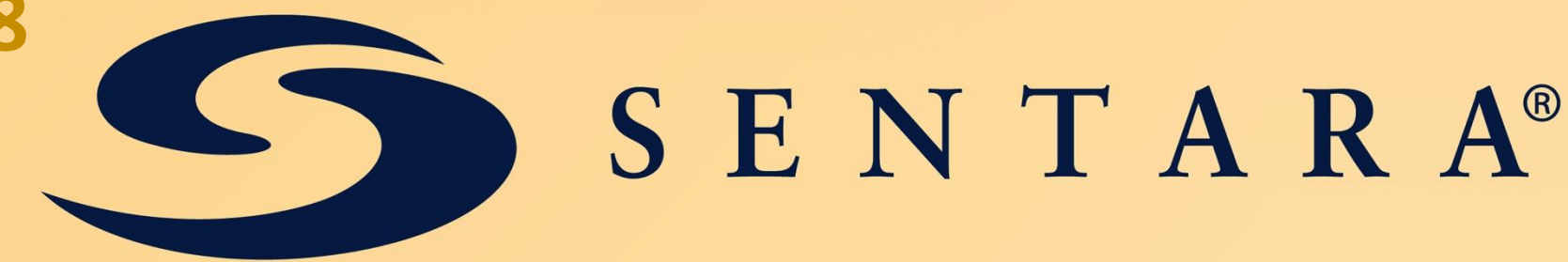# *sentara nurse*

*HEART*wiring practice changes

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ABSTRACT

Background: Despite limitations on nonproductive time, nurses are often inundated with informational mandates and changes in practice due to new or revised policies and procedures, strategic imperatives, regulatory changes, and new technology.

Methods: Nurse leaders at a community hospital developed a unique set of tools to control the chaos of disparate messages and enhance the effectiveness of initiatives. This toolkit includes a *practice hardwiring change* form for educational prioritization strategy, *job aid* templates, and a *policy and procedure planning guide*. The required hardwiring plan requires the project leader to identify the rationale, target audience, accountability plan, and ongoing education strategy. Stratification was established with three distinct levels; *immediate* defined as a threat to patient safety; *urgent* defined as implementation required within 30 days; and *schedulable* changes delivered batch style each quarter.

Outcomes: Changes meeting immediate criteria are delivered through structured shift huddles in an SBARr format. Those in the urgent category are delivered through a monthly newsletter or a mandatory computer based learning module. Schedulable practice changes are delivered in quarterly education sessions that allow for hands-on practice and key re-enforcement content. Implementation of the quarterly format allows educators to manage initiatives in a collaborative and efficacious manner. The new policy and procedure planning guide provides step by step actions for approval, supply planning, technology implications, communication plan selection, executive sign offs, go live date selection and policy update confirmation. Job aids augment these strategies. An example of how updated fall prevention initiatives were strengthened using these tools will be shared in this poster.

OBJECTIVES

• At the conclusion of this presentation, the participant will be able to apply new tools in educational hardwiring in their own organization.

• At the conclusion of this presentation, the participant will be able to identify stratified levels of educational mandates.

RATIONALE

Influences:

– Increased pace of change around technology, policies, and procedures in an evidence based practice environment.

– Fiscal imperatives driving equipment and supply transitions.

– Staff receiving copious amounts of electronic communications and computer based or live educational updates.

Assessment:

– Nurses feeling inundated with changes in practice due to new or revised policies and procedures, strategic imperatives, regulatory changes, and new technology.

– Nurse leaders focused on outcome driven goals with end user accountability.

– Identify and single out quality variances and problems for remediation.

– Need to manage change and educational messages through coordinated and prioritized plan.

Helping Everyone Achieve Required Training (*HEART)* wiring

Prioritization stratification using a **Hardwiring Form** and **Policy Planning Guide** was established with three defined levels:
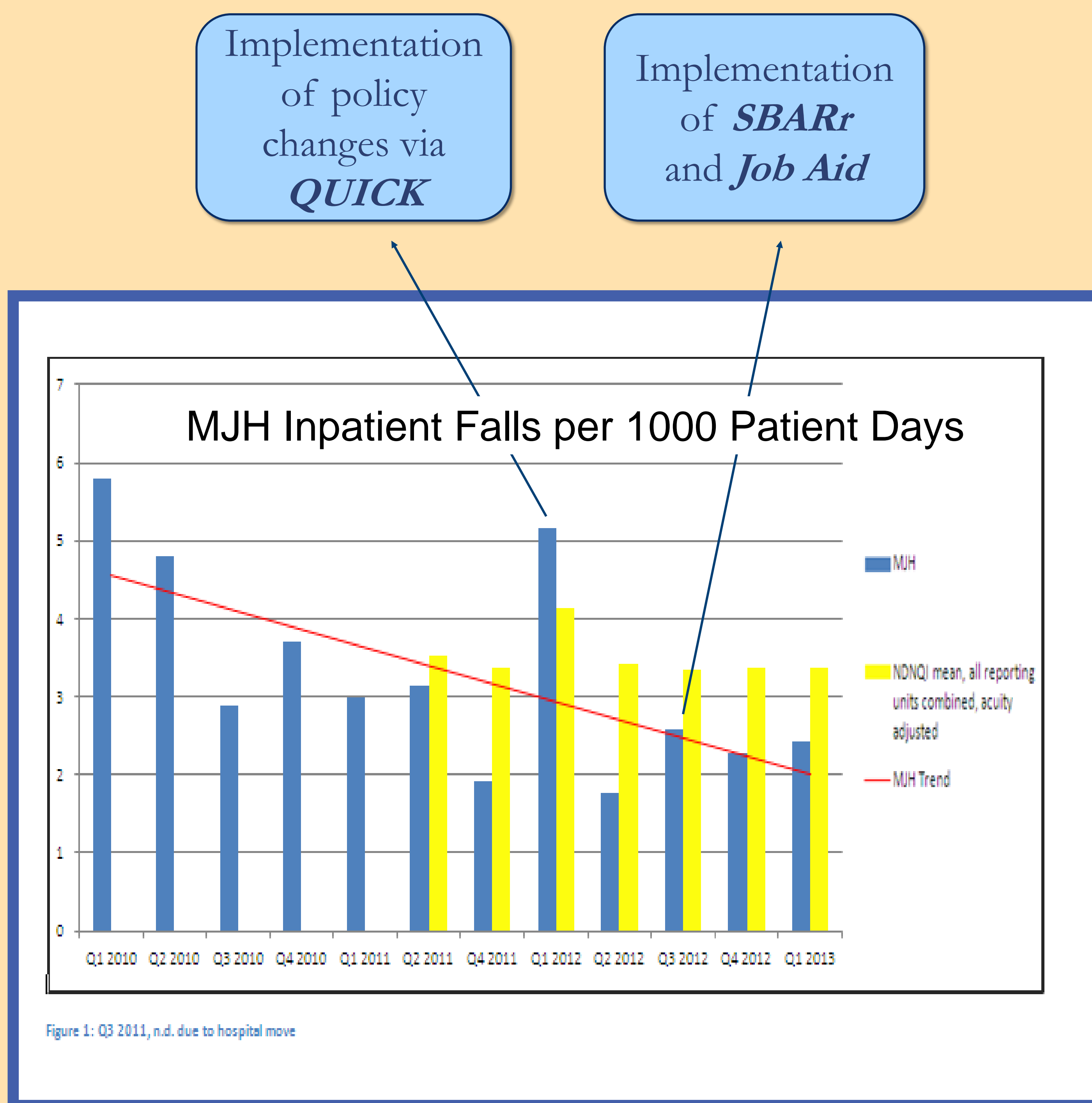
1. **Immediate**, defined as a threat to patient safety, are delivered through structured shift huddles in an **SBARr** format.
2. **Urgent**, defined as implementation required within 30 days, are delivered through a monthly e-newsletter **Clinical Bytes** or a mandatory computer based learning module with a **Job Aid** tool for ongoing reinforcement.
3. **Schedulable**, changes delivered batch style quarterly via **QUICK** (Quarterly Updates in Clinical Knowledge), modality that allow for hands-on practice predominately through simulation scenarios with key re-enforcement of practice content allowing educators to manage initiatives in a collaborative environment.

TOOLKIT

• Hardwiring Form for stratification
• Policy Planning Guide
• SBARr Tool for huddle communication
• *Clinical Bytes* E-Newsletter
• Job Aid templates for ongoing reference
• QUICK Planning Grid

IMPACT

An example of the clinical impact of the *HEART*wiring method is demonstrated below with our falls reduction efforts.

Implementation of policy changes via **QUICK**

Implementation of **SBARr** and **Job Aid**

MJH Inpatient Falls per 1000 Patient Days

Figure 1: Q3 2011, n.d. due to hospital move

EXAMPLES

REFERENCES

Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice.* Menlo Park, CA: Addison-Wesley, Nursing Division.

Britton, B., Raper, J., & Walden, C. (1995). Making a competency plan work. *Journal of Nursing Development, 11*(4): 210-214.

Knowles, M., Holton, E., & Swanson, R. (2011). *The Adult Learner.* Kidlington, Oxford: Butterworth-Heinemann.

Sprang, S. (2010). Making the case: Using case studies for staff development. *Journal for Nurses in Staff Development, 26*(2): E6-10.

Poe, S., Cvach, M., Dawson, P., Straus, H., & Hill, E. (2007). The Johns Hopkins Fall Risk Assessment Tool: Post-implementation evaluation. *Journal of Nursing Care Quality, 22*(4): 293–298

Ryeroft- Malone, J., Kitson, A., Harvey, G., McCormack, B., Seers, K., Tichen, A., & Estabrooks, C. (2002). Viewpoint ingredients for change: Revisiting a conceptual framework. *Quality Safety Health Care,* 11:174-180 doi:10.1136/qhc.11.2.174