Example a: “Hospital Acquired Pneumonia Prevention Initiative HAPPI-2” – Clinical Nurse Dissemination of Research to an Internal Audience

Clinical Nurse
Clinical Nurse Joshua McCullough, BSN, RN, CCRN partnered with Clinical Nurse Specialist Jennifer Elliott, MSN, APRN, ACNS-BC as co-investigator on a multi-site, national research study titled, “Hospital Acquired Pneumonia Prevention Initiative.” The purpose of the study was to examine the incidence of non-ventilator hospital-associated pneumonia (NV-HAP) using standardized metrics and contributing factors. The study received expedited approval from the WakeMed Health & Hospitals Institutional Review Board (IRB) on August 5, 2015. The study was conducted from August 2015 to April 2016, and was completed and closed on December 29, 2016. (Evidence NK2a-1, IRB Approval Letter)

WakeMed Nursing Research Study
A retrospective chart review was conducted from August 5, 2015 through April 2016 on data from patient records from January 1, 2014 through December 30, 2014. A two-step screening process was completed to ensure all included cases met the Centers for Disease Control and Prevention’s (CDC) case definition of hospital-acquired pneumonia. First, all patients with an ICD-9 codes for pneumonia, not present on admission were extracted, for a total of 259 patients; next, each chart was reviewed and compared to the 2013 CDC case definition for NV-HAP, resulting in a total of 40 qualifying patients. In addition to demographics, the researchers collected the usual care practices in the 24 hours prior to onset of NV-HAP. De-identified data was entered in the REDCap data system.

Elliott and McCullough identified 40 patients who met the described criteria for NV-HAP. Most NVHAP cases were acquired in ICU (40%), and 13.6% required transfer to the ICU. They assessed the documentation of fundamental hospital care in the 24 hours prior to the NVHAP diagnosis. The results from the chart review were as follows: oral
care $\geq$ 2 times 27.3%, out of bed activity 29.7% (excludes cases in which mobility was not allowed), incentive spirometer use 15.9% and pulmonary hygiene 25%. This data revealed opportunities to address missed nursing care at WakeMed. Participation in this multi-site study aligned with organizational goals to lead in quality outcomes and patient safety by providing the opportunity to contribute to the most current evidence related to NV-HAP.

Dissemination to Internal Audience
The research results from the 21 participating hospitals were published by Dian Baker, PhD, RN and Barbara Quinn, MS, RN in American Journal of Infection Control (2017). (Evidence NK2a-2, Published Journal Article) Three journal clubs, called Looking at the Literature, were offered at WakeMed, on July 16, July 23 and July 26, 2018 to share the results of this national study, including the findings from WakeMed. (Evidence NK2a-3, Nursing Education Flyer)

The discussion at the journal clubs was facilitated by Clinical Nurses Hunter Rogers, RN, 6C Surgery & Trauma; Amanda Phillips, MSN, RN, ACCNS-AG, CCRN, Medical Intensive Care Unit; and Jason Strother, RN, 6B Orthopedics & Oncology, along with Elliott and Nursing Education Specialist Kim Laurent, MSN, RN, CCRN-K, CNE. A total of 10 nurses participated in the three journal clubs. In addition, Rogers and Elliott facilitated the journal club at the Clinical Nurse Council (CNC) on October 4, 2018, attended by a total of 80 clinical nurses. (Evidence NK2a-4, CNC Agenda) (Evidence NK2a-5, Nursing Education Journal Club Rosters and Evaluations)