Once Upon A Time...
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Purpose

- To develop a process for improving clinical outcomes through story telling in a nursing grand rounds (NGR) format in the care environment.
Objectives

- The learner will be able to:
  - Identify story telling as an evidence-based method that allows nurses to share best practices in a supportive, nonthreatening setting.
  - Describe strategies for a non-traditional nursing grand rounds.
Storytelling

- Inspire, Influence, Persuade
- Transmit ideas
- Intrinsic to culture
- Translate memory
- Explore other ways of thinking
- Drama that draws you in
Philosophical Perspectives
(Simmons)

- Phenomenologic & Humanistic Theories
  - Sharing personal, lived experiences connects us to each other.
  - Stories create power and permit the portability of knowledge from situation to situation.
Video
Storytelling Value (Benner)

- A situation that stands out as quintessence of very good nursing
- A situation that taught you something, new way of thinking/behaving
- A memorable exchange or encounter
- A situation where you clearly made a difference
- A situation of breakdown, error or moral dilemma
So, how does one capture “practical knowledge”, everyday understanding, or know how?
Importance of NGR

- Influence, Involve, Engage Staff
- Applying evidence-based (EB) learning strategies in daily care
- Unique contributions to care
- Sharing nursing expertise
- Opportunities for learning
Nursing Grand Rounds

- Traditional Format
  - Armola
  - Furlong
- Case Study, Round Table (SBAR), Implications for Practice, Evaluations

- Guiding Framework
  - Benner
  - Simmons
  - Watson
Develop & Implement

- Needs assessment
  - HCAHPS, CMS, Quality Improvement (QI), Staff Request
- Coaching of clinical nurses
- Use of EB fact sheet & clinical scenario
- Evaluation
Refine the Process

- Assessment
  - Traveling Story Time template
  - On the clinical unit (IR, CVSS, FCC, ECC)
  - Clinical story
    - Review clinical care provided
  - 10 – 15 minutes in length
  - Evidence based fact sheet
    - Review of pathophysiology
    - Implications for practice
- Thought provoking discussion questions
- Evaluations
- Relate the “doing” of nursing care to evidence and science (Armola, 2010)
Integrative Process

Storytelling and NGR

- Bridges gap between knowledge acquisition and translation into practice
- “People are moved by faith, not information. A meaningful story creates faith in the storyteller and his or her story.” (Simmons, 2001)
My father is 85 and has Parkinson's. He had been diagnosed over a decade before his admittance to the hospital a few years ago. He is extremely sensitive to dopamine levels in his system.

If he has enough dopamine, he is alert, intelligent, and highly mobile (can even lightly jog). If he is dopamine deficient, he is near comatose, cannot move, or think, and is often in pain, as he describes it.

These are my recollections of my father's hospital. My documentation was lost in a hard disk crash so these recollections represent the spirit of the events and not an exact retelling.

My father fell and broke his neck, and cleaved the top of his head. He went through the ER and then was placed in a room, then moved to another nursing floor. The hospital was supplied with a list of his medications and the specific times and spacing for each med. This was done while he was still in the ER.

Despite the fact I was at my father's side most of his first 24 hours in the hospital, nothing I could say or do, provided my father with his necessary medications. In the end, he received virtually no medication for 36 hours. His dopamine is basically on a four hour schedule. So, you can see how many "cycles" he missed.

Multiple "excuses" were given. Systems failed miserably. Individuals (due to lack of knowledge or authority) were ineffective. Since no one could establish whether my father had actually "kept down" medicine given to him at home, medical staff refused to give him initial meds.

1. Is Parkinson's disease the impairment, degeneration and death of dopamine-producing cells leading to depletion of the neurotransmitter dopamine? Yes____ No____

2. Could early indications of Parkinson's disease include nonspecific complaints such as fatigue, decrease in ability to concentrate, mood changes, sleep disorders, and difficulty with writing and/or speaking? Yes_____ No____

3. Is keeping Parkinson's disease medications on a tight schedule important to quality of life and functioning of the person with Parkinson's disease? Yes_____ No_____
# Parkinson’s Disease in the Acute Care Setting

## Definition
- Complex, progressive, neurogenerative movement disorder named for Parkinson who first described symptoms in 1817.
- Characterized by motor & non-motor symptoms.
- Motor symptoms: resting tremor, rigidity, bradykinesia, postural instability.
- Non-motor symptoms affect: movement, mood, cognition, swallowing, communication, behavior.

## Etiology
- 2nd most common neurodegenerative disorder (Alzheimer’s is #1).
- Estimate 1 million diagnosed.
- 50% more common in men.
- Onset: typically >50 yo.
- Prevalence age > 80 approx. 1:50.
- Cause:
  - Unknown
  - Genetics
  - Vascular Damage
  - Infection
  - Environmental

## Pathophysiology
- Impairment, degeneration & death of dopamine-producing cells = depletion of dopamine (neurotransmitter)
- Sx occur at 60-80% destruction of dopamine-producing neurons.
- Sexuality changes

## Diagnosis
- Often delayed; misdiagnosed.
- No definitive test.
- Early Neuro Evaluation.
- Dx based on clinical symptoms.
- As it progresses, S&S develop: unilateral, then bilateral.
- Challenging to manage - fluctuations.
- Life-changing dx; incurable.

## Assessment
- Speech: slurred, slow, volume.
- Be aware of on/off signs r/t meds.
- Cognitive/Psychosocial Impact:
  - mood, depression, dementia, anxiety, behavior.
- Elimination: slower GI tract.
- Nutrition: swallowing, saliva changes;
  - weight changes; changes in smell.
- Mobility/Balance/Posture/Gait/Freezing.
- BP/ postural hypotension.
- Sleep Disturbances.
- Sexuality changes.

## Drug Treatment
- Goal: Manage sx; maintain function and QOL.
- Therapy based on age, onset & severity of sx, chronic disease states & therapy requirements.
- Drug classes:
  - Dopamine Replacement Therapy;
  - Dopamine Agonists;
  - COMT Inhibitors; Anticholinergics;
  - MAO-B Inhibitors
- Levodopa: gold standard X 40 yrs.
- HORIZON Study: intestinal gel form of levodopa/carbodopa.

## Nursing Care
- Medication Schedule/Mgmt
  - Meds within the scheduled hour.
- Communication
  - LISTEN to family.
  - Assess /assist pt. with issues of communication.
- NPO/procedures issues
- Potential Complications:
  - Immobility, Resp. infections, Skin Breakdown, Falls, Safety Issues.

## Early Indications
- Presymptomatic markers: Lewy bodies (purpose unclear).
  - Proteins found in areas of neuronal degeneration.
  - Present before clinical signs present.
- Obvious: Motor Sx (resting tremor, muscle stiffness, poor coordination).
- Non-motor Sx: (impaired smell, sleep disturbances, constipation, depression, RLS (assoc. w. Fe deficiency).
- Family may notice Sx = daily functioning, posture, gait, arm swing, longer to do tasks.
- Nonspecific complaints: fatigue, concentration, mood, sleep, writing, speaking.
- Sleep disturbances: REM disorder; precedes dx by 3-12yrs; 40-60% develop PD.

## References:
- PP Presentation by D Reid.
- Prepared by the CNS Group: Elli Collins, Darcy Reid, Kathleen Carey, Carrie Howard-Canning, April 25, 2011.
Findings

- Evolution
- Visit 100% of clinical care environments on all 3 shifts
- Patient Care Operations
- Change practice (98%)
  - Time sensitive meds (Parkinson’s Disease)
2010-2011
Carbidopa (Levodopa) Administration Within One Hour of Scheduled Time
Pre-Education

2012
Carbidopa (Levodopa) Administration Within One Hour of Scheduled Time Post-Education

Garvey, M. (2012)
Conclusions

- 87% traveling format
- Influence on staff
  - IDR discussions, clinical ladder projects, poster presentations
  - Socialization – New nurse, nonthreatening environment
Recommendations

- Further refine the process based on feedback and evaluations
- Further link the process to improvements in clinical outcomes
  - HCAHPS, Press Ganey, Core Measures, QI
- Coach bedside nurses to take ownership of process
  - CNS remain consultants and mentors
- Yammer or Policy Manager – EB Fact Sheets
- Practice Council
- Involve patients
Bibliography


