

# Magnet® Tea: The Journey of a Publication Steeped in Magnet Values

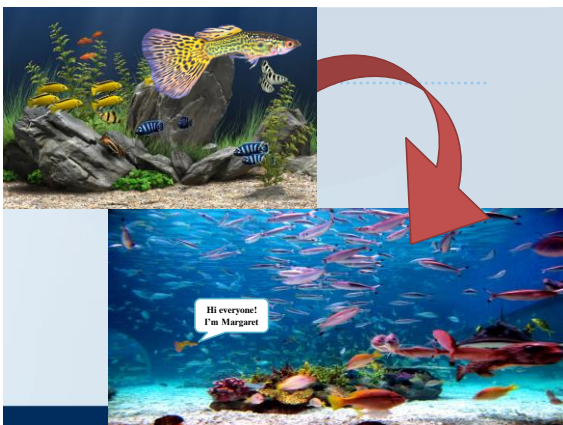
- 2015 ANCC National Magnet Conference®
- October 7<sup>th</sup>, 2015
- 11:15am
- C827



CARILION ROANOKE MEMORIAL HOSPITAL

Margaret Perry, MSN, RN-BC  
Cindy Ward, DNP, RN-BC, CMSRN, ACNS-BC  
Danielle Nightingale, BSN RN  
Donna Goyer, RN, BS, CPAN, CAPA

**CARILION CLINIC**  
ROANOKE, VIRGINIA



<b>R</b> ESearch	<ul style="list-style-type: none"> <li>Commit to clinical excellence through inquiry and evidence-based practice</li> </ul>	<ul style="list-style-type: none"> <li>Lead &amp; mentor nurses in the utilization and conduct of nursing research</li> </ul>
<b>E</b> ducAtion	<ul style="list-style-type: none"> <li>Educate to elevate standards of practice and professional growth &amp; development</li> </ul>	<ul style="list-style-type: none"> <li>Assist with developing and implementing education to support EBP and the conduct of research</li> </ul>
<b>A</b> dvoCAcy	<ul style="list-style-type: none"> <li>Advocate for those we serve through inter-professional collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Review, evaluate &amp; recommend regarding nursing research studies scientific merit</li> <li>Assist with identification of priorities for clinical inquiry</li> <li>Communicate opportunities for &amp; celebrates successes of nursing in research &amp; EBP endeavors</li> </ul>
<b>C</b> linical	<ul style="list-style-type: none"> <li>Provide safe, high quality patient centered care</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with nursing to identify need for practice changes, research topics, education &amp; areas for clinical inquiry</li> </ul>
<b>H</b> uman TOUCH	<ul style="list-style-type: none"> <li>Connect with patients, colleagues and communities with compassion and respect</li> </ul>	

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## Translating Stress to Success

**Old Method**

**Stress Reduction**

**Bang Head Here**

Directions:

- Place on FIRM surface.
- Follow directions in circle.
- Repeat step 2 as necessary, or until unconscious
- If unconscious, cease stress reduction activity.

**New Method**

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## CAP Scoring Worksheet

"RESEARCH" Section

Employee Name: \_\_\_\_\_ ID Badge #: \_\_\_\_\_

**2015 CAP Scoring Worksheet**

To be eligible to apply for CAP advancement the RN must Exceed Standards on the 2015 Annual Performance completed the 2015 CAP Planning Process and at least one of the following:

This is a single page scoring sheet. This is to be used in conjunction with the CAP Scoring Sheet Interpretive Guide which is posted on the intranet.

1. The points requirement for CAP status is:  
 RN II - 8 points with at least ONE in Research, Education, Advocacy and Clinical  
 RN III - 12 points with at least TWO in Research, Education, Advocacy and Clinical  
 RN IV - 16 points with at least THREE in Education, Advocacy and Clinical and TWO in Research  
 2. Enter "0" in the YES column if the RN exceeds the listed standard/performance and provides supporting documentation.

RESEARCH	YES	EDUCATION	YES
Uses the time needed to research a clinical issue and present to co-workers and/or other healthcare providers		Conducts education related to 32 hours for RN IV	
Actively participates in research, nursing outcomes, or other quality improvement activities (75% of meetings)		Publishes an education article	
Participates in unit data collection or analysis on a monthly basis		Presents an educational and organization meeting	
Develops a data collection tool		Actively participates on unit shows evidence of committee membership	
Participates in research or evidence-based practice project (as approved by manager)		Maintains membership in 2 organizations	
Writes a research or evidence-based practice article for internal or external publication		Serves as an officer for a 2 organizations	
Participates in a local, regional or national conference		Serves as an instructor for 1 research formal education	
Leads an evidence-based practice project (as approved by manager)		Receives a hospital, state or national award	
Leads a research project (as approved by manager), completes and presents IRB approval			

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## A new perspective on research




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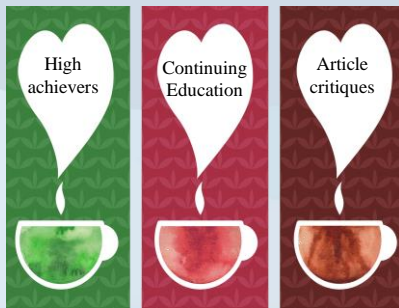
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## Steeped in Structural Empowerment



### SE4E0

Submissions solicited from frontline nurses that critiqued research/EBP articles and explored topics of interest through preliminary literature review.

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**Review Board for submissions:**  
 Wendy Davis, DNP, RN, CDE, ACACB  
 Donna Bond, DNP, RN, BC, CDE, ACACB  
 Barbara Clark, PhD, RN  
 Mary Hays, PhD, RN, CDE, ACACB  
 Emily Longenecker, DNP, RN  
 Emily Whitworth, PhD, RN, BC, ACACB

Fall, 2010

**CARILION CLINIC**

**Authors:**  
 Rebecca Roemer, RN, BSN  
 Sandy Harris, RN, BSN  
 Kenneth Lay, RN  
 Whitney Lynch, RN, BSN

**REACH Newsletter**  
 Reaching to expand nursing knowledge and experience with research.

**A few words from Carolyn Webster:**

This is the 100 year celebration of nursing. Nursing research has played a role from the beginning. At first we just ask why. As we have evolved the questions have become more complex and required that we focus on where we have been and where we need to go to improve outcomes. It is no longer, "we are, do one". It is now we one > improve it > prove it > look at outcomes > back it > look at new outcomes > tell the world what a difference you have made. Research is how we advance the practice and profession of nursing. What a privilege to be part of an organization that values the contribution our nursing makes, and how exciting to see the nurses in our facility stepping up to the plate and using this opportunity to develop and sharpen their research skills.

Editor: Margaret Davis, PhD, RN, BC, CDE, ACACB  
 Clinical Educator: Wendy Davis, PhD, RN, CDE, ACACB  
 Assistant Editor: Carolyn Webster, PhD, RN, BC, ACACB

Although the vision of "a culture of nursing research" was greatly enhanced, the opportunity and dedication of the nurses to embrace research and work on changing their skills is inspiring. They chose to be the first to embrace it in their area of practice and took the feedback offered as heart and improved their work. I thank them for their time, effort and willingness to participate.

This project was initially funded by the Fall 2010 of R, K and 10. An initial grant was awarded to research nurses who were asked to complete the first and we did accept a submission from a nurse on 8/10/10.

My hope now is that we can make this an annual publication each fall, and include submissions from our nurses in RPN who are willing to apply themselves and improve their research skills and experience.

*Carolyn Webster*

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## Magnet® Tea “To Go”



### Getting Started

- Resources
- Multi-faceted significance
  - Academic rigor
  - Simulate professional writing submission process
    - guidelines
    - peer review
    - mentoring
- Publish a polished product
- Make them ‘want’ it

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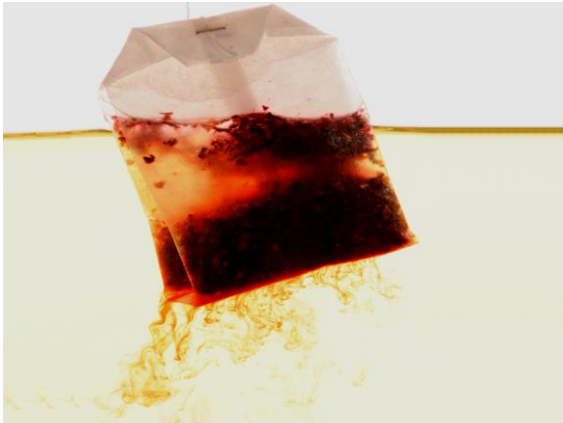
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A goal without a plan  
is just a wish!



Embracing the vision to grow *The Reach Newsletter* into a facility-wide opportunity for nurses to showcase their projects & achievements, the Nursing Research Council (NRC) adopted the publication in 2011.

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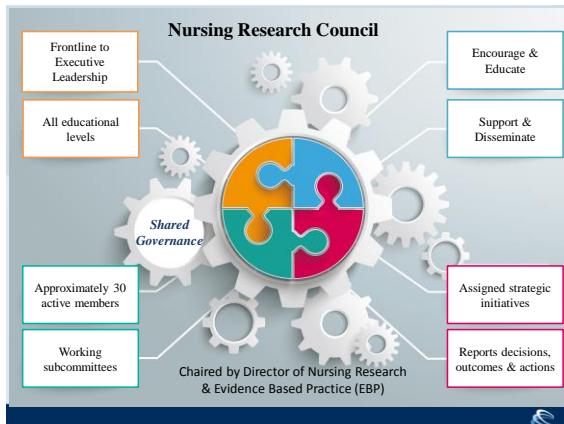
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Office of Nursing Research and EBP  
Within REACH Reviewer Feedback Form

Title of manuscript:  
Name of Reviewer:  
Date:

Type article: ☐ Research ☐ EBP/Quality ☐ Evidence analysis ☐ Other (Specify)

Length: ☐ Appropriate ☐ too long ☐ too short to cover topic

Introduction, background:  
☐ Introductions reader to project and importance. Clearly states purpose or aims.  
☐ Does not introduce reader to project or importance. Purpose or aims are not clear

Literature review:  
☐ Brief, but relevant, up-to-date literature review  
☐ Literature review ☐ too long ☐ not relevant ☐ outdated ☐ other  
☐ Citations and/or references not included

Methods - Discusses project and implementation  
☐ Thorough, easy for reader to follow  
☐ Confusing or difficult for reader to understand

Findings or Outcomes  
☐ Clearly presents baseline and outcome data  
☐ Baseline and outcome data omitted or confusing

Conclusions: Discusses conclusions, significance to patient care  
☐ Conclusions and significance relate to patient care, data support conclusions  
☐ Data do not support conclusions, significance or relevance to patient care unclear

Manuscript structure:  
☐ Well written: Grammar, spelling, and composition  
☐ Technical writing problems ☐ Grammar ☐ spelling ☐ composition ☐ Other

Comments to author:

Recommendation: ☐ Accept ☐ Review as noted ☐ Reject

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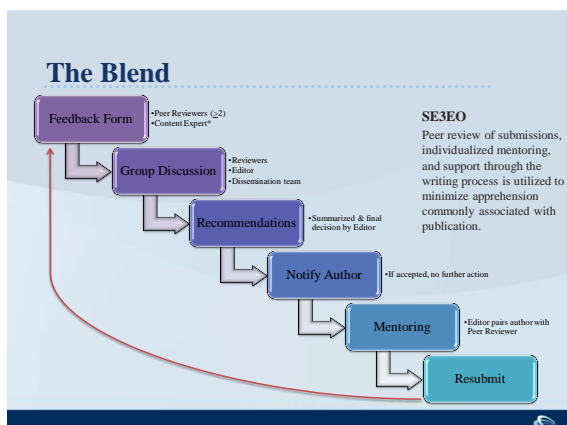
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### Mentoring

- Feedback given to the Editor is passed on to the author with the submission having a status of accepted, revise as noted, or rejected
- Author offered mentoring if decision is revise or reject




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## Benefits

### Expected

Organizational infusion of Magnet culture demonstrated through increased quality & quantity of submissions

### Unexpected

Professional development for reviewers *as well as* authors

- Reviewers learned and grew together
- Guidelines for reviewing
- Education for peer review and editing
- Quality of reviewing evolved and improved

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## Magnet® Tea “To Go”



### Peer Review

Include nurses from all educational levels in Peer Review, from Diploma to DNP/PhD. Like writing, reviewing & editing are skills that can be learned.

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## Magnet® Tea “To Go”



### Digital-age Downers

Remember that technology is an amazing tool... as long as it works. Hard-copies are the best backup.

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### Content Evolution

- The number of manuscripts about projects increased
- Informational articles related to research
  - Library resources
  - Ethics
  - Institutional Review Board




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### Infusion of Carilion Values

- CommUNITY
- Courage
- Commitment
- Compassion
- Curiosity




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## CommUNITY

Working in unison to serve our community,  
our Carilion family and our loved ones

Page 12

Practical Applications of Nursing Inquiry

### Regulated Medical Waste Management & Reduction: A Comprehensive Program in the Emergency Department at CRMH

By: Sara Wolford, RN, MPH - Emergency Department/ED4



Excessive amounts of Municipal Solid Waste (MSW) are disposed in the red bags allocated for Regulated Medical Waste (RMW) in the Emergency Department (ED) of Carilion Roanoke Memorial Department (CRMH). RMW is more expensive to treat and dispose of than MSW (\$5,268 vs. \$1,028). A program to reduce waste was designed with the primary objective of reducing the risk of disease transmission to decreasing opportunities for patient, visitor, and staff exposure to biohazards through improper sorting. Additional benefits include decreasing costs, maintaining closer compliance with Occupational Safety and Health Administration (OSHA) and Department of Environmental Quality (DEQ) regulations, and reducing our impact on the environment. The program for the program was based on a model provided by The Healthcare Hospitals Initiative (HHI), a national campaign to improve environmental health and sustainability in the health care sector (Healthcare Hospitals Initiative [HHI], 2013).

### Environmental Sustainability: A Successful Pilot of Biodegradable Bedside Products in the Emergency Department of Carilion Roanoke Memorial Hospital

By: Sara Wolford, RN, MPH - CRMH Emergency Department

Author Note

I have a strong passion for environmental sustainability and environmental health. As a Registered Nurse in the Emergency Department (ED) of Carilion Roanoke Memorial, I started to notice opportunities in my practice to reduce waste, improve energy efficiency and cut costs. I noticed products which could be changed to more environmentally preferable options, while maintaining and improving our quality of patient care and patient experience.

My role as facilitator for Carilion's Green Team Steering Committee afforded the opportunity to bring environmentally sustainable ideas to ED leadership who were immediately receptive and encouraging. I have been able to oversee multiple environmentally sustainable initiatives in the ED. One successful initiative is detailed below.

## Courage

Doing what's right for our patients without question

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Practical Applications of Nursing Inquiry

### Article Review: The Death Rattle Dilemma

By: Temple Newbold, MSN, RN, CHPN - 10S Palliative Care

Current practice for the management of terminal secretions, most commonly known as "the death rattle", may not be based on sound evidence nor guided by patient-centered criteria. Fielding and Long (2014) conducted a thorough literature review which validated that evidence to support the use of certain pharmacological interventions for death rattle is inconclusive, and the rationale behind these interventions are rarely based on actual respiratory distress.

Death rattle is defined as "the noise created by the flow of air through secretions in the upper respiratory tract" (Fielding & Long, 2014, p.466) and is a well-recognized phenomenon correlated with the dying process. While there are a variety of mechanisms associated with the development of death rattle, it is widely viewed as a buildup of upper respiratory secretions in the oropharynx due to a loss of cough and swallow reflexes as well as a potential rise in M2 and M3 muscarinic acetylcholine receptor activity. Additionally, in a recent study designed to quantify patients' response to death rattle, it was concluded that there are very low levels of respiratory distress in dying patients and no difference in distress experienced by patients with or without death rattle (Campbell & Yarandi, 2013).

## Commitment

Unwavering in our quest for exceptional quality and service

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Practical Applications of Nursing Inquiry

### Improving Nursing Self-Efficacy in Caring for the Orthopedic Patient

By: Molly Clemons, BS, RN, ONC & Katie Mullins, BSN, RN, ONC - CRMH 9 West (2014 Carilion Nursing Research Fellows)

#### Background

Nursing, like medicine, is trending toward a focus on specialties. While resource nurses staff across the hospital, they often do not have as much specialty knowledge to care for certain types of patients as compared to nurses who work only on one unit. Orthopedics is one such specialty. Orthopedic surgeries are on the rise. For example, total knee replacement surgeries are projected to rise from 700,000 a year to 3.4 million, a 600% increase (Kurtz, et al., 2007). Orthopedic nurses have specific standards of care for their patients. While those standards may seem like "common knowledge" to the orthopedic nurse, those who have not been trained in orthopedics may have outdated views. Because of their limited exposure, many nurses are fearful of caring for orthopedic patients. A nurse's lack of knowledge and self-confidence (self-efficacy) has the potential to lead to safety issues and orthopedic complications such as deep vein thrombosis, falls, infections, limited mobility, and pain control. Bandura's Social Cognitive Learning Theory states that increased knowledge should play a role in increased self-efficacy. Self-efficacy is defined as a person's belief in his or her capability to perform successfully a specific task (Stanley & Pollard, 2013).

**Healthcare with a Human Touch Award**  
 Congratulations to Susan Blumhardt, MD, MEd, PCRN, Clinical Educator/VPOL, VCU, for being awarded our 2014 Healthcare with a Human Touch award!

Our recipients of the Healthcare with a Human Touch award are recognized by their fellow nurses for excelling at putting patients first and for demonstrating high-quality service.

**Compassion**

Putting heart into everything we do

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**Curiosity**

Fostering creativity and innovation in our pursuit of excellence

**Curiosity**

Fostering creativity and innovation in our pursuit of excellence

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**A New "Blend"**

- Career advancement activities
  - Publications
  - Presentations
  - Grants
  - Educational advancement

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CITATIONS & RECOGNITIONS	
October 2014 - April 2015	
<b>POSTERS</b>	
Akers, P., Morris, D., Sharp, M. 2014. October 8-10. Evaluating Efficiency in Flow of Care Using Time Station Data Across a Practice Model Transition. 2014 ANCC National Magnet Conference, Dallas, TX.	Oliver, R., Rea, D. 2015. February 4-6. Building Professional Confidence: The Effect of Non-Violent Crisis Intervention. 2015 AAN Quality Conference, Lake Buena Vista, FL.
Carter, K., Staykova, M., Clark, R. 2014. October 8-10. Jumping Hurdles Before the Race: Assisting Frontline Nurses to Apply for a Nursing Research Fellowship. 2014 ANCC National Magnet Conference, Dallas, TX.	Malik, R., Whitehead, P. 2015. February 25-28, 2015. The Impact of Schwartz Center Rounds on Moral Distress in a Large Healthcare System. 2015 American Academy of Hospice & Palliative Medicine, Philadelphia, PA.
Brendel, A., Parker, S., Smith, H. 2014. October 11-15. Reducing Chronic Lung Disease in Transcatheter Recipients with Early CPAP Initiation. AACP Experience National Conference & Exhibition, San Diego, CA.	Adcox, N., Bath, J., Bond, D., Delo, S., Harvey, E., Jennings, C., Lusk, A., Ward, C., Whitehead, P. 2015. March 5-7. The Clinical Nurse Specialist: A Transformational Force for Innovative Nursing Practice. 2015 NACNS Annual Conference, San Diego, CA.
Chaffinch, K. 2014. October 12-16. Implementation of National Algorithm to Enhance the Pressure Ulcer Prevention Program: Quality Improvement Project. Nursing Management Congress 2014, Las Vegas, NV.	Frazier, S., Jennings, C., Nobles, P. 2015. March 8-11. Transcatheter Post-Cardiovascular Bypass: Phase Three. AORN Surgical Conference & EXPO 2015, Denver, CO.
Paulus, A., Dickerson, E. 2014. December 11. Does Leadership Intervention on Decreasing Incremental Time Reduce Over-Spending? 2014 6th Annual Lewis Gale Research Day, Blacksburg, VA.	Booth, K., Collier, B., Harvey, E., Hubbard, S. 2015. March 25-28. No Line to Move It: Move It! Progressive Mobility in a NTICU. Society for Trauma Nurses Annual Conference, Jacksonville, FL.
Bishop, R., Blankenship, S., Dishner, L., Sayre, S. 2015. January 29-30. Is Safe Care Possible? Mitigating the Risk of Repeat Suicide in Medical Hospitals. VHA 2015 Safety Summit, Richmond, VA.	Taylor, D. 2015. March 25-28. The Electronic Medical Record and Trauma Resuscitations: Can They Coexist at a Level I Trauma Center? Society for Trauma Nurses Annual Conference, Jacksonville, FL.
Booth, K., Harvey, E., Hubbard, S., Tilley, T. 2015. January 29-30. No Line to Move It: Move It! Progressive Mobility in a NTICU. VHA 2015 Safety Summit, Richmond, VA.	Delo, S. 2015. April 14-17. The Impact of Restorative Nursing Assessment on the Prevention of Deconditioning. 2015 Annual NCHS Conference, Lake Buena Vista, FL.

## Annual Art & Science of Nursing Showcase

### Posters, Presentations, and Vendors... Oh My!

## 2015 Art & Science of Nursing Showcase Winners

### 2015 WON Art & Science of Nursing Showcase Winners

<p><b>Professional</b></p> <p>Transient Hypothermia Post-Cardiopulmonary Bypass, Phase 3 Sarah Frazier, Patrel Nobles, Cathy Jennings (Cardiac Services)</p>	<p><b>Scholarship</b></p> <p>The EMR &amp; Trauma Resuscitations: Can They Coexist at a Level I Trauma Center? Dallas Taylor, Gary Meadows, Samuel Richardson, Tanya Barlett (Trauma Services, Emergency Services, Technology Services Group)</p>
<p><b>Visual</b></p> <p>There is a "U" in Volunteerism: A Unit's Journey to CommUNITY Service Cindy Gillespie &amp; Evelyn Rubongoye (TM VPCU)</p>	<p><b>Impact on Patient Care</b></p> <p>"We Like to Move It, Move It": How Implementing a Progressive Mobility Program Decreased Fall Rate in the NTICU Sandra Hubbard, Ellen Harvey, Kathryn Booth, Dr. Josh Rivers, Michelle Fico (Trauma Services, NTICU, Surgical Residency, Physical Therapy)</p>
<p><b>People's Choice</b></p> <p>What's the Buzz in the Resource Pool? Brandie Bailey, Sarah Huffer, Tammy Nichols, Ashlee Paxton (Resource Pool)</p>	

### See Where Our Nurses Have Travelled!

*"The World is a book, and those who do not travel read only a page." - Saint Augustine*




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### Standardized Submission Format

- Background/problem
- Goal statement
- Description of the intervention/initiative/activity
- Participants
- Outcomes

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### Lessons Learned

- There will be bumps along the way
- Deadlines may need to be flexible
- Everything can be changed and improved




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## Magnet® Tea “To Go”



### Essential Ingredients

- Effective communication between reviewers and the editor is essential
- Support from senior leadership is critical to the success of the publication

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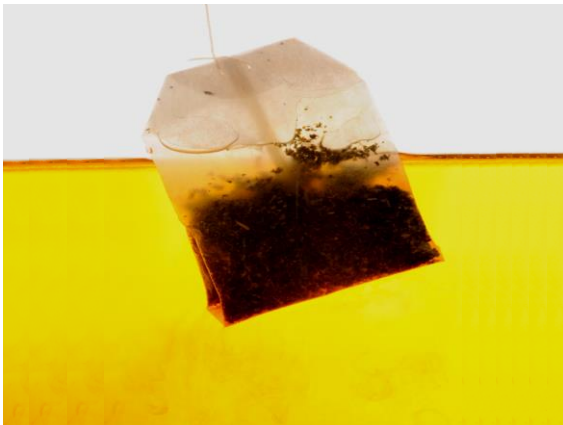
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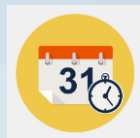
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## Brewing into Future

- Rolling submissions
- Increased to 3 issues + Special Magnet Edition
- Guidelines on Nursing Research Website
  - Defines Headers
  - Describes expected content
  - Associated Carilion Value
- Electronic submission format




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## Education

- Basic Research Education
- Advanced Research
- Leadership Education
- Courageous Editing & Compassionate Critique




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## More Next Steps

- Tutorial video for article writing/submission
- Methods to promote article submission
- Recognizing Nursing accomplishments
- Promoting calls for abstracts




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## Magnet® Tea “To Go”



Fearlessly into  
the Future

- Many ways to “Brew” your tea
- Keep exploring new blends
- Take time to enjoy and share your tea

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### Contact Information

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- Donna Goyer, RN, BS, CPAN, CAPA  
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