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Using the UC San Diego Evidence-Based Practice Change Model

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Author

Vento, Laura, MSN, RN, CNL

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By Laura Vento, MSN, RN, CNL

Advancing and Adopting

Podium Presentations:
2013 UC San Diego Nursing Inquiry and Innovations Conference
2014 ACNL Regional Conference
Poster Presentations:
2014 ACNL National Conference
2014 UC San Diego Nursing Inquiry and Innovations Conference
Publications:
- Accepted for JONA, July, 2015

Analyzing

- The video monitoring program, combined with a nursing-driven sitter protocol in the first year (9 of 12 months implementation) resulted in a 20.8% reduction in sitter staffing (13.49 FTEs) for an estimated savings of \$643,618.
- In the 2nd year, the program realized a 51.4% reduction in sitter staffing (33.4 FTEs) compared with fiscal year 2012 baseline for an estimated savings of \$1,593,540
- UCSDHS outperformed or equaled benchmarks in a majority of quarters for falls per 1000 patient days (5 of 6 quarters) and falls with injury per 1000 patient days (4 of 6 quarters).

Applying

- Mobile Video Monitoring Program Implementation
- Video Monitoring guidelines developed --Operational plan for standardized workflow
- 6 mobile Video Monitoring devices (including two-way audio communication) deployed across 7 acute care units
- Developed Nurse Protocol: Physician no longer orders sitter, nursing initiates per protocol



Laura Vento MSN, RN, CNL is Assistant Nurse Manager of Quality for the Medical Surgical division at UC San Diego Health System. She joined UC San Diego in 2008 as a Master's Entry (Clinical Nurse Leader) new graduate RN from University of Virginia, having a previous bachelor's degree in Health Science from James Madison University. Laura was inspired to pursue nursing during her two year service as a rural health extension Peace Corps Volunteer in East Timor. Laura joined the Nursing Research Council after her experience utilizing the council as guidance and consultation in her own evidence-based practice project "Implementing teach back during transitions of care". She has been an active member of the Research Council and conference planning committee since 2012.

Bringing Evidence to Practice: A Clinician's Guide

Advancing and Adopting

Share your results within the organization and beyond.
Consider adopting new practice in the organization.

Analyzing

Did you accomplish what you planned?

- Compare your results pre- and post- change and to the evidence.
- Were there any unintended consequences of your project?

Applying

Outline the practice to be changed.

- Consider costs, resources, risks and benefits and human subject protection (IRB)
- Incorporate patient perspective
- Develop materials needed

Identify outcomes to be attained

- Create tools for data collection
- Collect baseline data

Implement change in practice

Collect post implementation data

Appraising

How good is your evidence?

- What are the results?
- Are they reliable and valid?
- Do the results apply to your patients?

Are there themes in the literature?

Is there enough reliable evidence to change practice?

The Catalyst

A problem, issue, or concern is identified in clinical practice.

Assessing

Why is this problem important?

- How do others perceive the issue?
- Who may help solve the problem?
- Are there regulatory requirements?
- What are the national and local standards?

Asking

Develop a focused question using:

P = Patient population
I = Intervention / Interest Area
C = Comparison Intervention
O = Outcome

In ___ does ___ or ___ effect ___.

Acquiring

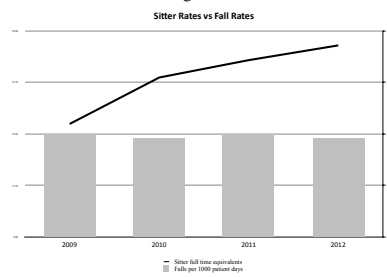
Your PICO question will guide your search for the best evidence.

- Start with SumSearch or Trip database, the "Google" for EBP.
- First look for systematic reviews, meta-analyses and clinical practice guidelines.
- Next search CINAHL and PubMed.
- Consult a librarian.

Evidence-Based Practice Institute Model ©2007 Caroline E. Brown and Laurie Ecoff; In collaboration with the Consortium for Nursing Excellence, San Diego. Adapted from Hayward's (2007) Evidence-based Information Cycle; Rosswurm and Larrabee's (1999) EBP Model for Change.

The Catalyst/Assessing

- In FY12 UC San Diego Health System spent \$3,879,976 in sitter cost while the average hospital spent \$1,300,000
- In a Cal NOC prevalence study UCSD ranked in the 90th percentile of sitter use.
- While sitter costs nearly doubled, fall rates remained stagnant



Asking

PICO Question

- In acute care patients identified to be a high fall risk does Video Monitoring and implementation of a nurse driven protocol as compared to physician ordered sitters reduce sitter use and patient falls?

Acquiring & Appraising

Internal evidence

- A frequently cited reason for sitter was fall risk, however as sitter use increased, patient falls remained stagnant

Literature Review

- No correlation was found between sitter use and fall rates
- Sitters have been shown to be inefficient and ineffective as a safety intervention to prevent falls
- Limited evidence on Video Monitoring: one study centralized video monitoring program across 7 acute care units. In the first 3 months 57 falls were prevented and realized 5.62 times return on investment

The Quality Caring in Nursing Model: One-on-one with Joanne Duffy, PhD, RN, FAAN

By Michael Baumgardner, MSN, RN, CCRN, CNL

The members of the Clinical Practice Council have put many hours of work into researching, selecting, and adapting Joanne Duffy's Quality Caring in Nursing Model (QCM) for UC San Diego's nursing professional practice model. All staff will be provided the opportunity to attend a 2-hour education event to unveil the model. Because the value of the human person is central to her theory, and a focus of the renewal of our Professional Practice Model, the Research Council wanted to introduce Joanne to all of our nurses. Michael Baumgardner had the opportunity to get to know Dr. Duffy during a phone interview. Following is the summary of their conversation.

The Quality Caring in Nursing Model (QCM) was recently adopted as a tool to renew the Professional Practice Model at UC San Diego Health System. While the previous model recognized the interrelatedness between each arm of the "Starfish", it was perceived as heavy on leadership concepts and deficient in areas of importance to bedside nurses and patient relatedness. The QCM was developed by Joanne Duffy in 2003 as a tool to help nurses build caring relationships in the workplace. In essence, her theory maintains that by fostering these relationships, positive outcomes will be achieved by patients, their families, and their health care providers.

Joanne is the oldest of five children. She grew up in the Northeast with her Irish Catholic parents and siblings. When she was only eleven years old, her mother took ill. It became her responsibility, as the eldest, to care for

her mother and younger siblings. She acknowledges that her real aspiration, as a young woman, was to go to medical school. However, her guidance counselor encouraged her to pursue more "typical" professions for young women, such as a "secretary, teacher or nurse". Her passion for biology and "caring for others" is what eventually led her to nursing school.

Soon after graduation, Joanne began to work in a Coronary Care Unit in an academic hospital. From the first days on the unit, she was driven to be "a good nurse" for her patients and would constantly read about improving practice at the bedside. She said she was never satisfied with just recognizing a problem about delivering healthcare. Instead, she was always trying to turn a problem into a question that could be answered through research. This passion for improving outcomes for her assigned patients didn't go unnoticed. A group of physicians observed this young nurse asking questions and looking for answers during their daily rounds. Her inquisitiveness led them to invite her to be a part of a research project. It was from that experience that she pursued a career as a nurse researcher.

Early in her doctoral studies, she read Jean Watson's theory and states, "It hit me between the eyes". What interested her most about Watson's theory was the emphasis on relatedness. Her journey has been one that is founded on caring for others through personal connection. It is those connections that result in a person feeling cared for and, thus, more engaged in decisions about their health care. "I just gravitate," Joanne said



Michael Baumgardner MSN, RN, CCRN, CNL has worked for UC San Diego Health System for four years. He is currently the assistant nurse manager of the Progressive Care Unit (7/9/11 PCU), the co-chair of the Shared Governance Nursing Cabinet, and member of the Nursing Research and EBP Council.

Michael earned his bachelor's degree, with an emphasis in biology, from UC Santa Cruz. He was contemplating entering medical school upon graduation, but decided instead to take a year off from school. During that time he worked within a Skilled Nursing Facility in their admission department. His caring personality was an instant fit in working with families troubled with making the decision to place a loved one in a facility. While working in that capacity, Michael decided that medical school was not the academic degree he wanted. Instead, he began a five-year discernment process about a vocation in ministry.