Exemplary Professional Practice: Accountability, Competence and Autonomy

EP14 Resources, such as professional literature, are readily available to support decision-making in autonomous nursing practice.

EP14a: Provide two examples, with supporting evidence, of how resources are used to support evidence-based clinical decision-making in autonomous nursing practice.

Introduction

Nurses at Massachusetts General Hospital (MGH) are fortunate to have resources to support evidence-based clinical decision-making in the delivery of nursing care and to learn about best practices in other clinical settings. Examples of these resources include:

- Linkages to a robust hospital intranet Excellence Every Day portal which houses information on Collaborative Governance, Regulatory Readiness, Professional Development and Process Improvement
- Unit-based Clinical Nurse Specialists and Nursing Practice Specialists
- Nurse Scientists in the Yvonne L. Munn Center for Nursing Research
- The eTreadwell Library and Librarians

Access to these resources support research and evidence-based practice, utilization of standards of practice and collaborative decision-making, integral parts of the Professional Practice Model at MGH.

Patient- and Family-Centered Care

There is a growing body of information about the efficiencies of including families on rounds as it decreases the need for additional family meetings. Patients and families have first hand information and can contribute to patient care rounds in a meaningful way. Advocates for family-centered care emphasize that parents report better communication when attending bedside rounds and better outcomes when information is relayed for families and patients in a meaningful way.

Proposed Change in Practice

In November of 2014, Eleanor McLaughlin RN, BSN, a clinical nurse in the Pediatric Intensive Care Unit (PICU) at MGH and a member of the MassGeneral Hospital for Children (MGH/C) Patient Family Advisory Committee (PFAC) attended the “Moving Forward with Patient- and Family-Centered Care” conference, hosted by the Institute of Patient- and Family-Centered Care at the Cambridge Hyatt in Cambridge Massachusetts. McLaughlin learned that other academic medical centers had started to involve adolescents on patient care rounds as a way to include them in planning their care and as a way to promote patient/family-centered care. Although MGH has included
patients and families in patient care rounds for many years, adolescents had not participated.

Over the next six months, McLaughlin began to look at adolescent patients in the PICU through a different lens, and started to identify patients who she thought could have participated in rounds. She met with her Nursing Director, Arlene Kelleher, RN, MSN, NEA-BC and the Medical Chief of the PICU, Phoebe Yager, MD, and asked for direction on how to go about implementing this autonomous nursing practice in the PICU. Kelleher was aware of the resources available in the Yvonne L. Munn Center for Nursing Research to assist her with this work. She recommended that she contact the Munn Center and work with a nurse scientist to develop an evidence-based proposal.

Utilization of Resources

In the July of 2015, McLaughlin met with the nurse scientist, Amanda Coakley, RN, PhD, AHN-BC, and they developed a work plan that includes the following:

- In August 2015, McLaughlin called other academic medical centers in Boston to see if other pediatric intensive care units were including adolescents on patient care rounds and learned they were not.

- In September 2015, Lisa Liang Philpotts RN, BSN, MLSL, MGH librarian, was consulted to assist with a literature search on this topic (attachment EP14a.a). The analysis of the literature review conducted September 17, 2015 supported the involvement of parents in rounds. However, there was a lack of evidence about involving adolescents in discussions about their care during patient care rounds.

- In October 2015, McLaughlin contacted a former colleague who works on one of Pediatric Units (Ellison 18) at MGH to ask if adolescents were included on rounds on that unit and learned that they had recently started this practice.

Implementation and Evaluation of Evidence-Based Practice to Inform Autonomous Decision-Making

- In November 2015, McLaughlin and Coakley developed a proposal that outlined criteria for inclusion of adolescent patients to participate on patient care rounds in the PICU (attachment EP14a.b). Criteria for inclusion included adolescents who were:
  - alert and oriented
  - able to understand English
  - cognitively competent, and
  - non-suicidal.
• Although prepared to implement this practice change in March 2016 as outlined in the proposal, a strategic decision was made to postpone the launch until after eCare Go-Live on April 2, 2016.

• McLaughlin and Kelleher presented this new practice to clinical nurses at staff meetings, in daily announcements, and with their physician colleagues at collaborative practice rounds. McLaughlin sent emails on May 17, 2016 and June 22, 2016 to her clinical nurse colleagues in the PICU that outlined the plan for including adolescents in rounds (attachment EP14a.c).

• McLaughlin developed a tool to gather information on adolescent participation in PICU rounds. A total of 16 adolescents participated in rounds from June through September 2016. A copy of the tool with collated results is included in attachment EP14a.d.

Autonomous Nursing Practice in Action

A nursing note from September 29, 2016 describes the participation of an adolescent on patient care rounds who was identified by the nurse caring for her that shift, Lauren Marie Johnson as meeting the criteria for inclusion (attachment EP14a.e). This is a wonderful example that illustrates how MGH nurses are able to utilize resources to support and improve evidence-based clinical decision-making in autonomous nursing practice. This nurse-driven, collaborative practice is described below in the March, 2017, Totline, a newsletter focused on pediatric care at MGH:

News Article
Tuesday, March 14, 2017
FAC Spotlight: Adolescent Rounding Brings New Meaning to Family-Centered Care

On the inpatient units at MassGeneral Hospital for Children (MGHfC), providers gather every morning for rounds to discuss each patient’s care plan and goals for the day. Teams are comprised of a fellow, residents, an attending doctor, nurses and the patient’s family. In the Pediatric Intensive Care Unit (PICU), some teens and young adults have also joined the team as part of the Adolescent Rounding Project. The Adolescent Rounding Project was introduced to the PICU in March 2016 by Eleanor McLaughlin, RN, BSN, a nurse in the unit and member of the MGHfC Family Advisory Council (FAC), and Phoebe Yager, MD, chief of the PICU. The project offers teens and young adult patients the opportunity to take part in rounds. For these patients, taking an active role in their health care is an important step toward
independence, autonomy and self-advocacy. One year on, anecdotal evidence shows that patients and families believe they receive better care and are considered important members of the care team.

Including teens and young adults in rounds was already in practice on Ellison 18 and was received positively by patients, families and providers. In the PICU, families have been included in rounds for the past five years, but after attending a conference on improving family-centered care with other members of the MGHfC FAC in November 2015, McLaughlin was inspired to bring the practice to the PICU. McLaughlin conducted research with Yager, Arlene Kelleher, RN, MSN, nursing director of the PICU, and Mandi Coakley, RN, PhD, staff specialist in the Department of Nursing before drafting a proposal. They found that adolescent rounding was not widely practiced throughout the country, but that where it was practiced had a positive impact on patient care.

As a nurse who works overnight, McLaughlin joined the FAC as her way to give back to the hospital in a way that worked with her schedule. “The FAC meetings are held at night, so I’d come in for the meeting before my shift started,” said McLaughlin. “After I attended the conference on family-centered care with other members of FAC, I thought adolescent rounding could be a project that would bring meaningful change to our patients and families.”

Teens and young adults want to take part in their health care, said McLaughlin, and as they grow older, they should. “These patients have a right to be involved,” she said. “Those who are included in rounds are less anxious. They have a better understanding of what’s going on with their bodies and of the plan to return them to healthy individuals.” Adolescent rounding, as the PICU team calls it, is conducted differently from typical rounds, said Kelleher. The care team gathers around the patient’s bedside, as opposed to in the corridor outside of the patient’s room. The team determines which patients can take part on a case-by-case basis. This is because of the nature of the PICU, which cares for critically ill children of all ages.

The project has also given patients a primary voice and allows them to take a new level of ownership in their care. “Many adolescents are making the transition to become more independent and to have a co-relationship with providers and their families. Participating in rounds allows them to feel more in charge and to advocate for themselves with their family’s support,” said Yager. “It grants them the opportunity to have a seat at the table where their care is being discussed.”

When the project was introduced, staff were enthusiastic to include adolescents in rounds. There were some concerns about whether doing so would affect the length of rounds, but a staff survey from May 2016, conducted by McLaughlin and Coakley showed no such impact. Instead, adolescent rounding has led to more thoughtful rounds presentations and informed discussions with families, said Yager. “Adolescent rounding presents a wonderful opportunity for residents to improve their communication skills and to forge stronger relationships with the teenage patients in their care,” said Yager.
The FAC at MGHfC is a group of 15 parents who meet with hospital leadership and staff once per month. The FAC is dedicated to positive partnerships among providers, patients and parents. The group carries out many projects that aim to improve patient care and experiences. Learn more about the FAC at: www.massgeneralforchildren.org/FAC.