Evidence based practice is the active process of making clinical decisions based on the latest evidence through published research, clinical expertise, and patient values. It’s what nurses do every day. It’s using evidence when we administer foley catheter care, when we assess for delirium, when we care for the new mother and her baby or the geriatric patient. It’s using evidence when we give tracheostomy care, inserting an nasogastric tube, or when we use restraints. It’s using the evidence to improve patient satisfaction. UAB has implemented a series of evidence based practice techniques to improve patient satisfaction which we’ve named Reaching for Excellence (RFE). RFE initiatives include using ADIET, purposeful hourly rounding, communication boards, and bedside shift reporting.

More RFE Initiatives: Monthly Meetings, Stoplight Reports, and Thank you Notes

Employee engagement is a workplace approach designed to ensure that employees are committed to their organization’s goals and values and at the same time enhance their sense of well-being. One way to boost employee engagement is to have a monthly meeting with your direct reports. Monthly meetings are a way to find out what’s working, what’s not working, keep on track with day to day functions, and managing employees up. A Stop Light report is a compilation of the departments needs—what the department has accomplished, is still working on, and what can’t be done at this time. Thank you notes are an evidence based method to help build a positive culture and help employees and co-workers feel valued. An engaged employee is more likely to be more productive and more satisfied with their job. Engaged employees have less turnover.
UAB Presence at 2014 Magnet Conference

Stacy Stutts presented her poster on the engagement of the Magnet Champions and their accomplishments. Both poster presentations were well attended by the crowd.

Ashlea Herrero and Shannon Graham presented their poster on the use of survey monkey as a tool to help nurses conduct research and evidence based practice projects.

Geri Warman, Faye Williams, and Connie White-Williams presented their oral presentation on the redesign of the Professional Nurse Development Program.

David James, Angela Jukila, Emily Simmons, and Kristen Noles, presented an oral presentation on the role of the Clinical Nurse Leader. Both presentations received numerous positive responses during the discussion.

Purposeful Hourly Rounding

Over a year ago we implemented hourly rounding with our patients. Why did we do this? Evidence tells us that hourly rounding leads to greater patient and nurse satisfaction, fewer hospital complications such as falls and pressure ulcers, and improved pain management. Structured visits also improve patient safety, decreases call light use, and saves nurses time.

Hourly rounding is a significant factor in improving responsiveness time as perceived by patients. Remember the 4 P’s: Possessions, Position, Potty, and Pain.


Bedside Shift Report

Bedside Shift Report is a task that is unique to nurses and their patients. It is an exchange of information among the off-going and on-coming nurse and the patient. Sound familiar—it is communication! What better way to handoff important information at the patient bedside. Evidence shows that doing shift report at the bedside improves the effectiveness of communication and improves patient and nurse satisfaction. Information exchange generally is accomplished in a modified SBAR format: situation, background, assessment, and recommendation. This type of communication has been found to provide continuity of care from one shift to the next, transfer critical information from one caregiver to another. This is a WIN-WIN for all. Is your unit doing bedside shift reporting?

Communication Boards

So what’s on your “white board?”

The white board which UAB now calls the “Communication Board” is an evidence based method to engage patients and families in their care. It is the communication that displays the patient’s plan of care. What’s important to know is that the communication is patient centered—it’s a conversation, not just writing on the board.

Evidence states that the use of communication boards significantly increases the proportion of patients who knew: their physician, goals for admission, their estimated discharge date, and improved satisfaction with overall hospital stay. Physicians, ancillary staff and patient families all found the communication boards to be helpful. Communication boards help to improve the process of patient flow and discharge.

Information that UAB Communication Boards should contain are the current date; room and phone numbers; names of nurse, PCT, manager, and physician; plan of care; estimated discharge date; and pain medication due times and pain goal.


AIDET

AIDET is another communication tool. Are you getting the picture that communication is important?

A - Acknowledge: Whether you acknowledge patients by name or with a friendly smile, patients know that you have connected with them. Make the patient your focus. Eye contact, a pat on the shoulder, and a smile are all nonverbal ways of acknowledging a patient or family member.

I - Introduce: Introduce yourself by name, state your department, and describe what you are going to do.

D - Duration: Discuss the plan of care for the day and give an estimate of the time it will take to complete any tests or procedures.

E - Explanation: Explain what you are going to do to or for the patient. Explain, explain, explain—all along the way.

T-Thank You: Thank the patient for choosing your hospital to have the test or treatment done. Hmm. Here is "Thank You" again. Saying thank you is powerful and important to patients.

Leadership Rounding

A key factor in improving patient experience is Leadership Rounding. Leadership rounding is when senior management rounds on patients and employees. It is important to encourage feedback from patients and staff and ensure that any operational issues are quickly addressed. This practice has been shown to increase patient satisfaction.

Five Key Steps to Make Your Leadership Rounds More Purposeful

1. Be Consistent
2. Establish Key Questions that You Ask of Every Patient/Family
3. Follow up Quickly on Identified Problems
4. Recognize the Work of Staff as You Round
5. Track the Trends in Comments
We are looking for Committee members for 2015. Please contact Connie White-Williams if you are interested.

Submit your Story!

The EBNP and Research Council meets every first Wednesday of the month from 12 to 1:15pm in the West Pavilion Conference Center Room E.

Nightshift meetings are also available.

Check out our Website at http://libguides.lhl.uab.edu/cne

Upcoming EBP, Research, and Quality Education 2015

Here are some of the following classes will be offered in 2015: Most classes will be held in JT 1014 and are limited to 20 participants. Everyone must register with Christy McDougal at cmcdougal@uabmc.edu

EBP, Research, and Quality Improvement 101: Definitions and Processes
February 5, 9:00am to 10:30am
May 12, 9:00am to 10:30 am
October 15,, 9:00am to 10:30am

Journal Club 101
February 12, 9:00am to 10:30am
March 5, 9:00am to 10:30am

“How Hands On” How to Search the Literature (3 hours)
Total number of participants per workshop: 25
Place: Lister Hill Library
February 19, 9:00am to 12:00pm
March 12, 9:00am to 12:00pm
April 16, 9:00am to 12:00pm

Poster Presentations Workshop
March 16, 9:00am to 10:30am
August 19, 9:00am to 10:30am

Oral Presentations Workshop
August 19, 11:00 am to 12:30pm

Writing for Publication
June 15, 9:00am to 12:00pm

Nursing Research Workshop (2.5 hours)
September 16, 9:00am to 11:30am

How to Develop Your Curriculum Vitae
Dates:
June 4, 9:00am to 10:30am

How to Complete an IRB Application
March 18, 9:00am to 10:30am