A Shared Governance Electronic Communication System Helps the Passion for Nursing Practice Come Alive

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Cory Kroon, BSN, RN
Marin Karsmarski, BSBA, AD, RN, CMSRN, WCC
Bertie Chuong, MS, RN, CCRN
New Haven, CT
October 7, 2015
11:30 AM – 12:30 PM

Program Objectives

• Identify ideal components of a robust interactive electronic communication system

• Describe the workflow design and features of the web-based Nursing Shared Governance MasterLog used to process practice change requests into practice alerts

Ideal Communication System Components
Janet Parkosewich, DNSc, RN, FAHA
Nurse Researcher
Design Team

Guy Dufresne, BSN, RN, Clinical Nurse IV
Sherri Hopkins, BSN, RN, CMSRN, Clinical Nurse II
Janet Parkosewich, DNSc, RN, Nurse Researcher
Che Pulse, Coordinator Application Web Services
Rick Meskill, Application Specialist II Web Services
Stacie Walsh, MSN, RN, CMSRN, WCC, Nursing Education Specialist

Yale-New Haven Hospital

- Non-profit, 1,541-bed tertiary medical center
- 256 care sites (inpatient / ambulatory settings)
  - York St (Magnet® 2011) and St Raphael Campuses
  - Smilow Cancer Hospital at Yale-New Haven
  - Yale-New Haven Children's Hospital
  - Yale-New Haven Psychiatric Hospital
- Annual patient encounters:
  - 78,529 discharges
  - 1,204,666 ambulatory
- 12,152 employees: 4,800 nurses
Ideal Components

- Budget neutral - Use existing web application platform
- Create a single work environment for council members to process requests for practice changes and store documents

Nursing Shared Governance Council Meeting

Ideal Components

- Establish a project management system composed of workflow steps aligned with *Iowa Model of Evidence-Based Practice to Promote Quality Care*

Marita Titter, PhD, RN

Iowa Model

```
STEP 1
Identify clinical question
```

```
Trigger
Knowledge-Focused
Problem-Focused
```
Triggers for clinical question or concerns

- Everyday Clinical Practice
- Data - Quality Indicators, Hospital Reports
- Regulatory Agencies
- National & Local Standards
- Consults with Experts
- Hospital or Health System Committees
- Unit, Cluster Committees
- New Evidence


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Iowa Model

**STEP 1** Identify clinical question

**STEP 2** Question into PICO format

- **P** – Population
- **I** – Interest area or intervention
- **C** – Compared to current practice
- **O** – Outcome

**Feasibility Considerations**
- Aligned with Nursing Strategic Plan?
- Anticipated cost?
- Within scope of nursing practice?
- Within scope of shared governance?
Feasibility

Is request within scope of Nursing Shared Governance decision-making authority?

Clinical Nurses
Service-related accountabilities
- Nursing practice
- Quality and safety
- Standards
- Outcomes of care

Administration
Resources that support practice
- Human
- Material
- Fiscal
- Systems of care
  All financial decisions

Iowa Model

Form a Team
- Responsible council
- Project lead
  - Council members
  - Other nurses
  - Consultants

Goals
- Structure - context of care
- Process - adherence
- Outcome - effects of care

(Donabedian, A., 1966)
Iowa Model

STEP 1
Identify clinical question

STEP 2
Question into PICO format

STEP 3
Is this feasible/priority for hospital?

STEP 4
Form a team

STEP 5
Gather literature

STEP 6
Appraise & synthesize literature

STEP 7
Is evidence sufficient to change practice?

STEP 8
Change Practice

STEP 9
Monitor Outcomes

STEP 10
Disseminate Results

- Internal
- External

Ideal Components

- Robust interactive electronic system that automates two-way communication
  - Within and among councils
  - Between councils and nurses from all levels of organization

Ideal Components

- Easily access and 2 click rule - Nursing Website

Yale-New Haven NURSING
Simply the Best
Achieving Excellence Through Continuous Improvement and Innovation
Ideal Components

- Easy access and 2 click rule – EMR

Electronic Medical Record Home Page

Ideal Components

- Repository for all Evidence-Based Practice Projects

<table>
<thead>
<tr>
<th>Issue/Title</th>
<th>Source</th>
<th>Type of Request</th>
<th>Co-Chair</th>
<th>Final Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation and Implement</td>
<td>Operating Room</td>
<td>New Practice</td>
<td>Cory Kroon</td>
<td>3/3/2004</td>
</tr>
</tbody>
</table>

MasterLog Work Flow

Cory Kroon, BSN, RN
Co-Chair Nursing Shared Governance Coordinating Council
Definition of Terms

• Practice Change Request – submission of an electronic form to a council by any nurse via the MasterLog to:
  – Communicate innovative practice ideas
  – Request changes to an existing nursing practice
  – Introduce a new practice

Triggers for Change

<table>
<thead>
<tr>
<th>Knowledge Focused</th>
<th>Problem Focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>National agency or organization standards and guidelines</td>
<td></td>
</tr>
<tr>
<td>New evidence</td>
<td></td>
</tr>
<tr>
<td>Observed clinical problem</td>
<td></td>
</tr>
<tr>
<td>Data-driven - nursing or hospital reports (nurse sensitive indicators, patient safety or experience)</td>
<td></td>
</tr>
</tbody>
</table>

Practice Change Proposal

• Initiated after a Practice Change Request is approved
• Developed by the responsible council following Iowa Model
• 4-part electronic form outlining a comprehensive plan to change nursing practice

Open Comment Period

• An interactive electronic site – blog-like feature
• Councils post a final draft of a Practice Change Proposals
• Postings available for 14 days / month
• Professional accountability - Reviewed by nurses from all levels of the organization
Definition of Terms

**Practice Alert**
- Announcement of new or revised nursing practice resulting from the Nursing Shared Governance practice change process
- Devised from the Practice Change Proposal and feedback obtained during Open Comment Period

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**MasterLog Navigation**

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**5-Step MasterLog Work Flow**

**STEP I**
Enter New Change Request
Select Browse to upload evidence documents
• Can also upload evidence later

Use drop down menu to find appropriate Cluster Council
• Select Coordinating Council if ≥ 3 Clusters are involved
5-Step MasterLog Work Flow

STEP I
Submit Change Request

Requestor

Selected Council Chair & Chair-Elect

STEP II
Feasibility Review
Council Review

Accepted
Not Accepted
5-Step MasterLog Work Flow

**STEP I**
Submit Change Request

**STEP II**
Feasibility Review Council Review

**STEP III**
Change Proposal 4 Parts

**Shared Governance MasterLog**
Shared Governance MasterLog

STEP III
Change Proposal
4 Parts

Part 1
• Assign responsible Council
• Select team
• Need consultants?

Part 2

Part 3

Part 4

Evidence Review
Does evidence support change?

Evidence Review
Does evidence support change?
**Shared Governance MasterLog**

### STEP III

**Change Proposal**

4 Parts

**Part 1**
- Assign responsible council
- Select team
- Consultants?

**Part 2**
- Evidence Review
- Does evidence support change?

**Part 3**
- Write Proposal with Implementation Plan

**Part 4**

---

### Implementation Plan

- Refine PICO statement
- Determine structure, process, and outcome goals
- Monitoring goal progress
- Communication (nursing and others)
- Education
- Sustainability
- Dissemination
Shared Governance MasterLog

STEP III
Change Proposal
4 Parts

Part 1
- Assign responsible council
- Select team
- Consultants?

Part 2
Evidence Review
Does evidence support change?

Part 3
Write Proposal
with Implementation Plan

Part 4
Education Clearinghouse

NO
YES

STEP IV
14 Day Open Comment Period

E-mail list of >400 nurse leaders
Access for 3,800 clinical nurses

Open Comment
Reviewed by Councils

STEP V
Practice Alert

E-Mail list of nursing leaders and interdisciplinary partners
Access for 3,800 clinical nurses
# Practice Change Process

**Change Request**

**Practice Alert**

**Marin Karsmarski, BSBA, AD, RN**
Co-Chair Nursing Shared Governance Coordinating Council

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## View Requests

<table>
<thead>
<tr>
<th>Change Alert</th>
<th>Practice Alert</th>
<th>Type of Request</th>
<th>Change to Nursing Practice</th>
<th>Change to Medical Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe sleeping practices</td>
<td>Inpatient and outpatient setting</td>
<td>Inpatient and outpatient setting</td>
<td>Change to nursing practice</td>
<td>Change to medical practice</td>
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## Safe Sleeping Practices

**Post-Implementation**
- Inpatient and outpatient setting
- Inpatient and outpatient setting
- Inpatient and outpatient setting
- Inpatient and outpatient setting

**Pre-Implementation**
- Inpatient and outpatient setting
- Inpatient and outpatient setting
- Inpatient and outpatient setting
- Inpatient and outpatient setting

**Comparison**

**Current Practice**

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Part 1: Identify a Team
Part 2 Evidence Review

Attachments

Part 3: Implementation Plan

Update PICO

<table>
<thead>
<tr>
<th>Note III – Change Protocol</th>
<th>Part 3: Implementation Plan</th>
<th>Establish Goals and Monitoring Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Plan</td>
<td>New protocol update</td>
<td>Update PICO in plan and protocol</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Dr. John Smith</td>
<td>Update PICO in plan and protocol</td>
</tr>
<tr>
<td>Timeline</td>
<td>Week 1-2</td>
<td>Update PICO in plan and protocol</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td>Update PICO in plan and protocol</td>
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</table>

Establish Goals and Monitoring Plan

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<thead>
<tr>
<th>Goal</th>
<th>Monitoring and Evaluation</th>
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<tbody>
<tr>
<td>Patient satisfaction</td>
<td>Weekly surveys</td>
</tr>
<tr>
<td>Staff satisfaction</td>
<td>Monthly surveys</td>
</tr>
<tr>
<td>Process</td>
<td>Monthly audits</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Quarterly reviews</td>
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Update PICO

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<td>Monthly audits</td>
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<tr>
<td>Outcomes</td>
<td>Quarterly reviews</td>
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</table>
Part 3: Implementation Plan
Communication, Education, Sustainability, Dissemination

Part 4: Education Clearinghouse

Open Comment Period
Practice Change Proposal
RN Feedback
Council Response
RN Feedback
Practice Alert
Safe Sleeping Practices in Children under 1 Year of Age

E-mail list of nursing leaders and interdisciplinary partners

Access for 3,800 clinical nurses

Complex Practice Change

Change Request
Interdisciplinary Partners

Practice Alert

Bertie Chuong, MS, RN, CCRN
Resource and Education Coordinator

Family Presence during CPR
1st Practice Change Request

5/14/2014

<table>
<thead>
<tr>
<th>Step</th>
<th>New Practice Request</th>
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<tbody>
<tr>
<td>1</td>
<td>Practice Change Topic</td>
</tr>
<tr>
<td></td>
<td>Patient education during encounters in ED</td>
</tr>
<tr>
<td>2</td>
<td>Practice Setting</td>
</tr>
<tr>
<td></td>
<td>Emergency services</td>
</tr>
<tr>
<td>3</td>
<td>Background</td>
</tr>
<tr>
<td></td>
<td>Patients’ needs</td>
</tr>
<tr>
<td>4</td>
<td>Time of Request</td>
</tr>
<tr>
<td></td>
<td>Change to existing practice</td>
</tr>
<tr>
<td>5</td>
<td>Trigger for Change</td>
</tr>
<tr>
<td></td>
<td>Problem Focused</td>
</tr>
<tr>
<td>6</td>
<td>Identity of Professional Organization</td>
</tr>
<tr>
<td></td>
<td>RN and bedside nurses</td>
</tr>
</tbody>
</table>

Motivation for Practice Change

- Results of clinical nurse driven research project
- Interviewed 117 randomly selected medical patients

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Uncertain</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td></td>
<td>20.5%</td>
<td>15.4%</td>
<td>12%</td>
<td>25.6%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Mean score = 3.22 (SD ± 1.5)

Bradley, C., Keithline, M., Raymond, M., Leach, N., & Parkinson, J.
2nd Practice Change Request

5/30/2014

<table>
<thead>
<tr>
<th>Change Practice Request</th>
<th>Family Presence during CPR: Confronting Patient Emergencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Setting</td>
<td>Adult Inpatient Units</td>
</tr>
<tr>
<td>Representing Organization</td>
<td>Chair, Nursing Research Team</td>
</tr>
<tr>
<td>Type of Request</td>
<td>Change in existing practice</td>
</tr>
<tr>
<td>Target for Change</td>
<td>Knowledge/Process</td>
</tr>
<tr>
<td>Scientific/Professional Organization</td>
<td>Family preferences endorsed by AONC, DIN, AHA, Family Advisory Council, Nursing Research Group, and Nursing Practice Committee</td>
</tr>
<tr>
<td>Population</td>
<td>Adult Hospitalized Patients</td>
</tr>
</tbody>
</table>

Family Presence during CPR

<table>
<thead>
<tr>
<th>Goal 1: Increase Patient and Family Satisfaction</th>
<th>Family Presence during CPR: Confronting Patient Emergencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention of Issue</td>
<td>Adult Presence during CPR</td>
</tr>
<tr>
<td>Occupation</td>
<td>Adult Presence during CPR</td>
</tr>
<tr>
<td>Improvement in Outcomes</td>
<td>Family Presence during CPR: Confronting Patient Emergencies</td>
</tr>
<tr>
<td>Improvement in Quality</td>
<td>Family Presence during CPR: Confronting Patient Emergencies</td>
</tr>
<tr>
<td>Improvement in Patient Outcomes</td>
<td>Family Presence during CPR: Confronting Patient Emergencies</td>
</tr>
<tr>
<td>Improvement in Family Outcomes</td>
<td>Family Presence during CPR: Confronting Patient Emergencies</td>
</tr>
<tr>
<td>Improvement in Staff Outcomes</td>
<td>Family Presence during CPR: Confronting Patient Emergencies</td>
</tr>
<tr>
<td>Improvement in Staff Satisfaction</td>
<td>Family Presence during CPR: Confronting Patient Emergencies</td>
</tr>
</tbody>
</table>

Nursing Strategic Business Plan

- Community Health
- Oncology
- Pediatrics
- Perioperative
- Psychiatry
- Surgical
- Women & Infants
- Nursing Research Committee
- Policy & Procedure Committee
- Informatics
- Professional Development
- Quality & Safety
- Critical Care
- Emergency Services
- Heart & Vascular
- Medicine
- Coordinating Council

Policy & Procedure Committee

- Family Presence during CPR
- Family Advisory Council
Family Presence during CPR

Date Council Action
6-19-14 Coordinating Council Asked ED Council to collaborate with Carolyn Bradley
7-2-14 ED Council Agreed to merge their request
9-3-14 Coordinating Council ED request moved to inactive status
10-16-14 Coordinating Council CNO facilitated medical staff collaboration with the Patient Experience Medical Director

Family Presence during CPR

Task Force Members

Nurses Medical Staff
Chaplains Family Advisors
Patient Experience Respiratory Therapists
Security Informatics
Social Workers Legal Affairs

• Responsible for developing practice change proposal

Open Comment Period

Practice Change Proposal

RN Feedback

Regarding the end-of-life care discussion, when would it be best for suicidal patients commenting? Also, regardingFamily Presence during CPR is a high priority and critical issue. Thank you.

Anna (Inoue), RN
Practice Alert

<table>
<thead>
<tr>
<th>Practice Change Title</th>
<th>Family Presence during CPR: Cost-Effectiveness in Pediatric Intensive Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Setting</td>
<td>Adult and Pediatric Intensive Care</td>
</tr>
<tr>
<td>Type of Approach</td>
<td>Cost-benefit analysis</td>
</tr>
<tr>
<td>Responsible Council</td>
<td>Geriatric Advisory Council</td>
</tr>
</tbody>
</table>

**Population**
Adults and Pediatric Intensive Care Patients

**Intervention/Issue**
Creation of a Clinical Advisory Policy for Family Presence during CPR, including a process for evaluating practice.

**Comparison**
Current lack of policy/pediatric/adult care practices.

**Welcome**
Support of Patient and Family Centred Care

Iowa Model

1. **Identify clinical question**
   - **Question into PICO format**
   - **Is this feasible/priority for hospital?**

2. **Form a team**
   - **Gather literature**
   - **Appraise & synthesize literature**

3. **Is evidence sufficient to change practice?**

4. **Disseminate Results**
   - **Monitor Outcomes**
   - **Change Practice**

5. **Internal Dissemination**
   - Oral presentations to
     - Patient Services Manager Council
     - Nursing Leadership
   - Family Presence Facilitator training - 170 team members
   - E-learning program for 3,800 nurses
   - Family presence information posted on Nursing Website

6. **Change Practice**

7. **Is evidence sufficient to change practice?**

8. **Monitor Outcomes**

9. **Disseminate Results**

10. **Change Practice**
External Dissemination

2014 AACN’s Best Research Abstract
AACN National Teaching Institute Podium & Poster Presentations May 2014

CT Nursing Research Alliance Annual Conference Podium Presentation, October 2014

Conclusions

• Continue to optimize MasterLog features
• Create an expedited process for practice changes initiated by hospital and health system initiatives
• Expansion of Masterlog to YNHH-System

• System can be replicated in other organizations

MasterLog Demonstration
Thank You

Questions?

For more information please contact
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Office Phone: 203 – 688 - 5331