Happy New year! The Baylor Health Care System and Baylor University School of Nursing welcomes you to join us Wednesday March 27, 2013, at The Dallas Arboretum and Botanical Garden for our Growing Nursing Knowledge: 2013 Evidence Based Practice and Research Summit. Registration deadline was January 17, 2013, and we are pleased to say we have met our goal of attendees.

We have a special keynote presentation, provided by Dr. Alyce Schultz of Bozeman, MT who is an expert in Evidence-Based Practice and Research.

The 2nd Evidence Based Practice and Research Summit is hosted by Baylor Health Care System Department of Nursing Research.

We look forward to seeing you in March!!!

Thank you,
Dr. Susan Houston, PhD, RN, FAAN, NEA-BC

Featuring- TCU EBP 2012 Fellowship Abstracts

- Ann Jones-Brown-Baylor Regional Medical Center Grapevine
- Brianna Hawkins-Baylor Regional Medical Center Grapevine
- Sarah Roffler-Baylor University Medical Center
- Katrina Page-Baylor University Medical Center

In dwelling on the importance of sound observation, it must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and increasing health and comfort.”

—Florence Nightingale
Methicillin-resistant Staphylococcus aureus (MRSA)

PI: Ann J. Brown, RN, BSN
Baylor Medical Center Grapevine

BACKGROUND: Methicillin-resistant Staphylococcus aureus (MRSA) continues to be a health concern among hospitalized patients. There are two major types of MRSA infections, healthcare associated and community-associated. In hospitals across the United States, patients are routinely screened for MRSA upon admission using nasal swab cultures. If the nasal swab is positive the patient is placed in isolation. A literature review using PubMed, Centers for Disease Control.org, OVID, and CINAHL was performed to understand the scope of the problem with MRSA infections in hospitalized patients in the United States.

PROBLEM: A problem exists when a patient with a history of MRSA is admitted to the hospital and placed in isolation when nasal swabs are negative and there are no open wounds. The purpose of this project was to determine if patients with a history of MRSA should be placed in isolation on subsequent hospital admissions.

PICO Question: Is it necessary to place all adult patients in a critical care setting into isolation for a history of MRSA infection?

DESIGN: A retrospective review of 837 medical records was obtained from January 1, 2012 through July 31, 2012.

SETTING: A 20 bed critical care unit in a hospital in North Texas.

RESULTS: After reviewing 837 medical records from January 1, 2012 till July 31, 2012, it was revealed that 28 patients, or 3.34% had positive nasal swabs. Twenty six patients, or 3.11%, lived in a Long Term Care Facility, had some type of wound such as a percutaneous endoscopic gastrostomy tube, performed self-catheterizations, or were admitted with a diagnosis of sepsis. Two patients, or 0.24% with positive MRSA nasal swabs lived at home and were considered low risk.
Relax! Decreasing Burnout in the ICU Nurse

PI: Katrina Page, BSN, RN
Baylor University Medical Center

High patient acuity, long work hours, as well as physical and emotional demands play a key role in the levels of nursing stress and burnout which is directly related to quality of care and employee satisfaction and turnover. Does relaxation therapy decrease nursing burnout in the Intensive Care Unit (ICU)? An online search was performed for articles related to interventions to help decrease nursing burnout. A relaxation room was set up for nursing staff to utilize for 15 minute breaks during their shift. A total of 20 ICU registered nurses and nursing assistants were surveyed using the Maslach Burnout Inventory for levels of pre-intervention nursing burnout. 9 returned for the relaxation room and completed the same tool. The pre-intervention data indicated that 80% experienced moderate to high levels of nursing burnout. The post-intervention data indicated that 67% experienced moderate to high levels of nursing burnout. Although the relaxation room did show improvement in culture as a whole there appear to be just two obstacles to overcome to embrace the needed time for relaxation. Burnout can lead to low morale and high turnover for employees, and it can also cause problems in their personal lives such as alcohol and drug abuse and depression (Maslach & Leiter, 1997). More research on this topic is needed and is important in improving employee satisfaction-not just in the workplace, but in their home lives as well.
Don’t Aspirate When You Vaccinate

PI: Leora Patton, BSN, CCRN
Baylor All Saints Medical Center

My project was to assess staff’s current practice of IM vaccine administration, provide teaching on current EBP recommendations on IM administration of vaccines, and assess staff’s willingness to change practice. Updating staff on current EBP recommendations is an important part of contributing to optimal patient outcomes, and applying EBP is an expectation for every nurse. Center of Disease Control (CDC) recommendations are that staff who administers vaccinations should be knowledgeable in current clinical guidelines for administration, including that aspiration with administration of IM immunizations is not required.

An article discussing staff’s awareness of the change in recommendations to not aspirate during IM administration of vaccines prompted a literature search that showed high level of reliable evidence not to aspirate prior to IM immunization administration. A survey was sent to nurses asking “Do you aspirate with IM immunization injections?” The overwhelming majority of staff answered “yes”.

An education poster was presented to staff listing the survey results, recommendations of the APA and CDC, and table of evidence from the literature search. Staff was asked to complete an anonymous evaluation that included the questions “Does the poster provide enough evidence to support a practice change of no aspiration with IM immunizations?”

The majority of participants stated on the evaluation that the evidence based practice reviewed in the poster supported making a practice change of no aspiration with IM immunizations.
PI: Brianna Hawkins  
Baylor Regional Medical Center Grapevine

**Problem:** Adverse events occurring outside of the intensive care unit are associated with increased morbidity and mortality. Cardiopulmonary arrests are commonly preceded by observable signs of deterioration up to eight hours prior to the event. The role of the nurse in early identification of abnormal physiological signs and appropriate interventions are key factors in preventing adverse events.

**PICO Question:** Would the implementation of an early warning system decrease adverse patient events and unscheduled admissions to the intensive care unit for patients on a telemetry unit?

**Knowledge translation:** Using key words adverse events, assessment, nursing, cardiac arrest, early warning system and medical emergency teams, a search was performed using CINAHL, Pubmed, and OVID. Research and non-research articles were obtained. A summary of the research reveals that patients often show clear physiological indicators of deterioration preceding an adverse event. Nursing assessment and appropriate interventions utilizing clinical indicators of physiological dysfunction are influential in identifying and preventing adverse events.

**Method:** Pre data was collected on the number of rapid response calls, unscheduled critical care transfers and code blue events in the three months prior to instrument implementation. An Early Response System was developed and introduced to the nursing and ancillary staff on the telemetry units. Education was conducted by power point, poster and individual instruction.

**Study Findings:** Three months following the implementation of the Early Response System the number of rapid response calls was reduced by sixty nine percent. The number of unscheduled transfers to critical care was reduced by eighty six percent.
February 27 to March 2, 2013 - The Peabody Hotel, Little Rock, Arkansas

20-22 February 2013 — Iowa City, Iowa, USA
The University of Iowa Hospitals and Clinics' Department of Nursing Research and Evidence-Based Practice presents Advanced Practice Institute: Promoting Adoption of Evidence-Based Practice. The purpose of this Institute is to educate nursing leaders to guide colleagues and staff in the integration of evidence-based knowledge into practice. Learning is facilitated through a small group focus with a combination of group discussion, didactic sharing, facilitated work time, networking, and consultation. Objectives include identifying strategies for implementation of evidence-based practice changes in complex health care systems, learning the organizational infrastructure necessary for EBP, utilizing UIHC's new implementation guidebook "Evidence-Based Practice Building Blocks: Comprehensive Strategies, Tools, and Tips", learning methods to sustain EBP, strategizing how to train other nurses, and developing a specific EBP clinical topic. E-mail: grace-rempel@uiowa.edu

7-10 March 2013 — Chicago, Ill., USA
Midwest Nursing Research Society presents MNRS 2013 Annual Research Conference "Living Well with Chronic Conditions: Implications for Nursing Science." The Midwest Nursing Research Society will hold its 37th Annual Research Conference in Chicago, Illinois. The conference will begin with pre-conference workshops on Thursday, March 7th and end on Sunday, March 10th. Join your colleagues at this important event to celebrate 37 years of supporting, encouraging and improving the quality of nursing research.
Email: aschrier@mnrs.org

46th Annual Communicating Nursing Research Conference
Western Institute of Nursing
Creating a Shared Future of Nursing: Research, Practice, and Education
April 10-13, 2013
Disneyland Hotel, Anaheim, California

Midwest Nursing Research Society (MNRS) 37th Annual Research Conference
Living Well with Chronic Conditions: Implications for Nursing Science
March 7-10, 2013
Chicago Marriott Downtown Magnificent Mile, Chicago, IL

25th Annual Scientific Sessions
Nursing Research: A Bridge to the Future of Healthcare
Celebrating 25 Years of Eastern Nursing Research Society
April 17-19, 2013
Renaissance Boston Waterfront Hotel
Boston, MA
The Cardiovascular Research Review Committee (CVRRC) is currently accepting applications for funding investigator initiated cardiovascular research. The committee will meet in April 2013 with awards to follow in May. Applications for well-constructed research projects not otherwise funded with the goal of improving clinical care and/or knowledge in all fields of cardiology and vascular medicine are welcome. Nursing and cardiac rehabilitation applications are encouraged as well.

Applicants must attend to present their research proposals Wednesday, April 3rd between 5:00 pm and 8:00 pm in the Folsom Room of 17 Roberts on the BUMC campus. You may submit more than one proposal. Maximum award for a grant is $75,000.

**Proposals are due by Wednesday, March 6, 2013.**

For an application or further information, please contact Beverlee Warren at (214) 820-7341 or email beverlew@baylorhealth.edu

**Sigma Theta Tau International/Emergency Nurses’ Association Foundation Grant**

- **Grants available:** 1 per year
- **Funding:** $6,000 (max)
- **Deadline:** 1 March 2013
- **Funding date:** August 2013

**Sigma Theta Tau International/ Beta Alpha Chapter Nursing Research Award**

- **Award:** 1 available
- **Funding:** $1,500
- **Deadline:** 1 February 2013

**Sigma Theta Tau International/Hogstel Gerontological Nursing Research Award**

- **Award:** 1 award or allocated between two proposals
- **Funding:** $2,200
- **Deadline:** 1 February 2013

**Agency for Healthcare Research and Quality**

- **PA 12-240 Health Services Demonstration and Dissemination Projects for Prevention and Management of Healthcare-Associated Infections (R18)**
  - Cycle II Due Date May 25 annually
  - Cycle III Due Date September 25 annually

Grant$$$$
PA 12-241 Large Research Projects for Prevention and Management of Healthcare-Associated Infections (R01)
Cycle I Due Date-February 5 annually
Cycle II Due Date June 5 annually
Cycle III Due Date October 5 annually

Environment of Elder Care Nursing Research Grant (available in 2013)

**Purpose:** The Environment of Elder Care Nursing Research Grant co-sponsored by Hill-Rom will advance the science of nursing through research focused on critical aspects of elder care including clear lungs, no falls, safe skin, patient comfort and ease-of-use. Applications from novice researchers who have received no other national research funds are encouraged. Preference will be given to Sigma Theta Tau International members, other qualifications being equal.

**Amount:** up to $9,000
NRC Contacts at Your Facility

All Saints and Southwest
Fort Worth
Suzy Lockwood, PhD, RN, MSN, OCN, CHPN
Suzanne.Lockwood@Baylorhealth.edu
(817)-922-2167

Baylor Garland
Ruth Robert, RN, MSN, FNPC, CMSRN, PCCN
Ruth.Robert@Baylorhealth.edu
(972)-487-5329

Baylor Grapevine
Becky Phillips, PhD, RN
Rebecca.Phillips@Baylorhealth.edu
(817)-329-4092

Baylor Irving
Penny Huddleston, MSN, RN, CCRN
PennyHu@baylorhealth.edu
(972)579-8172

Baylor Heart and Vascular Hospital
Mary Muldoon, RN-BC, CEPS
Mary.Muldoon@Baylorhealth.edu
(214)-820-0140

Tara Byxbe, BSN RN-BC
Tara.Byxbe@Baylorhealth.edu

Baylor Plano
Eileen Flanagan, RN-BC, MSN
EileenF@baylorhealth.edu
(469)-814-6880

Baylor Carrollton
Theresa Kaplan, MSN, RN
Theresa.Kaplan@Baylorhealth.edu
(972)-394-2318

OCH and BSH
Susan Houston, PhD, RN, FAAN, NEA-BC
Susan.Houston@Baylorhealth.edu
(912)-272-9012

THHBP
Alaina Cyr, BSN, RN, CAPA, NE –BC
Alaina.Cyr@Baylorhealth.edu
(469)-814-4627

Baylor McKinney
Linda Tjong, RN, MSN, DBA
Linda.Tjong@baylorhealth.edu
(214)-265-3636

Baylor Waxahachie
Suzanne Crumpton, RN
Suzanne.Crumpton@baylorhealth.edu

Baylor Institute for Rehabilitation
Beth Hudson MS, RN, CRRN
bhudson@bir-rehab.com
214-820-9977

BUMC
Marygrace Leveille, PhD, RN, ACNP-BC
Marygrace.Leveille@baylorhealth.edu
(214)-476-4597
Contact the BHCS Nursing Research Department

Susan Houston, PhD, RN, FAAN, NEA-BC
Director of Baylor Health Care System Nursing Research

Marygrace Leveille, PhD, RN, ACNP-BC
Nurse Scientist for Baylor University Medical Center

Rosalinda Soto
Administrative Assistant
Nursing Research / Nursing Policy and Procedure

Morgan Grant, BS
Outcomes Data Analyst
Nursing Research

“The outcome of any serious research can only be to make two questions grow where only one grew before.”
—Thorstein Verblen