A publication of the
IMPROVEMENT SCIENCE RESEARCH NETWORK ... improving patient outcomes
SCHOOL OF NURSING
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Network News

Volume 1 • No. 2 • October 2010

Expert Perspectives

The Challenges Ahead

Summit keynote speaker Carolyn Clancy, director, Agency for Healthcare Research and Quality (AHRQ), offered strong support for ISRN's leadership, new research priorities, and mission to help "renovate" health care, noting that AHRQ shared the renovation mission, as "the world's leading funder of research to improve health care through evidence-based interventions." Her July 7th address also offered insights into improvement science's promise and the federal funding climate.

"Research will not yield improvement unless research results are adopted and hardwired into practice."

CAROLYN CLANCY, MD, DIRECTOR, AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The success of the new field's research enterprise will be judged, not by tenure or publications, but rather by whether patients are getting better care, she said.

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First Improvement Science Summit Attracts Full House

National Research Priorities and Network Studies Unveiled

The ISRN will help "renovate" U.S. health care, said principal investigator Kathleen R. Stevens, wearing a hard hat to make the point.

"Our passion is to develop a rigorous scientific basis for quality improvement and to evaluate the most effective strategies to create better patient outcomes."

KATHLEEN R. STEVENS, EdD, MS, RN, ANEF, FAAN, ISRN PRINCIPAL INVESTIGATOR

ISRN principal investigator Kathleen R. Stevens welcomed 266 conferees from 30 states to the first Improvement Science Summit, a research methods conference held in San Antonio, Texas, July 7, 2010.

She told the enthusiastic crowd—made up mostly of health care researchers, academicians, clinicians, and administrators interested in patient safety—that the ISRN would generate scientific knowledge through a research infrastructure and help "renovate" U.S. health care. "Our passion is to develop a rigorous scientific basis for improvement and to evaluate the most effective strategies to create better patient outcomes."

In later remarks on the way forward, Stevens stressed the field's need to overcome fragmented "innovation du jour" approaches and "to accelerate the development and dissemination of improvement science in systems."

She also announced the ISRN's national research priorities and launched the first three network studies in its new program of research (see "Priorities," p. 3, and "Studies," pp. 4–5).

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Expert Perspectives

"Improvement science must identify and standardize effective care strategies," Clancy said. "We know what 20 mg of Lipitor is, but I can't think of any strategy of care that has that same standard meaning, and there are few areas where we are consistently excellent in practice." To change this, the new field must develop clear boundaries, priorities, vocabularies, theories, methods, and tools, she said.

"Yet research will not yield improvement unless research results are adopted and hardwired into practice," she said. "How do we get results into the pathways of providers' brains? How do we market knowledge so it is taken up rapidly into practice? We need to know more about how people adopt and apply new knowledge in practice."

"The good news is that there is no shortage of opportunities for improvement science," Clancy said. Her own budget and that of the NIH and HHS have received significant funding from the American Recovery and Reinvestment Act, and the Patient Protection and Affordable Care Act is heavily funding comparative effectiveness research and calling for a national strategy to improve health care quality, she said.

"We look forward to continuing to work with Kathleen Stevens and to potentially supporting ISRN work in the future."

To hear Clancy's full address, visit www.isrn.net/events/event_summit_2010_07_07.asp. For more about AHRQ, visit www.ahrq.gov.

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First Improvement Science Summit Attracts Full House

ISRN leadership solicited Summit conferees' participation in three planned network studies and gathered their input in the course of lively discussions such as the one pictured above. Because they are multisite, the studies will allow researchers to create large samples and understand variation across different units and organizations. Many conferees have joined the ISRN (see "Welcoming Charter Members," pp. 7–8, for a listing).

The need for new directions and research methods in improvement science was the theme of remarks by Jack Needleman, PhD, FAAN, professor and director, Health Services PhD and MSHS programs, UCLA School of Public Health, and ISRN Steering Council member. Needleman said that "most recent best practices research had failed miserably to provide guidance" on care strategies. To reorient the field, he proposed three research goals and offered a wealth of methodological pointers (see "Expert Perspectives," p. 6, for details).

Marybeth Farquhar, PhD, MSN, RN, offered a national perspective on the importance of measurement in enhancing health care quality. Speaking from her vantage point as vice president, Performance Measures, National Quality Forum (NQF), Farquhar said that "in the future, NQF will focus not so much on process measures as on endorsing more outcomes measures related to the patient's experience of care." Noting that NQF, HHS, and other stakeholders are working on measurement goals, she predicted the emergence of national priorities and goals, more measurement, and an emphasis on improvement at the community level.

Looking at improvement science through an international lens, Alan Pearson, AM, RN, ONC, DipNEd, MSc, PhD, FRCNA, FCN, FAAG, FRCN, professor of evidence-based health care, University of Adelaide (Australia), and executive director, the Joanna Briggs Institute, described the work of his institute and the Cochrane Collaboration. Both are huge global collaboratives of health scientists, researchers, and professionals who produce rigorous reviews of the effects of health care interventions. The reviews are published in plain language and have been highly influential, particularly in countries with strong centralized health care systems.

Pearson characterized collaboration as "defining or creating a situation that facilitates collective identity and enables collective output." He argued that more international collaboration in improvement science is both desirable—because good "health care is one of the few truly universal aspirations"—and inevitable—because "nationalist or parochial approaches will eventually be found unjustifiable in terms of workload and costs."

"Nationalist or parochial approaches [to improving patient care] will eventually be found unjustifiable in terms of workload and costs."

ALAN PEARSON, AM, RN, ONC, DIPNED, MSC, PHD, FRCNA, FCN, FAAG, FRCN, PROFESSOR OF EVIDENCE-BASED HEALTH CARE, UNIVERSITY OF ADELAIDE, AND EXECUTIVE DIRECTOR, THE JOANNA BRIGGS INSTITUTE

Research Priorities Unveiled

To help focus and speed the work of identifying and testing the most effective health care strategies, the ISRN Steering Council selected a set of research priorities, which were unveiled at the Summit (see priorities below). They were drawn from environmental scans, literature reviews, major health care organizations' priorities, and a survey sent to 2,777 stakeholders. The research priorities are meant to reflect consensus on the most important and urgent gaps in improvement knowledge, according to clinical and academic scholars, leaders, and change agents in acute health care settings. The priorities will inform decisions about the scope and dissemination of future work, but the ISRN will also respond to emerging needs and consider the merits of projects with other worthwhile goals.

A Care Coordination and Transitions of Care

This category emphasizes strategies for improving care processes in specific clinical conditions, to ensure good care coordination and transitions of care.

Priority Topics: Evaluate strategies and methods to ensure coordination and continuity of care across transitions in given clinical populations; test and refine methods of handoffs and other strategies to ensure safe, effective, and efficient transitions in given clinical populations.

Examples of Improvement Strategies and Research Issues: Interprofessional team performance, medication reconciliation, discharge for prevention of early readmission, patient-centered care, and measurement of targeted outcomes.

B High-Performing Clinical Systems and Microsystems Approaches to Improvement

This category emphasizes structure and process in clinical care and health care as complex adaptive systems.

Priority Topics: Determine effectiveness and efficiency of various methods and models for integrating and sustaining best practices in improving care processes and patient outcomes; investigate strategies to engage frontline providers in improving quality and patient safety; evaluate strategies for preventing targeted patient safety incidents; establish reliable quality indicators to measure the impact of improvement and isolate nursing care impact on outcomes.

Examples of Improvement Strategies and Research Issues: Frontline provider engagement; unit-based quality teams; factors related to uptake, adoption, and implementation; sustaining improvement and improvement processes; academic-practice partnership; and informatics solutions.

For more information, visit www.isrn.net and select "Research Priorities" from menu on the left.

C Evidence-Based Quality Improvement and Best Practice

This category emphasizes closing the gap between knowledge and practice through transforming knowledge and designating and implementing best practices.

Priority Topics: Evaluate strategies and impact of employing evidence-based practice in clinical care of process and outcomes improvement; determine gaps and bridge gaps between knowledge and practice; transform evidence for practice through conducting systematic reviews, developing practice guidelines, and integrating practice into clinical decisionmaking; and develop new research methods in evidence-based quality improvement, including comparative effectiveness research and practice-based evidence.

Examples of Improvement Strategies and Research Issues: Development and appraisal of clinical practice guidelines, adoption and spread of best practices, customization of best practices, institutional elements in adoption, defining best practice in absence of evidence, consumerism in evidence-based practice, and technology-based integration.

D Learning Organizations and Culture of Quality and Safety

This category emphasizes human factors and other aspects of a system related to organizational culture and commitment to quality and safety.

Priority Topics: Investigate strategies for creating organizational environments, processes that support cultures fully linked to maintaining quality, and patient safety in order to maximize patient outcomes; determine effective approaches to developing organizational climates for change, innovation, and organizational learning.

Examples of Improvement Strategies and Research Issues: Professional practice environments, protecting strategy from culture, shared decisionmaking and governance, patient-centered models, leadership to instill values and beliefs for culture of patient safety, and organizational design (e.g., omit first-order failures).

RESEARCH PRIORITIES

Network Studies Launched

"U.S. health care is among the most scientifically advanced in the world but there are concerns about its safety, effectiveness, consistency, and costs."

MARYBETH FARQUHAR, PHD, MSN, RN, VICE PRESIDENT, PERFORMANCE MEASURES, NATIONAL QUALITY FORUM

"U.S. health care is among the most scientifically advanced in the world but there are concerns about its safety, effectiveness, consistency, and costs," says NQF's Marybeth Farquhar. To address these concerns, the ISRN has identified three action-oriented studies that focus on high-priority aspects of health care quality and safety to create needed changes. The large scale of the studies will provide rich results from a variety of settings. "The Network provides an opportunity to build academic-practice partnerships even in small health care agencies," says Kathleen R. Stevens. "These partnerships are a key to improving care, translating research into care, evaluating innovations, and ultimately improving patient outcomes. We will conduct landmark studies of what improvement strategies work, and because of the collaborative approach, both large and small agencies can be part of the research team." The ISRN is now recruiting research partners for the studies (see "A Call," p. 5).

Network Study: Frontline Engagement in Quality Improvement

"Early on, the pocket card study put frontline nurses in the central position to identify problems and jump start—or even drive—needed change. We hope that if nurses make changes to address small problems rather than leaving them in place, we can improve the quality and safety of care."

ROBERT FERRER, MD, MPH, PROFESSOR, FAMILY AND COMMUNITY MEDICINE, UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

Every day, nurses and other frontline hospital staff work around problems such as missing supplies, nonfunctioning equipment, and failed communication. Staff may simply borrow what they need from another unit, for example, or they may discard extra medication when the pharmacy delivers more than their patient needs.

Such work-arounds, estimated by researchers to occur once an hour per nurse, do not address small problems that can frustrate and exhaust frontline staff and take them away from patient care. Small problems often lead to large problems, compromising patient safety and quality of care.

With the support of the Robert Wood Johnson Foundation, Kathleen R. Stevens and Robert Ferrer, MD, MPH, professor, Family and Community Medicine, University of Texas Health Science Center at San Antonio, piloted a study that gave nurses small cards (see excerpt below) on which they could note problems encountered during their shift and the number of times that problem occurred. Staff members turned the cards in, studied the patterns and recurrence of problems, and prioritized the underlying system problems that needed to be solved.

"Early on, the pocket card study put frontline nurses in the central position to identify problems and jump start—or even drive—needed system change," says Ferrer.

Through the ISRN, the study is now ready to be expanded so that the observations and insights of many frontline care providers can allow for a better understanding of how small problems hinder patient safety and quality of care in different contexts. The study's methodology will also allow participants to improve care at their sites. "We hope that if nurses make changes to address small problems rather than leaving them in place, we can improve the quality and safety of care," says Ferrer.

The Pocket Card for Detecting First-Order Operational Failures

Excerpt

STAR

Small Problems in Providing Care Today

Today's Date:___/___/___ Shift:_____
Unit:_____ Title:_____

Equipment/Supplies	Description	
1._____		_____
2._____		_____
3._____		_____

All Problem Categories
Equipment/Supplies
Physical Unit/Layout
Information/Communication
Staffing/Training
Medication
Other

A Call for Research Partners:

Are you interested in participating in one or all landmark network studies? To learn more, join the October 26 web event (see "Web Events Update," p. 6) and contact the ISRN for more information: 1-888-271-8938 or ImprovementScienceResearch@isrn.net. ISRN membership is required for study participation.

Network Study: Preventing Medication Errors

According to the 2006 Institute of Medicine report *Preventing Medication Errors*, at least 1.5 million people are harmed by medication errors each year. Errors can occur at any point in the process, from prescription to dispensing to administration. "Nurses are the last stop to catch a medication error," says Lily Thomas, PhD, RN, vice president, System Nursing Research, Institute for Nursing, North Shore Long Island Jewish Health System. Still, about one-third of errors that harm patients occur during the administration of medication, a phase that has fewer safeguards because it is at the end of the process.

The ISRN network study on preventing medication errors will focus on the practitioner. "Not all institutions can make changes to environment or technology," says Thomas, "but all can work on the practitioner and process. Ultimately, the safeguard is with the practitioner, even when the environment is controlled."

Nurses are especially susceptible to interruptions that can force them to stop one activity to attend to something else. For example, while administering medication, nurses may have to go find missing medication, manage patient and family requests, and attend to issues of coordinating care for other patients. "How can we train the practitioner to be mindful and reorient to the task?," Thomas asks. "Can we design a process to do this?"

"We want to know what interventions will work," says Thomas. "All hospitals and regions have unique features, but we want to know what will work in every setting. The network study will allow us to create a national conversation about preventing medication errors. We will establish definitions for terms, develop our methodology, test interventions in a range of sites, and spread the practices."

"We want to know what interventions will work. All hospitals and regions have unique features, but we want to know what will work in every setting. The network study will allow us to create a national conversation about preventing medication errors."

LILY THOMAS, PHD, RN, VICE PRESIDENT, SYSTEM NURSING RESEARCH, INSTITUTE FOR NURSING, NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM

Network Study: Team Performance for Patient Safety

In collaboration with more than 30 organizations, Heidi King, MS, FACHE, deputy director, Department of Defense Patient Safety Program, identified core principles from research on high-performing teams in multiple industries. This led to Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), an evidence-based training program that allows organizations to target improvements, especially in communication. Now offered to civilian institutions through the Agency for Healthcare Research and Quality, TeamSTEPPS trains health care providers to use specific tools and strategies to promote safe, quality care.

Implementation of TeamSTEPPS has demonstrably improved outcomes at participating institutions by, for example, reducing patients' stay in the ICU and the incidence of adverse outcomes. But as with any change effort, training does not guarantee that people will truly transform the way that they practice, says King.

"We know that TeamSTEPPS works and thrives in pockets of excellence," says King. "To transform health care, we need to know how and why innovative solutions work in different settings. Through the Improvement Science Network, we will learn how organizations effectively integrate teamwork principles into practice for sustained improvement. Which organization factors are critical for success? How are the frontlines engaged? What strategies must leaders put in place and when?"

This multisite ISRN network study will help to answer these crucial questions and expand the field of improvement science.

The network study will grow out of work done at the July 2010 conference, where participants posed teamwork research questions through engaging conversations.

"Through the Improvement Science Research Network, we will learn how organizations effectively integrate teamwork principles into practice for sustained improvement. Which organizational factors are critical for success?"

HEIDI KING, MS, FACHE, DEPUTY DIRECTOR, DEPARTMENT OF DEFENSE PATIENT SAFETY PROGRAM

Web Events Update

Next Web Event:

Breaking New Ground: Forming Research Collaboratives to Conduct Improvement Studies

Tuesday, October 26, 2010
2:00–3:00 p.m. EDT
This ISRN web event will focus on the first two landmark network studies featured on pages 4 and 5 of this newsletter. Participants will learn about the background, significance, and plans for the ISRN network studies and be invited to participate in conducting these multisite studies.

Web Event 3: Rigor and Rapid Testing, Dec. 2010

This event will provide examples of improvement research and evaluation methods used to produce rigorous, scientifically compelling results. Participants will comment on creating a learning network.

Web Event 4: Science to Service, March 2011

This event will explore strategies to apply improvement science in the context of organizational culture to embed sustainable practice improvement and spread excellence in bedside care.

- For details, visit the ISRN web site: www.isrn.net.
- To access the archived first ISRN web event, "The Way Forward: An Introduction to Improvement Science," visit www.isrn.net/events/web_events.asp.

Expert Perspectives

On Goals and Research Methods

"The purpose of improvement science research is to identify practices that improve the quality of care. Most of our current research on best practices has failed miserably to provide guidance."

JACK NEEDLEMAN, PHD, FAAN, PROFESSOR AND DIRECTOR, HEALTH SERVICES PHD AND MSHS PROGRAMS, UCLA SCHOOL OF PUBLIC HEALTH, AND ISRN STEERING COUNCIL MEMBER

To address the failure of most current best practice research, ISRN Steering Council member Jack Needleman proposed three research goals.

Research Goals

- Identify practices that improve the quality of care.
- Find methods that implement and sustain better practices by both customizing for particular settings and integrating new practices seamlessly into effective care models rather than merely piling them on.
- Make organizations more committed to change and better at reengineering care.

Another key element of the ISRN research agenda, Needleman said, is turning tacit knowledge into explicit knowledge. Although it is hard to transfer, it is often learnable and teachable, he said. "Like leadership, it consists of many teachable skills."

Needleman also offered several methodological pointers (five of which follow).

Methodological Pointers

- Become more sophisticated about statistics and use many research models, such as ethnographic, qualitative, mixed qualitative and quantitative, and prototyping (randomized controlled trials ignore content and are a poor way to learn how to engineer change).
- Capture variation across units and understand why it exists.
- Pursue work that frontline staff have a passion for, let them take the lead, and avoid burdening them too much.
- Determine which structural and contextual factors will be measured.
- Improve the theory of organizations and how they change and understand the organizational factors that allow for sustaining change.

Research Resources: *Medication Safety*

Biron, Alain D., Carmen G. Loiselle, and Mélanie Lavoie-Tremblay. 2009. Work interruptions and their contribution to medication administration errors: an evidence review. *Worldviews on Evidence-Based Nursing* 6 (2): 70–86.

Kliger, Julie, Mary A. Blegen, Dave Gootee, and Edward O'Neil. 2009. Empowering frontline nurses: a structured intervention enables nurses to improve medication administration accuracy. *Joint Commission Journal on Quality and Patient Safety* 35 (12): 604–12.

Westbrook, Johanna I., Amanda Woods, Marilyn I. Robb, William T. M. Dunsmuir, and Richard O. Day. 2010. Association of interruptions with an increased risk and severity of medication errors. *Archives of Internal Medicine* 170 (8): 683–90.

Welcoming ISRN Charter Members*

ISRN Steering Council Charter Members

Patricia Benner, RN, PhD, FAAN
University of California at San Francisco

Suzanne Beyea, RN, PhD, FAA
Dartmouth Hitchcock

Ann Hendrich, RN, MSN, FAAN
Ascension Health

Marilyn Hockenberry, PhD, RN, PNP-BC, FAAN
Baylor College of Medicine

Sarah Humme, MSN, RN, NE-BC
Methodist Healthcare System

Rosemary Kennedy, RN, MBA, FAAN
National Quality Forum

Heidi King, MS, FACHE
TRICARE Management Activity

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

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

Stephen Mayfield, DHA, MBA, MBB
Institute of Industrial Engineers

Jack Needleman, PhD, FAAN
UCLA School of Public Health Department of Health Services

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

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

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

Robert Wears, MD, MS
University of Florida, College of Medicine

For more information about individual Steering Council members, visit www.isrn.net and select "View All Experts."

Said K. Abusalem, University of Louisville

Arlene M. Aliano, Methodist Children's Hospital

Kathryn Elizabeth Artnak, Angelo State University

Alyce S. Ashcraft, Texas Tech University Health Sciences Center

Julia W. Aucoin, Duke University Hospital

Diana Carole Baker, Baptist Memorial Health Care Corporation

Janet Baker, Ursuline College

Kathleen Marie Baker, Lehigh Valley Health Network

Karen Balakas, Barnes-Jewish College

Lillian Barron, King Fahad Specialist Hospital

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Carolyn Battles, Battles Consulting

Jeri Bigbee, Boise State University

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Mary D. Bondmass, University of Nevada, Las Vegas, School of Nursing

Alice Robbins Boyington, Moffitt Cancer Center & Research Institute

Carrie Jo Braden, University of Texas Health Science Center

Lynda K. Brandt, Massachusetts General Hospital

Tracy L. Brewer, Wright State University

Gail Bromley, University Hospitals of Cleveland

Pamela Brown, Blessing-Rieman College of Nursing

Cathy Bryan, CINA

Ellen Buckner, University of South Alabama

Danita Burch, Shands Jacksonville

Diane Laura Carroll, Massachusetts General Hospital

Donald E. Casey, Atlantic Health

Susan E. Cheeseman, St. Luke's Children's Hospital

Kathryn Clinefelter, Partners in Healthcare Quality

Paula Cooper Clutter, University of Texas Health Science Center

Cheri Coleman, North Florida/South Georgia Veterans Health System

Rosemary Connors, Newton, MA

Stephanie Corder, Missouri Western State University

Inge B. Corless, MGH Institute of Health Professions

Linda J. Cowan, North Florida/South Georgia Veterans Health Service

Elizabeth (Liz) Criss, Southern Arizona VA Health Care System

Sandra Kay Croy, Driscoll Children's Hospital

Jim W. Dearing, Kaiser Permanente

Maja Djukic, New York University, College of Nursing

Mary A. Dolansky, Case Western Reserve University

Maria Dolce, New York University

Jean Dols, Christus Health

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Rowena Faner, United States Air Force/ Wilford Hall Medical Center

Penny H. Feldman, Visiting Nurse Service of NY

Susan H. Fenton, Texas State University

Jeanne Findlay, Johns Hopkins University School of Medicine

Kathleen Fitzgerald, Lewis University

Paula Forte, Gillette Children's Specialty Healthcare

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Elizabeth Johnson, Mass General Hospital

Lynn E. Johnson, North Shore–Long Island Jewish Health System

Patricia Johnson. Memorial Health System

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Katherine Jones, University of Nebraska Medical Center

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Kelly J. Kelleher, Community Health and Services Research

Deborah Kendall-Gallagher, University of Texas Health Science Center

Gemma T. Kennedy, University of Texas Health Science Center

Sara Kolb, University of the Incarnate Word

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Cheryl Lehman, University of Texas Health Science Center/VA

Carolyn Lindgren, Baptist Health of South Florida

Charles Macias, Texas Children's Hospital/ Baylor College of Medicine

Lori Loan, Madigan Army Medical Center

Lisa English Long, University of Louisville

Anne Longo, Cincinnati Children's Hospital Medical Center

Bonnie Lynn Magliaro, Texas Children's Hospital

Rosalie O'Dell Mainous, University of Louisville

Jerry A. Mansfield, Ohio State University Medical Center

David Marshall, University of Texas Medical Branch

Ellen Martin, Hospice Austin

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Katherine McDuffie, Fort Duncan Regional Medical Center

Wendy Tuzik Micek, Advocate Christ Medical Center

Shahnaz Moezzi, University of Utah, College of Nursing

Ruth Ann Mooney, Christiana Health Care System

Marthe J. Moseley, Veterans Administration

Katie Mosley-Clark, Peterson Regional Medical Center

Marilyn Jean Musacchio, Sullivan University System

Monique Munoz, Munoz Family Health Clinic

Jacqueline Cecilia Munro, Morton Plant Mease Health Care

Robin Newhouse, University of Maryland School of Nursing

Richard Niederman, Forsyth Institute

Dolores K. Northrup, Methodist Children's Hospital

Sandi O'Neal, Partners in Healthcare Quality

Cynthia Ann Oster, Porter Adventist Hospital

Mickey L. Parsons, University of Texas Health Science Center

*Members' full credentials will be available via the ISRN Member Center at www.isrn.net.

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Welcoming ISRN Charter Members

Sandra Worthington Peppard, Southwestern College

Sandra L. Pennington, Rocky Mountain University of Health Professions

Rita H. Pickler, Virginia Commonwealth University

Mary Jo Pugh, University of Texas Health Science Center

Myrta Rabinowitz, North Shore–Long Island Jewish Health System

Baldev Raheja, Patient System Safety

Karen L. Rice, Ochsner Health System

Linda L. Ries, Hackettstown Regional Medical Center

Cheryl B. Robinson, University of South Alabama

Linda A. Roussel, University of South Alabama

Linda L. Ruh, Ohio State University Medical Center

Elaine G. Russell, Prince William Hospital

Kathleen Russell-Babin, Meridian Health

Bonnie Sakallaris, Washington Hospital Center

Dolora Sanares-Carreon, University of Texas Medical Branch at Galveston

Rob Sarbach, Shannon Medical Center

Suzanne M. Savoy, Saginaw Valley State University

Ana Schaper, Gundersen Lutheran Health System

Candace Scheresky, Memorial Hermann Texas Medical Center

Jim Schlosser, VA New England Healthcare System

Cynthia (Cindy) Granot Segal, MD Anderson Cancer Center

Diana Sellers, Seton Family of Hospitals

Cindy H. Sinkey, Black Hills Dialysis

Anne Marie Skinner, University of Nebraska Medical Center

Claudia DiSabatino Smith, St. Luke's Episcopal Hospital

Bruce Spurlock, Beacon

Marietta Stanton, University of Alabama Capstone College of Nursing

Marilyn Stapleton, Ellis School of Nursing

Susie Theane Striegler, Hendrick Medical Center

Helen Taggart, Armstrong Atlantic State University

Rebecca Creech Tart, Catawba Valley Medical Center

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Lawrence Charles Washington, University of Texas Health Science Center

Ellen Wathen, Deaconess Hospital

Hania Wehbe-Janek, Scott & White Healthcare

Grace Willard, University of Texas Health Science Center

Barbara J. Williams, Meridian Health

Kathy M. Williams, Denton Regional Medical Center

Priscilla S. Worral, University Hospital, Upstate Medical University

Teri Wurmser, Meridian Health

Carol D. Young, Home Healthcare Partners

Joining the Network

Become a member of the Improvement Science Research Network (ISRN), the first national collaboration of clinical and academic leaders devoted to accelerating improvement science in a systems context across multiple hospital sites. Membership in the ISRN is open to individuals who are health care researchers, academicians, clinicians, or administrators with a specific interest in patient safety and improvement research in the acute care setting. Benefits of membership include the following:

- Opportunities to participate in multisite 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 multisite 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/members and select the "Join Now" button. For additional information about ISRN membership, contact ImprovementScienceResearch@isrn.net.

JOIN

Network News

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Spann Communications LLC for Westat

ISRN Summit Photography:
Lester Rosebrock, senior photographer, University of Texas Health Science Center

ISRN Funding:
NIH–National Institute of Nursing Research, with funds from the American Recovery and Reinvestment Act of 2009

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The project described was supported by Award Number RC2NR011946 from the National Institute of Nursing Research. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Nursing Research or the National Institutes of Health.