Confidence
- Intellectual Integrity
- Contextual Perspective
- Creativity
- Flexibility
- Inquisitiveness
- Intuition
- Open-Mindedness
- Perseverance
- Reflection


5C Focus Group Goals:
- Explore ideas for clinical questions on 5C to improve patient outcomes
- Pick one clinical question to work on as a project.
- Clinical question will either be developed into a research question and project or developed into a performance improvement project.
- The project will be a clinical issue not a process issue.
- Involve most of 5C staff in the project to increase ownership in improving patient outcomes.
- Pick a clinical topic that can be a short project (6 months or less) - to keep momentum going and show success.
- To promote teamwork, morale, and professionalism with 5C staff.
- Possibly use other clinical questions in PI team
- Develop a project that can be used for JCAHO to show our commitment to improving patient outcomes.

Plan

Weeks 1 - 3
- Brainstorm for ideas:
  - Use focus groups to brainstorm for ideas.
  - Provide lunch for staff and have brainstorming from 11 - 13, 18 - 20, and sometime on night shift on a few different days. Staff can come as they wish and participate. This should involve most of staff.
  - Provide post - it notes in easy access clinical locations to jot down ideas.

Week 4
- Prioritize clinical questions and narrow down to one we want to work on. Time frame:

Week 5
- Decide how to approach clinical question to improve patient outcomes - ie research study or performance improvement project.
Week 6, 7, 8
- Protocol development
- Develop forms
- Review literature

Week 9 - 10
- IRB submission if needed

Week 11
- Collect data

Week
- Analysis of data
- Implementation of new protocols, if needed
- Publish results

Insanity is...
- Doing what you have always done and.....
- Expecting different results

It’s always...
- “Sit”, “Stay”, “Heel” --- Never
- “Think” “Innovate” “Be Yourself”

Let’s go Beyond Competence

Beginning the Journey
WHY????

Who is the best person to decide patient care?

You, the nurse!

- WHY?
  - You have a keen grasp on the needs of patients
  - You know what complications frequently occur?
  - You are creative
  - You process problems & generate solutions
  - YOU DO THIS EVERY DAY!

Coming soon to 5C...
The Journey towards Improving Patient Outcomes

- What is the journey?
- Finding a clinical question and making a difference in patient outcomes
  - Start asking the question WHY? WHY? WHY?
  - Why Do we do what we do?
  - Why Do we do it that way?
  - There has to be a better way to do this!
  - Why do we always see this complication?
  - Why do we do different things for the same type of pt?

Stay tuned for more details……. Get involved!

Questions to ask to find a clinical EBP to improve patient outcomes

- Start asking the question WHY? WHY? WHY?
- Why Do we do what we do?
- Why Do we do it that way?
- There has to be a better way to do this!
- Why do we always see this complication?
- Why do we do different things for the same type of pt?
5C Journey towards Improving Patient outcomes

You are now an official STICK member on the 5C Journey

- Spontaneous Thoughts
- Thinking out of your Box
- Innovative Ideas
- Curiosity
- Keen perception of patient outcomes

5C STICK Project

Brainstorming Ideas

Jan 24 - 30, 2003

- Question:
  - From a clinical perspective, what is the most important thing that prevents 5C patients from achieving optimal outcomes?

Brainstorming top topics

- Pain Control
- Family Attitudes
- Patient Attitudes
- Activity – not being achieved
- Respiratory complications
- High risk patients – how do we treat differently
- Compliance and readmissions in Heart Failure patients
- Discharges
- Plus 25 other ideas

Pain

- When patients in Pain, they may not have the best attitude
- Thoracotomy pt have more pain and more chest tubes for longer periods of time
- Inadequate pain management
- If in pain, don't move
- Elderly afraid to ask for pain meds -- think will become addicted

Family Attitude

- Family Attitude/overbearing -- Can make a big difference for the patient
- No family support - family doesn't come
- Family is upset that you are walking pt - too much too soon.
- Family doesn't understand what is good for the patient
- Don't understand sit backs -- need to explain
- Family doesn't push patients
- Family doesn't want pt to go home - think it is too soon
- Family “overprotective”
- Sit on bed - come in with colds - what are they bringing in to the pt??
- Food all over the room
- Family takes over the room
- Family doesn't want you to push pt or they don't want to push pt
- Overprotective family
- Family expectations - if family negative, can't help pt
- Need buy in from family & pt about pt care

Patient Attitude

- Patients have unrealistic expectations of their illness & care
- Need positive attitude
- Staff also needs positive attitude about pt - even if difficult/challenging pt
- If negative attitude - don't do well
- MD communication with patients - don't know what to expect - listen more if comes from physician
- Not wanting to do things that make them better
- Don't know or understand expectations
- Need buy in about care
**Respiratory**

- IS
- Not getting off oxygen
- Respiratory problems
- Oxygenation

**Activity**

- Activity is significant percent
- Not getting up walking or delayed - neuro changes postop
- Staff not taking time to walk patients
- Activity gets pushed to the side if busy with other priorities
- Delphi survey 100% agree

**High Risk Patients**

- Do we treat patients as high risk vs low risk?
- Don’t have different plan of care
- Need a different plan of care starting pre op
- Don’t alter for baseline status
- MI pt not waiting until heart muscle healed to go to OH
- Preop CABG - what do we do differently for MI - esp if waiting 2 days
- Don’t treat CABG + preop/perip Ml any different than just CABG
- Elderly
- High risk patients don’t do well

**HF Patients**

- Can’t understand why they get fluid overloaded - can’t understand why they are “frequent flyers”
- Compliance
- Teaching not consistently done
- Daily weights not always done

**5C Next Phase Brainstorming:**

- “What is the most important thing we can do to increase Activity in the 5C Patients?”
**Walk to Recovery**

- Chairs for Meals
- Scheduled Walks
  - 1st Walk: between 06 – 08
  - 2nd Walk: before lunch
  - 3rd Walk: before 1330
  - 4th Walk: before dinner
  - 5th Walk: after dinner
  - 6th Walk: before bed

Walking from your room, around the desk and back is **150 feet**

- Chair for Meals increased from 18% to 79%
- Activity increased from 33% to 60%

**Continuing the EBP Journey**

- Monthly unit specific PI team meetings
  - CVICU
  - 5C Telemetry

2007 Introduction to Unit Based Evidenced-Based Clinical Practice Councils
Evidenced-Based Practice

- What do you think Evidenced-Based Practice Means?
  - Brainstorm definitions on flip chart

Evidenced-Based Practice Definition According to the Literature

- Integration of best research evidence with clinical expertise and patient values (Sackett et al, 2000)
  OR
- Process of using current evidence to guide practice and clinical decision making

Council Exercise

- Think of practices that are currently in place on your unit
  - Of those practices brainstorm a list on the flipchart those that you think are currently based on the evidence
  - After brainstorming, rank those practices 1-5 (5 being fully integrated into practice)
  - Rank them again from 1-5 (5 being everyone understands the evidence behind the practice)

Methodist Model of Evidenced-Based Practice

- Project: Establish Urgent Assessment Team
- Review of Evidence Findings
  - Literature search found that “rapid response teams” improved clinical outcomes and reduced mortality
- Questions asked
  - Is this a priority for MMCI?
    - Yes
  - Can this EBP be fully implemented at the unit level?
    - Yes, we have the expertise and coverage to establish 24/7 coverage

Example of MMCI project using Existing Evidence (Adopted Practice)

- Results since UAT inception
  - Steady increase of UAT calls by nursing staff
    - ---% increase in calls almost tripled
      - From an average of 7 calls to an average of 18
  - Decline in Code Blue and Deaths:
    - ---% decline in Code Blues 43% decrease in code blues from an average of 10/month to a decrease of 7/month
    - ---% decline in Death rate at MMCI 31% decrease in deaths from an average of 38/month to a decrease of 29/month
**Example of MMCI project using Existing Evidence (Adopted Practice)**

- **Project:** Use of Ventilator Bundles in the ICU
- **Review of Evidence Findings**
  - The Evidence is clear and convincing that if the following key interventions are used routinely in the care of ventilator dependent patients, the incidence of Ventilator Associated Pneumonia is decreased
  - Vent standard of care
  - HOB elevated 30 degrees
  - Oral care every two hours
  - Brush teeth BID (10 - 22)
  - Deep oropharyngeal suctioning every six hours

**Example of MMCI project using Existing Evidence (Adopted Practice)**

- Ventilator Bundles.
- **Questions asked**
  - Is this a priority for MMCI?
    - Yes, MMCI Ventilator Pneumonia Rate is high
  - Can this EBP be fully implemented at the unit level?
    - Yes, the Intensivist Team is willing and eager to take on as a Evidenced-based project

**Example of MMCI project using Existing Evidence (Adopted Practice)**

- **Results**
  - Outstanding results!!!
  - Zero cases of Ventilator Pneumonia for >16 months
  - Overall mortality in the ICU declined by 25%

**Example of MMCI project using Existing Evidence (Practice not adopted)**

- **Project:** pH Testing for NG Placement
- **Review of Evidence Findings**
  - There are several well designed nursing studies that demonstrate that if the pH is correctly measured that gastric placement can be assured. This implies that the evidence is good.
- **Questions asked**
  - Is this a priority for MMCI?
    - Yes
  - Can this EBP be fully implemented at the unit level?
    - Yes from other hospitals?
    - Yes, but what was the outcome?

**Example of MMCI project using existing evidence (not adopted)**

- The University of Iowa implemented an evidence-based project on a unit to test if pH testing could be used to check NG tube placement as auscultation has no evidence that it is a reliable method to check tube placement.
- Results demonstrated that with feedings, it was difficult to obtain an adequate sample to test, staff found the process difficult, and patients’ feedings were held to try and obtain a good sample.

**Example of MMCI project using existing evidence (not adopted)**

- Because of the difficulty of implementation, staff dissatisfaction, and disruption of patient feedings, the practice was not adopted.
- So, what was implemented at Methodist to check tube placement?
  - Marking feeding tubes, noting cm marking, noting color of aspirate, and checking for coiling in the oral cavity. This was based on nursing studies using methods other than pH testing to check tube placement.
So what’s up with the “Pink Panther”?

- The pink panther pictures is the logo that MMCI uses to relate to our evidenced-based journey

**Next Steps**

- Brainstorm a list on the flip chart of possible topics that might be applicable for your floor’s population to examine the evidence…..

- Ask your peers to check mark which ones of those they might be interested in...

**Next Steps**

- Housewide monthly PI/EBP Councils
- Housewide monthly research council
- Each unit monthly PI/EBP councils
  - CVICU/ICU
  - 5C Cardiac Telemetry
  - Cath lab

**Cardiac PI/EBP Councils Brainstorming**

- Think of practices that are currently in place on your unit
- What interventions do you use in practice?
  - Hemodynamic monitoring
  - Cardiac output measurements
  - Incision care
  - Turning
  - IV site care
- What is the knowledge base for the practices?
- How can research improve/influence these interventions?

**Brainstorming: Inquiring Minds Want to Know**

- Start asking the question **WHY? WHY? WHY?**
  - Why Do we do what we do?
  - Why Do we do it that way?
  - There has to be a better way to do this!
  - Why do we always see this complication?
  - Why do we do different things for the same type of pt?

**Brainstorming**

- What are the weak areas on your unit?
- What are your frustrations?
Sample Cardiac EBPs

- Critical Care Insulin Protocol
- Activity Protocol for ICU
- Sepsis
- Promoting Sleep
- Falls
- Wounds
- Decrease hematomas
- Improving communication for delays in cath lab start times
- Medication Administration Safety
- Alarm Fatigue
- PCI times for STEMI

Literature Review

“Journal Club”

2006 - 2009

Coaching Evidenced Based Practice Projects with Individual Staff RNs

by Methodist Tier Project Committee Members

Purpose

To evaluate Central Illinois women’s awareness, knowledge, and perceptions, related to Heart Disease as compared to the 2006 American Heart Association National Study.1

Awareness of Central Illinois Women about Heart Disease compared to 2006 American Heart Association National Study

Lori K Young RN-C

Mentor: Cheryl D Herrmann APN, CCRN, CCNS-CSC/CMC

September 2008

- Apply with clinical question
- Paid 8 hours per month to work on project
- Assigned to CNS as mentor

Central Illinois women’s awareness of heart disease as the leading cause of death among women was 61%, slightly higher than the national study of 57%.

Only 49% of women surveyed were aware of the Red Dress Symbol for Heart Disease. 96% were aware of the Pink Ribbon Symbol for Breast Cancer.

Critical Thinking for Troponin Levels

When to call
When not to call

Jamie Dooley, RN, BSN, PCCN

• Have you been frustrated that hospital policy requires you to call all critical troponin levels... and then the cardiologist is upset that you woke him up in the middle of the night?
The Solution!!

- A Critical thinking algorithm to help you determine when to call the MD, when not to call, and what you need to document.

Case #1

- Mr. Adams is a 49 year-old male who was admitted to 5c on the shift before you. His troponin level in the ED prior to coming to your floor was 2.64. Dr. Eedar saw him upon arrival to the floor and is planning to take him to the cath lab in the AM. Dr. Eedar's H&P reflect the troponin level of 2.64 & NSTEMI.
- It is now 0200 and lab has just called to notify you Mr. Adam's troponin level is now 5.64.
- Do you call the 5.64 Troponin?

Case #2

- Mrs. Beta is a 74 year-old direct admit to CVICU from Cottage hospital. Before she left Cottage her troponin level was found to be 1.56. Lab has just reported her second troponin level to be 12.96. The nurse from Cottage relayed to you that the ED Physician consulted and talked with Dr. Letap but Dr. Letap has not been in to see the patient yet.
- Do you call the 12.96 Troponin?
2010

Coaching Evidenced Based Practice Projects with Individual Staff RNs

by Methodist Tier Project Committee Members

EBP training curriculum
- Identifying a clinical problem
- Reviewing the literature
- Synthesizing the results of the literature search
- Developing a plan for a project
- Implementing and evaluating the project

January Class
- Overview of EBP Tier program and requirements
- Introduction to EBP
  - Levels of Evidence
  - EBP models
- What is a researchable problem?
- How to write an EBP question
- Development of EBP question for project
- How to conduct a literature search
- Key concepts and steps in Qualitative and Quantitative Research

February Class
- Research Designs
- Research Reviews: meta-analysis and narrative or systematic reviews
- Types of Quantitative and Qualitative Studies
- Introduction into Research Critique: Bring your articles

April Class
- Reading and Critiquing Research: Bring all studies
- Review sampling, methods, and data analysis
- Ethics in Research

June Class
- Completion of the literature review: Table due
- How to summarize the literature and develop practice implementations
- Use of frameworks in research
Evidenced Based Practice

"An Introduction to Research"
January 20, 2010
Research Made Really Simple!

by Methodist Tier Project Committee Members

When did nursing research start?

Yes, it started with Florence (Flo)
Notes on Nursing in 1859: Nightingale describes her early interest in environmental factors that promote physical and emotional well-being.

Coaching Evidenced Based Practice in the Classroom

On what evidence do you base the information you teach?

Self Assessment:
Are you promoting EBP in your teaching plan?
- Am I handing down information or helping students SEEK knowledge?
- How old is the information I am using?
- How many times do I use the word evidence or EBP?
- Have I searched for the latest evidence on this topic?
- If I searched, how did I evaluate the evidence I found?
- Do any of my course objectives address EBP and thinking?

Source: Rubenfeld M, Scheller B. 2010 Critical Thinking Tactics for Nurses, 2nd Ed.
Applying Classification of Recommendations and Level of Evidence

Class I
Benefit >>> Risk
Procedure/Treatment SHOULD be performed administered

Class IIa
Benefit >> Risk
IT IS REASONABLE to perform procedure/administer treatment

Class IIb
Benefit == Risk
Additional studies with focused objectives needed
Procedure/Treatment MAY BE CONSIDERED

Class III
Benefit < Risk
Additional studies with focused objectives needed
Procedure/Treatment SHOULD NOT be performed/administered SINCE IT IS NOT HELPFUL AND MAY BE HARMFUL

Level C:
Recommendation based on expert opinion, case studies, or standard-of-care
Very limited (1-2) population risk strata evaluated

Level B:
Recommendation based on evidence from a single randomized trial or non-randomized studies
Limited (2-3) population risk strata evaluated

Level A:
Recommendation based on evidence from multiple randomized trials or meta-analyses
Multiple (3-5) population risk strata evaluated; General consistency of direction and magnitude of effect

Target:
Door to Balloon < 90 minutes (Class 1, Level A)
or
Door to Needle < 30 minutes (Class 1, Level B)

ACC/AHA 2007 Focused Update Guidelines for Management of STEMI

Positive EKG
• ST elevation > 0.1mV (1 mm) in at least 2 contiguous precordial leads or at least 2 adjacent limb leads (STEMI) (Class 1, Level A)
• Transient ST Elevation > 0.5 mm
• ST depression > 0.5 mm (NSTEMI)
• T wave inversion > 0.2 mV (2 mm)
• New LBBB (Class 1, Level A)

In Summary….
- EBP is the process of using current evidence to guide practice and clinical decision making.
- We need to incorporate EBP into our teaching.

Medical Mission Telo Islands, Indonesia July 2009
Adam Island
Population: 250 people
Clinic: 57 people
Health promotion: NA

"Bule Maso Kampeng Kristin"
A white person has come to our village!

20 minutes to walk leisurely around this island

Rickets

Rickets
Polio

Mahawg Island
2 villages, with population 120 & 112
Clinic = 120 Health promotion = 164