A publication of the
IMPROVEMENT SCIENCE RESEARCH NETWORK ... improving patient outcomes

Network News

Improvement, Dissemination, and Implementation: A Journey to Meaningful Outcomes

The road to transformative change is a difficult journey. Due to the complex nature of healthcare, researchers and clinicians face several challenges when addressing quality and patient safety issues. These challenges range from identifying improvement strategies that work to implementing them into clinical practice. Despite the current efforts in identifying effective improvement strategies, scalability and spread still remains an issue. Recent reports indicate that the majority of known best practices never make it to the clinical setting. Many factors, including organizational context and setting, affect the successful adoption and sustainment of successful interventions.[1] This reality stresses the need for focused research efforts in fields of improvement, dissemination, and implementation science.

Research focused on systems, quality improvement programs, implementation of evidence-based recommendations and evaluation of outcomes is needed to successfully move knowledge into practice.

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ISRN Study is Answering the Call to Get to Zero

"Is is possible to reduce the number of medication errors to zero...?"

An ISRN study led by Steering Council member Lily Thomas, PhD, RN, and her academic partner, Patricia Donohue-Porter, PhD, RN, is answering the call in chasing zero. This study *Cognitive Load, Interruptions and Distractions on Medication Administration Errors,* will help answer the question of how and why medication errors occur. Is it possible to reduce the number of medication errors to zero in such a complex healthcare industry? In 2010, a television program on the Discovery Channel brought the issue of medical harm to the national audience. *Chasing Zero: Winning the War on Healthcare Harm* told the story of actor Dennis Quaid who almost lost his newborn twins due to a medical error. The systematic problem of medication errors requires understanding of not only the administration process, but also the contextual variables of hospital centered on patient safety as well as communication.

It is estimated that medical errors cost the nation approximately $37.6 billion each year, of which $17 billion are associated with preventable errors. About half of the $17 billion expended on preventable medical errors is for direct healthcare costs.[3] The magnitude of the problem is not projected fully as estimates of medication error prevalence are inaccurate.[2] Many errors cause no harm and remain undetected since, traditionally, healthcare's focus has been on errors that cause harm (important errors).[2] Approximately five percent of important errors are reported.[6] This gross underreporting combined with variation in detection methods results in an incomplete understanding of the impact and harm to patients.[2]

"It is estimated that medical errors cost the nation approximately $37.6 billion each year..."

Although it is known that current reports underestimate the problem, the estimated impact of medication errors is alarming. The estimated costs of treating drug-related injuries occurring in hospitals alone conservatively amount to $3.5 billion a year; this does not account for lost wages and productivity or additional healthcare costs.[4] Other reports

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Improvement, Dissemination, and Implementation: A Journey to Meaningful Outcomes

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To do this, improvement, dissemination, and implementation scientists need common research strategies to help narrow the gap between knowing and doing. These strategies include scaling up from local/regional levels to a national platform, creating partnerships between clinicians and scientists for relevancy and rigor, and utilizing best practices in collaboration to increase efficiency and effectiveness of research studies.

"In order for research efforts to be effective, appropriate funding mechanisms, strong research infrastructures, and opportunities for engagement need to be in place."

Implementation and dissemination research represents a shift in translational research from discovery and intervention testing. In order for research efforts to be effective, appropriate funding mechanisms, strong research infrastructures, and opportunities for engagement need to be in place. Currently, biomedical and behavioral research accounts for the majority of federally funded projects with a small percentage going to dissemination and implementation research.[1] The reach and impact of effective improvement strategies is greatly impacted without funding to support long-term implementation and dissemination research.

Your involvement and commitment to transformative change is key to promoting these fields of science and changing the current funding climate. Visit ISRN.net for ways you can get involved.

[1]Glasgow, R. E., Vinson, C., Chambers, D., Khoury, M. J., Kaplan, R. M., & Hunter, C. (2012). National Institutes of Health approaches to dissemination and implementation science: Current and future directions. American Journal of Public Health, 102(7), 1274-1281.

ISRN Study is Answering the Call to Get to Zero

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have estimated as many as 7,000 patients die every year and adverse drug events can cost up to $8.4 million for a 700 bed hospital.[1]

"Everyone involved in this complex industry, from researchers to nurses to hospital executives, enter this field to improve the health of those that are sick and make sure those that are healthy remain that way. "

Medication errors can occur anywhere on the continuum from prescription, transcription, dispensing and administration; however, 85% of these errors are intercepted by nurses.[6] But who is responsible for the healthcare industry getting to zero? Practitioners enter the healthcare industry to help, not harm. Everyone involved in this complex industry, from researchers to nurses to hospital executives, enter this field to improve the health of those that are sick and make sure those that are healthy remain that way. Governing boards may influence the care that is provided inside their hospital, yet it is unknown to what extent they engage in quality related issues. In a recent paper, board chairs from nearly 1,000 hospitals were surveyed and the results found a less than optimal focus on clinical quality with a great opportunity to shift the way hospitals practice and ensure care that is received by patients is safe.[5] Experts point this type of data as an underutilized opportunity for improvement.

National organizations such as the newly developed Patient-Centered Outcomes Research Institute, National Patient Safety Foundation, Agency for Healthcare Research and Quality, and others are leading the way in providing funding opportunities. Through these funding opportunities, researchers, including those at the *Improvement Science Research Network*, are working with hospitals and clinics to study different methods to improve care. The healthcare system is complex, with many shifting pieces. Therefore, the complexity of the research needs to match that of the system. To truly get to zero, all those involved in the care process, including health services researchers, need to study the mistakes of the past and be adaptable to accept the successes of improvement.

References

[1]Bates, D.W., Spell, N., Cullen, D.J., Burdick, E., Laird, N., Petersen, L.A. … Leape, L.L. (1997). The costs of adverse drug events in hospitalized patients. (Adverse Drug Events Prevention Study Group.) JAMA, 77(4), 307-311.

[2]Hughes, R.G. & Blegen, M.A. (2008). Medication administration safety. In: Hughes, R. (ED). Patient safety and quality: An evidence-based handbook for nurses. (Prepared with support from the Robert Wood Johnson Foundation. AHRQ Publication No. 08-0043 ed.) Rockville, MD: Agency for Healthcare Research and Quality (AHRQ).

[3]Institute of Medicine, Kohn, L.T., Corrigan, J.M., & Donaldson, M.S. (2000). To err is human: Building a safer health system. Washington, DC: National Academies Press.

[4]Institute of Medicine, & Page, A. (2004). Keeping patients safe: Transforming the work environment of nurses [Institute of Medicine Committee on the Work Environment for Nurses and Patient Safety] Washington, DC: National Academies Press.

[5]Jha A. & Epstein A.(2010). Hospital governance and the quality of care. Health Aff (Millwood). 29(1),182-187.

[6]Leape, L.L., Bates, D.W., Cullen, D.J., Cooper, J., Demonaco, H.J., Gallivan, T., et al. (1995). Systems analysis of adverse drug events. ADE Prevention Study Group. JAMA, 274(1), 35-43.

ISRN – A Partner on the Road to Magnet

Contributed by Vivian Low, MPH, RN-BC, FPCNA, ISRN Steering Council Member

"So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself."

FLORENCE NIGHTINGALE

I have had a unique perspective on the various aspects of building investigative culture for evidence-based practice. Serving as an ISRN Steering Council Member, chairing the hospital Nursing Research Council, sitting on our Hospital Magnet Committee, and managing my own clinical unit has pointed out the challenges for the bedside clinician's time and resources, to the larger goals of research and discovery. It's all part of the Magnet Journey. El Camino Hospital received its first Magnet designation in 2005, and was redesignated in 2010.

The 2012 American Nurses Credentialing Center (ANCC) Research Symposium in October focused on building research capacity to expand the Magnet research agenda in healthcare organizations. Hospitals seeking Magnet designation look for opportunities to help bedside clinicians gain skills in basic research to advanced multi-site robust collaboration. All of us are looking for the best evidence to drive improved outcomes while working together. Karen Drenkard, Executive Director of ANCC, shared her vision, a magnet organization "takes responsibility for creating knowledge."[1]

The ISRN offers agencies, large and small, multiple opportunities to learn: the Improvement Science Summit, web seminars, and newsletters. Members collaborate to find common solutions to improve patient care. Through its multi-site research initiatives, it also provides the organizational structure, road map, and mentoring that removes many barriers to launching robust quality investigative work. Valid design and documentation of projects, scientific analysis of results, and sharing of implementation and spread is all part of excellence in Magnet expectations for empirical outcome goals. The ISRN understands this directive and supports bedside clinicians who are among the most fiercely dedicated patient advocates. They face the daily reality of limitations for a single investigator or hospital unit with a multitude of complex agendas. The ISRN can help identify and support the first steps.

[1] Improvement Science Research Network. (2011). The Sound of Thunder: ISRN and Magnet Recognition. Network News, Vol.1(4), p5. http://isrn.net/sites/isrn-drupal/files/documents/newsletter/ISRN_Newsletter_Spring_2011.pdf

Amplifying the Patients Voice in Our Network: The Batz Guide for Bedside Advocacy

Contributed by Louise H. Batz Patient Safety Foundation

LOUISE H. BATZ
PATIENT SAFETY FOUNDATION
Protecting the Patient First

Each year, approximately 200,000 people die and another 1.5 million are injured due to preventable medical errors made in hospitals. In 2009, one of these errors took the life of Louise Batz, the namesake of the Batz Foundation. From that point on, her family took it upon themselves to find a way to ensure no other family had to suffer through such a tragedy. The mission of the Louise H. Batz Patient Safety Foundation is to help prevent medical errors by ensuring that patients and families have the knowledge they need to promote a safe hospital experience for their loved ones and to support innovative advancements in patient safety.

Although medical care teams work tirelessly to ensure that these errors do not occur, the fact is that they are too few in number and too overworked to catch everything. Though there are many statistics to back this conclusion, one of the most telling comes from a study done by the Agency of Healthcare Research and Quality which found that every additional patient per RN per shift is associated with a 53% increase in pulmonary failure and a 17% increase in medical complications. [1] This is why family and patient involvement in medical care is crucial. Only by becoming active and informed members of the team, can the family ensure the highest level of protection from these errors. To aid in this endeavor, the Batz Foundation along with over 40 doctors, nurses, healthcare administrators and patient safety leaders from across the United States developed the Batz Guide for Bedside Advocacy, "Teaming Up for the Patient." The Batz Guide informs patients and families about their care, demonstrates how to look for the most common errors, charts medication and vital sign statistics, and provides lists of questions to help families and patients ask the right things at the right time.

In addition to this resource, the Foundation has also developed a digital applications form of the guide that goes into more detail and seeks to supply the family with even more knowledge by connecting them to external resources and information and allowing an easier flow of information from the medical staff to the bedside.

If you are interested in joining the movement to reduce the number of preventable deaths in the United States, we hope you will visit the Foundations site and download or purchase a copy of the guide for yourself.

[1]Nurse Staffing and Quality of Patient Care www.ahrq.gov Investigators Robert L. Kane, M.D. Tatyana Shamliyan, M.D., M.S. Christine Mueller, Ph.D., R.N. Sue Duval, Ph.D. Timothy J. Wilt, M.D., M.P.H., AHRQ publication no 07-E005.

Laura Batz Townsend, President and Founder, Louise H. Batz Patient Safety Foundation

New and Noteworthy

ISRN Blog

On January 9, the ISRN Blog was launched to support member interaction. The objectives of the ISRN blog are to provide a forum for scholarly exchange, announce relevant activities and opportunities in the field, disseminate knowledge, and highlight important topics in improvement science. Open to all, the ISRN Blog is an opportunity to share wisdom from experience, offer and seek expertise, and engage in discussion of challenges and successes in improvement research.

Join the conversation>>

Not a Member Yet?
Join Us Today!

Learn more about the benefits of membership and Join Us today. www.ISRN.net/JoinUS

To recieve the newsletter in your inbox, subscribe to the ISRN mailing list by sending an email with "subscribe" in the body of the message.

ImprovementScienceResearch@ISRN.net

TeamSTEPPS® Master Training Workshop

May 8-10, 2013
San Antonio, TX

Registration for this 2 ½ day workshop will open on March 5, 2013. Strategies to improve team-related knowledge, skills, and outcomes using a Train-the-Trainer model will be presented.

Learn more>>

A Quality Improvement Organization in Every State

The ISRN has recently began collaborating with the Texas Quality Improvement Organization (QIO) to disseminate information on improvement science. The Center for Medicare & Medicaid Services (CMS) contracts with one organization in each state to serve as that state's QIO contractor. QIOs are mostly private, non-profit organizations staffed by professionals trained to review medical care and help beneficiaries with complaints about the quality of care. These groups are also tasked with implementing improvements in the quality of care available throughout the care spectrum. With that, members of the ISRN are prepared to collaborate with their local QIO to disseminate results of their quality improvement initiatives and share them with hospitals and clinics in their state.

The mission of each QIO is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries by both primary care clinics and hospitals. Based on this statutory charge, CMS identifies the core functions of the QIO Program as:

- Improving quality of care for beneficiaries;
- Protecting the integrity of the Medicare Trust Fund by ensuring that Medicare pays only for services and goods that are reasonable and necessary and that are provided in the most appropriate setting;
- Protecting beneficiaries by expeditiously addressing individual complaints, such as beneficiary complaints; provider-based notice appeals; violations of the Emergency Medical Treatment and Labor Act (EMTALA); and other related responsibilities as articulated in QIO-related law.

CMS views the QIO Program as an important resource in its effort to improve quality and efficiency of care for Medicare beneficiaries. To be successful in improving the quality of care, each QIO produces resources and outreach events to build capacity in clinicians based on evidence reported through clinical practice guidelines. Throughout its history, the program has been instrumental in advancing national efforts to motivate providers in improving quality and in measuring the outcomes of quality. QIOs vary from state to state; however, the majority focus on physician providers. The ISRN Coordinating Center, as a representative of the network and its academic and practice professionals, has been working with the Texas QIO to build an interprofessional collaborative in improvement science. The ISRN is also able to work with you in doing the same. Members across the country are encouraged to reach out to their local QIO and work with them to raise the importance of interprofessional collaboration on quality improvement and improvement science. Find the QIO organization that represents your state>>

Building a Robust Research Infrastructure: Reflecting on a Three Year Journey

ISRN members have access to a wide variety of resources and services. Most importantly, members can access a national laboratory to conduct research on healthcare quality improvement. The ISRN has successfully moved out of the Research and Development (R&D) phase and as part of this transition, the Coordinating Center compiled highlights and achievements. This provides an opportunity to reflect on the ISRN's accomplishments the past four years.

One key accomplishment was the creation of a robust research infrastructure that includes a set of national research priorities, a virtual collaboratory, adoption of best practices from team science and centralized databases. In addition to the ISRN's research components, the past four years resulted in the development of capacity building resources to help facilitate the implementation of a national improvement study. These resources include IRB templates, protocol implementation kits, learning modules, E-Reading rooms, and web seminars. View comprehensive list of resources>>

The combination of the ISRN's research infrastructure and supporting resources facilitate the ISRN's core business of conducting research. In particular, the infrastructure and resources built during the R&D stage allow for a shift from small, local samples to larger, national units of analysis. As the ISRN continues to grow its core business, it will be exciting to see the impactful change and outcomes in healthcare delivery.

New Year, New Conversations

Originally posted on www.ISRN.net/blog on January 9, 2013

New Year's Resolution: I will add to the national and international conversation about healthcare improvement research!

Happy New Year and welcome to the ISRN Blog!

This new feature meets one of the most important needs of multiple disciplines collaborating to advance improvements: Interaction!

Because broad-based conversations speed the trek to excellent healthcare and patient safety, the ISRN Blog is open to all.

The objectives of the ISRN blog are to provide a forum for scholarly exchange, announce relevant activities and opportunities in the field, disseminate knowledge, and highlight important topics in improvement science. Open to all, the ISRN Blog is an opportunity to share wisdom from experience, offer and seek expertise, and engage in discussion of challenges and successes in improvement research.

ISRN COORDINATING CENTER TEAM

As the ISRN Coordinating Center's team serves these interests, we are eager to publish discussions about current events and specific topics of high relevance to the ISRN work. Some of the Blog topics are:

- Conducting Improvement Research in Clinical Settings
- Growing Capacity for Improvement Studies
- Interprofessional Research and Practice
- Overcoming Barriers to Clinical Research
- Quality Improvement
- Patient Safety
- Healthcare Systems
- Frontline Engagement in Quality Improvement
- Coordination and Transitions in Care
- High Performing Clinical Systems and Microsystem Approaches to Improvement
- Evidence-Based Quality Improvement and Best Practice
- Learning Organizations and Culture of Quality and Safety

Comments to Blog posts are welcomed so that our improvement science community will grow. Comments will be moderated following the ISRN Blog Guidelines. All are encouraged to comment on blog posts. ISRN members can share accomplishments and activities, publications of interest, presentations at conferences, research methods, and study results. Potential members can also comment on Blog topics. View Blog>>

The ISRN Resources: A "Natural Fit" for DNP Research

ISRN members have access to an extensive library of capacity-building resources, the content of which aligns with modern undergraduate, graduate, and doctoral programs. DNP programs, in particular, are focused on the same priorities as the ISRN - delivery system improvement. Throughout their program, DNP students encounter topics such as evidence-based practice, delivery systems, and organizational culture and leadership. "With this in mind, DNP students and the *Improvement Science Research Network* are a natural fit. The ISRN provides the framework in which DNP students can actively garner, utilize, and extrapolate research findings into meaningful clinical practice", says ISRN student member Erin Hennessey. DNP students can use the ISRN as a laboratory to conduct their culminating project on a multi-site level. This helps increase the generalizability of the results, thereby surpassing the impact of a project done on an individual level. Student members are also encouraged to attend the annual Improvement Science Summit, the official conference of the ISRN, in San Antonio, Texas. This year's Summit includes a student program, including a special interest group breakfast, that allows both undergraduate and graduate students to build collaborations and learn from work that others are doing. Student Program>>

Note FROM THE DIRECTOR

KATHLEEN R. STEVENS, RN, EdD, MSN, ANEF, FAAN, ISRN DIRECTOR

Ways to Live the ISRN Mission

At your request, ***Live the ISRN Mission*** goes out monthly, inviting member-action toward our mission of advancing the scientific foundation for our field.

Here are some resources that will help us all to ***Live the Mission***.

PARTICIPATE IN THE *IMPROVEMENT SCIENCE SUMMIT*

The 2013 Summit is a key event, showcasing our maturing research network and providing opportunities for ISRN to fulfill its core mission of conducting improvement science studies:

- Learn about new research methods.
- Join a Network Study on frontline engagement, medication error prevention and team performance for patient safety.
- Build capacity for success in the new NIH Dissemination and Implementation calls for proposals.
- Engage in the new Special Interest Groups in ISRN to further shape our direction: The Pediatrics SIG and Education for Improvement Science SIG will convene at a free breakfast meeting on July 10, 2013, in San Antonio.

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Note FROM THE DIRECTOR

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Noteworthy presenters, research methods, and multiple disciplines…this is the best Summit program ever! See the full program.
Share your projects through the Call for Abstracts.

INTERACT THROUGH THE ISRN BLOG

See the first ISRN blog! Our improvement community will strengthen through interaction. As a new feature, the ISRN blog meets this important need of multiple disciplines collaborating to advance improvement. The latest blog focuses on "Where to Publish Your QI Results." Share your thoughts.

SPREAD THE WORD: PATIENT SAFETY— IT'S EVERYONE'S PRIORITY

It has been my good fortune to be included in a family-led initiative that powerfully influences patient safety. Our treasured partnership over the past 2 years with Laura Batz Townsend is an outcropping of our shared belief that we should *first, do no harm*. With Ms. Townsend in the lead, the ISRN joins the mass of voices to underscore the urgency for patient safety. In your own facility, join the nation, the ISRN, and the Louise H. Batz Patient Safety Foundation in the National Patient Safety Foundation's Patient Safety Awareness Week, March 3-9 for "Patient Safety 7/365 to celebrate 7 days of recognition, 365 days of commitment to safe care."

WATCH FOR FUTURE MAILINGS OF *LIVE THE ISRN MISSION*

Sign up for monthly email announcements as an efficient way to take full advantage of our growing Research Network.

The Benefit of Diverse Leadership in the ISRN


HUMME


KENNEDY


KING


LOW


MALLORY


NEEDLEMAN


ØVRETVEIT


PACE


RICK


SALISBURY


THOMAS


WEAVER

ISRN members represent various stakeholder groups, professions, and disciplines. Thus, it is important that the leadership within the ISRN is representative of the membership in order to integrate national perspectives into its goals and objects. For the ISRN, this leadership comes in the form of a Steering Council that helps chart the course for the ISRN's vision.

The ISRN Steering Council consists of 13 leaders in the field of improvement science. These leaders include administrators, clinicians and academic researchers. Collectively, the Steering Council advises the ISRN's activities. The aggregate expertise of this multidisciplinary group reflects advanced knowledge of healthcare improvement.

Steering Council members are appointed based on their expertise and contributions to the field of Improvement Science. Nominees are solicited from current Steering Council Members and the ISRN Coordinating Center. After a group discussion, the Steering Council endorses an expert and an invitation is sent to serve a two-year term. As member representatives, the Steering Council's diversity gives ISRN members a voice in the Network's leadership.

The Steering Council is engaged in a number of activities that include participating in regular virtual meetings, attending yearly in person retreats, presenting on behalf of the ISRN, and advocating the network's activities. Additionally, members of the Steering Council advise the ISRN Coordinating Center on infrastructure development, endorse Network Studies, contribute to conference agendas, participate in special interest groups, and help set the ISRN's national research priorities. "To be a nurse leader in national standing is to hold a position on the continuum that is the nursing ideal; a continuum where no one individual is more than a touch away from the frontline and the patients they serve. From this perspective, to be a guiding leader in ISRN is to bring to bear all virtue, skill and experience to benefit individuals and organizations who today build the leading practices that tomorrow will revolutionize the patient-provider-caregiver experience" says Mary Salisbury, MSN, RN, President, The Cedar Institute.

The benefit of diverse leadership within the ISRN is a representative stakeholder voice that guides the Network's activities. The partnership between the Steering Council and the ISRN ensures that the course charted for the ISRN is aligned with national priorities and reflects the needs of the ISRN members.

ISRN Steering Council

Kathleen R. Stevens, RN, EdD, MSN, ANEF, FAAN, ISRN Director

Sarah Humme, DNP, RN, NEA-BC
CNO/COO, Southwest General Hospital

Rosemary Kennedy, RN, MBA, FAAN
Thomas Jefferson University School of Nursing

Heidi King, MS, FACHE, BCC, CMC, CPPS
TRICARE Management Activity

Vivian Low, MPH, RN-BC, FPCNA
El Camino Hospital

Gail Mallory, PhD, RN, NEA-BC
Oncology Nursing Society

Jack Needleman, PhD, FAAN
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John Øvretveit, BSC (HONS), MPHIL, PhD, CPSYCHOL, CSCI, MIHM
The Karolinska Institutet, Stockholm

Wilson Pace, MD, FAAFP
University of Colorado, Denver

Cathy Rick, RN, PhD, NEA-BC, FACHE, FAAN,
VA Headquarters

Mary Salisbury, MSN, RN
The Cedar Institute, Inc.

Lily Thomas, PhD, RN
North Shore-Long Island Jewish Health System

Sallie J. Weaver, PhD
The Johns Hopkins University School of Medicine

ISRN Steering Council Member Spotlight

WILSON D.PACE, MD, FAAFP, PROFESSOR OF FAMILY MEDICINE AT THE UNIVERSITY OF COLORADO, DENVER, THE GREEN-EDELMAN CHAIR FOR PRACTICE-BASED RESEARCH, AND THE DIRECTOR OF THE AMERICAN ACADEMY OF FAMILY PHYSICIANS NATIONAL RESEARCH NETWORK

"This is a great invitation to work with this group."

Wilson D. Pace, MD, AAFP, is the newest member of the ISRN Steering Council. Dr. Pace is the director of the American Association of Family Practitioners National Research Network (AAFP NRN), a professor in the Family Medicine department, and the Green-Edelman Chair for Practice-Based Research at the University of Colorado-Denver. Dr. Pace brings a unique perspective to the Steering Council and the ISRN representing the physician care provider and the primary care focused practice-based research networks. "This is a great invitation to work with this group," said Dr. Pace upon being invited to serve on the ISRN Steering Council.

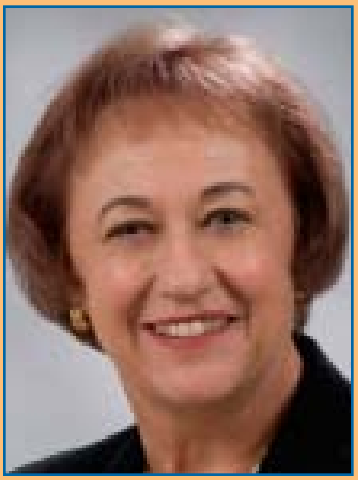
With various leadership positions in a number of organizations including the AAFP NRN and the Distributed Ambulatory Research in Therapeutics Network (DARTNet), Dr. Pace brings operational knowledge in addition to his scientific expertise. Dr. Pace's area of study coincides with the ISRN's Research Priority on Coordination and Transitions of Care. He has published over 70 scholarly pieces on various scientific areas including community based education, management of patients in primary care, and practice-based research.

"We're very excited to have Dr. Pace join the Steering Council," said Dr. Kathleen Stevens, Director of the ISRN. "His unique perspective as a primary care physician brings an interprofessional flavor to our network that is necessary for us to advance the improvement science research that is conducted by the ISRN."

Dr. Pace will be presenting *Studying Improvements: The Value of Academic-Practice Partnerships* at the 2013 Improvement Science Summit.

Dr. Pace's Bio>>
Steering Council List>>
Improvement Science Summit>>

ISRN Member Spotlight: Leading the Pediatric Special Interest Group



LINDA P. RILEY, PHD, RN, DIRECTOR NURSING RESEARCH & EBP, CHILDREN'S HEALTHCARE OF ATLANTA

Dr. Riley is leading the Pediatric Special Interest Group (SIG) and will host the SIG Breakfast Meeting at the Improvement Science Summit.

See Summit Program>>

Dr. Linda P. Riley is the Director of Nursing Research & Evidence-Based Practice (EBP) at Children's Healthcare of Atlanta. Dr. Riley's ongoing interest in evidence-based practice and her conviction in the value of collaborative studies led her to join the ISRN. Dr. Riley has interacted with Dr. Kathleen Stevens in the past year and as she states "I was very impressed with her vision and her ability to articulate the need for resources to conduct larger, well-designed research studies to appropriately address both clinical questions and system issues."

As Director of Nursing Research & EBP, Dr. Riley's aims are to fortify the organizational structure and processes to support inquiry at many levels. "We have tailored our Nursing Research course to include more information about identifying and appraising all levels of evidence. In the process we have acquired a new appreciation for the time and effort it takes to adequately obtain, review, and summarize the current state of knowledge and make recommendations for change to the complex questions that arise from caring for pediatric patients."

Currently Dr. Riley has an ongoing research study to establish the attitudes, beliefs, and compliance for nurses who administer chemotherapy drugs (this is captured after intense education) and about the use of personal protective equipment when managing these drugs. Furthermore, her research team is finalizing a study with pediatric cancer survivors and parents who are completing treatment. In this study they aim to assess uncertainty, resilience, and quality of life using the pediatric PROMIS Scale with an interest in their need, both pediatric cancer survivors and parents, for information about the late effects at this vulnerable point in the illness trajectory. Dr. Riley is targeting a collaboration with ISRN members who work in pediatric hospitals to form an interest group and as she states "to assess the current state of evidence-based practice at their organizations in order to strategize about the most effective methods to improve integration of these skills and competencies into the RN's role."

Call For Abstracts

SUMMER INSTITUTES ON QUALITY IMPROVEMENT
JULY 9 - 13, 2013 (SPECIALTY WORKSHOPS JULY 10, 2013)
SAN ANTONIO, TX

Clinicians, Educators and Researchers share your EBP successes. Nurses, physicians, pharmacists, managers, and health professionals are invited to submit for consideration, abstracts consistent with the theme of these national, interdisciplinary conferences.

ACCEPTING ABSTRACTS

IMPROVEMENT SCIENCE SUMMIT ON RESEARCH METHODS
July 9 - 10, 2013

Transforming healthcare through quality improvement and patient safety initiatives is a national priority which focuses on advancing healthcare improvement through research. We encourage you to submit abstracts on your quality improvement projects that match research priorities set forth by the *Improvement Science Research Network* (ISRN). For furthur details, see Research Priorities on www.ISRN.net

TOPICS FOR SUMMIT (not limited to):

A. Coordination and Transitions of Care
B. High-Performing Clinical Systems and Microsystems Approaches to Improvement
C. Evidence-Based Quality Improvement and Best Practice
D. Learning Organizations and Culture of Quality and Safety

REQUIRED SUBHEADINGS

- Background
- Purpose
- Materials & Methods
- Results
- Conclusions
- Bibliography

GUIDELINES FOR SUBMISSION: *New abstract submission requirements this year: abstracts will be accepted online only.*
For information on abstract requirements and to submit your abstract, visit our website at http://www.regonline.com/2013summerinstitutesonEBQI

ISRN Mission

To advance the scientific foundation for quality improvement, safety, and efficiency through transdisciplinary research addressing healthcare systems, patient-centeredness, and integration of evidence into practice.

How to get Involved

Become a member of the ISRN, the first national collaboration of clinical and academic leaders devoted to accelerating improvement science in a systems context across multiple hospital sites. Benefits include the following:

- Opportunities to participate in multi-site collaborations on patient safety and quality improvement research initiatives;
- Access to members-only ISRN online resources;
- Leverage of a national test bed for evaluating improvement strategies;
- Training resources such as IRB training;
- Expert guidance in conducting research;
- Technology infrastructure for participating in multi-site studies;
- Access to the ISRN web portal, which provides secure communication, storage, and sharing of documents and data;
- A technical support system that provides access to expert guidance in conducting research and using statistics; and
- Recognition as an ISRN member and use of the ISRN logo on presentations and publications.

To become a member of the ISRN visit: www.ISRN.net/JoinUs

JOIN US

Network News

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Building Successful Research Collaboratives for Healthcare Improvement

Click Here to Download the Excerpt (PDF)

The newly-published 62-page book, Building Successful Research Collaboratives for Healthcare Improvement is an evidence-based guide based on best practices for research collaboration in investigative teams. Transdisciplinary collaboration is essential in improvement science because the study of improvement in complex adaptive systems goes beyond the realm of a single investigator.

The topics presented in this guide are drawn from the science of Team Science and extended to collaborative research. Evidence shows that team-based science generates better results, including increased innovation and advances in knowledge.

This guide will build your investigative team's capacity for collaboration and ensure successful work in team-based improvement research. The processes and tools in Research Collaboratives were tested by members of the Improvement Science Research Network (ISRN) during national, multi-site improvement research projects.

Through this guide, you will be introduced to effective strategies for team formation, leadership, conflict management, and virtual collaboration.

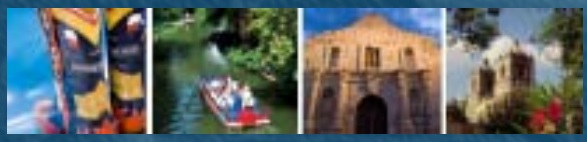
Order Now!

Program & Schedule | Call for Abstracts | Hotel Accommodations | Registration

Summer Institutes on Quality Improvement

July 9 – 13, 2013 | Specialty Workshops July 10

Grand Hyatt Riverwalk, San Antonio, TX



At the 2013 Institutes:

- Apply evidence-based practice to improve care, safety, and patient outcomes.
- Build capacity to conduct research on improvement and implementation strategies.
- Drill down with Specialty Workshops on EBP education, TeamSTEPPS® Fundamentals, basics of EBP.

Take advantage of these back-to-back conferences and be part of the force that transforms care by moving research *From Knowing to Doing*. Come and make a difference. Enjoy top-notch professional development in one of America's top five "city getaways," San Antonio, Texas!

View Online Brochure

Offered by:
Academic Center for Evidence-Based Practice (ACE)
Improvement Science Research Network (ISRN)
School of Nursing
University of Texas Health Science Center San Antonio

ACE RESOURCE

Evaluating Evidence-Based Practice Competencies

According to the Institute of Medicine, Evidence-Based Practice (EBP) is a key component to healthcare quality improvement. This stresses the need for a workforce skilled in EBP and a need to track progress in EBP readiness, preparedness, and competencies.

ACE has resources to help: Build your capacity and evaluate your readiness in EBP.

Evaluate EBP Readiness

ACE Evidence-Based Practice Readiness Inventory (ACE-ERI)

The ACE-ERI was developed through methodological research studies in response to a national need for assessment approaches in nursing competencies. Using the foundation for the development of the Essential Competencies in Evidence-Based Practice and the ACE Star Model of Knowledge Transformation, this self-report instrument was designed to measure EBP readiness in nurse clinicians, educators, and students. The ACE-ERI provides a score of EBP readiness and three versions of the instrument guarantees a good fit for each student and clinician level: Basic, Intermediate, and Advanced. Psychometric studies have demonstrated high reliability, strong validity, and sensitivity to detect changes pre and post interventions. Offered primarily as an online survey, the ACE-ERI has been used in hospitals and schools of nursing across the country to benchmark progress in EBP competencies.

How was the ACE-ERI developed?

The survey is based on a national consensus of essential nursing EBP competencies, organized around the ACE Star Model of Knowledge Transformation as a framework.

Benefits of using the ACE-ERI

Using self-efficacy as a basis, the ACE-ERI presents EBP competencies as a Likert-type scale. Scores from the survey allow educators, researchers, or hospital administrators to benchmark of EBP readiness for both students and clinicians.

The high reliability and validity of the ACE-ERI assures accurate assessment of this essential skill in transforming healthcare.

ACE-ERI Pricing

There is a fee associated with use of the ACE-ERI. The cost breakdown for the ACE-ERI is as follows:

Survey and Protocol Use (1st 100 surveys)	$250
Database Set-up (1st 100 surveys)	$250
Analysis and Reports	$500
Cost per Survey (after 1st 100)	$2

Prices may vary depending on your individual needs.

Interested students, educators, EBP directors, and nurse mangers may contact the ACE office to inquire about use of the instrument and to discuss pricing www.ACESTAR.uthscsa.edu or email ACESTAR@uthscsa.edu.