



You're Invited!

13th Annual Research and Evidence-Based Practice Conference

"Out of Harm's Way"

Wednesday, April 30, 2014
8:00 a.m. to 5:00 p.m.
Covel Commons in Sunset Village
on the UCLA campus

Online registration available at:
<https://www.regonline.com/uclaebp2014>

Call for Oral Abstract Presentation and Posters!

You are invited to submit a poster or abstract for the **13th Annual Evidence-Based Practice Conference** scheduled for Wednesday April 30th, 2014.

Oral presentations will be 10-15 minutes long. Please submit abstract to Virginia Erickson, Co-Chair of NPRC at verickson@mednet.ucla.edu by March 17th, 2014.

Please submit poster title to Norma McNair, Chair of NPRC at nmcnair@mednet.ucla.edu by March 28th, 2014.

The subjects for both may include:

- Evidence-based practice (EBP)
- Quality Improvement (QI)
- Relationship Based Care (RBC)
- Practice related research

Completed studies/projects and work-in-progress may be submitted. Please contact your CNS or Unit Manager for the application form.

Dr. Elizabeth Henneman is Keynote at the 13th Annual Research and Evidence-Based Practice Conference

By Virginia Erickson, RN, PhD

April 30, 2014 marks UCLA's 13th Annual Research and Evidence-Based Practice Conference: "Out of Harm's Way". The conference, held at UCLA Sunset Village Covel Commons, is designed for frontline nurses, clinical and administrative leaders, students and faculty to share strategies for implementing evidence-based practices in a variety of practice settings. In addition, original research findings relevant to clinical practice, administration, leadership, and education are presented.

The keynote presentation will be provided by Elizabeth A. Henneman, PhD, RN who is an Associate Professor of Nursing at the University of Massachusetts, Amherst School of Nursing. A nurse for 35 years, Dr. Henneman has expertise as a researcher, educator and critical care clinician.

Dr. Henneman is well-known to the UCLA community as the Clinical Nurse Specialist in the Medical Intensive Care Unit for over 10 years. Her knowledge, compassion and humor make her an unforgettable member of the UCLA family. Beth received her BSN from Boston College in 1979 and her Master's degree from the University of Colorado. She completed her doctoral studies at the UCLA School of Nursing in 1998.

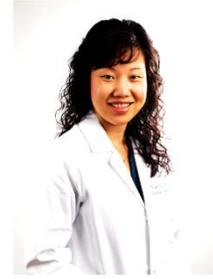
Since her move to Massachusetts, she has worked as an ICU staff nurse in addition to her academic responsibilities. In 2008, she had the distinction of being inducted as a Fellow in the prestigious American Academy of Nursing and in 2012, received the Circle of Excellence Award from the American Association of Critical-Care Nurses.

Dr. Henneman has been Principal Investigator (PI) on multiple studies related to error recovery and has been a Co-PI on 3 National Science Foundation grants. She has a true gift for mentoring nurses in both research and educational settings. She has worked collaboratively with on research and educational projects, most recently related to improving patient safety. She has also written book chapters and published extensively in peer-reviewed nursing journals.

Her keynote presentation will address "**The Nurse's Role in the Recovery of Medical Error: Past, Present and Future Strategies to Keep Patients Safe**". We are delighted and honored to have Dr. Henneman as the keynote speaker for the 13th Annual Research and EBP Conference.



Nursing Research Grand Rounds



By Vahe Grigoryan, RN, BSN

Clinical Practice Council Highlights

The Clinical Practice Council (CPC) revises and develops new Clinical Guidelines, Practice Alerts, and Post Tests with the latest evidence.

Clinical Practice Guidelines are supported by research to ensure excellent care and a safe work environment.

Guidelines can be accessed at <http://www.mednet.ucla.edu/nursing>

The CPC has completed the Clinical Practice Guidelines listed below:

- ✓ Peds HS 109 Pediatric Naso/Orogastric Tubes
- ✓ Peds-105 Milk: Collection, Storage and Handling
- ✓ Administration Error/Donor Human Milk
- ✓ Nur HS G 1017 Pulmonary Hygiene Guideline
- ✓ Nurs HS G 1038 Medication Administration Utilizing Nasal Atomizer



Earn 2.5 CE Units!

Evidence-Based Practice Self Study Packet

Enter the UCLA Mednet Home Page <http://www.mednet.ucla.edu>

- Click on Nursing Staff Information
- Review Programs under “Nursing Research and Evidence-Based Practice”
- Click on “Education Events and Learning Resources”
- Click on Research and EBP
- Click on EBP Self Study Packet with CE’s

On January 16th, 2014, Dr. Thanh Huynh presented on her study **“The Frequency and Cost of Treatment Perceived to Be Futile in Critical Care”** at the Nursing Research Grand Rounds.

Advances in medical science have prolonged the dying process. Costs associated with treating the critically ill are substantial. In the United States, 20% of all health care spending, which equates to 1% of the GDP, is attributed to critical care. Futile treatment is costly, burdensome, and morally distressful for patients, families, and their caregivers. A study by Meltzer and Huckabay (2004)* shows that critical care nurses experience a higher rate of emotional exhaustion and burnout when providing treatment they perceive to be futile.

Dr. Huynh began her presentation by reviewing the different definitions of medical futility and examining how many patients were perceived to be receiving futile treatment as determined by physicians and nurses in the intensive care unit over a 3-month period. Physicians and nurses considered treatment to be futile based on the following criteria: 1) burdens grossly outweigh benefits, 2) patient will never survive outside of an ICU, 3) patient is permanently unconscious, 4) treatment cannot achieve goal, 5) death is imminent, 6) patient non-adherent to treatment, 7) futile treatment on day transitioned to palliative care.

Based on physicians’ assessments, the prevalence of futile treatment in the ICU was 11% and treatment deemed “probably futile” was 9%. Based on nurses’ assessments, the prevalence of futile treatment in the ICU was 12% and treatment deemed “probably futile” was 8%. The average daily cost of futile treatment in the ICU was calculated to be \$4004. The combined cost for futile treatment in the five ICUs that participated in the study at Ronald Reagan UCLA Medical Center amounted to \$2.6 million dollars over a 3-month period. In addition, analyses of the opportunity cost of providing futile treatment in the ICU showed that 33 patients boarded in the ED for over 4 hours because of full capacity in the ICU while at the same time at least one patient on the unit was receiving futile treatment.

Dr. Huynh concluded by highlighting the goals of medicine and intensive care. “The primary goals of intensive care medicine are to help patients survive acute threats to their lives while preserving and restoring the quality of those lives... Admission to the ICU is therefore often a therapeutic trial... when the trial fails... consider a change in goals, from restorative care to palliative care”.

*Meltzer, L. S., & Huckabay, L. M. (2004). Critical care nurses’ perceptions of futile care and its effect on burnout. *American Journal of Critical Care, 13*(3), 202-208.