Lehigh Valley Health Network

Patient Care Services / Nursing

#### **Conference Learnings**

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### **CONFERENCE LEARNINGS**

#### Eastern Nursing Research Society's 25<sup>th</sup> Annual Scientific Session

Boston, MA 4/17/13

#### Debra Peter MSN,RN,BC,CMSRN Unit Report Out



A PASSION FOR BETTER MEDICINE."



610-402-CARE LVHN.org

## **Conference Topics**

'Pearls of Wisdom' shared by Deb!

I attended only one day of the conference. My key learnings follow:

#### Opening Keynote Session – "Leading Change: Science Supporting the Future of Nursing Practice" – Martha Curley RN, PhD, FAAN from Univ. of PA

- Numerous investigations now link <u>nurse-led interventions to improved patient outcomes</u>!
- So, nurses are "well positioned to lead, not just follow the plan" ordered by the physician.
- We all can be 'nurse scientists' at the bedside.
  - We are building the science of nursing, so that we own our practice.
  - WE need to help design systems to support autonomous practice.
- The 10 recommendations for research priorities:
  - 1. Create 'healing mileues' ie. noise reduction, odor control, family presence, comfortable beds.
  - 2. Look beyond the patient's immediate care environment ie. what's going on at home, post-hospital syndrome.
  - **3.** Carry out 'interventional research' studies that focus on nurse-led interventions.
  - 4. Move toward tailored therapy consider disease specifics and how each patient is unique.
  - 5. Focus on implementing and sustaining evidence nurse leaders need to monitor, periodic refreshers, meaningful metrics (not just how many falls or how many pressure ulcers, but home many didn't fall or breakdown).
  - 6. Refine clinically important outcomes Virginia Henderson (What Nurses Do)
  - 7. Build models of care delivery that allow recipricol nurse to patient/family relationships (allow synergy).
  - 8. Build models that are based on the needs of patient and families.
  - 9. Differentiate nursing practice based upon nursing expertise (more skilled clinicians in more advanced roles on the unit).
  - 10. Silo-Ed approach to clinical research is counterproductive and should be modified (involve other disciplines in projects).

### **Conference Topics**

'Pearls of Wisdom' shared by Deb!

#### "Redesigning Healthcare: Innovation, Evidence and Evaluation Workshop –

Jeanette Erickson – Nursing Vice President from Massachusetts General Hospital

- Very interesting presentation on a pilot project where a few units in the hospital have been designated 'Innovation Units.'
- What are 'Innovation Units?'
  - Basic Concepts:
    - It is most important to KNOW THE PATIENT!
    - Each patient has a designated <u>attending nurse</u> and an attending physician throughout their stay.
      - Attending nurse gives out business card
      - Seasoned nurse who addresses overuse and underuse
      - This nurse provides 'handover communication' using SBAR
      - Everyone has an iPhone for hospital purposes
    - Patient Advisory Committees are very important to the model.
    - Designated 'Quiet Times'
  - Goals:
    - Patient safety, cost effective care, keeping the hospital a great place to work
  - Relationship Based Care (their model):
    - Move from patient centered care model to a relationship based care model (one being 'connected' to another – know yourself, know the patient/family, know their goals)
  - Patient Rounding they have the FOUR Ps (PRESENCE, pain, positioning, personal needs)
    - PRESENCE truly rounding for the patient with purpose!
  - These units are seeing improved outcomes (ie. twice the increase of non-pilot units).

### **Conference Topics**

*'Pearls of Wisdom' shared by Deb!* And then, I participated in a group presentation – *"Nursing Excellence Guided by Evidence-Based Practice – Methods and Strategies to Realize a Transformational Model"* Carolyn Davidson, Deb Peter, Krista Thomas, Chris Yatsko

- Carolyn shared our EBPFellowS2 program at LVHN and how we are encouraging staff nurses to become involved in EBP or research projects as a means of improving the care we provide to our patients.
- My presentation was entitled "Effectively Translating VTE Evidence: Efforts to Stop the Clot!" 5K staff will soon be educated on our learnings since our involvement in the project. More to come on this topic!!
- Krista Thomas's presentation was entitled "Enhancing Bonding of Mother and Infant."
  - Basically, the evidence shows that it is better for the baby (less weight loss and better bilirubins) for the mom to keep the baby in her room after delivery, instead of the baby going to the nursery (loud, bright lights, lots of action/admissions). In fact, hospitals in CA do not even have nurseries!
  - Nurses are reluctant to change the way they do things and many still prefer to take the babies to the nursery.
  - Krista and her team members are attempting to change nursing practice because it is the right thing to do!
- Chris Yatsko's presentation was entitled "Spring Into Step: A Staff-Driven Mobility Initiative."
  - Basically, the evidence supports maintaining and/or increasing a patient's activity during their hospital stay.
  - Nurse's perceptions are that we are following our mobility protocol and keeping our patients active.
  - Fact Finding shows this is not happening. Again, the challenge is to transform culture and assure that we are doing the best for our patients.

# **ACTION ITEMS**

#### Where the rubber meets the road

# **Learnings to Consider for LVHN**

- Heighten staff awareness to the importance of asking clinical practice questions and becoming involved in Evidence-Based Projects! We are all nurse scientists.
- Consider concepts of an 'innovation unit' what else can 5K do to improve patient outcomes? An attending nurse, perhaps?

**Questions??** 



Talk to Deb who attended this very interesting conference.