Advancing Nursing Practice Through Research

*Presentation by:*

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Mater Misericordiae University Hospital  
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CONTENT

• Nursing Research Liaison Working Group
• University of Ulster Nursing KPI research
• Synge Unit – Liz Lees
• MMUH Rapid Injury's Clinic (Emergency Nurse Practitioners’ Research)
• The Lived Experience of victims of crime
• Minor Injury Attendance times to the ED
• Evaluation of ANP Services at the Mater Misericordiae Hospital
Nursing Research Liaison Committee
Role and Objectives of the Research Committee

• To provide effective nursing research governance and to enable strategic and rational development of research and innovation within the nursing department at MMUH

• The committee provides a structure within which research in nursing can be developed and promoted in collaboration with UCD School of Nursing, Midwifery and Health Systems
Research and Nursing Strategy

Nursing Research is a vital component to our practice:
• Developing and promoting high standards of care
• Responsibility and Accountability
• Competence
• Evaluation of care
• Professional identity- our practice should be based on a unique body of knowledge so that nurses may lead the development of nursing practice
A number of key objectives have been identified:

• Open day to guide nurses on research proposals and to learn about particular programmes of study including insight and experience into grant writing, inviting national and international nurse scientists
• Research exhibit to highlight research currently undertaken in MMUH to include a poster presentation
• Proposal to fund 3 research based MSc that would be service driven and agreed with respective Divisional Nurse Manager
• Explore how data collected for audits can be translated into valid pieces of research which is driven by nursing
• Ongoing development of strategic planning
Moving Forward

Establishing a Database

• The Nursing Research Committee are collating all research activities undertaken by MMUH Nursing staff with a view to establishing a centralised database. This will ensure that all nursing staff are aware of local research initiatives and allow for dissemination of research findings throughout the hospital
Finally

- Overarching aim of nursing research committee is to promote research in our nursing practice and to make research relevant to all
- MMUH/UCD to appoint a joint-Chair for Clinical Nursing Research
Where are we now?

Planning in progress for 3 research workshops in 2012

**Workshop 1:** (June 2012)
“Making Clinical Questions Researchable”
Aimed at assisting nurses to find opportunities for research in their everyday practice

**Workshop 2:** (October 2012)
“Methodology - The Nuts and Bolts of Undertaking a Research Study”.
Exploring practical aspects of research design and choosing a methodology

**Workshop 3:** (December 2012)
“Unravelling the Complexities of Publication”
Practical tips and techniques for disseminating findings
Demonstrating the Contribution of Nursing through Key Performance Indicators

Prof. Tanya McCance
Memorandum of Understanding (MoU)

- Between University of Ulster & Nursing Department MMUH
- Provides the foundations to how two parties will operate
- Outlines how the parties envision future results and collaborative working will continue
Aim of the Study

• To develop a framework for the identification, measurement and implementation of key performance indicators (KPIs) for nursing
The KPI Project

Phase 1: Identification of KPIs and development of a measurement methodology

Phase 2: Testing a framework for implementation of KPIs
(MMUH Nursing Department involvement)
Complexity

“Measuring the quality of nursing care is not easy. That is one of the main reasons why so little work has been done in this area to date...this is a complex area and many confounding factors exist that make it difficult to isolate and clearly identify the impact made by nurses”

(NHS Quality Improvement Scotland, 2005, p.8)
A Key Performance Indicator…

→ must focus on the patient

→ could be applied across the specialities i.e. core

→ does not necessarily have to be outcome related

→ should be specific and not broad e.g. a standard
Final 8 top ranked KPIs

Key Performance Indicator

1. Consistent delivery of nursing/midwifery care against identified need
2. Patient’s confidence in the knowledge and skills of the nurse/midwife
3. Patient’s sense of safety whilst under the care of the nurse/midwife
4. Patient involvement in decisions made about his/her nursing/midwifery care
5. Time spent by nurses/midwives with the patient
6. Respect from the nurse/midwife for patient’s preference and choice
7. Nurse/midwife’s support for patients to care for themselves, where appropriate
8. Nurse/midwife’s understanding of what is important to the patient
The Key Findings

The top 8 ranked KPIs ….
→ are different to those previously reported in the literature
→ are strategically aligned to recent work on the patient experience
→ are person-centred in their orientation care
→ have the potential to be integrated with other organisational agendas
Person-centred Nursing Framework

(McCormack & McCance 2010)
# Measurement framework

<table>
<thead>
<tr>
<th>Strongest Source of Evidence</th>
<th>Data Collection Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asking patient</td>
<td>• Survey</td>
</tr>
<tr>
<td></td>
<td>• Patient Stories</td>
</tr>
<tr>
<td></td>
<td>• Review of compliments and complaints</td>
</tr>
<tr>
<td>Observing practice</td>
<td>• Observations of practice</td>
</tr>
<tr>
<td>Asking nurses/midwives</td>
<td>• Interview</td>
</tr>
<tr>
<td>Reviewing documentation/data</td>
<td>• Reviewing the patient record</td>
</tr>
</tbody>
</table>
KPI 2: Patient’s confidence in the knowledge and skills of the nurse

Patient Satisfaction Survey: Did you feel confident in the skills of the nurses who looked after you?
# Feedback from Patient Stories

## KPI 2: Patients confidence in the knowledge and skills of the nurse

<table>
<thead>
<tr>
<th>Example of Comments</th>
<th>Negative Comments (n=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It's comforting to know that you have professional people there 24 hours a day”</td>
<td>“The fact that my case was been discussed with the whole ward there, I didn’t think it was very professional”</td>
</tr>
<tr>
<td>“They knew what they were doing and they did it for 12 hours”</td>
<td></td>
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<tr>
<td>“I have been quite fortunate here on the ward as they are specialist nurses in caring for people with cancer and it makes a big difference”</td>
<td></td>
</tr>
<tr>
<td>“They use their training well”</td>
<td></td>
</tr>
<tr>
<td>“It's a big thing for a patient to be confident with the nurses in the way they display their knowledge and communicate to their patient”</td>
<td></td>
</tr>
<tr>
<td>“The nursing staff are just as caring and professional as any I have seen”</td>
<td></td>
</tr>
</tbody>
</table>
Cycle 1 & 2
Trend Analysis
KPI 3: Patient’s sense of safety whilst under the care of the nurse

Patient Satisfaction Survey Cycles 1 & 2

Did you feel safe whilst under the care of the nurses?

<table>
<thead>
<tr>
<th>Ward 1 Cycle 1</th>
<th>100.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>92.0%</td>
</tr>
<tr>
<td>Ward 2 Cycle 1</td>
<td>57.1%</td>
</tr>
<tr>
<td>2</td>
<td>100.0%</td>
</tr>
<tr>
<td>Ward 3 Cycle 1</td>
<td>100.0%</td>
</tr>
<tr>
<td>2</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

- **Always**
- **Often/Frequently**
- **Rarely/Sometimes**
- **Never**
### KPI 7: Nurse support for patient’s to care for themselves where appropriate

#### Patient Satisfaction Survey Cycles 1 & 2

Did you feel the nurses encouraged and supported you to do things for yourself in order to promote your recovery?

<table>
<thead>
<tr>
<th>Ward 1 Cycle 1</th>
<th>Always: 75.0%</th>
<th>Often/Frequently: 25.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 2 Cycle 1</td>
<td>Always: 42.9%</td>
<td>Often/Frequently: 42.9%</td>
</tr>
<tr>
<td>Ward 3 Cycle 1</td>
<td>Always: 80.0%</td>
<td>Often/Frequently: 10.0%</td>
</tr>
</tbody>
</table>
**KPI Perceived to be of most importance to Interviewees**

As part of the Patient Stories, participants were asked to identify which one of the eight KPIs they felt to be of most importance to them.

### KPI felt to be of most importance to interviewees

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Consistent delivery of nursing/midwifery care against identified need</td>
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<td>2</td>
<td>Patient's confidence in the knowledge and skills of the nurse/midwife</td>
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<td>3</td>
<td>Patient's sense of safety whilst under the care of the nurse/midwife</td>
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<td>5</td>
<td>Time spent by nurses and midwives with the patient</td>
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<td>6</td>
<td>Respect from the nurse/midwife for patient's preference and choice</td>
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<tr>
<td>7</td>
<td>Nurse/midwife's support for patients to care for themselves where appropriate</td>
</tr>
<tr>
<td>8</td>
<td>Nurse/midwife’s understanding of what is important to the patient</td>
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Summary

• Evidence to support nursing contribution to patient outcomes
• Using KPI’s as a diagnostic focus quality improvement
• Development of practice for better patient care and outcomes
Synge Unit

- Synge Unit is a 25 bed unit located off campus in Fairview Community Unit, Marino, Dublin 3.

- Nurse-led Unit with Medical and Social work input.

- Synge Unit promotes a supported transition back into the community following a stay in hospital. The ethos of the unit is to enable the patients to step out of the “sick role” and return to independence. Synge has also built strong relationships with community supports.
• Patient population includes those awaiting home care packages, long term care, social supports or convalescence.

• Daily Routine assists patients to improve mobility, restore social engagement and build up their exercise tolerance. (Daily activities include walks in the garden, communal dining area, music therapy, exercise class, visit from therapy dog, weekly mass and hairdresser. More flexible visiting hours).
The success of the unit shown by exceeding the key performance indicator for patient discharge (160% see appendix), discharging patients home (~7%) who were listed for nursing home because of an improvement in physical and cognitive function. The unit is realizing the Health Minister's vision of reducing the proportion of older patients to institutional care and ultimately cost-savings.
Mater Smithfield Rapid Injuries Clinic

- Under the governance of the Mater Hospital with direct access to all hospital services
- Provides assessment and treatment for minor injuries quickly and safely, without the need for a referral or an appointment
- Open Monday-Friday, 8am-6pm
The Lived Experience of victims of crime

Paula McBrearty
International Emergency Nursing (2011) 19, 20-26
The Lived Experience of victims of crime

• Qualitative study

• Focus: was to ascertain the impact of crime on individuals, who presented with an injury to the Emergency Department as a result of aggravated burglary, theft of assault.

International Emergency Nursing (2011) 19, 20-26
The Lived Experience of victims of crime

• Findings: Revealed throughout the study was the devastating physical and psychology impact of crime on the individuals

• Fear, Shock, Disbelief, and Guilt/Self Blame.

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International Emergency Nursing (2011) 19, 20-26
The Lived Experience of victims of crime

- Noted an absence of psychological or social rehabilitative plan for the victims/patients.
- No referrals were made to the social worker/counsellor
- Recommendations for future practice!!

International Emergency Nursing (2011) 19, 20-26
Minor Injury Attendance times to the ED

Bernadette Carpenter, Ciaran Conlon, Paula McBrearty, and Cora O’Connor.

Minor Injury Attendance times to the ED

- Retrospective observational study

- Focus: An Evaluation of the time of attendance of the minor injury population was undertaken to perform a needs analysis for increasing the ANP hours of service.

International Emergency Nursing (2009) 17, (3) 20-26
Minor Injury Attendance times to the ED

- Findings: Of the patients identified suitable for the ANP service, 73% presented between the hours of 0800 – 2000hrs
- Of which 54% presented between the hours of 0800 – 1600hrs
- Findings: Current service is meeting the needs of 73% of the minor injury patients.

International Emergency Nursing (2009) 17, (3) 20-26
Minor Injury Attendance times to the ED

• Conclusion: Currently the ANP service was meeting the needs of 73% of the Minor Injury population attending the emergency department.

• Should staffing levels be increased to extend the service until midnight this number could be increased to 86%.

International Emergency Nursing (2009) 17, (3) 20-26
Evaluation of ANP Services at the Mater Misercordiae Hospital

Ms Paula McBrearty
Mr Ciaran Conlon
Dr. Jonathan Drennan (2011)
Evaluation of ANP Services at the Mater Misericordiae Hospital

- ANP service was introduced to Ireland in 2000 and to date has not been evaluated.

- To measure patient outcomes following consultation with an Advanced Nurse Practitioner in the Emergency Department and a Rapid Injury Department Setting of a large inner city hospital.
Evaluation of ANP Services at the Mater Misercordiae Hospital

• Results: High levels of satisfaction with ANP service > 90%

• Patients also reported high levels of compliance intent and the vast majority (98.7%) would recommend the service to another person
Evaluation of ANP Services at the Mater Misercordiae Hospital


