BEAT: REFER MORE HEARTS

Penn Medicine Chester County Hospital

Brittany Henderson, MS, BSN, RN ■ Kelly A. Gallagher, MSN, RN, NPD-BC, NE-BC ■ Lisa Iozzo, BSN, RN-BC

WHAT WE LEARNED

The Cardiac Rehabilitation education initiative directly impacted patient referrals and number of program participants.

PURPOSE

To increase the referral rate for Cardiac Rehabilitation (CR).

To educate clinicians about program offerings for patients and eligibility criteria.

BACKGROUND

CR has been shown to decrease all-cause mortality by 20-30%, improve quality of life, decrease return to work time, and reduce readmission by up to 30%[1].

Despite the benefits, the national average of participation is less than 30%[1].

CLINICAL QUESTION

Will educating providers and nursing staff (clinicians) about benefits of CR and criteria for patient eligibility increase the number of patients referred?

METHODS

Reviewed current literature for CR benefits and education.

Collected pre-data from:

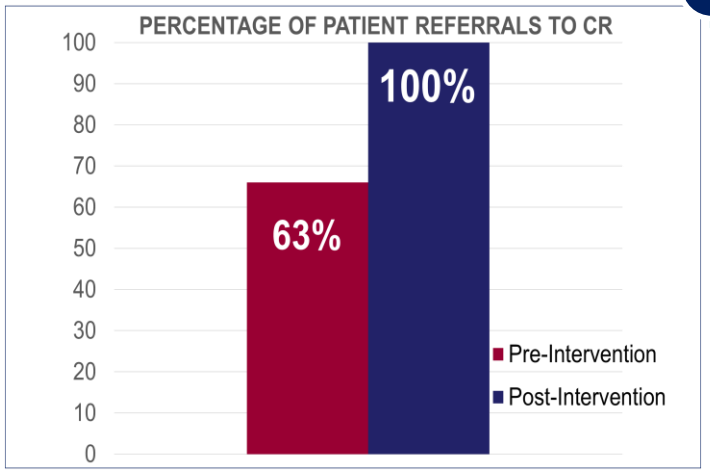
- American College of Cardiology National Cardiology Data Registry (NCDR ®) Chest Pain MI Registry ®
- CR Department's quality data at Chester County Hospital

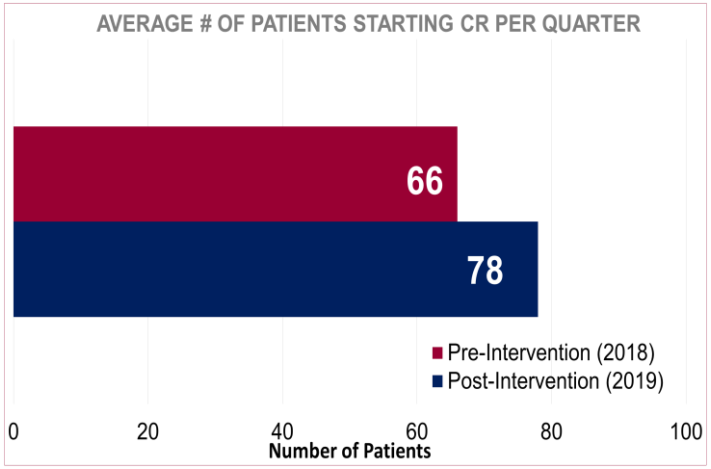
Initiated nurse navigators attendance during interprofessional rounds.

- Goals: discussed CR, identified eligible patients, and answered questions during rounds.

Invited clinicians to attend education sessions to increase awareness and knowledge of CR.

RESULTS





IMPLEMENTATION TIMELINE

NEXT STEPS

- Continue to sustain CR patient participation to reduce 30-day readmission rates with an estimated cost savings of **$13,000** per readmission.
- Track readmission rates for specific patient populations.

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ACKNOWLEDGMENTS

Ralph G. Smith, BSN, RN, CCCC, AACC | Cardiovascular Registry & Accreditation Manager
Abby Ferriola, BSN, RN, PCCN | Heart & Vascular Nurse Navigator

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MICU ZAPs VAP

Victoria Ford, BSN, RN & Aimee Masino, BSN, RN
Department of Nursing, Thomas Jefferson University Hospitals, Philadelphia

Purpose

In the Medical Intensive Care Unit (MICU) many patients require mechanical ventilation. With this comes the risk of Ventilator Associated Pneumonia (VAP). Hospitals often have policies and procedures in place to decrease incidence of VAP on their units. Ventilator Associated Pneumonia can cause:

- Prolonged hospital stays
- Lack of reimbursement from insurers
- Overall negative outcomes for patients.

PICO question

In the adult mechanically ventilated patient, how does compliance with the VAP Prevention bundle decrease incidence of VAP?

Literature Review

- VAP rates decreased 6% in compliance with the VAP Bundle in critically ill burn patients.[5]
- Total number of VAP rates decreased from 141 to 28 when VAP Champion Registered Nurses were deployed onto units to ensure understanding and compliance.[4]
- There were 14.1% of patients with VAP readmitted for complications and of those, 21.6% of them resulted in death.[2]
- Researchers have found that outcomes are twice as likely to result in death if a patient develops VAP.[3]
- Regardless of the surveillance to monitor incidences of VAP, patient outcomes have improved with interventions to reduce the incidence even if numbers do not reach zero.[3]

Appraisal of the Literature

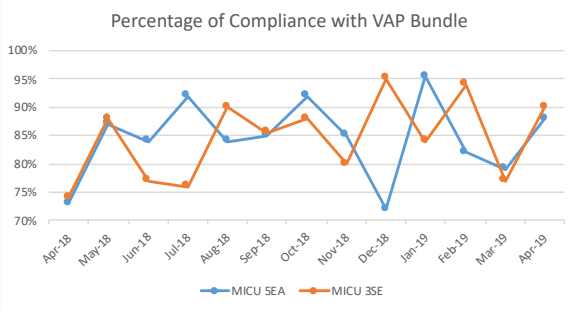
1. Trend in Ventilator Associated Pneumonia rates between 2005-2013: Level I Randomized Control Trial
2. Burden of Adult Community Acquired Healthcare Associated, Hospital Acquired and Ventilator Associated Pneumonia: Level II Quasi-Experimental
3. Using Ventilator Associated Pneumonia Rates as a Healthcare Quality Indicator: Level V Quality Improvement
4. Development of an RN Champion Model to Improve the Outcomes of Ventilator Associated Pneumonia Patient in the Intensive Care Unit: Level V Quality Improvement
5. Ventilator Associated Pneumonia Prevention Bundle Significantly Reduces the Risk of Ventilator Associated Pneumonia in Critically Ill Burn Patients: Level I Experimental Study

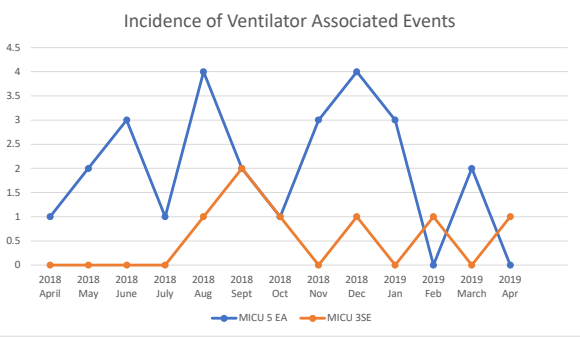
Methods

A blended learning curriculum was provided to staff nurses and respiratory therapists working on the two floors of the MICU unit.in the MICU on the importance of the VAP Bundle documentation. Education included spontaneous awakening trials (SATs), spontaneous breathing trials (SBTs), daily head of bed height assessments, and oral care. Visual aids were placed on the units as bulletin and poster boards. A PowerPoint presentation was sent out via email. Huddle rounds were used to educate staff.

Results

An initial report (April 2018) showed VAP bundle compliance rates of 74.0% on the two MICU floors. Compliance reports (April 2019) showed an 89% compliance. The result was a 15% increase in compliance with the education intervention. This year the number of infections related to VAP decreased overall.





Next Steps

- Institute VAP Champion RNs to provide continuing education for staff.
- Providing visual aids throughout units to serve as reminders.
- Required electronic health record documentation for all mechanically ventilated patients.
- Ensuring adequate oral care supplies for each mechanically ventilated patient be available at bedside.

Conclusions

- Provided education to staff regarding proper procedure to perform each component of the VAP bundle.
- Increased staff knowledge and improved compliance percentages with the VAP bundle across the MICU.
- The education and huddle input strengthened the intra-professional accountability and stressed the importance of decreasing the unit's VAP rates.
- The addition of huddle education stimulated discussions on VAP prevention, strategies for improvement and compliance barriers.

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The employee-based nurse residency program at Thomas Jefferson University is accredited by the Commission on Collegiate Nursing Education (www.ccneaccreditation.org).

Who we are…

- NON-PROFIT ORGANIZATION BASED IN PHILADELPHIA WITH SEVERAL MAJOR FACILITIES
- FOUNDED IN 1866
- LEVEL 1 TRAUMA CENTER
- >1000 LICENSED BEDS
- >8500 EMPLOYEES

Einstein HEALTHCARE NETWORK

Einstein Medical Center Philadelphia

Einstein Medical Center Elkins Park

Moss Rehabilitation Hospital

Willowcrest

USE OF CALIBRATED UNDER-BUTTOCK DRAPES TO IMPROVE ESTIMATION OF POSTPARTUM BLOOD LOSS IN VAGINAL DELIVERIES

Rachel Garraway, BSN, RN and Brittany Pembleton, BSN, RN
Albert Einstein Medical Center - Labor & Delivery
Nurse Residents

Background

Defined: 500mL or > blood loss from vaginal delivery, 1000mL or > blood loss from caesarean delivery

- Leading cause of maternal morbidity and mortality worldwide
- **Complications:** Hypovolemic shock, DIC, ARDS, damage to organs, loss of fertility, treatment related complications, death
- AWHONN (2015) recognizes quantified blood loss (QBL) methods as the most effective way to measure postpartum blood loss
- Barriers to full QBL implementation in hospitals: Time consuming, costly, additional workload for nurses and physicians
- "Drape estimation": a way to improve accuracy without full QBL method

PICOT Question & Goals

- *For patients in L&D undergoing a vaginal delivery **(P)**, does use of a calibrated under-buttocks drape **(I),** compared to traditional visual EBL methods **(C)** help provide a more accurate determinant of blood loss **(O)** during the immediate postpartum period **(T)**?*

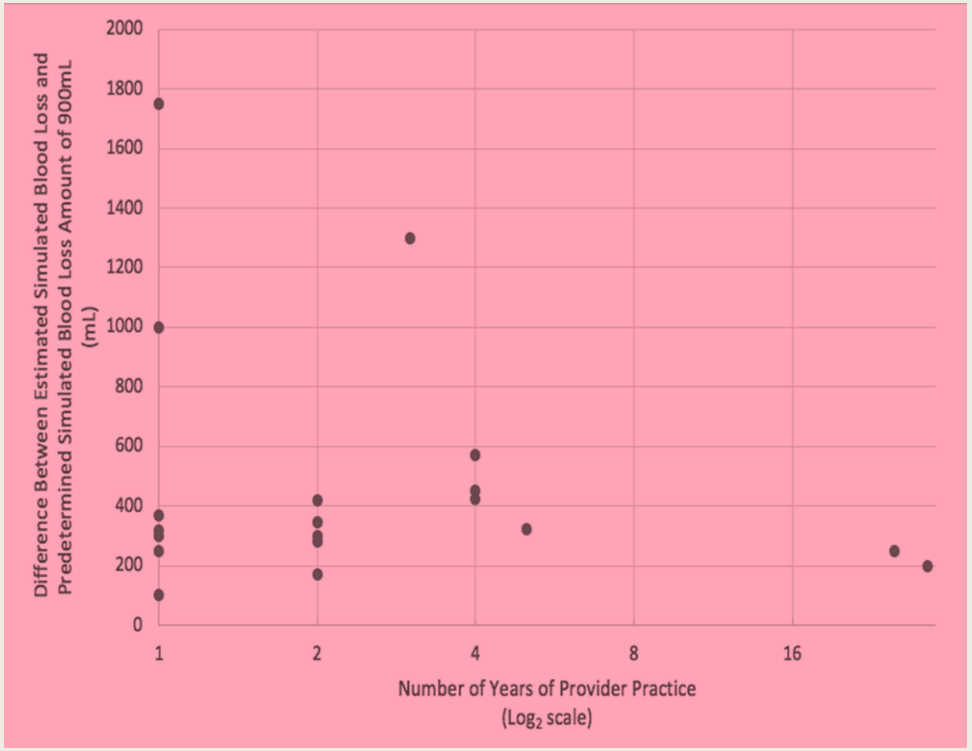
- Identify and evaluate the accuracy of visual estimation- EBL currently practiced on the unit
- Determine feasibility of implementing use of a calibrated under-buttock drape
- Test the accuracy of the calibrated under-buttocks drape by comparing “drape estimation” to full QBL at delivery

Calibrated under-buttocks drape with graduated markings that were used in each delivery

Disproving current methods

- Five commonly used patient care items soaked with predetermined amount of simulated blood. Physicians, nurses, and medical students asked to estimate amount of blood for each of the five items

- The difference between actual amount and estimated amount calculated for each item- The cumulative sum of the differences found and compared to number of years provider has been estimating



COMPARISON

Table 1

Provider Estimation of Postpartum Blood Loss Using Drape Estimation Method vs Full Quantification of Blood Loss

Delivery Type and Number	Provider Estimation (mL)	Quantified Measurement (mL)	Difference Between EBL and QBL (mL)
Vaginal Delivery 1	450	516	66
Vaginal Delivery 2	300	207	93
Vaginal Delivery 3	250	287	37
Vaginal Delivery 4	550	451	99
Vaginal Delivery 5	100	81	19
Vaginal Delivery 6	300	267	33
Vaginal Delivery 7	520	542	22

Note. This is a comparison of provider estimation of blood loss using calibrated under-buttocks drape versus full quantification of postpartum blood loss for each spontaneous vaginal delivery.

Summary of Results

PT 1: Disproving current methods

- No correlation between number of years provider estimating to correct estimation
- Blood loss was overestimated 58% of time, and underestimated 42% of the time
- Estimations were inaccurate by an average of 485mL

PT 2: Success with drape

- When using drape the provider estimation was within 100mL of the quantified blood loss
- Majority of providers noted ease of use and preferred using it once implemented

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From the Battlefield to the Bedside: The Use of Whole Blood to Combat Trauma Resuscitation

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Geisinger Community Medical Center – Scranton, PA
Geisinger Wyoming Valley Medical Center – Wilkes-Barre, PA

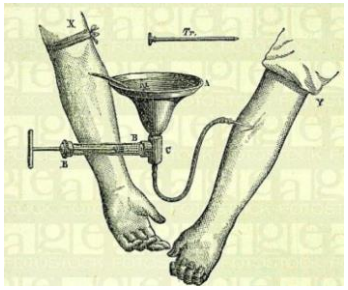
Geisinger

Abstract

Although safety technology is continuing to advance in the United States, traumatic injuries remain the fourth leading cause of death (CDC, 2018). In addition, since 1999, there has been a steady increase in the amount of gun violence (CDC, 2018). Likewise, a study conducted by Johns Hopkins Medicine concluded that gunshot victims require 10 times more blood transfusions ("Shots Fired," 2018). As a result, hypovolemic resuscitation is continuing to challenge health care and its providers. New research is prompting trauma centers worldwide to revise resuscitation protocols during the management of the bleeding trauma patient. The purpose of this project is to determine whether the administration of whole blood products during the management of traumatic hemorrhage as compared to the standard use of crystalloids and partial blood products improves patient outcomes. Available literature provides evidence to support that the administration of whole blood also decreases mortality in bleeding trauma patients when compared to the administration of partial blood products. Aside from decreasing patient mortality, the use of whole blood provides additional benefits. The use of whole blood during resuscitation reduces the risk of infection for the patient, decreases the risk of fluid overload, and simplifies the resuscitation process thus reducing the potential error. Critical care nurses from a trauma center gathered research from various entities to identify the critical need for the utilization of whole blood products in traumatic hemorrhagic patients. Practice recommendations include storing a certain amount of whole blood products in the emergency room as a trial starting point.

PICO Question

In hemorrhagic trauma patients, does the administration of whole blood as opposed to crystalloid and blood product component administration increase hemodynamic stability and decrease mortality?



Literature Search

A literature review was conducted using online databases including PubMed and CINAHL which revealed varying levels of evidence.

Key Terms:
- Trauma
- Hemorrhage
- Whole Blood Products
- Crystalloid
- Hypovolemic Shock
- Human Error

Inclusion Criteria:
Written within the last 5 years, English written, includes all genders and all ages.

Review of Current Evidence

- Simulations using 1 L of crystalloid resuscitation pre-hospital:
  - Whole Blood Versus Component Therapy
    1.4 g/dL higher hemoglobin concentration
    32 mg/dL higher fibrinogen concentration
    0.9 L lower total extracellular fluid volume

- In adult trauma patients with identical Injury Severity Scores (ISS), those who received blood component therapy had a mortality rate 3 times higher than those who received whole blood transfusions.

- Combat patients who received whole blood had twice the likelihood of 30-day survival compared to those receiving blood components.

- Decreased coagulopathy in the adult trauma patient receiving whole blood therapy compared to component therapy with a 1:1:1 ratio (PRBCs:FFP:PLTs).

- Decreased inflammatory response post whole blood administration compared to crystalloid resuscitation in animal studies.

Strengths & Limitations of the Evidence

Level of Evidential Strength	Number of Studies	Overall Quality
Level I	2	A
Level II	2	B
Level III	1	B

We gratefully acknowledge the support for this project provided by the Nursing Professional Development Department as well as Executive and Nursing Administration at Geisinger Wyoming Valley Medical Center and Geisinger Community Medical Center.

Conclusion

Increased use of hypovolemic resuscitation challenges and obstacles have resulted in revisions to resuscitation protocols. Revisions primarily focus on utilizing whole blood products during management of traumatic hemorrhaging rather than standard blood products. Individuals who received stand blood products during resuscitation are at higher risk for infection, fluid overload, and potential error. Literature reveals that the use of whole blood products is correlated with not only decreased complications and comorbidities, but also decreased mortality rates. Utilizing whole blood resuscitation allows providers to provide fast and efficient resuscitation with a low potential for risk or error and therefore increases success rates of hypovolemic resuscitation in trauma patients.

Recommendations

Based on the results of this evidence-based practice project, it would be beneficial for hospitals worldwide to begin to initiate the administration of whole blood product administration during hypovolemic resuscitation rather than crystalloids or partial blood products in their trauma patients. More research should be conducted to evaluate if whole blood administration protocols in pre-hospital practice would also decrease mortality, decrease risk of infection, and decrease fluid overload in hemorrhagic trauma patients.

References

[illegible]

PennState Health
Milton S. Hershey Medical Center

Treating with Technology: Virtual Reality for Pediatric Pain

Rebekah Hershey, BSN, RN; Ashley Tranchell, BSN, RN; Annette Wightman, BSN, RN

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

Introduction

Studies continue to find that pain remains undertreated in the pediatric population[2]. Pain can lead to poor outcomes such as attempts to leave, slower recovery, changes in sleeping and eating habits, physical stress symptoms, and avoidance of healthcare[3]. Nurse residents were searching for a way to optimize pain management using an innovative non-pharmacological approach.

PICO Question

Among pediatric medical-surgical patients receiving a medical intervention, does distraction-based virtual reality (VR) therapy decrease the perception of pain and discomfort compared to current standard of care?

Methods

A literature search utilizing PubMed and CINAHL yielded eight articles within seven years that answered the PICO question using the keywords *virtual reality*, *pain*, and/or *procedural pain*, and *pediatrics*.

How Does it Work?

An iPad is used to program the goggles. The patient selects the VR application and then the iPad is used to program the goggles. While the patient watches/interacts through the goggles, the iPad allows others to see what the patient is seeing in real

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Implementation Strategies

Stakeholders, engaged to collaborate, include: nursing leadership, child life specialist, nursing staff, and a physician committed to innovative projects.

Steps to implement VR on our 18-bed pediatric medical-surgical unit include:

- Grant application to secure funding for the purchase of VR goggles and iPad
- IRB approval application
- Educating clinical staff regarding the use of VR
- Policy development for standardized use
- Plan for continued evaluation assessed quarterly

Summary of Evidence

The evidence evaluated included four systematic reviews[3, 5, 7, 9], one randomized controlled trial[4], one expert opinion[1], one prospective randomized study[6], and one quasi-experimental study[8]. These studies demonstrated VR to be an effective tool to modulate pain during medical procedures such as venipuncture, dressing changes, and burn care[1, 3, 4, 5, 6, 8, 9].

Implications

Implementation of VR can decrease pain and anxiety levels[1, 3, 4, 5, 6, 8, 9], decrease the need for pain medication[4, 5], and improve results of family satisfaction surveys[4].

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Violence Against Healthcare Workers In the Emergency Department

Emily Beaver, BSN, RN; Melissa Boob, ASN, RN; Alyson Clegg, BSN, RN; Cheyenne Felix, BSN, RN; Amy Heckman, ASN, RN; Tatyana Kalik, BSN, RN; Brendan Kempton, ASN, RN; Elizabeth Stabley, BSN, RN; and Kayla Woods, BSN, RN

What We Learned

More than 70% of staff providing direct patient care in the ED, that participated in the survey, have experienced some sort of violence in the past six months. This alarmingly high number has shown that additional safety measures need to be implemented. Breaking the silence of violence against healthcare workers should be a top priority.

UPMC LIFE CHANGING MEDICINE

UPMCSusquehanna.org

BACKGROUND

- Violence amongst healthcare workers in Emergency Departments (EDs) is inevitable; however, it does not justify discounting the issue.
- Despite making up only 11.5% of the U.S. workforce, 67% of all nonfatal workplace violence injuries occur in healthcare (Locke, Bromley & Federspiel, 2019).
- Occupational environmental factors and patient conditions all affect the risk of violence towards a healthcare worker (Martino, 2002).
- At UPMC Williamsport, the ED culture does not promote violence, yet violence occurs at an alarming rate.

PURPOSE & AIMS

- Identify gaps in safety measures to prevent violence
- Determine effective safety interventions
- Be proactive by implementing safety measures within UPMC's culture before having to react to an inevitable tragedy

METHODS

- Pre and post surveys were distributed electronically to all staff in the ED that perform direct patient care, regarding personal experiences with violence.
  - Questions varied from multiple choice to open ended.
  - Participants were given approximately one month to complete each survey.
- A poster was designed and approved to be placed in all ED patient rooms to help promote safety and awareness.
  - The poster explained in detail the zero-tolerance policy against abusive language, cursing, threatening behaviors, and/or physical violence.

RESULTS

Psychological Violence: Intentional use of power, including threat of physical force, against another person, that can result in harm to physical, mental, spiritual, moral, or social development. This includes, among others, verbal abuse, bullying, harassment, and threats

Physical Violence: The use of physical force against another person, that results in physical, sexual, or psychological harm. This includes, among others, kicking, slapping, pushing, biting, pinching, stabbing, and shooting.

BEFORE THE POSTER

72% of staff experienced psychological violence; 52% of staff experienced physical violence.

1. According to the definitions above, have you been a victim of psychological violence from a patient or family member while at work since January 1, 2019?

2. According to the definitions above, have you been a victim of physical violence from a patient or family member while at work since January 1, 2019?

AFTER THE POSTER

44% of staff experienced psychological violence; 11% of staff experienced physical violence.

1. According to the definitions above, have you been a victim of psychological violence from a patient or family member since the signs were hung on June 6, 2019?

2. According to the definitions above, have you been a victim of physical violence from a patient or family member since the signs were hung on June 6, 2019?

DISCUSSION

- We found that more than 70% of the ED staff that participated in the survey have experienced some form of violence at work
- Results from our literature review shows that an increase in safety measures is necessary to help prevent violence
- Violence in healthcare is underreported due to the belief that this is part of the job and lack of support from administration (Martino, 2002).

NEXT STEPS

- Improvement in posters reflecting zero-tolerance for violence
- Metal detectors with armed security
- Enforce stricter rules and safety guidelines with mental health patients
- Expand to incorporate other UPMC locations

LIMITATIONS

- Time constraints
- Staff turnover
- Participation in surveys

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ATTENTION

Patients & Visitors

RESPECT IS IMPORTANT TO US

In this Emergency Department, we will **NOT ALLOW**:

- Abusive Language or Cursing
- Threatening Behavior
- Physical Violence

Failure to follow these guidelines can result in removal from this facility and the POLICE being called.

Management supports our staff in pressing charges.

THANK YOU for allowing us to care for you.

We expect that all patients and visitors are respectful and non-disruptive in our facility.

We will NOT allow:

- Loud or Abusive Language
- Cursing
- Threatening Behavior
- Physical Violence

Failure to follow these guidelines can result in removal from this facility.

Thank you for allowing us to care for you and helping to keep everyone safe.

UPMC LIFE CHANGING MEDICINE

Getting Connected to #NurseResidency with Social Media

Sarah Hardacker MSN, RN

hardackers@email.chop.edu

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How did I get here?

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Novice or Expert?

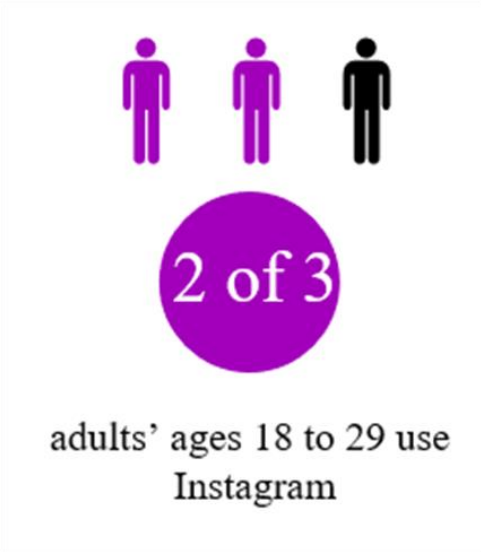
- What social media platforms do you use?
- How comfortable do you feel using social media in your personal life?
- How comfortable do you feel using social media in your professional role?

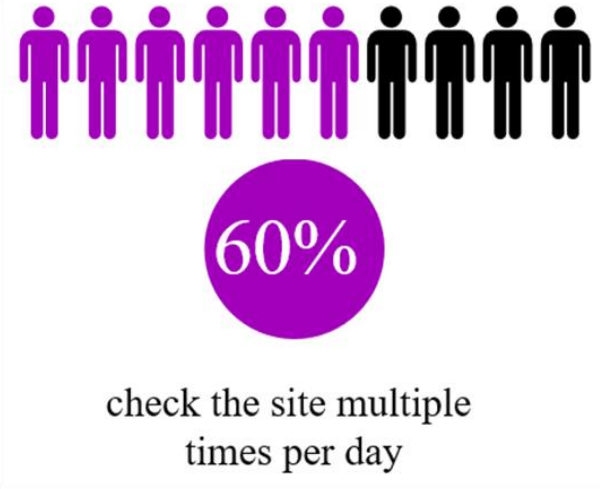
What's the problem?

- The CHOP network includes more than **550 inpatient beds** and an **outpatient network with over 50 sites**.

- Centralized nature of the Nursing Professional Development department creates significant challenges regarding:
  - flow of information
  - engagement with nurses
  - community-building across hospital departments

What's in the literature?





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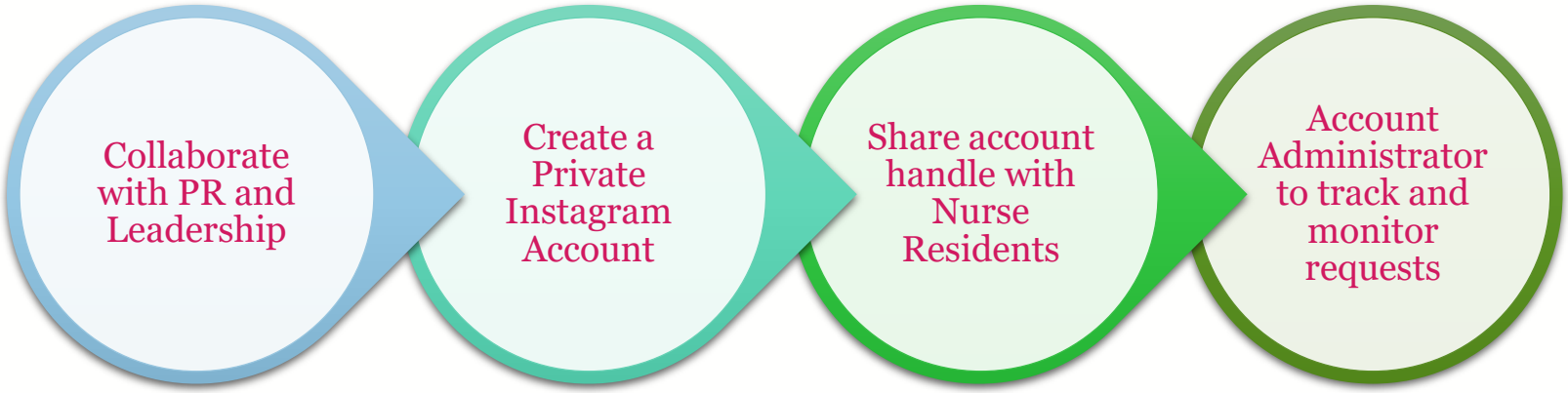
Implementation plan



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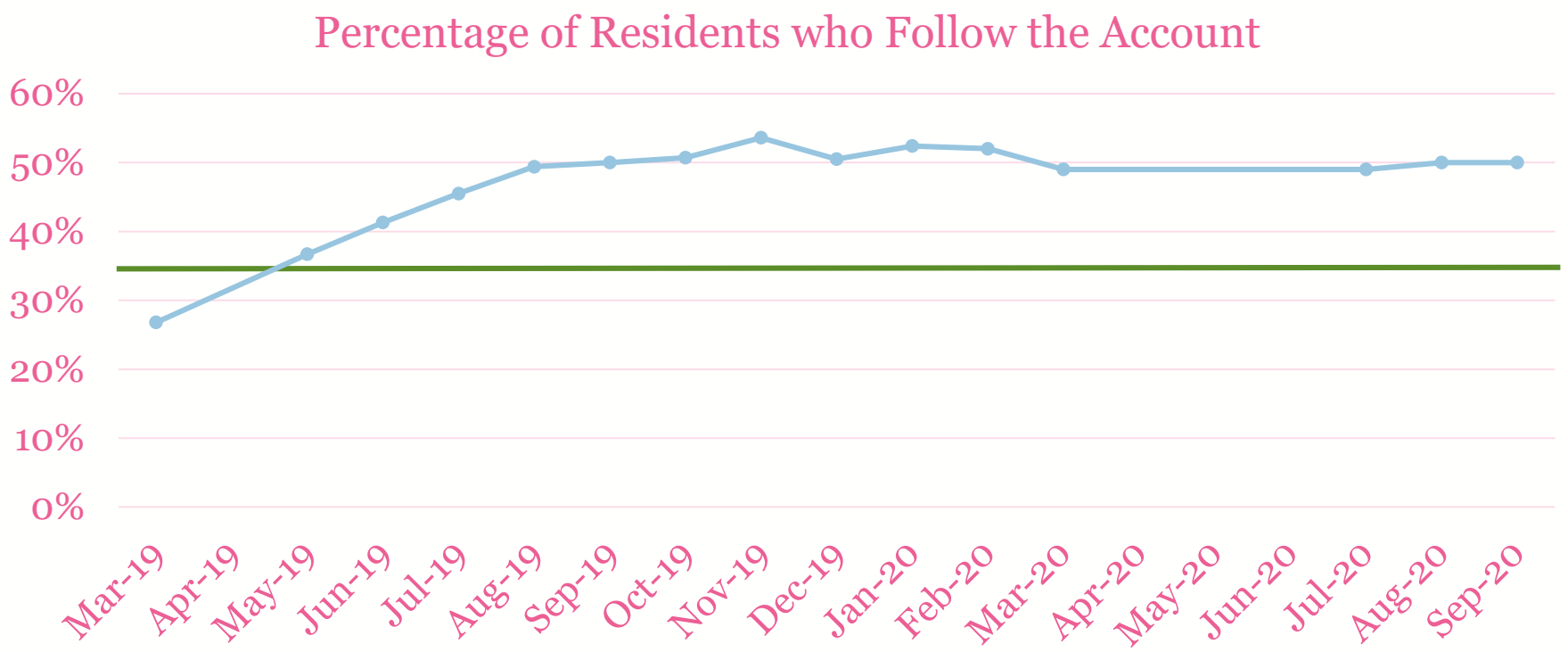
Get Creative!

- What would your Instagram handle be?

Evaluation



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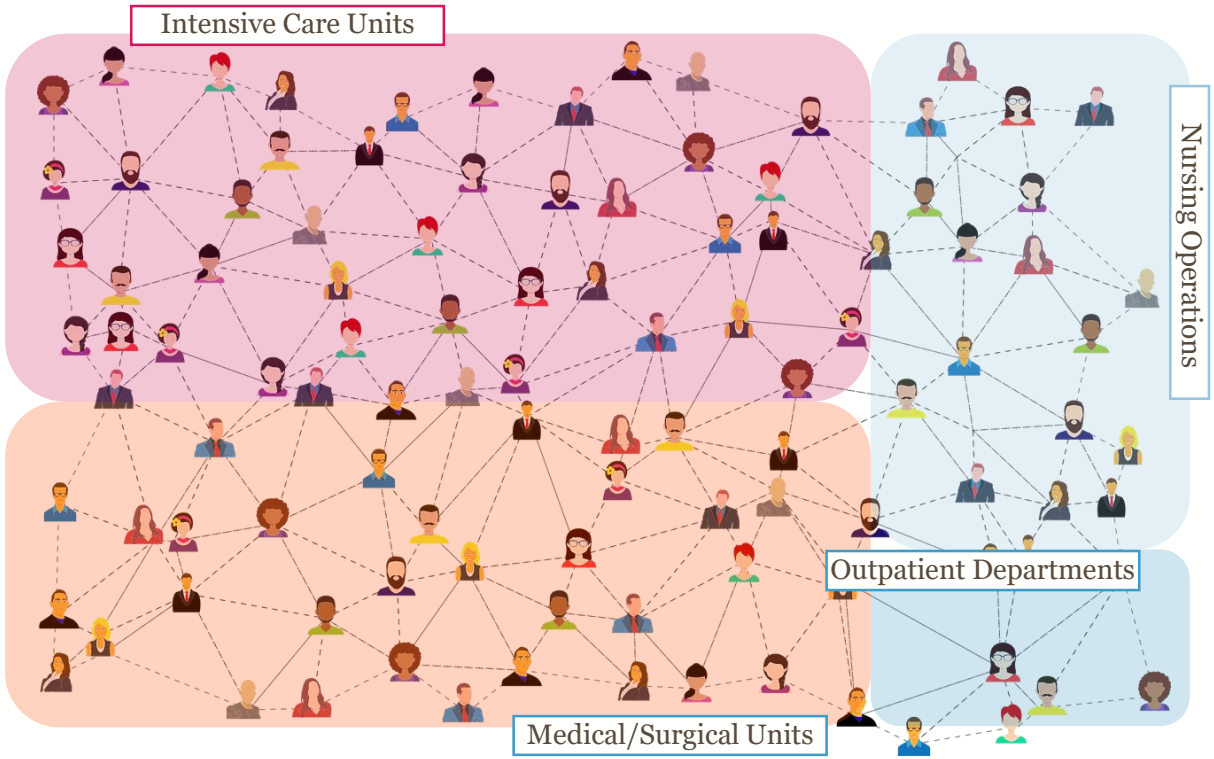
Evaluation



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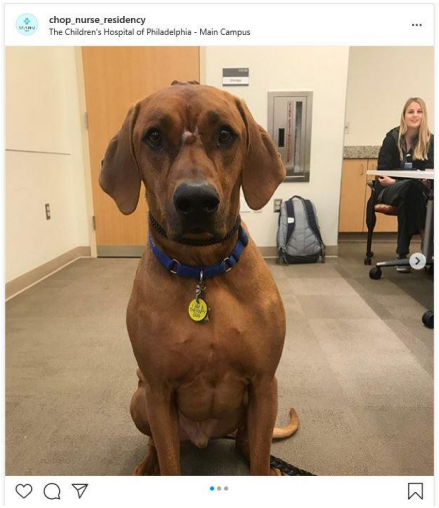
Which Post gets your “Like”?

A

B

C

D



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100

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What to Post

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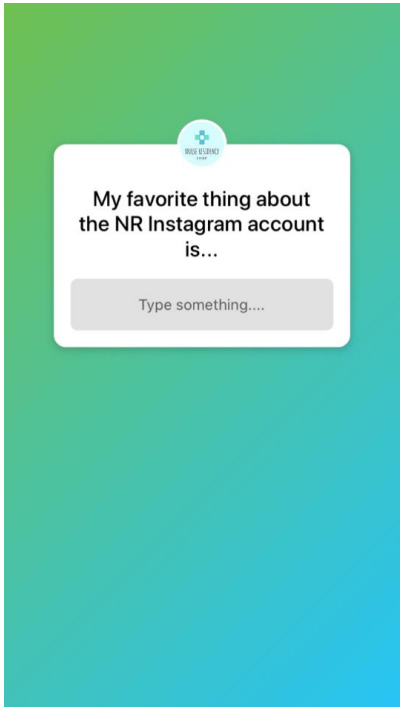
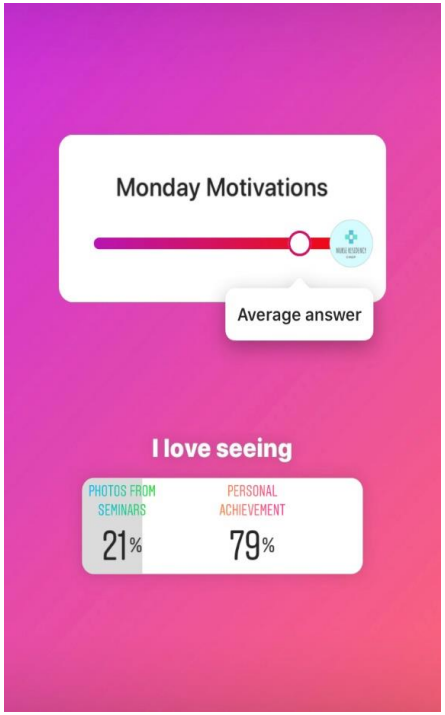
Other Ways to Use the Account





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Keys to Success

1. Create conduct rules
2. Plan content
3. Post regularly and promptly
4. Work smarter, not harder
5. Maintain relationship with PR

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Questions?

Thank you!

Please reach out with any questions or feedback:
hardackers@email.chop.edu

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CLOSING

Amy H. Ricords, MEd, BSN, RN, NPD-BC

PA-AC Director of Nursing Professional Advancement

Where have we been and where are we going?

PA NURSE RESIDENCY COLLABORATIVE (PA-NRC): a quick history

IOM Future of Nursing Report Recommendation #3: Implement Nurse Residency Programs

- *"Residency provides a continuing opportunity to apply important knowledge for the purpose of remaining a safe and competent provider in a continuous learning environment."*

PA-NRC founded in 2016 as a partnership of the PA Action Coalition & Vizient, Inc.

PA-NRC Benefits

- **Discount on the purchase of Vizient curriculum and implementation**
- **State-layer support for:**
  - **Training and program coordination**
  - **Communications and resource sharing**
  - **Networking**
- **Quarterly in-person meetings with Steering Council leadership**
  - **Vizient Conference**
  - **PA-NRC Annual Summit**
- **Create a healthier PA**

Some Fun Facts

PA is one of the 3 state/city NRP collaboratives

HA ~11

MD ~46

NYC ~ 30

PA has signed 87 facilities (~2/3rds of the state)

PA-NRC institutions represent ~1/5 of institutions across the country with the Vizient NRP

Feeling Supported?

80+% OF YOU SAY YES,
I FEEL EXTREMELY
SUPPORTED.

13+% OF YOU SAY YES,
I FEEL SUPPORTED.

What's Next?

- The Steering Committee is looking at our collaborative data.
  - Can we be making a larger difference in the 'newly transitioned to practice' community?
  - Quarterly educational topics will be based off what the data reveals

What You Can Expect in 2021

- January 22nd, 2021 Winter Collaborative Meeting in Hershey, PA 10am-2pm (to be determined if virtual/in person)
- April TBD, 2021 Spring Collaborative Meeting 10am-2pm (to be determined if virtual or in person)
- Vizient National Conference in San Diego, CA week of June 7th, 2021
  - We will have the opportunity connect here as a collaborative.
- October TBD, 2021 4th Annual Educational Summit, 8am-12noon (to be determined if virtual or in person)

Contact Hour Requirement

Complete your evaluation before Friday October 16th, 2020. Link will be emailed this afternoon.

You will need to enter your Nursing License Number in the evaluation tool.

Contact hour certificates will be emailed to you the week of October 19th, 2020.

Please provide any comments/quarterly content topic ideas!

Thank you for joining us today!