

**2016 American Nurses
Association Annual Conference**

Connecting **Quality, Safety**
and **Staffing** to Improve Outcomes



The Patient Emergency Lab:

Staff to Staff Professional Growth Experiences
At The University of Cincinnati Medical Center

MARCH 9-11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAcconference



University of Cincinnati Medical Center Vision

Inter-professional Teamwork:

- Common Ground is Patient Care
- Focusing on Quality and Safety
- Emergency Teams-Rapid Response and Code Blue

- MICU Nursing Team responded to
- 57% of 398 Code Blues
- 80% of 549 Rapid Responses



The Problem: Lack of Role Enactment

1. Identified Through:

- MICU Nurses observing deficits in Evidence Based Practice (American Heart Association, 2008)
- Documented Debriefings

2. Chaos defined as Disorganization:

- Need for guidance in making decisions about patient lives
- Need for putting “Teeth” into order, not disorder



Purpose: MICU Patient Emergency Lab Mission

MICU Nurses provide education to Non-ICU Nurses
in The Patient Emergency Lab (PEL):

1. Demonstrating (applying) evidence based practice for the first five minutes of a patient emergency
2. Creating (designing) deliberate practice scenarios
3. Supporting (defending) Critical Thinking, Critical Action and Critical Language



Critical Thinking, Critical Action, Critical Language

Critical Thinking is the process of purposeful, self regulating judgment (Facione, Facione, and Sanchez, 1994)

Attributes of **Critical Thinking** include **Perseverance** with :

- Open mindedness
 - Flexibility
 - Confidence
 - Reflection
 - Intellectual Integrity
 - Intuition
- (Scheffer and Rubenfield, 2000)



Educational Objectives

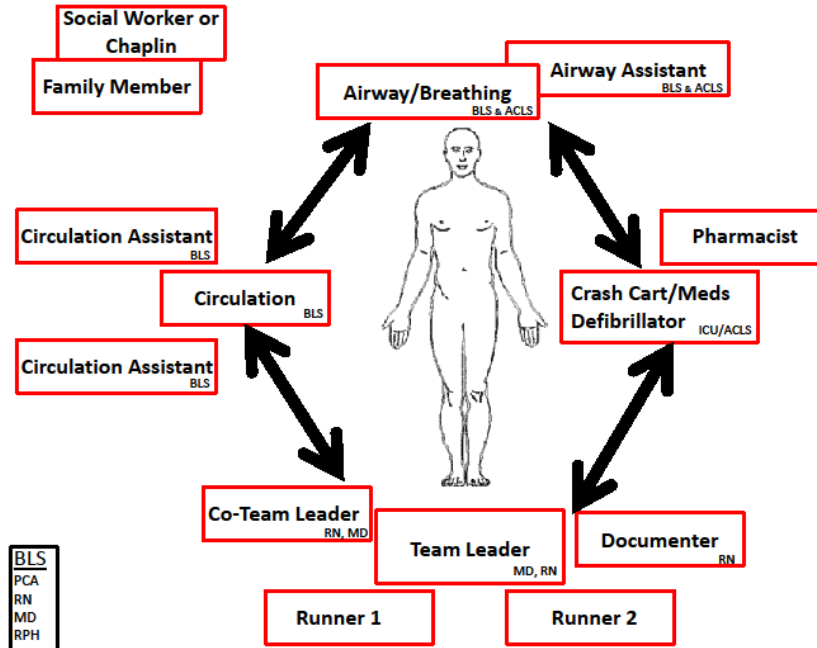
1. Remembering--**defining and memorizing**
2. Understanding--**describing and discuss**
3. Applying--**demonstrating and interpreting**
4. Analyzing--**comparing and contrasting, questioning**
5. Creating--**creating and designing**
6. Evaluating--**arguing and defending**

(Bloom et al 1956)

(Novotny and Griffin, 2006)



Patient Emergency Team



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Methods:

MICU Nurses created simulation scenarios to demonstrate evidence based practice

Patient Emergency Lab developed a one hour CEU “The First Five Minutes”

- **Pre and Post Testing addressed:**
- **Nurse Empowerment**
- **Building Confidence**

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Evaluation of Education:

With a Likert Scale, zero staff reported declines; vast majority reported increases:

- 1. Nurse empowerment to call for the Code Blue/Rapid Response Teams**
- 2. Building confidence in the nurse knowing their duties**
- 3. Building confidence in enacting their roles and responsibilities**
- 4. Nurse being comfortable with using the defibrillator**
- 5. Confidence in using emergency equipment and supplies**

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Conclusion: Staff to Staff Professional Growth

1. **Staff Nurses have cognitive, psychomotor, and affective attributes to share with each other.**
2. **Inter-professional Teamwork is enhanced as Nurses enact roles and responsibilities.**

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Further Implications:

- **ICU Nurse to Non-ICU Nurse Partnering for four hour shifts**
- **3-5 Minute In-Situ Mock Rapids and Codes “Best Practice” is emerging**
- **The Patient Emergency Lab is creating a one hour CEU “The Previous 5 Hours of the Deteriorating Patient”**

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References

American Heart Association and Paul S. Chan, Harlan M. Krumholz, Graham Nichol, Brahmajee K. Nallamothu. 2008. “Delayed Time to Defibrillation after In-House Cardiac Arrest.” *The New England Journal of Medicine* 358.

Bloom, B., M. Englehart, E. Furst, W. Hill and D. Darathwohl. (Eds.) 1956. *Taxonomy of Educational Objectives*. NY: Longmans, Green.

Facione, N.C., P.A. Facione and C.A. Sanchez. 1994. “Critical Thinking disposition as a Measure of Competent Judgment: The Development of the California Critical Disposition Inventory.” *Journal of Nursing Education* 33: 345-350.

Novotny, J. and M.T. Griffin. 2006. *A Nuts-and-Bolts Approach to Teaching Nursing*. NY: Springer

Scheffer, B. K. and M. Rubenfield. 2000. “A Consensus Statement on Critical Thinking in Nursing.” *Journal of Nursing Education* 39: 352-359.

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Innovation is Contagious at UCMC

- “I just want everyone to know I went to a code this afternoon. The Staff Nurses did an amazing job! The monitor was on and functioning, Staff Nurses were doing chest compressions, there was an airway being established...I was impressed...I think the PEL is making a big difference. Awesome job guys!”
(Clinical Program Developer)
- “Thanks for sharing; this demonstrated our mission of empowerment and providing life changing patient centered care. Thank you everyone for all you do every day.”
(Nurse Executive)