NurseTRUST

2025 Summit Podium Presentations

Moderated by:

Kristan Langdon, DNP, ANP-C, CPHQ
Wellstar West Georgia Medical Center

THE GOOD, *THE BAD*, AND THE UGLY OF *AUGMENTED/ARTIFICIAL INTELLIGENCE* (AI): *RESEARCH-BASED PERCEPTIONS*

LEADING THROUGH DISCOVERY @ FGCU

ANN H CARY PHD MPH RN FNAP FAAN* PRESENTER

HULYA JULIA YAZICI, PHD

YONG-TAEK MIN, DBA

OUR HEALTHCARE RESEARCH PARTNERS: MARY DESMARAIS AND DR. DAVID LINZ^ @ NCH

NURSETRUST SUMMIT 2025, CHARLOTTE, NC. MARCH 24,2025

AI: INVESTMENTS IN THE 4TH REVOLUTION

- 67%HCS pivoting to machine learning and predictive AI products
- 84% HCS already e-query patient data from external sources
- >50% hospitals use bulk export data from EHRS to manage population health
- Global corporations(Google/Microsoft/etc.) investing $215 Billion in AI
- 83% say AI usage is their top priority

WHERE DOES INNOVATION HAVE TO STEP BACK SO COMPLIANCE AND LIABILITY ARE ADDRESSED?

AI MUST PROVE LASTING VALUE;

AMONG MDS, 42% ENTHUSIASTIC,28% APPREHENSIVE;30% NEUTRAL(AMA,2023);

LAWSUIT …EXAMINES AI USED TO ACCEPT AND REJECT CLAIMS;

COST, ACCESS, ETHICS, AND PRIVACY CONCERNS (NAS,E,M);

AI SCIENTISTS?

AI- PROMOTES THE DEFLECTION OF ACCOUNTABILITY AND RESPONSIBILITY?

AI RESEARCH BENEFITS CAN BE DISTRIBUTED MORE WIDELY AND NOT RESERVED FOR A FEW "DEMOCRATIZING EXPERTISE";

MISUNDERSTANDING OF CONVERSATIONS RESULTING IN INACCURACIES;

BALANCING REGULATORY COMPLIANCE WITH PATIENT SAFETY BY THE FDA;

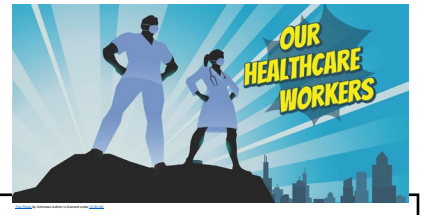
OPPORTUNITIES AND PERILS WITH AI TO DIAGNOSE;

A HARD LOOK AT THE BIAS WITHIN AI ALGORITHMS BEFORE WE IMPLEMENT AND SCALE THEM;

WHERE IS THE GOVERNANCE STRATEGY WITH AI PRODUCTS ? (NURSES?);

WHAT ARE THE STANDARDS, WHO DEVELOPS THEM, WHO ADJUSTS AS AI EVOLVES?

RESEARCH FRAMEWORK for FGCU AI Research: Mixed Methods (rating scales and interviews)
AI Characteristics, Inhibitors, Enablers and the Impact on Healthcare Provider Outcomes



AI Characteristics

- Usefulness
- Easy to use, responsiveness
- Reliability

H1a -

AI Inhibitors

- Techno-Anxiety
- Information Overload
- Techno-Skepticism
- Job Insecurity
- Data Insecurity

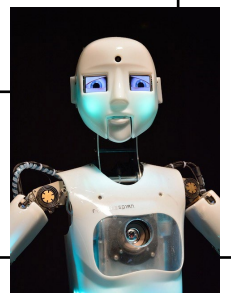
H3 -

Healthcare Provider Outcomes

- Patient safety
- Patient quality
- Provider wellness
- ~~AI Usage Intention~~
- AI Job Satisfaction (Retention)

M

H1b +



H2a

M

H2b

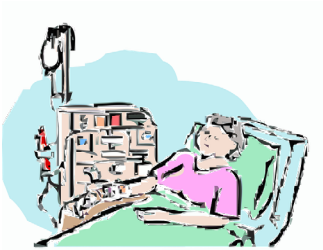
User Demographics

- Education
- Experience in the position
- Age

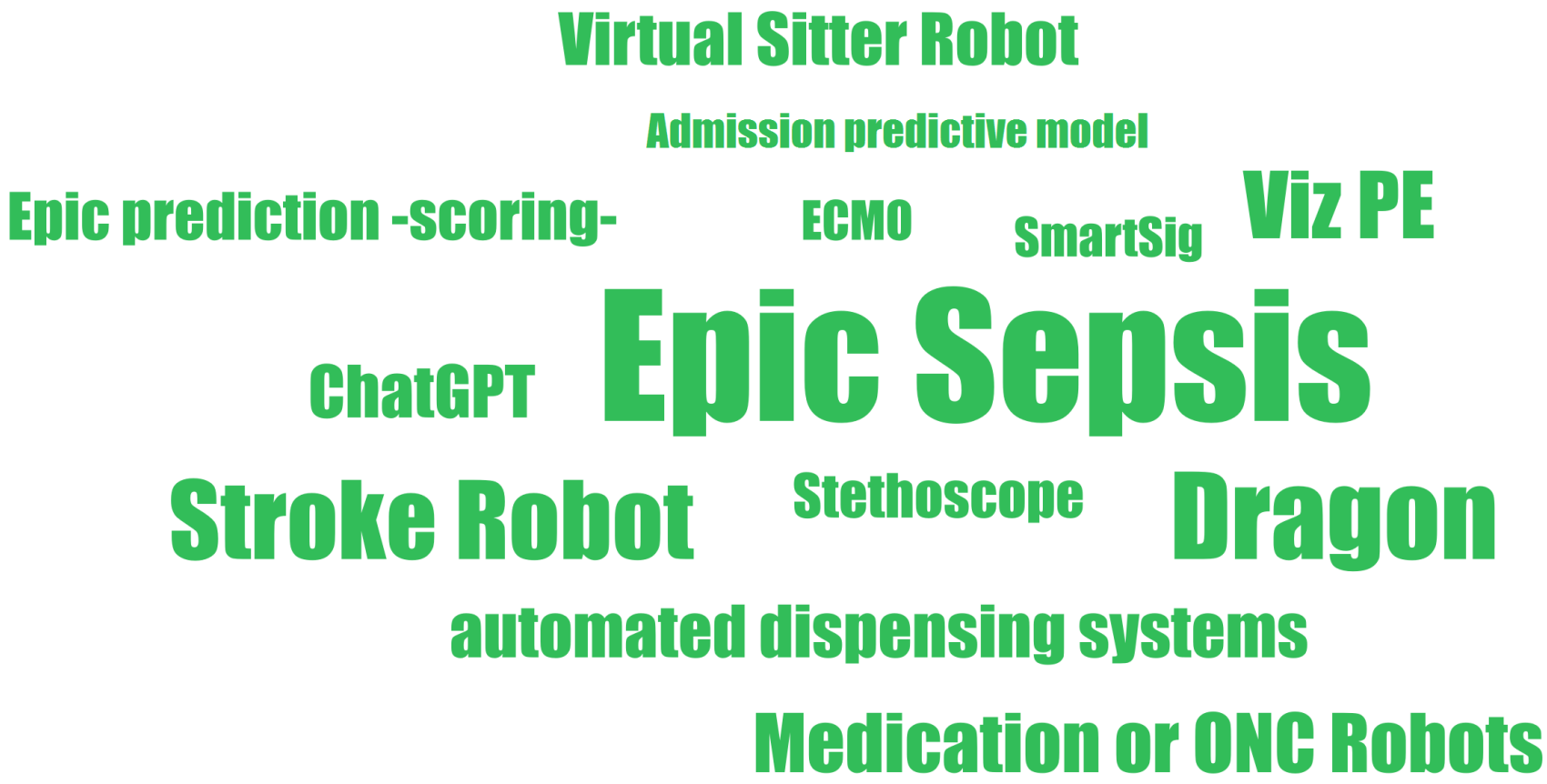
AI Enablers

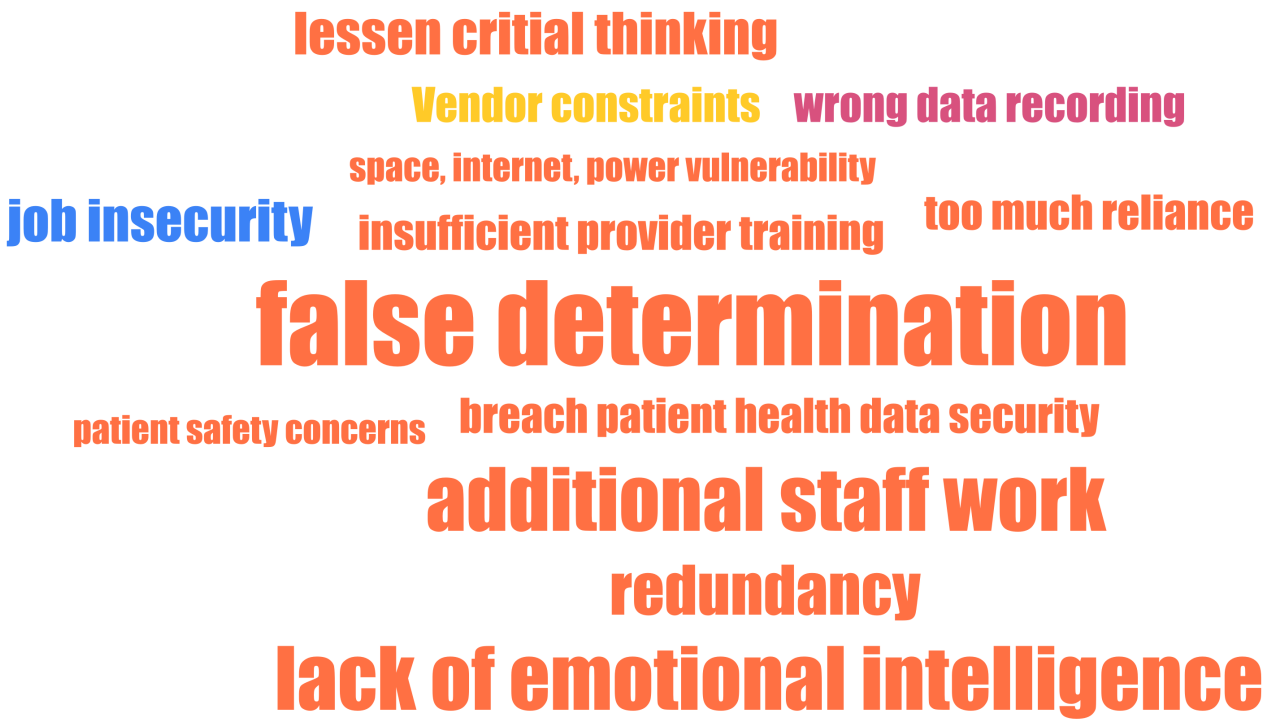
- Employee Engagement
- ~~AI Initial Trust~~
- Transparency
- Provider understanding of judicious use of AI

H4 +



EXPERIENCE WITH AI TECHNOLOGIES: ALL PROVIDERS IN QUESTIONNAIRE





NURSES CONCERNS ABOUT AI IN QUESTIONNAIRE

NURSES IDENTIFICATION OF HEALTH CARE CHALLENGES IN QUESTIONNAIRE

HEALTHCARE CHALLENGES: MD, NURSE, IT PHARMACY IN QUESTIONNAIRE

Interviews

AI concerns

Value of AI

Opportunities expressed in Interviews

AI PITFALLS TO AVOID AS LEADERS (CCL,2025)

1. **Don't expect AI to solve all problems.**

Proper problem identification before solution selection.

2. **Be aware of multiple entry points for bias in AI algorithm solutions-*Biased inputs = Bias Outputs***

Undetected unintentional bias can be missed and reinforced if not critically examined in the creation and selection of AI product.

Investigate the source of data used to create the AI product- how similar and dissimilar is it from your intended application .e.g. employment applications (neurodivergent? Late career? Gender specific?).

3. **Don't be careless with data privacy.**

Take special care when handling "Personally Identifiable Data" or Intellectual Property.

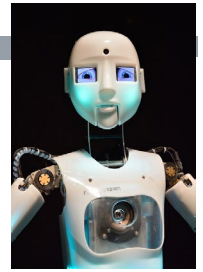
4. **AI is unless without Human Input and Review**

Inaccurate output can result from limited training or misguided user input.

5. **Do not give up the fact that nurses are domain experts and must assert their knowledge on selection and governance of AI in their organizations**

USE AI to fuel purposeful, positive change and as an ally (partner) to solve the problem you have identified.

CONCLUSION AND FUTURE WORK



- This study enhances our understanding of the healthcare staff experience with AI and attitudes towards AI of clinician vs non-clinicians, managers vs non-managers.
- Our research examines AI enablers which are beneficial for managers that wish to bolster job satisfaction, organizational commitment, and employee retention.
- Aggregation of study results will offer hospitals and healthcare organizations evidence-based approaches for enhancing patient safety and quality while attracting, retaining, and engaging high-performing employees.

Emotional Intelligence, Ethical discernment, Pt –specific needs are core to effective nursing outcomes- a REALITY that AI cannot replace

FGCU

THANK YOU

Ann H Cary

703-8552056

acary@fgcu.edu

For a detailed discussion see, "Implications of artificial Intelligence for nurse managers" Nursing Management, July ,2024. DOI-10/10.1097/nmg.0000000000000143

NT2025AI presentation Ann Cary.ppt with slides deleted as advised by JY and submitted to AMR 3 6 25


NurseTRUST

Empowering Nurses to Reduce Inpatient Length of Stay through Touchback Rounds

MultiCare Health System, Washington
Cyril Elep, MBA-HM, BSN, RN

MultiCare

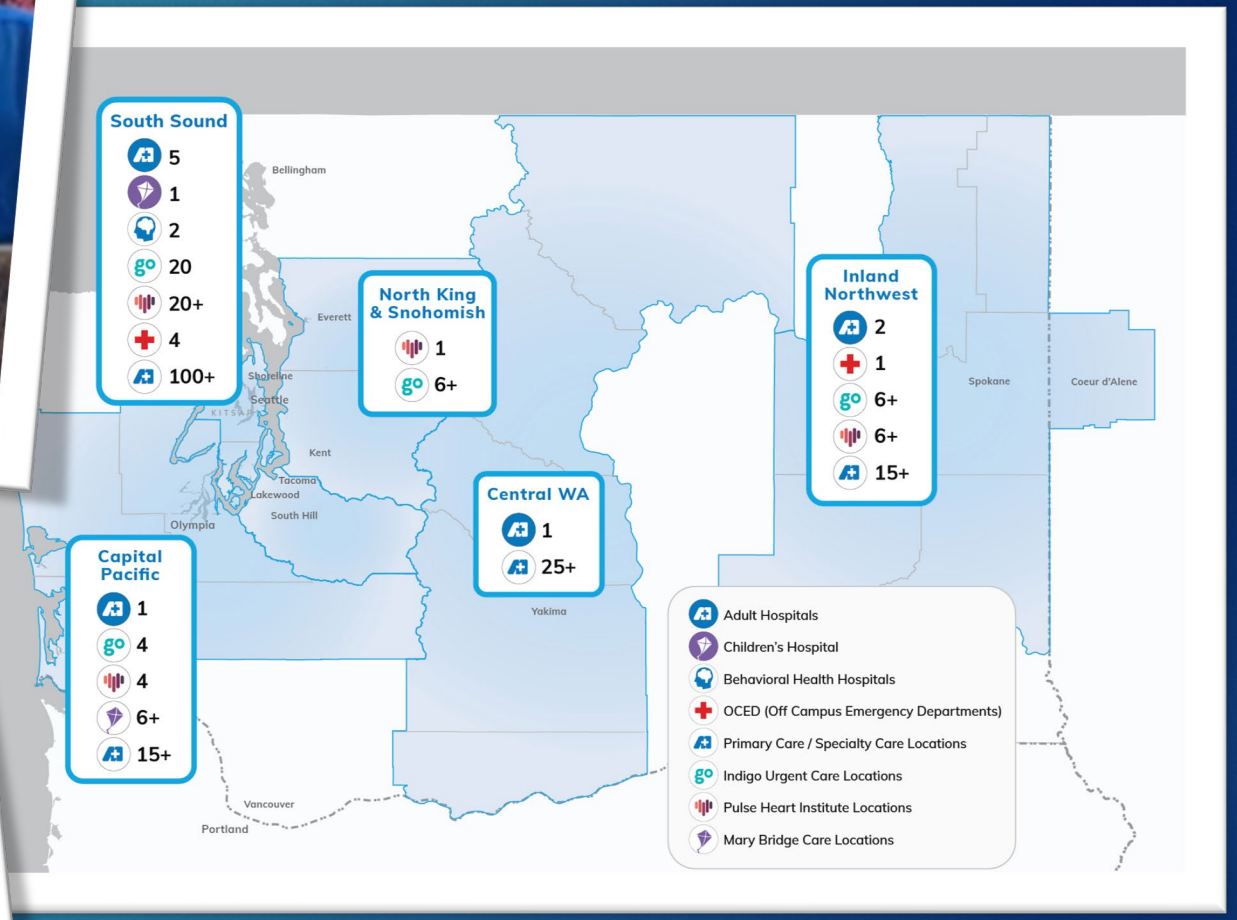
This author has no financial relationships or conflicts of interest to disclose related to this research.

I would like to acknowledge the continued support of our administration in empowering transformational leadership among our teams.

MultiCare

Who we are

- 13- hospital system
- 300 primary, urgent, pediatric and specialty care locations
- 20,000+ team members
- Best bosses and team in the world



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Purpose

Our team aimed to enhance patient care and operational efficiency by empowering nurses to drive process improvements that reduce inpatient length of stay.

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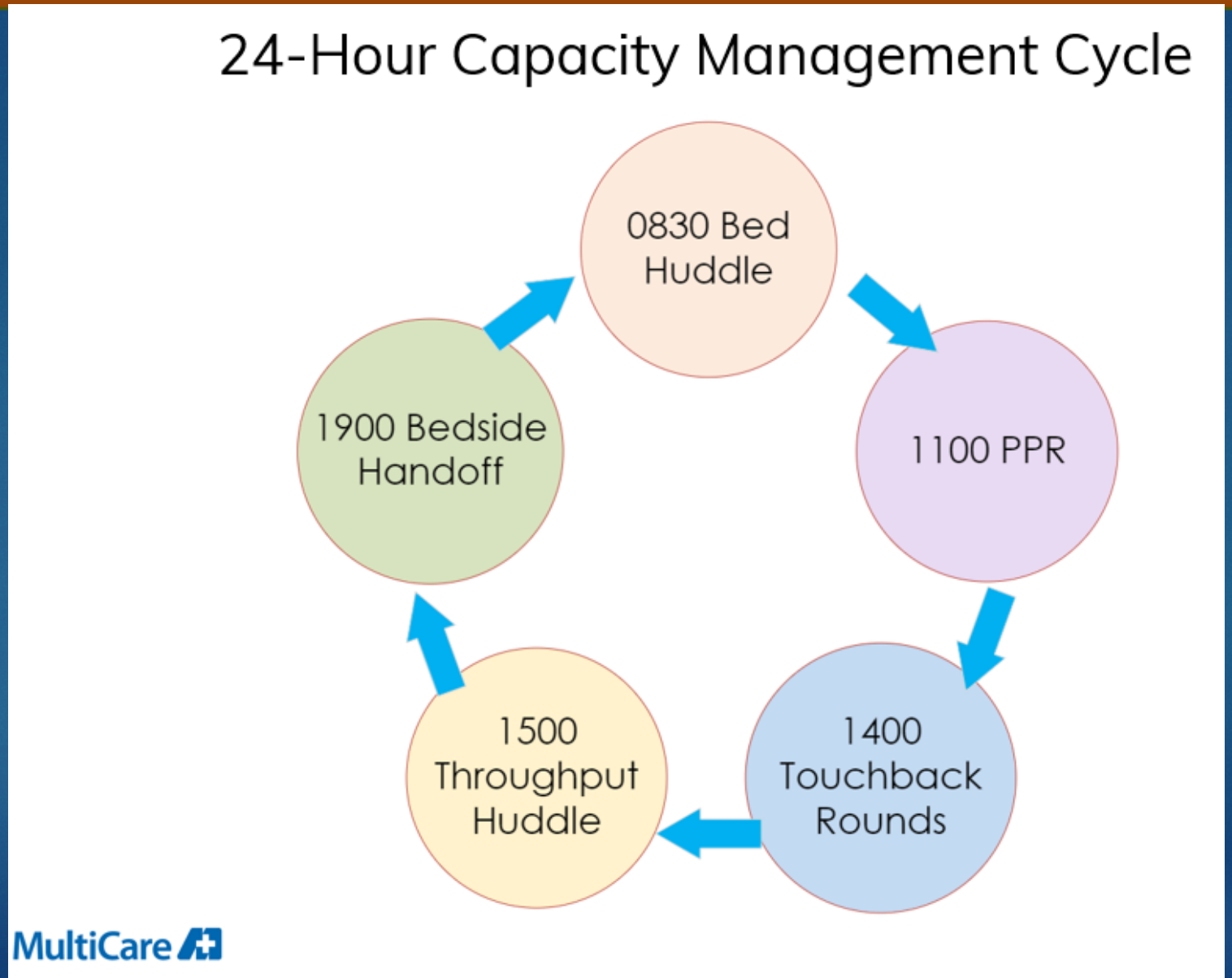
Background

- Average inpatient LOS 7.83 days
- Inpatient beds not available → ED overcrowding and boarding
  - Patient care delays
  - Patient and staff dissatisfaction and stress
  - Decreased ability to provide care to our communities

MultiCare

Methodology



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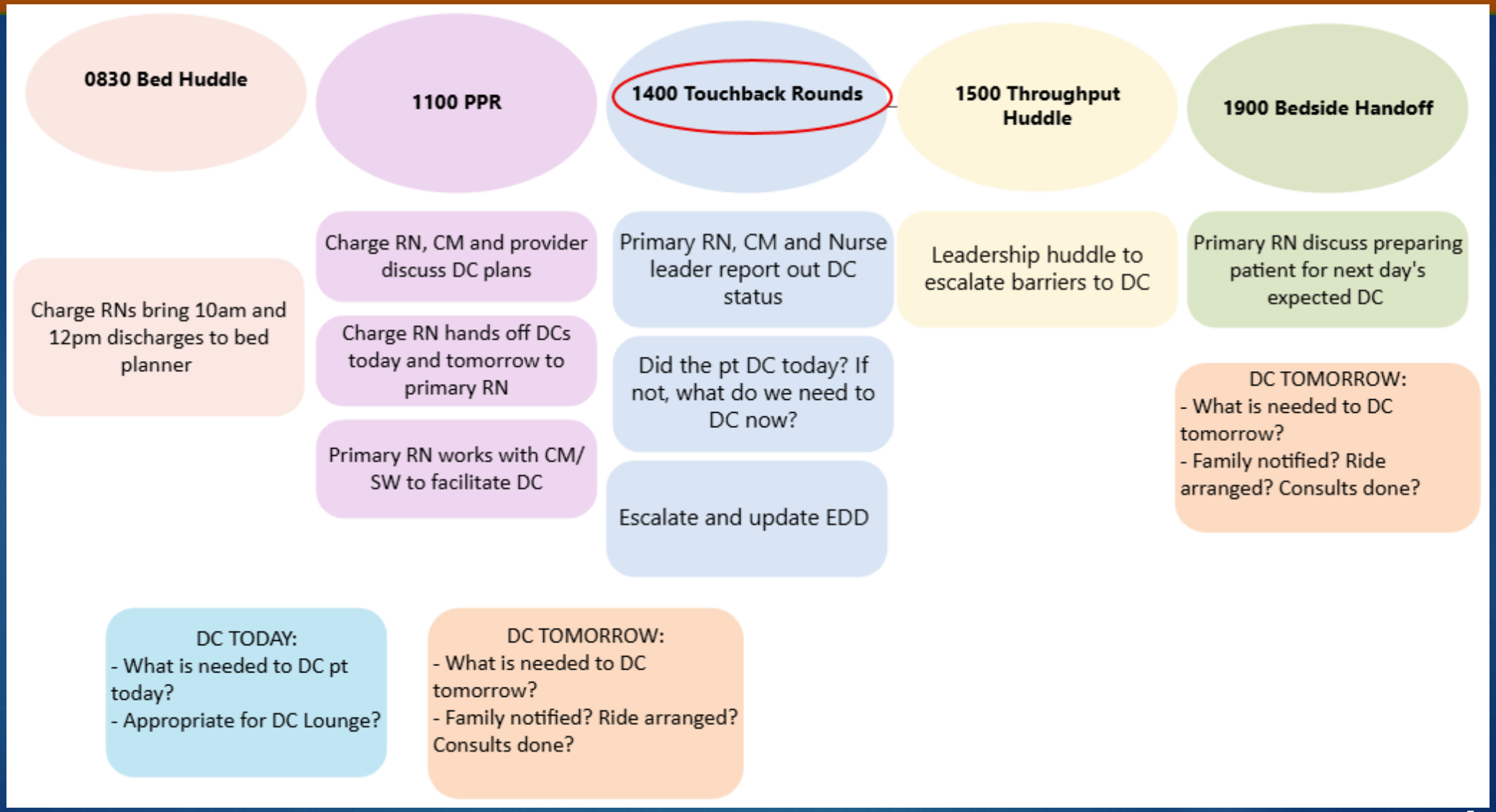
Methodology



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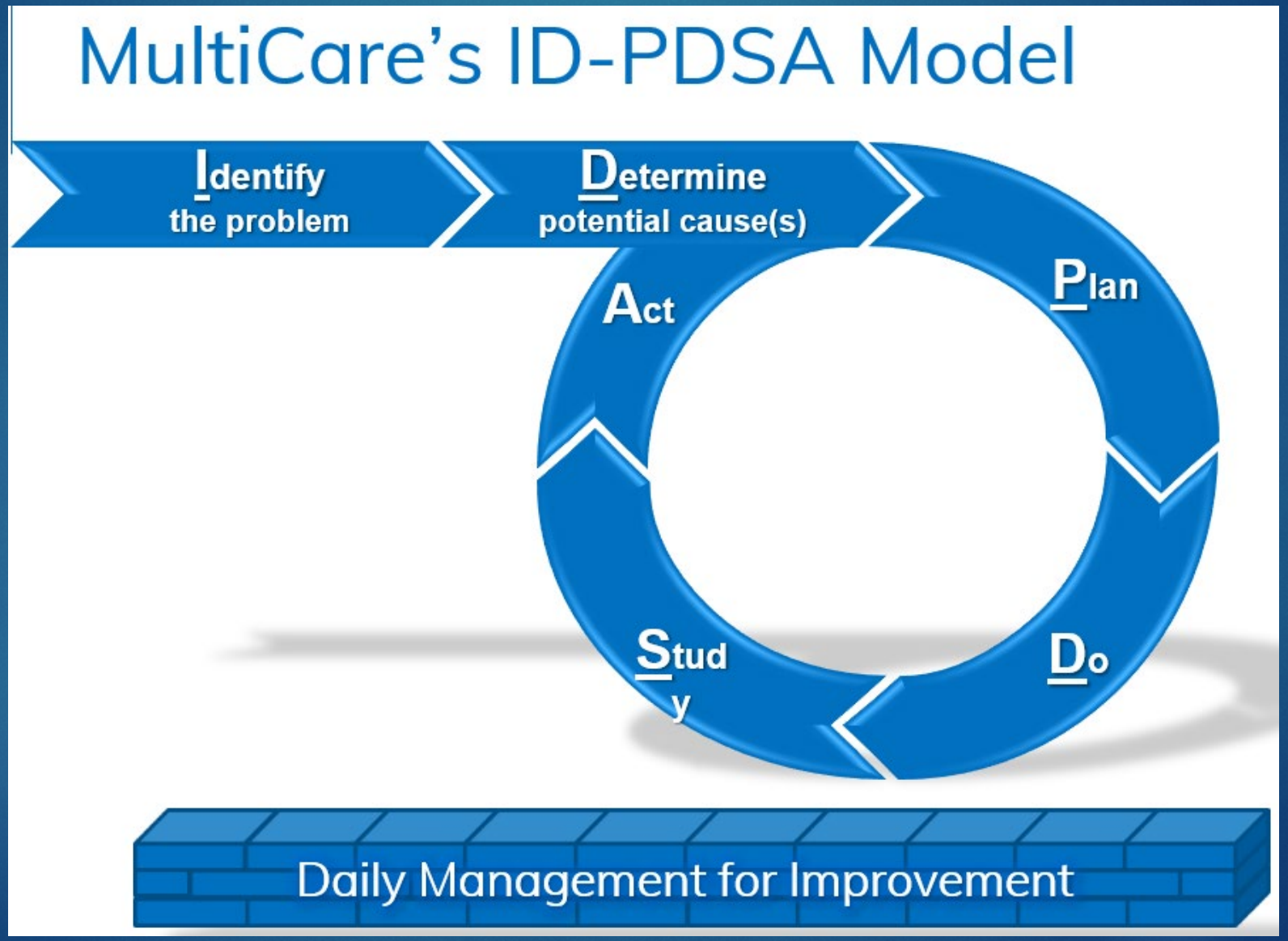
Methodology



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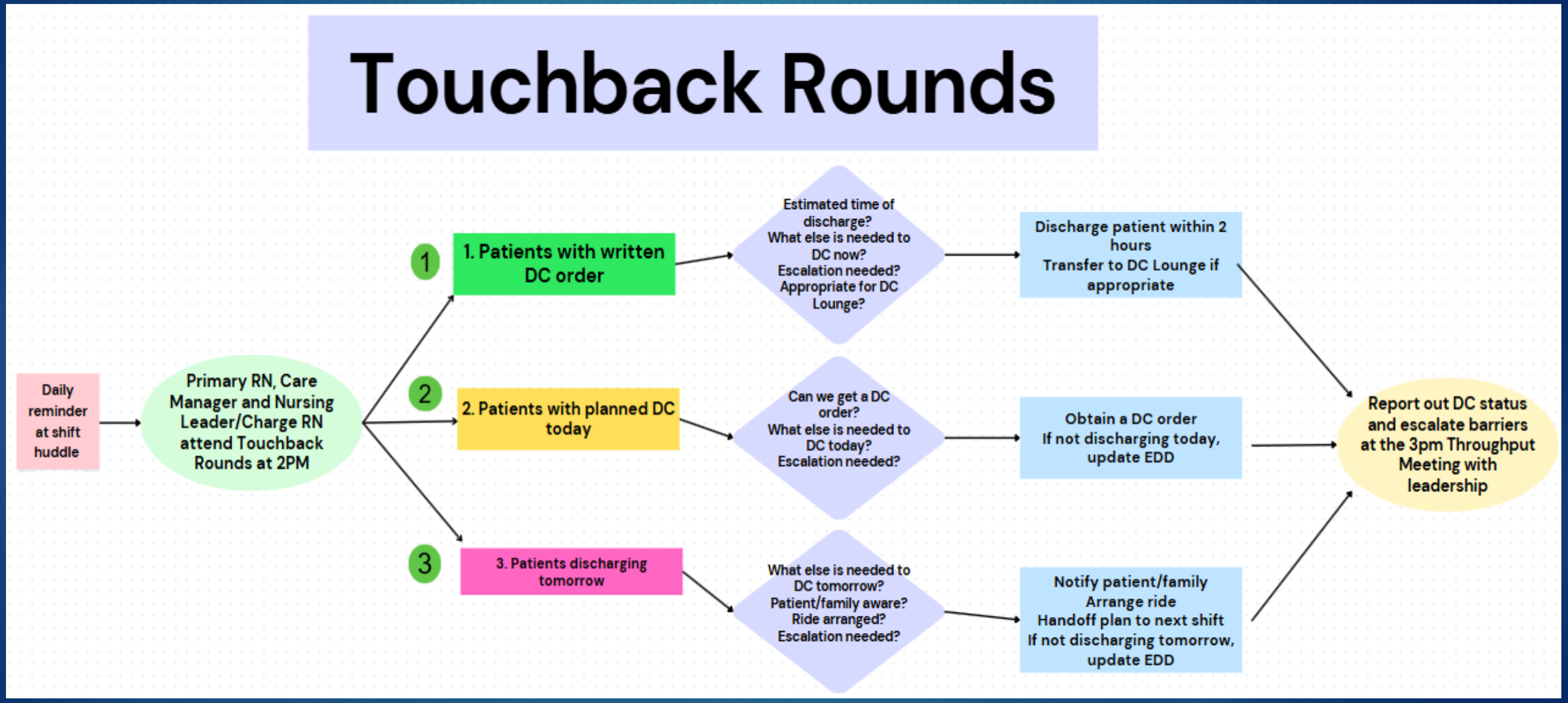
Methodology



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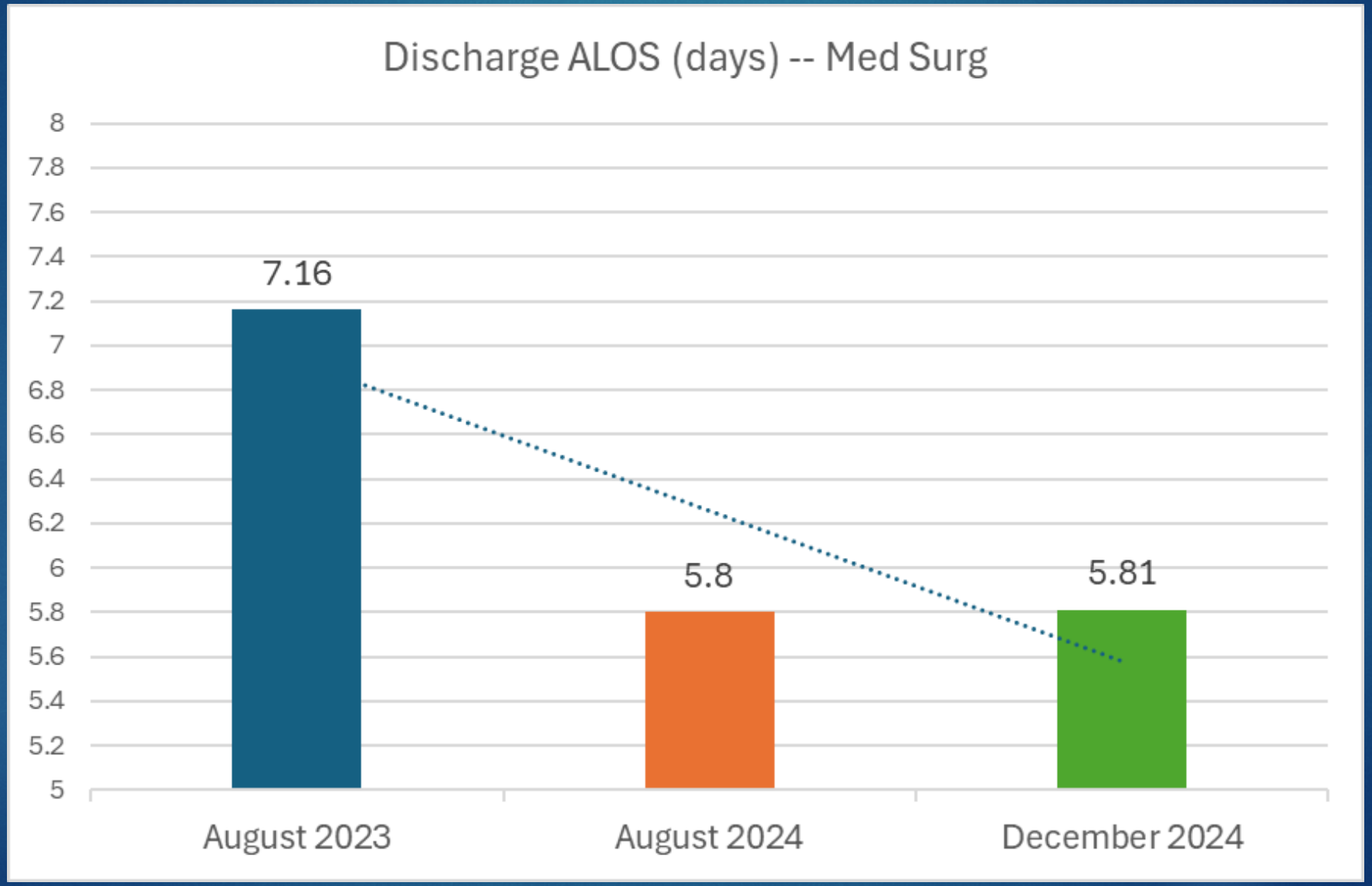
Results



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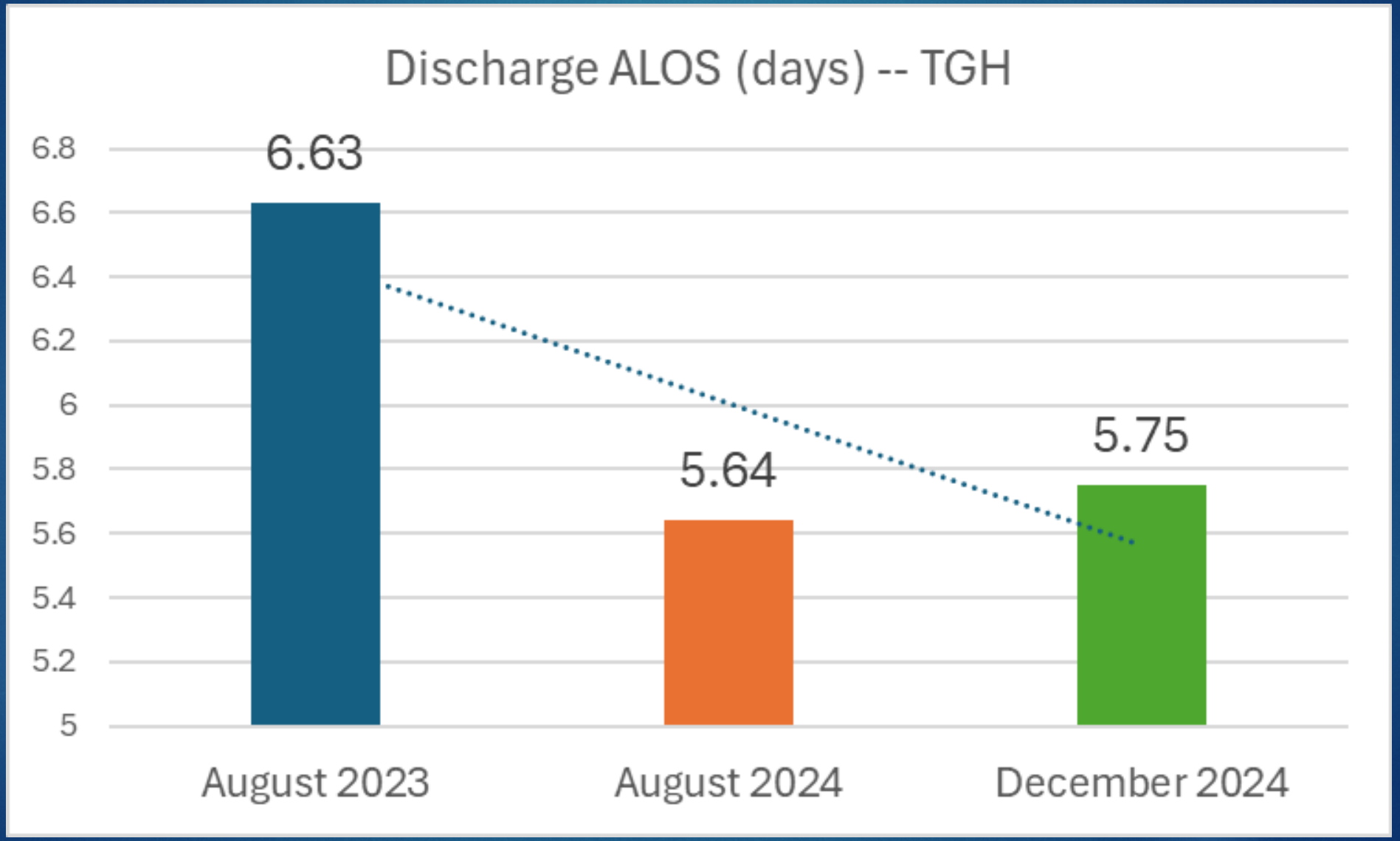
Results



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Discussion- Making it Successful

- Empower nurses with nursing excellence
- Standardized process
- Promote multidisciplinary engagement
- Commitment from transformational leaders

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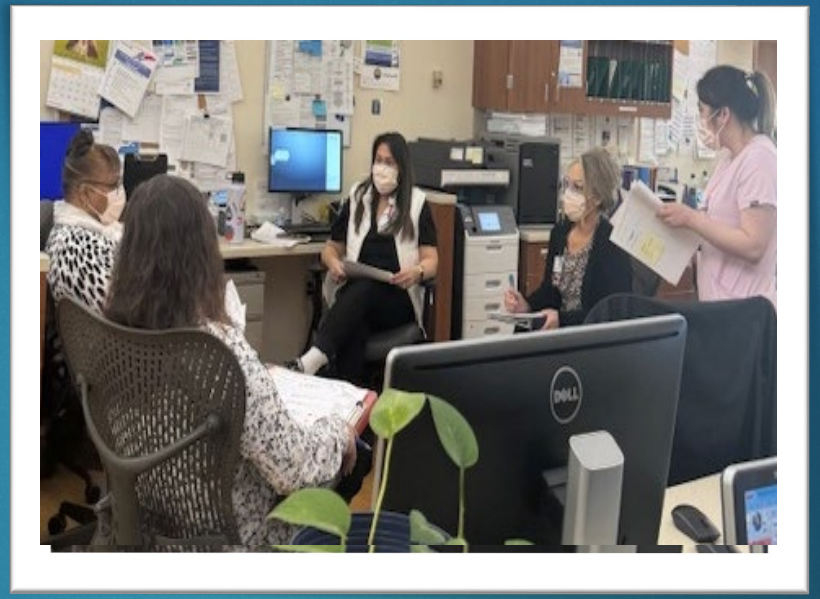
Our Team



Limitations

- If not well-structured, touch back rounds can become lengthy, taking time away from patient care.
- Effectiveness may vary depending on who is leading the touch back and how well barriers are addressed.
- Engagement from multiple disciplines and strong leadership is crucial to not lose momentum over time.
- Some patients have complex social, financial or medical issues that cannot be resolved quickly during touch back rounds.

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Conclusion

Empowering frontline staff as key drivers in quality improvement initiatives leads to increased engagement and motivation – driving meaningful and sustainable change and improved patient care outcomes.

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With Gratitude.

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Contact Information

Cyril Elep, MBA-HM, BSN
Nurse Manager Med Surg
Tacoma General Hospital | MultiCare
Cell: 253-227-3983 | Email: Cyril.Elep@multicare.org
Address: 315 Martin Luther King Jr Way, Tacoma, WA 98405


NurseTRUST

Nursing Valuing Nurses: A Caritas Conflict Resolution Model

PENNY BEATTIE, DNP, MBA, RN, BC-NE

UNIVERSITY OF NEW MEXICO COLLEGE OF NURSING

MARCH 24, 2025

CENTERING MOMENT

WHY USE CARITAS IN CONFLICT

- Caritas is the Latin word that means "love" or "charity"
- Dr. Jean Watson developed the Theory of Human Caring between 1975-1979
  - It is both an art and a science
  - It is a personal experience

NURSES VALUING NURSES: A CARITAS CONFLICT RESOLUTION MODEL

FOR USE BY NURSES

PURPOSE OF A CARITAS CONFLICT RESOLUTION MODEL

- *To apply Dr. Jean Watson's human caring science in daily conflict resolution {between nurses}*
- *To support nurses to generate safe, productive conversations while utilizing a caring framework*

The process of solving problems through communication and personal connection starts first with a balance of caring, gratitude, and humility

CONFLICT RESOLUTION

Conflict Resolution is:

- Solution-oriented and introspective process
- Framed by caring and natural curiosity
- Is not ego-centered
- Requires gratitude and humility

The **purpose or goal** of Conflict Resolution is to unify and channel conflicting thoughts and feelings into solutions

DR. JEAN WATSON'S CARITAS PROCESSES *SUPPORTING A CONFLICT RESOLUTION MODEL* *(WATSON, 2008)*

Below are the Caritas Processes which support the conflict resolution model.

(*Consider visiting the Watson Caring Science Institute website to learn about all the Caritas™ processes)*

- **Caritas Process 1**: **"The Formation of a Humanistic-Altruistic System of Values"**
- **Caritas Process 2**: **"Being Authentically Present, Enabling and Sustaining the Faith, Hope, and Belief System of Self and Other"**
- **Caritas Process 4**: **"Developing and Sustaining a Helping, Trusting, Caring Relationship"**
- **Caritas Process 5**: **"Being Present To, and Supportive of, the Expressions of Positive and Negative Feelings"**
- **Caritas Process 8**: **"Creating a Healing Environment at All Levels"**

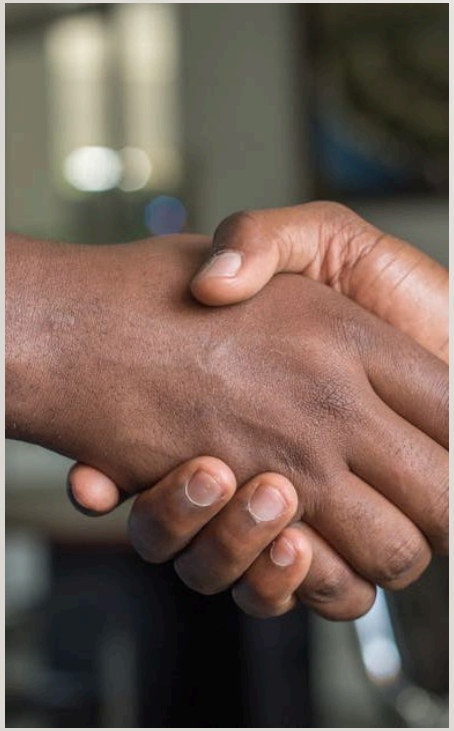
CARITAS CONFLICT RESOLUTION CURRICULUM: FOUR COMPONENTS

- Humility
- Sincerity
- Openness
- Willingness to find common ground

HUMILITY SELF-REFLECTION TOOL FOR CONFLICT RESOLUTION

Caritas Process	I have not applied this Caritas Process	I rarely apply this Caritas Process	I sometimes apply this Caritas Process	I consistently apply this Caritas Process
Caritas Process #10: An intent to be open – to allow the possibility of the conflict to be solved				
Caritas Process #4: Has an intent to develop caring relationships as a basis for trust- necessary for conflict resolution				
Caritas Process #5: An intent to "hold space" when someone is sharing emotions. This is a part of the acknowledgment of the person - necessary for conflict resolution				
Caritas Process #3: An intent to be sensitive to self and others. Acceptance of their past experiences and perspectives				
Caritas Process #8: An intent for the provision of a supportive and protective environment				
Caritas Process No. 9: An intent to minister or develop/sustain human dignity as a platform for conflict resolution				

PREREQUISITES FOR AN OPTIMAL CONFLICT RESOLUTION MODEL OUTCOME



It requires:

- Underlying sincerity and humility
- Remaining open and accepting to others' thoughts and feelings. Accepting who they are.
- Being willing to find one piece of common ground (uniting).
- Providing and maintaining an environment that is safe

CONFLICT RESOLUTION AS A PROCESS: HOW THE MODEL IS APPLIED

- ***HEARING*** **- What are you noticing about yourself and the other person?**
- ***ASKING FOR CLARITY*** **– This allows the other person to speak again, which provides a sense of control**
- ***ACKNOWLEDGING*****- This provides the basis for trust, caring and collaboration**
- ***SHARING*** **– Contribute your own thoughts/ideas/feelings and ask for feedback**

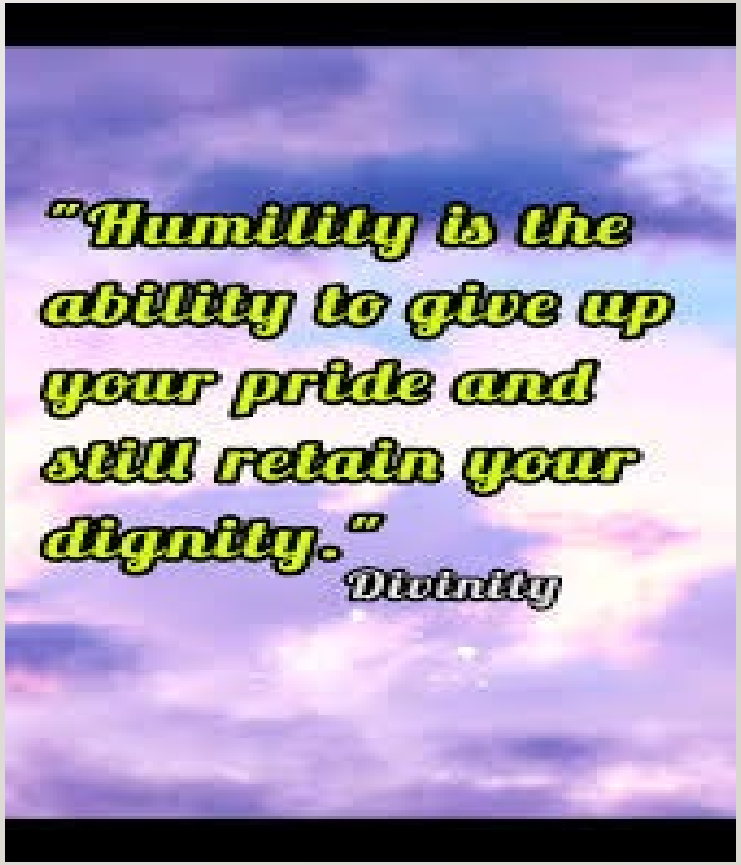
WHAT CAN CONTRIBUTE TO OR CREATE CONFLICT?

- Fear or current stress level
- Previous experiences in life
- Resistance to change/not feeling valued or heard, cared about or belonging
- Difference in work habits
- Force of character personalities (rather than strength of character)
- Competition, control/power issues
- Differences in styles of relating to others
- Communication barriers or misperceptions
- Cultural, spiritual, or religious differences

UNDERSTANDING THE ABOVE CAN DIRECT US TOWARD A MORE ACCEPTING ENVIRONMENT.

PERSONAL REFLECTION & CHAT SHARE

Think of a past conflict where ego played a role. How might approaching it with humility and dignity have changed the outcome?



WORKING TOGETHER

???? Questions????

SPECIAL THANKS & RECOGNITION

- **Connie Smith – Fassler, DNP, MHA, RN, CNML**
  - Assistant Professor- Clinical Educator
  - Nursing Administrative Leadership Program Director
  - University of New Mexico College of Nursing
- **Anne Claire von Huene, EJD, MSN, RN**

  Assistant Professor – Brookline College

  Caritas Coach™

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NurseTRUST

Streamlining Documentation Strategies: ESI Level 1 Patients in the Emergency Department

Tana Elliott, MHA, BSN, RN, CEN, CA-SANE
Samantha Lockwood, MSN, RN, CEN, NE-BC
Mona Cockerham, , PhD, MSN, RN, CPHQ, EBP-C

March 24-25, 2025

HOUSTON Methodist
THE WOODLANDS HOSPITAL

None of the planners, creators, or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

Project Objectives

Identify documentation gaps for ESI Level 1 patients in the ED through audits, focusing on discrepancies in critical care interventions.

Assess RN understanding and compliance with documentation requirements via surveys and training to address knowledge gaps.

Implement and evaluate strategies to improve documentation accuracy, using follow-up audits and staff feedback to measure impact.

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Background

Electronic Medical Record (EMR)

Systematic

Documentation of patient's care journey in ED from Triage to departure

Progressive recording of:

Observations

Assessments

Interventions

Patient responses

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Introduction

Highlights of Emergency Severity Index (ESI)

Triage – French word meaning to sort

- Evidence-Based Practice
- Developed in 1999
- Five Level Triage Algorithm
- Level 1: Critical Care
- Level 5: Least Acute

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Audit Overview

Preliminary audit findings in the ED EMR

Focus was on high acuity patients (ESI Level 1)

Documentation vulnerabilities identified

EMR

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Nurse Documentation Characteristics

- Accountability
- Accuracy, relevancy, and consistency
- Timely and sequential
- Reflective on the nursing process

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Value of Nursing Documentation

Nursing documentation is a critical aspect of healthcare delivery with multifaceted importance. Here are several key points that underscore its significance regarding nursing documentation:

- **Comprehensive Record**: Detailed account of patient assessments, interventions, and outcomes to ensure continuity of care.
- **Legal and Ethical Obligations**: Accuracy is essential, and it serves as evidence of the care provided.
- **Communication**: Conveys important information about patient status, treatment plans, and any changes in condition.
- **Quality Improvement**: Analysis identifies areas for improvement and implement strategies to enhance the quality and safety of care.
- **Patient Safety**: Helps prevent errors, such as medication discrepancies or missed interventions, by providing a clear record of actions.
- **Professionalism and Accountability**: Meticulous records demonstrates dedication of nurses to their roles and responsibilities in patient care.
- **Resource Allocation**: Valuable information for healthcare administrators in optimizing staffing levels and allocating resources.
- **Research and Education**: Data collected can be analyzed to identify trends, outcomes, and best practices, contributing to evidence-based practice and the advancement of nursing knowledge.

In summary, nursing documentation is indispensable for ensuring quality, safety, and accountability in patient care. By maintaining accurate and comprehensive records, nurses uphold professional standards, support interdisciplinary collaboration, and contribute to the delivery of high-quality healthcare services.

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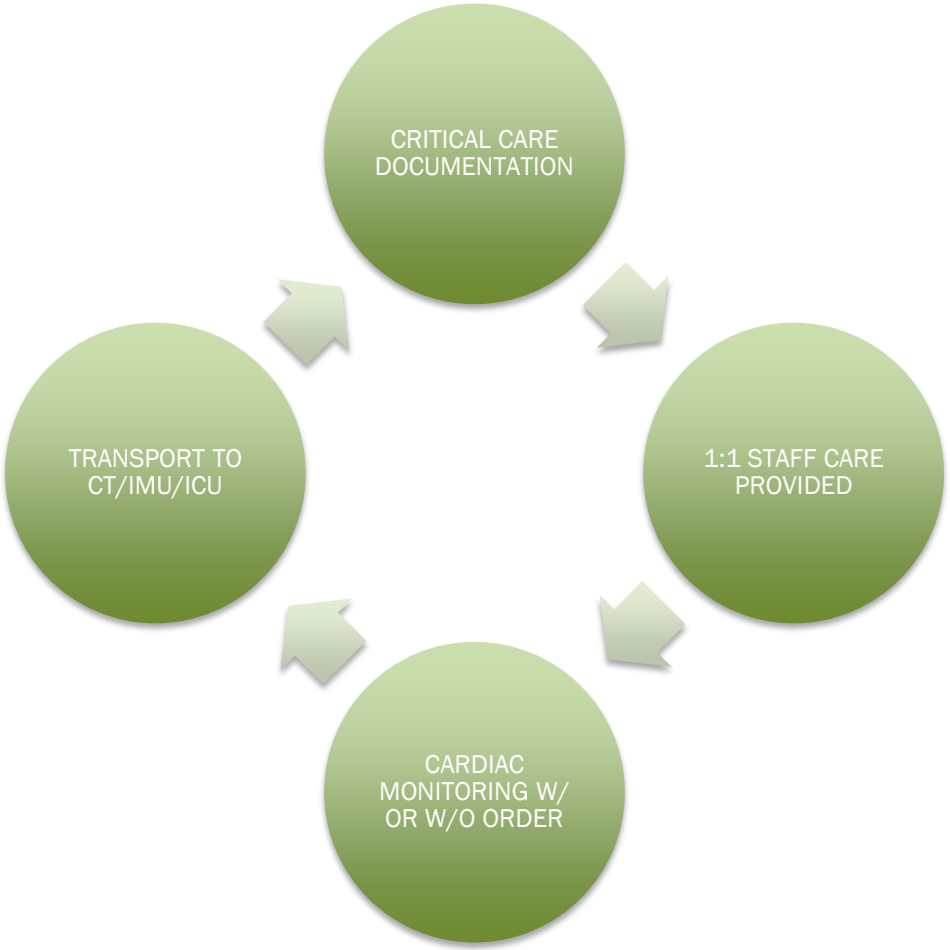
Documentation



Vulnerabilities Identified

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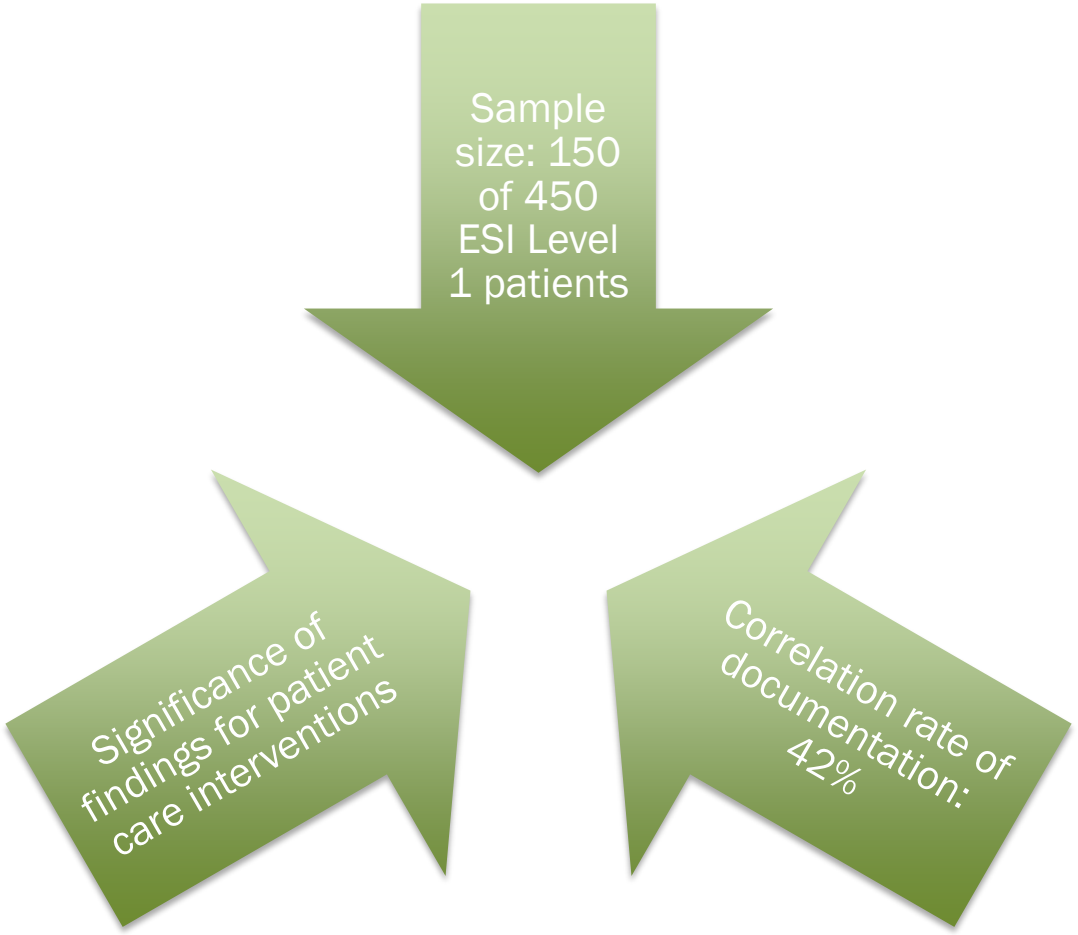
Method



Statistical Analysis

Data Collection Period: January 1 thru July 31, 2023

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Importance of Thorough Documentation

- ENSURES EFFICIENT HEALTHCARE OPERATIONS
- ENHANCES QUALITY OF PATIENT-CENTRIC CARE
- REDUCES RISKS
- IMPROVES OUTCOMES
- IMPACTS FINANCES

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Improving Patient Care and Communication

Summary of audit findings

Emphasis on the need for accurate and complete documentation

Call to action for ED nursing staff

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Project Target

Quality Improvement

- Utilize data collection
- Analyze care trends
- Support benchmarking efforts
- Continuous improvements

Training and Development

- Implement educational tools
- Staff training
- Promoting ongoing professional development
- Quality enhancement.

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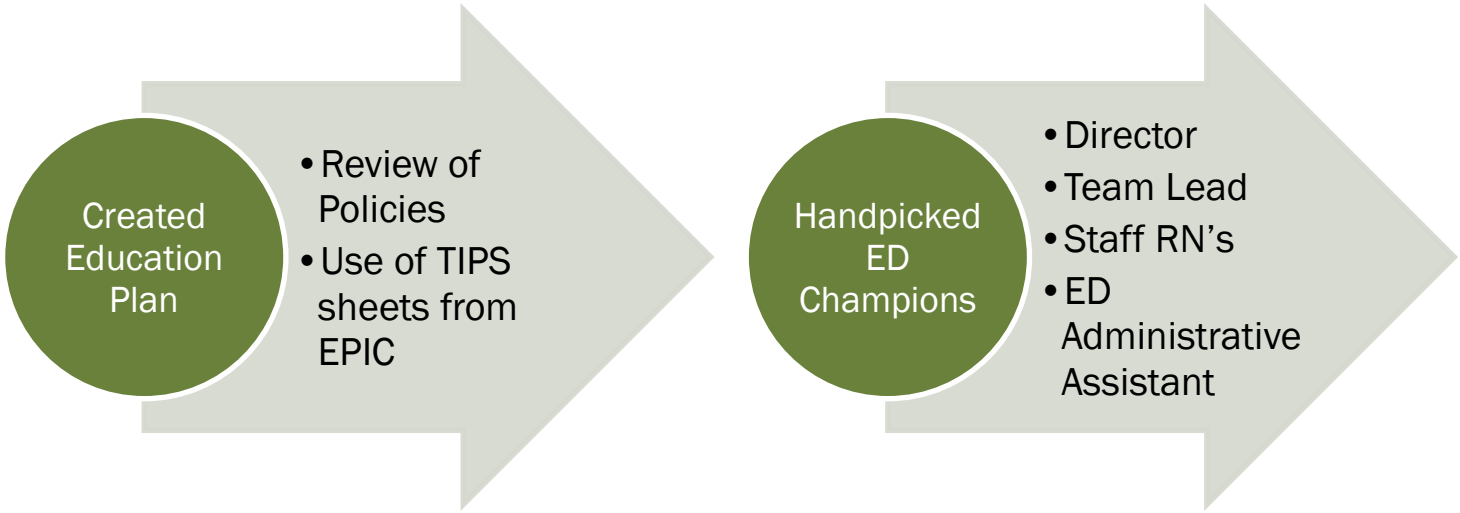
Education Plan



Documentation Practices in the ED

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TIPS Sheets

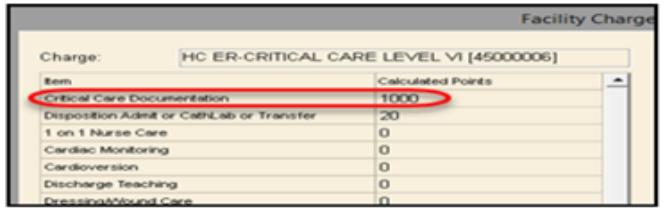
ED Critical Care Documentation

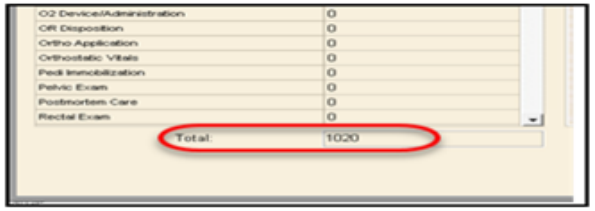
Audience: ED RNs

ED Narrator > **Procedures** > **Critical Care Documentation**. Documentation of this adds enough points to the facility charge calculator to automatically bump the patient to a level six.

1. The documentation box opens. Click **Critical Care delivered over 30 minutes** and click **Accept**

2. In the **Charge Capture** area, the **Facility Charge Calculator** adds the points for **Critical Care** raising the Level to a VI (6). Click **Accept**.





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Critical Care Documentation

Facility Charge Rules

Tool in EPIC

Rules:

1-on-1 Care

ED Narrator - Patient Interventions - 1:1 Staff Care Provided
Check a box on flow sheet row "1:1 Care Provided By"
1-on-1 care (Nurse, Tech, PCA, Security, Sitter, Other) = 30 pts,
Sitter Documentation + Violent Restraints Order = 30 pts

Arrival/Departure: Ambulance

Flow #1: Triage Navigator - Arrival Info - Means of Arrival
Flow #2: Disposition Navigator - Departure Condition - Departure Mode
Drop-down window > Ambulance > Close
Mode of arrival/departure by ambulance = 15 pts

Arrival: Police/Medical Flight

Triage Navigator - Arrival Info - Means of Arrival
Drop-down window > Select “Police” or “Medical Flight” > Accept
Arrival: Police = 10 pts
Arrival: Medical Flight = 20 pts

Bedside Cleaning

ED Narrator - Patient Interventions - ADL
Check a box on flow sheet row “Bedside Cleaning Performed” > Accept
Bedside Cleaning Performed = 10 pts

Braces/Immobilizers

ED Narrator - Procedures - Brace/Immobilization
Select applicable brace/immobilizer and click ‘Applied’
Ankle stirrup, Post-op shoe, Wrist Splint, Thumb Spica, Boxer Splint, Elastic/Ace Bandage = 5 points
Braces (C-Collar, Shoulder Immobilizer, Knee Immobilizer, Walking Boot) = 10 pts

Cardiac Monitoring

MD/APP Places Order - Appears as Task within ED Narrator - ED Narrator - Vitals/I&O > Vitals > Bedside Cardiac Monitoring, select
“Yes” > Accept > select ED bedside monitoring under Specimen Collection/Tasks > Assessments > Cardiac Assessment > Exception to WDL > Cardiac Rhythm Assessments - Cardiac Assessments
Select from flow sheet row “Cardiac Rhythm” > Accept
Cardiac Monitoring (Order NUR 226 - ED Bedside Monitoring, and documented cardiac rhythm) = 10 pts

Critical Care Documentation

Flow #1: ED Narrator > Procedures > Critical Care Documentation
Flow #2:Event Narrator (Code, Stroke, Stemi, Trauma) > at least 30 min care time elapses
Point Trigger = under Alerts, select “Trigger Critical Care Charge” > select “Yes” for both “Trigger Trauma Critical Care Charge” and “End Trauma Critical Care Charge Capture > Accept
Critical Care = 1000 pts

Decontamination

ED Narrator - Procedures - Decontamination
Complete documentation within Flowsheet
Decontamination (shower, bugs, etc.) = 10 pts

Departure: Police

Disposition Narrator > Departure Condition > Departure Mode
Mode of departure by police = 10 pts

Discharge Teaching

Flow #1: Disposition Navigator > Departure Condition > Patient D/C Teaching
Flow #2: ED Narrator > Patient Education > Ortho Device Teaching
NOTE: No FCC point calculation will be generated if Discharge Teaching is documented under "General Education" or any type of free text note.
Disposition selected AND boxes checked for all Patient D/C Teaching criteria that apply > 7pts for simple, 12 pts for complex instructions

Disposition

Disposition Navigator - Disposition Documented
RN or MD documents disposition of patient
Admit IP = 20 pts
Observation = 15 pts
Transfer to Another Facility = 25 pts

Dressing Care

Wound LDA - Assessment - Dressing Change Performed
Complex: (>10min) Multiple sites/extend into the epidermis/debridement/wound irrigation separate from any other procedure such as lac repair/packing/wet-to-dry dressing applied = 10 pts
Simple: (<10min) Dry dressings/bandages. Does NOT include debridement, wound irrigation and/or packing = 5 pts

Training Timeline and Plan of Action

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Results

ESI Level 1 Patient Acuity Assignment	Improvement from baseline: 88% to 100%
Critical Care Documented	Improvement from baseline: 42% to 86%
Nursing Staff Surveys	33% improvement in perception of training ***accuracy*** 38% improvement in perception of documentation ***completeness***

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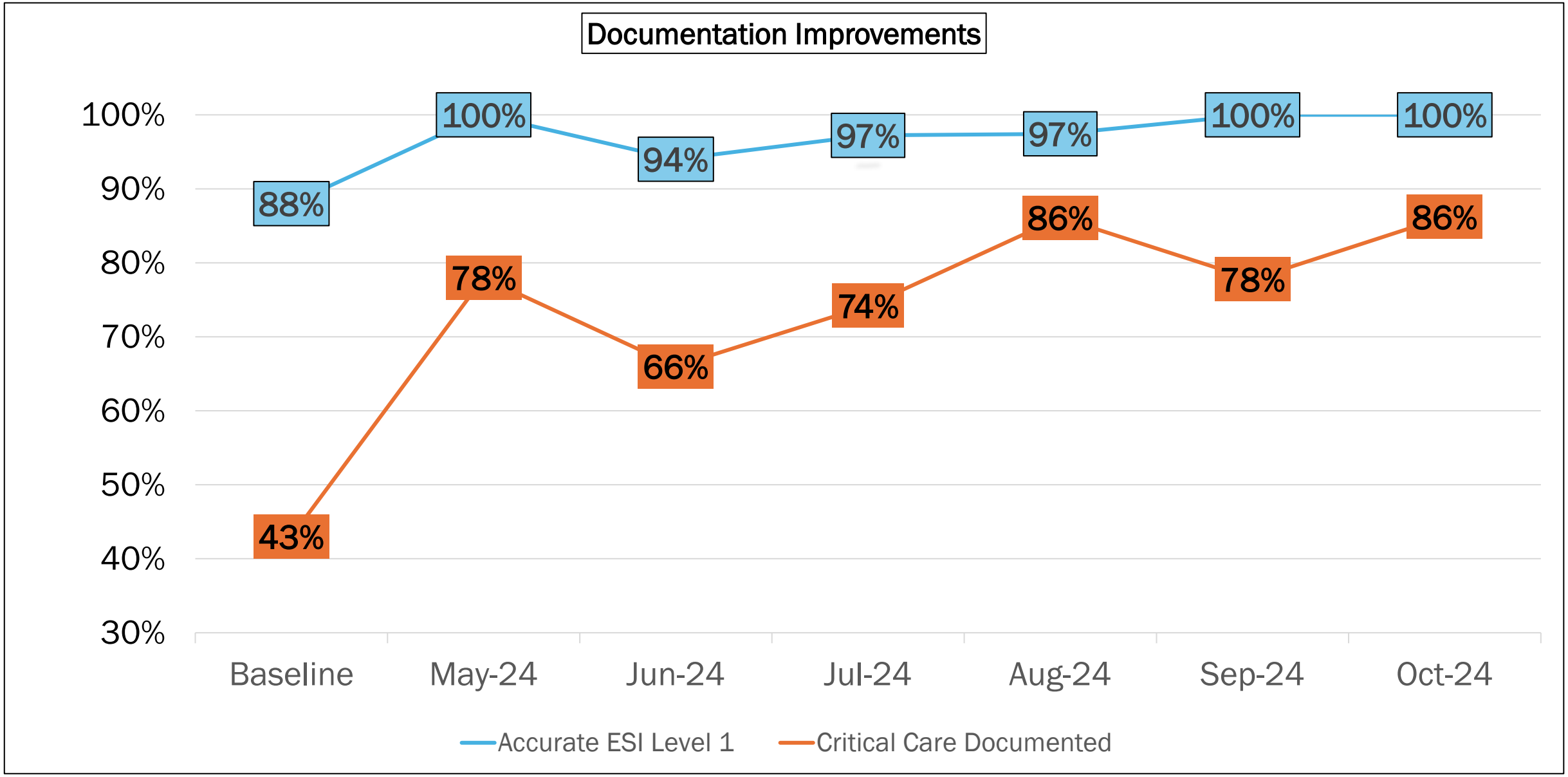

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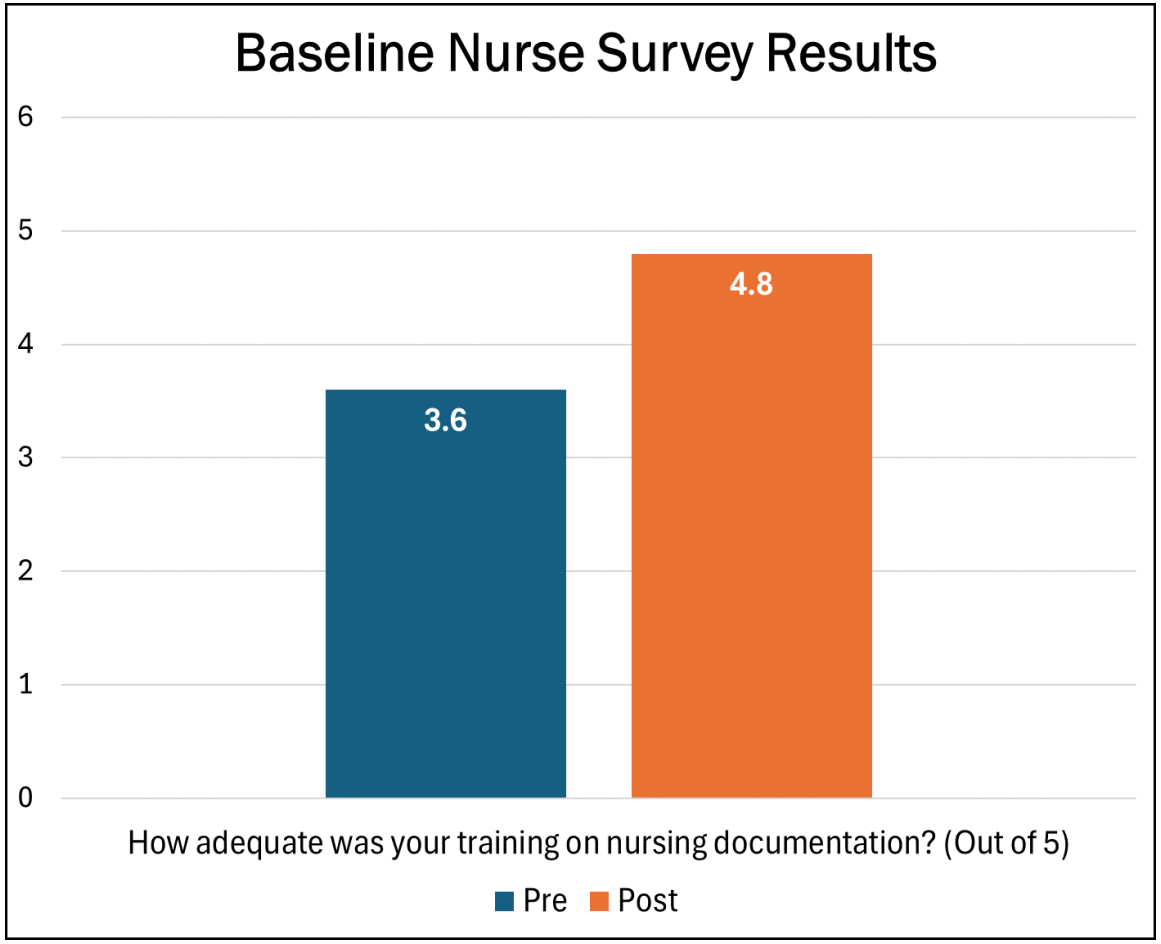
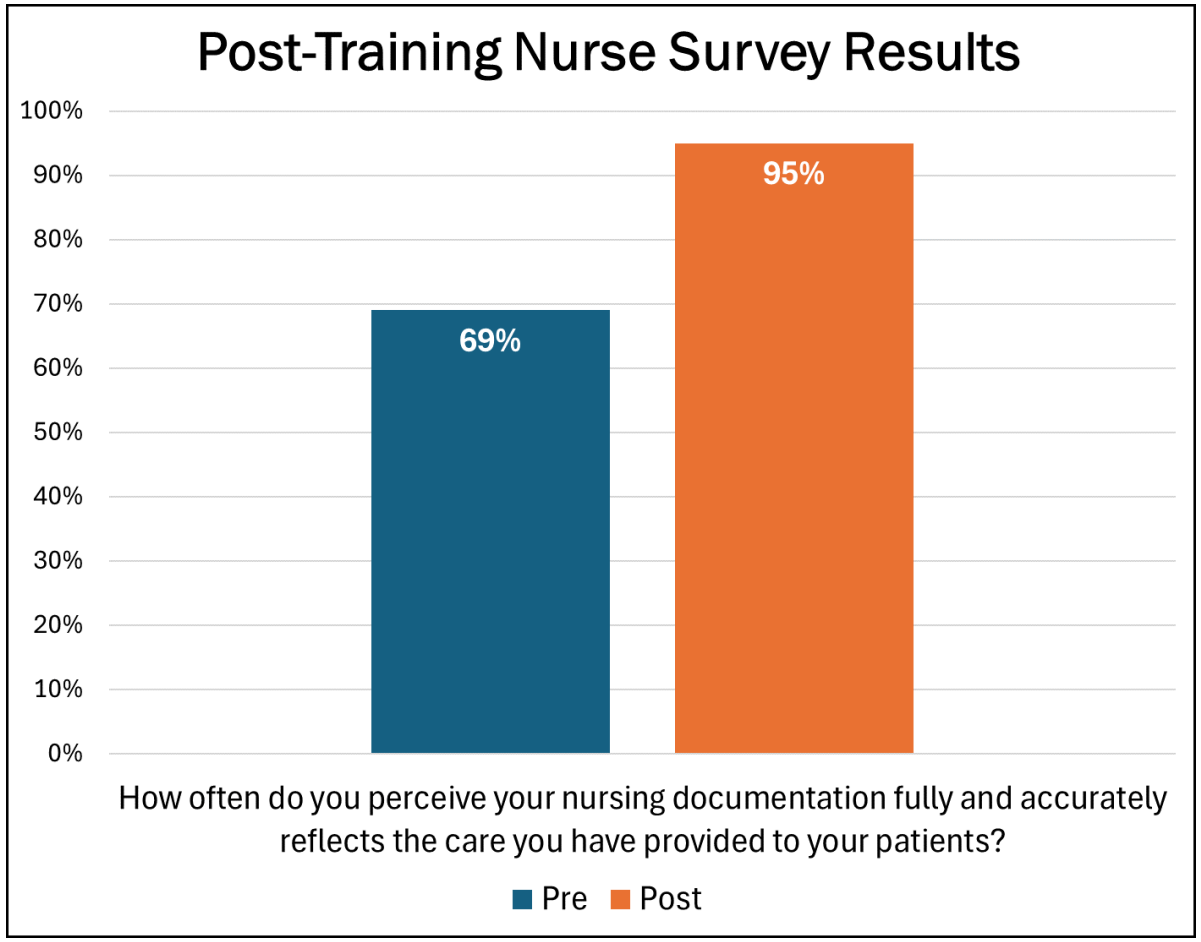
Staff Survey Results





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Implications of Findings

PATIENT SAFETY

CONTINUITY OF CARE

REVENUE

LEGALITIES

Effects of incomplete, inaccurate, or missing documentation

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Staff Survey Insights

DOCUMENTATION REQUIREMENTS

EMR CHARTING LOCATION FOR CARE INTERVENTIONS

COMPLIANCE EXPECTATIONS

Gaps in RN Understanding

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Barriers Identified

TIME CONSTRAINTS

LACK OF TRAINING

UNCLEAR GUIDELINES

Effects of Documentation Quality

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Addressing Barriers

Evaluate Resource Allocation:

Assess staffing and resource needs

Streamline Processes:

Identify inefficiencies

Implement improvements

Leveraging Technology

EMR enhancements

Data utilization

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Sustaining Change

Targeted Training and Education:

- Ongoing quarterly refreshers
- Conduct prevalence audits
- New staff 12 hr. orientation
- Immediate RN feedback

Clear Documentation Policies and Procedures:

- Use checklists, templates & resources
- TIPS sheets EPIC
- Review 2 policies

Key Actions

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Stakeholders/Contributors

- Tana Elliott, MHA, BSN, RN, CEN, SANE-A, CA-SANE
  - Charge, Forensic, & RN IV
  - HMTW
- Samantha McBroom, MSN, RN, CEN, NE-BC
  - Director of Emergency Services
  - HMTW
- Mona Cockerham, PhD, MSN, RN, CPHQ, EBP-C
  - Professor
  - Sam Houston State University, School of Nursing
- Margaret Woodruff, BISE System Process Engineer
  - HMTW

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Acknowledgments

Mary McNutt, BSN, RN, CEN

ED Documentation Nurse Champions

ED Staff Registered Nurses

Raquel Ochoa, Administrative Assistant

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Participants

Poster Presentation

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MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

Precision Your Practice: Documentation Domination

Tana Elliott, MHA, BSN, RN, CEN, CA-SANE; Samantha McBroom, MSN, RN, CEN, NE-BC;
Mona Cockerham, PhD, MSN, RN, CPHQ, EBP-C, Sam Houston State University, School of Nursing
Margaret Woodruff, BISE System Process Engineer
Houston Methodist The Woodlands

Background/Introduction

In the emergency department (ED), the electronic medical record (EMR) systematically documents the patient's journey from initial presentation at triage with progressive recording of assessments, interventions, and patient responses performed by the healthcare team until their departure.

A preliminary audit of data collected in the ED revealed documentation vulnerabilities on high acuity Emergency Severity Index (ESI) Level 1 patients in alignment with critical care interventions recorded in the EMR. The correlation rate was 42% among 150 of the 450 treated. The ESI is a five-level triage algorithm tool used in the ED developed in 1999 to rapidly identify and score each patient's cue of treatment with Level 1 being critical and Level 5 least acute.

This project highlights the significant advantages of thorough and precise documentation by the ED nursing staff ensuring efficient operations of the healthcare system.

Objectives of Process Improvement Project

- Improve patient care with continuity, seamless information transfer, and real-time updates.
- Enhance communication by shared knowledge and reduction in errors.
- Compliance in standards to meet regulatory requirements and adherence to best practices.
- Improvement in quality with data collection for analysis of care trends and benchmarking efforts.
- Development of training through education tools and continuous improvement.

Intervention – Documentation Training

- Education on location in the EMR for documentation of patient care interventions. Specific location is essential to flow and continuity for all providers and to capture revenue.
- Education tool created included hospital policies, expectations, and key documentation points.
- Nurse Champions selected and trained with roll-out date of April 2024 for 100% of staff nurses.
- Audits completed May through July 2024 for compliance.

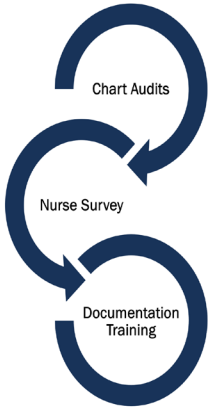
Method

Data Collection Period:
- January 1 to July 31, 2023, EMR audits for ESI Level 1 patients.

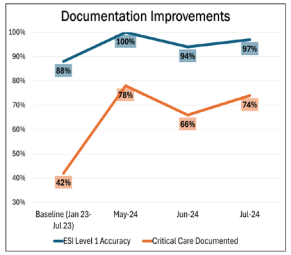
Statistical Analysis:
- The percentage of patients for which audits were completed that fell into the desired patient care intervention categories (critical care, one on one care, cardiac monitor, oxygen, isolation, and transport to ICU/IMU) of analysis.
- Averages were taken to determine the adequacy of documentation training.

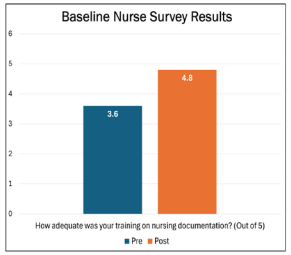
Findings from EMR Audit:
- 450 ESI Level 1 patients reviewed with key issue being documentation of patient care interventions.

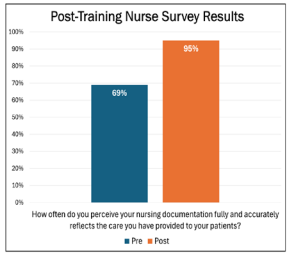
Survey and Observations:
- Participants are registered nurses (RN) in a community ED. Survey purpose is to measure knowledge of documentation compliance and expectations with focus on current practices and barriers.



Analysis







Results/Implications

Results:
- Audits completed for assignment of ESI Level 1 patients in ED from May to July 2024 resulted in an improvement from a baseline of 88% to 97% and an improvement for critical care interventions documented from a baseline of 42% to 74%.
- Surveys completed by nursing staff show a 33% improvement in perception of training *accuracy* and a 38% improvement in perception of their *completeness* of documentation.

Implications:
- Inaccurate or missing documentation impacts patient safety, continuity of care, and revenue.
- Survey results revealed gaps in RN understanding of documentation requirements, location in EMR to chart care interventions, and compliance expectations.
- Barriers identified highlight time constraints, lack of training, and or unclear guidelines that impact documentation quality.

Future Actions

- Sustaining change includes targeted training and education with ongoing quarterly refreshers, along with prevalence audits.
- Clear documentation protocols with checklists and templates to enhance nursing documentation.
- Address barriers by evaluating resource allocation and streamline processes.
- Leveraging technology with EMR enhancements and data utilization from monthly chart audits.

Acknowledgments

Mary McNutt, BSN, RN, CEN
ED Documentation Nurse Champions
ED Registered Nurses
Raquel Ochoa, Administrative Assistant

References

References provided upon request

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Title: HMTW ED Nursing Documentation

Project Sponsor: Samantha McBroom
Project Lead: Tana Elliott

Core Team members: Tana Elliott, Samantha McBroom, Mary McNutt, Mona Cockerham

Lean Coach: Margaret Woodruff

Extended Team members:

1-Problem/Issue Statement

A preliminary review of acuity documentation and alignment with interventions showed a 33% accuracy rate in nursing documentation associated with 150 of the 450 ESI Level 1 critical care patients. Nursing documentation serves as the written record of a patient's care journey, capturing the observations, assessments, interventions, and outcomes meticulously executed by healthcare professionals, so it is important that nursing documentation is complete and accurate.

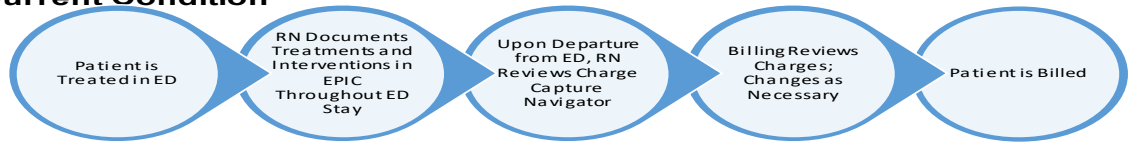
Scope:

HMTW ED Nursing Documentation | ESI Level 1 Patients

Background

The Emergency Severity Index is a five-level triage algorithm tool used in ED's that was developed in 1999 to rapidly identify and score each patient's cue of treatment with level 1 being critical care and level 5 least acute (Wuerz, et al., 1999). Documentation of care interventions is a fundamental and essential aspect of healthcare practice, pivotal in supporting and enhancing patient care (Bradshaw, 2023). The crucial reasons why meticulous and comprehensive nursing documentation is imperative is to support high-quality, patient-centered care (Lin, et al., 2019).

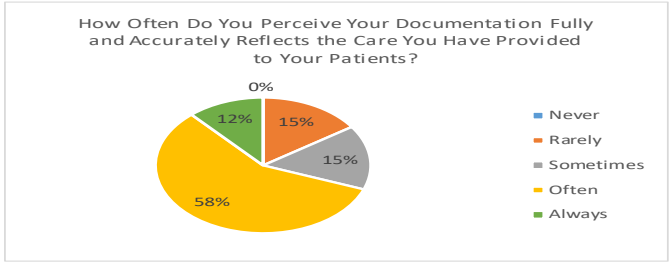
2-Current Condition



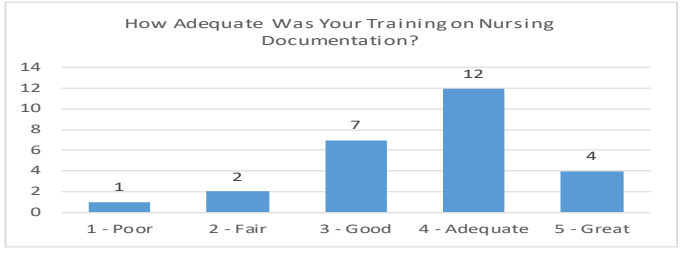
Accurate Charge Capture/Chart Completeness

Accurate?	Count of Patients Audited	Percentage of Patients
No	172	88%
Yes	23	12%

*Level 1 Patients Only
Based on Triggered vs. Potential Points



3-Root Cause Analysis

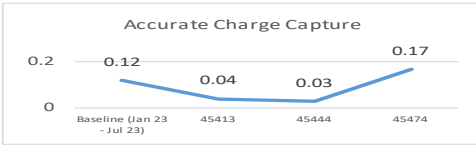


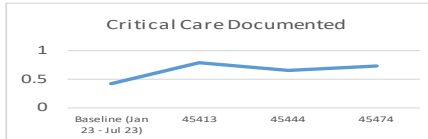
Gap Analysis
Unclear Expectations
Understanding of Most Important Things to Document, Legally and Financially
Real Time Feedback on Missing Documentation
Time
Epic Know ledge Deficiencies
Perception of Being "Lazy" When Sitting Charting and Not Tasking
Preceptor Training
Know ledge Gaps of Importance

4-Countermeasures/Propose Improvements

	Countermeasure	Root Cause Addressed
1	Create of LMS Presentation for Current Employees, New Employees, and Annual Competencies	Unclear Expectations, Pereption of Laziness, Preceptor Training
2	Create Audit Tool for Documenation and Assign Documentation Champions to Audit Charts and Complete 1:1 Educataion	Realtime Feedback on Missing Documentation
3	Begin Doing Weekly Documentation Education Topics on Huddle Board	Understanding of Most Important Things to Document
4	Create and Share EPIC Tip Sheets for Documentation	Time, EPIC Know ledge Deficiencies

Test/Validate

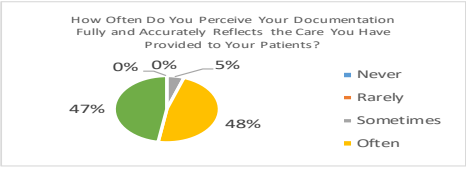


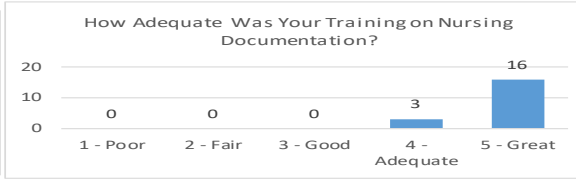


5-Implementation Plan

What?	Who?	When?	Outcome
Complete Preparation for Education	Tana	########	Standard Education for All ED Employees
Complete 1:1 Education for Current Employees	Tana	########	Educated Employees
Create Chart Audit Tool	Tana	########	Standard Tool for Auditing Documentation
Recruit Documentation Champions	Tana	########	Team to Complete Audits and Real Time Feedback for Employees
Compile EPIC Tip Sheets	Tana	########	Close Knowledge Gaps in EPIC
Create List of Topics for Huddle Board and Assign Champion	Tana	########	Weekly Education Topics

6-Results





7- Sustain and Follow up

	Sustainment Plan
1	Each Staff Member Will Complete 5 Self-Audits Per Month
2	Tana Will Continue Auditing Every Level 1 Chart and Complete 1:1 Education
3	Re-engage Champions to Ow n Their Portion of Employees
4	Submit Request for More Resources to Support Chart Documenation Education and Auditing
5	Every New Hire Completes a 12 Hour Shift at the ECC w ith Tana to Learn Documentation

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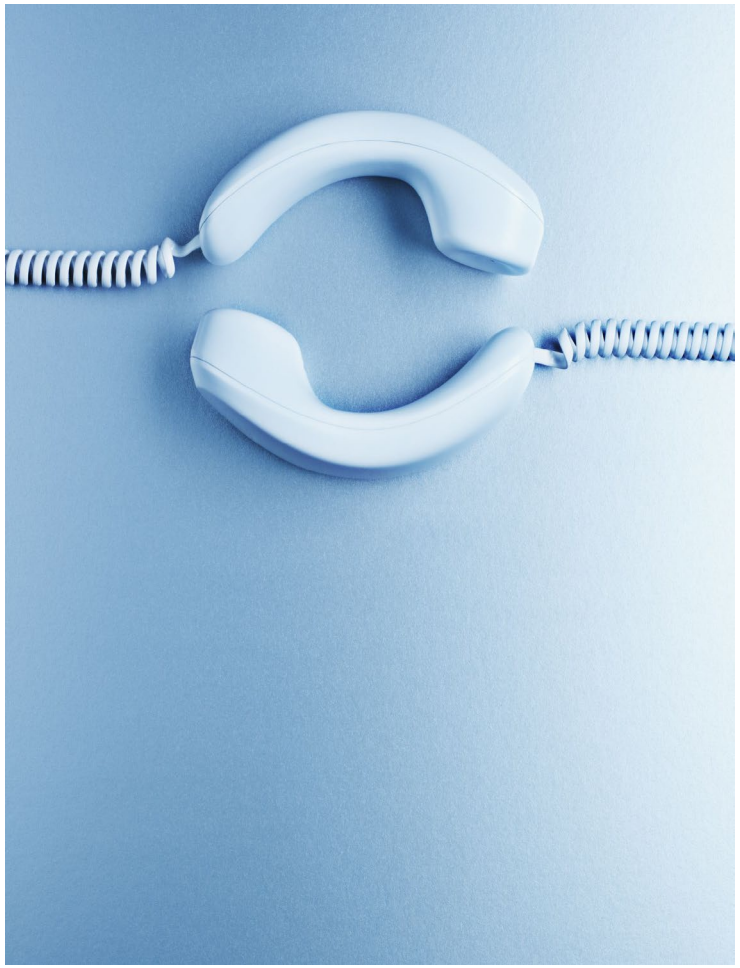
Team Lead Information

Tana Elliott, MHA, BSN, RN, CEN, SANE-A, CA-SANE

tlelliott@houstonmethodist.org
713-302-6860



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NurseTRUST

Screening, brief intervention and referral to treatment (SBIRT) by nurses to college students who use electronic cigarettes

LOYOLA UNIVERSITY CHICAGO
1870
AD · MAJOREM · DEI · GLORIAM
Preparing people to lead extraordinary lives

Joan Holden, DNP, APRN, ANP-BC

Assistant Vice President Student Health and Wellness

Loyola University Chicago

Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sbirt/resources

Financial disclosure

- I have no financial interests or relationships to disclose.

Problem recognition

National Health Interview Survey: Ever Use of e-cigarettes ages 18-44

2014 18%

2016 21.8%

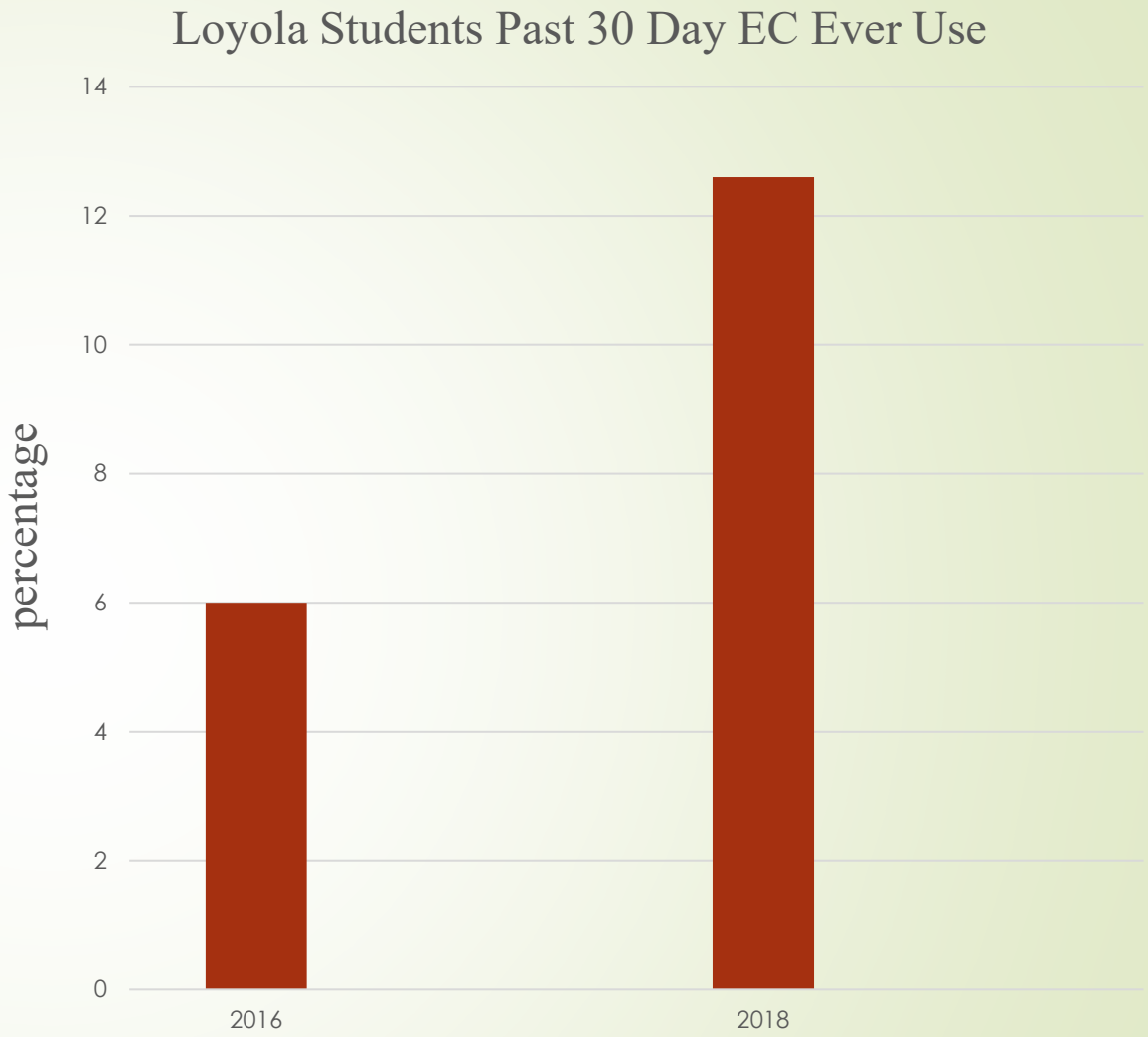
National College Health Assessment Survey: Any Use past 30 days

2016: Men 8% Women 3.4%

2018: Men 14.7% Women 8.2%

American College Health Association, 2018; Bao, Xu, Snetselaar & Wallace, 2018

Table 1: Loyola University Chicago NCHA Survey/ACHA Survey 2016/2018



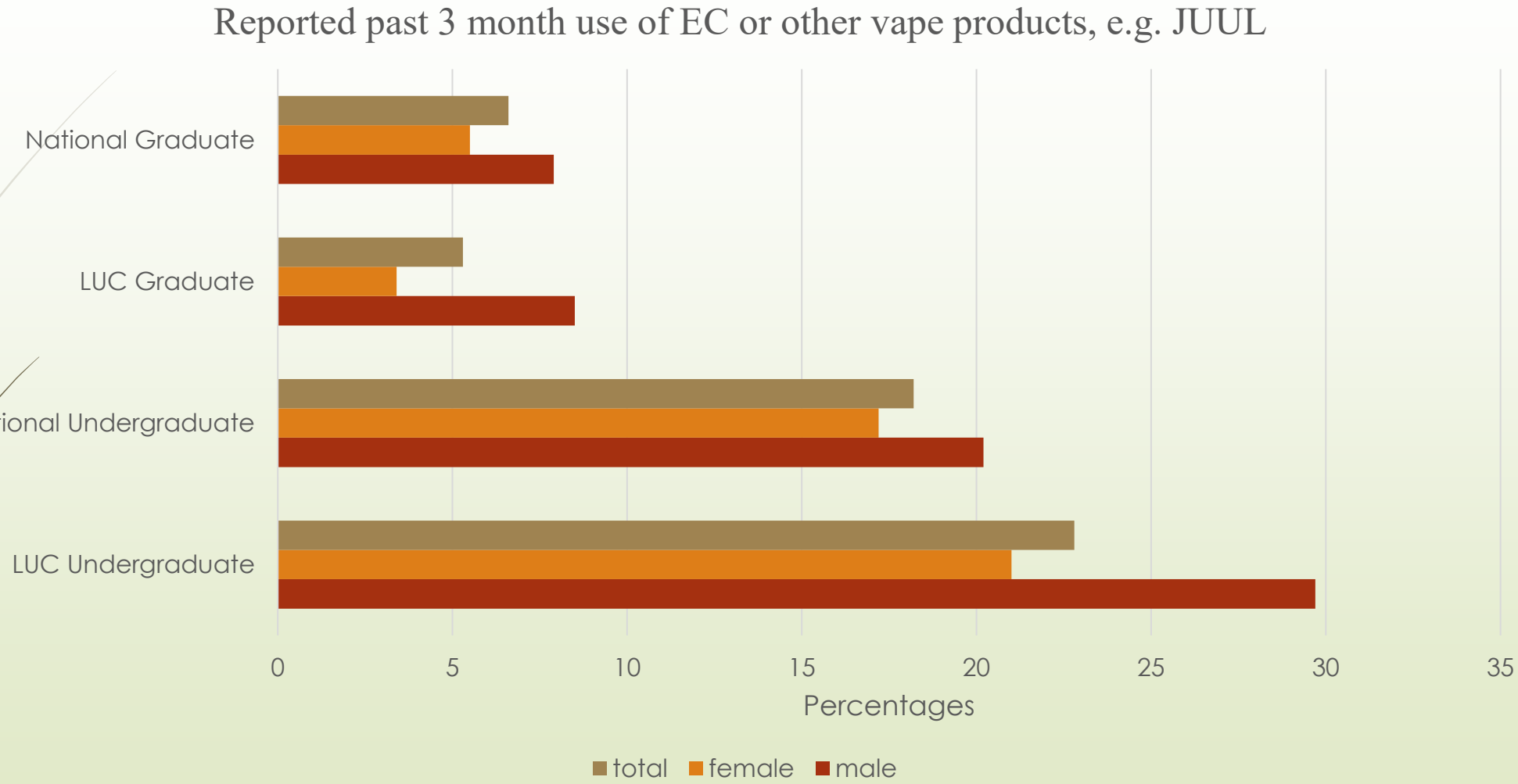
Note: Adapted from American College Health Association-National College Health Assessment II: Loyola University Chicago Executive Summary Spring, 2018. Hanover, MD. Copyright 2015 American College Health Association. (NCHA, 2018)

Medical vulnerability young adults
Risk of COVID-19: Data from National Health Interview Survey (2016-2018)

- Analysis of data young adult subsample aged 18-25 years
- Pooled sample total of 8,405 participants over 3 years
- Results-Close to 1/3 of young adults are medically vulnerable to severe COVID-19 illness
- Key factor of medical vulnerability to COVID-19 is smoking, including the use of electronic cigarettes
- Risk is highest among young adults who are male, white, lower income and who are fully or partially insured

Adams, S. H., Park, M. J., Schaub, J. P., Brindis, C. D., & Irwin Jr, C. E. (2020). Medical vulnerability of young adults to severe COVID-19 illness—data from the National Health Interview Survey. *Journal of Adolescent Health*, *67*(3), 362-368.

Table 2: Loyola University Chicago NCHA/ACHA Survey Spring 2020



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Does delivery of an electronic cigarette SBIRT education program to RNs and APRNs in a college health setting impact knowledge, perceptions and behavior of RNs and APRNs working with students who use electronic cigarettes?

- P: RNs and APRNs
- I: Motivational Interview Training
- C: Pre and Post-Training self rated survey data by the RNs and APRNs
- O: Improved knowledge and perception regarding SBIRT leading to practice change in primary care.

Evidence Based Initiative

- Screening, brief intervention and referral to treatment (SBIRT) effective with tobacco cessation
- Has been used successfully in a variety of settings
- Primary care providers lack of training

Lancaster & Stead, 2017; Maslowsky, Capell, Moberg & Brown, 2017; Jacobs & Amato, 2019;

Project Design-A Quality Improvement Project

- Objectives
  - Develop and Implement an SBIRT training program for the RNs and APRNs
  - Assess the RNs and APRNs knowledge, attitudes and behaviors associated with the use of SBIRT with students using electronic cigarettes
  - Evaluate the outcomes
    - Frequencies of SBIRT delivery
    - Frequencies of referrals

Project Plan

- Research and Development of SBIRT training program completed
- 2 one-hour trainings conducted during medical meetings
- 1 standardized patient worked with the RNs and APRNs on the second day of training
- Modification made to EHR for screening, delivery of SBIRT and referral

Project Plan continued

- 3 surveys for data collection
  - RNs and APRNs pre-training survey
  - RNs and APRNs post-training survey
  - RNs and APRNs post-project completion survey

- Reviewed by Institutional Review Board for the Protection of Human Subjects Loyola University Chicago

Status of Exempt Received Prior to Implementation

Participants

- Staff-2 APRN's and 6 RN's employed at the Wellness Center.
  - Length of experience ranging from 2-30 years
  - 1 Assistant Director; 1 Clinical Coordinator; 6 Registered Nurses
- Students-undergraduate and graduate students at Loyola University Chicago
  - Inclusion Criteria: users of electronic cigarettes; $\geq$ 18 years; willing to discuss use; English speaking; non-brief appointment
  - Exclusion Criteria: non-users of electronic cigarettes; refuse discussion; brief appointment encounters

SBIRT Training Objectives

Describe	Describe the potential role and impact of SBIRT use with college students using electronic cigarettes
Describe	Describe electronic cigarette components and potential health consequences
Apply	Apply SBIRT in a simulated environment

SBIRT Training Program for RNs and APRNs

- Components
  - 2 Day Training Sessions
  - Knowledge, Attitude and Behavior Survey of SBIRT and Electronic Cigarettes Pre and Post-Training
  - Development of single page information sheet
  - End of Project Program Evaluation

SBIRT/EC Curriculum

Day 1	Title and Duration	Content	Modality
	Introduction (20 minutes)	EC epidemiology, CDC emergency response, market- place influences, method of initiation	Slides
	Potential consequences of using EC (10 minutes)	Brain and lung injury, progression to combustible smoking	Slides
	Social influences (5 minutes)	Video of vape tricks	Video

SBIRT/EC Curriculum Continued

Day 1 continued	Title and Duration	Content	Modality
	Introduction of SBIRT (20 minutes)	Principles of motivational interviewing, brief intervention, introduction of readiness ruler	Slides
Day 2	Practice Skills (60 minutes)	Group format feedback	Standardized Patient

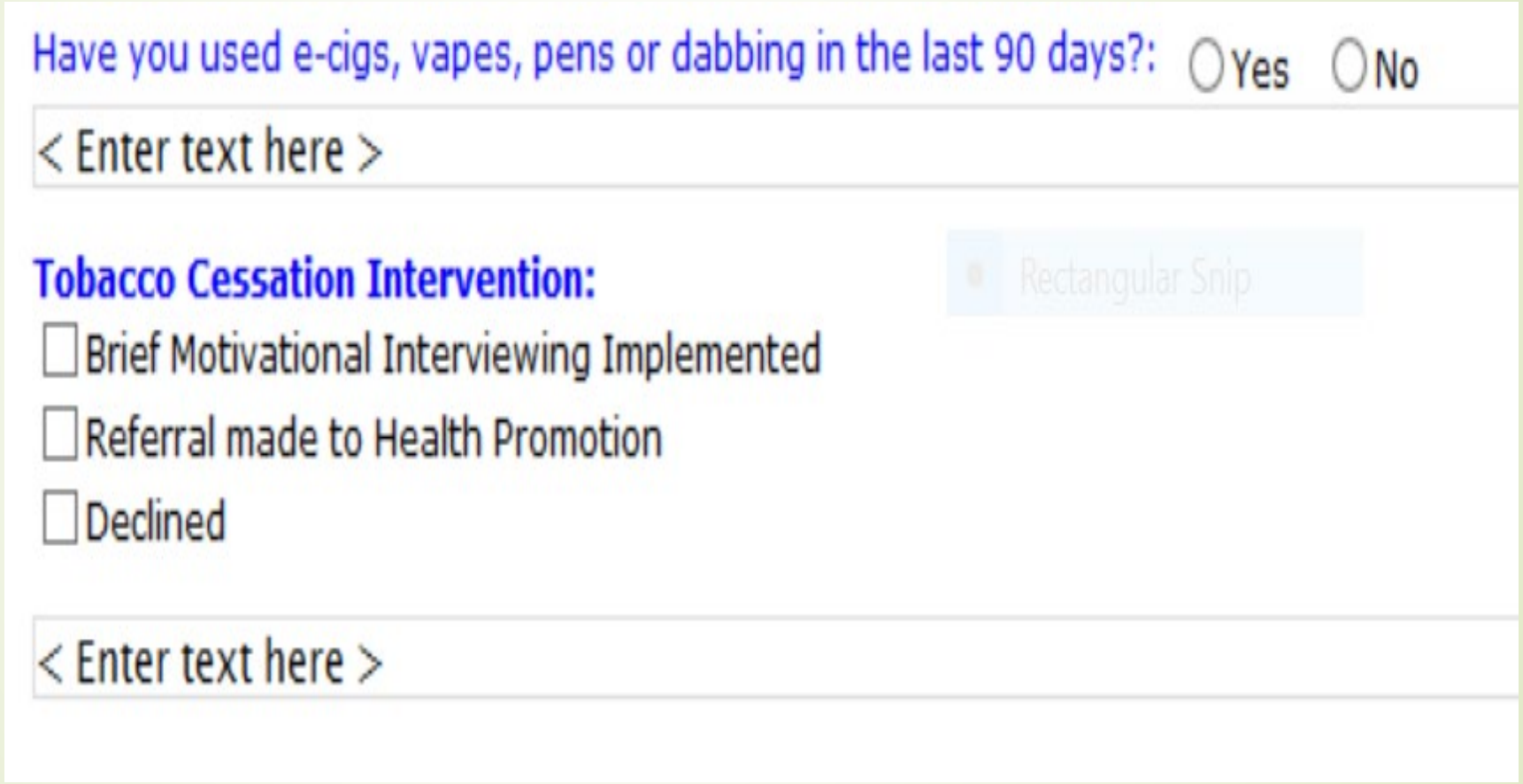
Measurement and Data Analysis

- Electronic Health Record included:
  - Past 90 day ever use of electronic cigarettes, vapes, pens or dabs
  - Check Box for student SBIRT was delivered
  - Check Box that student was referred to Health Promotion at the Wellness Center for further support
  - All Data from Electronic Health Record and survey were de-identified

Measurement and Data Analysis

- Pre and Post Training Survey
  - Adapted from surveys used in SBIRT training curriculum funded by SAMSHA
  - Measures knowledge, attitudes and behavior of the RNs and APRNs of SBIRT and electronic cigarettes on a Likert scale
  - Pencil/paper surveys given to staff before and after training; staff placed in anonymous box in separate room
  - Paired samples t-tests evaluated the differences between the pre and post surveys

Electronic Health Record



Electronic Health Record Data

SBIRT Electronic Cigarette Electronic Health Record Data Data for 6-week SBIRT intervention		
Student Data	N	%
Visits primary care	768	-
Electronic cigarette, vapes, pens, dabs past 90 use	103	13.41
Combustible cigarette smoker	38	4.94
SBIRT interventions	80	10.41
Number of referrals to health educator	36	4.68
Number of completed referrals	0	-

Survey Results: Pre/Post Surveys

Objective questions and 5- point Likert scale

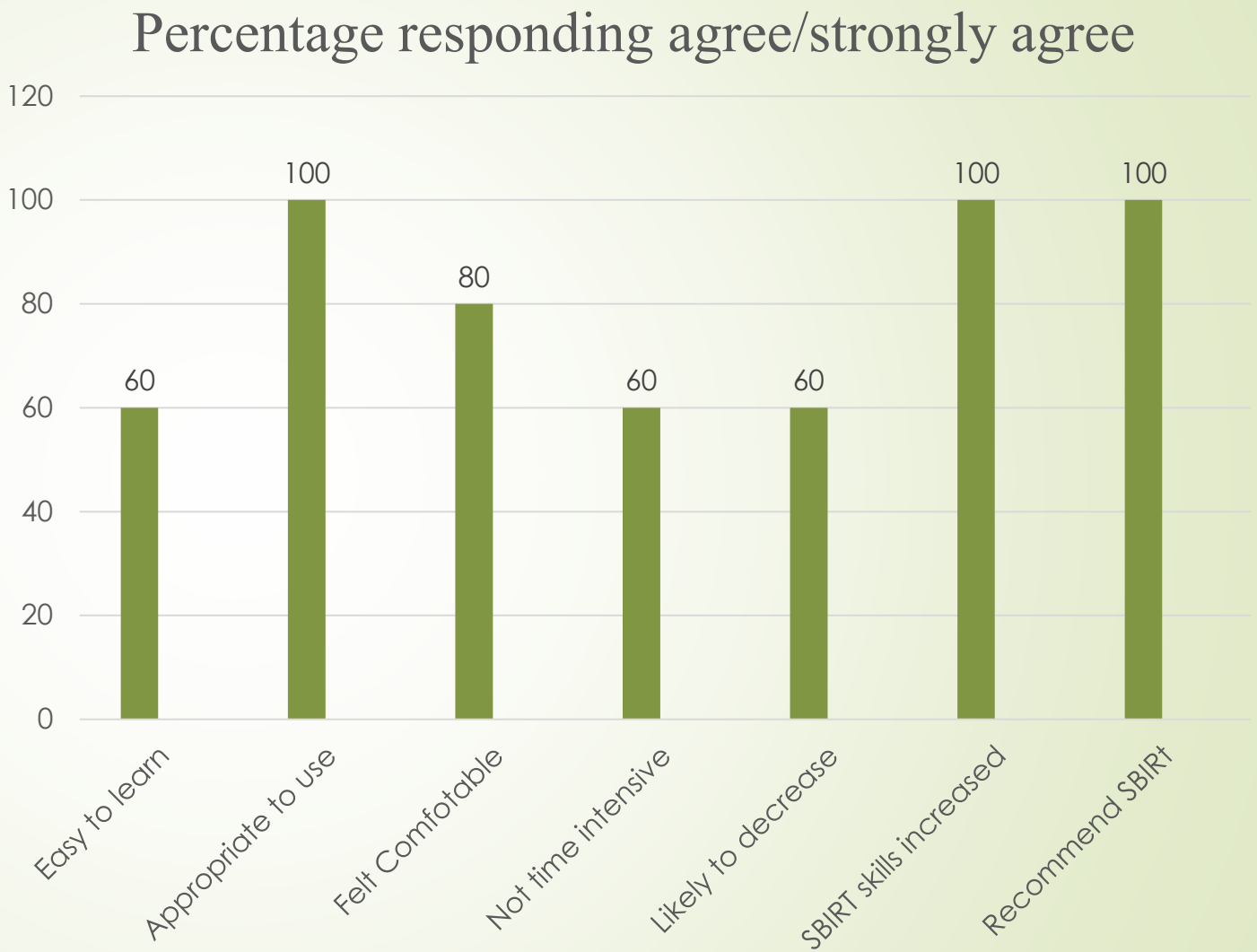
1=no responsibility, no confidence, strongly disagree

5=major responsibility, high confidence, strongly agree

Dependent sample *t* test, SD of diff=standard deviation of difference, n=7

	Pre-mean	Post mean	SD of Diff	t	p value
Knowledge	9.000	11.286	1.113	-5.435	.002
Responsibility	23.143	23.714	2.936	-.515	.625
Confidence	19.286	23.714	5.159	-2.271	.064
Attitude	25.571	27.00	3.780	-1.000	.356

Post Project Survey Results



Outcomes

- Staff increased their knowledge of SBIRT and its impact on people using or misusing substances
- Staff increased their knowledge of electronic cigarettes and potential health consequences
- Staff expressed a willingness to apply SBIRT in an integrated college health setting

Limitations

- Biased convenience sample
  - All participants were nurses employed at the center
  - Nurses may have felt coresion
- Lack of completed referrals to health promotion
- COVID-19 interruption

Implications for Practice

- Demonstrates the utility of using SBIRT with evolving substances
- Capability of transference of skills to other substances
- Helping students to quit could impact future use of combustible tobacco

Questions and Feedback

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THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

COLLEGE OF NURSING

Supporting Nursing Faculty Wellness and Self-care Using an Annual Goals Process

Mona Newsome Wicks, Ph.D., MSN, RN, FAAN
Sarah J. Rhoads, PhD, DNP, WHNP-BC, RNC-OB, APRN, FAAN, FAWHONN
Sherry S. Webb, DNSc, RN, CNL, NEA-BC

Thanks to our UTHSC College of Nursing faculty for embracing self-care as an essential component of our caring culture, role modeling this practice for our new faculty.

Introduction

- **Nursing Student Stress:** Widely documented and addressed
- **Nursing Faculty Stress:** Less studied, lacking sustained support
- **Current Data:** Higher stress levels in faculty compared to acute care colleagues
- **Academia:** Demanding, high-stakes, long hours, constant pressure

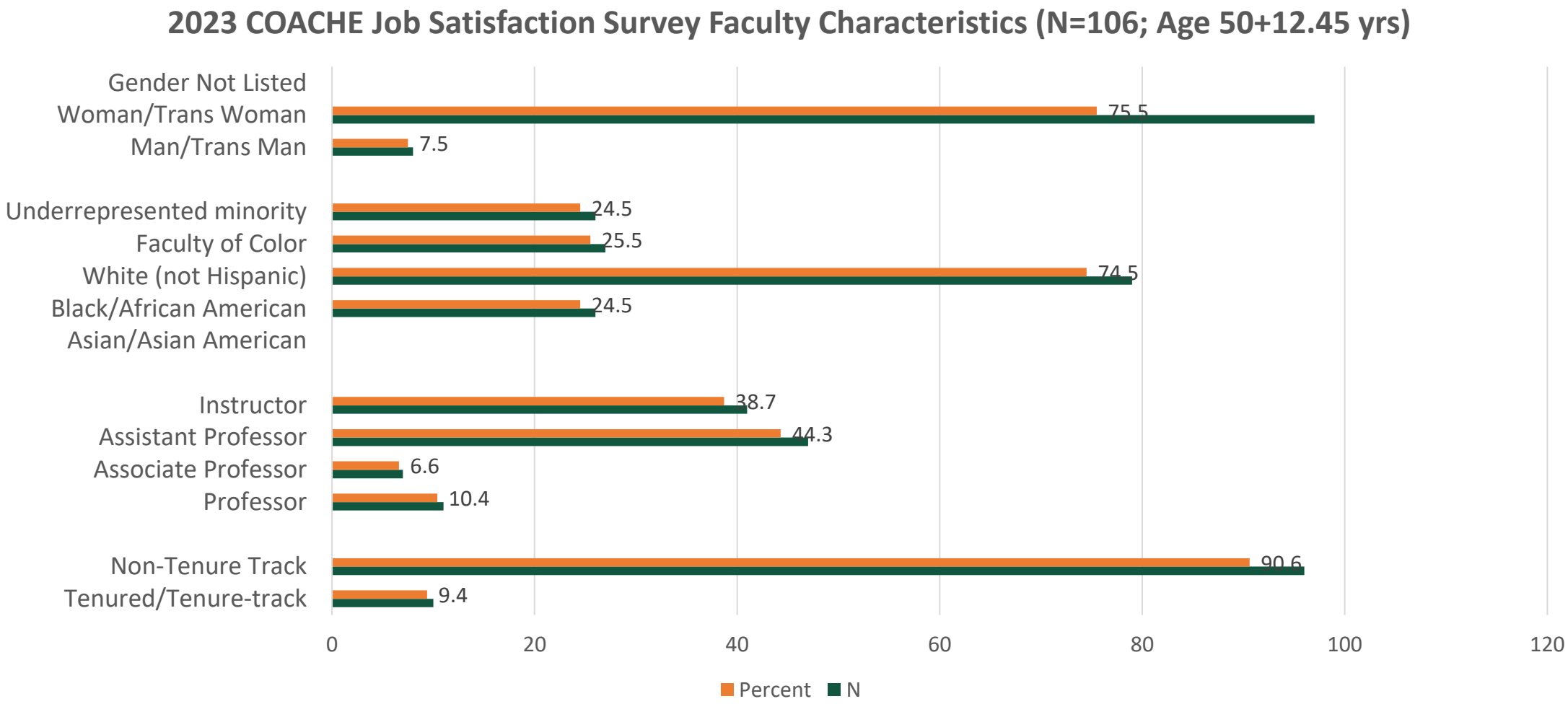
Impetus for Action – Culture of Caring

- **COVID 19**
  - "Work and home shoved under the same roof"[4]
- **Social justice issues**
  - Rise of Black Lives Matter movement and social justice issues
- **Faculty shortages, clinical site limitations, and aging professoriate**
  - Do more with less to meet societal needs
- **Changing student needs**
  - More depression, anxiety, need for accommodations, student performance challenges

The Initiative

- **2022 Implementation:** Faculty self-care goal in Annual Performance and Planning Review (APPR) **Objective:** Mitigate stress, improve retention and well-being, and prevent burnout.
- **Presentation Overview**
  - Brief faculty description
  - Goal and evaluation expectations
  - Participation rates
  - Examples of wellness/self-care activities
  - Reported benefits
  - Challenges and Limitations
  - Future Directions

UT Health Science Center College of Nursing Faculty



Goal and Evaluation Expectations

1. APPR Workshop each fall
2. Develop one SMART self-care goal
3. Self-care defined by faculty
4. Written self-assessment
5. Discussed at 90-120 min. APPR conference

Participation Rates

- 2023 rates were 100%
- 2024 rates, 2 faculty did not write a self-care goal
- Varying levels of goal success
- Revisit, reframe, and create incremental changes
- Willingness to persist

Examples of Self-care Activities

1. Attend church services at least twice monthly to enhance my spiritual wellbeing.
2. Reduce my intake of sodas to one every other day instead of daily, to improve my nutritional health during 2024.
3. Take short walks at work during my break at least three times weekly to increase physical activity levels.
4. Get up from my desk at least every 60 minutes every day to decrease prolonged periods of inactivity.
5. Schedule at least three personal long weekends this year to promote self care.

Reported Benefits

- Greater ability to focus.
- Better sleep quality.
- Able to manage work.
- More energy.
- Time with family.
- Weight loss.
- Improved health indicators.

Feeling stressed? Check out the new massage chairs in the Quiet Room on the first floor of Crowe. You can reserve a spot by using this link.

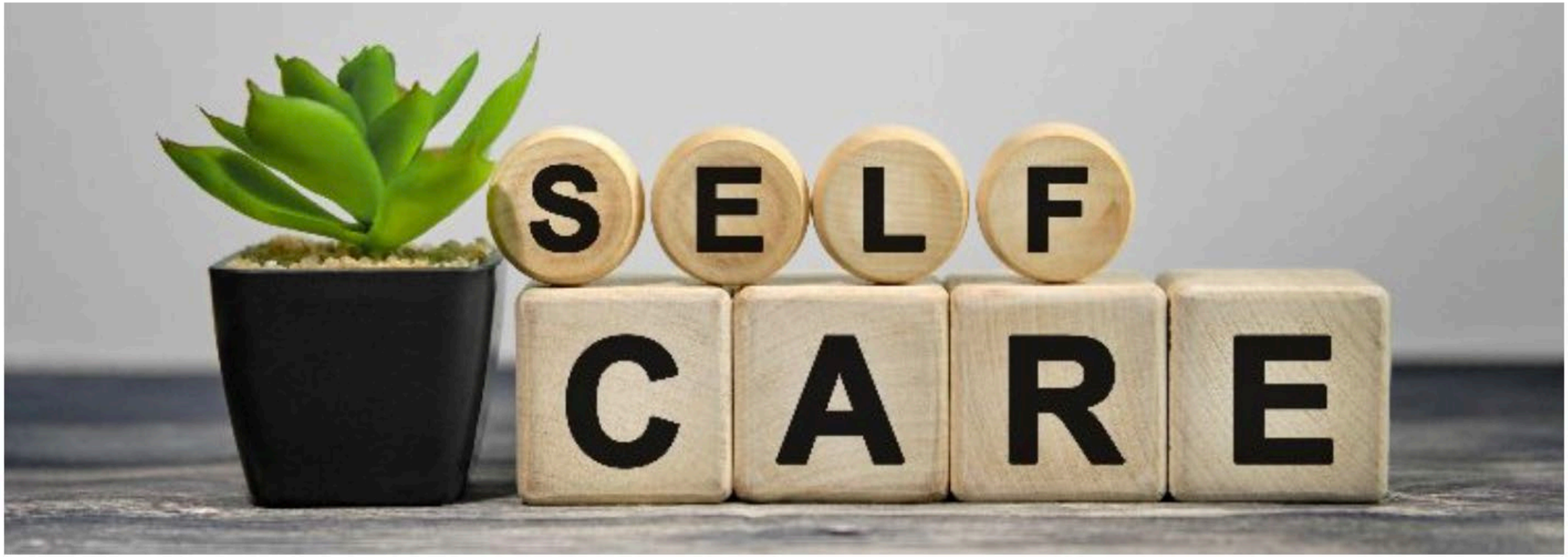
Challenges and Limitations

- **Ongoing challenges**
  - Persistent workload concerns
  - Perception of constant pressure to do more
  - Challenges with managing students in current environment
  - Complex, dynamic world around us
- **Limitations**
  - Did not formally measure work-life balance, stress levels, or job satisfaction
  - Opportunity to compare 2023 and 2024 COACHE Faculty Survey data

Future Directions

- **Continued Support:** Ongoing use of self-care goals to support faculty well-being
- **Expansion:** Plan to include staff in the performance process
- **Cultural Integration:** Affirming work-life balance as critical and dynamic
- **Open Discussions:** Managing stress and well-being through respectful dialogue

“I have come to believe that caring for myself is not self-indulgent. Caring for myself is an act of survival.” - Audre Lorde



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