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**Dr. Margaret** 

4/1/2016 9:08:54 AM


Nurse-Sensitive Outcomes: Risks and Benefits


Class:

The Centers for Medicare and Medicaid Services (CMS) will not pay any costs a healthcare facility incurs for certain hospital-acquired patient conditions or events. These patient outcomes are very sensitive to nursing care (a.k.a., nurse-sensitive outcomes). As a result, nursing has gained a lot of visibility. Locate an article or website that refers to these nurse-sensitive outcomes. Discuss one way that information technology and standardized nursing languages might assist nurses in reducing or eliminating these poor outcomes. I look forward to your thoughts!



Thank you,

Dr. Margaret

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**Paula** reply to Dr. Margaret 


4/2/2016 5:08:49 AM



RE: Nurse-Sensitive Outcomes: Risks and Benefits

Hello Dr. Margaret and class,

The Centers for Medicare and Medicaid Services have identified hospital-acquired patient conditions and events that they no longer pay healthcare facilities for. One of the most commonly occurring conditions that healthcare facilities do not get paid for are hospital acquired infections. Yale-Newhaven Hospital implemented the use of the Rothman Index to identify patients most at risk for negative nurse-sensitive outcomes. This patient condition tool is incorporated in and derived from the data contained in patient's electronic medical record. The Rothman Index is comprised of 26 variables such as nursing assessment, daily patient documentation, patient vital signs and lab values. Greater emphasis is placed on values and documentation related to nursing staff assessments. Early identification of at-risk patients can allow the interdisciplinary team to utilize patient-specific interventions to avoid patient condition worsening and decrease the risk for hospital-acquired conditions such as hospital acquired infections. Yale New-Haven Hospital recognized the benefit of incorporating the Rothman Index in to their organization as being impactful in positive patient outcomes and financially beneficial for the healthcare organization (Vorlio, Rimar, & Considine 2013). The nursing student sees this as a great tool to incorporate in to the patient's EHR. It increases standardization across the multidisciplinary team and converts data in to a graphic representation of the patient's risk for negative nursing-sensitive outcomes.

Vorio, D., Rimar, J., & Considine, N., (2013). *150 Patient condition surveillance tool: Identifying at-risk patients to minimize negative nurse-sensitive outcomes*. Retrieved April 6, 2016, from <https://ana.confex.com/ana/ndnq13/webprogram/Paper9291.html>

 Reply

**Dr. Margaret** reply to Paula 

4/3/2016 08:16:04 AM

RE: Nurse-Sensitive Outcomes: Risks and Benefits

Paula,

Nice job including the Rothman Index and its positive impact on patient outcomes. This is also a good example of how a standard nursing language in the EHR helps extract the data that makes up this score. Have you worked with this or another early warning systems scoring system in any of your clinicals? Thanks for sharing.

Thank you,

Dr. Margaret

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Dr. Margaret

4/2/2016 8:49:50 AM

Describe a Significant Nursing Clinical Issue

Class,

Nursing research is a dynamic process that includes multiple phases: defining the research problem; literature review; selecting a theoretical framework; choosing an appropriate design; defining a sampling strategy; collecting and analyzing data; sharing the findings; and using the evidence in practice.

To begin our investigation into research evidence, please reflect on your practice and identify a significant clinical nursing issue that you would like to search for evidence in online sources. This issue will be the basis for the Research Database Assignment that you will submit in Week 3. For our discussion, formulate a searchable, clinical question in the PICO(T) format for your nursing clinical issue. Remember to integrate references.

Thank you, Dr. Margaret

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Randy

reply to Dr. Margaret

4/2/2016 9:50:48 AM

RE: Describe a Significant Nursing Clinical Issue

Dr. Margaret and Classmates,

Working in the PACU at the states only safety net hospital in Arizona, with a diverse patient population, one of our current EBP initiatives and a core measure is (SCIP) Surgical Care Improvement Project. The PICO question I have chosen is: PREVENTION: For the scheduled orthopedic surgical patient (P) does the use of prophylactic antibiotics (I) compared to decolonization by chlorhexidine baths (C) reduce the risk of surgical site infections (O)? The SCIP project was created through joint efforts between The Centers for Medicare and Medicaid Services (CMS) and the Joint Commissions in 2004 as a way to track measures in prevention of surgical site infections (SSI). With the rising cost of healthcare and readmission rates for SSI, the Hospital-Acquired Condition Reduction Program was created in 2010, which assesses fines against hospitals with high readmission rates and awards those who do not. SSI following an orthopedic procedure range between 0.4-5% and 40% of those are gram positive organisms, mainly staphylococcus aureus and MRSA (CMS.gov). My research will involve the comparison between the use of prophylactic antibiotics and decolonization of organisms in the orthopedic surgical patient to prevent SSI.

Randy RN-BSN

References

Hospital-Acquired Conditions. (2015, August 19). Retrieved from The Centers for Medicare and Medicaid Services: <http://www.cms.gov>

Surgical Care Improvement Project. (2014, October 16). Retrieved from The Joint Commission: <http://www.jointcommission.org>

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Dr. Margaret

reply to Randy

4/3/2016 08:37:12 AM

RE: Describe a Significant Nursing Clinical Issue

Randy RN-BSN,

Our discussion is off to a good start with your post! Clearly you have the passion and rationale to support further investigation of this issue. Thank you for sharing a significant clinical issue from your workplace. As you begin to search the literature, do you believe that the answers will be found only in nursing sources, or would you search for evidence in other disciplines, too?

Thank you,

Dr. Margaret

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Dr. Richard

Analysis of Communication Skills

4/4/2016 7:33:47 AM

Class,

Communication has certainly changed over my short lifetime with the addition of social media (Facebook, Twitter, etc.). However, from a professional standpoint, there are special considerations and reservations that need to be considered when utilizing these accounts

For this week's discussion thread remember it is vital to communicate effectively in policy and politics. Analyze two communication skills that are critical to implementing your policy-priority issue.

Thank you,

Dr. Richard

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Miguel

RE: Analysis of Communication Skills

4/4/2016 10:16:37 PM

Dr. Richard and class,

In order to be an effective communicator, you have to master the Seven C's of communication. The Seven C's include completeness, conciseness, consideration, clarity, concreteness, courtesy, and correctness. Besides using the seven C's, you must also possess other skills. The ability to be tolerant towards other people's opinions, use active listening, critical thinking, and persuasion are also important in effective communication. Being an active listener is one important skill critical to implementing policy and involves not only listening to the arguments presented by the speaker, but also the effort on understanding and analysis of those arguments during the presentation ("Active Listening," n.d.). An effective communicator uses persuasion to convince those around them that their points are just through clarity, structure, and valid logical reasoning. Conflict resolution is the cornerstone of success in collaboration and policy-priority issues, and is another communication skill critical to implementing new programs within schools regarding safe sex. The communicator must be able to facilitate debate over the issue and promote the expression of different opinions regarding the problem. If emotional conflict and personal issues surface within the context, communicators need to be able to redirect concerns away from a personal level to the task at hand ("Active Listening," n.d.).

Miguel MSN

References

Active Listening. Retrieved from <https://www.mindtools.com/CommSkill/ActiveListening.htm>

Active Listening. Retrieved from <http://www.skillsyouneed.com/ips/active-listening.html>

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Dr. Richard

RE: Analysis of Communication Skills

4/5/2016 09:16:37 AM

Miguel MSN,


Thank you for your post! Yes, active listening is very important. Effective communication exists when the receiver interprets and understands the sender's message in the same way the sender intended it. You bring up many important skills that a good communicator should embody. Do you think any one of these skills is most important in achieving good communication?

Thank you,

Dr. Richard

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Dr. Richard
4/4/2016 8:37:16 AM

Nursing Theories and Middle-Range Theories


I'm excited to open our first discussion for week four on Theories and Middle -Range Theories in Nursing.

Explicate a selected nursing theory from Unit IV in your text or a middle-range theory from Unit V in your text, and explain how you already do or how you would apply that nursing theory to your advanced nursing practice.

As you reflect on the lesson and on your readings, I'm eager to hear from each of you regarding which nursing models and middle-range theories you see evident in your practice. Don't forget to cite the sources you use to demonstrate support for your position. I look forward to reading your posts!

Dr. Richard

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Delphia reply to Dr. Richard
4/1/2016 9:31:52 AM

RE: Nursing Theories and Middle-Range Theories

Hello Everyone

The culture care universality and diversity theory of nursing developed by Madeleine M. Leininger is a theory I already use and will continue to apply to my advanced nursing practice. All over the world we are becoming more integrated and culturally diverse. Because of these changes in patient populations nurses and healthcare providers need to be able to properly care for patients of different cultures. There are nurses coming into contact with unfamiliar cultures and beliefs causing discord and affecting the patient/nurse relationship as they move from one area to another and from rural to urban populations without transcultural nursing preparation. These culture clashes leave patients viewing their experiencing with health care unfavorable. (Alligood, 2014). Leiningers' culture care universality and diversity theory was based on a connection between global views, social structure, and other components related to transcultural and diverse populations, "and then to discover ways to provide culturally congruent care to people of different or similar cultures in order to maintain or regain their well-being or health, or to face death in a culturally appropriate way" (Alligood, 2014).

I love to work with and provide care to adolescents and adults in impoverished areas. You would be surprise the reasons why so many people in these neighborhoods will not come to the doctor. I have heard " these doctors don't care about you they just want you to use your medical card so they can get paid, or the minute I take those meds I am going to get sick and how can one test say you got a disease these are tricks". According to Petiprin (2015) " The nurse's assessment of the patient should include a self-assessment that addresses how the nurse is affected by his or her own cultural background, especially in regards to working with patients from culturally diverse backgrounds". I utilize the fact I am an African American woman who once had to live in certain conditions and understand their fears and concerns when it comes to healthcare. The biggest skill I use is active listening and addressing their concerns. I do not downplay their beliefs, fears or "home remedies" and I praise their efforts and any progress towards compliance. My goal is to help them reach their optimal health.

Kind regards

Delphia DNP

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Dr. Richard reply to Delphia

4/2/2016 11:48:08 AM

RE: Nursing Theories and Middle-Range Theories

Delphia DNP,

Thank you for sharing your passion for caring for adolescents and adults in impoverished areas and for furthering our understanding of Leininger's Transcultural Theory. Let's talk more about prayer as it relates to this theory.

Religious traditions worldwide practice healing through prayers (Lewis & Peterson, 2013). Different types of prayers are practiced, including meditation, and divine intervention. Supporting a patient request for prayer facilitates the patient's well-being and promotes culturally congruent and compassionate care.

Thank you,

Dr. Richard

Reference:

Lewis, B M., & Peterson, E. J. (2013). Spirituality as a coping mechanism for chronic Illness. *Clinical Scholars Review*, 6(1), 53-59.