



Hawai'i State Center for Nursing

Newsletter, Spring, 2010

Hawai'i State Center for Nursing

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Our Mission:

To assure that the State of Hawai'i has the nursing resources necessary to meet the health care needs of its people.

FROM THE EXECUTIVE DIRECTOR

"Change is inevitable. Change is constant."

Benjamin Disraeli.

Change has come to the Center for Nursing! Last summer Meredith Donnelly, the first administrative and fiscal support person for the center relocated to San Francisco to pursue new opportunities and begin graduate studies. Erin Matsuda succeeded Meredith bringing with her fiscal experience from the University of Hawaii at Manoa, and Kapiolani Women's Health Center. A grant award to the center from the Agency for Healthcare Research and Quality (AHRQ) is funding a position to support the annual Pacific Institute for Nursing Conference and Joan White recently assumed those responsibilities. She also supports the Evidenced Based Practice Program. Joan's wealth of healthcare experience is a wonderful addition. The center is also the recipient of a Health Resources and Services Administration (HRSA) grant that funds a position filled by Valerie Song who coordinates the Workforce Diversity grant. Please visit our website at www.hinursing.org to learn more about the team, programs and reports.

As you can imagine the growth in staffing meant a need for more space and in early January we moved into a new "home" in the Biomedical Sciences Building on the University of Hawaii at Manoa campus. Residing on the university campus means operating free of lease/rent agreements. The address is 1960 East West Road and we are in Courtyard C, room 105 and we welcome visitors.

New faces, new address, some things have changed however, the mission and mandates of the center remain constant. We strive to work in partnership with the Nursing community to achieve established goals, explore new sources of funding and develop new relationships.

On March 29 and 30 the center presents the annual *Pacific Institute for Nursing, Advancing Practice, Education and Research Conference*. We are delighted to have Dr. Patricia Benner, one of the nation's most innovative nursing educators and researchers, as keynote speaker. We hope to see you there, however if you miss it the next newsletter will cover the event.

Best wishes for a Happy Easter.
Mahalo Nui Loa,

Gail Tiwanak, MBA, RN
Executive Director



Hawai'i Registered Nurse Survey 2009

In 2009, the Hawaii State Center for Nursing conducted the second biennial population based survey of registered nurses (RNs) required to renew their license in Hawaii. Workforce data was collected on RNs geographic distribution, age, employment status, intentions to stay in the profession, work setting, practice role, education, gender, racial/ethnic background. The survey included items to examine intention to stay in current work setting in the next twelve months and the reasons that led to decisions to leave current nursing employment.

A total of 19,999 registered nurses listed with the Board of Nursing were requested to participate in the survey. Out of this number, 8,000 (40%) registered nurses completed the survey. Key findings from the 2009 survey show that:

- 76% report their current residential address as here in the State of Hawaii.
- For those licensed and residing in Hawaii, 85.5% report that they are **active** in nursing and working in a position requiring an RN license/ knowledge, 4.8% are retired, 3.8% are working in non-nursing jobs, and 1.8% are unemployed.¹

Of the 85.5% active RNs:

- 72.5% live and work in the City & County of Honolulu, 13.3% Hawaii County, 9.4% in Maui County, and 4.8% Kauai County.
- 61.4% are working in hospital settings, 6.8% long term care, 5.7% ambulatory care, 4.4% home health/ hospice, 2.5% education, and 19.2% some other healthcare setting.
- 65% provide direct patient care services.
- Average age is 44.7 (± 11.7).
- 11% are male.
- About 22.7% of *active* RNs employed in the state are Filipino, 37.3% Caucasian, 14.4% Japanese, 10.8% 2 or more races, 4.8% Native Hawaiian, 3.8% Chinese, 1.7% Hispanic, .9% Other Asian, .8% African-American, 1% Korean, .7% Samoan and other Pacific Islanders, and .4% some other race.
- 270 (5.3%) are newly licensed RNs employed in their first RN position.
- 78% are working 30 or more hours per week.
- 6.1% are Veterans born between 1922 and 1946, 46.4% Baby Boomers born 1947-1964, and 34.5% GenXs born 1965-1978, and 12.9% Millennials born 1979-2000.
- 43.3% intend to retire and leave the profession in the next 15 years.
- 14.2% are '*very likely*' or '*somewhat likely*' to leave their primary employer in the next 12 months.
- Reasons for leaving current employment included; dissatisfaction (31.7%), family / personal (5.8%), military or family relocation (5.5%), other (21.7%), relocation out of state for better opportunities (14.8%), retirement (14.1%), and return to school (2.8%).

¹ In this report, the term '*active*' is used to refer to registered nurses who are working in positions requiring an RN license/ knowledge on a full-time or part-time basis. '*Active*' does not include approximately 4.8 percent of licensed RNs who are retired, 3.8 percent working in non-nursing jobs, and 1.8 percent unemployed.



Improving Patient Care through EBP Projects

Often elderly patients will suffer in silence. They don't want to burden family, friends or caregivers or they may be unable to express discomfort. This can become a major issue for seniors living at home or in the community, as well as residents in nursing homes, especially those that are cognitively impaired. Nurses are concerned about under recognizing signs and symptoms of pain in their elderly patients and are vitally interested in identifying a best practice for assessment.

A team of nurses from a Honolulu based long term care facility chose this problem for their evidence based practice (EBP) project in March of 2009. The team had just completed a two day workshop sponsored by the Hawaii State Center for Nursing, led by nationally recognized creator of the Iowa Model for EBP, Marita Titler, Ph.D, RN, and Director of Research at UHSONDH, Debra Mark, Ph.D., RN. By investigating how other practitioners in similar situations assess their patients, the team sought to learn what might be appropriate in their facility and they also realized that it would assist them in developing a clear problem statement for their project. The first step then was to conduct a literature search, a process that had been taught in the workshop. A review of literature confirmed

- Challenges to successfully evaluating and managing pain may include communication difficulties due to illness or language and cultural barriers, stoicism about pain, and cognitive impairment (Cohen-Mansfield, 2006; Jones, 2005; Yong, 2001).
- It is a challenge to assess and manage pain in individuals who have cognitive impairment or communications difficulties (Teno, 2001; Won, 2004)
- Nurses are the key to effective pain management; however, studies have demonstrated that nurses lack pain knowledge necessary to manage their residents' pain effectively (Textor & Porock, 2006).
- The need for the establishment of a formalized system-wide interdisciplinary approach to pain management (MASSPRO, 2006)

Though challenged by what they had learned, they were undaunted in their desire to develop a best practice for pain assessment in this population. Key decision points that the team considered in selecting Pain Assessment in Advanced Dementia (PAINAD) Scale were criteria and associated indicators used in the evaluation of tools for assessing pain in nonverbal elders, as established by the City of Hope Pain & Palliative Care Resource Center.

To ensure successful implementation of the practice change, a Pain Assessment educational program was designed to accommodate for culture/language differences to: (a) promote better understanding about pain management and the use of pain assessment tools; (b) correct common misconceptions and myths about pain; and (c) provide education for staff that will allow them to recognize and be more sensitive to their resident's signs and symptoms of pain.

EBP Projects continued...

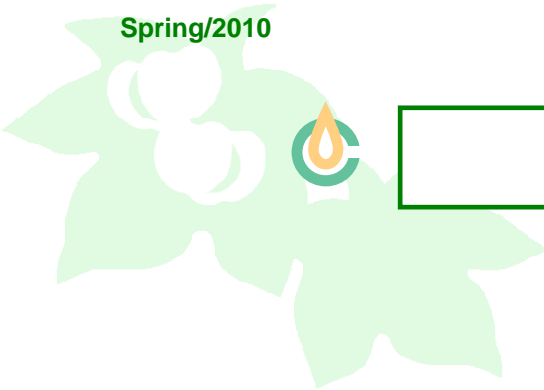
Evaluation of the program will include: (1) chart audits to determine nursing staff's documentation compliance; (2) use of the Lumetra Pre-Test and Lumetra Post-Test to determine effectiveness of the Pain Assessment educational program; (3) informal qualitative feedback regarding factors that facilitated and/or hindered the implementation of the pain assessment guideline; (4) validation of the nursing staff's pain assessment by an expert nurse; and (5) modification of the guideline based on the results.

This quality improvement initiative anticipates an improvement in the quality and consistency in pain assessment and documentation.



Leahi EBP Team members

Bottom row (left to right): Lynn Milligan, RN; Franchele Martin, RN, BSN; Christina Sacoco Manibog, RN, MS, RAC-CT; Sally Ishikawa, RN, NHA, MPH, C-DONA; Cynthia Hung, RN, BSN; Christine Shimada, PT; top row (left to right): Phillip Fong, PharmD; Carlina Marquez, RN; Myrna Galang, RN; Pamela Inake, OTR; Gail C. Okamura; Rosemary Nakasone, RD



EBP Projects continued...

Spinal Cord Injured Patients EBP Team

By Leilani Hill, Change Champion



Queen's Medical Center EBP Team members

Back row (left to right): Diane Brenessel, Leilani Hill, Kawehi Kauhola, Ron Govina Front row (left to right): Deborah Bransford, Kathy Johnson. Team members not shown: Chris Aguillon, Rachel Ariola, Stephen Kaya, Danny Le, John Mauliola, Jenelle Palisca and MD consultants: Daniel Donovan, MD and Cherylee Chang, MD



EBP Projects continued...

Our goal was to develop an interdisciplinary EBP guideline for pulmonary management of acutely injured spinal cord injured patients. We realized that spinal cord injured patients, especially those with cervical spinal injury; tend to have longer length of stay usually due to respiratory issues. As we reviewed articles, we realized that our practices are the same as other hospitals but there was no flow, no consistency in our care so we wanted to develop a guideline for the interdisciplinary teams.

Going into this project was full of excitement, uncertainty, and challenges. It was exciting to know that something could be done to benefit these patients. Attending the EBP workshop last spring helped to set the stage. It prepared us to know how the meetings should flow; which interdisciplinary members to have on the team; what the guideline should include as well as how to implement the guideline. Our EBP team consists not only of neuro ICU nurses but also includes a neuro-surgeon, a neuro-intensivist, respiratory therapists and rehab services as well. Each team member is passionate about the topic which has added to the success of this team. To have staff like Kathy Johnson (clinical nurse specialist) and Kawehi Kahola (nurse manager) assisting has been a great help. Kathy Johnson especially helps with the meetings and helps me to imagine a vision for the outcome of this project. She continues to encourage me throughout the whole process.

We are currently in the process of finalizing the guideline and hope to pilot in the next four to six months. We are planning to present a poster on this project at the upcoming PIN conference in March.

STAY TUNED FOR UPCOMING EVENTS

www.HINursing.org

Pacific Institute of Nursing Conference, March 29th & 30th 2010

EBP Post-Conference, March 31st – April 2nd 2010

Career Fair, May 2010