

Structural Empowerment Source of Evidence - SE2EO

The healthcare organization supports nurses' participation in local, regional, national, or international professional organizations.

SE2EO: Provide two examples, with supporting evidence, of improvements in nursing practice that occurred because of clinical nurse involvement in a professional organization. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example a: Reducing the patient falls rate on 2F

Background/Problem

2 Front is a 36 bed high acuity telemetry unit at Capital Health Regional Medical Center (CH RMC). It is a busy, fast paced unit that has a high patient turnover rate. Although the unit primarily receives patients with cardiac diagnoses, the patient population is increasingly complex; many are frail older adults, have multiple co-morbidities, and may have some form of cognitive impairment. The multiple intrinsic factors place these patients at high risk for falls and nursing staff are constantly challenged by the intensified need to keep them safe.

In early 2015, despite fall prevention protocols, there was an increase in the number of patient falls on the unit. Nursing staff was concerned, as in May 2015 alone, there were 7 patient falls for a falls rate of 6.02 falls per 1000 patient days.

Jaclyn Gabauer, BSN, RN, Marilie Nicandro, BSN, RN, and Martha Villarin, BSN, RN, clinical staff nurses on 2F, are all members of the American Association of Critical-care Nurses (AACN). Ms. Gabauer and Ms. Villarin volunteered to review recommendations of best practices endorsed by the AACN and to identify opportunities for improvement. A falls team was formed, which included two falls champions, Ellen Kindle, RN and Heather Weigand, BSN, RN. Based on previous successes on other acute care units, the team developed an action plan incorporating some of AACN's *Six Healthy Work Environment Standards* (AACN, 2005).

Goal Statement(s)

Decrease the total number of patient falls/1000 patient days on 2F.

Description of the Intervention/Initiative/Activities

AACN's *Six Healthy Work Environment Standards* include skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, 2005). The team collaborated with the nursing staff to introduce several initiatives, applying some of these standards, to create a unified approach to reducing falls on the unit. Planning and implementation occurred in June 2015.

The major initiatives included:

- *Team Huddle*: At change of shift, teams from each shift meet in a team huddle. During the team huddle, members of the team, comprised of nurses, aides, and technicians, review critical patient issues using the new staff designed “Team Huddle Report” form. The shift to shift report includes a real time discussion on any patients at high risk for falls. Teams discuss current and any other potential interventions to prevent a patient in their care from falling. The whole team is alert and extra-vigilant about frequently checking the high-risk patients. Besides information sharing and increasing staff awareness, these team huddles encourage team responsibility and accountability. The team is relying on true collaboration and skilled communication, practicing a team approach to best prevent further falls.
- *Team Leader Rounds*: The team leader is also the charge nurse of the unit and is familiar with all the patients currently on the unit. The team leader rounds on the unit at a minimum once per shift, assessing at-risk patients and their rooms. By assessing the patient environment, the team leader identifies hazards like clutter that may result in patient falls. The team leader also ensures that patient items are placed within reach, call bells are answered in a timely manner and that bed alarms are turned on. The leader, demonstrating authentic leadership, documents all positive findings and areas for improvement on the Charge Nurse Rounding Form. Meaningful recognition is used to motivate staff. The team leader acknowledges individual staff and team efforts during the team huddle.
- *Staff Education*: Education included reiteration of falls prevention education and the importance of positive patient outcomes. The processes of Team Huddles and Team Leader Rounds were discussed in staff meetings and in one-on-one staff education on the unit. All team leaders were oriented to their role in the huddles and the rounds.

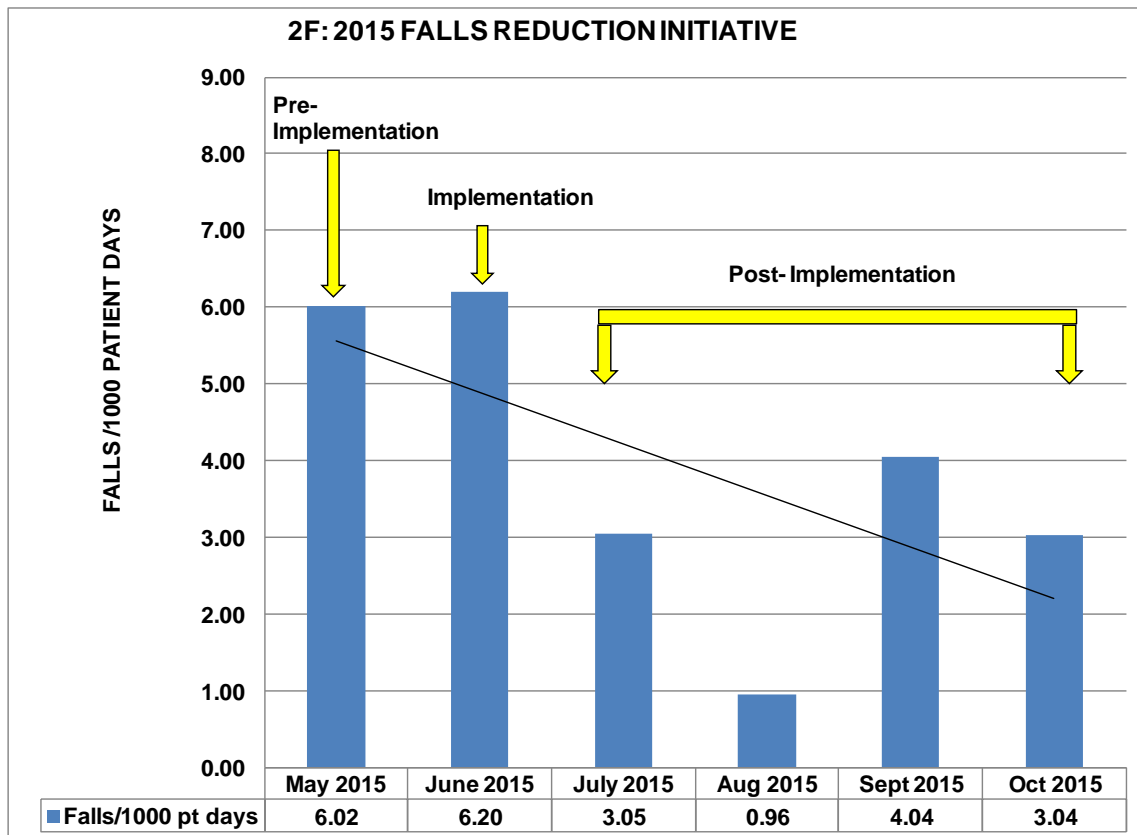
Participants

Name	Discipline	Title	Department
Ellen Kindle, RN	Nursing	Staff Nurse	2 Front
Heather Weigand RN	Nursing	Staff Nurse	2 Front
Chelsea Johnston RN	Nursing	Staff Nurse	2 Front
Jaclyn Gabauer RN	Nursing	Staff Nurse	2 Front
Judith DeAlday RN	Nursing	Asst Nurse Manager	2 Front
Marilie Nicandro RN	Nursing	Staff Nurse	2 Front

Martha Villarín RN	Nursing	Staff Nurse	2 Front
Dianne Cubberley RN	Nursing	Nurse Manager	2 Front

Outcome(s)

After 2 Front implemented the recommended interventions in June 2015, the subsequent falls rate was 3.05 in July, 0.96 in August, 4.04 in September and 3.04 in October. The staff of 2 Front demonstrated a significant level of pride in the interventions and team approach they took to decrease the number of falls on their unit. In December 2015, there were only 2 falls or a falls rate of 1.9 per 1000 patient days.



Reference

American Association of Critical-care Nurses. (2005). AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence. Retrieved from <http://www.aacn.org/wd/hwe/docs/hwestandards.pdf>

Example b: Reducing early elective deliveries in the L&D

Background/Problem

Research shows that Early Elective Deliveries (EED) performed between 37 and 39 weeks gestation, without a medical or obstetrical reason, are associated with an

increased risk of adverse maternal and neonatal outcomes. Over the years, physicians, Certified Nurse Midwives, and the Labor and Delivery (L&D) nurses at Capital Health received intensive education highlighting the risks of EEDs in an effort to decrease the number of inappropriate labor inductions and cesarean births.

Although we experienced a steady decline in the number of EEDs, we were not satisfied with our overall rate, which still hovered between 2-3% in second and third quarters 2012. A systematic literature review revealed that facilities, which instituted “hard-stop” measures, achieved better compliance and results in reducing their rate of EEDs.

Goal Statement(s)

To reduce Early Elective Deliveries (between 37 and 39 weeks gestation).

Description of the Intervention/Initiative/Activities

Recognizing that a firm buy-in from all stakeholders was necessary, an inter-professional task force, comprised of physicians, APRNs, management and L&D nurses was formed. The decision was made to formulate interventions based on the American College of Obstetricians and Gynecologists (ACOG) and Association of Women’s Health, Obstetrics and Neonatal Nurses (AWHONN) recommendations (ACOG, 2009, AWHONN [Simpson], 2009).

Katharine Donaldson, MSN, APN-C, WHNP-BC, C-EFM (APN) led the task force, and was instrumental in performing a gap analysis, creating the new process, and developing the guidelines. Despite overwhelming support for the project, there was still some resistance from a limited number of providers and staff. It was soon apparent, to Ms. Donaldson, that she would need a committed project champion on the unit to ensure the success of the new program.

Barbara Mizenko, RN C-OB, C-EFM, an L&D clinical nurse and a long-standing member of AWHONN, who firmly believes in the *39 is Fine* movement, quickly agreed to be the staff liaison. Ms. Mizenko presented the task force with ideas from articles and poster presentations published by AWHONN about quality improvement projects aimed at ending elective deliveries prior to 39 weeks gestation. One of the ideas Ms. Mizenko discussed included the need to streamline the scheduling process for induction of labor. She was also passionate about advocating for the patient and of the need to educate the patient about the benefits of waiting until the full 39 weeks.

The taskforce first decided to revise the scheduling process. Ms. Donaldson created the new forms, which would be used by the obstetric providers’ offices, for all scheduled inductions and cesarean births. A new policy, “Scheduling of Inductions and Cesarean Births” was created.

In fourth quarter 2012, the OB Multidisciplinary Safety Committee and the Department of Obstetrics and Gynecology endorsed these forms and the following process:

1. The obstetric provider completes the scheduling form that includes an acceptable indication/s for induction and/or cesarean birth

2. The completed form is faxed to the L&D unit.
3. The L&D charge nurse (clinical nurse) reviews the form, and if the indications are valid, approves the procedure.
4. If the indications are not clear, the charge nurse contacts the provider for clarification
5. All unresolved issues are referred to Iraj Forouzan, MD the Chairperson of the Department of Obstetrics and Gynecology.

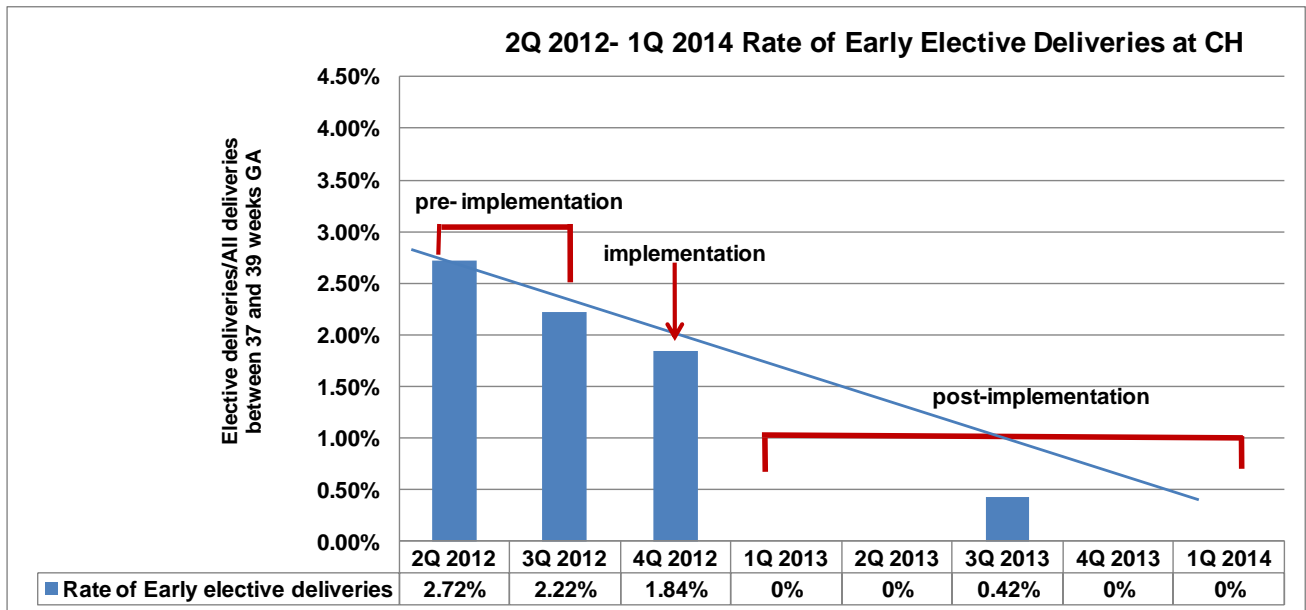
Obstetric providers and L&D nursing staff were educated about the new policy, forms, and process. Nurse champions, like Ms. Donaldson and Ms. Mizenko, were critical to the success of this quality improvement project. They reinforced education for both providers and staff, facilitated the scheduling process, and with perseverance, overcame early resistance to change.

Participants

Name	Discipline	Title	Department
Diane Boka RN	Nursing	Nurse Manager, L&D, RMC	Maternal Child Health
Regi Chacko RN	Nursing	Quality Analyst	QRM
Kathy Donaldson RN	Nursing	Advance Practice Nurse	Maternal Child Health
Iraj Forouzan, MD	Medicine	Dept. Chair, Dept. of Ob-Gyn.	Dept. of Ob-Gyn.
Judith Funches, MD	Medicine	Obstetrician	Dept. of Ob-Gyn.
Martha Goldman RN	Nursing	Nurse Manager L&D, Hopewell	Maternal Child Health
Pamela Graziadei RN	Nursing	Divisional Director, Maternal Child Health	Maternal Child Health
Rosemarie Lavender RN	Nursing	Staff Nurse	Maternal Child Health
Jill Mahony RN	Nursing	Advance Practice Nurse	Maternal Child Health
Barbara Mizenko RN	Nursing	Clinical Nurse	Maternal Child Health
Dawn Mormando RN	Nursing	Assistant Nurse Manger	L&D
Patrice Trauffer, MD	Medicine	Director, Maternal-Fetal Medicine	Dept. of Ob-Gyn.
Leanna Ziolkowski RN	Nursing	Nurse Informaticist	Nursing Informatics

Outcome(s)

Through their collaborative efforts, our L&D nurses implemented a change in process that resulted in positive patient outcomes. Although we still have deliveries at less than 39 weeks for medical reasons, we are proud to have dramatically reduced and have achieved almost zero Early Elective dDeliveries at CH. In 2014 and 2015, we only had one Early Elective Delivery in each of these two years.



References

American College of Obstetricians and Gynecologists (2009). *Induction of labor*. (Practice Bulletin No. 107) Washington, DC.

Simpson, K. R. (2009). *Cervical ripening, induction and augmentation of labor*. (AWHONN Practice Monograph; 3rd ed. updated). Washington, DC: Association of Women's Health, Obstetrics and Neonatal Nurses.