Using the UC San Diego Evidence-Based Practice Change Model

By Laura Vento, MSN, RN, CNL

Advancing and Adopting

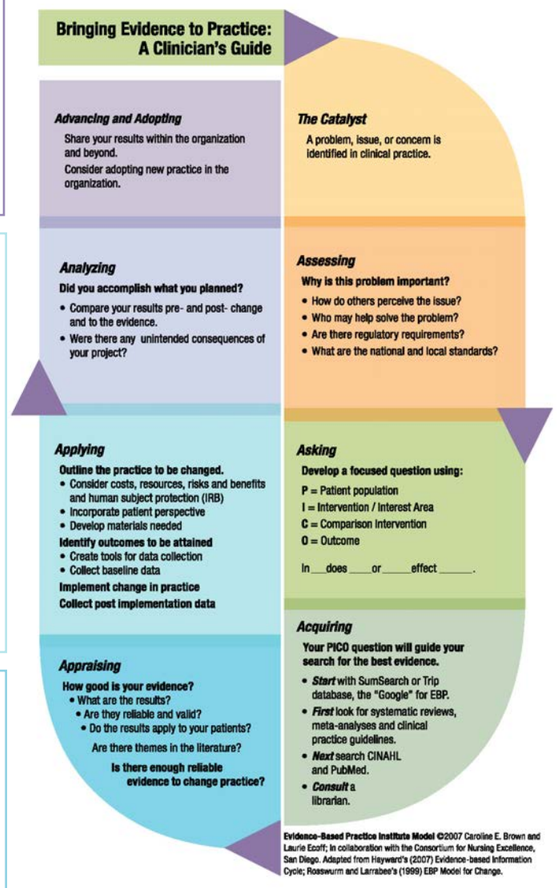
Podium Presentations:
2013 UC San Diego Nursing Inquiry and Innovations Conference
2014 ACNL Regional Conference
Poster Presentations:
2014 ACNL National Conference
2014 UC San Diego Nursing Inquiry and Innovations Conference
Publications:
- Accepted for JONA, July, 2015

Analyzing

- The video monitoring program, combined with a nursing-driven sitter protocol in the first year (9 of 12 months implementation) resulted in a 20.8% reduction in sitter staffing (13.49 FTEs) for an estimated savings of $643,618.
- In the 2nd year, the program realized a 51.4% reduction in sitter staffing (33.4 FTEs) compared with fiscal year 2012 baseline for an estimated savings of $1,593,540
- UCSDHS outperformed or equaled benchmarks in a majority of quarters for falls per 1000 patient days (5 of 6 quarters) and falls with injury per 1000 patient days (4 of 6 quarters).

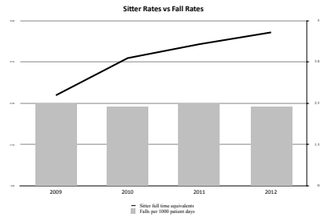
Applying

- Mobile Video Monitoring Program Implementation
- Video Monitoring guidelines developed --Operational plan for standardized workflow
- 6 mobile Video Monitoring devices (including two-way audio communication) deployed across 7 acute care units
- Developed Nurse Protocol: Physician no longer orders sitter, nursing initiates per protocol



The Catalyst/Assessing

- In FY12 UC San Diego Health System spent $3,879,976 in sitter cost while the average hospital spent $1,300,000
- In a Cal NOC prevalence study UCSD ranked in the 90th percentile of sitter use.
- While sitter costs nearly doubled, fall rates remained stagnant



Asking

PICO Question
- In acute care patients identified to be a high fall risk does Video Monitoring and implementation of a nurse driven protocol as compared to physician ordered sitters reduce sitter use and patient falls?

Acquiring & Appraising

Internal evidence
- A frequently cited reason for sitter was fall risk, however as sitter use increased, patient falls remained stagnant

Literature Review
- No correlation was found between sitter use and fall rates
- Sitters have been shown to be inefficient and ineffective as a safety intervention to prevent falls
- Limited evidence on Video Monitoring: one study centralized video monitoring program across 7 acute care units. In the first 3 months 57 falls were prevented and realized 5.62 times return on investment

Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master's Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor's degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project "Implementing teach back during transitions of care". She has been an active member of the Research Council and conference planning committee since 2012.

The Quality Caring in Nursing Model:
One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

The members of the Clinical Practice Council have put many hours of work into researching, selecting, and adapting Joanne Duffy's Quality Caring in Nursing Model (QCM) for UC San Diego's nursing professional practice model. All staff will be provided the opportunity to attend a 2-hour education event to unveil the model. Because the value of the human person is central to her theory, and a focus of the renewal of our Professional Practice Model, the Research Council wanted to introduce Joanne to all of our nurses. Michael Baumgardner had the opportunity to get to know Dr. Duffy during a phone interview. Following is the summary of their conversation.

The Quality Caring in Nursing Model (QCM) was recently adopted as a tool to renew the Professional Practice Model at UC San Diego Health System. While the previous model recognized the interrelatedness between each arm of the "Starfish", it was perceived as heavy on leadership concepts and deficient in areas of importance to bedside nurses and patient relatedness. The QCM was developed by Joanne Duffy in 2003 as a tool to help nurses build caring relationships in the workplace. In essence, her theory maintains that by fostering these relationships, positive outcomes will be achieved by patients, their families, and their health care providers.

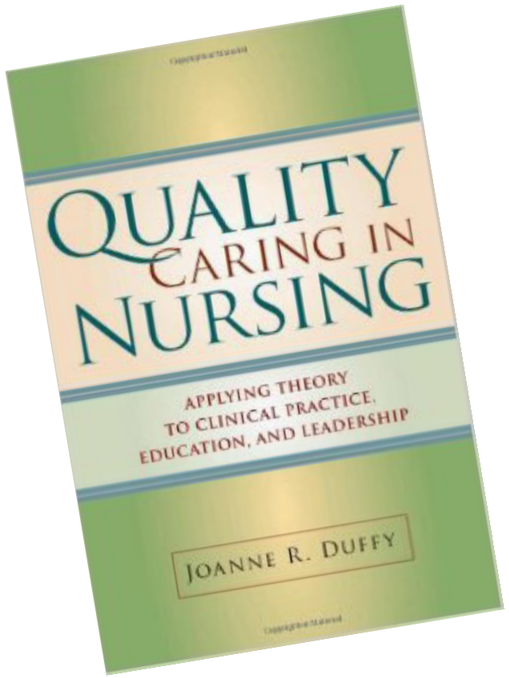
Joanne is the oldest of five children. She grew up in the Northeast with her Irish Catholic parents and siblings. When she was only eleven years old, her mother took ill. It became her responsibility, as the eldest, to care for her mother and younger siblings. She acknowledges that her real aspiration, as a young woman, was to go to medical school. However, her guidance counselor encouraged her to pursue more "typical" professions for young women, such as a "secretary, teacher or nurse". Her passion for biology and "caring for others" is what eventually led her to nursing school.

Soon after graduation, Joanne began to work in a Coronary Care Unit in an academic hospital. From the first days on the unit, she was driven to be "a good nurse" for her patients and would constantly read about improving practice at the bedside. She said she was never satisfied with just recognizing a problem about delivering healthcare. Instead, she was always trying to turn a problem into a question that could be answered through research. This passion for improving outcomes for her assigned patients didn't go unnoticed. A group of physicians observed this young nurse asking questions and looking for answers during their daily rounds. Her inquisitiveness led them to invite her to be a part of a research project. It was from that experience that she pursued a career as a nurse researcher.

Early in her doctoral studies, she read Jean Watson's theory and states, " It hit me between the eyes". What interested her most about Watson's theory was the emphasis on relatedness. Her journey has been one that is founded on caring for others through personal connection. It is those connections that result in a person feeling cared for and, thus, more engaged in decisions about their health care. "I just gravitate," Joanne said

Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council.

Michael earned his bachelor's degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with making the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.



"to theories that focus on relationship because of my own experience."

While inspired by Watson's theory she found it to be somewhat philosophical and difficult to apply to her research. She was searching for a tool to use as an intervention in a research project. This quandary left her at a crossroad, as she needed a theory that was more at the level of the individual. Unable to find a theory that she felt connected to, she abandoned the research project and sat down to put a theory of her own on paper. It was this theory that has become the QCM in nursing.

She never expected the QCM would become such a big deal. Her thought was that it would be used for interventions in heart patients and nothing more. As she disseminated her research findings, which included her model, she quickly discovered that bedside nurses in other specialties were requesting her help in applying the model to questions within their practice. Joanne acknowledges the biggest surprise, and greatest satisfaction, is seeing how well her theory resonates with the staff nurse.

Her theory has been adopted in many hospitals across the country with stellar outcomes. As we begin to use the QCM as a nursing theory to help guide us at UC San Diego, she notes that its success will depend on three things:

- First, there needs to be complete commitment on the part of leadership. They have to provide the environment that permits inquisitiveness from the staff nurses.
- Second, the nurses at the bedside need to believe they have a role in the model. They need to notice a problem in the delivery of care, and turn the problem into a question that leads to better outcomes.
- Finally, be sure to know what you are hoping to achieve. When the goals are clearly defined, then the outcomes can be measured and publishable. The degree of success in any process, she believes, is the extent to which the stakeholders are transparent.

One can tell the passion that Joanne has for nursing as she tells the story of her journey. She believes that as quality of caring reemerges as a focal point in nursing, it will produce outcomes that will lead to new ways of thinking of nursing as an honorable profession. "Nursing is not just my profession, it is my vocation . . . it colors everything in my life."

Joanne Duffy, PhD, RN, FAAN will offer the keynote address at the 8th Annual UC San Diego Nursing Research and EBP Conference: Nursing Inquiry and Innovation, See page 9 for more information.

Demystifying the Process of Evidence Based Practice: A novice point of view

By Karen Elizabeth Mitchell-Keels, MSN, RN, CMCN

To "demystify" is to make a difficult or esoteric subject clear and easy to understand. This can be a tall order when attempting to explain how to get around the mystery of getting started on your first an evidence-based practice (EBP) project. Many of the barriers for nurses are simply in their perception of what it takes to get involved. If you talk to the average frontline clinical nurse about initiating an evidence-based change project, many of the responses will reveal that nurses are unclear how to get started. Some nurses lack the confidence or the belief that they are able to make a difference in a large academic organization. According to Brown and Ecoff, there are organizational obstacles (lack of time and nursing autonomy) that top the list of perceived barriers for nurses in an academic medical center (Brown, Wickline, Ecoff, & Glaser, 2009). Then there is the perception that nursing research, or the implementation of evidence into practice, is an arduous process that uses rigorous guidelines and is steeped in frustration. Review of the literature reveals other common elements, that prevent nurses from getting involved in evidence-based projects, also include lack of peer support and limited knowledge or skills in the nursing research process (Rumoro, 2013).

In this article, I'd like to share with you my wonderful experience in a successful evidence-based change project, from the novice perspective. I hope to encourage those who may be interested in making a difference and improving practice through EBP, but are unsure. It has been my experience that every nurse can take an active role in improving healthcare outcomes at UC San Diego Health System, sometimes we just need to know how to begin. I believe that the most important skills that a nurse can bring to a project are heartfelt passion for your patient's well-being, open-mindedness, and flexibility. The actual process of project development is acquired as you grow with your project. Self-confidence is garnered along the way with the support of the experts and leaders in your facility. As a novice, one of the biggest breaks you can give yourself is to follow your passion.

Years ago as an ED clinical nurse, I experienced firsthand the challenges in caring for homeless patients that suffer from substance abuse and co-occurring psychiatric disorders that frequent the ED. This can be a very challenging and yet rewarding job. My interest developed into a passion to improve care and quality in the ED, and advocate for disenfranchised patients that require links into resources that better meet their needs. A quote by Steven Jobs states, "You have to be burning with an idea, or a problem, or a wrong that you want to right. If you're not passionate enough from the start, you'll never stick it out.' I personally believe that it is important for nurses to be involved in projects for which they have a passion. In speaking with many nurse colleagues, I found others believe this to be true as well.

I was fortunate enough to become involved with a project that I felt passionate about and that also was

Karen Elizabeth Mitchell-Keels, MSN, RN, CMCN started as a Clinical Nurse II in the Emergency Department in 2003. She went on to study outpatient care coordination and case management, and became a Certified Managed Care Nurse in 2007. In 2012, she earned a Master's Degree in Nursing (MSN) with an emphasis in Healthcare Organizational Leadership from Grand Canyon University. Karen entered her Doctoral Residency in March of 2015.

Karen is the UC San Diego Heath System Department of Emergency Medicine's Clinical Educator and Outreach Manager. This unique role blends nursing education and community outreach. Her professional focus is developing evidence-based practice collaborative models that enhance nursing education. She is particularly interested in the "Compassion Fatigue" phenomenon experienced by ED nurses in urban settings. Karen also serves as a Diversion Evaluation Consultant on the California Board of Registered Nurses (BRN) Diversion Council.