Practice with Purpose & Passion

Mary Kay Bader

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Practice
with purpose &
passion

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Integrate the components of clinical practice in an ICU environment including elements of team membership/performance, teamwork, shared decision making, communication and collaboration.

Demonstrate passion in delivering care in the ICU environment by reflecting on the meaning of nursing care and generating fuel to inspire the clinical team in the work environment.

Objectives

Disclosures

Overview

What is at the core of our work?

Practice

• Nurses and Team members actions are directed toward distinct goals

• Assisting our patients overcome illness or injury by assessing, implementing and evaluating our care

• Takes those in our care to a better place

Concepts

• Practice

• Essence of Teamwork

• Shared Decision making

• Communication

• Collaboration

• Purpose

• Passion

What is at the core of our work?

Purpose

• Oxford dictionary “the reason for which something is done or created; a person’s sense of resolve or determination.”

• As health care providers, our intent and determination contributes to the quality of our patient’s recovery and experience while in our care.
What is at the core of our work?

- **Passion**
  - Vision Statement:
    - The American Association of Neuroscience Nurses (AANN), as the leading authority in neuroscience nursing, inspires *Passion* in nurses and creates the future for the specialty.
    - It is the fuel that drives us in our work.

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**Practice**

What does it take come together as a Team in Clinical Practice?

- Manser defines teams as "two or more individuals who work together to achieve specified and shared goals, have task-specific competencies and specialized work roles, use shared resources and communicate to coordinate and to adapt to change" (p.143).

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What is the Problem?

- Making patients better is a team sport and not everyone on the team is “ON” the team.

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**Purpose**

How do we integrate these concepts into what we do in the clinical environment and make a difference in our Patient’s Lives?

**Essential Elements of the Team**

- Manser defines teams as "two or more individuals who work together to achieve specified and shared goals, have task-specific competencies and specialized work roles, use shared resources and communicate to coordinate and to adapt to change” (p.143).

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**My Team**

- [Image of a group of people]
My Team

Neurosurgery

Advance Practice Nurse

Nurses/Therapists

Trauma Surgeon

Intensivist

My Team

- Physician Specialties
  - Neuro: Trauma, Emergency Department, Anesthesia, Neurosurgery, Neurology, and Intensivist
- Nursing Leadership
  - Director/Manager from various units
  - APNs: Clinical Nurse Specialist/NP
  - Staff Nurses
- Other disciplines
  - Respiratory
  - Pharmacy
  - Social Work/Care Manager
  - Chaplain

Essential Elements of the Team

- Critical elements
  - Team performance is vital to safely and effectively implement coordinated care
  - Many teams work in a rapidly changing environment, i.e., Stroke Teams, with multiple specialties moving in and out
  - These teams work as ACTION TEAMS
    - integrate diverse professional cultures under conditions which are constantly changing as they care for critical, often unstable patients

Working together as a Team...

Essential Elements of the Team

- Action Teams: Master 3 distinct elements
  - Team practice together
    - Various disciplines contribute unique interventions and skill sets to the patient care environment
  - Each team member must be present to provide the knowledge and skill that is unique to their profession
  - Provide a seamless delivery of care across different care units in a coordinated, effective manner

Essential Elements of the Team

- Ability of a team to successfully blend the individual member contributions require
  - Teamwork
  - Leadership/Shared decision making
  - Effective communication
  - Collaboration
Essential Elements of the Team

#1 Teamwork

- Builds safer environment by decreasing errors in the delivery of care
- Forming a Team takes TIME and has 4 stages
  - Develop and learn acceptable behaviors
  - Counter dependency and conflict where issues such as power, competition, and authority are questioned
  - Develop trust, increase collaboration as a team, and open discussions of each member's roles and responsibilities
  - Effective group productivity

- Essential ingredients that produce improved patient outcomes
  - Quality of collaboration amongst practitioners needs to demonstrate mutual respect and trust
  - Strong shared goals as well as view the situation in a similar way and understand team structure and roles

#2 Leadership/Shared Decision Making

- Successful action leaders possess the following behaviors:
  - Encourage team input
  - State and evaluate plans
  - Assert opinions when needed
  - Listen to staff's comments
  - Delegate tasks appropriately
  - Prioritize the care interventions
  - Assess each team member's ability to perform tasks

#3 Effective Communication - Open communication

- Real stated "communication is the cement which holds teams together"

- Patient care teams share their expertise, knowledge, and experience

- Nurses are integral to connecting the patient/family to the team members

#4 Collaboration

- Qualities
  - A relationship of two or more health care providers working together to solve patient care issues
  - An attempt to reach mutual agreement incorporating different perspectives to achieve mutual goals

- Requires
  - Both parties must balance the concern for others (cooperation) with personal concerns (assertiveness)

- If effectively achieved, collaborative shared decision making occurs and has been linked to improved patient outcomes
Teamwork

• “The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don’t play together, the club won’t be worth a dime…” —Babe Ruth

Teamwork Example: Anton

• Scene of Accident
  - 17 month old male run over by car
  - alarm 1817
  - physician on scene clears airway & gives mouth to mouth
  - paramedics arrive 1821
    - GCS 3, HR 100
    - O2 Sat 90%-suction airway & BVM with 100% FIO2

ED Phase 1840

• GCS 3, Pupils L 3 R 2 - dysconjugate, no motor movement on arrival
  - VS:
    - HR 142
    - BP 140 systolic
    - Respirations assisted - no spontaneous breathing
  - Intubate, IVs, OG, Foley
  - Extensor posture right side

Meanwhile back at MKBs Home

• Events in the Bader household at 1830
  - A shower
  - A feeling
  - A call
  - A race to the hospital
  - Another call to a friend
  - A rush to the OR

CT Scan Admit

• GCS 3, pupils 4 mm non-reactive

Cerebral Hemodynamics

• MAP 70 - ICP 13 = CPP 57
• PbtO2 3.5

Orders

• Keep CPP > 55
• Drain ICP < 15 mm Hg or 20 cm H2O
• Propofol 50 ug/kg/min

Peds ICU 2110
MD: Orders for Brain Death Testing...

MKB: So... Ya wanna give up?...

Never Give Up...
Never Surrender

- Peds ICU team assembled
  - 2 peds ICU nurse
  - 1 trauma nurse
  - 1 Respiratory Therapist
  - Neuro/Critical Care CNS – that’s me
  - Oh...and 1 neonatologist
  - Anton
    - Ventilator, ICP, LICOX, OG, Foley & 2 - 24g peripheral IVs

<table>
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<th>Time</th>
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<th>MAP</th>
<th>ICP</th>
<th>PbtO2</th>
<th>Interventions</th>
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<td>10</td>
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<td>10</td>
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6am: Enter the Peds Intensivist

- PICU/ICU RNs, Neuro ICU CNS, & RT work as a team through the night...
- Peds Intensivist gets report from Neonatologist –grim prognosis
- PICU RN begs Intensivist for a central line

CT Scan Post-op Day 1

Nay Sayers Abound....

...but the TEAM does NOT Give Up!
Trends
- ICP drifts up to high of 30
- Pbto2 decreases in response to certain activities and interventions
- The Team learns new technology together...shared decision making occurs between all practitioners

Peds ICU: 48 hrs-7 days

Weaning: Days 7-23
- Days 7
  - PaO2 normalized...40-54
  - Seizure @ 2300
  - Treat/Cerebryx bolus
- Day 9: LICOX removed and wean
- Day 12: ICP removed & extubated
- Day 13:
  - Scoots up to top of bed/moving arms
  - Plays "where's your tummy" with mom
  - Sits up with OT - trunk control/no neck
- Day 28:
  - Feeds self

ANTON
Age 14
- Gymnastics at age 5
- High School student
- Athlete
  - Soccer Star
- 2019:
  - Philippines Cross Fit Champion
  - Saddleback College Freshman

PURPOSE
“Great teamwork is the only way we create the breakthroughs that define our careers” (Pat Riley)

Find a Process to Improve
- 1995-1996 AANS publish “Guidelines for the Management of Severe Head Injury”
  - Paradigm shift for managing the TBI patient population
- Mission Hospital recognizes a variance in practice exists

FOCUS PDCA
- Organize to Improve the Process
  - April 1997: Trauma /Neuro Services begin process of changing practice
    - Conduct further R.O.L. on severe TBI
- Clarify the Issue
  - Review scientific literature
  - Review outcomes of Severe TBI population
- Understand the Source of Variation
  - Clinical Practice divergent from the guidelines
**FOCUS PDCA**

- Select the Process to Improve
  - Develop multidisciplinary treatment guidelines for use in severe TBI patients

- Plan/Do/Act
  - Develop/Implement new guidelines
  - Train personnel
  - Educated staff on new care practice
  - Clinical support provided on 24/7 basis

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**Check/Act- Results of Changing Practice: TBI Guidelines/Oxygen Monitoring**

<table>
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<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>95% Confidence Lower Bound</th>
<th>95% Confidence Upper Bound</th>
<th>P Value</th>
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<td>3.10</td>
<td>16</td>
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37 Patients*
- GOS 4 - 5 27.03%
- GOS 2 - 3 29.73%
- GOS 1 43.24%

Jun 1997 - Dec 2007
205 Patients**
- GOS 4 - 5 72.5%
- GOS 2 - 3 15.5%
- GOS 1 14.0%

**GOS: Odds ratio for the significant variable (N=242)**

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**Process Outcomes: Recognition**

2000 JCAHO Codman Award

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"Individually, we are one drop.

Together, we are an ocean.”

(Ryunosuke Satoro)

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**PASSION**

If there is no passion in your life, then have you really lived? Find your passion, whatever it may be. Become it, and let it become you and you will find great things happen FOR you, TO you and BECAUSE of you.

(T. Alan Armstrong)

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**Clinical Presentation 12/2/09**

- 34 year old para 4 gravida 4
  - Admitted 2 weeks prior to event 34 weeks pregnant due to intrauterine growth retardation
  - C-section on 12/1 delivered a 1247.4 gram (2 lbs 12 ounces) male baby
  - Collapses in hospital room after returning back to bed 24 hours post delivery
Kyle Ervin writes in his book... 
Please God Let Them be Amazing

I turned back to her. I don’t know if I sensed something was wrong...whatever the reason, I turned, and when I did, her head was laying back over the top of the chair...I called the nurse...Her doctor came in to the room and his demeanor changed instantly...

“WE need to get her on the bed!”
I helped him and the nurse lift my wife’s limp body onto the hospital bed...

“Call the code”...said the doctor

The dread built up inside me as the reality of what was happening became clearer. I heard the words “Begin CPR”. Those words sparked a fear so intense, so primal, that it exploded within me, shattering the dam of denial and washing through every part of my being...I prayed...Please God, let them be amazing..." (Pages 38-39)

Cardiac Arrest 1420

- PEA arrest - Cyanotic from chest up
- CPR initiated immediately x 55 minutes
- CPR continues on CT scan
- Large PE in proximal portions of bilateral pulmonary arteries
- CPR continues into the OR
- CPR continues into the OR at 1506
- Chest opened through sternal incision
- On cardiopulmonary bypass: 1555
- 1607: Aorta Cross clamped
  - Surgeon removes multiple clots
  - Largest clot 10 cm x 1.7 cm
  - Multiple clots from 0.8 to 10 cm
- 1650: Aortic cross clamp removed — 43 minutes total
- 1658: Off bypass — 63 minutes

A nursing team that has the PASSION to make a difference...they place...

THE CALL

Anyone can dabble, but once you've made that commitment, your blood has that particular thing in it, and it's very hard for people to stop you.

(Bill Cosby)

ICU Phase: Beginning Hypothermia

- Getting the Equipment
  - Pad based system and machine borrowed from Mission/Profe St Jude’s
- Protocol and Order set from Mission
- Collaborative Team
  - Key Players
  - Nurses and Physicians @ Mission
  - Administrative Support @ Both hospitals
  - APNs from Mission Hospital
- 2000 admit to ICU
- GCS 3 with pupils 8 mm bilateral & fixed
- VS: BP 105/64 HR 70 R 14 (V) T 99.8 F
- Induction of hypothermia at 2200
  - Iced saline 30 cc/kg (2 liters)
  - Drop temperature from 37.2 to 35.6 degrees C
  - Pad system applied and started
  - Target of 33 degrees C at 0000

ICU Phase: Hypothermia

- Maintenance
  - Pupils begin sluggishly reacting to light at 0500 12/3
  - 33 degrees
- Rewarm
  - 1900 12/3 to 2000 12/4
  - No bleeding complications/VS stable
- Day 4 Seizures begin

“There are only two options regarding commitment. You’re either in or out. There’s no such thing as a life in-between.”  (Pat Riley)
In Coma

I arrived at the hospital a little later in the morning... the on-call neurologist had already rounded... I learned the Murphy’s law of having a family member in critical condition... no matter how many hours you spend at the bedside, you will always miss the doctor...

The nurses were kind enough to reach the neurologist by phone... He laid it on the line for me... “Your wife’s EEG is showing signs of seizures. There are three possible outcomes... One, she could die; two, things could stay the same (persistent vegetative state), or three, miraculous recovery... I am honestly doubtful of the third option...”

This news crushed me again... The weight of this information pushed in on me from all sides... walking down the hallway... anger welled in my eyes... “God, either take her or heal her, but none of this middle-of-the-road bullshit!”

Never Give Up.
There is no such thing as an ending.
Just a new Beginning.

The Call - Christmas the Day After

During that time...
Kyle writes on 12/9

I’ve learned that Catholics pray the rosary... the rosary brings comfort and solace when times are difficult... for me, the poster child of ADD, the rosary is a special kind of torture—20-30 minutes of repetitive droning... On this night, Brynn’s friends had asked a member of her church to come and pray... she had some track record with healing...

“Let’s all join hands and pray...” said the lady...
“...I wanted to say... that’s ok, you can leave me out...”

but knowing I was stuck, we all held hands in a circle and prayed...

I put my hand on Brynn’s head... I chuck away my cynicism... I figured I would have a few words with God myself... I opened myself up completely... I reached out to that greatness, that positive energy... that hugginess I call God... I opened myself completely... And for a moment, I believed that His energy was passing through me, into her brain... Call it chi or life force or the Holy Spirit... All I knew is that I was willing to try anything to save my wife’s life...”

Waking Up

12/28
- Stands at bedside with physical therapy
- Speaks to her husband through passy-muir valve
- Says “cold” and “mom”

12/30
- Tells nurse how she met her husband in college
- Brings baby to bedside
- Walking with assistance
- Transferred to acute rehab

1/19
- Home with baby

One Year Later
Kyle writes...

“Without divine intervention—without the exact right people in the exact right place, at the exact right time—medical science would not have had its chance... Here is the simple fact of the matter— I don’t care who gets the credit for the ‘why’. I only care that God gets the credit for the how...”

(Personal reflections and remembrances)