After 23 years of unparalleled service to the University of Colorado Hospital, Mary Krugman PhD, RN, NEA-BC, FAAN, will retire in June of 2015. Mary’s career at the University of Colorado Hospital began in 1992 when she assumed her role as Director of Professional Resources, a position she held for 20 years. As Director of Professional Resources, Mary’s responsibilities included oversight for Nursing and Allied Health Research, the UEXCEL Professional Nursing Practice Program, and the AACN/UHC National Post-Baccalaureate Residency Program. The department’s mission under Mary’s direction was to “create a work environment that supports evidence and best practices for the clinical nurse to deliver safe, highly professional, excellent patient care.”

In 2012, Mary moved into her current position as Director of Nursing Innovations and Outcomes. In this role, Mary has been responsible for managing special projects for the Carolyn Sanders, VP and Chief Nurse Executive, while also mentoring clinical nurses and leadership on projects and publications.

Throughout her professional nursing career Mary has truly established herself as a legend in the world of Nursing Research and Evidence-Based Practice. She has served as primary investigator or site coordinator for 18 protocols and provided expert mentorship and oversight to countless others. Mary has published greater than 50 manuscripts with more than half of those either reporting on or pertaining to research and evidence-based practice. Her resume documents a mere sampling of her national presentations to include more than 50 invited presentations during the course of her UCH professional career!

Mary has held professional membership in numerous organizations including such prestigious organizations as the American Academy of Nursing of which Mary has been a Fellow since 2002. She has also received countless awards and recognitions including receipt of the esteemed 2011 Nightingale Award for Nursing Excellence from the Colorado Nurses Foundation and the 2013 Belinda E. Puetz Award for Outstanding Achievement from the Association of Nursing Professional Development.

Despite many honors, recognitions, publications, and presentations, what seems to have been most important to Mary throughout her career has been developing other nursing professionals. She mentors, role models, and advocates for them in all she does. Mary’s caring for the profession means she shares her expertise and materials with others to support their initiatives and promote their success. In a recent “Ask an Expert” column, published in the Journal for Nursing Professional Development, when asked for advice she would give to nursing professionals, Mary was quoted as saying “step up to the action and be the change you wish for! [The power to make change] does not have to be written into a job description, it can come from assuming accountability for important initiatives in your organization and successfully producing the deliverables.” In reading this column it occurred to me that in her career Mary has been “the change she wished for!”. She assumed accountability for important initiatives such as a successful professional practice model and a nationally recognized nurse residency program (to name only a few!) and she certainly produced the deliverables!

If you see Mary in the halls of UCH during her remaining weeks, take a moment to thank her for the amazing foundation of extraordinary evidence-based nursing she has helped build for all of us! Though she will soon move on to the next chapter of her life, her impact will resonate throughout UCH indefinitely! Thank you Mary!
After 25+ years of a wonderful and exciting career at UCH, I am retiring on June 30, 2015. I have thoroughly enjoyed my tenure here and am grateful for the many and diverse opportunities employment at UCH has afforded me. From being hired into the position of oncology clinical nurse specialist/educator in 1990 to working with the Department of Anesthesiology as their acute pain clinical nurse specialist, and finally to be offered the first research nurse scientist position in 1998, I have truly been given a fabulous opportunity. I feel invigorated by our wonderful nursing team and have been privileged to work with so many other disciplines (physicians, pharmacists, respiratory therapists, CNAs, social workers, rehab therapists, librarians, administrative support services, etc.). I have some incredible upcoming family occasions in which I wish to partake. In the next years, I plan to finish my American Cancer Society funded palliative care grant (to be completed in June 2016), maybe write some more grants, and teach two Master’s level palliative care courses at the University of Colorado College of Nursing. So you may still see me around.

I foresee many exciting plans for the future of the research and evidence-based practice enterprise at UCH and throughout University of Colorado Health. As the first Research Nurse Scientist, hired into her role in 1998, she rejuvenated and expanded the Research and EBP symposium. This interprofessional and robust conference is now in its 28th year and brings together organizations across the region. Regina’s limitless support and skilled mentoring has deepened UCH nurses’ understanding and application of research and EBP. Her dedication to research was paramount in the development of the journal club at UCH as a collegial mechanism for discussing evidence to guide practice. Regina is well-known to the oncology, pain, and palliative care services for her clinical expertise and engagement with these interprofessional teams. Regina has contributed an enormous body of work to the field of nursing including over 61 journal articles; 23 book chapters, 5 books as an editor as well as 8 international, 43 national and over 250 local/regional presentations; she has received over 15 awards and honors for her stellar work. One of the greatest contributions by Regina and her longtime colleague, Kathy Oman, RN, PhD, FAEN, FAAN, was the creation of the University of Colorado Practice Outcomes Research and EBP Manual, now in its 3rd edition & used by countless people locally and nationally.

Regina’s positive spirit and kind demeanor have made her a magnet for individuals seeking her mentorship and wisdom. Regina is a welcoming individual, always happy and eager to share her enthusiasm for the field of nursing research. She is a strong mentor to the field of EBP to nurses, both young and seasoned. Her breadth of knowledge and energy will be missed at UCH. Regina will continue to share her knowledge and enthusiasm for research and evidence-based practice through teaching palliative care courses at the University of Colorado College of Nursing and engaging in active grant work with the University of Colorado Health System.

Regina will be sorely missed by her colleagues, and future generations of UCH staff will not have the great opportunity to know and work with Regina. The RNS team will have a large void without our valuable team member, Regina. Words cannot express how much she has meant to each of us professionally and personally and impacted our careers and lives profoundly and permanently. We wish you nothing but the very best, Regina.

Farewell, my dearest sister, fare thee well:
The elements be kind to thee, and make
Thy spirits all of comfort! Fare thee well.
William Shakespeare
Deborah Davis, MS, CNS, RNC-OB, C-EMT, Clinical Nurse Specialist and Educator, OB

Deborah (Debbie) Davis, a long time clinical nurse specialist and educator for women’s services retired in June after 37 years of amazing service. Debbie was instrumental to the development of a robust women’s services to ensure safe delivery of infants and care of the mother during her tenure at UCH. During her years at UCH she oversaw and taught nurses essential knowledge and skill for fetal monitoring. Successfully lead an interprofessional quality improvement process to reduce maternal blood loss during emergent obstetric procedures and facilitated orientations for hundreds of nurses and assistive care providers. This project focused on translating current practice recommendations into practice using simulation to improve obstetric patient outcomes during a crisis event.

Debby’s passion was fetal monitoring. She was one of five members of the original AWHONN fetal heart monitoring committee in 1990, and has continued to contribute and review course content for the Intermediate Fetal Monitoring course. Debby was recently the recipient of the AWHONN Fetal Heart Monitoring Program Instructor Recognition Award for her exceptional efforts and dedication to advancing practice and patient safety through fetal monitoring technology.

Debbie’s kind spirit, positive approach to working with people and smile will be missed! However, we wish her well in her retirement! Warning to all the fish out there….. “Beware….. Debbie Davis, an avid angler is looking forward to days of fishing and we’re guessing some pretty good ‘fishing stories’

UCH Clinical Nurse Specialists (CNSs) ‘On the Move’…

Robin Scott, RN, ND, MS, CEN, Emergency Department CNS
Shannon Johnson-Bortolotto, MS, RN, APN, CCNS, Critical Care CNS
Barbara Wenger, MS, RN, AOCNS, CRNI, Oncology/BMT and Gyn/Onc CNS

Sepsis Practice:
Sepsis care has received increasing focus since 1991 and continued to evolve with the Surviving Sepsis Campaign's inception in 2002. UCH instituted bundled sepsis care in 2010 and has monitored length of stay and mortality data since that time. After multiple clinical and educational initiatives in the Intensive Care Unit (ICU) and Emergency Department (ED), CNSs Shannon Johnson-Bortolotto and Robin Scott took a ‘deep dive’ into sepsis outcomes from a clinical perspective. The project focused on implementing the “Big 4” interventions in the severe sepsis care bundle: fluid resuscitation of 30mL/kg, drawing blood cultures prior to administering antibiotics, drawing serial lactate levels, and administering broad spectrum antibiotics with 1-3 hours of sepsis identification. The sepsis patient population included in the study were those who were admitted to the ICUs with a diagnosis of sepsis, septicemia, severe sepsis and septic shock; 77% of this patient population presented through the ED. Outcomes revealed compliance in hanging antibiotics with 1-3 hours climbed from 70% to 90% in the five month review period. Drawing serial lactate levels decreased from 90% to 85% and drawing blood cultures prior to administering antibiotics averaged 75.6% compliance. One additional important clinical step the CNSs made was to examine instances in which fluid resuscitation did not follow sepsis bundle parameters to determine if fluid administration was clinically appropriate based on patient presentation and clinical data. Findings revealed that if the 30mL/kg guideline was not followed, it was mostly appropriate based on more nuanced clinical assessment of patient volume status. Shannon Johnson Bortolotto and Robin Scott presented these practice data nationally at the National Association of Clinical Nurse Specialist (NACNS) conference in March of 2015 in a presentation titled, Best Practices in Sepsis: An ED and Critical Care Collaborative. This CNS lead sepsis project is now connected to a larger UCHealth system wide sepsis quality improvement initiative as intact sepsis recovery continues to be the goal.

Formation of a UCHealth CNS Council:
Managing practice issues from a system perspective has been an opportunity with the newly formed UCHealth. UCHealth CNSs, representing various clinical areas at all hospital sites, did not skip a beat in the cultivation of system level CNS connections. In an environment of change and transformation in (See CNS, Page 5)
“It’s time to say goodbye, but I’d much rather say hello.”
~Ernie Harwell

Mary Beth Flynn Makic RN PhD CNS CCNS FAAN FNAP

Countless hours of self-exploration have led to a decision to modify my career trajectory. After 20+ amazing years at UCH, I’ve made, what was for me, a very difficult decision to leave this wonderful organization and pursue a career in research and academia. Yet I am truly grateful for all the wonderful friendships and collegial experiences that I have been blessed with during my tenure here.

When I look back, the time went very quickly! Many of you know I started at UCH in the Burn Trauma and SICU as a bedside nurse back in 1994. Shortly after joining the team, I moved into the Clinical Nurse Specialist (CNS) and Educator role for those units. After having my second child, I moved to the Transplant Unit as the CNS/Educator and started teaching at the College of Nursing. In 2004, I came back to the critical care department as the CNS/Educator for Burn Trauma and Neuro ICUs. In 2008, I was thrilled to have the opportunity to move into a part-time Research Nurse Scientist position for Critical Care.

Over the years I have met numerous remarkable individuals and had the pleasure of working with and being mentored by so many wonderful people. To all of you, Thank you! The people and experiences here have shaped my professional life into a tapestry of fantastic experiences and memories.

I’ll be leaving UCH at the end of July and moving over to the CU College of Nursing in August. It is my hope that I will continue to be engaged with the interprofessional team at UCH through research and other practice advancement opportunities as the future unfolds! With sincere gratitude I bid goodbye, but I also say “Hello”!
All the Best~
Mary Beth

Lisa’s Library Learnings
Lisa K. Traditi, MLS, AHIP
Head of Education and Reference, Health Sciences Library and Associate Professor, University of Colorado Anschutz Medical Campus

You’ll be seeing a new face around the hospital and at the Patient Services Research and EBP (R&EBP) Council Meetings. I’m happy to introduce Kristen DeSanto, MLS, MS, RD, AHIP, as the new Clinical Librarian for the University of Colorado Health Sciences Library. Kristen’s job will be to take up the challenge of integrating library resources and services more deeply and meaningfully into the campus’ clinical enterprise.

Kristen started at the CU Anschutz Library on May 15, but we’ve known her in the Colorado medical library community for several years. Kristen was most recently the Manager of the Children’s Hospital Colorado Clinical and Research Library, where she worked closely with all clinical staff, particularly nurses. She was a member of the Nursing Research Council and the Nursing Quality and Preventable Harm Committee, and taught classes to nurses on searching the literature. Before coming to Aurora and the CHC, Kristen was the Medical Librarian at Children’s Medical Center Dallas. Prior to her career in librarianship, Kristen was a clinical dietician, in Houston and Dallas, specializing in nutrition support for ICU patients. Kristen is active in the Medical Library Association (MLA), the Midcontinental Chapter of MLA, and the Colorado Council of Medical Librarians.

In her free time, Kristen volunteers at the Buddy Center, caring for small mammals – who knew rats were so smart and cuddly? She also enjoys hiking, 4-wheeling, and wilderness camping with her husband, Tony, throughout Colorado, Utah, and New Mexico. Kristen will be working with the R&EBP Council, the champions, the nurse educators, and others to learn how she can help all of you with your clinical information needs. You can reach Kristen by email or phone: Kristen.desanto@ucdenver.edu or 303-724-2121.
healthcare, the establishment of hospital systems has many central aims including development of care that is safe, standardized and cost effective. Transformational change throughout a hospital system requires both a commitment to evidence based structure and interdisciplinary support. We viewed the role of the CNS as uniquely prepared to effectively lead process changes that support clinically invested stakeholders and innovators in healthcare to adjust hospital based structures to system based ones; connected to established practice evidence, care quality and patient safety standards. The newly formed CNS council objective was to coalesce inpatient CNSs to align evidence based standards and define practice expectation in a hospital system; comprised of three formerly independent hospitals. Targeted for efficiency and standardization are major aspects of nursing care: electronic documentation, medication administration, communication, general practice and management of equipment/supplies.

The CNS System Council was formalized in December, 2013. Within the first six months of establishment the group originated a Council Charter, identified system level integration for promotion of clinical change, and begun networking within a system level Clinical Practice Governance Group (CPGG) to compose updated system level policies. When establishing new policy and procedure standards, the CNS Council reviews various sources of clinical evidence and conveys recommendations based on mutually agreed upon best practices and standards. Efficiency and defined practice expectations remain pivotal in Council endorsements. Currently, the Council has built system level practice change for the following policies: Independent Double Check of Medications, Pain Management, Delirium Assessment and Management and Standards in Vascular Access. The Council has also partnered with our Informatics team for various electronic documentation change recommendations to best reflect policy, efficiency, quality and practice guideline expectations.

The 2015 grant awardee is Anne Hageman RN, BSN, MSTC, Level IV RN in the Infectious Disease clinic.

The purpose of Anne’s EBP Project is to determine if modifying the initial visit for new HIV positive patients in the Infectious Disease Group Practice results in better appointment adherence. Not staying in care is the biggest barrier to better patient health. When patients stay in care they get the services that they need. When patients are retained in care they’re more likely to be medication adherent, have undetectable viral load, less opportunistic infections, and fewer HIV transmissions. The ID clinic participates in the national In+Care campaign and Anne’s project is one aspect of the campaign.

Colleen Goode Foundation Research & EBP Grant Award
Kathy Oman, RN, PhD, FAEN, FAAN
Research Nurse Scientist

Dr. Colleen Goode served as our vice president of patient services at the University of Colorado Hospital between 1997 and 2009. She is a leader in Evidence-Based Practice (EBP) and Research nationally and is a Professor at the University of Colorado Denver, College of Nursing. She developed The Colleen Goode Nursing Research and EBP Grant Fund. It is fitting in her honor to support nurses in the clinical application of their own inquisitiveness to benefit patient care.

Funding nursing research and evidence-based practice projects links our desire to improve patient care at UCH with our passion for the compassionate work nurses and other health care professionals provide.

This program provides support for nurses to:
- Continually evaluate their practice
- Seek answers to clinical questions in an effort to improve their practice
- Change their practice based on evidence and evaluation of that change

The 2015 grant awardee is Anne Hageman RN, BSN, MSTC, Level IV RN in the Infectious Disease clinic.
Many future state practice and policy recommendations are in process. Shannon Johnson Bortolotto and Melanie Roberts presented this exciting CNS Council work nationally at NACNS Conference in March of 2015 in a presentation titled, Formation Of A CNS System Council: Transitioning To Coordinated Care Standards Across A Healthcare System.

Promoting Early Mobility of Medical Surgical Patients:
The ICUs have been improving mobility of their patient population through focused assessment and actions to progressively mobilize patients safely. The medical/surgical (M/S) units did not have a focused program to encourage assessment and appropriate mobilization tools. A recent survey of ~300 of our M/S nurses found several challenges to safe mobility in that population. Common barriers included: fall risk concerns for patient, lack of knowledge and availability of patient mobility equipment, and time. In Fall 2014, an interprofessional QI project commenced to improve mobilization of M/S patients and prevent employee injury. The team conducted an evidence-based literature review and identified the Banner Mobility Assessment Tool (BMAT) as a potential good fit for UCH practice. The BMAT, a valid and reliable mobility assessment tool, guides patient mobility and suggests which equipment should be used by the healthcare worker to prevent patient/staff harm (Boynton et al., 2014). Permission was obtained to use the BMAT which is currently being trialed on two M/S units (Oncology/BMT and Medicine Specialties). Gradual implementation of the BMAT will occur over the next several months. One benefit of the BMAT is that the direct assessment provides us information about which mobility devices are recommended to safely move the patient. Staff is receiving education on mobility tools, Sara Steady™, gait belts, walkers, and lifts, all with the goal of improving safe mobility of the patient and healthcare worker body mechanics. Additionally, the patient mobility assessment is documented on the white board in the patient room to encourage safe patient movement. Outcomes being assessed include documentation of mobility progression of patients, length of stay, fall rates, HAPU, appropriate timing of PT/OT consults, patient disposition (home vs rehab), and health provider reported injuries. While this EBP informed QI project is in its early phases the feedback thus far from the trial units have reported the BMAT tool is easy to use, provides guidance for nursing staff on how to mobilize a patient safely, and encourages proper mobility equipment use.


Reference:

Trivia Question

Last edition’s question: In a qualitative research study, data collection is considered finished when categories of data are full and no new data are being discovered. What is this term called?

Answer: Saturation

Theresa Heyborne was the contest winner!

New question: What guidelines are used to report meta-analyses of randomized controlled trials?

The person with the first correct answer emailed to kathy.oman@uchealth.org will receive a coffee gift card.
Magnet Conference
If you have ever wondered what professional nursing conference you should attend…we have the conference just for you! Join us at the ANCC International Magnet conference, October 7-9 in Atlanta. UCH will be recognized for achieving a 4th designation and we will be celebrating! Everyone is highly encouraged to attend!

Need more convincing? Check out the short video clip on the conference website to be inspired: http://www.nursecredentialing.org/MagnetConference

Contact Leanna Leder for group discount registration details leanna.leder@uchealth.org.

We are very proud to report 24 abstracts from UCH were submitted for consideration to the Magnet Conference. Of these impressive abstracts, five were accepted -- from a total of 1,700 submissions. Congratulations to those who were accepted, and to all those who submitted abstracts, as you exemplify the Magnet culture that we live and promote in this organization!

Podium Presentations

Bringing the Power Back To Staff: Jump Starting Unit-Based Councils – Millissa Morin, Kaycee Shiskowsky (Pulmonary)

Cost Effective Strategies to Sustain a Magnet Culture – Danielle Schloffman, Terry Rendler, Megan Hansford, Krista Held (Magnet Program)

Poster Presentations

Elimination of Triage in the Emergency Department – April Koehler, Stephanie Prevost, Brandi Schimpf (Emergency Department)


Intersecting Expertise for Excellence: A Cross-training Partnership – Christy Math, Melissa Moore, Beth Gabrielski, Dorothy Mathieson (Colorado Institute for Maternal and Fetal Health)

(See Magnet Moments, Page 8)

Upcoming 2015 Research and Evidence-Based Practice Class Schedule

ULEARN Modules available to take at your convenience:

- NEW: Anatomy of a Journal Club will be released soon!
- Creating a Poster
- Creating a Survey
- How to Display Data
- How to Write an Abstract

Live classes:

- Clinical Research: Getting Started: 10/22, 7:30-4 PM, LB 612
- EBP Boot Camp: 9/16/15, 7:30-4 PM, Health Sciences Library
- JC Research Mentor Training: 1/11/15 (LB 612), 9-11 AM
- Statistics for the Clinician: 6/17/15 (LB 613) and 12/3/15 (LB 620), 8-11 AM

New Searching for the Evidence resources:

- Recorded presentation of Lisa K. Traditi, MLS, AHIP, Head of Education and Reference, Health Sciences Library: http://hslstream.ucdenver.edu/videos/Nursing_Evidence_3-11-15.mp4
- Resources available on the Interprofessional Research Resources website: https://www.uchealth.org/professionals/Pages/Research/Interprofessional-
2015 Magnet Nurse of the Year Awards

A total of 44 stellar nominations were received for the 2015 Magnet Nurse of the Year Awards. Eight winners were selected by the Magnet Advisory Council and announced during Nurses Week in May. All nominees were given a certificate of recognition and a copy of their nomination letter.

Congratulations to the nominees who represent the high caliber of professional nursing at UCH! And thank you to all those who nominated a peer and honored the work done to improve patient outcomes, nursing practice and the work environment. The 2015 winners are:

**Clinical Nurses:**

- Michael Metcalf (Rehabilitation) – Transformational Leadership
- David Ricke (Neuro ICU) – Structural Empowerment
- Stephanie Nelson (Orthopaedics) – Exemplary Professional Practice
- Vicki Slat-Vasquez (Cancer Center Infusion) – New Knowledge, Innovations & Improvements

**Non-Traditional Practice Nurses:**

- Jamie Nordhagen (Oncology/BMT) – Transformational Leadership
- Kathy Foss (Professional Resources) – Structural Empowerment
- Staci Aden (Pulmonary) – Exemplary Professional Practice
- Michelle Ballou (AIP PACU/PreOp) – New Knowledge, Innovations & Improvements

CONGRATULATIONS
Critical illness is not just a medical issue. Acute and chronic sequelae span body systems and functional domains. Mechanically ventilated patients specifically are at risk for developing ICU-acquired weakness including critical illness myopathy (CIM), polyneuropathy (CIP), or both (CINM). Significant limitations in activity, decreased health related quality of life, and disability may be observed for up to 5 years. Patients exhibit neurocognitive impairments including anxiety, post-traumatic stress, and depressive symptoms/depression. Family members and caregivers can struggle with stress, anxiety, and complicated grief. Early mobility and physical therapy is safe and feasible in critical ill patients including those requiring mechanical ventilation. Preliminary studies indicated improved short term functional status, increased strength, and decreased ICU/hospital length of stay. Post-intensive care unit syndrome (PICS) classifies possible, and common, post-critical care limitations.

Post Intensive Care Syndrome (PICS)

Family (PICS-F)

Mental Health
Anxiety/ASD
PTSD
Depression
Complicated Grief

Survivor (PICS)

Mental Health
Anxiety/ASD
PTSD
Depression

Cognitive Impairments
Executive Function
Memory
Attention
Visuo-spatial
Mental Processing Speed

Physical Impairments
Pulmonary
Neuromuscular
Physical Function


Patient’s overwhelmingly tell us is that they like the early physical medicine and rehabilitation, they like being awake. They certainly like getting out of bed and moving. It shows them that there is hope; it shows them there is a life beyond the intensive care unit. And, it shows them there is a life for them to get back to. It gives them goals for improvement; it shows them that they can get better.
– Dale Needham, MD, PhD, Medical Director of Johns Hopkins MICU Physical Medicine & Rehab Program

Although safe and feasible, ability to deliver such care in routine practice was limited not only by ICU PT staffing, but variance in PT consults and lack of routine MICU PT presence. At UCH, physical therapy for patients requiring > 7 days mechanical ventilation is independently associated with improved discharge status. In 2007, a physical therapy consultation was less likely in the MICU relative to other ICUs for patients requiring MV > 7 days (MICU 57%, Neuro ICU 67%, SICU 87%). Retrospective analysis indicated a consult rate of 40-60% of patients in the MICU, with only half of those patients receiving therapy on any given day. A 2 week survey of bedside RNs and PTs found that approximately 75-80% of MICU patients were appropriate for some form of therapy assessment and intervention.
Director of Rehabilitation Timothy Wimbish, SLP utilized a financial model constructed at Johns Hopkin’s to draft a business proposal for a MICU physical therapy quality improvement (QI) project.\(^\text{15}\) Subsequently, a 9 month QI project was approved and included interdisciplinary meetings, education, and training including respiratory therapists, RNs, and therapists. Staffing was increased (3 PTs, 6 days a week) to address the goals of:

- Decreasing time from MICU admit to physical therapy treatment
- Increased total number and percentage of patients participating in PT within MICU
- Increased frequency, duration, and relative intensity of physical therapy

We must stop making excuses about why a patient can’t do rehabilitation today—he has a CT scan or she’s getting dialysis. We need to highly prioritize rehabilitation, which we now see as just as—if not more—important than many other tests and treatments we offer our patients in intensive care. – Dale Needhman, MD, PhD

The program will involve response dependent, individualized progression and assessment to safely maximize the function, activity, and ability of each patient.

The number of patients receiving physical therapy as well as timing, frequency, and duration will be assessed as will ICU and overall hospital length of stay. In addition, specific strength and functional measures will be utilized within the project. Rehab leadership anticipate utilization a similar QI process for other units, including non-ICUs, to more robustly model, assess, and implement the most efficient and effective approaches to patient management and delivery of therapy.

**Team Members:**
- Project Coordinator: Kyle Ridgeway, PT, DPT
- Rebecca Downey, PT, DPT
- Lauren Harper, PT, DPT
- Becca Medina, PT, DPT

**Special Thanks to the following individuals for their support, input, and training:**
- Jerome Piccoli, RRT, CPT
- Candice Ynetz, RRT
- Pol Sennecal, MSN NP CNS ACNP CCNS
- Mark Yoder, RN, MICU RN Manager
- Amy Hassel, RN, CCRN, MICU MICU RN associate manager
- Mandy Thompson, RN, CCRN
- Ellen Burnham, MD, MS, Medical Director MICU
- Marc Moss, MD, Section Head Critical Care Medicine
- Matthew Gallagher, PT, DPT in-patient rehab supervisor
- Danielle Sockolosky, PT, DPT, OCS in-patient PT supervisor
- Entire MICU staff including all the fantastic RN’s, RT’s, and MD’s

The bottom line is having a patient, who for at least a part of the day, can be awake from drug affect, and interact with the environment in a purposeful way is the key foundation to the idea. – John P. Kress, MD

(See References PT ICU, Page 23)
The 27th Annual Research and EBP Symposium held April 9-10th, 2015 at the Hyatt Regency Denver Tech Center was a huge success. We had over 250 participants, 32 podium presentations, and 58 posters. Many of the podium and poster presentations were authored and presented by University of Colorado Health healthcare professionals! The symposium provided a wonderful avenue for networking with colleagues as well as learning new innovative strategies for improving practice and patient care outcomes. Our Thursday’s keynote speaker was Dr. Lynn Gallagher Ford, Director of the Center for Transdisciplinary EBP and Associate Professor at the Ohio State University. Dr. Gallagher shared how understanding and integrating EBP into the foundation of clinical decision-making can drive best practice, achieve quality and safety goals, and deliver excellent patient outcomes.

We had five very successful 3 hour workshops on such topics as Demonstrating the Value of EBP, QI: Improving Care One Process at a Time, Anatomy of a Journal Club, Caring for the Caregiver, and Professional Writing for Clinical Science Projects. Dr. Ned Calonge, President and CEO of The Colorado Trust was Friday’s dynamic keynote speaker presenting on Improving Population Health. We also had a fabulous and interactive lunchtime panel presentation that focused on Differentiating Shade of Gray: Distinguishing Research from EBP, QI, and Program Evaluation. Interdisciplinary speakers included: Warren Capell, MD, Past Director COMIRB, University of Colorado Denver, Associate Professor of Medicine, Division of Endocrinology, Metabolism, and Diabetes, University of Colorado School of Medicine; Jeffrey J. Glasheen, MD, Associate Dean for Clinical Affairs-Quality and Safety Education; Director, Hospital Medicine Program, Professor of Medicine, University of Colorado School of Medicine; Mary Sue McAslan, PharmD, Clinical Pharmacist and Program Manager for Quality Improvement, Department of Pharmacy Services, VA Eastern Colorado Healthcare System; Cynthia A. Oster, PhD, MBA, APRN, CNS-BC, ANP, Nurse Scientist, CNS Critical Care and Cardiovascular Services, Porter Adventist Hospital; and Candy Tefertiller, PT, DPT, NCS, Director Physical Therapy, Craig Hospital.

Poster presentation award winners were honored:

1. **People's Choice Award – Best Research Poster**: Caregiver Perceptions of Decision Making Around Destination Therapy Left Ventricular Assist Devices; Colleen K. McLlvennan, DNP, ANP, University of Colorado, School of Medicine.

2. **People's Choice Award – Best EBP Poster**: lavender Aromatherapy: Can You Smell It? An Evidence-Based Project to Help Decrease Anxiety and Promote Relaxation; Angela Miskolci, BSN, RN, CCTN, University of Colorado Hospital, University of Colorado Health Central.

3. **Juried - Best Research Poster**: I've Fallen and I Can't Get Up!: Factors Associated with Inpatient Falls on Two Adult Psychiatric Units; April D. Romero, BSN, RN, Porter Adventist Hospital, Centura Health.

4. **Juried - Best EBP Poster**: Pharmacy Fill Histories Provide Insight into Patient Medication Compliance; Nicole D. McCormick, BSN, RN, MBA, CCTC, University of Colorado Hospital, University of Colorado Health Central.

It was truly a wonderful event. We look forward to next year’s symposium. So Save the Date and plan to submit an abstract.

28th Annual Symposium: Thursday, April 14 & Friday, April 15, 2016. Watch for the Call for Abstracts out in July!
The objective of the Colorado Collaborative for Nursing Research (CCNR) is to (a) extract nursing-specific data from various electronic health records (EHR), (b) import/harmonize/analyze those data, and (c) return high-quality nursing-centered analytics to acute care facilities in near-real-time to inform the decision-making and practice of nurse leaders and nurse clinicians.

This stated objective is not meant to imply that nurses do not already employ EHR. We do. But again, nurse leaders do not have access yet to nursing-targeted EHR data analytics to drive day-to-day decision-making. Nurse clinicians do not have access to nursing-targeted EHR data to determine best practices. In short, the nursing profession can exploit the volume and richness of EHR data in much more sophisticated ways. To accomplish this, nursing must take charge of its own future.

Therefore, formal discussions are underway between the CCNR and UCHealth (Central, North, and South) to establish a federated data-sharing system. A “federated” data-sharing network allows each participating institution to keep total control of its own data and choose whether or not to release data when project proposals arise. The system currently being negotiated with UCHealth will establish the CCNR as a data hub that (a) processes and harmonizes incoming data, (b) returns raw data to the original owners, and (c) distributes to all participants information/analyses derived from the raw data. This will allow for nurse leaders and nurse clinicians to make decisions based on the best, freshest data.

Similar discussions with Centura Porter Adventist Hospital and VA Eastern Colorado Healthcare System have moved beyond the initial stages; in fact, CCNR Director Karen Sousa and CCNR Statistician Oliwier Dziadkowiec will be given uncompensated employee status at the VA in order to work more closely with their IT people on incorporating the VA into the data-sharing federation.

This would be the first multi-system nursing-centered data-sharing federation anywhere in the world.

In our BMT population, we utilize a fever protocol that requires initiating treatment if a patient has a temperature of 38 degrees Celsius. Over the last few years, we have had many conversations with our providers regarding the accuracy of the temporal artery thermometer (TAT) used with these patients. Many providers ask for an oral temperature in addition to the TAT. Because of this perceived discrepancy, we decided to look into the literature.

The evidence consistently showed that TAT is very accurate in afebrile states, but there was inconsistency in the reported accuracy of the TAT in febrile states. Since the febrile state is our concern with the TAT, we decided to pursue a research study to look at the accuracy of TAT and oral temperatures in comparison to core temperature. Most TAT: core comparisons were done in pediatrics and/or ICUs where invasive core temperature measurements were necessary. We stumbled upon a core temperature monitoring “pill” that wirelessly connects to a continuous temperature monitoring device and is passed through the GI tract normally. We also identified a patient population with very predictable febrile patterns in our patients receiving IL-2 therapy.

We are very excited to have submitted this research proposal and received funding from the DAISY Foundation. Thanks to Regina Fink, Mary Mancuso, and Barb Wenger for mentoring me through the process and also to Miki Law, an oncology RN, and Krista Treichel, a coordinator in the melanoma clinic, for contributing clinical assistance with this endeavor!
After receiving input from both the Council and Champions, the Research and Evidence-Based Practice (EBP) Council and EBP Champions have merged to form one group. This change was effective January 2015. Our Patient Services Research and Evidence-Based Practice Council includes both council members and EBP champions (interprofessional representatives from many of the inpatient and ambulatory care areas with an interest in EBP). The council meets the 3rd Tuesday of the month from 12-1 PM. Our charter has been updated; the council includes four key functions that are delineated below. The council is always looking for new members and subcommittee representatives. Please let co-chair Kathy.oman@uchealth.org know if you are interested in participating with us!

1. Mentorship:
   - Provide a formal process to develop and oversee research and EBP initiatives
   - Assist with grant applications and reviews
   - Consult on abstract writing
   - Assist with the development of poster and podium presentations
   - Provide support for writing for publication
   - Develop and assist EBP champions in their role as unit based liaisons
   - Review abstracts for the Research and EBP Symposium
   **Members**: Kirtley Ceballos, NICU; Larry Golightly, Pharmacy
   **Co-chairs**: Kathy Oman and Robin Scott

2. Protocol Review:
   - Provide a Protocol Review Team (ad hoc) to review all expedited and full review research proposals involving UCH nurses and other health care professionals (e.g., respiratory therapy, social work, rehabilitation services) prior to COMIRB submission
   - Review University of Colorado College of Nursing (CON) faculty research projects conducted at UCH
   - Review all SBAR and Research/QI/EBP/PE projects prior to approval and signature by Professional Resources Department director
   - Review Colleen Goode Grant applications and oversee their dissemination.
   **Members**: Lee Rucker, Respiratory; Claire Rutherford, EP Lab
   **Co-chair**: Melanie Sandoval

3. Dissemination:
   - Disseminate on-going research and EBP projects through the twice yearly EBP Newsletter
   - Disseminate Research and EBP resources (e.g., Practice Outcomes Manual, RN Annual Competency, EBP toolkit)
   - Develop Intranet Research and EBP resources; assists in updating and streamlining website
   - Distribute calls for abstracts and grant opportunities
   - Promote and foster unit-based and virtual journal club activity; encourage the critical analysis of research articles; support various Champions’ teams in this activity; develops calendar of journal clubs and disseminates on intranet
   - Reviews new and revised Translating Research Into Practice (TRIP) sheets as needed.
   **Members**: Megan Hellrung, AIP OR; Monica Brock, PACU; Isabel De Silver, Birth Center
   **Co-chairs**: Regina Fink and Mary Mancuso

(See Council, Page 14)
Have you heard the term “Motivational Interviewing” and wondered about this sensation that’s sweeping the nation? Why has it become such a phenomenon? Put simply, it works.

Motivational Interviewing (MI) is an evidence-based interpersonal style used with individuals who would benefit from changes in their behaviors. This technique has been applied in a variety of healthcare settings, but its origins are the field of Psychology. Motivational Interviewing was initially used with individuals struggling with substance use who were “resistant” to behavior change. The principles involved in MI come from social psychology and include: the concepts of social influence and persuasion, the realization that people will resist efforts to change them, and the importance of remaining person-centered throughout this approach.

Motivational Interviewing is exceptional because this process recognizes that individuals who are contemplating behavior change will feel ambivalent. People continue to engage in behaviors (some of them unhealthy) because they receive some benefit (e.g., reduction in anxiety from substance use), but there are also negative outcomes resulting from their behaviors. Motivational Interviewing acknowledges this ambivalence involved in change and helps people explore and resolve the ambivalence. The spirit of MI is one of respecting the individual’s autonomy, remaining empathetic while interacting with the individual, and serving as a guide for the individual rather than making decisions or suggesting solutions for the individual.

A growing body of research supports the effectiveness of MI including meta-analyses that have demonstrated the effectiveness of MI for behavior change in substance use, diet, exercise, and adherence to treatment. There are a smaller number of studies showing the effectiveness of MI for smoking behaviors, but the findings are consistent. Evidence is growing examining the effectiveness of MI for behaviors such as safe sex, HIV medication adherence, and eating disorders.

The four main principles of MI include:

- **Rolling with resistance:**
  - Listening and understanding the individual but not offering solutions and avoiding arguing about behavior change

- **Developing discrepancy:**
  - The individual comes up with his/her own arguments for change

- **Expressing empathy:**
  - Being reflective, accepting, & collaborative

- **Supporting self-efficacy:**
  - Individuals are the experts of their own lives and will decide when it is time to change
  - Importance place on individual’s perspective while facilitating hope for change

If you would like to learn more about the techniques used in MI, the College of Nursing has an online module, *Motivational Interviewing for Healthcare Professionals* and includes three courses: *Motivational Interviewing for Primary Care*, *Motivational Interviewing Techniques in Practice*, and *Using Motivational Interviewing with Difficult Patients*. You can learn about and register for the course at: [http://www.ucdenver.edu/academics/colleges/nursing/programs-admissions/CE-PD/Pages/Motivational-Interviewing-for-Healthcare-Professionals.aspx](http://www.ucdenver.edu/academics/colleges/nursing/programs-admissions/CE-PD/Pages/Motivational-Interviewing-for-Healthcare-Professionals.aspx). There is also a live advanced class taught at the College of Nursing by Dr. Paul Cook and Laurra M. Aagaard.

*(See References MI, Page 22)*

(Council, continued from Page 13)

4. **Education:**

- Volunteers for and/or and/or attends the annual Rocky Mountain Inter-professional Research and EBP Symposium
- Participate in coordinating and sponsoring yearly Research and EBP Nursing Grand Rounds (annual competency)
- Provide education and enrichment to the Patient Services R&EBP Council
- Assists the research nurse scientist team in the development and provision of multiple classes and workshops in EBP and clinical research.
- Reviews and revises ULearn educational modules on research and EBP, as needed.

**Members:** Marty Turner, BTICU; Stephanie Elston, Transplant; Dori Buese, Orthopedics; Kelsey McIntosh

**Co-chairs:** Mary Beth Makic
Choosing Wisely Campaign
Kathy Oman RN, PhD, FAEN, FAAN
Research Nurse Scientist

It is estimated that as much as 30% of care delivered in U.S. is duplicative or unnecessary and may not improve people’s health (www.ChoosingWisely.org). It is urgent that health care providers and patients work together and have conversations about wise treatment decisions and choosing care that is supported by evidence.

An initiative of the American Board of Internal Medicine (ABIM), Choosing Wisely, aims to promote conversations between clinicians and patients by helping patients choose care that is:
- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

In response to this challenge, national organizations representing healthcare specialists asked their providers to “choose wisely” by identifying tests or procedures commonly used in their field whose necessity should be questioned and discussed. To help patients engage their health care provider in these conversations and empower them to ask questions about what tests and procedures are right for them, Consumer Reports has developed patient-friendly materials based on the specialty societies’ lists of recommendations.

70 Health Care Provider organizations have released lists of practices that should be questioned. The American Academy of Nursing has identified the following 5* practices that should not occur:

1. Don’t automatically initiate continuous electronic fetal heart rate (FHR) monitoring during labor for women without risk factors: consider intermittent auscultation (IA) first.
2. Don’t let older adults lie in bed or only get up to a chair during their hospital stay.
3. Don’t use physical restraints with an older hospitalized patient.
4. Don’t wake the patient for routine care unless the patient’s condition or care specifically requires it.
5. Don’t place or maintain a urinary catheter in a patient unless there is a specific indication to do so.

*There are 5 additional practices specific to patients with cancer that are also listed.

You can find out what medical practices have been listed in specialty practice areas at www.ChoosingWisely.org

Checking ED Pulse for EBP
Robin Scott, RN, ND, MS, CEN
Interim Trauma Program Manager

The Emergency Department (ED) is conducting several research projects in 2015. One current project examining the reliability and validity of the Minnesota Detoxification Scale (MINDS); the MINDS scale is an alternative alcohol withdrawal scale to the Clinical Institute Withdrawal Assessment (CIWA) score. In addition, a new ED alcohol withdrawal protocol, which incorporates the use of higher initial doses of benzodiazepines to control withdrawal symptoms, has been implemented. This project will assess if this new approach to controlling withdrawal symptoms is effective at decreasing overall admissions, ICU admissions, and length of stay.

Another project, happening concurrently in the ED, is an interdisciplinary project, aligning medical, nursing, and pharmacy services. This project aims to develop a nurse driven sedation protocol, allowing nurses to adjust intubated patient’s sedation levels based on patient sedation scores and a physician approved protocol. The primary endpoint of this study is to ensure appropriate sedation post intubation, defined nationally as a RASS score of 0 to -3.

A third study will examine the effects of de-escalation training on security usage. This study, slated for Fall 2015, will train all clinical staff in the ED in verbal de-escalation techniques and then assess staff confidence in these strategies as well as determining if events requiring security assistance decrease in response to staff training.
Safety Auditing as a Nursing Accountability Measure for Hospital Fall Prevention

Nicole (Nicky) Huntley, BSN RN, presented at the National Association of Clinical Nurse Specialists (NACNS) Conference in San Diego, CA, earlier this spring. Her poster presentation was titled “Safety Auditing as a Nursing Accountability Measure for Hospital Fall Prevention”. Nicky was part of the essential leadership in this UCH-Central endeavor to reduce falls through evaluation of consistent safety practice interventions. The fall leadership team engaged the fall champions in performing quarterly audits completed by unit champions to assess both fall risk assessment charting and that required interventions are in place at the bedside. Unit champions quickly review the Electronic Health Record for Fall Risk Level and required charting, they then enter each patient room to audit interventions in place. If needed fall prevention interventions were not in place, the unit champions used direct bedside opportunity to educate staff involved (both RN and support staff). Upon completion of the audits, the forms are returned for compilation and review. Compiled audits are then returned to the unit champion, unit Nurse Manager and Associate Nurse Manager for review and sharing with staff. If there are issues with intervention compliance, the unit champion is asked to provide an action plan to correct the issue in the next three months before the following audit. Audit results, specifically bed alarm compliance, are shared in the Fall Champions Meeting, Falls Steering Committee Meeting, and Shared Leadership Meetings so that the audits are seen as truly value-added in the overall efforts to reduce patient falls. Within the first three months of Safety Audit initiation falls decreased from 3.41 to 3.05 falls/1000 patient days. Two years after audit implementation, UCH had its lowest rate ever at 1.59 falls/1000 patient days.

Nicky shared the project, outcomes, and her leadership in this project at the NACNS conference. Nicky commented that “Sharing the poster at my National Organization’s Annual Conference was a great honor. I had the great opportunity to connect and network with other Clinical Nurse Specialist Students and Practicing APRNS.” Additionally, the poster was awarded 2nd place, for the CNS student posters. This was an even high honor, as there were some truly amazing projects and posters. Nicky has received numerous emails asking for more information on the project, her leadership, and overall strategies to engage staff in reducing falls through preventative actions. She continues to have an active role on the EBP Fall Champion team and leads the quarterly fall prevention audit tracking process.

AWARDS AND CERTIFICATIONS:

Colorado AHEC 2015 Nightingale Luminary Awardee: Mary Beth Flynn Makic, RN, PhD, CNS, CCNS, FAAN, FNAP

Mary Hanna Memorial Journalism Award, April 2015, The Journal of Perianesthesia Nursing, Research Category, 3rd Place
- $200 – Submitted to the Colleen Goode Foundation

Master Certified Health Education Specialist: Monique McCollum, RN, MPH, CPHQ, MCHES
- Monique earned this certificate from the National Commission for Health Education Credentialing, Inc. She is one of only 900 people in the world to have this certification. Congratulations Monique!
Kudos Kolumn*

Staff at UCH have been busy presenting the good work that is being done here. We would like to recognize and congratulate the following health care professionals who have published or presented podium and poster presentations or have received awards.

Acknowledgement: Thank you Monica Brock, MS, RN, CPAN, Clinical Nurse Educator, Pre-op & PACU for her help in compiling these many accomplishments!

*We strive to include all achievements. Inform us if you have additional kudos to include in the next publication.

NURSING

PUBLICATIONS:


PODIUM PRESENTATIONS:


PODIUM PRESENTATIONS (continued):


Knippa, S., (2015, April). Beyond Skills Checklists: Orientation that Captures the Essence of Nursing! Podium presented at the Association for Nurses in Professional Development, Orlando, FL.


Oman, K. S., Yoder, M., Sauer, B., & Nordenholz, K. (December, 2014). Family presence at resuscitation or invasive procedures: update and review. University of Colorado Ethics Grand Rounds, University of Colorado Hospital, Aurora, CO.

Oman, K. S. & Glover J., (October 27, 2014). What is futile care? How does it affect patient care and transitions? 9th Annual Palliative Care Conference, University of Colorado Hospital, Aurora, CO.


Weimer, S., Bell, C., & Makic, M. B. F. (April, 2015). Sedation management during burn wound care, a descriptive study. 27th Annual Rocky Mountain Research and Evidence-Based Practice Symposium, Denver, CO.

POSTER PRESENTATIONS:

Bishop, M. (2015, April). Let's get digital: An online call sign up system. Poster presented at the 27th Annual Rocky Mountain Interprofessional Research and EBP Symposium, Denver, CO.


Rogers, J. (2015, April). CAM-ICU & Inappropriate UTA ratings in Intubated Patients in the Cardiac ICU. Poster presented at the 27th Annual Rocky Mountain Interprofessional Research and EBP Symposium, Denver, CO.


**Received 2nd place in EBP Category at AORN Conference**
PODIUM PRESENTATIONS (continued):


INPATIENT REHAB THERAPY SERVICES

PODIUM PRESENTATIONS:


POSTER PRESENTATIONS:


PHARMACY:


JOURNAL PUBLICATIONS (continued):


JOURNAL PUBLICATIONS (continued):


(References MI, continued from Page 14)

References:

Resources & References:


20. Alexander B. Benson, MD , Kyle Ridgeway, DPT , Madison Macht, MD, BSc , Brendan J. Clark, MD , Alexandra Smart, MD , Margaret Schenkenman, Ph.D. , Amy Nordon-Craft, MSPT, Marc Moss, MD, Patient And Proxy Perceptions Of Intensive Vs. Standard Physical Therapy In Critically Ill Patients.
