Evidence Based Practice at Work by Annie Shedlarski

At UAB Hospital, we know that exemplary professional practice occurs when nurses: practice with competence & compassion; work together as a team; communicate openly; and develop professionally. We also know that it takes the efforts of the entire healthcare team to achieve improvements in patient outcomes and a threshold improvement in patient safety. The Nursing Practice Congress provides a mechanism for achieving these goals and tracking our progress. Evidence based practice is a building block of the Congress. Our mission statement from the 2012 NPC charter states: “UAB Hospital Nursing Services has adopted the American Association of Critical Care Nurses (AACN) Synergy Model as our Professional Practice Model and Patient & Family Centered Care as our Care Delivery Model. Incorporation of the Synergy Model centered on Patient & Family Centered Care establishes a foundation on which nursing can build a base for communication, improved patient outcomes, increased patient and employee satisfaction, and further the pursuit of quality, research, and evidence based practice. The Nursing Practice Congress provides a forum to accomplish each of these.” The work of the Congress is structured and organized in Professional Action Coordinating Teams (PACTs). The PACTs develop clinical guidelines employing the principles of evidence-based practice. A review of the literature is conducted to find the best practices for the issue being reviewed. Data is collected on the patient population impacted. The final resolution developed is based on the best practices identified after they are tailored to the needs of our patients. The PACTs also monitor post implementation outcomes to measure sustainability and patient outcomes. EBP is important to our professional development and clinical practice.

UAB Research Day a Success

The 3rd annual Magnet Evidence Based Practice and Research Day was a day-long program is filled with guest speakers, EBP and Research education, and presentations about the exciting work your colleagues have been doing over the last year. Over 110 nurses were in attendance.
Safe Blood Handling by Jeanne Dockery

Blood drawing practices are inconsistent throughout the hospital. These inconsistencies include order of lab draw, needles used for transfer of specimens and wait time for specimens being sent to lab. The lab is receiving many hemolyzed specimens resulting in treatment delays for abnormal lab values. Repeated needlesticks leads to patient dissatisfaction. Care must be taken during specimen collection, specimen processing, and specimen transport to avoid hemolyzed specimens. This issue was brought to Hospital Congress and a PACT was formed. The PACT discovered that not only was the failure to use blood transfer devices causing hemolysis, it also resulted in contaminated needlesticks to staff members which are costly to both the staff member and the institution should viral transmission occur. The PACT Resolution was to provide staff education regarding hemolysis and the use of blood transfer devices using posters placed in each unit and education from the BD representative on appropriate transfer devices available. The Resource Utilization Department will increase par levels of blood transfer devices on each unit and track usage. Monitoring hemolysis rates and incidences of staff needlesticks will be ongoing to evaluate areas that may need additional education.

Specialty Menu PACT: Improving Satisfaction One Meal at a Time by Meredith Jones

UAB Nursing has identified a need for diet-specific menus and patient education; therefore, the Specialty Menu PACT was born. Although there is some research available regarding the use of restaurant-style room service in inpatient settings, there is little research available regarding diet-specific menus or patient satisfaction of the ordering process of restaurant-style room service. Research has shown that patient satisfaction is significantly increased with implementation of room-service, however complications with the ordering process and frustrations with an "all-inclusive" menu that is not considerate of a patient’s ordered diet have been challenges that UAB has faced with this recent implementation. The Specialty Menu PACT is a multi-disciplinary group consisting of nurses, HSIS employees, registered dietitians and FNS administration working together to combine diet-specific, printable Menu Selection Guides for patients, CBORD application access for nurses and a flyer in the admission packet for patient education on room service. The goal is that the combination of the printable menus, the CBORD computer application access and the room service insert will improve patient satisfaction of the room-service ordering process, educate patients about their ordered diet, improve patient outcomes and eventually decrease re-admission rates. This three-fold plan is scheduled to be piloted on W8N beginning in late November, and if successful, will eventually roll out to other units of the hospital.

References:
Schirg, G. (2007). Determining the Patient Satisfaction Factors for Hospital Room Service & the Association of Room Service with the Overall Satisfaction with the Hospital Experience. The Graduate School University of Wisconsin-Stout (1-68).
Consistency with Cleaning by Amanda Beverly

Admission to rooms previously occupied by carriers of MRSA or VRE has been found to have a 40% increased risk of acquisition, likely through environmental contamination (Datta, Platt, Yokoe, & Huang, 2011). In light of this evidence, the Centers For Disease Control (CDC) and Prevention (2010) is encouraging all hospitals to develop programs using quantitative methods to optimize the thoroughness of terminal room cleaning upon patient discharges and transfers. Nineteen specific sites which include patient care equipment, medical devices, and patient room / bathroom environment should be assessed. The CDC’s Division of Healthcare Quality Promotion (2010) is recommending hospitals to have a quantitative method for measuring the thoroughness of high touch surface cleaning as part of terminal room cleaning at the time of discharge or transfer of patients. As part of the terminal room cleaning, this new federal recommendation dictates 19 specific sites, which include patient care equipment, medical devices, and the environment to be cleaned. Initially, the recommended sample size should be 10-15% of rooms. Evaluation should be performed by someone other than environmental services. Our PACT decided that nursing should evaluate the cleanliness of a sample of rooms on 10 pilot units for three months. The method chosen for this evaluation was Glo-germ and a black light. When a patient is discharged/ transferred, the applicable spots should be marked prior to EVS cleaning of the room. The room is then evaluated with a black light to see if the marked spots have been wiped cleaned. The goal of this process is not punitive, but rather a learning tool to make sure our patient’s environment is cleaned thoroughly. Our pilot is underway, and we are currently evaluating data monthly, but eventually we will do this process hospital wide.

Discharge Planning by Bianca Austin

The Discharge PACT was formed on October 12, 2011. The issue, submitted by a Nursing Resource Staff Nurse (Pool), was that there was no set procedure for discharging patients throughout UAB Hospital. Some of the concerns stated in the submission were that the patient and / or family members were not given a definitive date or time for discharge. After being notified of discharge, patients had to wait on orders to be entered, prescriptions to be written, and / or for ancillary services to be arranged before they could be discharged from the hospital. Due to these issues the hospital loses money; the nurse is taking away from the bedside, and most importantly; patient satisfaction is affected by these delays.

The PACT is composed of an interdisciplinary team of bedside nurses, case managers, call center nurses, a nurse manager, and a physician all working together to resolve this issue. Through evidence based research the PACT has identified areas that will improve the discharge process at UAB Hospital. The PACT has also identified tools already in place that are not being utilized by all disciplines. The goal of the PACT is to develop a process that can be easily implemented by all disciplines, improve the discharge process, and increase patient satisfaction.

Enteral Tube Placement by Cheri Plasters

A PACT is working on changing the practice of how enteral tubes are placed and verified using the Cortrak Enteral Tube. This new quality and safety improvement process, allowing UAB CRNPs to place small bowel enteral tubes at the bedside, was submitted to the Alabama Board of Nursing. Cortrak enteral tubes are BEST practice using the Cortrak System technology that allows visualization of the tube while inserting. The process prevents the practitioner from placing the tube into the lung or any other inappropriate position. This Cortrak System provides electromagnetically guided nasointestinal tube (EGNT) placement that is under visualized computer technology to guide in placement confirmation of the tube, showing the relative location of the feeding tube tip. The tip of the feeding tube stylet is an electromagnetic transmitter. A receiver unit is placed at the patient’s xiphoid process and acquires the signal from the stylet as it moves through the patient during the placement procedure. The track of the tube is shown on the computer monitor with both a 2-D (anterior) and a 3-D (depth cross section) view. This additional depth view is what makes CORTRAK even more accurate than x-ray.

http://www.corpakmedsystems.com/
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.

The next Nightshift meetings are at 7:30am on March 6, June 4, September 4, and December 3 in JT 1014.

Go to the EBP and Research Website for a complete list of 2013 EBP and Research Education.

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**2013 EBP and Research Education**

**Basic/Beginner Classes**

*EBP, Research, and Quality Improvement 101: Definitions and Processes*
- Total number of participants per workshop: 20
- Place: 1014 Jefferson Tower Center for Nursing Excellence
- Dates:
  - January 14, 2013, 7:30am to 8:30am
  - March 27, 2013, 11:00am to 12:30pm
  - November 5, 2013, 11:00am to 12:30pm

*IRB: 101*
- Total number of participants per workshop: 20
- Place: 1014 JT
- Dates:
  - February 26, 2013, 11:00am to 12:00pm

**Journal Club 101**
- This class presents the basic concepts of what a journal club is, and how to get started. It is recommended that you attend this class prior to attending the Hands On: How to Develop a Successful Journal Club.
- Total number of participants per workshop: 20
- Place: 1014 Jefferson Tower Center for Nursing Excellence
- Dates:
  - January 29, 2013, 11:00am to 12:30pm
  - February 11, 2013, 7:30am to 9:00am
  - March 28, 2013, 5:00pm to 6:30pm

**Intermediate/Advanced Beginner Classes**

*Hands On: How to Develop Your Successful Journal Club*
- Total number of participants per workshop: 5
- Place: 1014 Jefferson Tower Center for Nursing Excellence
- Dates:
  - January 29, 2013, 1:00pm to 2:30pm
  - February 18, 2013, 9:00am to 10:30am
  - March 7, 2013, 11:00am to 12:30pm

You must register for these classes with Christy Mcdougal at cmcdougal@uabmc.edu