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Special points of interest:
- Evidence Based Practice is essential for Best Clinical Practice
- The Center for Nursing Excellence is dedicated to providing education related to EBP and research.
- Evidence Based Practice is a key component of the hospital's AMC 21 goals.

"March" toward Evidence
Welcome. This is our first Evidence Based Nursing Practice and Research Council Newsletter. The purpose of this newsletter is to showcase all of the EBP, Research, and Quality Improvement projects being designed and implemented by nurses. Nursing is leading the way on incorporating evidence based practice into their daily practice. Evidence based practice is defined as making clinical decisions on patient care issues based on the latest research evidence, the nurse's clinical expertise, and the patient's values. This practice aligns nursing with the AMC 21 strategic plan to become a premier medical center of the 21st century. The EBP model used by nursing at UAB is the Advancing Research and Clinical Practice through Close Collaboration (ARCC) model. The steps include 1) igniting inquiry, 2) asking the clinical question, 3) searching the literature, 4) critically appraising the data, 5) implement practice change, 6) evaluate the practice change, and 7) disseminating the information. This first addition of our newsletter will share some of the projects the Nurse Practice Congress, Unit-based Congress, and Individual nursing units are implementing. We hope you enjoy and plan to submit your project for publication in upcoming newsletters. For questions regarding EBP, research, and quality improvement contact the Center for Nursing Excellence at centerformnursingexcellence@uabmc.edu.

Evidence Based Practice Tiered Mentorship Program
This program provides an opportunity for nurses to focus on evidence based practice (EBP) and research initiatives with the partnership of a mentor in the Center for Nursing Excellence. The outcome of this program is a completed EBP project and a presentation/presentation. This is a 1 year commitment of monthly educational meetings and assigned homework. It is expected that you would devote 8 hours a month to this program. The EBP Tiered Mentorship program is in its second year. The first group have completed their projects and are working on dissemination to others through presentations and publications. The second year participants are working on their projects. If you'd like to participate in this program, please see emails regarding the application process (Due May 3) or contact the Center for Nursing Excellence.
UAB Hospital's Reaching for Excellence  By David James

UAB's AMC21 initiative aims to make UAB the Preferred Academic Medical Center of the 21st Century. What does a Preferred Academic Medical Center look like? Well, it is a place where 1) patients want to come for care; 2) employees want to work; 3) faculty want to practice and conduct research; and 4) students, residents, and fellows want to learn. To become the Preferred Academic Medical Center will require us .... to Reach for Excellence.

As part of the AMC21 initiative, Reaching for Excellence embodies UAB’s commitment to implement evidence based leadership practices and on-going leadership development. Specific strategies include:

quarterly Leadership Development Institutes (LDIs), patient/employee rounding, and AIDET training. By hardwiring these strategies and living our core values we can become the Preferred Academic Medical Center for the 21st Century.

Learn more at:
www.oneuabmedicine.org/UAB1/amc-21

The NICU Dashboard by Angel Kline

The NICU started a unit-based quality assurance committee last spring. This committee was divided into sub-committees that focused on reduction in infection rates of ventilator assisted pneumonias (VAP), central venous line associated bloodstream infections (CLABSI), and catheter associated urinary tract infections (CAUTI). The focus of the committee was to educate staff on simple measures that can make a major impact on the infection rates on our unit. Education for the prevention of VAP's consisted of proper mouth care, changing of ventilator circuits, and changing the position of the endotracheal tube placement throughout the shift. CLABSI education consisted of using clear dressings, scrubbing the hub for 15 seconds, and insuring that sterile technique and sterile procedure was used when the line was initially inserted. Education for CAUTI included education of sterile technique for insertion, using stat-locks, catheter bag placement for transport, changing the catheter according to hospital standard for days inserted, and getting a urinalysis on admission if the catheter was placed at an outside hospital. Overall hand hygiene of staff, as well as visitors, was enforced. According to Infection Prevention and Control at UAB, in accordance with the criteria set forth by the Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN), the NICU had the following results for quarter after the committee was established:

The CLABSI rate dramatically decreased to 0.80 per 1000 central line days from 5.2 per 1000 CVL days during the previous surveillance period. The NHSN mean rate is 1.5 for the NICU and our CLABSI rate below the NHSN mean. The NICU CLABSI SIR for the year is 0.9, which means that the NICU had less CLABSI than expected. The NICU CAUTI rate has decreased from 4.8 per 1000 urinary catheter days to 2.0 per 1000 urinary catheter days.

The NHSN pooled mean rate for CAUTI is 4.4; NICU CAUTI rate is below the NHSN mean. The NICU VAP rate was 5.2 per 1000 vent days; this is a decrease from the last surveillance period rate of 8.6 per 1000 vent days. The NICU is above the NHSN pooled mean rate of 3.8; yet, this was our best rate in over 10 years.
The Bath PACT was formed to investigate the optimal way to bathe patients to prevent skin injury, reduce microorganism spread, and promote both patient and staff satisfaction. Members of the multidisciplinary PACT included nurses, patient care technicians (PCT), wound ostomy practitioners, infection control practitioners, and staff educators. Evidenced based nursing practice (EBNP) revealed that bar soaps harbor bacteria when the soap fails to dry which promotes bacterial spread. EBNP also suggested that pH balanced soaps would be less harsh and drying on the skin. DIAL soap is alkaline and not pH balanced; therefore, it has been removed from our stock. The hospital is now supplying a liquid baby wash on central supply carts for patient baths. The baby wash is antimicrobial, pH balanced, and has a pleasing scent to patients.

Several critical care (ICU) studies have shown a decrease in central line infections when patients are bathed with chlorhexidine; however, these studies have not been duplicated outside the ICU. Other studies indicate that bacteria accumulates in bath basins that are improperly cleaned and stored.

The PACT recently surveyed UAB nurses and PCTs regarding patient bathing technique and bath basin cleaning. More than 400 staff responded to the survey, and the information obtained will be utilized for educational process improvement. The Bath PACT continues to meet and is working toward a final resolution.

What we do daily impacts our quality data!

Did you know that we have a nursing quality council (NQC)? We do! The NQC meets the 1st Wednesday of every month. What do we talk about you may ask? Why quality of course! The NQC focuses on the “nursing sensitive indicators” (falls, pressure ulcers, restraints, CAUTI, CALBSI, VAP, etc.), these are quality indicators that nursing can improve or worsen based on the actions we take or don’t take.

For example, if we leave a dependent loop in a Foley or choose not to "scrub the hub" on a central line we can cause an infection. These practices lead to poor quality care, which in turn can be seen in our quality data.

We collect quality data on a daily basis which is reported at the end of each month. This is our internal quality control plan. We also collect data on a quarterly basis and submit it to NDNQI and NHSN, both national databases for quality. This is our external comparison or benchmark. From these databases we can compare ourselves to other hospitals like us from across the country, are we doing better or worse than others. In this case, we want to be below the benchmark because that means less falls, restraints, or infections.

So how does collecting the data link back to what we do? Well, if we straighten the Foley and scrub the hub then we have fewer infections to report in our data collection, which translates into better scores and more importantly better patient outcomes.
The EBNP and Research Council meets every first Wednesday of the month from 12 to 1:30pm in the West Pavilion Conference Center Room E.

Nightshift meetings are at 7:30am on March 14, June 6, September 5, and December 5.

Check out our Website at http://libguides.lhl.uab.edu/cne

Evidence Based Practice and Research Educational Events

Evidence Based Practice Workshop
This workshop presents the definition of Evidence Based Practice and related terms. It also describes the evidence based practice process and how to incorporate evidence based practice into your daily clinical routine.
Place: WPCC Room E
Dates: June 19, 9:00am to 12:00 noon

"Hands On" Advanced Evidence Based Practice Workshop
This workshop provides hands on instruction on the evidence based practice process and how to incorporate evidence based practice into your daily clinical routine. It is required that participants bring an EBP project with them to this workshop and be prepared to discuss it with the group.
Place: JT 1007
Dates: September 5, 9:30am to 12:00

Oral and Poster Presentations Workshop
This workshop will offer participants oral presentation skills and poster presentation skills to assist in speaking in front of audiences whether here at the hospital, at a local meeting, or a national conference. Audio visual tips will also be discussed.
Place: WPCC Room E
Dates: August 20, 9:00 am to 12:00

A Taste of Statistics Workshop
This workshop is designed to introduce nurses to using statistics. This will help the nurse to think of how they wish to look at the data they are collecting for projects they are working on in their units.
Place: WPCC D
Dates: June 4, 11:00 am to 12:30 pm

Writing for Publication Series Workshops

Part 1: Writing for Publication
This workshop is designed for nurses who have an interest in publishing a paper. The workshop will consist of lecture, hands on learning, and discussion.
Place: 10th Floor Jefferson Tower Center for Nursing Excellence
Room: JT 1007
Dates: April 30, 9:00 am to 12:00

Part 2: Guest Presentation
Title of Talk: Writer's Workshop for Nurses
Guest Speaker: Shirley Smoyak
Editor, Journal of Psychosocial Nursing
Place: WPCC E
Date: May 25, 2012, 10:00am to 12:00 noon