

Session C701 2015 ANCC National Magnet Conference®

Yale-New Haven Hospital

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

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 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



Nursing Shared Governance



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

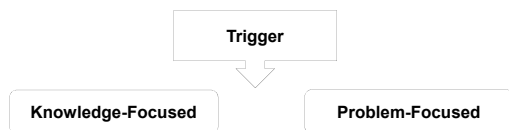
- Establish a project management system composed of workflow steps aligned with *Iowa Model of Evidence-Based Practice to Promote Quality Care*



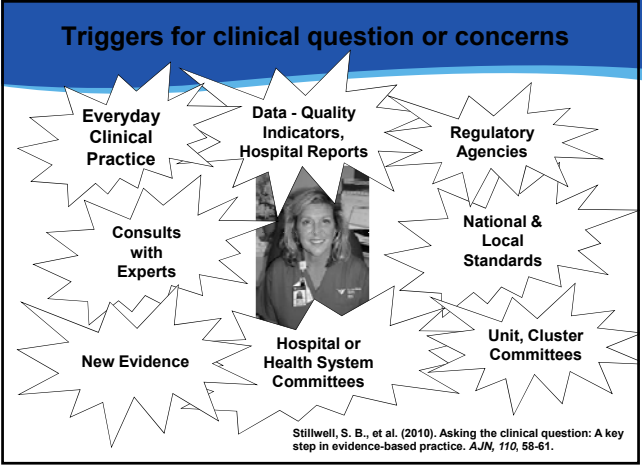
Marita Titler, PhD, RN

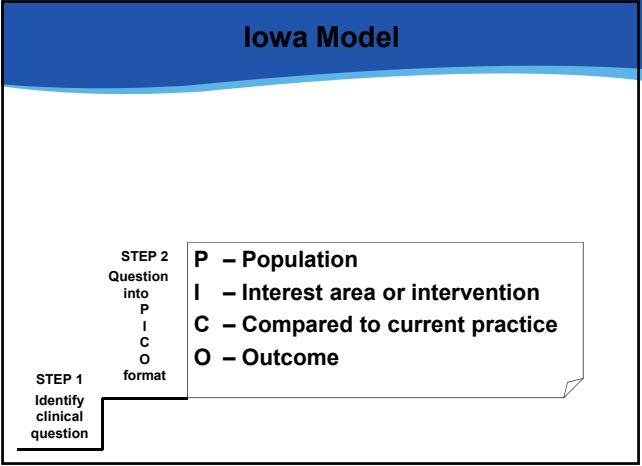
Titler, M. et al., (2001). *Critical Care Clinics of North America*, 13, 497-509.

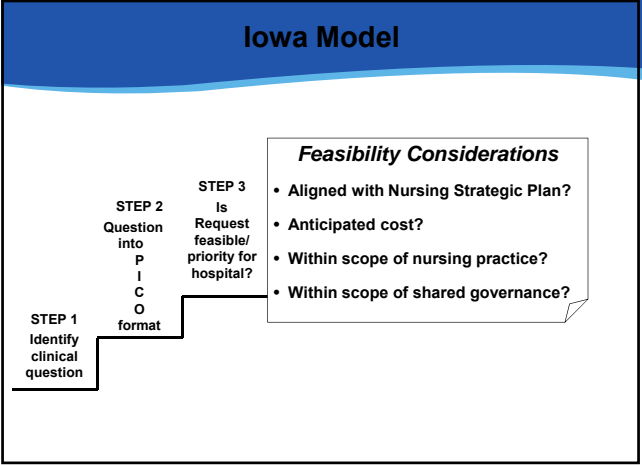
Iowa Model



STEP 1
Identify
clinical
question







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

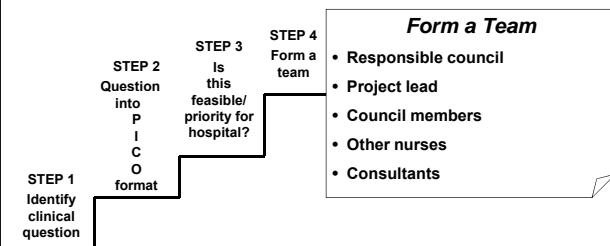
Administration

Resources that support practice

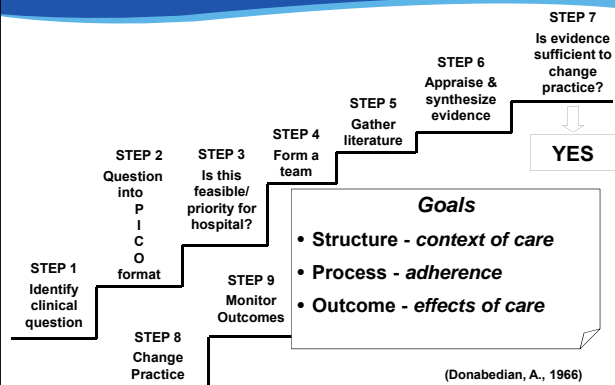
- Human
- Material
- Fiscal
- Systems of care

All financial decisions

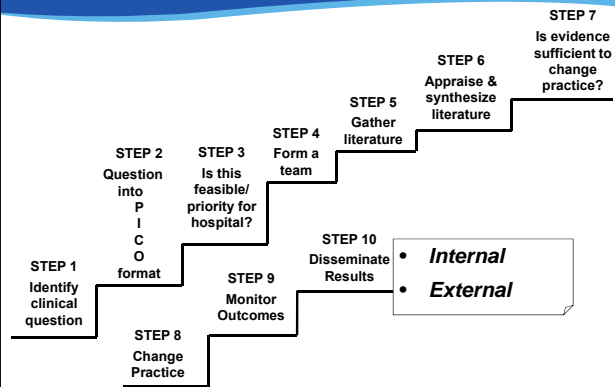
Iowa Model



Iowa Model



Iowa Model



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



Ideal Components

- Easy access and 2 click rule – EMR



Electronic Medical Record Home Page

Ideal Components

- Repository for all Evidence-Based Practice Projects

Change Title	Practice Setting	Type of Request	Cluster/Council	Final Status
patient ID Re-banding	inpatient and outpatient Y1848	Change to existing practice	Quality and Safety Council	12/3/2014
Peroperative Use of Epinephrine (topical) during Endoscopic Sinus Surgery	Operating Room	Change to existing practice	Peroperative Services	10/1/2014
pressure prevention sacral dressing	ed, peri-op in patient units procedure area	New practice	Coordinating Council (hospital wide)	7/2/2014
Continuous Oxygen Saturation Monitoring for Post-op Patients, Surgical Patients	ICU	Change to existing practice	Surgery Services	4/1/2014
Elimination of Lemon Glycine Invasives	In patient Units with older adults	Equipment or Products	Practice Excellence Council	1/7/2015
Blood Culture Collection from a Central Venous Access Device, Adult and Pediatric Policy and Procedure	All inpatient care units	Equipment or Products	Coordinating Council	10/1/2014
Care of children with burn/thermal injuries CPM and QSO	Pediatric	Policy revision	Childrens Services	4/1/2015
Unlabeled chair alarms and bed alarms for fall prevention	Children's Inpatient and Intensive Care	Equipment or Products	Childrens Services	7/2/2014
Nursing bladder distillation	community health outpatient clinic	Other	Community Health Services	11/5/2014
Obtaining blood samples from new IV starts	Emergency Services	Change to existing practice	Emergency Services	4/1/2015
Ultrasound guided IV start by nurse staff in all settings	Emergency Services	Education	Emergency Services	4/1/2015

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

Knowledge Focused

- National agency or organization standards and guidelines
- New evidence

Problem Focused

- Observed clinical problem
- Data-driven - nursing or hospital reports (nurse sensitive indicators, patient safety or experience)

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

Identify Team

Evidence Review

Implementation Plan

Education Clearinghouse
Endorsement

Open Comment Period

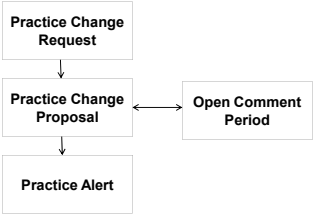
- An interactive electronic site – blog-like feature
- Councils post a final draft of a Practice Change Proposals
- Postings available for 14 days / month
- Professional accountability - Reviewed by nurses from all levels of the organization



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



MasterLog Navigation



5-Step MasterLog Work Flow

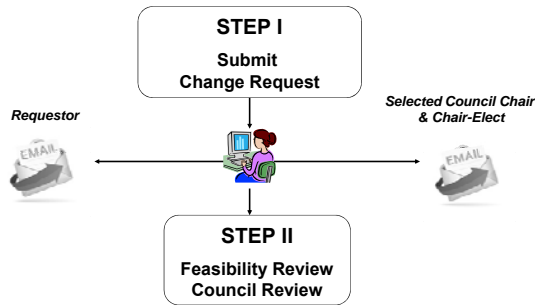
STEP I
Enter New
Change Request



5-Step MasterLog Work Flow

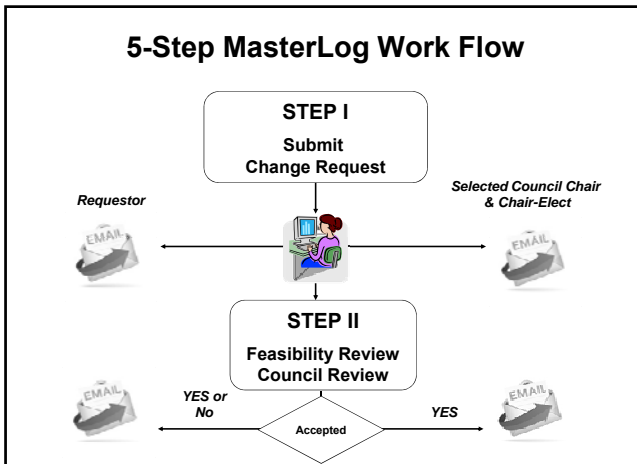


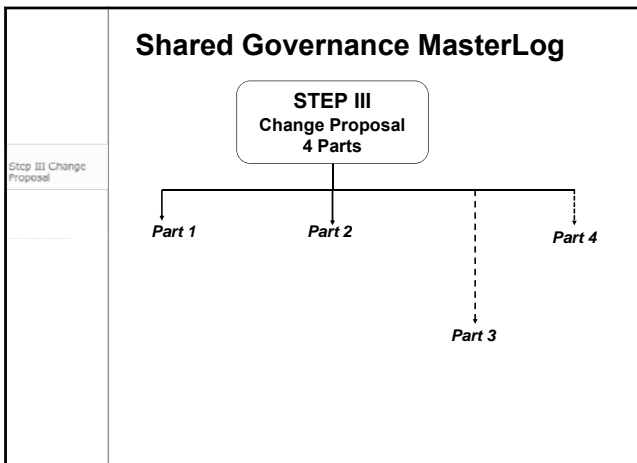
5-Step MasterLog Work Flow

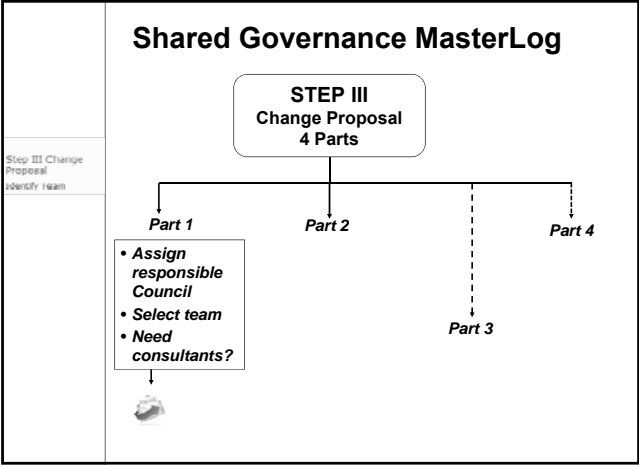


Step II Feasibility Review Feasibility Review	<div>Step II Feasibility Review regulatory, map-out or system required change</div> <div>(Selecting 'yes' will move request directly to Implementation) Existing Policy <input type="checkbox"/> Aligned with Strategic Business Plan <input type="checkbox"/> Assigned case <input type="checkbox"/> Within Scope of Nursing Practice <input type="checkbox"/> Within Scope of Shared Governance <input type="checkbox"/> Other Considerations <input type="text"/></div> <div>Discusses <div><div><input type="checkbox"/> Biomedical Engineering <input type="checkbox"/> Data Governance <input type="checkbox"/> Clinical Informatics <input type="checkbox"/> Diagnostic Imaging <input type="checkbox"/> EMR/EHR <input type="checkbox"/> Environmental Health and Safety <input type="checkbox"/> Equipment Maintenance and Standards Committee <input type="checkbox"/> Food Operations <input type="checkbox"/> Information Technology <input type="checkbox"/> Laboratory Medicine <input type="checkbox"/> Medical Staff <input type="checkbox"/> Occupational Health <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Support Services (Security) <input type="checkbox"/> QMS <input type="checkbox"/> Religious Ministries <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Social Services <input type="checkbox"/> Other</div><div>Other disciplines, vendors, or committees or other shared gov. <input type="checkbox"/></div></div><div>Other disciplines, vendors, or committees or other shared gov. <input type="checkbox"/></div></div> <div>Status <input type="text"/> Attachments <input type="text"/></div>
	<div>Accepted Not Accepted</div>

Step II Feasibility Review Feasibility Review Council Review	Step II - Feasibility Review Part 2 (Council Review)	
	Patient Excellence Council	Yes
	Professional Development Council	No
	Quality and Safety Council	No
	Information Council	No
	Children services	No
	Community health services	No
	Critical Care Services	Yes
	Emergency Services	Yes
	Heart and Vascular Center Services	Yes
	Medicine Services	Yes
	Oncology Services	Yes
	Participative Services	Yes
	Psychiatry Services	No
	Surgery Services	No
Women's Services	No	
Council Review Notes	3/28/17 CC: Email sent to Loretta Marzullo and HEC Council Chair/Chair Elect for update. Main Kanamori 4/6/17 CC: Per email via Loretta the HEC proposal just forward with Loretta, Main Kanamori.	
Council Review Complete	Yes	







Step III Change Proposal
Identify team
Evidence Review

Shared Governance MasterLog

Step III - Change Proposal Part 2 (Review of current evidence)
Summary of Evidence

Strength of Evidence

Step III - Change Proposal Part 3 (Implement)
Implementation Plan Sponsor

Sufficient research evidence
Change recommended per expert opinion
Insufficient Evidence

Evidence Appraisal Tools

Evidence Summary Table

Step III Change Proposal
Identify team
Evidence Review
Implementation Plan

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?
NO
YES

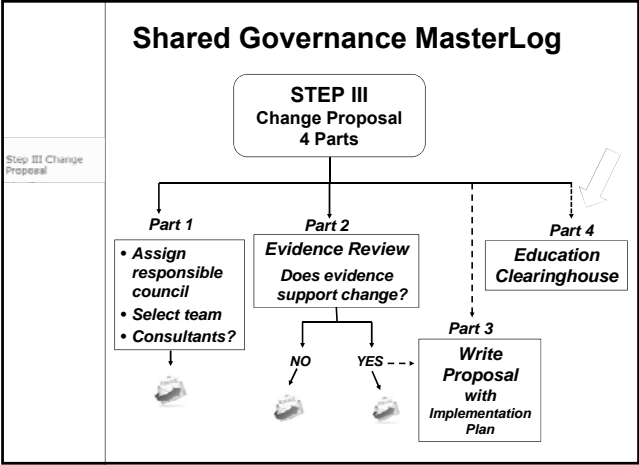
Part 3
Write Proposal with Implementation Plan

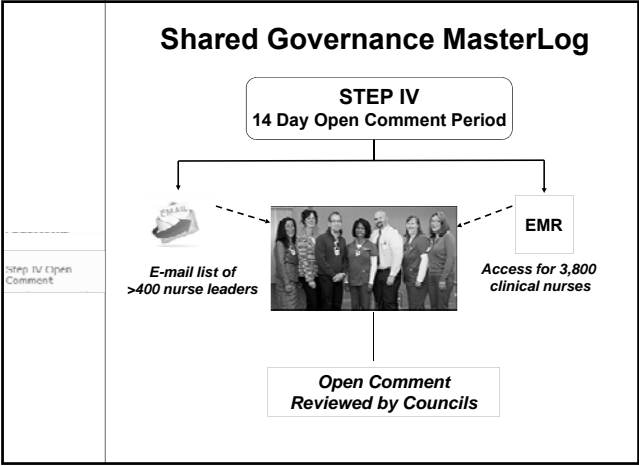
Part 4

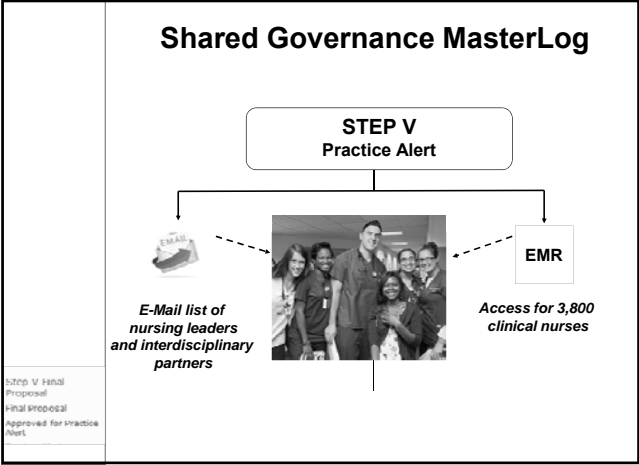
Step III Change Proposal
Identify team
Evidence Review
Implementation Plan

Implementation Plan

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







Practice Change Process

Change Request


Practice Alert

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

View Requests

Practice Alert				
Change Title	Practice Setting	Type of Request	Cluster/Council	Final Status Date
patient ID non-handling	Inpatient and outpatient vision	Change to existing practice	Quality and Safety Council	12/3/2015
Noninvasive Use of Dopamine (Biosite) during Endovascular Great Surgery	Operating Room	Change to existing practice	Interoperative Services	10/1/2014
pressure prevention sacral dressing	wt, perineal in patient unit procedure area	New practice	Coordinating Council (Hospital wide)	7/2/2014
Continuous Oxygen Saturation Monitoring for Post op Cardiac Surgical Patients	ICU	Change to existing practice	Surgery Services	4/3/2013
Reevaluation of Lesson/Separation Bedside	Isolated Units with older adults	Equipment or Products	Practice Excellence Council	1/2/2013
Blood Culture Collection from a Central Venous Access Device, Adult and Pediatric; Policy and Procedure	All inpatient care units	Equipment or Products	Coordinating Council	10/1/2014
Care of children with nonthermal injuries, CTRE and CBO	Pediatric	Policy revision	Childrens Services	4/1/2013
Utilizing chair alarms and bed alarms for fall prevention	Children's Inpatient and Infusion areas	Equipment or Products	Childrens Services	7/2/2014
Nursing Bladder Inflation	Community Health Evaluation Clinic	Other	Community Health	11/8/2014
Obtaining blood samples from new IV sites	Emergency Services	Change to existing practice	Emergency Services	4/3/2013
Ultrasound guided IV start by nursing staff in ICU setting	Emergency Services	Education	Emergency Services	4/1/2013
Code Cessing Injections in Children under 1 year of age	Inpatient pediatric in NICU	New practice	Childrens Services	4/3/2013
Family Preference during CPR, Coordinating Council	Adult Inpatient Units	Change to existing practice	Coordinating Council	5/2/2013

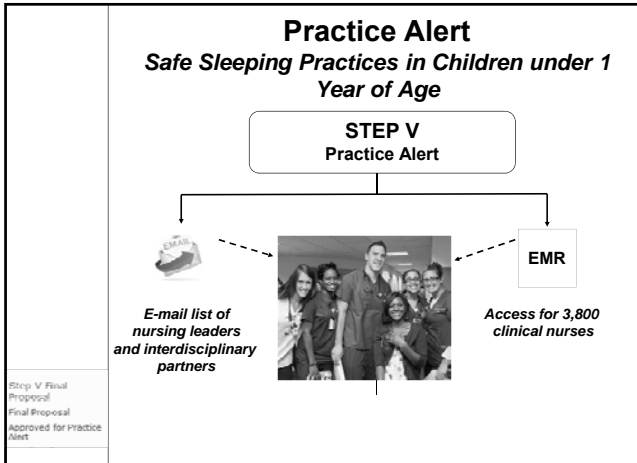
Safe Sleeping Practices

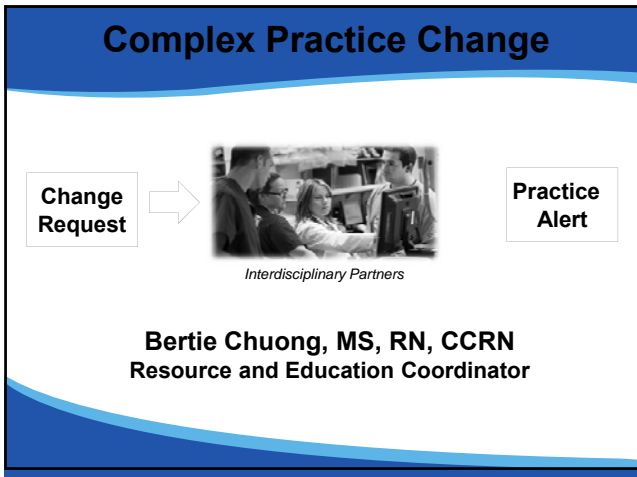
Step 1: Change Request	
Similar Name Request	
Step 1 - New Practice Request	
Practice Change Title	Safe Sleeping Practices in Children under 1 year of age
Practice Setting	Inpatient pediatric in NICU
Representing	Inpatient Care Area
Name of Committee Group	Children's services
Type of Request	New practice
Topic for Change	Bedside Request
Responsible Professional Organization	
Population	Children under 1 year of age
Intervention or Issue	When infants are taken to sleep, they should be on a mattress, no extra objects in crib (stuffed animals, blankets, pillows, etc.), and no pillows or bumpers. Infants in the NICU should be in the NICU for 12 months of age.
Comparison	Infants placed on sides, stomachs, backs, blanket rolls used to position, toys and diapers in crib, and pillows used under heads. Head of bed elevated.
Outcome	Meeting nationally recommended safe sleeping environment for infants under 12 months old.
Affected Cluster	Children's services
	
Comparison Current Practice	

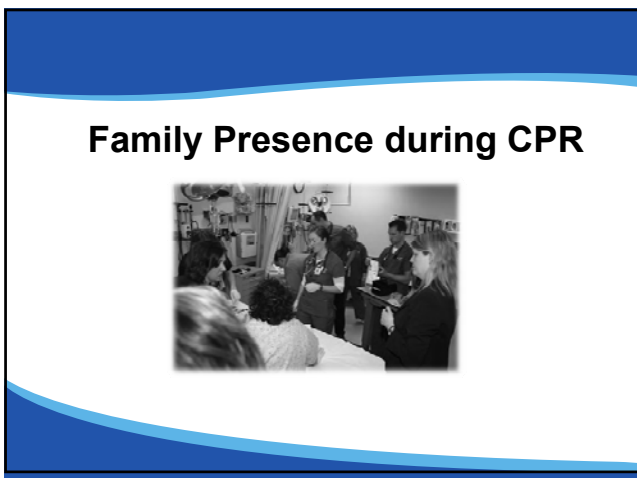
Step II Feasibility Review Feasibility Review	Step II - Feasibility Review Part 1	
	Fitting Policy <input type="radio"/> No <input checked="" type="radio"/> Yes Aligned with Strategic Business Plan <input type="radio"/> Yes <input checked="" type="radio"/> No Anticipated Cost <input type="radio"/> No <input checked="" type="radio"/> Yes Within Scope of Nursing Practice <input type="radio"/> No <input checked="" type="radio"/> Yes Within Scope of Shared Governance <input type="radio"/> No <input checked="" type="radio"/> Yes Other Considerations <input type="text"/>	
	Disciplines	<input type="checkbox"/> Biomedical Engineering <input type="checkbox"/> Care Coordination <input type="checkbox"/> Clinical Nutrition <input type="checkbox"/> Diagnostic Imaging <input type="checkbox"/> EPRC <input type="checkbox"/> Environmental Services <input type="checkbox"/> Equipment Products and Standards Committee <input type="checkbox"/> Food Operations <input type="checkbox"/> Information Technology <input type="checkbox"/> Laboratory Medicine <input checked="" type="checkbox"/> Medical Staff <input type="checkbox"/> Occupational Health <input checked="" type="checkbox"/> Occupational Therapy <input type="checkbox"/> Pharmacy <input checked="" type="checkbox"/> Physical Therapy <input type="checkbox"/> Protective Services (Security) <input type="checkbox"/> QRS <input type="checkbox"/> Radiology Medicine <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Social Services <input checked="" type="checkbox"/> Other Other disciplines, departments, or committees that need to be included
	Status	<input checked="" type="radio"/> Accepted for Consideration <input type="radio"/> No

Step II Feasibility Review Feasibility Review Council Review	Step II - Feasibility Review Part 2 (From 2 Review)	
	Practice Excellence Council <input type="radio"/> Yes <input type="radio"/> No Professional Development Council <input type="radio"/> Yes <input type="radio"/> No Quality and Safety Council <input type="radio"/> Yes <input type="radio"/> No Informatics Council <input type="radio"/> Yes <input type="radio"/> No Children Services <input checked="" type="radio"/> Yes <input type="radio"/> No Community Health Services <input type="radio"/> Yes <input checked="" type="radio"/> No Critical Care Services <input checked="" type="radio"/> Yes <input type="radio"/> No Emergency Services <input checked="" type="radio"/> Yes <input type="radio"/> No Heart and Vascular Center Services <input type="radio"/> Yes <input checked="" type="radio"/> No Medicine Services <input type="radio"/> Yes <input checked="" type="radio"/> No Oncology Services <input type="radio"/> Yes <input checked="" type="radio"/> No Perioperative Services <input type="radio"/> Yes <input checked="" type="radio"/> No Physiatry Services <input type="radio"/> Yes <input type="radio"/> No Surgery Services <input type="radio"/> Yes <input type="radio"/> No Women's Services <input checked="" type="radio"/> Yes <input type="radio"/> No	

Step III Change Proposal Identify Team	Part 1: Identify a Team	
	Step III - Change Proposal Part 1 (Identify proposal team members) Responsible Council <input type="text"/> <input type="text"/> Project Lead <input type="text"/> <input type="text"/> Council Members <input type="text"/> <input type="text"/> Other Nurses <input type="text"/> <input type="text"/> Consultants <input type="checkbox"/> Nursing Research Committee <input type="checkbox"/> Nursing Policy Committee <input type="checkbox"/> Magnet Program (qualitative outcome/score of data) <input type="checkbox"/> Other Other Consultants <input type="text"/> <input type="text"/> Consultant Dates <input type="text"/> <input type="text"/> Identify team complete <input checked="" type="radio"/> Yes <input type="radio"/> No	







1st Practice Change Request

5/14/2014

Step I New Practice Request	
Practice Change Title	family presence during resuscitation in the ED
Practice Setting	emergency services
Representing	Patient Care Area
Name of Committee/Group	ED cluster
Type of Request	Change to existing practice
Trigger for Change	Problem Focused
Identify Professional Organization	
Population	patients, and family members, while in the ED during resuscitation

Nursing Shared Governance



Motivation for Practice Change

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

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
20.5%	15.4%	12%	25.6%	26.5%

Mean score = 3.22 (SD ± 1.5)

52.1% (N=61)

Bradley, C., Keithline, M., Raymond, M., Leach, N., & Parkosewich, J.

2nd Practice Change Request

5/30/2014

Step 1 - New Practice Request	
Practice Change Title	Family Presence during CPR Considering Patient Preferences
Practice Setting	Adult Inpatient Units
Representing	Charter Group
Name of Committee-Group	CSD Research Team
Type of Request	Change to existing practice
Trigger for Change	Knowledge Focused
Identify Professional Organization	Family presence is endorsed by AACN, CNA, AHA (family presence). New evidence: YHWH research (patient preference)
Population	Adult Hospitalized Patients

Nursing Strategic Governance

Nursing Strategic Business Plan



Step 1 Change Request	
Submit New Request	
Family Presence during CPR	
Step 1 - New Practice Request	
Practice Change Title	Family Presence during CPR Considering Patient Preferences
Practice Setting	Adult Inpatient Units
Representing	Charter Group
Name of Committee-Group	CSD Research Team
Type of Request	Change to existing practice
Trigger for Change	Knowledge Focused
Identify Professional Organization	Family presence is endorsed by AACN, CNA, AHA (family presence). New evidence: YHWH research (patient preference)
Population	Adult Hospitalized Patients
Intervention or Issue	Family presence during CPR, although endorsed by professional organizations, is not a widespread practice. Patients at risk (BIB) to be asked about their views on this practice. There is little evidence in the literature to determine if hospitalized patients with family presence during CPR or if they wish to be the decision makers regarding family presence. To address the lack of evidence, a research study was conducted at YHWH to explore the patients' (70%) preference regarding family presence during CPR.
Comparison	Currently at YHWH, family presence during CPR is not evaluated in the Code Blue Policy, and there is not a process to voice the wishes of the patient regarding if family should be present during CPR. Family presence is endorsed by AACN, CNA, AHA.
Outcome	Research outcome: Approximately one-half of the patients present or strongly agreed that it was important to have a family member present during CPR (52.1%), important for them to be the decision maker about who should be present (57.9%), and important to have consent obtained if not CPR (52.1%). Subjects identified roles (nurses/physicians) (50.3%) as someone (54.2%), adult (48.7%), child (3.2%), other (10.1%) or companion (4.2%) as the person they wanted to be in event. Agreement with impact of family presence during CPR was associated (unadjusted) with age ($p=0.02$) and race ($p=0.01$). Agreement was not significantly and independently associated with this statement ($OR=0.3$; 95% CI=0.03-3.6; $p=0.39$). Conclusion: Having a family member present during CPR is a very personal decision, which needs to be made by the patient. For some, particularly younger patients, having a family member stay with them during this critical event is important. The results of this study should be used to determine the extent of family involvement in patient or child with this specific aim of providing care that is patient or child centered.

Step II Feasibility Review
Feasibility Review

Family Presence during CPR

Step II: Feasibility Review Part 1

Existing Policy	No
Aligned with Strategic Business Plan	Yes
Anticipated Cost	No
Within Scope of Nursing Practice	Yes
Within Scope of Shared Governance	Yes
Other Considerations	


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

Step III Change Proposal
Identify ISM evidence Review
Implementation Plan
Changehouse Endorsement

Family Presence during CPR

Task Force Members

Nurses
Chaplains
Patient Experience
Security




Medical Staff
Family Advisors
Respiratory Therapists
Informatics
Social Workers
Legal Affairs

- Responsible for developing practice change proposal

Step IV Open Comment

Open Comment Period


Chung, Robert

Practice Change Proposal

Family Presence during CPR: Considering Patient Preferences

New Shared Governance Change Request

Change Request: Family presence during CPR considering patient preferences


Responsible Council: Coordinating Council

Type of Request: Change to existing practice

Impact for Change: Knowledge is needed regarding current and evidence-based practices, implementation of policy, and evidence-based practice.

Comparison: Current lack of policy/guideline/consensus position.

Outcome: Support of Patient and Family Endorsed Case


Anna, Anna

RN Feedback

Regarding the post code evaluation document, when would the family be asked the question regarding their experience with CPR? Is this right after the event or will this be asked at a certain time frame post code, is one month.

Thanks

Anna Andrews, RN

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Practice Alert

Practice Change Title

Family Presence during CPR Considering Patient Preferences

Practice Setting

Adult Inpatient Units

Type of Request

Change to existing practice

Responsible Council

Coordinating Council

Population

Adult and Pediatric Patients

Intervention or Issue

Creation of a Clinical Administrative Policy for Family Presence during CPR, including a formal Family Facilitator role.

Comparison

Current lack of policy/guideline/consistent practice.

Outcome

Support of Patient and Family Centered Care

Attachments:

AJCC Abstract Publication May 2014.pdf

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Intervention Plan .pdf

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Family Presence Policy Final Draft 4-20-15.docx

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Family presence during resuscitation invasive procedures.pdf

ⓧ Delete

Version: 00.0

Created at 1/20/2014 9:03 AM by Heidi, Rick

Last modified at 6/2/2015 5:09 AM by Chung, Roberta

Close

Step 10 Final Proposal

Final Proposal

Approved for Practice Alert

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 Dissemination


• Oral presentations to

- Patient Services Manager Council
- Nursing Leadership

• Family Presence Facilitator training - 170 team members

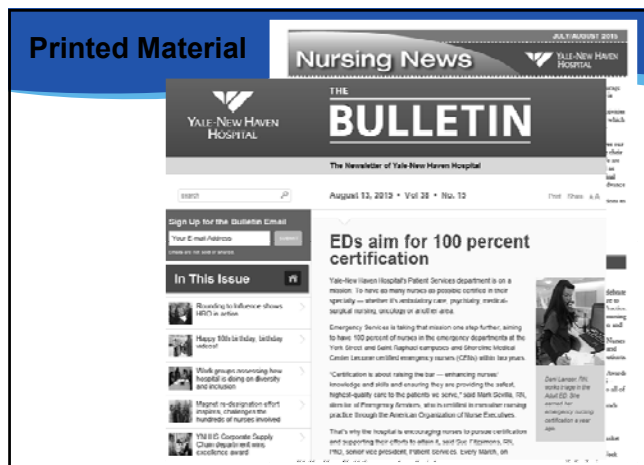
• E-learning program for 3,800 nurses

• Family presence information posted on Nursing Website



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Printed Material

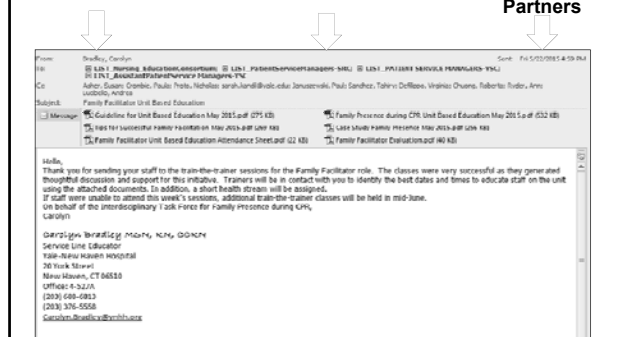


Nursing- Ancillary Communication

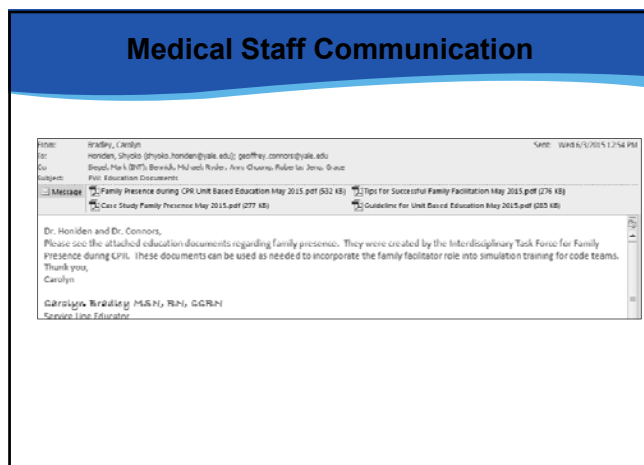
Nurse Educators

PSMs and APSMs

Interdisciplinary Partners



Medical Staff Communication



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



Bridgeport Hospital



Greenwich Hospital

- System can be replicated in other organizations

MasterLog Demonstration



Thank You



Questions?



**For more information please contact
Bertie Chuong, MS, RN, CCRN**



Email:	Roberta.Chuong@ynhh.org
Office Phone:	203 – 688 - 5331
