University of Rochester Medical Center
Strong Memorial Hospital
Center for Nursing Professional Development

S304: Supporting Clinical Nurses in the Dissemination of Best Practices

Tara Serwetnyk, MS, BSN, RN-BC
Stephanie VonBacho, MSN, RN, NEA-BC
1. Explore the purpose and background of the Best Practice Showcase.

2. Review the structure and process provided for nurses to gain the knowledge/skills necessary to participate in the event.

3. Discuss the outcomes from this event and ongoing support provided to clinical nurses interested in disseminating best practices to internal and external audiences.
University of Rochester Medical Center

- Strong Memorial Hospital founded in 1926
- 838 Bed Academic Medical Center
  - Wilmot Cancer Center
  - Golisano Children’s Hospital
- Level I Trauma Center/Burn
  - 116,000 ED visits/year
- Solid Organ Transplant
- Neonatal Intensive Care Unit
- Over 1.5 Million Ambulatory visits/year
Purpose

• To provide the structure/process to support nurses in writing an abstract, developing a professional poster, and presenting at a formal event to encourage the dissemination of knowledge to both internal and external audiences.
Background

• Began in 2010
• Annual National Nurses’ Week Event
  – National Nurses’ Week Committee Support
  – Yearly theme
• Coordinated by a Nurse Professional Development Specialist from the Center for Nursing Professional Development
• Collaboration with Clinical Nursing Research Center
• Networking opportunities
Background

• “The Journey” - yearly evolution based on observations, feedback from participants, institutional strategic initiatives

• Showcase Best Practices for our Magnet re-designation process
  – Serve as sources of evidence within the document
  – Presentations during site visits
Evolution

Best Practice Showcase:
Patient Centered Care
May 5, 2010

Highlight what you do to provide Patient Centered Care:

- Provide information, communication, and the education your patients and families desire
- Respect patients’ values, preferences and requests
- Acknowledge all of your patients needs, including physical comfort, emotional support
- Involve family and friends when appropriate

Participate in the 2010 Best Practice Showcase

1. Identify a best practice in your unit/clinical area and how it contributes to patient centered care.

2. Create a poster that outlines a best practice.
   - We recommend using Powerpoint so your poster can be presented on Blackboard for those unable to attend the showcase
   - We recommend using a 48”W x 36”H (open), tri-fold poster
   - The first 20 who commit will receive a free poster board

3. Prizes will be awarded.
   - 1st Prize—Trip for one to accompany the SMH Nursing Practice attendees to the 2010 Magnet Conference in Phoenix, Arizona!

4. Deadline for submission is April 23rd, 4pm.
   - Contact Tara Serwetnyk by phone at (585) 273-3712 or via global email at tara_serwetnyk@urmc.rochester.edu

"First 20 who commit will receive a free poster board"
Evolution: 2013

Best Practice Showcase: Professional Practice Model
May 8th & 9th

- Required abstract submission
- Encouraged to work with Clinical Nursing Research Center for assistance
- Total of 19 submissions- All 19 accepted
- Poster Evaluation criteria developed
- Judged by Magnet Steering Committee
Incorporating Magnet® and the Professional Practice Model

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2014
Only 10 abstracts submitted

Highlight Best Practices on your Unit/Area as it relates to the Magnet Components within the Magnet/Professional Practice Model:

Transformational Leadership describes the qualities necessary to create & sustain transformational change to support patient care & nursing practice at Strong Memorial Hospital.
- Employee Engagement
- Leader Development

Structural Empowerment describes the empowerment & engagement of nurses at levels to advance their practice.
- Professional Nursing Council
- Career Advancement System

Exemplary Professional Practice focuses on nurses utilizing critical thinking, interdisciplinary collaboration, & best practices to achieve extraordinary results (Luzinski, 2012)
- Patient Safety
- Performance Improvement
- Care Delivery Systems

New Knowledge, Innovations, & Improvements describes the culture of inquiry that exists at SMH that leads to advances in the art & science of nursing.
- Evidence Based Practice
- Quality Improvement

Empirical Outcomes are the foundation of the model & transcends the model to demonstrate that they radiate throughout our professional practice.

Best Practice Showcase
Wednesday, May 7th
The Turning Point

2015
Educational Offerings:
1. Writing Abstracts
2. Using PowerPoint to Create Posters
3. Open Computer Labs for Poster Development

2016
1. Same Educational offerings as 2015
2. Professional Nursing Council (PNC) Reviewers
3. Judging Abstracts & Review Criteria

2017
1. Abstract & Poster Template provided
2. Added Education for Reviewers:
   • Judging Posters & Review Criteria
3. Contact Hours Offered
Contact Hours

**Process:**
- Used our Online Learning Management System
- NPD Specialist-Nurse Planner
- Allowed for all staff to view the posters even if unable to attend
- Increase staff satisfaction
- Increase dissemination of projects to a larger audience

<table>
<thead>
<tr>
<th>Category</th>
<th>Staff Satisfaction</th>
<th>Innovations in Practice</th>
<th>Quality &amp; Safety</th>
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<td>Contact Hours</td>
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<td>1.0</td>
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<tr>
<td>Posters</td>
<td>3</td>
<td>10</td>
<td>13</td>
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National Nurses’ Week: Best Practice Showcase
Abstract Submission Template

Title: Must indicate the nature of the project/investigation

Author(s): Please include unit/service, author names, and credentials. A Registered Nurse must be a co-author (not necessarily first).

Background: Why was this project initiated? Include any pertinent background information.

Purpose: Describe the overall goal of the project/initiative. Include which component of the Professional Practice Model (PPM) the Project/Study Aligns (Transformational Leadership, Structural Empowerment, New Knowledge, Innovations, & Improvements, Empirical Outcomes, Exemplary Professional Practice.

Methods/Strategies for implementation: If research focused, identify appropriate elements (design, sample, instruments, and data collection). For Quality Improvement initiatives, describe the actions taken for implementation of the project.

Results/Outcomes: Describe the outcomes/findings, including evaluation data. A minimum of one post-data collection point is required, three preferred.

Conclusions and Implications for Practice: Discuss the findings and/or implications in nursing practice.

Editorial Guidelines:
- Do not exceed 250 words
- 12pt font- Times New Roman
- Double-spaced
- 1-inch margins

Send completed abstracts to: tara_serwetnyk@urmc.rochester.edu no later than 12pm on Monday, February 13th. Late abstracts will not be accepted.

Abstract #:
Abstract Title:

Scoring Rubric
Using the scoring rubric below, and applying the criteria please use this scale of 1 to 5, with 1 indicating ‘Weak’ and 5 indicating ‘Excellent’ as follows:
- 1 = Weak
- 2 = Fair (not good enough for a professional conference)
- 3 = Good
- 4 = Very Good
- 5 = Excellent

6 Questions (each worth a maximum of 5 points for a maximum score of 30 total points available):

1) TITLE: Does the wording in the title describe the ideas presented in the abstract? Is the title accurately succinct or too lengthy? Does the title succeed in arousing the reader’s interest?

2) BACKGROUND: Is the background/problem statement for the importance of the descriptive work explicitly stated in the abstract? Does it clearly explain why the project was initiated?

3) PURPOSE: Does it describe the overall goal of the project/initiative? Does the abstract integrate components of the Professional Practice Model?

4) METHODS/STRATEGIES FOR IMPLEMENTATION: To the best of your knowledge, are the methods of research/project appropriate and correctly executed? If research focused, are the appropriate elements identified (design, sample, intervention, & data collection)? For quality improvement initiatives, is there a clear description of the actions taken for implementation of the project?

5) RESULTS/OUTCOMES: Keeping in mind that many presenters may not have their data yet, does the abstract briefly summarize the results of the project? Is the focus on results specifically relevant to the purpose and/or results suggesting something equally important? Is there at least one post-collection data point described?

6) CONCLUSION/IMPLICATIONS FOR PRACTICE: Are the conclusions based on the results? Is further work needed before implementation? Are the important points stated in a clear manner?

Total Score: _____
Comments: ______
Deborah Hurley, RN, MS, CCRN-K, CNL; Susan Ciurzynski, PhD, RN-BC, PNP, VCE; Ying Xue, DNSc, RN; Anthony Pietropaoli, MD, MPH

Optimizing Outcomes for Patients Who Survive Critical Illness: A Feasibility Study to Evaluate the Implementation of a Music Intervention

PROJECT AIM & OBJECTIVES

1. Evaluate 8 components of Intervention Characteristics
2. Evaluate 5 components of Inner Setting
3. Evaluate 3 key components of Individual Characteristics
4. Develop an Evidence-Based Music Intervention
5. Execute the Music Intervention in the MICU
6. Identify key characteristics for sustainability and widespread implementation across critical care

METHODS

- Music Intervention was executed for 31 project days: July 27 – August 26, 2016
- The figures below outline intervention steps/analyses

OUTCOMES

- Majority of patients received 60 – 160 minutes/day
- Mean: 118 minutes/day

CONCLUSIONS/ IMPLICATIONS

- The MICU (Inner Setting) culture was conducive to the implementation of a Music Intervention
- Nature Sounds or Classical music should be used for patients with decreased levels of consciousness
- Patient Directed Music should be available for alert patients
- The CFIR was useful throughout the project
- Music should be implemented throughout critical care (Outer Setting)

ACKNOWLEDGEMENTS

- Medical ICU staff, leadership, patients/proxies
- Rosie Obi, Music Therapist, Golisano Children’s Hospital

BACKGROUND

- Intensive Care Unit (ICU) survivors are at risk to develop anxiety, depression, and PTSD than non-ICU survivors
- Music has been reported to improve symptoms of pain and anxiety in critically ill patients
- Music is associated with improved neurologic function in brain injury patients

SETTING/ PARTICIPANTS

- The Medical ICU (MICU) within a large academic hospital
- Hearing patients > 18 years
- Full, part time and per diem MICU employees

METHODS

- Data Collection
- Time Points
- Evaluation Measures
- Music Intervention Delivery

CONCLUSIONS/ IMPLICATIONS

- The MICU (Inner Setting) culture was conducive to the implementation of a Music Intervention
- Nature Sounds or Classical music should be used for patients with decreased levels of consciousness
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PROFESSIONAL PRACTICE MODEL ALIGNMENT

- Innovation, Quality Improvement & New knowledge
- The MICU exemplifies the culture of inquiry – advancing the art of nursing with the implementation of music.

CONCLUSIONS/ IMPLICATIONS

- The MICU (Inner Setting) culture was conducive to the implementation of a Music Intervention
- Nature Sounds or Classical music should be used for patients with decreased levels of consciousness
- Patient Directed Music should be available for alert patients
- The CFIR was useful throughout the project
- Music should be implemented throughout critical care (Outer Setting)
Implementation of a Standardized Handoff Process for Outpatients Traveling Between Ambulatory Testing Areas with a Saline Lock in Place
Laura Krieb-Atwell, MS, RN, CRN • Christine Izzo, MS, RN, NE-BC • Patricia Milot, MS, RN • Amy Wasilewski, MS, RN-BC, CNS

PROJECT OBJECTIVES
• To implement a nurse-based handoff process including patient education tool, verbal report, and structured documentation to improve patient safety and staff compliance with handoff
• To determine the prevalence of this practice in selected ambulatory testing areas

BACKGROUND
The practice of inserting a peripheral intravenous catheter (PIV) in an ambulatory testing location and leaving it in place for a second testing area to utilize, improves the patient experience and minimizes IV associated insertion risks. There was no handoff process in place for this population and no electronic handoff functionality existed between ambulatory services.

A process was developed to ensure each testing site utilizes a uniform handoff practice for patients traveling with a saline lock:
1. A guideline was created describing the steps and requirements of the handoff (Refer to 1A):
   • The peripheral IV is placed in the initial department
   • Initial department completes patient education
   • Verbal handoff to next testing area
   • Document handoff in the medical record
   • The receiving department ensures discontinuation of the patient’s peripheral IV with documentation prior to discharge
2. The patient education sheet includes instructions and phone number to call if needed (Refer to 1B)
3. The Smartphrase incorporates all necessary documentation

SETTING/PARTICIPANTS
This pilot study occurred between Echocardiology and the CT and MRI sections of Imaging Sciences. It involved outpatients having consecutive diagnostic exams that required peripheral IV access in both departments on the same day.

METHODS
A six week pilot study was initiated between two ambulatory testing areas that see patients having multiple tests in one day requiring IV access. Staff were educated on the newly developed process and provided required materials. Handoff logs were completed for data collection.

OUTCOMES
A total of twenty-three patients were involved in the pilot. Sixteen patients traveled within Echocardiology and Imaging Sciences. Seven patients traveled outside of the pilot areas, both onsite and offsite. There was 43% compliance with handoff process.

CONCLUSIONS/IMPLICATIONS
• Implementation of the standardized handoff for patients traveling with a saline lock demonstrated improvement in staff handoff communication. As a result of the project, patients received written education regarding the saline lock, and nurses were accountable for the management of the catheter. There was overall improvement in documentation of handoff during this pilot.
• Next steps will be to develop ambulatory policy, standardization of documentation in the electronic medical record, and further roll out to clinical areas.
• Continued nursing education and auditing is recommended.

PROFESSIONAL PRACTICE MODEL ALIGNMENT
This project aligns with Exemplary Professional Practice through an interdisciplinary collaboration of two departments striving to make the overall care delivery process a safe, satisfying, and efficient experience for patients as well as staff.

ACKNOWLEDGEMENTS
• Thank you to our Associate Nursing Director, Patricia Feola, MS, RN, NEA for her support throughout the project.
• We would like to thank Natasha Misiti, RN for assisting with data collection during the pilot.
• Special thanks to Imaging Sciences’ Graphics section for their technological assistance.
• Thank you also to Scottia Jones, RN for assisting with a literature search.

National Nurses’ Week Best Practice Showcase, 2017
Poster Evaluation Criteria

<table>
<thead>
<tr>
<th>Poster #</th>
<th>Judge Number</th>
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<tbody>
<tr>
<td>Poster Title</td>
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1. Poster Presentation: Please score each item on a 1-5 scale with 1=low and 5=high.
   - Legibility (adequate font size, quality of printing, etc.) 1 2 3 4 5
   - Materials (materials create a polished presentation) 1 2 3 4 5
   - Overall visual appeal (layout of text & figures) 1 2 3 4 5
   Score: __________

2. Content: Please score each item as indicated (1-5 scale with 1=low and 5=high; or circle accordingly).
   - Which Magnet Component does the poster represent? (circle all that apply)
     - Transformational Leadership
     - Structural Empowerment
     - Exemplary Professional Practice
     - New Knowledge, Innovations, & Improvements
     - Empirical Outcomes
   - Title (effectively highlights the poster’s subject matter) 1 2 3 4 5
   - Integrates components of the Professional Practice Model 1 2 3 4 5
   - Reflects outcomes (patient, staff satisfaction, cost, etc.) 1 2 3 4 5
   - as a result of best practice
   - Innovative
   Score: __________

3. Oral Presentation: 1-5 scale with 1=low and 5=high; or select Yes/No for items thusly rated.
   - Nurses are expected to be present for the oral presentation.
   - Nurse's understanding of materials 1 2 3 4 5
   - Nurse's ability to speak to how the project aligns with the Nursing Professional Practice Model 1 2 3 4 5
   Score: __________

Total Score: __________/45

Comments:
__________________________________________________________________________________________

Highest Scores are Reflected in CONTENT
Incorporating Magnet® Criteria

• Development of examples for various sources of evidence required
• Dissemination of Research/Project Outcomes (New Knowledge Domain- NK2)
• Aligns and strengthens the application of PPM and Magnet® model to practice
2017 Annual Planning Process

November:
CNE Planning
Documents: Educational Series

January:
13th- Call For Abstracts
19th- Educational Series: Writing Abstracts

February:
1st- Educational Series 2: Writing Abstracts
13th- Abstracts Due
15th- Educational Series 3: Reviewing Abstracts
27th- Abstract Scores Due

March:
3rd- Top 25 Confirmed and notification sent
7th & 14th- Educational Series 4: Using PowerPoint to Create Posters
23rd & 24th- Open Computer Labs

April:
3rd- Open Computer Lab
5th- Poster Draft Due
19th- Final Draft Due
24th- Sent to Print & Posted for Review
28th- Judging Assignment Distributed

May:
Poster Session
10am-2pm
Judging
10am-12pm

Medicine of the Highest Order
Outcomes

Abstracts & Posters by Year

Number

2013 2014 2015 2016 2017

Year

Number of Abstracts Submitted
Number Presented Inside Institution
Number Presented Outside Institution
Q7 Would you consider submitting an abstract for future presentations on your topic?

Answered: 44  Skipped: 21

Yes

No
2017 Survey Results

Have you Presented at any other conferences since you presented at the Best Practice Showcase?

Q5 Please indicate the type of conference you presented at:

- Local
- Regional
- National
- International

N= 46 (Excludes those who presented in 2017)

Yes= 39% of respondents
2017 Survey Results

Best Practice Showcase Survey

Q6 Did you present on the same topic presented at the Best Practice Showcase?

Answered: 20  Skipped: 45

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<td>Yes</td>
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<tr>
<td>No</td>
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Q4 Please indicate the type of presentation you conducted:

Answered: 20  Skipped: 45

- Poster
- Podium
- Podium and Poster
- Other (please specify)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Q9 Please indicate any additional resources that might be helpful to write, submit, or prepare for a podium or poster presentation after presenting at the Best Practice Showcase.

Answered: 25 Skipped: 40

• More Electronic Resources
• Public Speaking Tips
2017 Best Practice Showcase

1st Place Winner

Medicine of the Highest Order
2017 Best Practice Showcase

- 3rd Place Winners
- Staff Nurses from Adult Critical Care
- Magnet Conference
Additional Support

• Encouragement to write/submit abstracts for events external to institution
  – All who submit abstracts, not just those accepted
  – Provide 1:1 mentoring

• Friends of Strong Funding

• Listing of available conferences on Nursing Professional Development website
Next Steps

• Revise categories to maintain staff participation

• Official sub-committee of the National Nurses’ Week Committee
  – Additional judges

• Consider decreasing to 3 hours in length
Acknowledgments

• National Nurses’ Week Committee
• PNC Advisory Committee (Judges)
• Shaun Lewis (video)
  – Software Specialist, University of Rochester Medical Center
• Clinical Nursing Research Center
  – Mary Carey, PhD, RN, FAHA, FAAN, Associate Director
  – Brandon Qualls, Analyst/Programmer
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