Innovative Use of Technology to Change Nursing Practice

Presented by
Jeanine M. Rundquist DNP RN NEA-BC, Director of Performance, Practice and Innovation

Diedre Bricker MSN RN CRRN CPHIMS, Innovations and Outcomes Specialist

Kathleen Bradley DNP RN NEA-BC, Director of Professional Development
Children’s Hospital Colorado

Nursing Staff:
2000+ RNs
300 APRNs

BSN & Higher Rate: 90%

Certification Rate: 47%

Admissions: 14,000
Outpatient visits: 600,000

Magnet Designations:

Located in Aurora, Colorado
Anschutz Medical Campus
17 Network of Care sites
Objectives

At the end of this symposium, the learner will be able to:
1. describe how to utilize technology to enhance nursing practice and project tracking.
2. describe the benefit of providing real-time nursing quality data
Using SMART Technology to Measure Nursing Practice at the Organization, Unit, and Individual Levels

Presented by
Jeanine M. Rundquist DNP RN NEA-BC
Director of Performance, Practice and Innovation
Electronic Auditing Tool

• Electronic auditing tool
• Improvement in efficiency and effectiveness
• Addition of observational auditing
• Significant improvement in bundle compliance for:
  • Hospital-acquired Pressure Ulcers (HAPU)
  • Peripheral IV Infiltrate/Extravasation (PIVIE)
  • Central line associated blood stream infections (CLABSI)
### Care Bundle – Pressure Ulcers

#### Pressure Ulcer:
**Perioperative Procedural Patients and Inpatients (Excluding NICU)**

<table>
<thead>
<tr>
<th>Bundle Elements</th>
<th>Process Steps</th>
<th>Offload pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perform Braden Q risk &amp; skin assessment</strong></td>
<td><em>Complete Braden Q and skin risk assessment on: Admission, Transfer, Every shift</em></td>
<td><strong>Z-flo/Gel positioners</strong> Use for: <em>Concerning bony prominences, Under the occiput in infants or toddlers, To keep devices such as ventilator tubing from resting on the patient, Use gel positioners in perioperative areas only</em></td>
</tr>
<tr>
<td><strong>Apply Mepilex Border sacral dressing</strong></td>
<td><em>Sacral dressing indicated for patients 3 years of age or older AND one of the following: High Risk (Braden Q 16 or less), Moderate Risk (Braden Q 17 – 22) AND unable to purposefully offload pressure, Change dressing every 3-4 days and as needed for soiling</em></td>
<td><strong>Mepilex Border</strong> <em>Place over: Any persistent blanchable erythema, Stage 1 pressure injuries (non-blanchable erythema), Concerning bony prominences not otherwise protected, Change dressing every 3-4 days and as needed for soiling</em></td>
</tr>
<tr>
<td><strong>Specialty bed</strong></td>
<td><em>High Risk Patients (Braden Q 16 or less), Identify which mattress is appropriate for your patient, using Specialty Bed Algorithm, Use one sheet and one disposable Airflow chux pad under your patient while on the specialty bed</em></td>
<td><strong>Non-invasive Ventilation (NIV)</strong> (CPAP / BiPAP)  <em>Apply Cavilon and Mepilex Lite over nasal bridge and forehead to exceed the size of the mask or prongs, Remove mask and Mepilex Lite to inspect the skin once per shift, Alternate two mask types or sizes every 6 hours when on continuous CPAP/BiPAP</em></td>
</tr>
<tr>
<td><strong>Reposition patient every 2 hours</strong></td>
<td><em>Reposition patient from their left side to supine to right side every 2 hours if patient not able to purposefully offload pressure, May use repositioning aids such as pillows or Z-flos to help reposition</em></td>
<td></td>
</tr>
<tr>
<td><strong>Reposition movable devices and pad devices that cannot be moved</strong></td>
<td><em>Rotate moveable devices (pulse oximetry probes, blood pressure cuffs, etc) from extremity to extremity, Every 4 hours for high risk patients (Braden Q 16 or less), Once per shift for moderate risk patients (Braden Q 17-22), Pad devices that cannot be moved (C-collars, trachs, etc) with Mepilex or Duoderm, Ensure patient is not lying on tubes or lines, Do not secure an IV access device with Coban</em></td>
<td></td>
</tr>
</tbody>
</table>

*Procedure Steps:* Perioperative Procedural Patients: *Sacral dressing indicated for: High risk patients (Braden Q 16 or less), Procedures over 3 hours*
### Care Bundle - PIVIE

**PIV (Peripheral Intravenous Line) Extravasations: Presence of a PIV (Maintenance)**

<table>
<thead>
<tr>
<th>Securement</th>
<th>Assessment</th>
<th>Patency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site Visible</strong></td>
<td><strong>Discuss in daily rounds/care</strong></td>
<td><strong>Flushing Frequency</strong></td>
</tr>
<tr>
<td>• Insertion site must be visible at all times</td>
<td>• Necessity of line</td>
<td>Every (4) hours with 1-3mL of normal saline</td>
</tr>
<tr>
<td><strong>Securement</strong></td>
<td>• Type of line</td>
<td>• Intermittent IV infusions</td>
</tr>
<tr>
<td>• A transparent dressing covers the IV site</td>
<td>• Integrity of line</td>
<td>• PIV not in use</td>
</tr>
<tr>
<td>• A padding may be used under the hub of the T-connector</td>
<td>• Change IV medications to PO</td>
<td>• Anytime patency of line is in question during infusion of continuous fluids or medications</td>
</tr>
<tr>
<td>• A clear IV house, bandnet or stockinette may be used to cover the site</td>
<td><strong>Frequency (Patient awake and asleep)</strong></td>
<td></td>
</tr>
<tr>
<td>• An arm board may be used to assist with stabilization in areas of flexion</td>
<td>Every hour</td>
<td></td>
</tr>
<tr>
<td>• Never secure an IV device with Coban and/or Coflex</td>
<td>• Continuous fluids</td>
<td></td>
</tr>
<tr>
<td>• Never use circumferential taping</td>
<td>• Medication administration greater than (1) hour</td>
<td></td>
</tr>
</tbody>
</table>

**Every (4) hours**
- Use of intermittent IV medications and fluids
- PIV not in use

**Assessment Components (TLC)**
- **Look**
  - IV site should be: uncovered, dry and without redness
- **Compare**
  - IV site should be: same size as other side and without swelling
# Care Bundle - CLABSI

## CLA-BSI (Central Line Associated Blood Stream Infection): Presence of a Central Line (Maintenance)

<table>
<thead>
<tr>
<th>Bundle Trigger</th>
<th>Bundle Element</th>
<th>Process Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily assessment/goals</td>
<td>Dressing</td>
<td>Discuss in daily rounds/care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Necessity of line and any problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consolidation and elimination of line entries (e.g., change IV medications to PO)</td>
</tr>
<tr>
<td></td>
<td>Cap change (coordinate with tubing change)</td>
<td>Perform hand hygiene</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sterile technique</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use a kit with sterile gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hair pulled back</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mask those within 3 ft of patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 30-second chlorhexidine scrub followed by 30-60 second dry time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use appropriate dressing (Transparent semi-permeable membrane [TSM] bordered tegaderm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Write the date changed legibly on the dressing (if date is missing, consider labeling)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Document the date changed in the flowsheet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assess site every shift</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If dressing is not clean, dry, and intact, consider changing the dressing</td>
</tr>
<tr>
<td></td>
<td>Accessing the line</td>
<td>Perform hand hygiene</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Aseptic technique (clean gloves)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• For intermittent infusion tubing maintain aseptic technique and cap the end of the tubing with a new sterile cap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Labeling of tubing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Label continuously connected tubing with day to be changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Label intermittent tubing with day and time to be changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tubing change frequency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Q96 hrs for crystalloids/TPN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Q24 hrs for lipids, intermittent infusions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Q12 hrs for propofol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Per recommendations from the Blood P&amp;P or Pharmacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NICU Utilize standardized tubing change procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Coordinate care to minimize line entries</td>
</tr>
</tbody>
</table>

## Non-ICU
- Daily bath/shower
- Utilize bathing procedure and protect dressing and tubing during bathing/showering

## PICU/CICU
- Daily chlorhexidine (CHG) bath unless contraindicated for all patients over 2 months of age
- If a daily bath/shower is requested, give a CHG bath after the regular bath/shower

## NICU
- Pre-term infants: Every 3-4 days as tolerated
- Term infants: Every 2-3 days as tolerated
- Greater than 48 weeks corrected age: Daily chlorhexidine (CHG) bath
Traditional Paper Audits

Department: Please only choose FLOAT or ECMO if you are a team member of either of those groups. ECMO/FLOAT: You must indicate which unit you are auditing on in the "ECMO Team or Float Team Only" field to continue auditing! *****

Other
EPIC Unit
EPIC Service
Room and Bed
Braden Q
Patient
MRN

Per bedside RN, were devices repositioned within their shift appropriately? NOTE: Q4 for High Risk

When assessing this patient, does the patient have a sacral drsg in place?

When assessing this patient, are bony prominences other than the sacrum protected by either a Z-flo or Mepilex? NOTE: Having both a Z-flo and Mepilex or having one or the other = Compliant. Additional criteria for ECMO patients: Z-flo and/or Mepilex border should be to back of head and Z-flo or Mepilex border should be protecting the ear from cannula.

When assessing this patient, are the preventative dressings in place correctly under devices (CPAP/BiPAP mask, C-collar, trach, pulse oximeter)? NOTE: Additional criteria for ECMO patients- small Mepilex border should be under the ECMO ear cannula

Yes
No
Unable to Audit
N/A - No device

Yes
No
Unable to Audit
N/A - Less than 3 years old or pt is ambulatory/mobile

Yes
No
Unable to Audit
N/A - Pt is ambulatory/mobile

Yes
No
N/A - Pt does not have a device requiring prophylactic dressing or for ECMO only, patient has a chest cannula
Moving to Electronic Auditing

Electronic Redcap Audit Tool

- Daily Assessment
  - The management and/or elimination of line entries was discussed with team: Ask RN (no: blood draws, iv/po, flushes etc.)
  - Yes
  - No
  - No Data

- Daily Assessment Compliant
- Daily Assessment Comments

- Accessing Line at the Patient
  - Was hand hygiene performed by RN before all central line care: Ask RN
  - Yes
  - No
  - No Data

  - Were clean gowns utilized with all line entries and IV preparation? Ask RN
  - Yes
  - No
  - No Data

  - Was the injection cap scrubbed with sterile alcohol scrub for 15 seconds for all line entries: Ask RN
  - Yes
  - No
  - No Data

  - After the alcohol scrub, was the cap let completely dry (at least 15 seconds) for all line entries: Ask RN
  - Yes
  - No
  - No Data

- Accessing Line at the Patient Compliant

- Dressing General Care
  - The data documented in epic is within the appropriate dressing change timeframe
  - Yes
  - No
  - No Data

  - Dressing is clean, dry, and intact
  - Yes
  - No
  - No Data

  - Appropriate dressing utilized, i.e. TSH borders, 3x2 only if drainage
  - Yes
  - No
  - No Data

10
Moving to Electronic Auditing

- Paper audits with manual entry
- Documentation reports from EMR
- Audits entered into RedCap

- Data stored in EDW
- Data displayed in Tableau dashboard
Redcap Audits

Date/Time of Observation
* must provide value

09-15-2015 11:30

Auditor Initials
mu

Department

NICU
PICU
CICU
6th Floor Surgical
7th Floor CCBD
8th Floor Medical
9th Floor Medical
CPCU
CTRC
ECMO
ECMO
Float Team
Other Location

***Please only choose FLOAT or ECMO if you are a team member of either of those groups.

ECMO/FLOAT: You must indicate which unit you are auditing on in the "ECMO Team or Float Team Only" field to continue auditing!

*****
* must provide value
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per bedside RN, was patient turned in the last 2 hours?</td>
<td>Yes, No, N/A - self repositions/mobile, Unable to Audit</td>
</tr>
<tr>
<td>Per bedside RN, were devices repositioned within their shift appropriately?</td>
<td>Yes, No, Unable to Audit, N/A - No device</td>
</tr>
<tr>
<td>NOTE: Q4 for High Risk</td>
<td></td>
</tr>
<tr>
<td>When assessing this patient, does the patient have a sacral drsg in place?</td>
<td>Yes, No, Unable to Audit, N/A - Less than 3 years old or pt is ambulatory/mobile</td>
</tr>
<tr>
<td>When assessing this patient, are bony prominences other than the sacrum protected by either a Z-flo or Mepilex?</td>
<td>Yes, No, Unable to Audit, N/A - Pt is ambulatory/mobile</td>
</tr>
<tr>
<td>NOTE: Having both a Z-flo and Mepilex or having one or the other = Compliant.</td>
<td></td>
</tr>
<tr>
<td>Additional criteria for ECMO patients: Z-flo and/or Mepilex border should be to back of head and Z-flo or Mepilex border should be protecting the ear from cannula.</td>
<td></td>
</tr>
<tr>
<td>NOTE: Additional criteria for ECMO patients: small Mepilex border should be under the ECMO ear cannula.</td>
<td></td>
</tr>
</tbody>
</table>

Your audit is complete. Do not change questions below this section. Please proceed to bottom of page, mark complete, and then save record.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per EPIC documentation, was the patient Turned Q2 hrs.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn Q2 hrs. Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per EPIC documentation, were Devices Repositioned?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device Reposition Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per EPIC documentation, is a Drsg Sacral in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drsg Sacral Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per EPIC documentation, is patient on a Specialty Bed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Specialty Bed Time stamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per EPIC documentation, is a Z-Flo being used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z-Flo Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per EPIC documentation, is a Mepilex Border in place on bony prominences?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mepilex Border Time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Compliance Calculations (Excluding NICU Patients)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Bed</td>
<td></td>
</tr>
<tr>
<td>Patient Reposition: Turn 2Q</td>
<td>1</td>
</tr>
<tr>
<td>Device Reposition</td>
<td>1</td>
</tr>
<tr>
<td>Sacral Dressing</td>
<td>1</td>
</tr>
<tr>
<td>Zflo/Mepilex</td>
<td>1</td>
</tr>
<tr>
<td>Device Dressing</td>
<td>1</td>
</tr>
</tbody>
</table>
Audit Process

1. RN enters MRN in Redcap
2. Data from EMR pulls into Redcap
3. RN completes observational audit in room
4. RN speaks with assigned nurse
5. Saves audit
6. Audit updates into graphs every 15 min
Bundle Compliance—Pressure Ulcers

Bundle Compliance Elements (click to highlight an element)
- Documentation (D)
- Observation (O)
- Self Reported (SR)

1. Order Specialty Bed (O) (N/A - Less than 3)
2. Apply Mepilex Border Sodium Dressing (O) (N/A - Less than 3...)
3. Reposition Patient Every 2 Hours (D)
4. Reposition Moveable Devices Every 4 Hours (D)
5. Z-Flo Positioners (O)
6. Mepilex Border Over Extremely Bony Prominences (O)

Select Unit(s)
- All
- 6th Floor Surgical
- 7th Floor CGBD
- 8th Floor Medical
- 9th Floor Medical
- ICU
- CPCU
- ECMO
- Float Team
- P/CU

Select date range
9/2/2013 11:11 - 11/7/2014 12:12

Related Links:
- Pressure Ulcer Outcome Dashboard
- NDNQI Pressure Ulcer Indicators
- Pressure Ulcer Bundle
- Other Target Zero HAC Unit-level Data
- Provide Feedback Here
Bundle Compliance - CICU

**Bundle Compliance Type:** Moderate Risk (Braden Q 17 - 22)

**Goal:** 90%

<table>
<thead>
<tr>
<th>Month</th>
<th>Bundle Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-13</td>
<td>60.0% n=10</td>
</tr>
<tr>
<td>Nov-13</td>
<td>70.0% n=10</td>
</tr>
<tr>
<td>Dec-13</td>
<td>40.0% n=5</td>
</tr>
<tr>
<td>Jan-14</td>
<td>50.0% n=8</td>
</tr>
<tr>
<td>Feb-14</td>
<td>75.0% n=8</td>
</tr>
<tr>
<td>Mar-14</td>
<td>88.9% n=9</td>
</tr>
<tr>
<td>Apr-14</td>
<td>100.0% n=10</td>
</tr>
<tr>
<td>May-14</td>
<td>100.0% n=13</td>
</tr>
<tr>
<td>Jun-14</td>
<td>75.0% n=8</td>
</tr>
</tbody>
</table>
## Bundle Compliance-PIVIE

### Units: 6th Surgical, 8th Medical, 9th Medical Pulmonary
### Last Data Refresh: <Data Update Time>

<table>
<thead>
<tr>
<th>Month</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>78.4% (n = 51)</td>
<td>100.0% (n = 7)</td>
</tr>
<tr>
<td>December</td>
<td>75.0% (n = 48)</td>
<td>100.0% (n = 8)</td>
</tr>
<tr>
<td>January</td>
<td>92.3% (n = 26)</td>
<td>87.5% (n = 12)</td>
</tr>
<tr>
<td>February</td>
<td>91.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Desired Direction

- **2014**: 78.4% (n = 51), 75.0% (n = 48), 92.3% (n = 26)
- **2015**: 100.0% (n = 7), 100.0% (n = 8), 87.5% (n = 12)

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![Magnet Recognized Logo](image)
Bundle Compliance-CLABSI

CLABSI Overall Bundle Compliance
Last Data Refresh: 10/12/2015 8:31:10 AM
Unit(s): 7th Floor CCBD, CICU, NICU and 1 more

Goal: 85%

CLABSI Overall Bundle Compliance

<table>
<thead>
<tr>
<th>Month</th>
<th>n</th>
<th>Compliance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug-14</td>
<td>43</td>
<td>74.4%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>48</td>
<td>73.9%</td>
</tr>
<tr>
<td>Oct-14</td>
<td>48</td>
<td>75.0%</td>
</tr>
<tr>
<td>Nov-14</td>
<td>46</td>
<td>78.3%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>44</td>
<td>65.9%</td>
</tr>
<tr>
<td>Jan-15</td>
<td>48</td>
<td>68.8%</td>
</tr>
<tr>
<td>Feb-15</td>
<td>15</td>
<td>80.0%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>85</td>
<td>50.8%</td>
</tr>
<tr>
<td>Apr-15</td>
<td>87</td>
<td>52.2%</td>
</tr>
<tr>
<td>May-15</td>
<td>53</td>
<td>73.6%</td>
</tr>
<tr>
<td>Jun-15</td>
<td>57</td>
<td>68.4%</td>
</tr>
<tr>
<td>Jul-15</td>
<td>54</td>
<td>72.2%</td>
</tr>
<tr>
<td>Aug-15</td>
<td>48</td>
<td>89.6%</td>
</tr>
<tr>
<td>Sep-15</td>
<td>50</td>
<td>54.0%</td>
</tr>
<tr>
<td>Oct-15</td>
<td>63</td>
<td>81.0%</td>
</tr>
</tbody>
</table>
Electronic Auditing

- More efficient
- Allows for 1:1, just in time feedback
- Supports the “gold standard” of observational audits
Dashboards and Data: Supporting Strategy through Transparency of Metrics

Presented by
Diedre Bricker MSN RN CRRN CPHIMS
Innovations and Outcomes Specialist
Dashboards & Data

The individual preventable harm work teams utilize the dashboards for analysis of compliance with standard patient care, as well as the outcome of their improvement efforts.
## Division of Patient Care Services
### Nursing Data Portal

**Select Unit/Dept.**
9th Medical Pulmonary

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality &amp; Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Medical Pulmonary</td>
<td>9th Medical Pulmonary</td>
</tr>
<tr>
<td><strong>Magnet - Patient Satisfaction</strong></td>
<td>ADE Outcome Data - Target Zero</td>
</tr>
<tr>
<td><strong>Magnet - Nurse Satisfaction (Morehead)</strong></td>
<td>Magnet - Catheter Associated Urinary Tract Infections per 1000 Cat. Days</td>
</tr>
<tr>
<td><strong>People</strong></td>
<td><strong>Magnet - Central Line Associated Blood Stream Infections per 1000 LNS</strong></td>
</tr>
<tr>
<td>9th Medical Pulmonary</td>
<td><strong>Magnet - Injury Falls Per 1,000 Patient Days (NDNQI)</strong></td>
</tr>
<tr>
<td>Leader Rounding</td>
<td><strong>Magnet - Percent of Surveyed Patients with Hospital Acquired Pres. Infections</strong></td>
</tr>
<tr>
<td><strong>Finance - Labor/Productivity</strong></td>
<td>Children’s Asthma Care</td>
</tr>
<tr>
<td>9th Medical Pulmonary</td>
<td><strong>CAUTI Bundle Compliance Data - Target Zero</strong></td>
</tr>
<tr>
<td><strong>Bed Meeting Site (Authorized Users Only)</strong></td>
<td><strong>CAUTI Outcome Data - Target Zero</strong></td>
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</tr>
<tr>
<td></td>
<td><strong>VTE Outcome Data - Target Zero</strong></td>
</tr>
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</table>
# Division of Patient Care Services

**Nursing Data Portal**

## Select Unit/Dept.

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality &amp; Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Department - Anschutz</strong></td>
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</tr>
<tr>
<td><strong>Magnet - Patient Satisfaction</strong></td>
<td><strong>Falls Outcome Data - Target Zero</strong></td>
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<tr>
<td></td>
<td><strong>PIV Extravasations Outcome Data - Target Zero</strong></td>
</tr>
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<td></td>
<td><strong>Pressure Ulcer Outcome Data - Target Zero</strong></td>
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<tr>
<td></td>
<td><strong>Peripheral Blood Culture Contamination</strong></td>
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## People

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<td><strong>Magnet - Nurse Satsifaction (Morehead)</strong></td>
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## Finance - Labor/Productivity

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# Division of Patient Care Services
## Nursing Data Portal

### Select Unit/Dept.
- Orthopedic Institute Clinic - Anschutz

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# Division of Patient Care Services
## Nursing Data Portal

### Select Unit/Dept.
- 9th Medical Pulmonary

### Service
- 9th Medical Pulmonary
- **Magnet - Patient Satisfaction**

### People
- 9th Medical Pulmonary
- **Leader Rounding**
- **Magnet - Nurse Satisfaction (Morehead)**

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### Quality & Patient Safety
- 9th Medical Pulmonary
- **ADE Outcome Data - Target Zero**
- **Magnet - Catheter Associated Urinary Tract Infections per 1000 Cat..**
- **Magnet - Central Line Associated Blood Stream Infections per 1000 ..**
- **Magnet - Injury Falls Per 1,000 Patient Days (NDNQI)**
- **Magnet - Percent of Surveyed Patients with Hospital Acquired Pres..**
- **Children’s Asthma Care**
- **CAUTI Bundle Compliance Data - Target Zero**
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- **PIV Extravasations Outcome Data - Target Zero**
- **Pressure Ulcer Bundle Compliance Data - Target Zero**
- **Pressure Ulcer Outcome Data - Target Zero**
- **VTE Outcome Data -Target Zero**
Patient Satisfaction Category

Children's Hospital Colorado - EP23EO
Patient Satisfaction - Courtesy & Respect
6th Surgical, Inpatient

Courtesy & Respect - Overall, how would you rate the nurses' respect for privacy?
Likert Scale - Excellent, Very Good, Good, Fair, or Poor

6th Surgical: All of 8 Quarters Outperform the Mean

<table>
<thead>
<tr>
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<th>2013 Q2</th>
<th>2013 Q3</th>
<th>2013 Q4</th>
<th>2014 Q1</th>
<th>2014 Q2</th>
<th>2014 Q3</th>
<th>2014 Q4</th>
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<td>92.80</td>
<td>92.40</td>
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<td>*PRC Pediatric Mean</td>
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<td>92.50</td>
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<td>91.90</td>
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</tbody>
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*PRC - Professional Research Consultants
Green = Outperform Mean
Red = Did Not Outperform Mean
Children's Hospital Colorado

Patient Satisfaction
6th Surgical, Inpatient

Courteous & Respect - Overall, how would you rate the nurses' respect for privacy?
Likert Scale - Excellent, Very Good, Good, Fair, or Poor

Unit Percent Excellent

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<th>2013 Q4</th>
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*PRC - Professional Research Consultants
Green = Outperform Mean
Red = Did Not Outperform Mean
Patient Safety - Overall, would you rate the level of safety experienced while in the hospital as:
Likert Scale - Excellent, Very Good, Good, Fair, or Poor

Children's Hospital Colorado - EP23EO
Patient Satisfaction - Patient Safety
6th Surgical, Inpatient

6th Surgical: 7 of 8 Quarters Outperform the Mean

<table>
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*PRC - Professional Research Consultants  Green = Outperform Mean  Red = Did Not Outperform Mean
Unit/Department

6th Surgical
8th Medical
9th Medical Pulmonary
Breathing Institute (BI) Clinic - Anschutz
Breathing Institute (BI) Clinic - South Campus
Cardiac ICU
Cardiac Progressive Care Unit (CPCU)
Cardiology Clinic - Anschutz
Cardiology Clinic - Briargate
Cardiology Clinic - North Campus, Parker, Uptown, Wheat Ridge
Cardiology Clinic - South Campus
CCBD Clinic - Briargate
CCBD Clinic - South Campus
CCBD Inpatient
CCBD Outpatient - CI
Digestive Health Institute (DHI) Clinic - Anschutz
Digestive Health Institute (DHI) Clinic - Briargate
Digestive Health Institute (DHI) Clinic - North Campus, Outreach, Parker, South Campus, Uptown
Emergency Department - Anschutz
Emergency Department - Parker
Hemophilia/Thrombosis Center
Inpatient - North Campus
Inpatient - Parker
Inpatient - South Campus
Inpatient - Uptown (formerly St. Joe's)
Inpatient Psych
Kidney Center/Dialysis
Med/Surg - Memorial
Neurosciences Institute (NSI) Clinic - Anschutz

Patient Satisfaction Category

- Patient Safety

The hospital as:

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<th>2014 Q4</th>
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*PRC - Professional Research Consultants  Green = Outperform Mean  Red = Did Not Outperform Mean
Children's Hospital Colorado - EP23EO
Patient Satisfaction - Patient Safety
CCBD Clinic - South Campus, Medical Practice

Patient Safety - How would you rate the staff on confirming identity every time prior to performing procedures or administering medications.
Likert Scale - Excellent, Very Good, Good, Fair, or Poor

CCBD Clinic - South Campus: All of 4 Quarters Outperform the Mean

<table>
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<tr>
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# Division of Patient Care Services
## Nursing Data Data Portal

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9th Medical Pulmonary

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</table>
2015 Leader Rounding Dashboard

What is Leader Rounding?

Leader Rounding is an essential, routine activity for all levels of leadership at CHCO. It is focused on discussions, observations and coaching of front line staff where their work is done. The purpose of leader rounding is to ensure team members are effective and engaged in their work, that their barriers are identified, shared, and addressed, and that as a result, outcomes improve. It also enhances visibility and support of leaders for their team members.

Select Executive for a roll up

Kelly Johnson

Select your name to view your individual report

(All)

*Hover over the green target lines to see Target details

CHCO Executive
Kelly Johnson

CHCO Leader
Regina Hoefner-Notz
Lynn Aguilar
Tammy Woolley
Audra Theis
James Myers
Kathleen Bradley
Erica Gutierrez
Linda Young
Chelsea Gilmour
Ellen Servetar
Stacey Wall
Cheryl Stiles
Patricia Givens
Wendy Watson Berry
Jeanine Rundquist

Total Encounters

9/2/2015 10:01:37 AM
Children’s Hospital Colorado - EP3EO
KidStreet, Nurse (RN) Satisfaction, 2014

**Unit Score**

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<thead>
<tr>
<th>Unit Score</th>
<th>Autonomy</th>
<th>Fundamentals of Quality Nursing Care</th>
<th>Professional Development</th>
<th>RN to RN Teamwork and Collaboration</th>
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**KidStreet: All of 4 Categories Outperform Benchmark**

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Green = Outperform  
Red = Did not Outperform
## Division of Patient Care Services
### Nursing Data Portal

### Select Unit/Dept.
- 9th Medical Pulmonary

### Service
9th Medical Pulmonary

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9th Medical Pulmonary

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9th Medical Pulmonary

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### Magnet Recognized

---

35
# Division of Patient Care Services
## Nursing Data Portal

### Select Unit/Dept.
- 9th Medical Pulmonary

### Service - 9th Medical Pulmonary

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### Finance - Labor/Productivity - 9th Medical Pulmonary

| Bed Meeting Site (Authorized Users Only) |
| Clairvia (Authorized Users Only) |
| Financial Dashboard (Authorized Users Only) |
| FTE Projection Tool (OPEN and SAVE AS to Desktop) |
| Ops & OT Dashboard (Authorized Users Only) |

### Quality & Patient Safety - 9th Medical Pulmonary

| ADE Outcome Data - Target Zero |
| Magnet - Catheter Associated Urinary Tract Infections per 1000 Caths |
| Magnet - Central Line Associated Blood Stream Infections per 1000 CVC Days |
| Magnet - Injury Falls Per 1,000 Patient Days (NDNQI) |
| Magnet - Percent of Surveyed Patients with Hospital Acquired Pres.

### Additional Topics

- Children's Asthma Care
- CAUTI Bundle Compliance Data - Target Zero
- CAUTI Outcome Data - Target Zero
- CLABSI Bundle Compliance Data - Target Zero
- CLABSI Outcome Data - Target Zero
- Codes and RRT Outcome Data - Target Zero
- Falls Bundle Compliance Data - Target Zero
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- PIV Extravasations Bundle Compliance Data - Target Zero
- PIV Extravasations Outcome Data - Target Zero
- Pressure Ulcer Bundle Compliance Data - Target Zero
- Pressure Ulcer Outcome Data - Target Zero
- VTE Outcome Data - Target Zero
Example: Magnet Graphs
Example: Bundle Compliance Dashboard

Hello!

Welcome to the CAUTI Bundle Compliance Dashboard. The purpose of this 'Welcome Page' is to orient you to the dynamic functionality embedded in the dashboard.

Click tabs at the top of page to see all content
Click this button to download into a PDF or image
Click on any bundle element to highlight it in the chart below. Repeat to remove highlight.
Use filters to drill into the data
Click on additional links
Hover mouse over any data point for additional information
Welcome to the CLABSI Outcome Dashboard. The purpose of this ‘Welcome Page’ is to orient you to the dynamic functionality embedded in the dashboard. Please read on.

1. Click on the tab at the top of the dashboard to see content.
2. Use the filters to drill into the data.
3. Click on unit to drill into the data.
4. Click on the related links for additional content.
Got Projects? An Innovative Use of Technology to Approve and Track Nursing Projects

Presented by
Kathleen Bradley DNP RN NEA-BC
Director of Professional Development
Why Electronic Project Tracking

Nursing at Children’s Colorado

- 46 Units
- 17 sites
- 2000 nurses
- 300 APRNs

Groups with Required Projects

Clinical Ladder
- Clinical Nurse III
- Clinical Nurse IV

New Graduate Nurses
- Clinical Nurse I
Designing Project Tracking

Characteristics
No Paper
Efficient
Accessibility
Expandable

Electronic Template

IT Partner Needed
Components of a Project Tracking

Manager Approval
- Manager approves Form 1
- Nurse PPL uploads Project Form
- Project Form is updated
- Manager uploads Form and completes the NBRI Form
- Nurse PPL contacts Manager

Board Review and Mentor Assignment
- Board Member reviews the Project Form
- Nurse PPL contacts Manager
- Nurse PPL uploads Project Form
- Mentor Assignment
- Quarterly Updates until Project Close

Quarterly Updates
- Board Approves
- Project Form Remains on Quarterly Reminders workflow
- Added to Projects for Display on Nursing Catalog on the Portal
- Project is removed from Submissions and Updates for Review

Nurse PPL
- Updates the NBRI Form
- Nurse PPL contacts Manager
- Nurse PPL completes the NBRI Form
- Nurse PPL contacts Manager
- Nurse PPL completes the NBRI Form
- Nurse PPL contacts Manager
- Nurse PPL completes the NBRI Form
The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care

1. Identify Triggering Issues/Oppportunities
   - Clinical or patient identified issue
   - Organizational, state, or national initiative
   - Data/new evidence
   - Accrediting organization requirements/regulations
   - Philosophy of care

2. State the Question or Purpose

3. Is this topic a priority?
   - No
     - Consider another trigger
   - Yes
     - Form a Team

4. Assemble, Appraise, and Synthesize Body of Evidence
   - Conduct systematic search
   - Weigh quality, quantity, consistency, and risk

5. Is there sufficient evidence?
   - No
     - Conduct research
   - Yes
     - Reassemble

6. Design and Pilot the Practice Change
   - Engage patients and verify preferences
   - Consider resources, constraints, and approval
   - Develop localized protocol
   - Create an evaluation plan
   - Collect baseline data
   - Develop an implementation plan
   - Prepare clinicians and materials
   - Promote adoption
   - Collect and report post-pilot data

7. Is change appropriate for adoption in practice?
   - No
     - Consider alternatives
   - Yes
     - Redesign

8. Integrate and Sustain the Practice Change
   - Identify and engage key personnel
   - Hardware change into system
   - Monitor key indicators through quality improvement
   - Reinforce as needed

9. Disseminate Results

Adapted from Doody & Doody, 2011
Iowa Model Guides Process

1. Select a Topic

2. Form A Team

3. Evidence Retrieval

4. Level the Evidence

5. Develop a Standard / Pilot a Change

6. Implement Change in Practice

7. Evaluation

8. Dissemination

Adapted from Doody & Doody, 2011
Project Tracking Form

(To be completed by project lead and approved by manager prior to beginning project)

Project Lead or Principle Investigator (Nurse lead on a Nursing Project or Designated Nurse Lead on an Interdisciplinary Project)

Name
Credentials
Unit
Job Title

(last name, first name) Click the check mark above to confirm name was recognized

Project Title

*REQUIRED
(Only one form per project is required. A project’s title cannot be duplicated. If you submit a request with a title that is already in use, you will receive an error and will need to supply a different project title)

How many hours do you estimate will be needed to complete this project? [ ] hours Select... for [ ] Select...

Do you have mentor? Select... *REQUIRED

Do you have prior ORRQIRP or COMIRB approval? Select...

Is this project associated with an application for a CNIII or CNIV Level/Promote? Select...
### Other CHCO RN Project Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Unit</th>
<th>Job Title</th>
</tr>
</thead>
</table>

(last name, first name) Click the check mark above to confirm name was recognized

How many hours do you estimate this participant will be needed to complete this project? 0 hours

Select... for

Select...

Check this box to an additional participant

---

[Logo: Magnet Recognized American Nurses Credentialing Center]
Selecting a Topic & Searching the Literature

Complete Below (For help with PICO click **HERE** for helpful tips)

If you attached your ORRQIRP or COMIRB submission above, you are not required to complete the PICO.

**P** Patient or Problem – What is the problem and who/what does it involves? Describe what you plan to do (the purpose/aim/goal). Why are you going to do it? Why is it important?

**I** Intervention – What are the interventions you are planning to make or what changes are you proposing? How are you going to do it? (the process / methodology)

**C** Comparison – Will you compare an existing practice or treatment with something else? If so, what is the standard and what is the change?
Outcomes

What data are you collecting?

Does the data you are collecting contain protected health information (PHI)?

How are you collecting this data? Upload survey or data collection tool and/or list all data elements below:

Click here to attach a file

Manager:  

*REQUIRED
(last name, first name) Click the check mark above to confirm name was recognized
Quarterly Updates

Status Update

PL/PI Name: ______________________

Project Title: ______________________

Please select the option(s) below that best describe the current status of your project. Note: not all options will apply to your project.

- I have completed this step
- I am in the process of working on this step yet
- I am not ready for this step yet

☐ Attend the EBP, QI and Research Workshop
☐ Forming Team
☐ Literature Review
☐ Grading the Evidence
☐ Consulting a biostatistician
☐ Developing a Standard
☐ Submit ORRQ/RP or COMIRB application (if applicable)

Analyzing data/evidence
Apply for travel funds (Click HERE to submit a request for travel funds)
Ready for Dissemination
Project Completed/no longer working on
Other: please describe in the text box below

Are there CHCO RN project participants from your original request who are no longer working on this project? Select...

Are there any additional CHCO RN project participants that were not on your original project request? Select...

Any additional information you wish to share:

We wish you all the best in a successful and enlightening project. You will receive another update request in the next quarter. If you have any questions or would like to consult the Nursing Project Review Board for advice, please indicate by clicking the button below.
### Resources Provided

<table>
<thead>
<tr>
<th>I have completed this step</th>
<th>I am in the process of working on this step</th>
<th>I am not ready for this step yet</th>
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<tbody>
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**Attend the EBP, QI and Research Workshop**

**Click here to register for a workshop**

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<td></td>
<td>Forming Team</td>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Literature Review</td>
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</tbody>
</table>

**Book a Librarian**
Set up an appointment with a librarian to help you with your information needs.

*Search for Articles, Journals, e-Books, Chapters, and More - Just a Click Away!*

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<thead>
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<th>☐</th>
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<tbody>
<tr>
<td></td>
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<td>Grading the Evidence</td>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Consulting a biostatistician</td>
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</table>

**To request biostatistical support**, please come in for a walk-in consultation at Children’s Hospital in Room C4149, on the south side of the 4th Floor of the Administrative Pavilion, facing the light well.

- Monday 9:30am-1:30pm
- Tuesday 11:00am-3:00pm
- Wednesday 12:00 noon-4:00pm
Project Dissemination Form

Project Lead:

If your name does not appear in the list above, please enter it below:

Project Title:

If your project does not appear in the list above, please enter it below:

Manager Name: (last name, first name) Click the check mark above to confirm name was recognized

Mentor Name: (last name, first name) Click the check mark above to confirm name was recognized

Date of planned dissemination:

What type of dissemination do you have planned?

Options:
- Publication
- Abstract
- Poster
- Presentation
- Other

Where do you plan to disseminate your project findings?

Do you have approved CHCO travel or publication funds for your project dissemination?

To apply for CHCO travel funds, please complete an Travel/Training/Conference Application.

Please be sure to use the Magnet logo on your presentation. If you need a copy of the logo, download the file below:

The Nursing Project Review Board thanks you for your abstract/poster/podium/publication submission.

Please upload your final abstract/poster/podium/publication that has been reviewed by the Nurse Scientist Program.

Click here to attach a file

Submit
Nursing Project Review Board – Cont.

- The Nursing Project Review Board (NPRB) has reviewed and **approved** the entire project submitted and discussed in detail potential risk.

- The Nursing Project Review Board (NPRB) has reviewed the entire project submitted and discussed in detail potential risk and the following decision to **deny** the project was made:

- The Nursing Project Review Board (NPRB) has reviewed the entire project submitted and discussed in detail potential risk and is requesting additional information.

---

**What is the Project Focus?**

Select:

- ADE
- CAUTI
- CLABSI
- Codes Outside ICU
- Efficiency/Effectiveness
- Falls
- OB-NE
- Patient ID
- Pressure Ulcers
- No Admissions
- Nursing
- VTE
- VAP
- IVs
- Pain/Sedation
- Patient/Family Education
- Patient/Family Satisfaction
- Safety
- Staff Education
- Staff Engagement/Satisfaction
- Community Outreach
- Policy & Procedure
- Teamwork/Communication
- Informatics/Technology
- Other

- The Nursing Project Review Board (NPRB) has reviewed the entire project submitted and discussed in detail potential risk.

- The Nursing Project Review Board (NPRB) has reviewed the entire project submitted and discussed in detail potential risk and the following decision to **deny** the project was made:

- The Nursing Project Review Board (NPRB) has reviewed the entire project submitted and discussed in detail potential risk and is requesting additional information.
Children's Hospital Colorado

Project Closure Form

**Project Identification**
- Project Lead
- Project Title
- Manager Name
- Mentor Name

**Final Project Status**
- What is the reason for closing this project?
- Is there anything you'd like to share that went well on your project?
- Is there anything you'd like to share that did *not* go well on your project?
- Have any of the results been disseminated?
- Is there anything else you'd like to share with the board about your project?

**Benefits**
1. Have the findings of the project directly affected the institution?
2. Have the findings identified corrective actions?

**Confidentiality**
1. Have there been any breaches of confidential information?
<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Project Title</th>
<th>Project Lead</th>
<th>Reviewer Assigned</th>
<th>NPRB Status</th>
<th>Form Status</th>
<th>PLCredentials</th>
<th>PLUnit</th>
<th>PLUnit Role</th>
<th>Manager</th>
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<tr>
<td>2014-11-13T14_40_19</td>
<td>Using Ultrasound Guidance to Reduce Number of Unsuccessful Attempts at Peripheral Intravenous Cannulation in Pediatric Surgical Patients</td>
<td>Terry, Karrey, KC Clevenger</td>
<td>Reviewed/Needs More Information</td>
<td>Approved by Manager</td>
<td>DNP(c), MSN, CRNA</td>
<td>Anesthesiology</td>
<td>APN, CRNA</td>
<td>Terry, Karrey</td>
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<tr>
<td>2014-09-11T15_01_42</td>
<td>VTE/SCD Monthly Data Review for the Procedure Center</td>
<td>Gallant, Cindy, Sharon Sables-Baus</td>
<td>Reviewed/Needs More Information</td>
<td>Approved by Manager</td>
<td>BSN, RN, CPN</td>
<td>Procedure Center</td>
<td>CNIII, DEC</td>
<td>Mooney, Sharon</td>
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<td></td>
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</tbody>
</table>
OVERVIEW

The Nursing Project Review Board was created to oversee all Research, Evidence-Based Practice (EBP), and Quality Improvement (QI) projects that are lead or supported by Nurses.

The Board will review all submitted Project Tracking Forms to

• ensure adequate resources and support for the project;
• review for duplicative projects;
• track nursing projects within the Division of Nursing and Patient Care Services at Children’s Hospital Colorado; and
• ensure tracking of outcomes and alignment with Organizational Pillar Goals.
Contact Information

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