Nursing Grand Rounds

“My Nursing Career: Making a Difference”

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Senior Professional Nurses:
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Darlene L. Hills, BSN, RN, CCRN, UPMC Passavant
Katherine Casey, MSN, RN, CNL, UPMC Shadyside
Program Objectives

- Identify three major health care imperatives that will affect the nursing workforce
- Discuss how these three imperatives are supported in the career ladder, My Nursing Career
- Recite one example of an evidence based project that could be used for a professional contribution in the career ladder, My Nursing Career
Three Major Imperatives Affecting the Nursing Workforce

IOM
Future of Nursing

Culture Of Excellence
Nursing Workforce

Health Care Reform
The Four Key Messages

• Nurses should be able to practice to the full extent of their education and training
• Nurses should achieve higher levels of education and training through improved education systems that promote seamless academic progression
• Nurses should be full partners with Physicians and others in redesigning health care in the United States
• Effective workforce planning and policy-making require better data collection and an information infrastructure
The Recommendations

- Remove Scope of Practice Barriers
- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
- Implement Nurse Residency Programs
- Increase proportion of nurses with BSN degree by 80% by 2020
- Double the number of nurses with a doctorate by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health
- Build an infrastructure to collect and analyze health care workforce data
Clinical Excellence – Road Map

- Magnet Model
  - Transformational Leadership
  - Exemplary Professional Practice
  - Structural Empowerment
  - New knowledge, Innovations, & Improvements

Empirical Outcomes
Transformational Leadership
• Leads people (patients, staff, peers, colleagues) where they need to be
• Manages controlled destabilization leading to new ideas and innovation

Structural Empowerment
• Operationalize mission, vision and values as well as achieve outcomes
• Shared governance, policies, career ladder
Culture of Excellence

Exemplary Professional Practice
• Care delivery system
• Staffing, scheduling and budgeting process
• Culture of safety, diversity and workplace advocacy
• Quality care monitoring and improvement

New Knowledge, Innovations, and Improvements
• Evidence based practice
• Innovations
• Research
Empirical Outcomes

• Clinical
  – Nurse sensitive: falls, restraints, pressure ulcer, etc.
  – Medication errors
  – Hospital acquired infection

• Consumer
  – Patient satisfaction

• Workforce
  – Staff satisfaction
  – Turnover

• Organizational
  – Benchmarks
Health Care Reform

- Access
- Insurance Coverage
- Continuum Of Care
- Cost Containment
- Improve Quality
- Improve Workforce

Related topics:
- IOM Future of Nursing
- Culture of Excellence
- Nursing Workforce
- Health Care Reform
Health Care Reform

Access
• Expand insurance coverage
• Estimated over 30 million newly insured by 2019

Insurance Coverage
• Requirements for employers
• Requirements for health plans

Continuum of Care
• Prevention/Wellness focus
• Primary Care benefits
• Long-term care services
Health Care Reform

Cost Containment
• Reduce waste, fraud, and abuse
• Prohibit payments for health care acquired conditions

Improve Quality
• Establish hospital value based purchasing
• Reduce race, ethnicity, sex, primary language and disability disparities in healthcare
• Enhance and embrace technology

Increase Workforce
• Support the development of training programs that focus on primary care models
• Address the projected shortage and retention of nurses by increasing the capacity for education, and supporting training programs
While keeping our focus on these major imperatives in April 2010, UPMC Nursing implemented a new career ladder at UPMC.

“My Nursing Career”
My Nursing Career

- Hospitals
- Cancer Centers
- Clinics
- Home Care
- Specialty
- Care Management
My Nursing Career: Progress to Date

- Inpatient/Procedural: 81%
- Specialty RNs (In Progress): 3%
- PSD/Hospital Based Clinics: 6%
- Specialty RNs: 6%
- Remaining RNs: 4%
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<th>Nursing Administration</th>
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<th>Infection Control</th>
<th>HBC/PSD</th>
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<td>Staff Nurse</td>
<td>• New Graduate</td>
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<tr>
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<td>• Direct Care Nurse</td>
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<tr>
<td>Senior Professional Nurse</td>
<td>• Direct Care Nurse + Certification + Contribution</td>
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<tr>
<td>Clinician/PNCC</td>
<td>• Department based Nurse Leader + BSN (upcoming new manager/educator)</td>
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<td>Unit Director/APN</td>
<td>• Department Manager/Hospital Educator</td>
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**IOM Future of Nursing**

- Specific lead positions require bachelor degree
- Middle Management positions require Master’s degree
- Currently in process of integrating Advance Practice and Faculty

**Culture of Excellence**

- Thematic areas for job descriptions
- In certain roles require certification/degree to validate clinical excellence
- Professional Contributions (projects) drive empirical outcomes

**Health Care Reform**

- Career Ladder crosses the continuum of patient care
- Care coordination responsibilities within job descriptions
- Professional Contributions may target community involvement, quality outcomes, population management
What is a Professional Contribution?

• A year long evidence based project
• Supports identified goals of the department, business unit, hospital, or system
• Topic selection questions may be:
  – What is my top patient safety concern?
  – What challenges or obstacles do the nurses in my department face?
  – Where do you want to make a difference?
  – What are the clinical quality issues on unit?
  – What is my expected new hire projection?
  – What are some of the work-arounds in my department?
  – What are the skills needed to be successful in my department?
  – What are the top areas of focus in my department for patient satisfaction?
Professional Contributions
NEURO ICU Falls Task Force: A Level III Project That I “Stumbled” Upon. 😊

*Presented By: Erica Shadle, BSN, RN, CNRN*  
*Location: UPMC Presbyterian Unit: 4F/5F NEURO ICU*
The Neuro ICU Falls Task Force (FTF) was created in November of 2008. In the beginning, it consisted of our unit director, our APN, myself (Senior Professional Staff RN), and Level II RN’s. Today, our UD, PNCC, myself, and 2 Level II RN’s make up the NICU FTF.

Implemented because of an upward trend in falls with significant injury. (Highest falls of all of the ICU’s)

Desperately needed awareness and prevention tactics for an at-risk patient population.

NICU Falls Task Force provides staff education:
1) Rotating bulletin boards
2) Monthly unit e-mails with any changes in protocol or new unit-based focus points
3) As of this year (2012), a small educational segment at our unit-based competencies regarding proper restraint use and bed management.
4) Teaching staff about appropriate use of fall prevention equipment (20 low beds, fall pads in every room, chair alarms) and restraints (Posey vests for rollers and climbers, mitts and soft restraints for pickers and pullers).

NICU Falls Task Force implements unit-based protocols regarding fall prevention and post-fall documentation. (Keeping a close eye on at-risk patients such as those that are anti-coagulated or those without bone flaps and a new unit-based post-fall form)

Performs bi-monthly audits to ensure properly working equipment.

Provides incentive for staff to keep patients fall-free and safe (Pizza Party Countdown)
The History and Evidence

- **2008**- NICU Had Highest Falls of All ICU’s. Upward Trend In Falls With Significant Injury
- **Spring 2009**- Monthly Fall Meetings of the NICU Falls Task Force Revealed Trends In Falls From Previous Years (sedation reduction w/ post-extubation, post procedure (trach), mismatching restraints & behaviors, falls from the chair). Developed Relationship W/ Low Bed Reps
- **Fall 2009**- Began To Attend Hospital Based Falls Task Force Meetings. Educated Staff On Proper UPMC Fall Documentation. Continued Monthly NICU Falls Task Force Meetings, Starting To Do A Case Analysis Of Every Fall In Real Time
- **2010**- Continued Monthly NICU FTF Meetings. Revised Unit Based Post Fall Documentation Form. Instituted a Rewards Program (Donuts). Posted Fall Rate Monthly In Areas of Heavy Staff Traffic. Increased Low Bed Usage (Got 10 Low Beds For Our 20 Bed Unit). Engaged PT/OT To Set Chair Alarms and Properly Restrain At-Risk Patients. Created Eye Catching Bulletin Board (Won Creativity Award). Staff Encouraged By Good Outcome and Became Competitive
- **2011**- Added 10 More Low Beds To Our Unit, For a Total of 20! “Fall In Love, Not On The Floor” Breakfast for 7 Months Fall Free! Went **232 Days** Total Before We Had A Fall
- **2012**- Pizza Party Countdown. Staff Remain Competitive. Monthly Meetings of NICU FTF. Bed and Chair Audits. Went **95 Days** Fall Free! New Staff So More Education. Non-punitive and no excuse mentality……if we can do it with our patient population anyone can!!
• **Incentives:** Pizza Party Countdown (1 Slice= 10 Fall Free Days)

• **Competition:** Don’t Be The First RN To Let Your Patient Fall

• **Continuous Education:** E-Mails, Bulletin Boards, Monthly Meetings, Competencies.

• **Updated Equipment/Restraint Options:** (Peek-A-Boo Mitts, “Pack N’ Play” Beds, etc.)

• **Continuous Reminders to PT/OT:** (In The Process Of Making Laminated Signs For Unit Chairs).
Outcomes

- Fall Free Streaks Over The Past 4 Years! (232 Days, 95 Days, etc.)

- Staff Educated And Aware. Can Identify A Fall Risk Patient The Moment They Come Through The Door of Our ICU!

- Continued Diligence In Keeping Our Most At-Risk Patients Safe.

- LIMITED Falls With Significant Injury. YAY!

- Staff Always Contact Me With Falls Questions And Any Fall On The Unit.

- Staff Want To Learn How To Achieve Best Practice Fall Prevention Techniques!

  - GO TEAM NICU!
References


Moderate Sedation Course

Darlene L. Hills RN, BSN, CCRN
Senior Professional Staff Nurse
UPMC Passavant Critical Care
Purpose

- To implement best practice standards for delivering moderate sedation safely
- To equip the healthcare team with the information and tools necessary for administering moderate sedation safely
- To develop nurses who are confident administering the proper medications in appropriate doses used for moderate sedation
- To educate frontline nurses on the physiologic effects of moderate sedation, and the reversal agents associated with specific medications
- To develop staff to recognize and implement early rescue measures to ensure better patient outcomes
- Ultimately provide safe patient care with a positive outcome
What is Moderate Sedation?  Is the procedure the doctor will soon do qualify as moderate sedation?  Am I qualified to participate?  Do I need to tell someone I am doing this?  What is my role?  What is the doctor’s role?  Can all doctors do this?  What is a WAKE score?  Do I use the WAKE score in my department?  Can the doctor do the procedure first, then perform paperwork later?  What paperwork do I need?  What paperwork does the doctor need to perform?  What medications do I use?  How do I give them?  What is the maximum dose am I allowed to use?  Do I need a monitor?  What other equipment do I need?  Do I need to be a CRNA to participate?  How long do I recover the patient?  What should I do if the patient is too sleepy?  Are there reversal agents?  Can I give them?  How do I give them?  Do I need to monitor the patient in any special way?  What is a “time out”?  Isn’t that the doctor’s problem?  What do I need to write?  Where do I write it?  Do I need any pre-labs or pre-assessments?  Does it matter that my patient is 80 years old?  No one seems to know what to do!  And…..no one seems to know where to document it!

Help!

What is the best practice to make my patient safe?
Method

- Pre & Post Test
- Lecture
- Power point reference
- Role Playing uneventful and eventful patient scenarios in Simulation
- Hands on medication preparation and delivery
- Debriefing of scenarios
- SBAR communication utilized
- Review of informed consents necessary for testing to progress
- Collaboration in patient care while advocating for patient in physician decisions
- Recognition for appropriate physician documentation for testing to progress
- TIME OUT procedure exercised and documented
- Documentation of patient care and any adverse events
- Evaluation of program and speakers
Outcomes

A safe, satisfied, comfortable, happy patient!
References

• Arafeh, Julie M. R., MSN, RN; Sara Snyder Hansen, MSN, RN, and Amy Nichols, EdD, RN (2010) Journal of PerInatal Neonatal Nursing: Debriefing in Simulated-Based Learning: Facilitating a Reflective Discussion 24 (N0. 4): pp 302-309.


• Upstate University Hospital (2010). Moderate Sedation Provider Packet: An Educational Packet for Review by Non-Anesthesiologists Providing Moderate Sedation During Elective, Diagnostic and Therapeutic Procedures. 302-309.
You will need the Number the speaker verbally provides at this point in the presentation

XXXX

in order to be able to complete the quiz/evaluation and earn your CE
To Be or Not To Be: Palliative & EOL Care Education

Katherine Casey, MSN, CNL
Senior Professional Nurse
UPMC Shadyside
Purpose

- To implement a palliative and hospice education mentorship program
- To promote staff development
- To retain nurses
- To improve patient care
The Evidence

- Deficiencies
- Statistics
- Patient Voice
Method

- Attendance at an End-of-Life Nursing Education Consortium (ELNEC) conference
- Train-the-Trainer Model
- Rounds with the UPMC Shadyside Palliative and Supportive Team
Outcomes

**ELNEC Mentorship Program:**

- 3 ELNEC Trainers
- 9 Palliative and Hospice Trained Nurses
- CEUs: Trainers 14.8; Mentees 6.0
- Mean Increase in Knowledge of 18.2%
- 90% Retention Rate
- Decreased Unit RN Turnover: 40% (2011) to 25% (2012)
- 7 out of 10 Domains of H-CAHPs for 3 Pavilion increased 2011-2012
- Collaboration with intensive care units
Outcomes

Project  Program

To Be or Not To Be
Growth

• ELNEC mentorship program 2011-2012
• Unit based in-services 2012
• Hospital-wide lectures 2012
• National Palliative and Hospice Month 2012
• Comfort Cart 2013
• Web-Based Palliative Care Learning 2012-2013
References

Join Your Colleagues!!!

Senior Professional Nurses Making a Difference

Transformational Leadership

Nursing Councils
My Nursing Career - Career Pathway

UPMC has an extraordinary nursing team. UPMC nurses are an integral part of our patient and family focused environment in which nurses themselves create, design, support, and transform care. The foundation of innovation, clinical experts driving nursing practice, and evidence-based practice is well established and recognized for our nurses.

My Nursing Career allows nurses to spend their careers at UPMC with an amazing variety of settings, specialties, and almost endless roles. UPMC nurses can grow and develop in countless directions. UPMC nurses have the ability to build their career by tailoring choices of settings and specialties, and the ability to transfer among them, to grow and build an impressive professional skill set and professional portfolio, as well as experiences within one system. Nurses can begin a career with us in one area and then choose to reach out to many specialties, changing direction as interests develop and careers grow.

More importantly, as you grow and progress in your career with us, you will maintain your years of service throughout, as well as maintain your seniority, benefit plans, paid time off (PTO) and increased PTO accrual amounts, and retirement programs in which you participate.

Click on your area below to learn more about your My Nursing Career pathway.

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<tr>
<th>Hospital Division</th>
<th>Physician Services / Hospital-Based Clinic Division</th>
<th>All Division - Specialty</th>
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<tbody>
<tr>
<td>Inpatient, procedural, home care, OR, and ED</td>
<td>Outpatient and physician offices</td>
<td>Coming Soon</td>
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At UPMC, the possibilities are endless. Explore opportunities, get updates, view career tips, and get to know UPMC through any of these networking options.

**MY CAREER: UPMC**

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upmccareers.wordpress.com
Questions
Sources


  http://healthreform.kff.org
  http://www.statehealthfacts.org