



# Massachusetts Organization of Nurse Executives

Research Committee

## Spring 2009 Posters

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### Poster

Building Partnerships in Education and Practice: The Massachusetts Nursing Initiative

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Essential Elements of an Optimal Clinical Practice Environment

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Peripherally Inserted Central Catheter (PICC) Bloodstream Infection Reduction in a Long Term Acute Care Hospital

Using Evidence Based Practice for the Treatment/Management of Post Operative Nausea and Vomiting

### Presenters

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## Building Partnerships in Education and Practice: The Massachusetts Nursing Initiative

Maureen Sroczyński, MS, RN, Farley Associates, Inc.

**Purpose:** The goals of the Massachusetts Nursing Initiative have been to rapidly increase the supply of skilled nurses through the expansion of the higher education pipeline, to increase the number of nursing faculty and to design a nursing education system to meet future health care demands.

**Description of the Project:** In 2005, discussions began between the workforce development community, the healthcare industry, nursing practice and academic leadership and the Department of Higher Education about the impact of the nursing shortage and the increasing demands on nursing education. This led to the establishment of the Massachusetts Department of Higher Education Nursing Initiative. With the support of the Massachusetts Legislature, this partnership of industry stakeholders and public and private education institutions has worked to address the nursing shortage and increase the capacity and quality of nursing education in the Commonwealth. The Initiative has focused on supporting and expanding education and practice partnerships and on utilizing an evidenced based approach to draw on existing data and emerging best practices to build regional and statewide models.

Recognizing the centrality of education and practice partnerships to effective program design and implementation, the Initiative began by commissioning a Nursing Education Partnership survey to assess the current level of partnership activity between healthcare facilities and nursing programs within the state. A project plan was then developed and depicted in a Nursing Education Pipeline model to identify the projects and best practices that would be funded over the course of the Initiative. Through the partnerships that have developed, the Nursing Initiative has been successful over the past three years in implementing a series of competitive grants and best practice projects including:

- Retention and mentoring programs
- Programs to increase numbers of faculty
- Opportunities to increase the availability and use of human simulation technology
- Programs to increase the diversity of the nursing and nursing faculty workforce
- Regional /Centralized Coordination of Clinical Placements
- Building a Framework for the Future of Nursing Education and Practice (the Nurse of the Future Project)

**Conclusions/Implications for Education and Practice:** Collaboration among all public and private stakeholders has been central to the success of this multifaceted project. Using the pipeline model to identify constrictions and reduce leaks, we believe that we have developed a comprehensive approach to increasing nursing education capacity and ensuring a stable and skilled nursing workforce for the future of our state.

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# Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice

Maureen Sroczyński, MS, RN, Farley Associates, Inc.

**Purpose:** To establish a formal coalition to create a seamless progression through all levels of nursing that is based on consensus competencies that include transitioning nurses into their practice settings.

**Description of the Project:** In March of 2006, the Massachusetts Department of Higher Education and the Massachusetts Organization of Nurse Executives (MONE) convened a facilitated working session entitled *Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice*. This invitational session brought together 32 experienced professionals from the major statewide stakeholders in nursing education and practice. At the conclusion of this summit, participants agreed to the purpose noted above. A working group composed of deans and faculty from across the segments of nursing education and nursing leaders and clinical staff from the continuum of practice settings was formed (the Competency Committee). Over the past two years, this group identified and analyzed competencies collected from other states, current practice standards; education accrediting standards; national initiatives and projected patient demographic and healthcare needs for Massachusetts. Through a process of synthesis and dialogue, the Competency Committee has developed a set of Nursing Core Competencies© for the Nurse of the Future. Utilizing a formalized process of focused communication including web-based input, consensus-building sessions in education and practice settings throughout the state, and a statewide summit, the Committee solicited feedback to refine and begin testing the competencies. A competitive grant process was then developed to support nursing programs working with their practice partners to assess current curriculum utilizing a Gap Analysis process and planning processes to develop new approaches to a seamless, coordinated competency based curriculum.

**Conclusions:** The Nurse of the Future Core Competencies© expand on the Institute of Medicine's core competencies for all healthcare professionals and the QSEN© competencies for quality and safety to define the expectations for all professional nurses of the future. The Nurse of the Future Nursing Core Competencies© present a set of knowledge, attitude and skills as the minimal expectations for initial nursing practice following completion of a pre-licensure professional nursing education program. We are now focused on utilizing these competencies as the foundation of new models for seamless, coordinated nursing curriculum.

**Implications for education and practice:** The shortage of nurses and nursing faculty threatens the safety and morale of the nursing workforce and compromises patient safety and the quality of care. With the decreasing supply and increasing demands on the nursing profession in both education and practice settings, education and practice partnerships are key to effective program design and implementation. An integrated practice/education competency model can positively impact patient safety, improve patient care, increase retention and ensure a sufficient and competent nursing workforce, which is paramount to survival of the healthcare system.

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# Essential Elements of an Optimal Clinical Practice Environment

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**Purpose:** This qualitative study describes essential components of an optimal clinical practice environment that supports clinical scholarship as viewed from the perspective of highly experienced bedside nurses.

**Background:** Although scholarship is traditionally associated with academe, clinical nurse scholars exist in every practice setting. Most published research was quantitative and focused on leadership and work related stressors. It indicated that an environment which supports scholarly nursing practice is essential to retention and satisfaction of clinical nurses, enhanced patient safety, and improved patient/family outcomes. However, no prior studies reported on what highly experienced nurses believe are the elements of an environment that is able to support scholarly nursing practice.

**Methodology:** Content analysis using the NVIVO software program was conducted with a sub-set of interview data from a larger qualitative study. Semi-structured interviews were conducted with 36 experienced clinical nurses employed at three tertiary medical centers and one community hospital.

**Results:** An optimal practice environment embraces scholarly nursing practice and balances care giving with professional development. Four themes integral to this balance include: 1) The practice environment needs to openly value scholarly nursing practice; 2) Seamless support is needed at every level of the organization; 3) Clinical scholars have professional development needs; and 4) It's a two way street.

**Conclusion:** This study provides new insights into unique key elements essential for development of scholarly nursing practice in hospital environments.

**Practice Implications:** The need to balance the duality of bedside care giving with the need for ongoing professional development is critical in the design of new clinical practice models. Nurse managers are an essential resource in the creation of a culture that supports scholarly practice. Some managers have been successful in achieving this type of culture by encouraging their staff to write and unpack clinical narratives.

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# Nurses' and Nursing Assistants' Reports of Missed Care Following Delegation

Gayle Gravlin, EdD, RN, NEA-BC, Lahey Clinic Medical Center  
Nancy Phoenix-Bittner, PhD, RN, CCRN, Regis College

**Problem/Purpose:** This descriptive, exploratory study measured nurses (RN) and nursing assistants (NA) reports of missed routine nursing care. This quantitative study was a follow up to a previous qualitative study conducted by these researchers, exploring delegation and critical thinking in which frequent instances of routine care omissions were reported.

**Background/Literature Review:** Kalish's (2004), and Bittner & Gravlin's (2008) qualitative study of staff nurses identified omissions of routine nursing care. Kalish (2007) developed the MISSCARE Survey-2 instrument to better study this phenomenon.

**Methodology:** Using the MISSCARE Survey-2 and a delegation assessment, the relationship of delegation effectiveness to missed care was measured on 16 medical-surgical units in 3 acute care hospitals in the Northeast. A unit characteristic survey was also distributed to Nurse Managers. With IRB approval, questionnaires were distributed to 568 RN's, 232 NAs and 16 Nurse Managers.

**Data Analysis/Results:** The response rate for the RN and NA group was each 42%. 100% of the Nurse Managers responded. RN and NA reports of missed care were widespread, confirming earlier study findings. The most prevalent care omissions were turning, ambulating, feeding, mouth care, and toileting. Reasons cited by both groups were an unexpected rise in volume or acuity, heavy admission or discharge activity and inadequate support staff. Disturbing findings not previously noted were that 88% of the Nurse Managers stated omissions had been reported to them, with 67% reporting the frequent occurrence of omissions. Prime factors affecting successful delegation indicated by both groups were communication, NA competency, attitude and workload. 43% of RN's and 60% of NAs reported that they had not received any delegation education, either in nursing school or by an employer.

**Conclusions:** Findings from this research provide insight into factors affecting successful delegation and reasons for care omissions. An honest assessment and analysis of point of care delivery system failures and ineffective processes is essential.

**Practice Implications:** CNOs and frontline nurse leaders must focus on implementing strategies to mitigate factors and the potential impact of care omissions including quality measures, patient satisfaction and reimbursement for the institution. Delegation education, communication and teamwork training must be a priority.

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# Peripherally Inserted Central Catheter (PICC) Bloodstream Infection Reduction in a Long Term Acute Care Hospital

Deborah L. Wilson, MSN, RN, CRRN, Shaughnessy Kaplan Rehabilitation Hospital

**Purpose:** This poster describes a proactive risk assessment project designed to address an increase in primary bacteremias related to PICC catheters.

**Background:** This project was developed in response to a sharp rise in the mean PICC bacteremia rate at Shaughnessy Kaplan Rehabilitation Hospital (SKRH) from 2005 (0.18) to 2006 (0.44). As a Long Term Acute Care (LTAC) hospital, SKRH admits nearly all its patients through referral from other facilities; all of which have varying central line management practices. Patients arrive at SKRH with minimal PICC information, complex medical conditions, and multiple co-morbidities. In addition, PICC lines, originally intended for single handler home infusion therapy, have evolved to widespread use with multiple line handlers across all levels of care in the presence of multi-drug resistant organisms. There are no studies of PICC bacteremia in the LTAC setting. Our challenge was to reduce the mean PICC bacteremia rate by determining which of these contributing factors were within our control and amenable to change.

**Setting/Population:** Shaughnessy Kaplan is a 160-bed LTAC and Transitional Care Hospital in Salem, MA with specialized programs in pulmonary, cardiac, neurology and orthopedics.

**Methodology/Process:** A proactive risk assessment was conducted using the VA National Center for Patient Safety Healthcare Failure Modes and Effects Analysis™ (HFMEA). This methodology assessed all aspects of PICC management from admission through line discontinuation. The HFMEA revealed a number of contributing factors within our control. These included chaotic PICC processes, practice variations, failure to treat occlusions and failure to discontinue the PICC when treatment had ended. These problems proved amenable to interventions which included: standardizing admission screening information, staff education, designating central oversight for PICC management, treating occlusions, promptly discontinuing the PICC when therapy was complete and implementing a new product.

## Outcome Measures/Results:

Mean PICC Bacteremia Rate (per 1000 patient days)			
2005	2006	2007	2008
0.18	0.44	0.54	0.13

**Conclusions/Lessons Learned:** As the outcome measures/results (above) indicate, this project was highly successful in reducing the mean PICC bacteremia rate. A key element in our success was the use of HFMEA to identify all possible contributing factors prior to attempting interventions. In this way, foundational and sustainable changes in practice were possible. Leadership and physician support of the project was crucial. The interventions we employed were primarily based in education and improved communication; however we did conduct a product evaluation related to the PICC dressing.

**Practice Implications:** This project contributes to nursing science by providing baseline information related to the reduction of PICC bacteremia in the LTAC setting. Randomized controlled studies in larger populations are needed to more rigorously test our conclusions. At SKRH, our next steps are to develop an electronic PICC order set and to begin applying the lessons learned from this project more broadly by extending some of our interventions to urinary catheter and clostridium difficile nosocomial infections.

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<sup>1</sup>DeRosier, J., Stalhandske, E., et al (2002) Using Health Care Failure and Effect Analysis™ Joint Commission Journal. May pp. 248-266.

# Using Evidence Based Practice for the Treatment/Management of Post Operative Nausea and Vomiting

Kathleen DeLeskey, MSN, DNPc, RN, Lawrence Memorial/Regis College  
Barbara Wallace, EdD, RN, Hallmark Health

**Purpose:** To bring the evidence for the treatment/management of PONV to the bedside.

**Background:** Nausea and vomiting is one of the most common postoperative complications following the use of inhalation anesthesia. One third of patients in the United States, some 75 million people, experience post operative nausea and vomiting (PONV) each year<sup>1</sup>. Among high risk patients, PONV can be as high as 78%.<sup>2-3</sup> Moreover, the retching associated with vomiting may lead to a number of negative sequelae including increased blood pressure and heart rate, decreased saturated oxygen level and ultimately surgical site stress triggering wound dehiscence.<sup>4,5</sup> Evidence based guidelines have been developed by ASPAN and the ASA to address the problem of PONV. Moving the evidence expeditiously to the clinical setting is important to the outcome of patient recovery and satisfaction.

**Setting:** All patient undergoing surgery using inhaled anesthesia at a small community hospital in the northeastern United States.

**Methods:** Using the audit and feedback process espoused by the Joanna Briggs Institute, an audit of surgical records was done to identify the level of compliance with evidence-based practice for the treatment/management of PONV. A team of key stakeholders was created and apprised of the project. Strategies were developed at the meeting to address the areas that needed to change. Change management occurred for three months and the records were then re-audited.

**Outcome:** Compliance to EBP had improved and the rate of PONV decreased.

**Conclusion:** Using EBP for this problem improved the rate of PONV in the patient population studied from 18% to 0%!

**Practice implications:** Using EBP for the treatment/management of PONV improves patient outcomes and satisfaction.

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