

## Integrating Evidence Into Practice Through a Nurse Residency Program

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# **Integrating Evidence into Practice** *through a Nurse Residency Program*

**Patricia L. Hoak, MSN, RN, NEA-BC**

*Nursing Excellence Specialist*

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# Who We Are

- 5 Campuses
- 1 Children's Hospital
- 140+ Physician Practices
- 17 Community Clinics
- 13 Health Centers
- 11 ExpressCARE Locations
- 80 Testing and Imaging Locations
- 13,100 Employees
- 1,340 Physicians
- 582 Advanced Practice Clinicians
- 3,700 Registered Nurses
- 60,585 Admissions
- 208,700 ED visits
- 1,161 Acute Care Beds

# Quality Milestones

## 2010

- America's Best Hospitals for geriatrics-U.S. News & World Report
- No. 1 in PA and No. 2 in the Nation for Heart Attack Results-Centers for Medicare and Medicaid Services (CMS)
- Top 5 Academic Medical Centers in U.S.-University HealthSystem Consortium (UHC)
- NCI Community Cancer Centers Program-National Cancer Institute, U.S. National Institutes of Health
- 100 Most Wired and 25 Most Wireless Hospitals-Hospitals & Health Networks
- Top 100 Integrated Health Networks-SDI
- Leapfrog Top Hospital- THE LEAPFROGGROUP for Patient Safety Rewarding Higher Standards The Leapfrog Group
- One of the 30 Best Hospitals in America-Becker's Hospital Review
- 100 Best Places to Work in Healthcare-Becker's Hospital Review
- Carolyn Boone Lewis Living the Vision-American Hospital Association (AHA)



American Hospital Association

## 2011

- America's Best Hospitals for endocrinology, gastroenterology and geriatrics-U.S. News & World Report
- No. 1 and No. 2 Hospitals in the Region-U.S. News & World Report
- Magnet Hospital redesignation for nursing excellence-American Nursing Credentialing Center
- Top Performer on Key Quality Measures-Joint Commission
- Architecture and Design Award for environmentally friendly health care-GreenCare
- Top 100 Integrated Health Networks-Verispan
- 100 Most Wired Hospitals-Hospitals & Health Networks
- 100 Best Places to Work in Healthcare-Becker's Hospital Review



## 2012

- America's Best Hospitals for gastroenterology, orthopedics and pulmonology-U.S. News & World Report
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- Accredited Chest Pain Centers-Society of Cardiovascular Patient Care
- 100 Most Wired Hospitals-Hospitals & Health Networks
- NCI Community Cancer Centers Program (NCCCP) redesignation-National Cancer Institute, U.S. National Institutes of Health
- 100 Best Places to Work in Healthcare-Becker's Hospital Review
- Computerworld Honors Laureate-Computerworld Magazine
- VHA Leadership Award for Supply Chain Management Excellence-VHA
- HealthGrades Emergency Medicine Excellence Awards (LVH and LVH-Muhlenberg)-HealthGrades
- Certified Comprehensive Stroke Center-Joint Commission



American Heart Association  
American Stroke Association  
CERTIFICATION  
Primary credential for  
Comprehensive Stroke Center

## 2013

- America's Best Hospitals in 7 specialties-U.S. News & World Report
- Magnet Prize®-American Nursing Credentialing Center
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- America's Safest Hospitals - AARP
- Most Wired-Hospitals & Health Networks
- Integrated Health System to Know-Becker's Hospital Review
- 100 Best Places to Work in IT-Computerworld Magazine



## 2014-2015

- America's Best Hospitals in 7 specialties-U.S. News & World Report - 2015
- America's Best Hospitals in 10 specialties-U.S. News & World Report - 2014
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- Circle of Life for Palliative Care-American Hospital Association
- Most Wired Hospitals-Hospitals & Health Networks
- "Above Average" In Aortic Valve Replacement-Consumer Reports
- Re-certified Comprehensive Stroke Center-Joint Commission



American Heart Association  
American Stroke Association  
CERTIFICATION  
Primary credential for  
Comprehensive Stroke Center

## The Future of Nursing:

### LEADING CHANGE, ADVANCING HEALTH



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

**Recommendation 3: Implement nurse residency programs.** *State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.*

# Nurse Residency vs. Orientation

## Nurse Residency Program (NRP)

- Addresses transition into practice difficulties
- Incorporates an evidence-based curriculum
  - Communication
  - Patient-centered care
  - Organizational skills
  - Leadership
- Mentored by a variety of individuals with different roles

## Orientation

- Addresses clinical skills
- Incorporates a competency-based curriculum
  - Critical thinking
  - Patient care management
  - Assessments
- Mentored by a primary staff nurse (peer preceptor)



- Impact Retention
- Improve Patient Outcomes

# Integrating Evidence into Practice

**Susan DeTurk, MSN, RN, PCCN**

*Quality & EBP Specialist*

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# Project Work and NRP Graduation Requirements

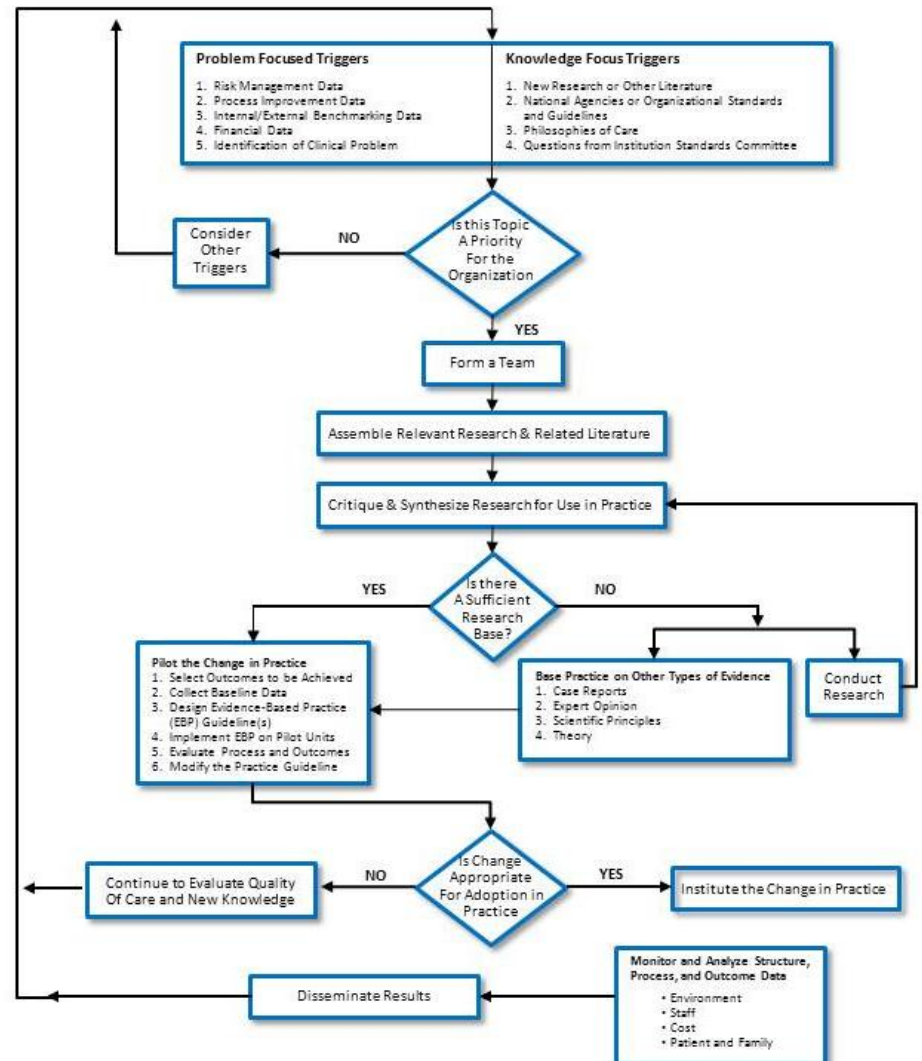
Each resident must complete an evidence-based practice (EBP) or research project.



# Evidence-Based Practice Facilitator



# The Iowa Model of Evidence-Based Practice to Promote Quality Care




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Source: Pediatr Nurs 2010 Jannetti Publications, Inc.

## EBP PROJECT FACILITATOR SEMINAR GUIDE

## LVHN NRP

Seminar	Objectives	Focus
<u><a href="#">Seminar 1</a></u>		<ul style="list-style-type: none"> <li>After the initial seminar, Nurse Residents should be contacting unit Leadership (Directors) for potential topics for the EBP Project.</li> </ul>
<u><a href="#">Seminar 2</a></u> Lecture (0915-1015) Librarian (1100-1230)	Identify KEY CONCEPTS of evidence-based nursing practice.	<ul style="list-style-type: none"> <li>Nurse Residents should have had an EBP Project discussion with Director and PCS from their unit prior to attending Seminar 2.</li> <li>Form a NRP team.</li> <li>Recognize an opportunity within your work environment that a change in practice would improve</li> </ul>
<u><a href="#">Seminar 3</a></u> Librarian (0915-1045) Lecture (1100-1145) Project Time (1145-	Discuss the rationale for conducting a thorough search of the literature.	<ul style="list-style-type: none"> <li>Final Project Topic approval from Director</li> <li>PICO Question and Evidence Table development</li> <li>First meeting with EBP Project Facilitator should occur between Seminars 3 &amp; 4 if not sooner.</li> </ul>
<u><a href="#">Seminar 4</a></u> Lecture (0915-1015) Project Time (1015-1100)	Discuss the rationale for conducting a thorough search of the literature.	<ul style="list-style-type: none"> <li>Complete Literature Search and Evidence Table</li> <li>Discuss the rationale for conducting a thorough search of the literature.</li> <li>Describe the types of literature that are used as support for an EBP Project.</li> </ul>
<u><a href="#">Seminar 5</a></u> Lecture (0915-1100) Project Time (1115-1230)	Identify if the evidence warrants a practice change.  Diffusion of Innovation Theory	<ul style="list-style-type: none"> <li>Review methods of summarizing evidence to inform if and how a practice change is warranted.</li> <li>Identify core team, opinion leaders, and change champions from your unit.</li> <li>Brain storm to identify implementation interventions.</li> </ul>
<u><a href="#">Seminar 6</a></u> Presentations Lecture (after presentations approx. 45 min.) Project Time (if available)	Discuss implementation strategies.  Identify data collection methods.  Recognize process	<ul style="list-style-type: none"> <li>Mid-point presentations (number of groups determines length of time spent on presentations)</li> <li>Project Plan               <ul style="list-style-type: none"> <li>Data collection methods</li> <li>Implementation Strategies</li> <li>Assuring your outcomes reflect your interventions.</li> </ul> </li> </ul>
<u><a href="#">Seminar 7</a></u> Lecture (0915-1015) Project Time (1030-	Implementing and sustaining change.	<ul style="list-style-type: none"> <li>Reviewing the Project Plan</li> <li>TRIP (Translating Research into Practice)</li> <li>Final Presentation Poster review.</li> </ul>
<u><a href="#">NRP Graduation</a></u> 1200-1400		<ul style="list-style-type: none"> <li>Assure the Final Presentation is uploaded to the X-drive by the date indicated.</li> <li>Submit final TRIP sheet for review</li> <li>Join your EBP Project group to celebrate your accomplishment!</li> </ul>

# Tools

- Timeline
- Concise outline/summary of Project Plan Summary
- Project Plan – detailed
- Evidence Table
- Critique Forms
- Metric planning
- EBP Facilitator Checklist



# Impact on Practice

## Completed Projects to date...

- Bowel Protocol in TSU
- Bariatric Surgery – early mobility
- Skin to Skin – Vaginal / C-Sections
- NCA for PEDS
- Clustering Care
- Finnegan Scoring for infants
- Fall Risk visual prompts
- Nutrition supplements with meds
- Handoff validity in NSICU
- Insulin administration/ sites
- Cord Care-Triple Dye
- PEWS
- Fall Identification in ED
- ATC Meds for Pain – Trauma
- Alarm Management – Tele
- Chest Tube dressings
- ED Skin Assessment
- Positioning devices for ECMO patients

# Keys to SUCCESS

- Commitment to EBP in the organization
- Guiding model for EBP
- Infrastructure
- Establishing expectations
- Tools to outline roles
- Follow-up
- Provide opportunities for the Nurse Residents to highlight the work!

# Evidence-Based Practice Project

**Matthew Briscese, BSN, RN**

*Nurse Residency Program Graduate, November 2015*

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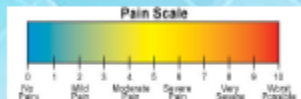
# Use of Cryotherapy in Reduction of Pain During Subcutaneous Heparin Administration

Matthew Briscese, BSN, Allison Grace, BSN, Molly Green, BSN, Tina Leech, BSN, Kaylyn Wapinsky, BSN

Lehigh Valley Health Network, Allentown, Pennsylvania

## PICO Question

- In adult medical surgical patients 50 years of age and over, does the utilization of cold application prior to injection at injection site reduce pain compared to current heparin subcutaneous injections?



## Evidence

Evidence Table			
Level of Evidence	Number of Studies	Summary of Findings	Year
Level I Experimental	1	• 30 Second duration of cold compress to injection site decreases level of pain as well as bruising at injection site	2015
Level III Non-experimental, Qualitative	2	• Application of two minute cold application can be effective in preventing and reducing the occurrence of bruising and decreases the perception of injection pain. • Overall relationship of ice application (decrease 0-10) and patient's perception of discomfort is validated.	2012 1995
Level IV	1	• Less pain noted after 72 hours post injection. • Bruising significantly decreased with cryotherapy	2006

## Implementation/Process

- Compiled a team consisting of Registered Nurses who practice on similar medical surgical areas.
- Selected project pertaining to patient population.
- Developed PICO question.
- Conducted research utilizing scholarly search tools and articles.
- Created survey and collected pain scores for control group as well as experimental group.
- Organized Data.

## Purpose/Background

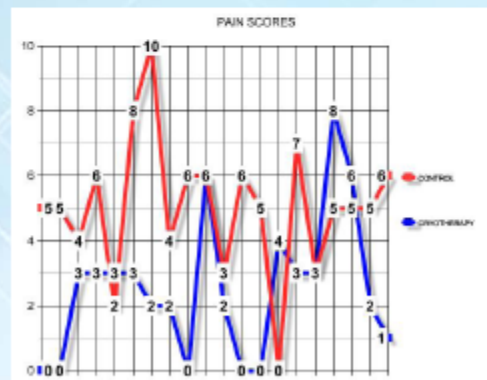
- Many patients are prescribed heparin injections prophylactically multiple times throughout a day. This may cause discomfort and agitation, therefore decrease patient satisfaction. Many studies have showed utilizing ice therapy before injection reduces pain scores (0-10) for patients receiving heparin subcutaneously.
- Currently at LVHN, there are no established best practice protocols to utilize cryotherapy for subcutaneous injections.

## Conclusion/Recommendations

Applying ice to injection site prior to subcutaneous heparin injection decreased overall pain scores for explored patient population. An overall decrease in pain has potential to increase overall patient satisfaction while hospitalized.

The biggest drawback was time management, which may decrease nurse compliance with ice therapy.

More research should be conducted, including variation of application in correlation with pain reduction.



### References

- Asper, G., & Knapik, M. (2012). Assessment of four different methods in subcutaneous heparin applications with regard to cause and pain. *International Journal of Nursing Practice*, 402-405.
- Dutton, M., & Apper, R. (2014). The effect of topical applications performed before subcutaneous heparin injection on development of bruising and hematoma. *55th Inter-Hospital Symposium (The Medical Bulletin of Saitama Hospital)*, 266-272.
- Rosa, S., & Sotelo, O. (1995). Heparin and hematoma: Does ice make a difference? *J Adv Nurs Journal of Advanced Nursing*.
- Gendri, M., Bayazitli, F., Çelik, Z., & Teyfik, I. (2015). Comparison of 3 Methods to Prevent Pain and Bruising After Subcutaneous Heparin Administration. *Clinical Nurse Specialist*, 174-180.

# Graduation



# Make It Happen



**Encourage  
the  
*WHY...***

# Questions?

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