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Educating students to shape their lives, their professions, and their societies.
Disclosures

No financial compensation was received from any parties or organizations involved in this work. There are no conflicts of interest to disclose. Any reference to a specific model, product, or method is only one example of many potential options to consider.
Introduction and Background

• Significance of problem (i.e. patient safety, communication failures)
• Issue within organizations globally (i.e. worldwide initiatives)
• One organizations intervention (implementation of electronic bedside tool)
Program evaluation

“critical examination, collecting and analyzing information about a program’s activities, characteristics, and outcomes to make judgments about the program, improve its effectiveness, and inform programming decisions”
(Patton, 1987)¹

– formative or summative in nature

https://sites.temple.edu/nesttraining/program-evaluation-workshop-series/
Program Evaluation Continued

• Why do it?
  – Up to 70% of change initiatives fail\(^2\)
  – Fail forward\(^3\)
  – What gets measured. . . \(^4\)

“Success is stumbling from failure to failure with no loss of enthusiasm.” \((Winston Churchill)\)^5
Fail early, fail often, but always fail forward.

John C. Maxwell

Program Evaluation Continued

How is it done?

• Address specific goals
• Inclusive
• Honest
• Replicable & Rigorous

Application from DNP project examples following
- Environmental factors: health policy, competition
- Strong leadership support of strategy to support culture shift
- Evidence of employee engagement
- Performance output: use of new report tool embedded in the EHR (Electronic Health Record)
Stakeholder Analysis Example

Power vs. Interest Grid

Subjects
- Inpatient nurses
- Patients
- Visitors
- Wesorick Center (GVSU)
- GVSU DNP project committee
- Nursing Informatics
- Elsevier/Epic
- Patient experience

Players
- Shared Leadership
- Compliance/privacy
- Direct Leadership
- Spectrum DNP project committee
- Simulation/video expert

Crowd
- Nursing Students
- Academic affairs

Context Setters
- IS/IT
- Executive Leadership
- Marketing
- Organizational risk

Low Interest
High Interest
Low Power
High Power

Grand Valley State University
www.gvsu.edu
Review of Literature

- Search for “electronic handoff tools” or methods
Additional Literature Support

• Bundled educational interventions evidence based\textsuperscript{9}
• Video/media methodology evidence based generationally\textsuperscript{10}
• Classroom practice evidence based\textsuperscript{11}
• Communication, multiple formats, multiple times supported
• “At the elbow” support crucial in technology implementation\textsuperscript{12}
Consolidated Framework for Implementation Research (CFIR)\textsuperscript{13}
ADKAR 14, 15
Perform an evidence based evaluation of the educational interventions to implement tool
  – Determine how education was planned
  – Determine how education and tool were implemented
  – Determine how the system evaluated the process

Determine the impact of implementing tool
  – Determine any change in avg. length of report
  – Determine any change in perception of report
  – Determine any change in practice at bedside or use of EHR during report
Evaluation (Process Domain CFIR$^{13}$)

- Planning: timing, quantity and quality, consistency, risk reduction

- Engaging: who and to what degree involved, formal and informal leaders, champions, external change agents

- Executing: adherence to the plan

- Evaluating: qualitative and quantitative feedback
Cause & Effect Analysis (Quality Improvement tool example)
Reflecting & Evaluating Examples

- Pre- and post-classroom training surveys
- Pre- and post-go-live of PER nurse practice and perception of communication handover
- Interviews
- Observations of communication handover

Professional Exchange Report Post-Video Survey

By completing this survey, you are contributing to knowledge of practices around communication handover. There is no obligation to completing the survey or compensation for participation. Your responses are anonymous, only aggregate data will be reported and there is no foreseeable harm to participation. Thank you for your responses! If you have any questions or concerns regarding this survey, please contact Luanne Shaw (RHS contact email was inserted here.)

1) What is your current unit of practice?
2) How many years have you been a nurse?
   <1 year 1-3 years 4-7 years 8-10 years >10 years
3) I am aware that the practice of communication handover is changing with EPIC.
   Yes No
4) I understand why the practice of communication handover is changing.
   Yes No
5) I desire to make changes to my current practice of communication handover.
   Yes No
6) I am knowledgeable of the specific changes to the process of communication handover.
   Yes No
7) I have the ability to make the specific changes for communication handover.
   Yes No
8) I need reinforcement to help me change my practice of communication handover.
   Yes No
9) How helpful did you find the video demonstration?
   Not at all (1) Somewhat (2) Helpful (3) Very (4)
10) Please share any additional comments, concerns, or questions you may have about professional exchange report:

Additional comments:

I perform communication handover bedside.
I open and use the Electronic communication handover.
I invite the patient to participate.
Typically, my report per patient is 30 min. or less for ICU.
At the end of report, I know if
After report, I need to go to the patient’s full story.
I am satisfied with the way communication handover takes place on my unit.
Impact of Implementation

• No change in length of report

• No change in nurse perception or consistency of practice

• EHR opened 68% more often during observed report

• Statistically significant increase in “yes” responses to awareness of, understanding why, knowledge of and ability to make specific practice changes post education
• Create formal evaluation plan
• Plan to adapt interventions
• Clarify desired outcomes
• Consider pilot studies
• Monitor progress and impact on practice and culture
• Celebrate success
• Reinforce positive behaviors and desired practice
• Re-evaluate often
Nursing Implications

- Include key stakeholders throughout
- Never underestimate practice culture
- Mitigate risks and acknowledge limitations
- Framework, such as CFIR, helpful in planning, implementing and evaluating
- Change models, such as ADKAR, helpful in identifying and explaining reaction to change and effectiveness of interventions
- Program evaluation can inform future implementation
References