Evidence-based practice

The nurse executive: Catalyst, champion, and connector

Techniques to create an evidence-based culture

Nurse executives play a key role in shaping an environment that uses evidence-based practice (EBP) to advance nursing excellence and improve patient outcomes, said Christine Lund, MSN, RN, CNAA, nurse executive at Veterans Affairs Medical Center in Minneapolis during HCPro’s August 9 audioconference, “Evidence-Based Nursing Practice: Practical strategies to embed evidence into your culture.” Lund explained that nurse executives play three main roles as leaders in EBP: catalyst, champion, and connector.

Creating the framework

Organizations can create a framework to build an EBP culture if the nurse executive shares his or her vision, said Lund. The nurse executive’s vision provides the following:

- Goals and objectives: CNEs enhance a scientific approach to problem-solving in nursing clinical practice, education, and administration. “They must also embed evidence in the care that nurses provide by promoting EBP policies and procedures,” said Lund.
- Climate of intellectual curiosity: Share readings with councils or nursing staff members that may help them with their EBP projects. “By sharing valuable EBP material with staff, the nurse executive is promoting change that fits with his or her mission, vision, and strategic planning,” said Marita G. Titler, PhD, RN, FAAN, director of research, quality, and outcomes management in the department of nursing services and patient care at the University of Iowa Hospitals and Clinics—an ANCC Magnet Recognition Program® recipient.
- Creative tension: Promote new ways of thinking from envisioning what you desire, what you see, where you want to go, and the current reality.
- Role model: Lead by example by participating in, conducting, and facilitating EBP.

Wearing three hats

Lund expanded on the three roles nurse executives can focus on as they seek to inspire an evidence-based culture:

1. Catalyst. “As the catalyst, the energy of the nurse executive is focused on stimulating and creating an environment that excites and engages nurses in EBP,” said Lund.

Nurse executives as catalysts provide the following:

- Continuous improvement and change: Promote EBP change and do not stick to what has always been done within the organization.
- Encouragement: Promote receptivity to new nursing
practices. Nursing practice changes are driven more by what staff nurses are passionate about than by facts.

“The topics selected from staff will drive the EBP work in conjunction with how it fits into the nurse executives mission, vision, and strategic planning,” said Lund.

➤ Challenge: Find staff nurses who can handle changes in nursing practice—they will become the champions.

2. Champion. “As the champion, the nurse executive establishes the framework and provides or facilitates resources for EBP,” said Lund.

Nurse executives as champions provide the following:

➤ Evidence-based leadership: Base decisions on best evidence even when time is limited

➤ Expectations: Establish EBP as a strategic goal to demonstrate a high level of commitment by setting an expectation that further operationalizes EBP

➤ Opportunities: Facilitate and encourage staff participation in councils, improvement projects, workshops, and higher education

➤ Resources: Provide time to prepare an EBP project and to execute it

➤ Emotional and moral support: Help staff members work through barriers such as making sure supervisors allow time for EBP projects

➤ Rewards: Show staff appreciation through thank-you cards, newsletters, and e-mails

3. Connector. “As the connector, the nurse executive must leverage internal and external partnerships and establish teams to launch EBP initiatives,” said Lund.

Nurse executives as connectors provide the following:

➤ Internal and external partnerships: Collaborate with internal and external organizations, councils, and staff members to facilitate the interchange of ideas

➤ Teams: Include an EBP requirement such as an article review, as well as data collection and analysis, when creating EBP teams

Editor’s note: For more information about the audioconference “Evidence-Based Nursing Practice: Practical strategies to embed evidence into your culture,” visit www.hcmarketplace.com/prod-5569.html.
Ask the expert
Stay in check: What you should know about annual reporting

Editor’s note: Advisor Katherine Riley, MSN, RN, CNA, BC, assistant vice president of operations and ANCC Magnet Recognition Program® coordinator at Southwestern Vermont Medical Center in Bennington, responds to this month’s reader query.

After achieving Magnet Recognition Program® (MRP) designation, are there reporting expectations during the four-year time span before applying for redesignation?

Once achieving MRP designation, healthcare facilities are expected to submit an annual report during the four-year period before applying for redesignation. As stated in the 2005 ANCC Magnet Recognition Program® Application Manual, the MRP Commission is responsible for ensuring that designated facilities maintain compliance with the 14 Forces of Magnetism throughout the four-year cycle.

The annual report includes sections A, B, and C, and the summary from demographic information (visit the ANCC Web site at www.nursecredentialing.org for more information). Section A covers the organization’s demographic information, which includes the organization’s name, address, reporting period, number of beds, etc. Section B contains information about the services provided by the organization, including types of nursing units, number of staffed beds on those units, number of FTEs, vacancy rates, etc. Section C covers the educational preparation of nurses, which includes nursing leadership and direct-care nurses on each unit. The summary report lists specific measures such as RN turnover and vacancy rates, number of RNs, LPNs, unlicensed assistive personnel, and RN FTEs employed, and average length of employment. The summary must include the current year’s data, as well as the data from the previous year. Any negative changes in the data, such as an increase in the vacancy rate or decrease in the number of RNs employed, require an explanation including any actions that the organization is taking to correct undesired changes.

The annual report should include:
➤ A one-to-two page narrative describing the results of the organization’s most recent nursing and patient satisfaction surveys. The narrative should highlight any trends within the survey data and discuss any action plans implemented to address areas of concern.
➤ Programs, initiatives, or changes that were implemented or are being developed by the organization in response to the appraiser’s recommendations from the last appraisal.
➤ Reports about the professional resources available for APNs, CNSs, and nurse researchers. There should also be a discussion about any nursing units that were opened or closed during the reporting year, including the reasons for the change and the effect on nursing.
➤ Two nurse-sensitive quality indicators from the list provided on p. 72 of the 2005 Application Manual for each nursing unit and an analysis of the organization’s data on those indicators. The narrative should discuss the trends in the data and any new initiatives implemented to improve outcomes. If the list of nurse-sensitive indicators provided on p. 72 is not applicable, indicators that are considered to be nurse-sensitive must be chosen and discussed.

Note: For organizations that achieved designation as a system, the reporting requirements in the annual report apply to the system.

In addition to the annual report, designated facilities are required to notify the MRP office of any significant changes in the organization that might affect MRP status. Significant changes may include a change of the CNO, medical director, or CEO; a change in ownership or profit status; planned reduction in force; or any indication of potential instability. Significant changes must be provided in writing to the MRP office.
Peer review

Promote nurse accountability with peer review
How to identify process or performance issues with a formal, case-based review

Peer review is a key component of creating and encouraging an autonomous and accountable nursing environment as it allows staff nurses to monitor nursing practice. Organizations that practice peer review link it to sources of evidence for Force of Magnetism 4: Personnel policies and programs; Force 7: Quality improvement; and Force 9: Autonomy.

The leadership council at Saint Joseph’s Hospital in Atlanta—a three-time ANCC Magnet Recognition Program® (MRP) designee—noticed that each unit did not use the same problem-solving process, so it decided to adopt a hospitalwide peer review process. Managers and directors from each unit decided on a peer review process, so staff nurses would have a centralized way to review issues that take place at the unit level.

“We were challenged to look at organizational peer review as a performance activity,” says Marianne Baird, RN, MN, clinical nurse specialist. “Therefore, rather than having isolated instances of culture-type review, we were moving into something broader with the global peer review program.”

The initial step: Forming a committee

Forming a peer review committee was Saint Joseph’s first step in developing the global peer review process. The committee consisted of 12–14 elected, voting staff nurses representing all four service lines, along with the following nonvoting members: a patient safety and quality RN, a risk manager, a staff nurse chair with a graduate degree in nursing, a chair of the medical peer review committee, and two physicians.

The committee wanted to make it clear to all staff nurses that the program was part of the facility’s efforts to meet high standards of care. The process became part of the bylaws, says Baird, which are voted on by nursing staff members. The new bylaw reads, “In accordance with the bylaws of the professional nursing staff and patient safety and quality, all nursing staff with clinical privileges at Saint Joseph’s Hospital will be subject to peer review as part of ongoing performance improvement.”

The committee’s responsibilities include assimilating and aggregating data, assessing trends in ongoing data collection, creating an action plan related to each case that will help improve patient safety, reporting data to the nursing executive council, and presenting information to the clinical performance improvement committee. Each meeting takes place quarterly, and all members serve at least two years, with a maximum limit of three years.

The committee uses evidence-based practice research when reviewing cases and literature to assess appropriate and inappropriate actions.

Five steps to a resolution

For a case to reach the peer review committee, it has to be referred by a nurse, physician, patient’s family, quality or risk management council, nursing performance improvement council, administrative staff or governing board, or anyone who has a concern for patient care.

Once a case is submitted to the nursing peer review committee, it proceeds through five steps:

1. Screening. The screening is performed by the staff-nurse chair, and the case is accepted or declined based on how it affects the standards of quality care
2. Case review. If a case is accepted, it is assigned to staff nurses for review
3. Notification of RN. When a case is being reviewed, a certified letter is sent to the nurse(s) involved in the case to ask questions that will help clarify the situation
4. Committee review. Peer reviewers present the case to the nursing peer review committee, including the nurse’s answers to the questions in the letter
5. Case rating. Cases are given one of the following ratings after the committee reaches a consensus:
– Level I—Acceptable care, routine case, no further review
– Level II—Acceptable care, nonroutine case, no further review
– Level III—Questionable care, further review required
– Level IV—Unacceptable care, further review required

If the case receives a Level I or II rating, the nurse(s) receives a letter explaining that the case has been reviewed, and the care provided was within Saint Joseph’s standards. Cases that receive a Level III or IV signify the care rendered does not meet the hospital’s standards, and more information is needed to discern what happened.

For Level III or IV cases, the next step is a more extensive review. The nurse(s) involved is sent a letter asking for further explanation of the actions surrounding the event. The nurse(s) has 14 days to respond, and if the committee does not receive a response, the case is given a final rating without the opportunity to hear feedback from the nurse.

The decision surrounding whether the case is a process or performance issue reflects what further action will be taken:

➤ **Process issue.** This is a situation where the committee uncovers a flaw in the hospital’s system that contributed to a failure in clinical performance. This flaw is reported to the appropriate performance improvement committee or nursing council.

➤ **Performance issue.** This is an instance where the committee determines that the nursing practice failed to meet the standard of care reflected by Saint Joseph’s established policies, guidelines, or procedures. An action plan for personal development is created to help the nurse(s) provide high-quality patient care.

The nursing peer review committee considers an overview of each case to look at the elements of what occurred. “We try to trend out what went on across the organization, what are we doing, and what are the factors that tend to lead to these situations that we are reviewing,” says Baird. “We formulate our assessment, and we look at what actions we can implement and report to the nursing councils and ultimately to the patient safety and quality committee—a hospital board-level committee.”

**Cases reviewed**

Since implementing the global nursing peer review program in 2005, the peer review committee has reviewed 79 cases and designated 56 of those cases as Level III or IV.

Of the cases that resulted in practice change, one raised a question about whether a physician needs to write an order for a more detailed physical assessment of a problem area, or if it should be done automatically by the nurse. A second question resulting in practice change asked, “How many reports of pulse oximetry problems does it take to validate that the staff may not understand how to use the value?” The outcomes of these two cases mean that staff nurses now fulfill physical assessments for patients, and educational material is provided to staff nurses about how to incorporate a pulse-oximetry value with the respiratory assessment.

**The purpose of case reviews**

The peer review cases are used solely for trending, and no letters are placed in the nurse’s personnel file as this is not a disciplinary process, says Baird. Cases received by the nursing peer review committee through referrals are stored in a locked file located in the patient safety and quality department. “The overall peer review process should provide an opportunity for nurses to obtain constructive feedback about their performance,” says Katherine Riley, MSN, RN, CNA, BC, assistant vice president of operations and MRP coordinator at Southwestern Vermont Medical Center in Bennington, a hospital that received MRP redesignation in 2006. “Rather than convey a disciplinary or punitive tone, peer review should promote open communication and opportunities for growth.”
# Nursing peer review form

**Saint Joseph’s Hospital, Atlanta**  
**Nursing peer review form**  
**Initial review #1**  
**Privileged and confidential peer review**

This information is collected and documented on behalf of and at the direction of the nursing staff peer review committee. Such information is confidential and protected by all relevant Georgia code sections providing peer review protection including, but not limited to, [section] 31-7-130 et seq., [section] 31-7-140 et seq., and/or the corresponding provisions of any subsequent federal or state statute providing protection to such peer review or related activities. The dissemination of this information for any reason other than nursing staff peer review is strictly prohibited.

Patient name: __________________________________________  
Manager: __________________  
Admission: ______________

Attending physician: ____________________________________  
RN(s): ___________________

Brief case overview: ______________________________________  
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Reason for referral: _____________________________________  
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*Overall rating*

Comments: ________________________________________________

Signature: _______________________________________________  
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*Source: Saint Joseph’s Hospital, Atlanta. Used with permission.*
Rewarding nurses

The academy awards for nursing excellence
One organization recognizes its nursing staff with a five-star event

On every ordinary day, nurses perform extraordinary service. The CNO of Grady Health System in Atlanta wanted to recognize nurses for this achievement, so Rhonda Scott, PhD, RN, created a five-star event—the Academy Awards for Nursing Excellence—to celebrate staff nurses’ outstanding performance and practice.

Grady Health has been working toward creating an environment that reflects the 14 Forces of Magnetism by implementing a shared governance model improving the image of nursing and focusing on nurse-to-patient ratios. “We are doing all the quality expectations that go along with having a Magnet [Recognition Program®] status environment, and with this I wanted to make sure we recognized our nurses,” says Scott. “We put a lot of reward and recognition activities in place with our critical care nurse of the year, the perinatal nurse of the quarter, the daisy award, but our most anticipated event is our Academy Awards for Nursing Excellence.”

Nominating the champions

Grady Health is a public institution, so funds for the recognition awards were raised and donated through the hospital’s foundation. In-house marketing involved save-the-date cards, flyers, posters, and brochures that were distributed throughout the hospital and to the foundation’s contact list to find sponsors. Scott created nomination forms that were distributed on every unit, and anyone at Grady could nominate a staff nurse, even family members. The forms asked four questions:

1. What is the nurse’s role at Grady?
2. Tell us why you think this nurse role models nursing excellence.
3. What has this nurse done to contribute to the nursing profession? (i.e., involved in associations, national organization, or president of a local chapters)
4. What else about this nurse makes him or her excellent? (e.g., a nurse at Grady taught CPR to a boy scout group)

Nurses could be nominated in several categories: LPN, APN, community service, education and teaching, nursing leadership, and clinical care. Awards were also given to nurses for outstanding contributions in ambulatory, critical care, emergency, long-term care, medical-surgical, oncology, perinatal, perioperative, psychiatric/mental health, and surgical.

Tallying the votes

More than two hundred nominations were received and distributed to 10 judges for review. The judges included a pharmacist, nutritionist, case management social worker, and unit directors. Nominee’s names were obscured on the forms so judges did not know who they were reading about, and each of the four answers was individually scored. Nominees had to have been staff nurses at Grady.
for two years and full-time employees in good standing for their nominations to be reviewed.

Scott wanted an objective tallying of the votes, so she sent the scores to an accounting firm to be totaled. “I always want our nurses to be able to trust the integrity of this program and really believe that everyone has a chance of winning based on what they bring to the table in terms of excellence,” says Scott. The accounting firm certified the top three finalists and the winner in each category. Out of 239 nominations, the list was narrowed to 37 finalists. Scott knew who the three finalists were for each category, so she filmed them working and took a picture for the program booklet.

Rolling out the red carpet

The 37 finalists and their guests had free admission to the awards ceremony at the Four Seasons Atlanta Hotel, whereas other attendees paid $100 for their tickets. Scott had hoped that 250 people would attend, but the event was so popular that almost 300 people attended. “We even had a few of our physicians write checks for $1,000 and [tell] me to send 10 nurses from their unit to the award ceremony,” says Scott.

The finalists and their guests enjoyed a cocktail hour until the ballroom doors opened for the finalists to triumphantly parade in on the red carpet, accompanied by Tina Turner’s song “Simply the Best.” The event was a glittering occasion, and guests wore formal attire, which perfectly suited the lavish five-course meal. “I told Dr. Scott that I have been a nurse at Grady since 1968, and I don’t ever remember nursing being honored,” says Angelle Vuchetich, RN, CANP, manager of the infectious disease program and winner for outstanding contributions in advanced practice nursing.

The event also featured a video of all 37 finalists stating why they enjoy being a nurse at Grady, as well as a slideshow of the nurses in their work environment. Following a drum roll, Scott opened the sealed envelopes where the winner’s names had been written in gold ink.

The overall winners of each category received a personalized glass trophy, flowers, and $500, which came from the funds raised. The runners-up received a plaque and a bouquet of flowers. After the awards ceremony, everyone took to the dance floor until midnight when the ballroom doors closed.

The awards at the Four Seasons Hotel proved to be a sumptuous event, and Grady’s staff nurses are eagerly awaiting the 2007 academy awards, which will be held in November at the Ritz Carlton.