TL2 – Nurse leaders and clinical nurses advocate for resources to support nursing unit and organizational goals.

Provide one example, with supporting evidence, of a nurse leader's advocacy that resulted in the allocation of resources to support an organizational goal.

And

Provide one example, with supporting evidence, of a clinical nurse's (or clinical nurses') advocacy that resulted in the allocation to support a nursing unit goal.

Example 1: Nurse leader Joel Anderson advocates for additional equipment to support quality care.

Nursing Leader: Joel Anderson, MSN, RN, CNL, Director of Nursing Adult Medical-Surgical Care.

Organizational Goal: I Heal: Commitment to providing high-quality care
In March 2013, clinical nurses approached John Ehrhart, MSN, RN-BC, Nurse Manager, while he was rounding on 5 Central, to express concerns about portable vital sign monitoring equipment that was missing, malfunctioning or out of date.

Ehrhart discussed the concerns with staff at-large at a unit staff meeting. (Exhibit TL2.a: 03/14/13 5 Central Staff meeting minutes) Shift managers Lori McKinstry-Stern, RN, Clinician II, and Aileen Feola, BSN, RN, CMSRN, Clinician III, shared that they were reluctant to have broken equipment sent to be repaired because portable vital sign monitoring equipment was not backfilled while equipment was off the unit. The lack of fully functioning equipment was suboptimal, but not having available equipment was also disruptive to patient care workflow and was a staff dissatisfier. The nursing staff further communicated that the dated equipment was requiring repair with increasing frequency due to its age and high usage. They also pointed to the fact that some equipment was beyond repair.

The nursing staff referenced plans for the implementation of the Early Recovery After Surgery (ERAS) protocol in colorectal surgery patients and the need for appropriate equipment. They were concerned that ERAS protocol plans were including higher-level monitoring, such as mean arterial pressure, which the current machines could not provide.

Hearing a uniform voice from staff saying that the portable vital sign equipment needed to be improved, Ehrhart brought the staff's concerns to a monthly acute care nurse manager meeting in April 2013 to discuss the issue with his colleagues. (Exhibit TL2.b: 042213 Acute Manager Meeting Minutes) At this meeting, Joel Anderson, MSN, RN, CNL, Director, Nursing Adult Medical-Surgical Care, asked all acute care managers to query their staff and assess the quality of unit-based equipment. Over the next few

weeks, all acute care units conducted an assessment to determine the need for this unit-based equipment.

Managers throughout acute care met with unit clinicians and discussed issues surrounding portable vital sign monitoring equipment. Clinicians within acute care shared the same concerns as the 5 Central nursing staff. Exhibit TL2.c is an email from 5 West manager Brian Zwoyer, BSN, RN, describing the condition of his Dinamaps. (Exhibit TL2.c: 041913 Zwoyer to Anderson Dinamap Condition Email) Anderson received emails similar to this from the majority of the adult acute care managers confirming this need. On May 29, 2013, Anderson reviewed the comprehensive findings from his managers and initiated communication with the director of Clinical Engineering. Anderson organized the expressed needs of 5 Central and other adult acute care units. He shared the collective message from the nursing staff with Clinical Engineering Director John Knapp and Manager Mark Seago. (Exhibit TL2.d: 052913 Anderson to Knapp Email)

Knapp and Seago received the capital request and were preparing to analyze the need for new equipment. They performed an inventory of the equipment scheduled for repair and examined the numbers of fully functioning portable vital sign monitoring machines throughout the entire institution. Their analysis of the equipment situation corresponded with that of the nursing staff. They agreed that many elements of the equipment needed repairing, and that the age of some of the equipment complicated the ability to obtain the necessary parts. They concluded that new equipment in a larger quantity would better meet the needs of our patients and staff across all settings.
They prepared a plan to request a capital investment. In early fall of 2013, they proposed a capital investment of $223,428.18 to obtain 87 new portable vital sign monitoring machines. Senior leadership approved the request, and the new equipment was delivered on Dec. 13, 2013. (Exhibit TL2.e: Dinamap V100 New Purchase)

Participants:

TL2 Table 1. Participants, 5 Central Dinamap Replacement

Name	Discipline	Title	Department
John Ehrhart	Nursing	Nurse Manager	5 Central
John Knapp	Clinical Engineering	Director	Clinical Engineering
Mark Seago	Clinical Engineering	Manager	Clinical Engineering
Joel Anderson	Nursing	Director, Nursing Adult Medical-Surgical Care	Patient Care Services
Aileen Feola	Nursing	Clinician III	5 Central

Lori McKinstry-Stern	Nursing	Clinician II	5 Central
Becky Rankin	Nursing	PCA	5 Central
Selena Jones	Nursing	PCA	5 Central
Sheila Tyree	Nursing	PCA	5 Central

Example 2: Clinical Nurse Advocacy for Replacement of Infusion Center Patient Chairs to Improve Patient Safety

Clinical Nurse: Margie Kellison, RN, Clinician III

Nursing Unit Goal: Patient safety

The Emily Couric Clinical Cancer Center (ECCCC) provides comprehensive cancer services to UVA patients. Patients within our service area and from around the world seek innovative and compassionate care from the skilled team members at ECCCC. The infusion center is the hub of our cancer center, providing infusional therapy for varied disease states. One specific aspect of care for these patients is the infusion of the complex medications that treat a multitude of illnesses. The infusion center typically provides care for up to 65 patients every day, with the length of treatment ranging from a few minutes to up to eight hours. Although they are encouraged to move around the infusion center, patients often spend this time in a chair designed specifically for infusion centers.

On June 4, 2013, a patient receiving infusion therapy had a life-threatening cardiac event requiring CPR. Thanks to the expert response of the infusion center team, the patient survived the event. The infusion center partnered with Quality and Performance Improvement (QPI) to conduct a root cause analysis (RCA) for this unexpected event. The clinical nurses involved in this process, including Margie Kellison, RN, Clinician III, shared concerns about the infusion chairs being used in the infusion center. Exhibit TL2.f is the meeting planner for the RCA, including, highlighted, the infusion center clinical nurses who were involved in the case. (Exhibit TL2.f: Focused Review Invitation - Emergency Responses in ECCCC) The clinical nurses described problems with the wheels and brakes that required frequent repairs. In addition, the process revealed that the chairs were not CPR capable. In addition to the RCA results revealing safety concerns about the chairs, infusion center nurses were concerned about the comfort of the chairs for their patients. Following a careful review of the code response mechanisms, the RCA process resulted in a strong recommendation from the nurses involved to replace the infusion chairs.

Following the RCA, the recommendations from the clinical nurses, nurse leaders and QPI were taken to Chief Nursing Officer Lorna Facteau by Jody Reyes, MSBA, BSN, RN, OCN, Administrator, Cancer Services, in their monthly one-on-one meeting. (Exhibit TL2.g: Calendar Screenshot Lorna and Jody Infusion Chairs Meeting) Reyes

formally requested support for the replacement of the chairs. Facteau agreed that this was a necessary action and encouraged Reyes to begin the process and she proceeded to seek funding support. Unable to secure funding for the entire purchase through usual means, Facteau supported Reyes in a request to William Gayne in the UVA finance department to request the funding from the Center of Excellence dedicated funds. (Exhibit TL2.h: Request for Cancer COE Capital Dollars)

While waiting for budget approval, the chair replacement project proceeded with support from and partnership with clinical engineering. Exhibit TL2.i is the infusion chair replacement project charter initiated on July 5, 2013. (Exhibit TL2.i: Infusion Center Chair Replacement Project Charter)

Soon after the completion of the RCA, the infusion center experienced a change in nurse manager. Kellison provided leadership in the project, taking ownership in advocating and planning for new chairs. Kellison communicated the brief history and outcomes of the RCA to the interim nurse manager, Terry Booher, BSN, RN, upon her arrival in October 2013. Together they coordinated the replacement of the chairs. Nurse leaders Reyes and Veronica Brill, MSN, RN, Director of Cancer Center Clinical Operations, provided administrative oversight and support.

Kellison's lead role in the process to replace the chairs included collaboration with clinical engineering to arrange for the delivery of five different chairs for evaluation. Clinical nurses as well as patients were engaged in the selection process and participated in a structured process using a paper evaluation form. (Exhibit TL2.j: Unit Goal Infusion Chair Evaluation Forms) Kellison coordinated the evaluation and collected the feedback tools over the course of the 60-day chair trial. She analyzed the results of the four chairs and presented the final recommendation to the ECCCC leadership, clinical engineering and CNO Facteau in November 2013. Her recommendations were enthusiastically accepted.

Participants:

TL2 Table 2. Participants, Infusion Center Chair Replacement Initiative

Name	Discipline	Title	Department
Margie Kellison	Nursing	RN Clinician III	Infusion Procedural Center
Debra DeHaven	Nursing	RN Clinician II	Infusion Procedural Center
Michelle Haughey	Nursing	RN Clinician III	Infusion Procedural Center
Veronica Brill	Nursing	Director, Cancer Center Clinical Operations	ECCCC

Adrienne Banavage	Nursing	Nursing Education Coordinator II	ECCCC
Lorna Facteau	Nursing	CNO	Patient Care Services
Jody Reyes	Nursing	Administrator, Cancer Services	ECCCC
Holly Hintz	Nursing	Director, Nursing Practice and Research	Nursing Governance Programs
Terri Haller	Nursing	Administrator, Nursing Business Operations and Workforce Development	Patient Care Services
John Knapp	Clinical Engineering	Director	Clinical Engineering

In January 2014, the new chairs arrived in the ECCCC infusion center. The new chairs are CPR capable and include heat, massage and a step stool, making them safer and more comfortable for patients. In addition, two bariatric chairs were included in the chair replacement.

Patients and staff are very satisfied with the new chairs. The infusion center team members are also satisfied with the quick response once concerns about the chairs were identified.