NK3-1 Review of Proposed Research

NK3-1 EBP Review of

Nursing EBP/Research Council



8/23/11

0915-1030

 **Penrose E-Tower Conference Room**

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| **Present:** | Rochelle Salmore, MSN, NE-BC Clinical Manager (CHAIR)Audrey Simpson, BSN, RN Clinical Manager 7th FloorKelli Saucerman, MSN, RN, Director Clinical EffectivenessDeb Kenny, PhD, RN FAAN, UCCSDeb Nussdorfer, MSN, RN, CNS-BC Magnet Coordinator | Candace Garko RNC MSN CNS Birth CenterHelen Graham RN PhD Cardiac ServicesElly Peters MSN, RN, OCN, Nurse NavigatorLynne Wahl MSN, APRN-BC |
| **Absent** | Ginny Bayes, MSN, RN (St. Mary Corwin)Peggy Plylar MSN, RN, Spine Center of Excellence CoordinatorOlinda Spitzer, MSN,CNS, CCRN, ICU Educator |
| **Reflection** | Small Things |
| **Review of Minutes** | Approved.  |
| **Agenda Items** | Discussion | **Actions** | **Person(s) responsible for follow-up** |
| Proposed Research | * 1. Chart Review of **Cardiac Care Protocols following STEMI** guidelines in rural areas. Julie Benz, DNP Student at Regis. Julie Benz came to STEMI meeting (April, May) and presented idea and was referred to Rochelle Salmore.
* **2. PICC nurses proposal for pilot research project –** change all vascular dressings in CCU in an effort to demonstrate reduction in CLABSI. They have proposed giving patients questionnaire to ask about number of sticks. CLABSI data links to multiple sticks, dressing changes reflected in documentation review. QI is currently collecting significant data on this process as we focus on using EBP to reduce infection rates. PICC sees this pilot as opportunity to consider staffing changes. Research opportunity is whether a vascular outcome team doing dressing changes is more effective than unit RN’s doing dressing changes. Evaluate over a three month period – documentation of dressing changes and CLABSI reductions. If their end point is to hire another person they need to show efficiency issue – measure time for unit RN vs. PICC nurse or are they showing cost reductions based on reduced infections. Scheduled process of dressing changes not off shift.
* 3. Deb Nussdorfer – **Green Zone** with contact isolation.
* Birth Center Preadmit nurses took NIH training since they will be obtaining patient consent for research study on .
* UCCS students were submitting directly to IRB and this has been changed to requiring faculty to sign prior to IRB. If student has approval from site IRB then school IRB will do expedited review. We will revise our policy to require faculty signature to proposal. Sometimes school requires study site IRB approval first. In that case, student would show PSFHCS guideline.
 | 1. Thanks to Rochelle, Helen and Deb for peer review. FYI – NIH is required. Not CITI. Will add NIH and Letter of Approval to our Nursing Research Policy. 2. Rochelle will meet with PICC nurses to help develop proposal based on input from this council as well as educate on EBP process, writing proposals, Data Collection Tool and questionnaires.3. Monitor wearing of garb – propose a pilot unit. Environment is contaminated which is why we require garb to go in room. The square is 3 ft x 3 ft, and placed where you cannot touch anything. Ethical question about what to say to nurses who are being observed. If informed, will the Hawthorne effect skew data. Consent from nurses may be needed. Discussion to use Tracker data instead of direct observations Tracker shows us who enters room and time spent. . Pre and post infection rates will be compared. Comparable pt that is non isolated to track time may be used. Deb will draft proposal and send for Peer Review. | Rochelle SalmoreRochelle SalmoreDeb Nussdorfer |