



APRN Connection

Focusing on Practice, Quality, Safety, Advocacy and Research

BRIEF

Volume 3, Issue 3
December
2012

Special Interest this edition:

- APRN/RN Genetic Rounds
- APRN First 5 Minutes Simulation Update
- APRN 2013 Events
- Attached to this edition:
 - ⇒ Updated APRN Resource List
 - ⇒ "Evidence-based practice for the busy nurse practitioner: Part two: Searching for the best evidence to clinical inquires"
 - ⇒ "Evidence-based practice for the busy nurse practitioner: Part three: Critical appraisal process"

WELCOME ABOARD!

Ashley Sterling—PICU
Kathryn Barksdale—Orthopaedics
Alisa Perry—CCBD in NoVA
Sameeya Ahmed-Winston—BMT
Rebecca Babb—Oncology

Thank you Peer Mentors—you make a difference!

From the Director

Dear APRN Colleagues,
I want to wish everyone a joyous and merry Holiday season.

As we busy ourselves this time of year with family, social, and professional commitments, let us take a moment to thank each other for one's commitment to Children's National patients, quality in performance, safety in practice, and effective communications with our colleagues.

A healthy work/practice environment is linked to higher levels of job satisfaction, greater retention, improved patient outcomes, and decreased costs of care. The American Organization of Nurse Executives (AONE) has identified nine elements necessary for creating healthy work environments.* Summarizing the "AONE Principles and Elements of a Healthful Practice Environment," healthy environments:

- Create a culture of collaborative practice—with respectful collegial communication and behavior, presence of trust, and respect for diversity
- Build a communication-rich culture—with clear and respectful behavior in an open and trusting environment
- Seek a culture of accountability where role expectations are clearly defined and articulated, and all are held accountable for behaviors
- Employ adequate numbers of staff to support the ability to provide quality care, meet patient needs, and balance employee work-life
- Advocate for the presence of an expert, competent, credible, visible

- leader as a practice advocate
- Gain shared decision making at all levels
- Encourage professional practice and continued growth and development
- Recognize the value of contributions—ensure a system to promote career mobility and expansion
- Recognize nurses for meaningful contribution to practice

The future of healthcare reform will bring increasing challenges related to reimbursement and value-based purchasing, access to care and increased productivity, quality patient outcomes and improved efficiency in care delivery, and more. Let us take this opportunity to strengthen our professional environment and establish strategies to sustain a positive work environment.

Take a moment to recognize the person working beside you. Thank them.

Sincerely,
Gretchen

References
Institute of Medicine. *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Washington, D.C.: National Academies Press; 2003.
American Organization of Nurse Executives. *AONE Principles and Elements of a Healthful Practice Work Environment, 2012-2013 AONE Source Book*. Chicago, IL: American Organization of Nurse Executives; p.32



Did you know...

- Flu season has been declared. All declining the vaccine must wear a mask at all times in those facilities where patients are treated.
- Exempt APRN Annual TOWER evaluations will close January 4th.
- Non-exempt APRN Annual TOWER evaluations will launch January 30th
- The 2012 APRN Job Satisfaction Survey will close January 4th, 2013



Introducing: Collaborative APRN/RN Genetic Rounds

Thinking Bigger Thinking Differently

Please join the Department of Nursing Research and the Department of Advanced Practice Nursing in creating Collaborative APRN/RN Genetic Rounds

Children's National is one of 23 Magnet hospitals across the United States selected to participate in a nursing genetic and genomic education project funded by the National Council of State Boards of Nursing with project organization from West Virginia University School of Nursing, National Institutes of Health, National Human Genome Research Institute, and National Institutes of Health, National Cancer Institute.

The first step in the project was to perform a baseline study to evaluate the nurse knowledge, needs and attitudes related to genetics and genomics. From that survey we discovered and documented that more than 400 nurses at Children's National strongly believe that knowledge about genetics and child health is highly relevant to their nursing care. We also documented that these nurses worry that they would not be able to accurately respond to questions from parents or patients about genetic-based therapy being administered by nurses in our system of care. Additionally, our nurses reported a strong desire to have access to information about genetics and genomics that is relevant to their patient population.

We want to respond to these needs. We believe that one of the most effective ways of providing relevant genetic-based information to clinical care nurses is through nursing role models – our advanced practice nurses.

To address the baseline survey findings described above from the nurses at Children's National, we are in the midst of creating a monthly continuing education offering by experts in genetics/genomics, a nursing referral procedure for genetic consults, and a website to contain relevant information that can be accessed by our clinical nurses at their convenience. These are reasonable approaches but we seek a direct link to clinical care excellence and we seek to do that with advanced practice nurses.

In examining the responses of our nurses to the above described survey, we would like to create a new clinical intervention, 'Collaborative APRN/RN Genetic Rounds'.

Our early ideas, very much open to your preferences and experiences in creating an effective knowledge intervention at the point of care, include having monthly rounds that rotate across our clinical units (inpatient and outpatient) that occur at an agreed upon time and day of your choosing. The rounds would take place at the point of care – in the clinical area such as the hallway of a clinical care unit or clinic. We anticipate that the rounds would be brief, perhaps 15 minutes. If you chose, you could distribute an article relevant to the point of genetic-based treatment that you are making during rounds.

Please join us in creating these rounds. To join with us, please contact Gretchen Brandon, Beth Harkness or Pam Hinds prior to December 31st, 2012. We are excited to collaborate with you!

As an example, an NNP might lead rounds by introducing a brief clinical history of the infant with Trisomy 21. The NNP might share clinical findings, genetic testing (pre and postnatal), and the significance of the findings in relation to the infant presentation. The NNP might also share the prevalence and significance of the clinical findings. Additionally, the NNP might then share the role of the RN in assessing and guiding the nursing care of the infant (what to look for clinically, behaviorally), family teaching, allied health resources available regarding patient/family needs, community resources, etc. The NNP might also share a recent article related to current genetic testing available, or to a clinical finding relevant to this diagnosis, or to future considerations in the sciences.

Please consider participating in the development and implementation of a new clinical intervention to bring research and evidence in practice, to the bedside.