Transformational Leadership: Strategic Planning

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

TL2b: Provide one example, with supporting evidence, of a clinical nurse’s (or clinical nurses’) advocacy that resulted in the allocation of resources to support a nursing unit goal.

Background/Problem

Massachusetts General Hospital (MGH) participates in the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), a standardized survey instrument and data collection methodology that measures patients' perspectives of hospital care. The survey captures critical aspects of the hospital experience including communication with doctors, communication with nurses, responsiveness of hospital staff, hospital environment, pain management, communication about medicines, and discharge information. HCAHPS results are reported as “top-box,” “bottom-box,” and “middle-box” scores. The “top-box” score indicates how often patients selected the most positive response category when asked about their hospital experience.

On an annual basis, the MGH selects indicators for focused improvement in patient experience survey results for both inpatient and ambulatory care settings. The MGH Service Excellence team collaborates with the MGH Center for Quality & Safety and Nursing & Patient Care Services (N&PCS) leadership to identify select indicators and targets for the upcoming year. To help the hospital achieve these calendar year annual targets, N&PCS also establishes unit-level targets for the selected indicators, based on each unit’s performance relative to the hospital overall. Units with baseline scores below the hospital overall score are given higher targets than those units whose baseline scores exceed the hospital score for each indicator. Units scoring higher than the 90th percentile on an indicator are charged with maintaining results from baseline.

Unit Goal

The Orthopaedics/Urology unit (Ellison 6) is a busy 36-bed inpatient unit at MGH. Post-operative pain management is a key focus of nursing care on this unit. One patient population cared for on this unit includes patients who undergo nephrectomy surgery. This surgery requires an incision through several layers of muscle on the side or front of the abdomen. Such patients are admitted each day postoperatively and many of them struggle with pain and discomfort.

During ongoing unit-based discussions, Nursing Director Kathleen Myers, RN, MSN, ANP-BC, ACNPC, ONC, NE-BC, reminded staff that improving pain management was one of the goals for Ellison 6 in relation to the overall patient experience. In 2014 and 2015, the hospital selected pain management, quiet at night, and patient responsiveness as indicators for focused improvement efforts. Attachment TL2b.a contains unit-based pain management baseline data and targets for 2014 and 2015.
For Ellison 6, at the beginning of 2014, the baseline HCAHPs Pain Management score was 71.2 with a year target of 72.2. The following year, 2015, the Ellison 6 baseline score was 73.4 with a target of 74.4. Myers and Jill Pedro, RN, MSN, ACNS-BC Clinical Nurse Specialist, communicate the HCAHPS unit-level targets/goals and associated unit performance to clinical nurses electronically with weekly updates (an example is also included in attachment TL2b.a).

**Clinical Nurse Advocacy**

Cognizant of Ellison 6’s pain management target of 72.2 from a baseline of 71.2, in January 2014, Holly Milotte, RN, clinical nurse on Ellison 6, noted that post-operative nephrectomy patients often complained about discomfort when deep breathing and coughing. Current practice on the unit was to have patients use rolled-up bath blankets to aid with the deep breathing and coughing. Milotte reached out to her nursing colleagues in the Surgical Service to learn if there were any alternatives. She learned that the *Shumsky Therapeutic Pillow* (attachment TL2b.b) was used with Cardiac Surgical patients for just this purpose. She approached Myers and Pedro to advocate for using this pillow. Because the Shumsky pillows were not in use with the nephrectomy patient population, it was suggested that Milotte first conduct a research study to see if this therapeutic pillow would help with pain management during deep breathing and coughing post-operatively. Milotte agreed, as she felt strongly that the pillow would help these patients. She knew that splinting reduces the stress on the incision by equalizing the pressure across the incision and facilitates comfortable aeration of the lungs preventing pulmonary complications. Milotte had never conducted a research study and advocated for resources to assist her.

Myers recommended that Milotte reach out to the nurse scientists in the Yvonne L. Munn Nursing Research Center to develop a research protocol related to the use of the therapeutic pillow. The Yvonne L, Munn Center for Nursing Research is one of four centers in the Institute for Patient Care and employs doctoral-prepared nurses who advance nursing research at MGH and provide mentorship for nurses new to the research process.

Milotte began to work with Amanda Coakley, RN, PhD, AHN-BC, staff specialist and nurse scientist. They developed a research study with the specific aim of the study to compare the effects of a therapeutic pillow versus the standard of care pillow (i.e. rolled bath blanket) in post operative nephrectomy patients on pain as measured by pain perception and pain medication use. Coakley encouraged Milotte to apply for the annual Yvonne L. Munn Nursing research award to support the study.

In September 2014, Pedro shared the good news with the staff on Ellison 6 that Holly Milotte had received the Munn research award and Ellison 6 would be participating in this study (attachment TL2b.c). Under Coakley’s mentorship, Milotte advocated with her colleagues to participate in this investigation and be part of the research team.
Allocation of Resources

Milotte worked with Ed Raeke, Director of Materials Management to acquire the Shumsky Therapeutic Pillow needed for the study. They ordered 100 Shumsky pillows for a total of $1052.50 which were charged to Ellison 6 cost center (attachment TL2b.d).

Pillow Study

Data collection began in January, 2015 in a randomized control trial where some patients received the Shumsky Therapeutic Pillow and others received traditional care in the form of a bath blanket rolled up for use during deep breathing and coughing. Data was collected total of 52 patients on day 1 and 2 after nephrectomy surgery through December 2016. The data was analyzed using a series of t-tests and the qualitative data was analyzed using content analysis.

The results of the investigation demonstrated that patients found the Shumsky Therapeutic Pillow to be helpful when splinting during deep breathing and coughing and also decreased the discomfort associated with deep breathing. The Shumsky Therapeutic Pillow is now the standard for post-operative nephrectomy patients. Myers has committed to the continued allocation of resources through the annual budgeting process. They have agreed to purchase approximately 250 “kidney pillows” a year at a cost of $13 a pillow, for a potential total expense of $3250 per year.

Milotte plans to share this practice with other units through the Collaborative Governance Research and Evidence- Based Practice Committee (REBP). The REBP exists to foster the spirit of inquiry around clinical practice. The committee supports nurses in the research utilization process and communicates the results of research activities. They believe that passion and purpose fueled by energizing forces builds great achievements.

An abstract with results from the investigation conducted by Milotte and her research team indicated that the Shumsky pillow was effective in helping nephrectomy patients manage pain post-operatively. The abstract was accepted for a poster presentation (below) during Nurse Recognition Week 2016 to showcase this important work.
Unit Goal Achievement

Milotte’s advocacy resulted in an evidence-based change in nursing practice and contributed to the improvement in Ellison 6’s HCAHPS Pain Composite score. At the beginning of 2014, Ellison 6’s HCAHPS Pain Composite score was 71.2 with a 2014 target of 72.2. In the beginning of 2015, Ellison 6’s HCAHPS Pain Composite score was 73.4 with a target of 74.4. The graph in attachment TL2b.e illustrates that the Ellison 6 team exceeded its targets in 2014 and 2015 with HCAHPS Pain Composite scores of 73.4 and 74.5 respectively. The improvement has been sustained through 2016 with a year-end HCAHPS Pain Composite score of 75.4.