

# Building the Clinical Bridge for Practice, Education and Research

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# Objectives

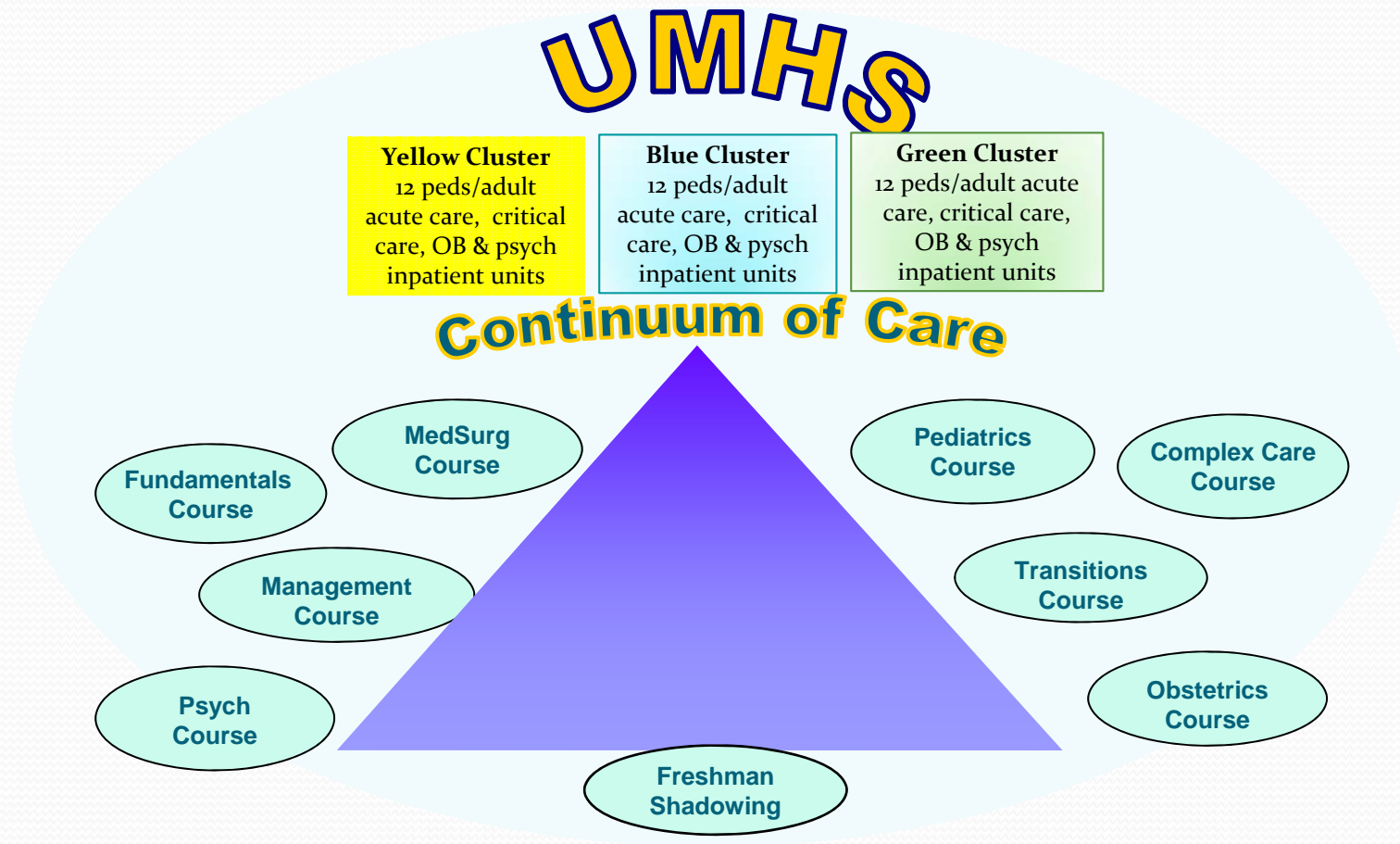
- Identify key aspects of the Michigan Model of Partnership.
- Discuss the methods used at UMHS-UMSN to support sustainability.

# UMSN – UMHS Partnership

- **Purpose:** Advance and unite clinical education, practice, and research/scholarship
- **Key components:**
  - Integration of faculty/students/leadership/staff
  - Team development
  - Faculty driven clinical research/scholarship
  - Micro system development for better care outcomes – evidence based practice, quality improvement methods

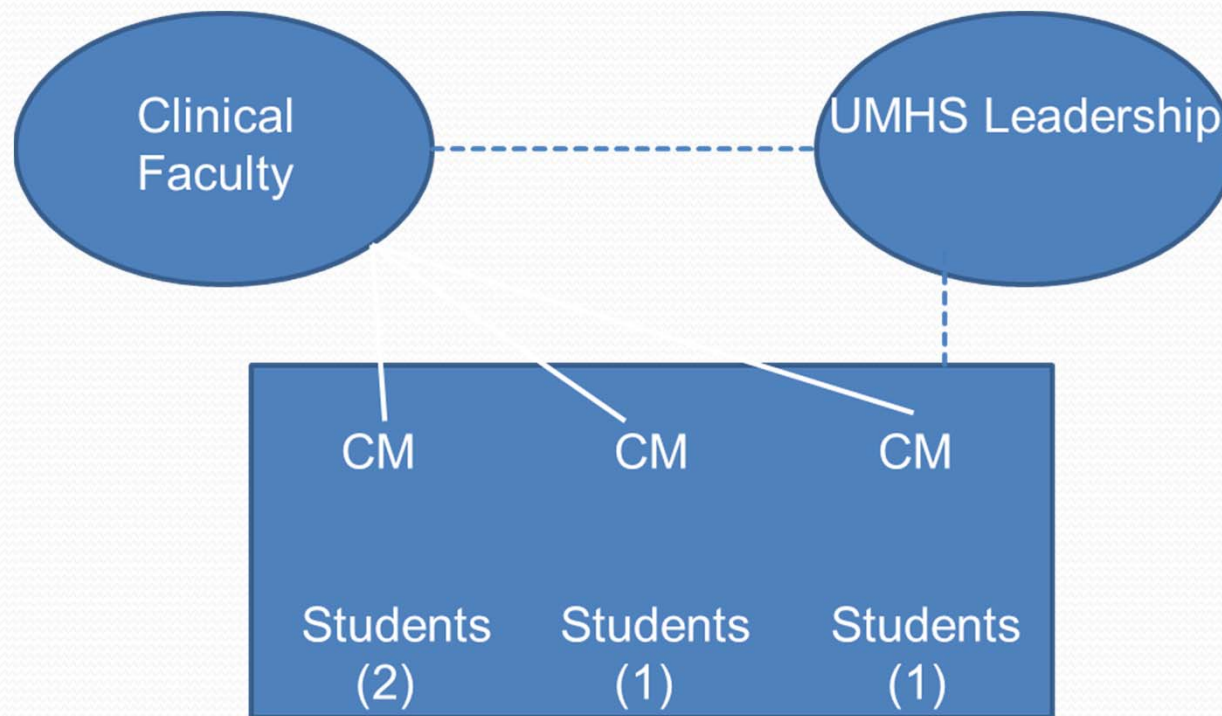
# UMSN – UMHS Partnership

## Clusters: Student ‘Clinical Home’



# UMSN – UMHS Partnership

## Example: Clinical Education Team



CM = Clinical Mentor = Staff Nurse

## UMSN – UMHS Partnership

- 100% UG students at UMHS – 640 [2012-2013]
- Mandatory model training for all clinical faculty and staff
- UMHS Advanced Practice Nurses and Masters prepared Nurse Managers are voluntary adjunct faculty [CAFN]
- Increased clinical training hours
- Clinical faculty aligned with clinical care, scholarship, as well as teaching

## UG UMSN Freshman Profile - 2013

- 165 students
- Female/Male 93/7
- Minority 16%
- In-State 71%
- Out-of-State 29%
- Average GPA 3.8
- Average ACT 28
- Average ACT Science 28

## Hillman Scholars

- \$3M grant from Hillman Foundation [only 3 schools – PENN, UM, UNC – Chapel Hill]
- Student support for BS – PhD
- Students admitted in junior year or second career
- Matriculate to PhD at graduation
- Two cohorts currently in program



# UMSN – UMHS Partnership

## Quality and Process Improvement

- All senior students participate in MQS LEAN project of unit identified focus
- Began with 6 student teams in winter 2009
- Fall/Winter 2012 - 2013 have 15 teams/projects per term for a total of 108 teams/projects to date

# Quality Improvement Projects

- **Purpose:** provide students with a hands-on quality improvement project experience that has direct impact on patient care outcomes.
  - Partnership with UMHS aimed at improving processes and outcomes
- **Process:**
  - (1) background overview to determine the problem and past strategies for improvement;
  - (2) data collection and synthesis to determine current state;
  - (3) development of recommendations and evaluation strategies for improved unit performance (based on evidence)
  - (4) next step....implementation plan

## Title: Nursing Pain Reassessment Compliance

### Issue:

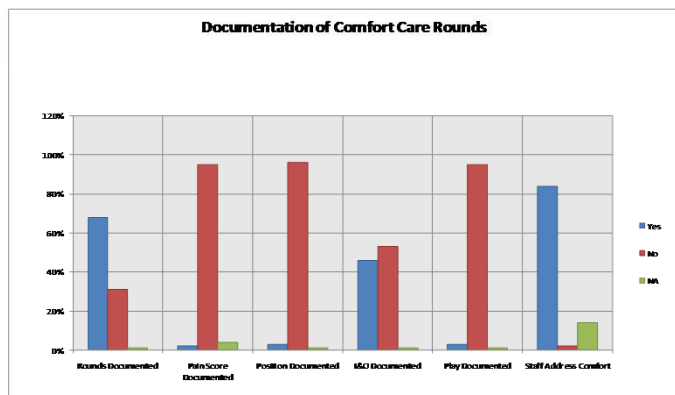
Noncompliance with comfort care assessment and documentation on pediatric unit

### Background:

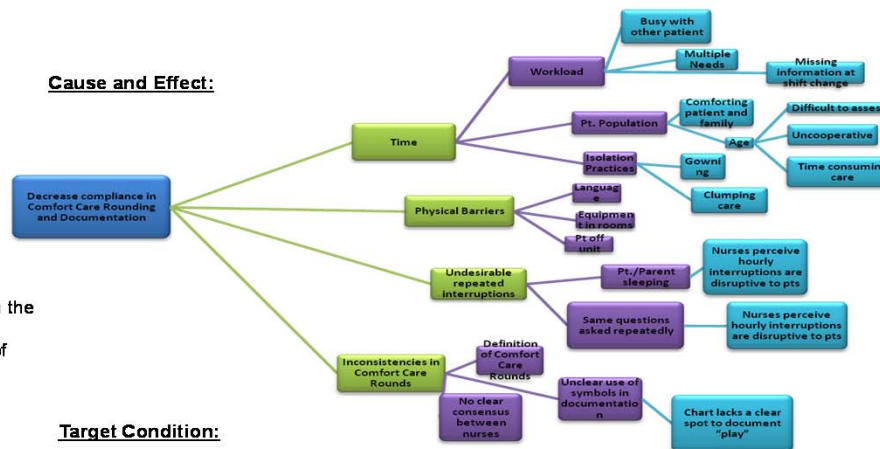
- A chart audit revealed a trend in decreasing pain reassessment documentation.
- Discharge surveys reflected that pain was well controlled during hospitalization, but documentation did not reflect this.
- Policy states "Pain is assessed on an ongoing basis per patient's condition and response to treatment."
- High number of patients on unit experience pain, pain assessment is complex in the pediatric population.
- Documentation of pain assessment and reassessment provides written record of practice.

### Current state:

- Comfort care rounds performed and documented hourly. Rounds include assessment of 4 P's: pain, potty, play, position.
- Current problems: documentation does not reflect full compliance with practice standard.
- Chart audit indicated only 68% compliance of documentation of Comfort Rounds, 2% compliance of pain documentation, 3% of position documentation, 46% of documentation of I&O's, 3% play documentation and 83% of staff addressing comfort.



### Cause and Effect:



### Target Condition:

- Documentation in full compliance
- Documentation congruent with pt. reports
- Documentation in timely manner
- Clear explanation of expectations of RN
- Consistency throughout unit's documentation

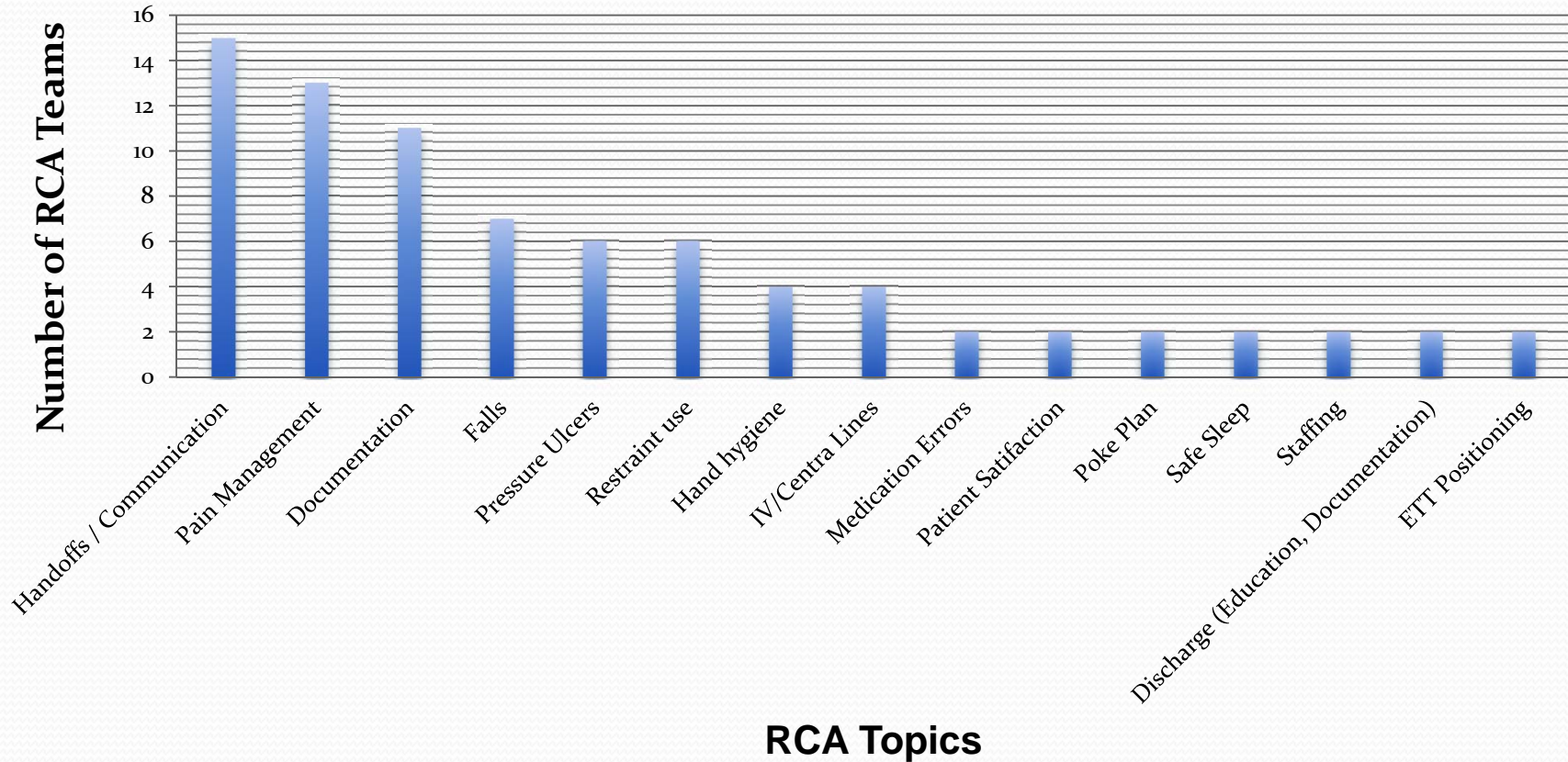
### Recommendation Plan:

- Regular education; what comfort rounds are, importance, suggestion of ways for achieving compliance
- Create a script for asking questions by June 1<sup>st</sup>, 2009
- Education for new hires during orientation
- Clearly distinguish expectations
- Initiate a part of the admit assessment for admission nurse to explain to families that comfort rounds will be performed every hour and why its important and not just to "bug" them by June 1<sup>st</sup>, 2009.
- Revisions to flow sheet to better reflect importance of Comfort Care --
- Rounds (include section for play under position); rough draft completed by June 1<sup>st</sup> 2009.
- Develop incentive programs designed to recognize perfect charting (with follow-up chart audits)
- A script or set variety of ways to ask questions by June 1<sup>st</sup> 2009.

### Next steps:

- Continue to perform chart audits periodically after implementation (Ex: every 6 months)
- Survey nurses on their perception of effectiveness and competence
- Provide continued opportunity for feedback from nurse (Ex: in staff meetings)

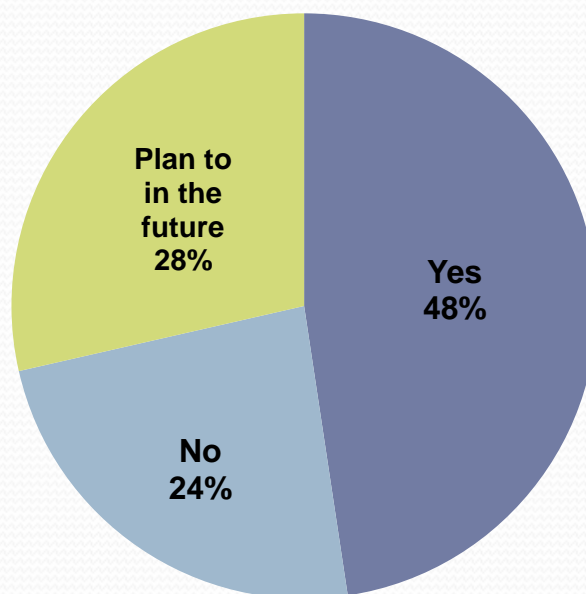
# Topics of QI Projects



\*Additional topics include such topics as patient education, mobility, vaccination protocol, patient education.

# UMHS Implementation of QI Plans 2010

## Unit Intention to Implement



## Evaluation of Fall 2012 QI Projects

- Surveyed Unit Leads (n=13)
- 77% agreed or strongly agreed that the work was valuable to the unit.
- 69% have either already implemented the team recommendations or plan to in the near future
- 77% agreed to have another RCA team (with the remaining units stating maybe)

# UMSN – UMHS Partnership

## Faculty/Unit Collaboration

- 36 clinical track faculty (CTF) aligned with UMHS clinical units (in patient and out patient)
- All CTF responsible for developing research/application, clinical education, and practice development in their areas
- Several clinical projects with unit leadership, staff and students completed or underway
- Faculty/Leadership and staff publications increasing
- Faculty offer additional support for joint research which will support the Magnet designation process

# Results of Satisfaction Surveys

## Students

- “Felt more welcome”
- Described more satisfying experiences
- Were able to work with consistent mentors
- More focused goals
- Functioned more independently

## Faculty

- Increased satisfaction
- Increased collaboration with other faculty and staff
- Increased scholarship

## Clinical Mentors (n=103)

- 75% found it “rewarding”
- 83% stated it encouraged reflective practice and the desire to strive for improvement
- 70% stated it prompted thinking regarding the role as a professional nurse
- 81% stated they worked with students on improving the quality of care
- 55% stated they used evidenced-based practice



# Sustaining Relationships: Integrated Leadership Structures

- UMSN – Administrative Group
- UMSN – Clinical Adjunct Faculty Network (CAFN)
- UMHS Nursing Shared Governance
  - Nursing Practice Gateway
  - Research & Translation
  - Professional Development
  - Quality Excellence
  - Nursing Health & Safety
  - Nursing Leadership Forum
  - Unit-Based Committees

# Sustaining Relationships: Work Teams and Major Activities

## Program Evaluation Group

- Dean Potempa
- Marge Calarco
- Bonnie Hagerty
- Sharon Smith
- Marita Titler
- Leah Shever
- Esther Bay
- Elizabeth Brough
- Dana Tschannen
- Marna Flaherty-Robb

## Leadership Implementation Team (LIT)

- Sharon Smith
- Bonnie Hagerty
- Esther Bay
- Elizabeth Brough
- Dana Tschannen
- UMHS and SN Clinical Placements
- UMSN Office of Student, Academic, Multicultural Services (OSAMS)

## Exemplar Unit Interventions

- Marita Titler
- Dana Tschannen
- Leah Shever
- Sharon Smith
- Karen McConnell
- Darren Vandezande
- Julie Grunawalt
- Stephanie MacDonald
- Francene Lundy

## Team for Implementation of Excellence (TIE)

- Sharon Smith
- Bonnie Hagerty
- UMHS and UMSN Clinical Placements
- SN Specialty Leads
- SN Information Technology
- SN Office of Student, Academic, Multicultural Services (OSAMS)

## Faculty and UMHS Staff and Students

- Projects
- Papers and Presentations
- Grants

# Clinical Exemplar Units

- **Purpose:** To fully actualize the CEI on 3 units through a microsystem level intervention, which will focus on deeply embedding clinical faculty on their respective unit.
  - Units: 5A (orthopaedic/trauma unit), 5B (general medicine unit), 4B (otolaryngology/trauma surgical unit)
- **Goals:**
  - Create an environment for a robust, mutually beneficial partnership aimed at improvement in patient care quality
  - Provide a structure for improved communication and integration of clinical teaching within the unit
  - Ensure alignment with unit-specific goals and effective use of resources to reach goals
  - Enhance student/staff development through robust processes for active learning.

# Exemplar Unit Structure/ Process Components

- Mutually identified goals with action plan for improvement:
  - (1) Quality of care (e.g. falls, pressure ulcers)
  - (2) Model of Care (e.g. huddles, bedside reporting, communication hand offs, patient daily goals)
- Bi-weekly rounds by CEI Leadership Team
  - To address opportunities for improving QI goal and actualizing Model of Care
  - To understanding the dynamics of the CEI
  - Progress toward student and mentor understanding of QI area
- Focused student learning based on unit/system priorities
- Accountability for each member of the team
- Additional process components will be identified, based on the unit needs and areas of focus.

## Exemplar Unit Outcomes

- Unit identified goals (QI and Model of Care) will be determined by unit QI data and alignment with system priorities
- Process and outcome variables will be collected to determine effectiveness of exemplar initiative
- Specific measures will be determined by the quality and Model of Care goal chosen by each unit
- Roll out of structure/process components to occur during the 2013-2014 academic year

# Clinical Partnerships to Advance Science and Practice

- Faculty, students and staff working together to understand pressing clinical issues and their solution
- Clinical data de-identified and coded for outcomes and effectiveness research
- Opportunity for large clinical data sets, rapid data acquisition and analysis
- Escalation of chronic illness, provider shortages, and cost containment mandates new 'system solutions' to care with higher quality and lower cost

# Clinical Partnerships to Advance Science and Practice

- Development of strong ‘analytic core’ to support implementation and effectiveness science [in addition to traditional scientific methods]
- Unified research support function [GRO]
- Joint efforts for nursing informatics for clinical data and research
- Unified tracking of research productivity and advancements in science/evidence
- Students/staff learn from emerging science and clinical applications of science with less reliance on text books

# Joint Publications/Presentations [Examples]

- Svejda, M., Goldberg, J., Belden, M., Potempa, K., Calarco, M. (2012). Building the clinical bridge to advance education, research, and practice excellence. *Nursing Research and Practice*, Volume 2012, Article ID: 826061.
- Bruce, T.A., Shever, L.L., Tschannen, D., & Gombert, J. (2012). Reliability of Pressure Ulcer Staging: A Review of Literature and One Institution's Strategy. *Critical Care Nursing Quarterly* January-March 2012.
- Titler, M., Shever L., Kanak, M., Picone, D., and Qin, R. (2011). Factors associated with falls during hospitalization in an older adult population. *Research and Theory for Nursing Practice*, 25(2), 127-152.
- Shever, L., Titler, M., Lehan Mackin, M., & Kueny, A. (2011). Fall prevention practices in adult medical-surgical nursing units described by nurse managers. *Western Journal of Nursing Research*, 33 (3), 385-397. Third most accessed article in WJNR!



# Joint Publications/Presentations [Examples]

- Advances in Rehabilitation Nursing 2012 – “Use of Simulation in Stroke Unit Education” – Michelle Aegersold, MaryJo Kocan, Dana Tschannen
- Schmidt, P., Tschannen, D., Flaherty-Robb, M., Buehler, K. & Borst, S. (2012). Communication and documentation among nurses in the acute care setting. 36<sup>th</sup> Annual Midwest Nursing Research Society (MNRS). Dearborn, MI.
- M. C. McCullagh, M. Foster Rietz, M. Calarco, Cost-Effective Strategies for Preventing Lift-Related Injuries among Health Care Workers. Poster presented at the AAOHN National Conference, Nashville, TN.
- Bruce, T. A., Shever, L.L., Tschannen, D. & Gombert, J. Reliability of pressure ulcer staging: a review of literature and 1 institution’s strategy.
- Potempa, K. & Calarco, M., Building the Clinical bridge for Practice, Education, and Research. ANCC-AONE Implementing Successful Academic Partnerships. Chicago, April 2013.

# What Are the Ingredients for Successful Partnership?

- Common vision
- Equality in the priorities
- Mutual financial and human resource investment
- Mutual trust and team behavior
- “Acting as One” regardless of governance structure

Thank you!

- Questions?