

RESEARCH & EBP PROGRESS REPORT



Hindsight is 20/20. Research. Plan. Execute. Evaluate. This makes your forward vision 20/20.

Source: <http://blog.gaia.com/quotes/authors/mr-prophet/60928>



UPCOMING COURSES & JOURNAL CLUB

- *Let's Get Cooking with EBP & PICO: The Key Ingredient* Week of Oct. 7, 2013
- *Levels of Evidence* Week of Oct. 10, 2013
- *EBP Journal Club: The Future of Nursing: BSN-Prepared Nurses* on Oct. 24, 2013

YEAR TWO: CVMC & PALLIATIVE CARE

Did you know that 1.5 million Americans die of a chronic illness each year? Studies have shown that many people living with a serious illness experience inadequately treated symptoms, fragmented care, poor communication with PC healthcare providers, and strains on their family caregivers. Attempting to alleviate these problems, Palliative Care has come to the forefront in healthcare.

What exactly is Palliative Care? PC is a specialized field of medicine that focuses on symptom management and relief of the stress that accompanies living with a chronic illness. The overarching goal of PC is to improve the quality of life for both patients and their families. PC differs from hospice care as it is not defined by one's life expectancy. Patients can receive PC from the time of diagnosis; on the other hand, to be eligible for Medicare hospice benefits, life expectancy must be estimated at six months or less.



CVMC's Palliative Care Program utilizes a team approach, which includes a board certified PC Physician, PC Nurse, Spiritual Care, and Social Worker/Case Manager (pictured Dr. Sanders, Kim Sloop [PC Nurse], Barbara Stark [SW] & John Robbins [Chaplain]). As the need arises, a Pharmacist, Nurse Practitioner and/or Clinical Dietician are consulted. To provide a current prospective, the patient's primary nurse is also included as an ad hoc member. The team evaluates the patient's condition, offers family support, and seeks to alleviate emotional and physical distress for the patient and family. PC focuses on pain and symptom management, facilitates communication, and ensures psychological and spiritual support are available. The palliative plan of care is developed after the consult and addresses medical treatments that coincide with the needs and priorities of patients and families.



Our PC Program was launched in April 2012. Since that time, many patients and their loved ones have benefited from the in-house palliative care services. PC contributes to organizational fiscal objectives with its potential to reduce readmission. Patient satisfaction is also positively impacted by PC.

Since Program inception 18 months ago, *close to 300 patients were seen by the Palliative Care team*. In 2012 there were 178 PC consultations and to date the PC team has collaborated with attending providers to optimize care and improve quality of life for 103 patients.

Often confused or mistaken with hospice, education among healthcare professionals as well as the community about palliative care is a critical! After all, if it were you, wouldn't you want to experience improved quality of life; relief from suffering; support for family caregivers; and last, but not least, to feel as though you have control and choices in the management of your healthcare?

For further information regarding the Palliative Care Program at CVMC, contact Kim Sloop, Palliative Care Nurse at #3970.

HATS OFF

Rebecca Schell, MSN, RN, ONC, (Ortho/Neuro) obtained her Master in the Science of Nursing with a concentration in education from East Carolina University in May of 2013.

Kimberly Rudisill, BSN, RN, CNOR successfully completed the Certified Nurse Operating Room certification exam.

RESEARCH RAP

CVMC Team Research Accepted for Publication!

"Controlled breathing with or without peppermint aromatherapy for postoperative nausea and/or vomiting symptom relief: a randomized controlled trial," has been accepted for an upcoming issue of *Journal of PeriAnesthesia Nursing*. The research was conducted by **Debra Sites, Nancy Johnson, Jackie Miller, Pauline Torbush, Tara Fox, and Janis Hardin.**

LET'S TALK MAGNET®



Magnet Designation is the ultimate Peer Review Process.

Your peers provide feedback related to your performance as a professional nurse during the annual performance evaluation, which is valuable to identify areas of strengths and opportunities for improvement. The Magnet Designation process is similar in that a selected group of "peers" will form our appraiser team. Appraisers are nurses who practice in Magnet Hospitals as nurse leaders or clinicians, or are nursing academicians who teach Magnet characteristics, or are nurse researchers. The team reads our Magnet application and scores the sources of evidence that are based upon Magnet components. If our score meets

the expectations, CVMC will be granted a site visit, which is usually 2-3 days long. The magnet appraisers live our world for a these days to see if our document comes to life in the routine practice of our Magnet Nurses. As they meet with as many CVMC nurses as possible while visiting each unit/department. They want you to show them what you are "best at doing" and how you measure your nursing care in your particular specialty. As time closes is on our site visit, we will prepare you to be comfortable and proud of the excellent patient care you deliver with every patient encounter! CVMC's 2014 Magnet Re-designation Theme is "Expect the Best."



PROFILE PORCH WITH TAMMY CARPENTER, BSN, RN, CCRN



"I first learned about evidence-based practice at Catawba Valley Medical Center," says Tammy Carpenter charge nurse in CCU. After beginning her nursing career at CVMC in 1998, she gained invaluable experience working in the Emergency Department and on Telemetry before joining the Critical Care staff. In addition to building her clinical expertise, Tammy emphasizes, "I have really learned so much about research and the benefits of EBP here at this hospital."

As chair of her unit-based shared governance council, Tammy is currently involved in the early phase of an EBP project focused on early mobilization to decrease their inpatient length of stay. "Patients in CCU are very vulnerable. Utilizing what the literature supports as best practice is crucial optimal care," emphasizes Tammy. Following principles of research and EBP, the group examined the existing literature. "I was quite surprised to learn that so much literature is available on just about any topic you might want to explore... I really had no idea...truly was an eye opening experience for me," Tammy notes. She encourages anyone who has an interest in learning more about Research and EBP to, "Just get involved and take small steps," and suggests, "Journal Clubs are a good starting point, I've attended those and come away with something new each time."

Tammy is pursuing her MSN and consistently strives to be a role model for newer nurses and/or others who also have a growing interest in research and EBP, "Now more than ever, I realize the importance of it," she says. In her spare time, she enjoys spending time with her husband and two sons, watching sports, or an occasional shopping trip with friends.

Your Research & Evidence-Based Practice Council

Contact Us: research@catawbavalleymc.org

Resources: <http://irb.catawbavalleymedical.org/>