Post-Conference Activities
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Activity #1

Sample Assignment
Go to the website www.hospitalcompare.hhs.gov
Search Medical Conditions Pneumonia Look at the Survey of patient's hospital experience or Pneumonia Process of Care Measures. Find something with a low score and something with a high score. Explain rationale; give evidence of what you see at Beverly to explain both the high score on a particular item and a low score on a particular item. For instance, only 61% of patients reported that staff "always" explained about medicines before giving it to them. This means side-effects, their dose, why they are taking the med, etc. "all the stuff I make you do!" I think this might be low because nurses are rushed and they are not taking the time to go over this. Maybe this information needs to be shared with the nurses and problem-solving can begin on how best to raise the score. Maybe an in-service on how to educate patient's about their meds. or simply asking do you understand the medications I gave you and do you have any questions of why you are on them after each administration might clarify things for patients. Choose Beverly Hospital/ Massachusetts. If you are feeling very ambitious, you can compare Beverly to another hospital on a certain measure, maybe a hospital you are familiar with and you can talk about the differences you see at the two different institutions.

Sample Responses
Student1:
Low Percentage--Only 48% of patients reported that the area around their room was always quiet at night. I think that this is something ignored by nurses often. Yes, nurses are always doing something (vitals, giving meds, checking on pts, talking to staff) but that does not mean that attempts can't be made to be quieter for the sake of the patients. If you think about it, as a patient, you are already in an unfamiliar environment, wearing clothes that are not yours, eating food that you didn't make, sleeping in a bed that many others have slept in, meeting with nurses, doctors, counselors, and social workers, being asked the same questions over and over--it is exhausting to be a patient! Night time is the only time a patient has to relax and sleep, and so to constantly hear noises must be frustrating. Not getting enough sleep can alter the mood, attitude, and compliance of the patient to the medical staff, and so nurses and others should take this into account and should be courteous and talk quietly around patient doors, keep doors closed if it allows, and use as little unnecessary light as possible. The night time is mostly the only time that the patients' are not being bugged, so we should respect that and allow them.

High Percentage--81% of patients reported yes to that they were given information about what to do regarding recovery at home. I think that patient teaching is a crucial aspect of nursing. Patients' need to be told and explained every detail of recovery and lifestyle alterations that must be followed in order to ensure proper healing. Clear and concise directions are important because they should leave little to no question in the patients' mind. Proper teaching may help the patient from experiencing relapse or exacerbation, or anything of the sort that would put them back into the hospital. Visual, auditory, verbal, written, and demonstrated techniques all should be implemented towards recovery and discharge teaching. If directions are unclear or too difficult, then patient compliance will most likely be poor, and the patient will have not benefited from the previous hospital stay.

Student 2
High 81% (YES, they were given information about what to do during their recovery at home): Compared to all US hospitals (80%) and MA hospitals (85%), 81% of the patients who received care at Beverly hospital said that they were given the information that they needed regarding their recovery at home. I was glad to see that this area received a higher percentage of patient satisfaction because it is such an important part of patient recovery. If patients are not educated about what to do when they are discharged, they could suffer complications and even injury. This supports the things that we are constantly learning about the importance of patient teaching. In the hospital, the nurses role is to care for the patient and do the things that she knows are the right interventions. However, when the patient is ready for discharge, the nurse must teach the patient the things that he needs to do in order to recover. These instructions need to be individualized for each patient's condition and tailored appropriately. The patient should have all of the verbal and written instructions
that he needs to recover when he returns home. Although we are on a medical floor at Beverly Hospital and do not witness post-op teaching, I feel as though the nurses and CAs are very good about teaching patients what they will need to do to help their conditions when they leave the hospital. Measures such as teaching COPD patients about the frequent use of the incentive spirometer, teaching patients about how to use portable oxygen, and teaching patients how to take their medications correctly are things that we witness in clinical each week.

Low 62 (Percent of patients who reported that they "Always" received help as soon as they wanted.): Although 62% may not be alarmingly low, I feel as though this is still a survey that did not receive exceptional ratings. This survey involved how quickly patients received assistance when they used the call bell or needed to use the bathroom. I think that we all can agree that nurses, CAs, and even nursing students are very busy and sometimes take a bit to respond to call lights. Sometimes it is even the simple fact that you respond to the call bell as soon as you see it, not knowing how long it had been flashing for. In a perfect world, patients would be assisted the instant they required help and would not have to wait at all. This survey also depends on the patient and their perception of time. I can see why patients often do not receive care the instant they request it, yet I feel as though patients should be assisted more readily. Of course the nurses and other hospital personal will probably never reach 100% in the eyes of all patients. However, I think that 62% is a bit low for this situation. Although patients ring their call bells for simple situations, there are also emergencies that could potentially be overlooked if hospital staff does not respond in time. It is never easy to drop what you are doing and answer a call bell. However, students, CAs, and nurses should really work together and assist patients in the least time possible.

Activity #2

Sample Assignment
Instructor went to [www.qsen.com](http://www.qsen.com) and obtained Data-Mining Exercises for Bowel Elimination and Fluid/Electrolyte, Nutrition. Forms were given to the students and they spent two clinical days (between taking care of their patients, collecting the information for their (1) patient. The following thought provoking questions were also from the QSEN website. (Note: The instructor’s goals for this exercise were to help students see the value in data storage and retrieval through the use of informatics, how informatics is very much a part of the nurses job, and to illustrate for them how being able to find, interpret and use data does effect the care we provide as nurses. We spoke a little about electronic medical records and how imperative it is that nurses at all levels contribute to the design of such systems, so they work well for the end-users)

Now that your data collection is complete, I would like you to share with one another the information you gathered. Some questions for discussion.

1. What difficulties did you run into while gathering the information?
2. How might the data be used to improve the care of your patient?
3. How might the data, if they were collected on all of the patients on the unit, contribute to quality improvement?
4. Is there a different parameter we should "mine" to get more complete information on our patient?

Sample Student Response
1. There were quite a few obstacles I ran into while trying to mine for data on my patient. The first one being that after I started mining on my patient, she got discharged, which distracted me a little bit from the mining because I had to get her lunch, get her dressed and ready to go, take 12pm vitals, and do a page 2; so it was tough to try and finish my mining, and I also wanted to be complete and do the 2 mining packets on a patient that would be present for the 2 days that I was there for clinical; I guess it just shows the unpredictability of the hospital and how you have to be prepared for anything at any given time! Another difficulty I had was actually finding the information. Some of the lab values that were asked for, I had never seen before, so it was difficult for me to pick them out of a long list knowing which ones they were. I think that knowing where and what something stands for will come with a lot of practice and time.
2. With my first patient that I began the data mining on, the information could be very helpful because one of the reasons she was there was because she was dehydrated (electrolyte imbalance-related) and because she was hyperkalemic and hyponatremic. These are two especially important lab values that could be looked at and understood more in depth to treat the patient appropriately. For example, we as nurses could encourage her to stay away from potassium-rich foods such as bananas and citrus fruits, and we could encourage her to drink a lot of water to keep her hydrated, while also having her on D5W or even NS to get her Na+ values back up. With my second patient, the data mining came in very handy because I noticed that my patient had had little to no activity within the past 72 hours, and she also had not had a BM (at least none that were recorded or in nurses' notes) for 4 days; I brought this to the attention of my nurse. This kind of information could help improve care for my patient because she then may be given MOM or Colace to help her to have a BM.

3. I think that data mining can contribute to overall quality of care by bringing it to a nurses' attention that there may be common threads between a specific patients' visits to the hospital; perhaps patient teaching isn't strong enough, or perhaps not every patient need was met properly, and therefore the patient continues to get sick and needs medical attention. Basically, by looking at all of the information and lab values and history and medications that we did while data mining, nurses' can begin to put the pieces together as to why a patient may be feeling the way they do, or acting the way they do, and use specific nursing interventions to help correct the issues that arise. Data mining can improve the care of patients' because nurses can begin to learn more about the individual patient, and come to recognize common threads with the patient. This done on a mass scale would strengthen the relationship and knowledge of nurse to patient.

4. I think we covered a lot in the data mining packets we worked on...something else that may be interesting to look at is the side effects of the medications that the patients are on, which may explain their behavior or attitude. I bring this up because with my patient on Friday, she was extremely lethargic, sleeping a lot, and not wanting to really eat anything because she was so tired. The doctor came in and looked at her, and told me that the psych meds that she was on made her very tired, but that she should be coming around and waking up around 10am. With multiple attempts to wake her up, she still continued to sleep, and another CNA let me know that it wasn't normal for the patient to be that tired, and that she usually was very much awake and talking. After bringing it to my nurses' attention that my patient was sleeping for a long time and not wanting to eat, my nurse seemed not at all concerned by it, and when I mentioned that the doctor said it was most likely from the psych meds she had received, my nurse wasn't even aware that the patient was on such meds; this to me was a red flag that made me realize the importance of looking up the meds that a patient is on, the times that they were given, and the side effects, because this in turn can directly affect if the patient eats, and therefore voids or has a BM, and so on and so forth. And so, side effects of medications that the patient is on could possibly be another thing to "mine for"