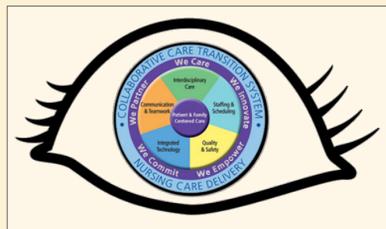




Look At the Stars in Our I(s): Translation of Nursing Narratives to Measurable Outcomes

Linda Bayer, BS, RN, CCRN; Margaret Felmlie, BS, RN, OCN; Dawn M. Hippensteel, MSN, RN-BC, CCRN; Penelope Greider, BSN, RN, CCRN; Elizabeth Rohrer, MSN, RN, CCRN; M. Lynn Shay, RN, OCN; Tamara Burket, MS, ACNS-BC, GCNS-BC, CCRN
Penn State Milton S. Hershey Medical Center, Hershey PA

Clinical Narratives tell stories in the first person, of how nurses daily combine science (EBP) and caring practices within Penn State Milton S. Hershey Medical Center's Care Delivery System to deliver best patient outcomes.



Objectives

1. Participants experience and celebrate the ways that nursing narratives articulate the caring contributions of individual nurses.
2. Participants will discuss how narratives translate to measurable patient, nurse-sensitive, and organizational outcomes.

Significance

Clinical storytelling makes visible the links between practice domains, the care delivery system, and individual practice behaviors. Clinical Ladder Program (CLP) nurses talk about ways that they, as individuals and team members, employ resources in real time to make practice interventions that promote:

- Evidence-based, family-centered care.
- Patient advocacy.
- Individualized patient/family teaching.
- Astute assessment.
- Critical thinking.
- Collaboration.
- Mentoring.
- Systems management.

"Each time, those who espouse only evidence—without narratives about real people—struggle to control the debate. Typically, they lose." Jason Karlawish
<http://scienceprogress.org/2011/11/the-importance-of-narrative-in-communicating-evidence-based-science/>

Narrative Statements Relating to Quantifiable Nurse Sensitive Outcomes Measures

Nurse Sensitive Outcome Measure	MAGGIE F-6 ACUTE Pt: DW	DAWN H-HVICU Pt.: GG/DE	PENNY G-PICU Pt.: KC	BETH R-PICU Pt.: MD	LYNN S-OP INFUSION Pt.: CW
Risk Reduction Safety	"He was a full quad, and he was worried and scared about getting out of bed. He was relieved after I brought our new lift in."	"Collaboration with RT,OT& PT to get GG out of bed was essential. We borrowed a lift from another unit to get him off his sacrum and improve his lung function."	"I rolled him several times to keep him off his back."	"I kept the Head of MD's crib up 30 degrees, performed good oral care every two hours, and coordinated suctioning with respiratory therapy to prevent VAP complications."	"She was less and less mobile, she was wet, and so sore. I talked to her family, and we put a Foley in for comfort, and to keep her clean and dry."
Attention Paid to Personal Needs	"DW and his Mom had many strict routines. I was able to incorporate these into his care plan and they were very relieved. It decreased their anxiety about the hospital, and increased his satisfaction."	I let his wife help however she could. She said, "I felt privileged to wash and massage my husband's legs and feet for his walk through heavens street, to care for his wounds so Christ would have less to heal".	"She (KC's Mom) cried, screamed, and expressed a multitude of emotions. I didn't say a word. I sat and listened for half an hour. After she composed herself, she stopped and stared at me. All she said then was "Thank you."	"MD's parents were from Ecuador and only spoke Spanish. Her mother qualified for breast feeding trays at the bedside. I took the time to pull up English-Spanish translation on Google to help fill out the menus for three days, so her mother would get meals over the weekend."	"I told her everything that would happen, and I let her roll, and help as much as possible."
How Well You Were Informed	"Once I explained things, DW and his family took an active part in daily rounds with doctors and nurses. They knew the plan, and knew their opinion counted."	DE's wife- "The nurse answered a thousand questions with professionalism and concern."	"By the end of the week KC's Mom felt competent and empowered to care for her son's ostomy, and she ended up taking complete care of it."	"I arranged to have a live translator at the bedside during rounds, especially when the neurologists came, so the family could participate in the plan of care and have all their questions answered."	"The family and the team came together. Positive outcomes for CW would be to be at home with her family, and for them all to keep her as independent as possible."
Skill Of Nurse	"DW gradually trusted me more. I made sure all the nurses would do their best to honor his routines while he was an inpatient."	DE's wife- "...her nursing skills were of the highest standards as she managed endless lines of IVs and still gave DE a shave."	"When I poked my head in the room he said 'I missed you all weekend. Can I have a hug? Come sit with me, I don't feel good.'"	"The faces of MD's parents relaxed and smiles appeared when they saw me come in the room even though her status had changed back to critical, she was deeply sedated and on multiple drips"	"She wasn't crazy about having a tube put there, but when I explained how it would make things easier, and a little more private later, she agreed to try it."
Instructions For Care At Home	"I incorporated discharge planning into his care the whole weekend. He was only here for the weekend, and we had to make sure they would be comfortable at home."	"The clinical head nurse made her a teaching binder where a schedule for home care needs were documented and accomplished by his wife prior to discharge."	"I printed resources from the internet and demonstrated how to change the ostomy bag, then she showed me how."	"I involved our social worker and Care coordinator early on because I knew MD would require follow up services like early intervention, OT, PT and possibly home nursing care."	"I taught her family about Foley catheter care, how to use the leg bag, and the night bag, and how to keep the bag below the bladder since she is always in the bed or wheelchair."
How Well Your Pain Was Controlled	"DW required IV pain medicine to control his pain initially, but by assessing his pain level frequently and routinely, I got him transitioned to an oral regimen for home, and he was comfortable."	"I watched for the furrowing of his brow, any slight moan, and any increase in heart rate and blood pressure that would indicate his discomfort when I moved him."	"I could tell by looking at the monitors when he was in pain...it was decided that he would get a PCA pump so he could somewhat control his own pain. It was important since that was about all he could control."	"MD was a sedation level 3 so she could be awake on the ventilator. I knew by her agitation, increased HR and BP we needed to increase her Fentanyl drip so she could be comfortably awake and work on breathing."	"Her pain score was reduced from 7 to 3, just by taking care of her sore bottom."
Nurse Satisfaction	"DW's care was time consuming. I could not have done it without our 4:1 ratio. I made sure he got the care he wanted and deserved."	"Writing the narrative gave me a greater appreciation for what I do every day. Patient remarks are used as evidence, and it makes everyone recognize a job well done."	"I love working in the PICU because everyday it brings a new challenge."	"Knowing I helped this family feel like they were part of the team caring for their daughter despite the language barrier gave me a great sense of satisfaction."	"Everyone left feeling a little more comfortable and encouraged. I felt like that little catheter was going to be a big help!"



Sample Narrative: J.C. By Linda Bayer, BS, RN, CCRN OP HVOU

JC was scheduled for a cardiac catheterization with possible intervention. She came into the unit smiling, beautiful platinum blonde locks, almost 5 years old. I learned she was having a princess party next week. JC was accompanied by her parents. I started with the usual height and weight, followed by the quick assessment and baseline vital signs. JC had no contraindications for her procedure, so I gave a sedative in order to get an IV and pre-op blood work. JC was noted to have decreased saturations, but I discerned that was her baseline. I have to quickly decide what is the baseline for lots of our cardiac kids, and be especially vigilant so I can recognize trouble if it comes. This all went rather smoothly as I continued collecting information for the admission assessment. I gave the family a brief overview of the day I let JC and her family pick out her meals, this gives them some sense of control. JC went back pretty early for her procedure. I gave the family a beeper so they could come back before JC did. Once the lab calls to say the procedure is complete, it takes about 20-40 minutes until the child comes back to the floor. JC had her sheaths pulled in the lab so additional sedation could be given in a more controlled environment. The cath was done from the hepatic vein, and confirmed that both venous access sites from the leg were occluded. JC had a pretty uneventful afternoon. She mostly slept and took some po fluids. She voided and I drew her HCT. I remember giving report and waiting for the HCT to come back. It wasn't back before the end of my shift. I reported I was a little concerned about her urinary output and slightly elevated heart rate. I went to yoga class at UPC and then checked on the HCT before I left campus. It was lower than I liked to see, but okay. The next day I was expecting to go into work and begin prep work for JC's discharge. As I arrived, I could see that blood was being hung. I went in to check JC and get report. The HCT was no better this morning. The child's HR and RR continued to be elevated. The plan was to give JC some volume, a CXR and lateral decubitus films, and get an abdominal US. Dad had spent the night with JC. I let him know about the studies and started to make the calls to arrange times. I would need to accompany this child and needed to plan time off the unit. Fortunately, there were no time conflicts with the rest of the team. I called x-ray to get the first part of the studies completed. They got us in right away, I packed up what we needed for transport and scooted over. The films were done quickly, and there literally appeared to be a puddle in her lungs. That explained her HR and RR. I then escorted JC and her Dad down to ultrasound. JC didn't like all the pushing on her belly, and this was taking some time. All the while, Dad and I were trying to keep JC calm and in good spirits. We talked about upcoming events. JC liked talking about her birthday party, and she held her oxygen sats. A bleed was ruled out, and we went back to the unit. I texted her Doc to let him know that films were completed. JC would be admitted and may get a lung tap. When I relayed this to the family, our hearts all had a letdown. We had started the day hoping to go home and ended up knowing it was best to stay. I called for a 7IMC bed. The resident put the orders in the system. I quickly reviewed them but the medications were incorrect. I asked her to rewrite them. We got a bed assignment, around 11:00 am. I gave report and took JC upstairs. I kept track of her, she went home in 48 hours. JC never did have a lung tap. The blood transfusion had boosted her HCT, and her pleural effusion had been reabsorbed. Happy Birthday to JC, you made it home for your princess party!

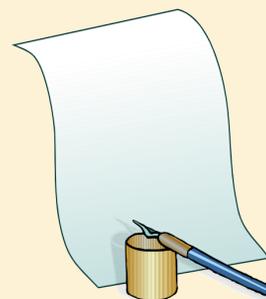
Description

CLP narratives enable nurses to express clinical behaviors and their direct impact on patient, nurse-sensitive, and organizational outcomes. The experienced CLP reader is able to recognize and describe embedded patient care outcomes. Outcomes are imparted within the nursing narrative, and often include:

- Risk reduction for adverse events such as falls, infections, pressure ulcers, and failure to rescue.
- Improved symptom management.
- Increased patient satisfaction.
- Increased nurse satisfaction.

Implications For Practice

- Clinical narratives highlight positive outcomes for individual patients and for collaborative system-wide care delivery.
- The narrative remains an important means to exemplify and reward the best of nursing's contribution to patient, nurse-sensitive, and organizational outcomes.



References

- American Nurses Credentialing Center. (2005). *Application manual: Magnet Recognition Program*. Silver Spring, MD. Author.
American Nurses Credentialing Center. (2008). *Application manual: Magnet Recognition Program*. Silver Spring, MD. Author.
Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
Bjork, I. T., Hanson, B. S., Samdal, G. B., Torstad, S., & Hamilton, G. A. (2007). Evaluation of clinical ladder participation in Norway. *Journal of Nursing Scholarship*, 39(1), 88-94.
Drenkard, K. & Swartwout, E. (2005). Effectiveness of a clinical ladder program. *Journal of Nursing Administration*, 35(11), 502-506.
Schoessler, M., Akin, R., Boyd, R., Falconer, K., Kaiel, C., et al. (2005). Remodeling a clinical ladder: An action research design. *Journal of Nurses in Staff Development*, 21(5), 196-201.