



ANNUAL REPORT OF NURSING 2019

Excellent nursing



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GREETINGS FROM THE CHIEF NURSING EXECUTIVE



Kaarina Torppa

Our skilled clinical nurses took part in the care of each patient implementing excellent nursing practices.

At HUS Helsinki University Hospital about 680 000 patients receive medical care annually. Statistically, it could be said that every third resident in the Uusimaa region receives specialized health care at HUS. Increase in the number of primary healthcare outpatients compared to the previous year is caused by the integration of the City of Helsinki's Haartman Hospital and Malmi Hospital Emergency Departments into HUS Emergency Medicine and Services. Our skilled clinical nurses took part in the care of each patient implementing excellent nursing practices.

Patients have the right to excellent care at all times and in all situations. In order to prove that patient care is high-quality and safe with various indicators, quality of care with its goals were included in the municipal federation's strategy and the financial and action plans approved by the Council. The excellent nursing implemented at HUS, its supervision and development via research have been derived from HUS's strategy, which includes the international accreditation Magnet Hospital Program.

Preparations were made all over HUS for the implementation of the new patient information system, Apotti. Implementation will take place in February and May

2020. Apotti is the single biggest operational change and development project in HUS's history. Multi-professional and nursing expert working groups have, for example, defined their units' patient care processes and new operating models. The personnel have taken part in Apotti training. Nursing sensitive key indicators and activities concerning the quality and safety of patient care included in Apotti have been a consistent practice for years already.

Compared to the activities growth speed of operating expenses was too high. To rectify the situation, the HUS Executive Group took action to ensure that the budget objectives were achieved. Development of nursing, shared evidence-based practices, skilled nursing personnel and smooth operations are measures, which have significance for the implementation of the set goals. We have chosen descriptions and results of excellent nursing from different units of HUS to this annual report. I would like to thank all the nursing personnel for working for the best of all patients and thank you to all authors of this Annual Report of Nursing.

With sincere regards,

Kaarina Torppa, RN, PhD (Health Sci.)
Chief Nursing Executive

INTRODUCTION

The introduction explains HUS's strategy and the nursing plan of action derived from it. This chapter also describes the professional operating model of nursing. In addition, the introduction includes information about the number of personnel in the entire HUS and the four Helsinki University Hospital departments seeking Magnet Hospital status as well as Raseborg Hospital, which is on the Pathway to Ex-

cellence, and descriptions of their lines of nursing management.

From HUS strategy to nursing plan of action

The HUS vision is to be an internationally high-quality hospital organization, which creates new knowledge, and where the treatment, examination and care of patients is high-quality, timely, safe and patient-oriented. HUS's service production is competitive and all HUS hospitals and

units are desired workplaces. This vision is strived for with HUS's strategy. Figure 1 describes HUS's strategy in 2017-2019.

HUS's strategy is based on values. Strategic foci are realised in key aims, which are sought through breakthrough projects. The International Accreditations breakthrough project includes development of nursing throughout HUS according to the Magnet Hospital framework (Figure 2). The Magnet Hospital model is a nursing quality system that includes ex-

HUS strategy 2017-2019

Effective treatment in the best interest of the patient

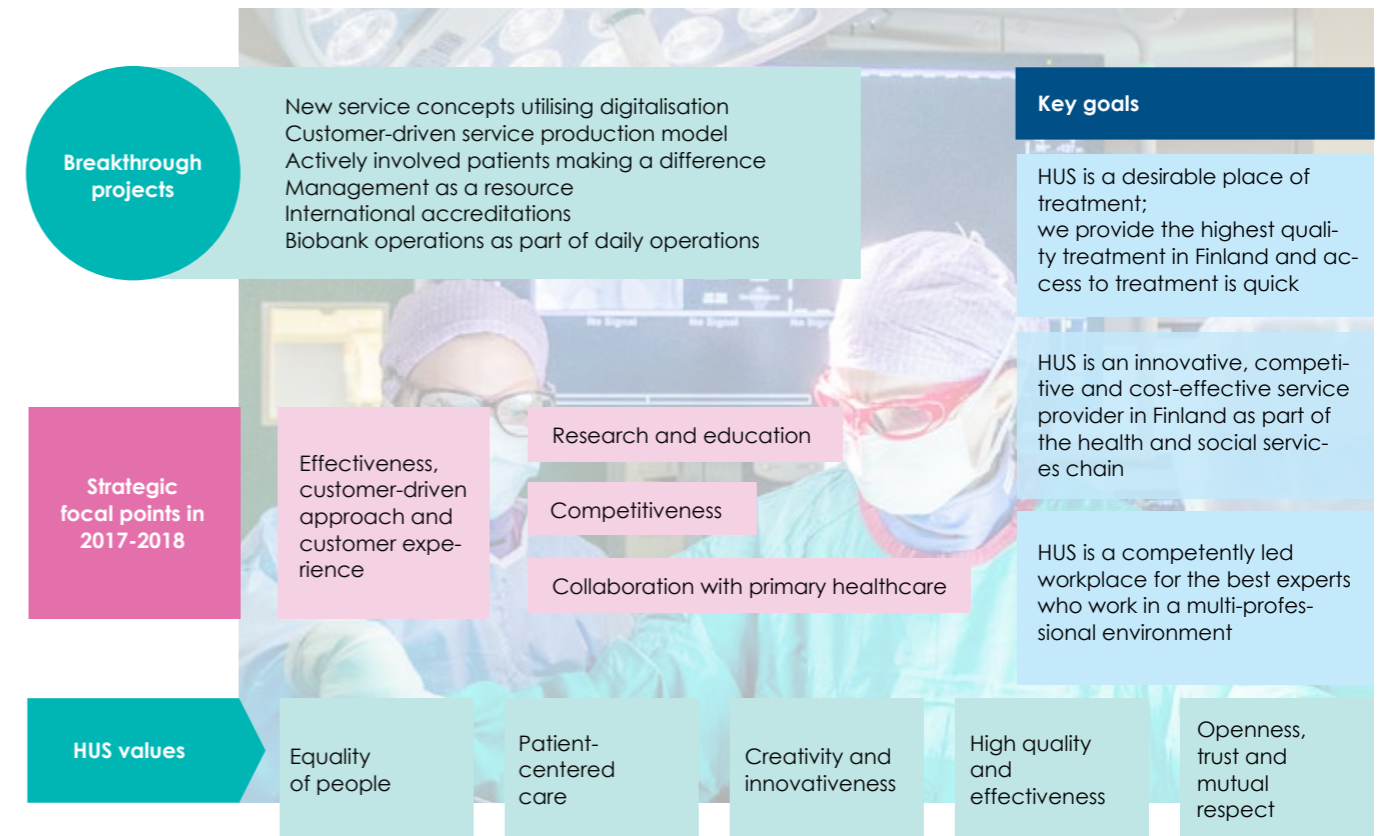


Figure 1. HUS strategy 2017-2019

cellent leadership, structural empowerment, exemplary professional practice, the latest knowledge, innovations and improvements as well as results included in the abovementioned elements.

HUS's Heart and Lung Center, Comprehensive Cancer Center, Children and Adolescents and Psychiatry will seek the Magnet Hospital® accreditation in the upcoming years. Raseborg Hospital will develop its nursing according to the Pathway to Excellence® model. These accreditations are recognitions of excellence in nursing.

The nursing plan of action according to the Magnet Hospital framework derived from HUS's strategy (Table 1) guides nursing at HUS in patient care, teaching, research and the related leadership. At HUS, nursing is guided by patient-centered, evidence-based practice, patient safety and a multi-professional and collegial atmosphere.

Goals of the six HUS-level nursing councils have been derived from the goals of the action plan of nursing. HUS Nursing Executive Group has approved the abovementioned objectives according to the principles of HUS structures of

shared governance. Structures of shared governance and principles of nursing practice have been described in the chapter 'Exemplary professional practice'. The principle is that operations according to the action plan of nursing derived from the HUS strategy take shape in the structures of shared governance and thus in the work of each nursing manager, supervisor and clinical nurse to provide the best possible care for all patients.



Figure 2. Magnet Hospital framework © HUS, according to ANCC

	Budget & strategic focal points in 2019	Effectiveness, customer-orientation and customer experience	Competitiveness
HUS	Key goals and subgoals HUS is a desirable place of treatment; we provide the highest quality treatment in Finland and access to treatment is quick <ul style="list-style-type: none"> Treatment of patients is timely and effective Patients recommend HUS as a place to receive treatment Operations are of high quality and safe; never events 	HUS is an innovative, competitive and cost-effective service provider in Finland operating as part of the health and social services chain <ul style="list-style-type: none"> Operations are effective HUS is an active research community Increased collaboration between specialized and primary healthcare 	HUS is a competently led workplace for the best experts who work in a multi-professional environment <ul style="list-style-type: none"> Committed personnel Personnel recommend HUS as an employee
Nursing	Excellent leadership		
	<ul style="list-style-type: none"> Leadership competence corresponds to the requirements of the Magnet Hospital frame of reference Nurse managers have a clear job description Information management in nursing supports data-driven management 		
	Structural empowerment		
	<ul style="list-style-type: none"> Allocation of the nursing staff is flexible, cost-effective and utilises competence optimally Nursing is cost-effective Service chains function inside HUS and over organization borders HUS's competence in nursing and nursing science is visible and well-known <ul style="list-style-type: none"> The skills of future nursing employees / those beginning their career corresponds to HUS's needs Nursing staff is committed to professional growth and they are offered the opportunity to advance in their professional career 		
Exemplary professional practice			
<ul style="list-style-type: none"> Quality of patient care corresponds to the strategic goals of HUS Nutrition of patients is guaranteed during treatment in HUS Patients' pain management is optimal Patients receive high-quality essential care Excellent nursing is recognised Patient care is infection safe Patients are at the core of nursing Self-determination of patients is respected in nursing Instruction of patients/family members is evidence-based <ul style="list-style-type: none"> The personnel is committed to the nursing practice according to HUS's model of professional nursing practice 			
New knowledge, innovations and improvements			
<ul style="list-style-type: none"> Nursing is implemented based on evidence Nursing personnel has a positive attitude toward research and is familiar with the latest of research Nursing practices encourage innovativeness <ul style="list-style-type: none"> HUS Nursing Research Center (NRC) will launch its operations and establish its position among HUS's evidence-based operations and research 			

Table 1. HUS Nursing Plan of Action 2019

The model of professional nursing practice

The model of professional nursing practice at HUS (Figure 3) is a comprehensive description of nursing at HUS, which aims at the patients receiving help for their condition. Operation at HUS is based on legislation, national and international policies as well as on shared code of ethics specific to a professional group in the field of healthcare and the previously described HUS strategy and nursing plan of action. Content of the four key pillars of HUS's model of professional nursing practice are in line with the Magnet Hospital model elements.

Renewing the model of professional nursing practice was started together with clinical nurses, nursing experts and supervisors and it will be taken into use in 2020.

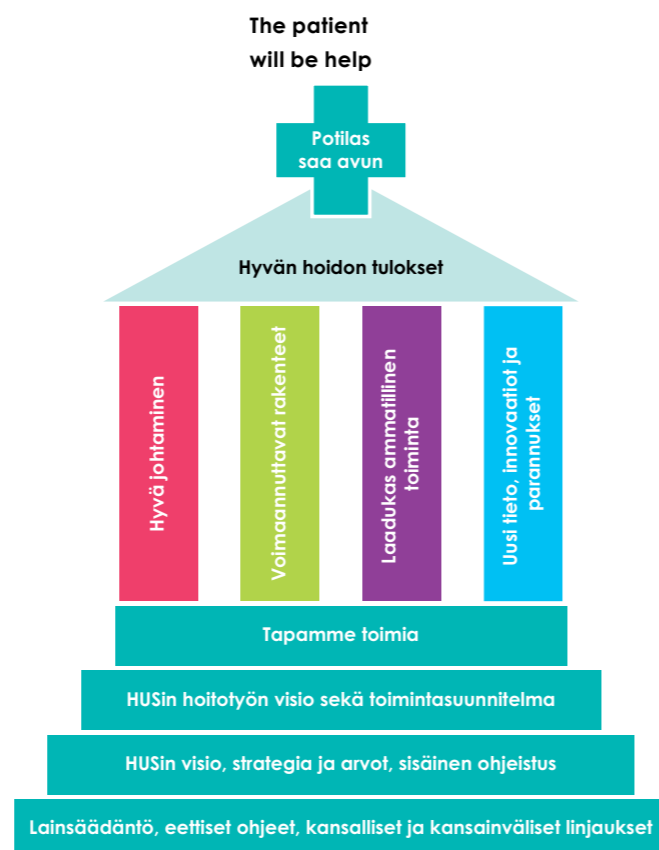


Figure 3. The model of professional nursing practice

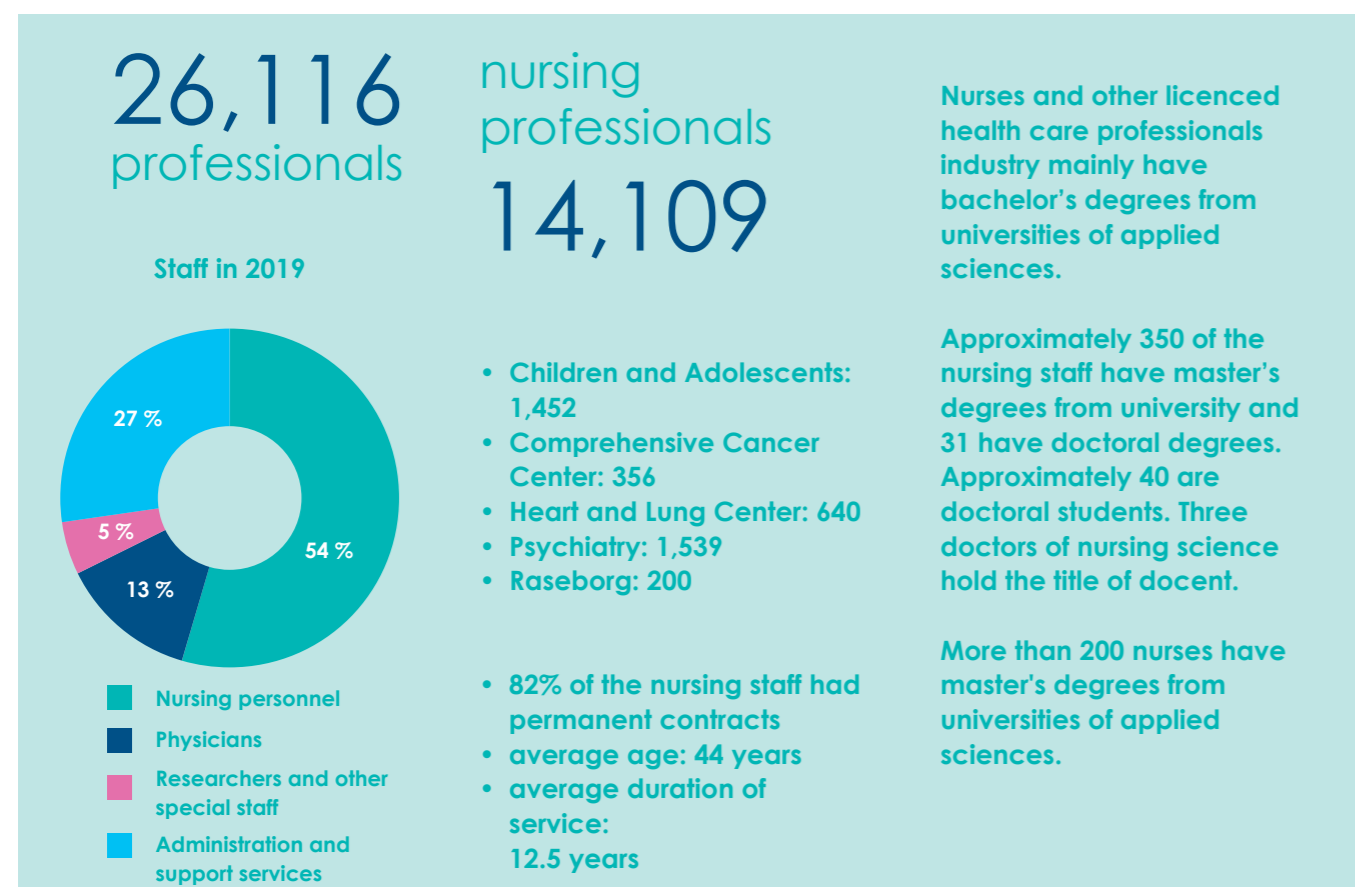


Figure 4. HUS staff in 2019

HUS CHILDREN AND ADOLESCENTS Chief Nursing Officer Inger Mäenpää

Areas under a Nurse Director (5 Nurse Directors and 25 Nurse Managers)

Acute wards and Day hospital	Elective operations	Intensive care area	Emergency Clinic, Jorvi and Peijas	Child Psychiatry
Nurse Director Petra Marjamaa	Nurse Director Anita Tuhkanen	Nurse Director Outi Simonen	Nurse Director Tuula Korhonen	Nurse Director Katriina Anttila
4 Nurse Managers 4 units	4 Nurse Managers 4 units	4 Nurse Managers 5 units	5 Nurse Managers 6 units	2 Nurse Managers 24 units

HUS COMPREHENSIVE CANCER CENTER Chief Nursing Officer Vuokko Kolhonen

Areas under a Nurse Director (8 Nurse Managers)

Solid tumors line	Palliative center	Hematology line	Radiation therapy line	Clinical Trial Unit	Breast surgery line
3 Nurse Managers 4 units	1 Nurse Manager 1 unit	1 Nurse Manager 2 units	2 Nurse Managers 2 units	1 Nurse Manager 1 unit	1 Nurse Manager 2 units

HUS HEART AND LUNG CENTER Chief Nursing Officer Sirkka Ekola

Areas under a Nurse Director (2 Nurse Directors and 13 Nurse Managers)

Cardiology line	General thorax surgery line	Cardiac surgery line	Cardiology line	Pulmonary diseases line
Nurse Director Anniina Ranta		Nurse Director Marja-Liisa Stenroos		
3 Nurse Managers 3 units	1 Nurse Manager 1 unit	2 Nurse Managers 2 units	2 Nurse Managers 2 units	5 Nurse Managers 5 units

PSYCHIATRY CENTER Chief Nursing Officer Taina Ala-Nikkola

Areas under a Nurse Director (8 Nurse Directors and 59 Nurse Managers)

IT psychiatry and psychosocial therapies	Emergency and consultation psychiatry	Mood disorders	Geriatric, neuro and addiction psychiatry	Adolescent psychiatry
Nurse Director Tuula Rajala		Nurse Director Marjo Kollanen	Nurse Director Camilla Ekegren	Nurse Director Teija Rintamäki
1 unit	6 Nurse Managers 14 units	7 Nurse Managers 12 units	5 Nurse Managers 13 units	13 Nurse Managers 27 units

Psychosis and forensic psychiatry	Hyvinkää area	Porvoo area	Länsi-Uusimaa	Lohja area
Nurse Director Minna Huuskonen	Nurse Director Saija Syvänen	Nurse Director Päivi Soininen		Nurse Director Marja Leena Leppänen
11 Nurse Managers 22 units	6 Nurse Managers 12 units	2 Nurse Managers 7 units	3 Nurse Managers 10 units	5 Nurse Managers 5 units

RASEBORG Chief Nursing Officer Tuula Silvola

Areas under a Nurse Director (1 Nurse Director and 8 Nurse Managers)

Joint emergency clinic Elective outpatient clinics Endoscopies	Internal medicine and pulmonary disease ward Dialysis unit	Surgical ward Day surgery	Surgical ward	Monitoring ward	Intermediate care	Home hospital Special medicine outpatient clinic, Women's outpatient clinic, Pediatric outpatient clinic	Physiotherapy Assistive equipment center
1 Nurse Manager 5 units	1 Nurse Manager 2 units	1 Nurse Manager 2 units	1 Nurse Manager 1 unit	1 Nurse Manager 1 unit	1 Nurse Manager 1 unit	1 Nurse Manager 4 units	1 Nurse Manager 4 units

Table 2. Lines of nursing management in HUS Children and Adolescents, Comprehensive Cancer Center, Heart and Lung Center, Psychiatry Center and Raseborg.

EXCELLENT LEADERSHIP

Excellent leadership means that the nursing manager has a clear vision of leadership for the benefit of both patient care and the nursing staff. Nursing professionals feel that their voice is heard, their work is appreciated and supported with good management. At HUS, the Chief Nursing Executive represents strategic leadership

in nursing and is in charge of strategic planning and implementation of nursing throughout HUS. Chief Nursing Officers lead and develop nursing in their departments and are in charge of achieving the set operational, financial, personnel and customer goals. Managing the changes involved in implementing the new patient information system (Apotti), integration

of specific functions in primary and specialized health care, HR and national and international collaboration were among the tasks included in nursing management in 2019.



PREPARING FOR APOTTI

Functional changes in the distribution of medications - Case Peijas and Raseborg

*Eila Manninen-Kauppinen, Nurse Director
Tuula Silvola, Chief Nursing Officer*



Anna Buzalski, Nurse Manager, uses Apotti's Rover technology.

The patient information and operations management system to be implemented in the APOTTI project requires not only technical implementation but also managed change of working practices. Transparency of the data content for different operators allows the results of nursing to be used on the basic level, for example in the nursing summary. A shared data system supports standardisation of patient processes and increases the patient's participation and autonomy in their own treatment. Homogeneity of patient entries is supported by systematic and structured entries, which improves patient safety in numerous ways. Nursing professionals save time with electronic appointment diaries and other functions to be used in immediate patient care. Benefits are gained from the flexibility of work flows, transparency of the distribution of work amounts and smooth running of multi-professional co-operation. Particular expectations with regard to leadership are directed at the automatic compilation of statistics and creation of reports in support of daily and strategic management. Changes in the distribution of patient's medications was a part of HUS's strategic key goals in 2019 regarding high-quality and safe care and was to be implemented in good time before the implementation of Apotti. Changes made to the distribution of medications at Peijas and Raseborg Hospitals are described below.

Peijas Hospital started the change of medication distribution to be compatible with Apotti three months prior to the implementation of Apotti, in 2018. Medications were arranged according to their generic Finnish names in alphabetical order by therapy groups and the distribution of medications was carried out accord-

ing to the dose time. The planning group included **Sanna Vekki**, Ward Pharmacist, Deputy Nurse Managers **Teija Id-rissi-Akhehlij** and **Outi Parkkonen** and Nurses **Susanna Kiuru** and **Sanna Minkkinen**. Distribution of medications in Apotti was practised by using a list of medications according to their generic names from Uranus and by entering all administered doses of drugs. The person in charge of the shift drew up morning shift medication distribution turns for two nurses simultaneously. Rover technology related to Apotti was taken into use in nursing to support the change in medication distribution.

According to the Haipro notifications, 53% of the deviations related to medication and fluid therapy (28.5 %) at Raseborg Hospital were distribution or dosing errors in 2018. Goal of the development project was to improve pharmaceutical safety by strengthening ward pharmacy, medication counselling and instruction of the personnel and by updating the medication lists. In preparation for the implementation of Apotti in February 2020, the change was carried out at Raseborg Hospital inpatient wards in August 2019.

Nurses, supervisors, an expert nurse and pharmacists of the inpatient ward were in charge of the project. The change in the autumn was prepared in the June ward meeting and the nurses started distributing medications for their patients according to the dosing time from Uranus's medication section from 26 August onwards. No changes were necessary in the working methods of physicians. The change was started on the wards first in the evening and night shifts and then in the morning shift. Paperless working was the last phase of the change. The staff have been pleased with the double checking in real time, learning from mistakes and immediate feedback from possible mistakes. Prioritising your own work, unlearning old routines and concentration disruptions have been found to be challenging. The Ward Pharmacist has been able to use her working hours more efficiently for the minimisation of contraindications and interactions, correct time of taking the medication, monitoring of laboratory values and starting a medication security check. In the work of the physicians, the change has shown how important it is to record your orders.

INTEGRATING ACTIVITIES

City of Helsinki and HUS Internal Medicine and Rehabilitation

Eija Rissanen, Chief Nursing Officer

Altogether six inpatient wards from the City of Helsinki's Haartman and Malmi Hospitals were integrated to the HUS Internal Medicine and Rehabilitation department on 7 January 2019. In addition, the Emergency Clinics from Haartman and Malmi Hospitals were moved to HUS Emergency Medicine and Services. Combining the operations of two different organizations, while taking note of patient safety and the competence and occupational well-being of the personnel, presented challenges for management. The goal was to have the operations continue running with an "as is" principle. Nursing managers and supervisors from the City of Helsinki and HUS Internal Medicine and Rehabilitation department took part in the planning.

Preparations for the integration were started in a meeting between the nurse directors already a year earlier. Staff medication licenses, patient instructions, personnel instructions, placement of staff in the units, workflow and arrangements of support services were among the subjects. The orientation and training pro-

gram planned by Helsinki nursing managers and other operators in HUS for the personnel transferring, took into consideration supervisors and different professional groups. Emphasis was placed on completing medication license and online courses required from new employees according to HUS requirements as well as data system training. Moving from the Pegasos patient information system to the Uranus patient information system was a big change. To support the change, the personnel were arranged change management training, surveys and various workshops lasting over a year by an external operator. Mentoring was offered for the nurse managers and deputy nurse managers. Personnel transferring from the Helsinki units were offered six orientation afternoons in which the operations of HUS Emergency Medicine and Services and Internal Medicine and Rehabilitation were introduced. Managers of nursing resourced extra personnel to ensure that the training and induction program and integration run smoothly.

Nurse managers of HUS Internal Medicine and Rehabilitation met regularly during 2019 to agree on shared practices. In addition, the supervisors and other operators of Haartman and Malmi Hospitals' Internal Medicine and Rehabilitation and Emergency Medicine and Services held co-operation meetings. Management focused initially on standardisation of operations after the integration and additional orientation. At the end of the year, the focus was on executing the key nursing indicators in use at HUS, preparing for Apotti, ensuring the quality of patient care of patients admitted as emergency cases and developing the patient process into a seamless process in co-operation with Emergency Medicine and Services. HUS Internal Medicine and Rehabilitation combined nursing practices, including medicine licences and daily management activities. Despite repeated patient rush and overbooking situations at the wards, feedback from customers has mainly been good. A Fiilis survey related to the integration will monitor the well-being of the personnel in late autumn.



PERSONNEL DEVELOPMENT

Moving from individual development discussions to group development discussions

Annikka Sandell, Nurse Manager

In 2018, Meilahti Hospital Cardiology telemetry unit M8, and wards M8 and M9 noticed that annual development discussions held for the nursing personnel did not take place. Employee's tasks and work-related goals are compared against the strategy in the development discussion. When an employee's success in his or her work is assessed, we consider which HUS strategy sector the employee's own work is related to and how it supports the implementation of the strategy. Having the discussions is the task of all HUS supervisors and employees. At Meilahti Hospital Cardiology Wards and Telemetry, the nurse manager must arrange annual development discussions for approximately 80 members of the nursing staff.

A solution for the development discussions that had not been held was sought from group development discussions. This method is used in particular when supervisors have a lot of employees to manage and if/when the employees have common goals. If they so wish, all employees always have the right to a personal development discussion. The following were set as goals for the change in operations: implementation of annual development discussions will be increased by 75 % in 2019 and by 80 % in 2020, it will be assessed whether the employees

find the group discussions mainly useful and are the nurse manager's working hours utilised so that the nurse manager has realistic possibilities to implement the annual development discussions. The change will be measured by the number of group discussions held and feedback received from them and by a Working Life Barometer survey.

The intervention was started by becoming acquainted with the planning and implementation of group development discussions in April 2019. Preparations for the ward's group development discussions were started in May. Scheduling, group selection, selecting the number of topics addressed during the discussions, how things will be taken into use with the staff, etc. was made easier by careful advance familiarisation with group development discussions. The discussions were decided to be implemented between July and November 2019. Altogether 18 groups were planned initially with 77 participants in total. Later two more groups were formed. Group development discussions were planned for all in all 84 employees.

Group development discussions were positively received and it was considered to be a good method. A common wish was to continue them in 2020. The change in the operations was assessed at the end of

November. There were 20 groups in total and altogether 84 employees took part. Duration of the discussions was 2 hours / group for 19 groups and 1 hour for one group. The most groups, seven, were arranged in August. At other times the groups were spread out evenly to different months. According to the replies to the Working Life Barometer 2019 survey, 64 % (N=64) of the employees had taken part in a development discussion within the last 12 months. 22 % of the respondents had not participated in development discussions. In addition, 14 % of the respondents had not participated in development discussions because they had started working/returned to work less than 12 months ago. 78 % (N=41) of the respondents found the development discussions were useful and 22 % did not. Set goals were reached with the intervention and it was decided that the group development discussions will be continued in 2020. 84 employees of the ward confirmed that the employee knows how to bring up problems during the shift, how to get help during the shift and what to do on the shift. The nurse manager implemented a development discussion with 84 employees in 39 hours and the employees found the group development discussion to be mainly useful.

NATIONAL CO-OPERATION AND INFLUENCING

Comparable information obtained from the hospital services is a key support element for change management. This information can be used to clarify the targets of development or to prove excellent quality of nursing.

National monitoring of nursing quality

Kristiina Junntila, Chief Nursing Officer

The National Database of Nursing Quality Indicators (NDNQI) is an international example of nursing quality monitoring and comparison database, which is something that is missing in Finland. One prerequisite of monitoring is the production of commensurable data through, for example, nursing documentation. Numerous theses have been written in Finland regarding nursing classifications and uniform nursing documentation and national projects and numerous expert groups of the Finnish Institute for Health and Welfare have tried to promote uniform and structured nursing documentation. Uniform monitoring and comparable data describing nursing is only available from data produced by the RAFAELA patient classification system and the Clinical Learning Environment and Supervision scale (CLES). In addition, HUS has reported falls causing harm to the patient, occurrence of pressure ulcers and assessment of the risk of malnutrition in hospital to the Council in phases from 2014 onwards.

Upon the initiative of the chief nursing executives in 2016, the developers of nursing at university hospitals launched co-operation to gather nursing-sensitive outcomes at national level. The objective was set at 1) acquiring the key indicators of international quality programs

into national monitoring and 2) taking note of the international specifications in producing the key indicators. The purpose is to describe the nursing contribution in patient safety and in care outcomes, enable benchmarking of nursing quality and sharing of good practices as well as to identify anomalies in nursing quality in support of research, training and orientation. The final goal is to support the knowledge based management of nursing.

Co-operation for benchmarking nursing on a national level (hoitotyön kansallinen vertaiskehittäminen, HoiVerKe) was launched between university hospitals and also the Hospital District of Central Finland has subsequently joined the operation. Hospital Districts of Satakunta, Vaasa and South Bothnia joined the operations from the beginning of 2020. Kristiina Junntila, Docent, PhD, Chief Nursing Officer NRC, from HUS has acted as the chairperson. Traditional structure-process-outcome frame of reference has been used as the frame of reference for the development work concentrating particularly on the outcome point of view in the initial phase (Figure 5). Commensurable data production has been phased so that patient feedback from nursing has been collected since 2017 (the Nursing Sensitive Patient Satisfaction survey),

and data regarding nurses' commitment to their work and job satisfaction since 2018 (Nurse Engagement Survey NES, edited). Production of data will expand (2020) to falls causing harm to patients, ≥ stage 2 pressure injuries acquired during the hospital period and infections related to urinary catheters and central venous cannulas.

Data production has been identified as a challenge in the co-operation for benchmarking nursing on a national level. For example, because of the differences in nursing documentation, the data have to partly be collected manually and as samples. In addition, no external service provider has been found to produce the benchmarking data so the benchmarking has to be conducted in-house.

The Finnish Institute for Health and Welfare's national quality register project, which will continue until autumn 2020, will include nursing sensitive quality (<https://thl.fi/web/sote-uudistus/arviointi-ja-tietoikkuna/terveydenhuollon-kansalliset-laaturekisterit>). The task force working on the nursing sensitive quality will continue its work until the end of October 2020. In the future, the task force will make a proposal to monitor nursing sensitive quality with the help of quality registers and present a model for the international comparison of nursing quality.

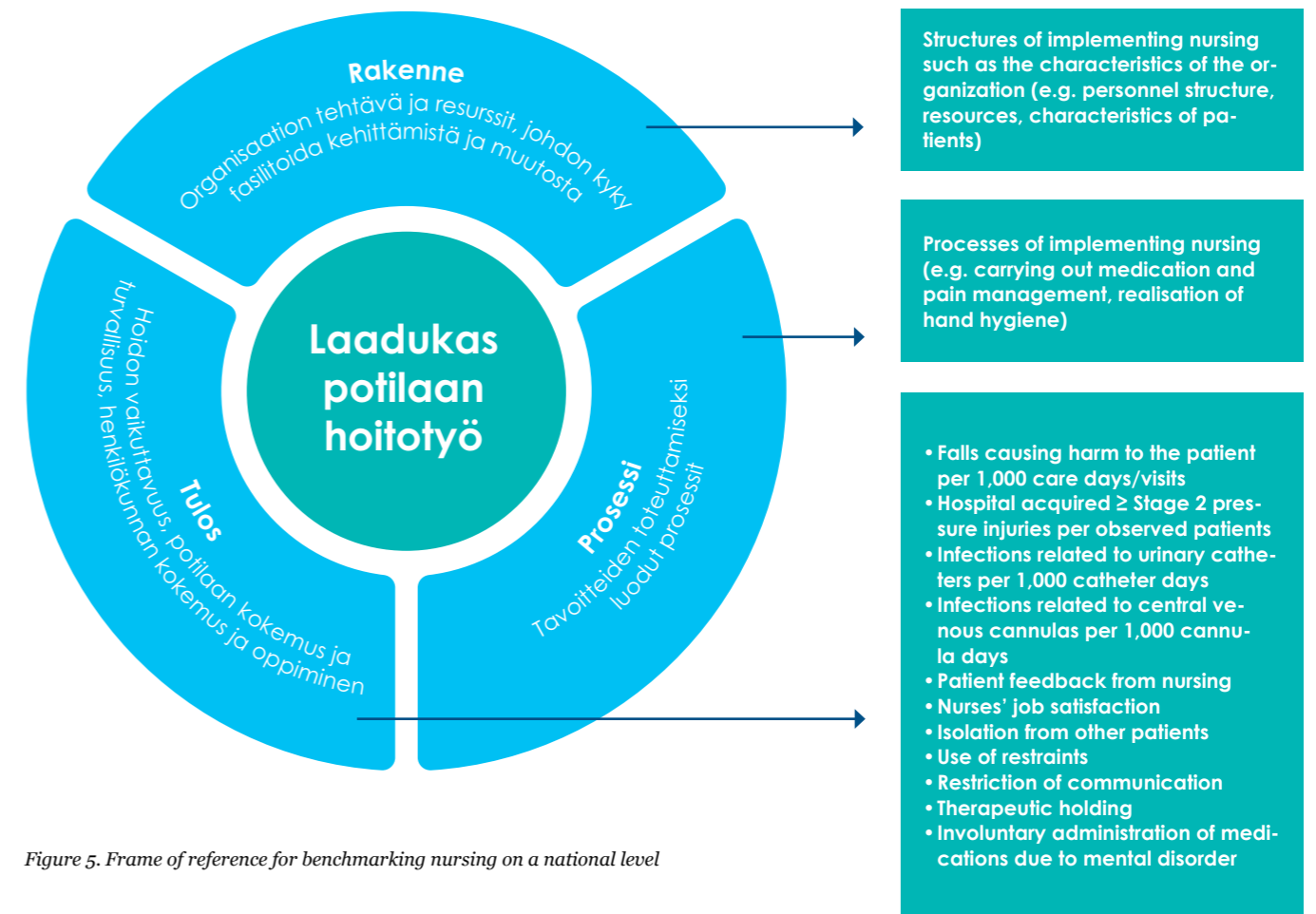


Figure 5. Frame of reference for benchmarking nursing on a national level

As an influencer in a task force of the Ministry of Social Affairs and Health

Sirkka Ekola, Chief Nursing Officer

In 2019, **Sirkka Ekola**, Chief Nursing Officer at the Heart and Lung Center, represented HUS and took part in the work of the nursing division of an advisory board of health care professionals set up by the Ministry of Social Affairs and Health. Senior Officer **Marjukka Valimies-Patomäki** from the Ministry of Social Affairs and Health acted as the chairperson of the division. The members

represented different universities, vocational institutions and universities of applied sciences, the social and health care sector and hospital districts in Finland. The nursing division aimed to prepare a proposal that would promote the development, securing and monitoring of new kind of regionally shared structures, practices and skills for the co-operation of units and training organizations. Changes

in the expectations and needs of customers, regulations, structural and functional development of social and health care, digitalisation and new research data that all require continuous development of competence and operating methods, acted as a starting point. Competence management and training supply corresponding to the changing needs of working life are key means to revamp the competence

and operating methods of the social and health care industry.

The nursing division prepared proposals regarding the management, development and confirmation of the skills of nursing professionals in training and working life as well as monitoring and demonstrating the development of these skills. In addition, they prepared proposals concerning multidisciplinary development of management skills. These proposals are intended for the use of social and health care units, universities and vocational institutions. The report will be delivered to the advisory board of health care professionals of the Ministry of Social Affairs and Health for assessment and action.

HUS nursing managers issued a statement regarding the proposals and content of the report draft. Among other things, the statement highlighted the need to make the concept of orientation more concrete and to specify terminology regarding the titles of the nursing staff. Prerequisites of students' practical training were described but not the problems with obtaining a post as a trainee or assessment of the efficiency of the training. Furthermore, HUS commented on a general level on the partiality of the management's point-of-view and a clear specialist medical care perspective, which meant that primary care was not mentioned much.

Competence management and training supply corresponding to the changing needs of working life are key means to revamp the competence and operating methods of the social and health care industry.

Being heard at the Parliament

Kaarina Torppa, Chief Nursing Executive

Parliament's Subcommittee for Municipal and Health Affairs called representatives of HUS to be heard in their meeting on 5 November 2019. Research funding of social and health care and nursing, implementation and promotion of the statutory care guarantee and the significance of multidisciplinary work in the implementation of the care guarantee and development of nursing were the themes of the hearing. **Kaarina Torppa**, Chief Nursing Executive, represented nursing. The Chief Nursing Executive submitted HUS's written statement regarding nursing in the hearing, which can be summarised as follows:

- HUS proposes funding for nursing research from the state budget.

- HUS proposes that the international, evidence-based nursing sensitive key indicators used by HUS be introduced in Finland in all health care organizations and that the quality and safety key figures be published by organization. A common database is necessary for publication and national comparison and its development, implementation and maintenance must be the responsibility of the Finnish Institute for Health and Welfare with state funding.
- HUS will propose to the University of Helsinki the need to launch a Master's degree program in health sciences, clinical nursing science. HUS requires regional equality from the Ministry of Education and Culture when

deciding on the locations of the Master's degree programmes in health sciences. The nursing staff in the Metropolitan area must have an equal opportunity to complete a Master's degree in health sciences at the University of Helsinki, a university of their own university hospital.

- The importance of multi-professional work at HUS for the implementation of the care guarantee is essential, as the smooth running of the entire patient process is based on good co-operation and management. The aim of multi-professional co-operation is to utilise the expertise of different health care experts optimally for the benefit of the patient.

INTERNATIONAL COLLABORATION AND OPPORTUNITIES

We have deepened our knowledge and understanding of the Magnet Hospital model and applying for the accreditation during 2019 by attending international seminars and inviting experts to HUS. **Danny van Heusden**, Director of the Magnet Programme from UZA Hospital in Antwerp, Belgium, was invited to the January seminar. He described their journey to become a Magnet Hospital, which culminated in receiving the Magnet Hospital® accreditation in 2017. Vice President of the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® and Pathway to Excellence® program, **Jeffrey Doucette**, and President of the Magnet Recognition Program®, **Rebecca Greystone**, visited HUS on 16 January 2019. Management in a Magnet Hospital was the topic of discussions in the morning, while in the afternoon everyone interested were welcome to a lecture on the Magnet Hospital model.

The Director of the HUS Magnet program, acting Development Manager and

Clinical Nurse Specialist took part in the training arranged by AANC in Phoenix Arizona, from 28 March to 1 April 2019. The goal was to obtain knowledge of developing Practice Transition Programs, PTAP®, to help nurses transfer into new tasks. Criteria and various models that are used to achieve these criteria were studied during the training days. To learn more about developing these support programs at HUS, please see chapter "Structural empowerment".

Two nurses from Raseborg Hospital took part in the Pathway to Excellence® conference arranged in Orlando from 24 to 26 April 2019. Nursing Quality Manager, **Helen Valk**, from the North Estonian Medical Centre in Estonia, and her nurse colleagues visited HUS to familiarise themselves on HUS's Magnet journey on 28 May 2019 and on 20-21 August 2019.

HUS Nursing Administrative Group and HUS Nursing Research Center arranged a Clinical Nursing Research 2019 symposium in Helsinki on 3-4 June

2019 with the theme Supporting Excellence in Patient Care. The first symposium addressing clinical nursing science research brought together approximately 230 nursing professionals and experts from eight different countries. Goal of the symposium was to share experiences and knowledge on how nursing science research supports excellent results in nursing. The aim was to hold international discussions on how nursing research supports excellent patient care. Strengthening the research competence of HUS's nursing employees was the fundamental goal of the symposium. Professor **Marion Mitchell** from Australia, Doctor **Barbara Mackoff** from the USA and Magnet Program Director, Professor **Kerry Jones** and Chief Nursing Executive, Professor **Mandie Sunderland** from Great Britain were among the speakers in the symposium. Finnish speakers included Nursing Science Professors **Sanna Salanterä** from the University of Turku and **Katri Vehviläinen-Julkunen** from the University of



Vice Presidents of the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® and Pathway to Excellence® program visiting HUS on 16 January 2019.

Eastern Finland. The symposium organised by HUS received an enthusiastic reception from both its participants and lecturers, and the atmosphere of the event was lively and positive. In addition, a feedback survey was used to map the opinions of the participants and its positive results showed that there is clear demand for an international congress focusing on nursing science clinical research.

Representatives of HUS took part in a summer university course on the theme *Leadership in Nursing Excellence* held in Antwerp on 24-28 June 2019. The themes of the course were related to management, evidence-based activities, excellent nursing practices, learning in teams, innovations, co-operation and research. Chief Nursing Officer **Paul Van Aken**, Magnet Program Director Danny Van Heusden and Professor **Peter Van Bogaert** from Antwerp University hosted the course. Participants (38) came from Sweden, Denmark, Germany, Belgium, the Netherlands, Switzerland, Italy, Spain and Finland (7 out of which 3 were from HUS). The course strengthened and clarified issues that are well-known and have been discussed at HUS for years in the development of nursing and in connection with the Magnet Hospital project. For example, the strategy must be made known to all personnel. In addition, emphasis was placed on the importance of shared leadership in units, the importance of independence and responsibility in the development tasks of expert groups, and the significance of communication in the implementation of new functions. The commitment and importance of Magnet Champions as messengers was emphasised. The idea of the patient being at the center and of the qual-

ity, safety and ethical aspects of nursing became clearer. Lean activities are always involved in the development. It is important to receive thanks for a job well done and to celebrate successes. Supporting preparatory leadership, team work and the importance of mentoring and research must be linked to unit-level activities. The change must be transparent and it must emphasise the commitment and communication of the entire personnel. The Magnet Hospital project is not a separate project but part of the work we all do.

Finland held the Presidency of the European Union from July to December. The Ministry of Social Affairs and Health organised a conference for senior civil servants of the Ministries of Social Affairs and Health in different countries on 26-27 September 2019. As part of the conference program, the Ministry of Social Affairs and Health and HUS Nursing Administrative Group arranged two visits in co-operation. One group familiarised themselves with the new Children's Hospital and the high-quality and safe care provided there. **Inger Mäenpää**, Chief Nursing Officer, and **Jari Petäjä**, Director, were in charge of the visit. The activities of the Helsinki University Hospital ATEK Academic Simulation Center, HUS Nursing Research Center, NRC, and the digital Health Village were introduced during the second visit. Chief Physician **Sinikka Münte** together with nurses from the surgical ward participating in the simulation, Chief Nursing Officer at NRC, **Kristiina Junntila**, and Development Manager **Heta Kolanen** presented the operations.

As part of the development of care quality according to the Magnet Hospital

model, the Psychiatry Department visited the Regionen Hovedstadens Psykiatri Hospital in Copenhagen on 11-13 November 2019. The purpose of the visit was to exchange experiences and learn from the development of nursing in implementing uniform operating models. A clinical nurse specialist, nurse director, nurse manager and two clinical nurses took part in the trip.

HUS's magnet journey has been presented at the national Nurse Manager Days in Tampere, at the Medicongress event in Oulu, at the City of Helsinki's Change Agent Training, at the Laurea UAS Teacher Development Day and at the international 5 Star Nursing conference in Estonia.

Nurses and midwives as well as nursing supervisors and managers from ten HUS departments and one hospital area attended the Magnet Hospital conference in Orlando on 10-12 October 2019. For the first time, representatives of the applicant organizations had the opportunity to participate in two-day training on Magnet Hospital criteria before the start of the conference as part of the Pre Intent program, which was considered extremely useful. Two nurses from Raseborg Hospital took part in the Pathway to Excellence conference arranged in Orlando from 24 to 26 April 2019.

Monitoring and versatile development of nursing quality has continued during 2019 in preparation for the actual application for the Magnet Hospital® accreditation. Collaboration with ANCC is close during the application process. The Heart and Lung Center and Comprehensive Cancer Center aim to launch the application process during 2020 (Figure 7).

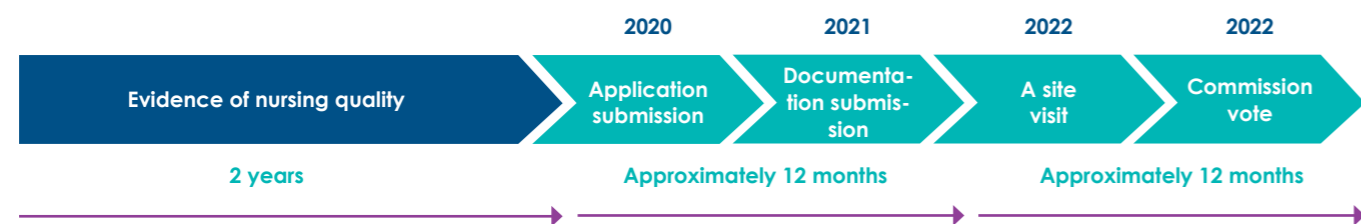


Figure 7. Phases of applying for the Magnet Hospital® accreditation.

STRUCTURAL EMPOWERMENT

The personnel is the most important resource in a successful organization. HUS encourages its employees to continuous education, enabling professional growth in accordance with the professional career model. Nursing education and other events arranged in 2019 have been listed in Appendix 4. Development of palliative nursing that is topical in Finland has taken place by strengthening regional competence and care processes. Competence has been strengthened both at the supervisor level and in clinical nursing and student mentoring. Indicators that are al-

ready familiar from being used for assessing professional competence such as the Nurse Competence Scale (NCS, Meretoja and 2003) and Radiographers' Competence Scale (RCS, Andersson 2012), have been utilised in determining individual learning needs. In addition, the TAURA scale (HUS 2019) has been developed during 2019 for the assessment of professional competence of those who have completed upper secondary education. In support of this competence, HUS has standardised orientation practices and also launched a completely new kind of support program when a nurse moves

from one position or practice environment to another. Nursing professionals at HUS have the opportunity to participate in decision-making in clinical nursing in expert groups operating at HUS, department and unit level. These groups have continued their activities systematically, while renewing their operations. Recognition for work well done creates professional pride and receiving feedback is important for enjoying one's work. You can find out more about the people who have gained credit in their work and studies in the chapter "Distinguished members of staff".



PROFESSIONAL DEVELOPMENT SUPPORTED BY EDUCATION

Development of skills in palliative nursing as part of the patient's comprehensive care

*Leena Tuominen, Clinical Nurse Specialist
Sinikka Mikkonen (edit.), Chief Nursing Officer*

The current Care guideline for Palliative and end-of-life care (2019) defines palliative care as the active symptomatic treatment of a terminally ill patient, the purpose of which is to alleviate suffering and foster quality of life. End-of-life care takes place during the last days or weeks of the patient's life. According to the guideline, health care professionals must know the basics of palliative care and the care must be part of the health care system in a needs-based manner. HUS is responsible for organising palliative and end-of-life care in the Helsinki University Hospital Specific Catchment Area and for ensuring competence in co-operation with educational institutions (Ministry of Social Affairs and Health 2017).

In particular, basic and A-level home care units, inpatient wards of health centers, city hospitals and specialist medical care units needed education in palliative and end-of-life care in the HUS region. Since there is no national education, HUS Comprehensive Cancer Center and Metropolia University of Applied Sciences arranged palliative nurse education (7 cr) in co-operation from 18 September to 11 December 2019 in the HUS area. In addition to the expert knowledge of the working group, international and domestic literature, HUS professional career model and the EmCan® coaching program (2014) were utilised in the planning of the course education. The planning group included nurses, the Nurse Manager, Deputy Nurse Manager, Head Physician and Clinical Nurse Specialist from the Comprehensive Cancer Center as well as a lecturer and customer manager from

the Metropolia University of Applied Sciences. The steering group supervised the planning of the course, and a small working group planned the contents of the contact days in spring 2019. Development in accordance with the HUS strategy, utilisation of the participants' own expertise and good practices were the perspectives of the education program. The emphasised clinical learning, personal and work community learning, demonstrating one's own competence and development of nursing practices. Identifying one's own competence, assessing the need for palliative care, helping and guiding in palliative nursing and multi-professional co-operation and ethics were formed as learning modules. The education package consisted of independent studies and contact days (7). Expert lectures, seminars, activation with the help of a patient example and a personal competence portfolio using the Moodle learning platform were used as teaching methods. Eight nurses from the Comprehensive Cancer Center, two from HUS and three from the city hospitals in the Espoo, Kirkkonummi and Lohja area took part in the education. The impact of the training program on professional competence was assessed using the NCS instrument before the education and after 2 months and based on feedback from students once the education had been completed.

The joint objective of municipalities in the Lohja Hospital Area is to provide patients with good and consistent palliative and end-of-life care. Lohja Hospital's Home Hospital activities were launched in May 2018, taking responsibility for de-

veloping palliative care in the Hospital Area. The task of the Home Hospital is to be a co-ordinator and education provider, develop regional co-operation, share information and strive to harmonise operating practices also within Lohja Hospital. A regional palliative and end-of-life care chain lead by the Home Hospital and meeting 2-4 times a year was also established in the spring. In addition to Lohja Hospital, there are representatives from the municipalities of Lohja, Vihti, Karkkila and Siuntio. Co-operation is off to a good start. Awareness of the resources and possibilities of different actors to treat palliative patients and the awareness of municipalities and hospitals of each other's treatment possibilities has increased. The Home Hospital co-operates closely with municipalities in the hospital area in the treatment of palliative patients, for example with regard to pain pumps. In June, Lohja Hospital was tasked with investigating the arrangement of palliative and end-of-life care in the hospital area. The summary of the arrangements was presented at the HUS palliative care pathway meeting in September. Palliative appointment and consultation activities started at Lohja Hospital on 10 September 2019 as doctor's appointments every other Tuesday and as nurse's appointments on Tuesdays. All palliative referrals of the hospital area are received through the Palliative Outpatient Clinic of the Home Hospital. Equal palliative and end-of-life care of patients is the most important goal of the co-operation, not forgetting the personnel and financial resources.

Assessment of professional skills of those with upper secondary education and planning further education

*Tarja Siivonen, Nurse Manager
Merja Rydenfelt, Clinical Nurse Specialist, substitute*

The action plan of the Nursing council of clinical competence and career development includes updating HUS's professional career models. These professional career models are based on a model for acquiring skills developed by **Dreyfus** (1979) and applied by **Benner** (1989) and on the professional career model (TAURA) created at the Helsinki University Hospital for employees with an upper secondary education. The TAURA professional career model and the related competence scale have been developed with the help of existing information and a questionnaire directed at the nurse managers. The results revealed the limited utilisation of the scale in support of development discussions, but updating and highlighting the scale was considered necessary. Categories of **Meretoja's** (2003) NCS competence scale were decided to be used as a basis for the TAURA scale. In addition, items used in previous TAURA projects were utilised but edited to assess only one issue. The working group utilised for example the Master's theses of **Yli-Arvo** (2016) in its work, which found that practical nurses have a very good command of the key areas of nursing in the care of respiratory paralysis patients, with the exception of the sub-area of teaching and guidance.

The items were piloted in 2018 in five different nursing environments on employees who had an upper secondary education (N = 45). Raw data was analysed using SPSS. Weak items were removed using sum variables. When the piloting started, there were 87 items and this went down to 71 after the analysis. The items were piloted on HUS nurse managers in 2019. Based on the averages received, the items support the competence of employees who have an upper secondary education. The plan is to take the TAURA scale

into use in late 2019 by directing an electronic survey to HUS's practical nurses, pediatric practical nurses or practical nurses in mental health.

The need for competence development emerged in connection with piloting the TAURA scale in taking cultural perspectives in patient guidance into account, in the quality and evaluation of guidance, in the initiation of basic resuscitation, management of therapeutic measures, utilisation of nursing sensitive information in development work, identification of nursing key indicators and in providing and receiving constructive feedback.

Two practical nurses, a deputy nurse manager, clinical nurse instructor, clinical teacher in nursing and clinical nurse specialist participated in the planning of specialized upper secondary education. The education aims to deepen and strengthen theoretical knowledge and clinical competence in patient care, interaction competence, instruction com-

petence, application of demonstration-based methods and development competence. The training education is to improve the quality and safety of patient care and to acquire skills for working in different operating environments of specialist medical care. In addition to contact days (6), the education includes independent working and a day's visit to another work unit. The themes of the contact days include working in specialist medical care, guidance of the patient / family member, drug therapy, basic care, identification and treatment of emergency situations and mental health. In addition to feedback received from the participants, impact of the training is assessed using the TAURA indicator before and after the training (self-assessment and assessment by a supervisor). The training will be piloted in 2021. Employees (n = 30) who have an upper secondary education and have worked at HUS for about 2 years at inpatient wards are the target group of the training.



Senior Leadership training program for nurse managers

*Vuokko Kolhonen, Chief Nursing Officer
Leena Tuominen, Clinical Nurse Specialist*

HUS Comprehensive Cancer Center offers its nurses the opportunity to develop at different levels of their professional career with the help of the “Empowering Cancer Nurses’ Knowledge and Professional Growth in the Cancer Centre” (EmCaN®) educational program. Planning of the specialising education in cancer therapy for nurses in accordance with the HUS professional career model was initiated in 2014 along with the Comprehensive Cancer Center accreditation granted by OECD (a visit related to re-accreditation took place from 17 to 18 September 2019). The educational package developed in co-operation with the Comprehensive Cancer Center and Metropolia University of Applied Sciences includes training of cancer nurses at Taitava (Proficient) level (30 cr; 2014, 2017) and Pätevä (Competent) level (13 cr; 2016, 2018). The target group of the education are nurses, radiographers and physiotherapists caring for cancer patients in the Helsinki University Hospital Specific Catchment Area. The educational model was expanded to mentoring (2017; 7 cr) and immediate supervisor training (2018-19; 7 cr) in the area of one’s own department.

In addition to the Chief Nursing Officer, Clinical Nurse Specialist and Nurse Manager from the Comprehensive Cancer Center, the Customer Manager and Principal Lecturer in Leadership from the Metropolia University of Applied Sciences took part in the planning of the Senior Leadership program (7 cr) immediate supervisor training. The program aimed to support supervisory work during change and in everyday supervisory work. Themes of the program were linked to daily management and took into ac-

count the expectations set by the Magnet Hospital model on nursing management. Strengthening the attractiveness of the Comprehensive Cancer Center as a community of experts, while ensuring a good customer experience and placing special focus on reforming the operating culture from the point of view of supervisory work was the objective of the program. Led by an instructor from Metropolia, the program included seven contact days with intermediate assignments and literature. The pilot program began in autumn 2018 and the certificates were handed out in spring 2019. Feedback average giv-

en for the education was 4.72 (statements on a scale of 1-5; 1 = completely disagree, 5 = completely agree). The education matched expectations, methods used were found appropriate, the educators were considered as competent and the education inspired new ideas. Once the education was over, its impact on one’s own way of working could not yet be recognised. The participants were pleased that nurse managers and deputy nurse managers took part in the education together, and the education was recommended to others as well (average 9.26 on a scale of 1 to 10).



Standardisation of orientation - a pilot at the Meilahti Tower Hospital operating department

Toni Haapa, Research Nursing Officer

Orientation practices of new employees were found to vary in the operating department at HUS Perioperative, Intensive Care and Pain Medicine. For example, the following were considered problems: 1) the orientation was not planned, implemented and assessed on the basis of the required competence, 2) long orientation processes that did not always progress according to the required competence, 3) the orientation did not comprise diverse teaching methods that would have supported the self-direction of the person taking part in the orientation, 4) the roles of the new employees (nurses) and the persons participating in the orientation process were not clarified, 5) lack of pedagogical education of the preceptors participating in the orientation process.

Main objective of the project established in spring 2018 was to standardise the orientation practices of new employees in the operating department. The sub-objectives were to produce competence descriptions for the new employee (nurse); to standardise and summarise the orientation processes; to produce diverse teaching methods for orientation; to define the roles and responsibilities of the new employees and persons participating in the orientation process; and to strengthen the orientation competence of the persons providing the orientation. The Chief Nursing Officer, Nurse Director, Nurse Manager, Clinical Nurse Specialist and Clinical Teacher in Nursing from HUS Perioperative, Intensive Care and Pain Medicine belonged to the steering committee. The project group comprised the deputy nurse managers in charge of orientation at Meilahti Tower

Hospital operating department and persons responsible for the orientation of new employees. The group produced a standardised orientation model for the unit level, which contained the following elements: 1) Competence descriptions to support the planning, implementation and evaluation of orientation as well as competency assessment tool to demonstrate the competence level required in independent work, 2) a standardised orientation process, progressing from initial orientation to a phase of independent work and finally to speciality-orientation (rotation), 3) diverse teaching methods in orientation (e.g. orientation week, simulation training and orientation videos), 4) roles and responsibilities of the persons receiving and providing orientation and continuing pedagogical education intended for the person providing the orientation. In addition, the competence and adaptation of the new employee to the work community will be supported by mentoring after the standardised orientation has ended.

The standardised orientation model was piloted at the operating department of Meilahti Tower Hospital in spring 2019. Evaluation of the project objectives will be assessed with the help of a document analysis and a survey directed at the persons who received and provided the orientation. The assessment will provide information on the applicability of the model to other operating departments at HUS. There are also seven Bachelor’s theses, two Master’s theses to universities of applied sciences, one Master of Health Sciences project and a pro gradu thesis related to the project in the work.

HUS offers nursing professionals diverse opportunities to develop as experts.

The project plays a key role in strengthening the competence of new employees and engaging them in the HUS organization. Furthermore, standardised induction aims at cost-effectiveness, which also promotes effective and competitive operations at HUS.

Support for beginning in new positions Practice Transition Accreditation Program, PTAP®

Marita Ritmala-Castrén, Magnet Program Director

At the end of 2019, HUS launched a Support for beginning in new positions program, the purpose of which was to ensure the successful transfer of a person to new positions or to a new working environment by providing a solid foundation for the development of knowledge and skills. Thus, the support programs strengthen patient and occupational safety and harmonise nursing practices throughout HUS. The purpose of the support programs is to improve the job satisfaction of nursing staff in new positions and to promote their commitment to HUS and thus contribute to reducing the turnover of nurses.

The support program consists of five areas: Programme management, planning and development of the program,

high-quality results, adopting an organizational culture and learning in clinical work. Programme management ensures the planning, implementation and evaluation of the programs in accordance with the PTAP© program criteria. High quality results are measured results of the support program's effects - benefits for patients, customers, staff and the organization. Adopting an organizational culture is a process in which the participants adopt the culture, nursing practices and values of the organization and the unit. The basis, process and competence requirements of the support program to achieve the program objectives are defined with the help of developing and formulating the support program. Learning in clinical work takes place under the

guidance of a preceptor, a mentor or other experienced nursing professional. Clinical education promotes evidence-based activities and continuous improvement of nursing results.

Teams set up for the planning, implementation and evaluation of support programs are led by a clinical nurse specialist or a clinical teacher in nursing. The application process to become a manager or member in the groups was launched in November 2019. HUS's existing advanced educational programs will be adapted to the new model in addition to drawing up new training programs. Thus, there are 13 support programs at HUS in total (Figure 8).



Figure 8. Levels of the Support for beginning in new positions program



Student module as a method of student mentoring

Elina Koota, Development Manager

There was a desire to try a new kind of module mentoring method alongside the individual mentoring of health care students' clinical practicum, which is also hoped to bring relief to the continuous shortage of clinical placements in the HUS area. The student module is based on at least two students working as a team and being responsible for the overall care of the patients assigned to them as independently as possible with the support of the nurse mentor. The performance of students is systematic and responsibility is increased gradually as competence develops. The starting point for learning is the patient, and peer learning plays a key role in the model. Learning is seen as a process in which a student is active in building and developing his or her knowledge and skills by reflecting with other students. Student mentoring is implemented jointly for the entire student team, taking individual needs into account. The key objective of the student module is to promote the students' self-direction, activity and decision-making ability and thus help the students to

transfer from the role of a student into their own professional role.

Along with the Student module as a learning environment pilot implemented in autumn 2014, the mentoring method is in use in more than 20 units at the Helsinki University Hospital. Health care students at the beginning or end of their studies from different educational institutions take part in the modules. The modules consist of teams of 4-8 students who care for patients in a pre-agreed room or rooms. They are guided by one to two nurse mentors on a shift. The student module has also been implemented as a multi-professional clinical practicum. A Module Mentors meeting has been arranged once a year at HUS for those mentoring a student module or planning to deploy a module. It aims to provide nurse mentors with the skills to launch a module, deepen the educational capabilities needed in the student module and offer an opportunity for peer support.

The student module as a mentoring method has been assessed from different perspectives. In the student mod-

ule, nurse mentors feel that they develop along with their mentoring experience. However, they need education in module mentoring and support from the work community, supervisors and teachers directing the clinical practicum at educational institutions. Joint practices related to mentoring and evaluation, for example, should be agreed upon in the work community, so that consistent practices support students' learning. According to the students' experiences, module mentoring increases their understanding of patients' overall care, strengthens clinical decision-making and increases professional independence, as reflection with peers is perceived to deepen learning. Experiences from the student module as an instruction method are positive and it has enriched learning both for students and instructors, and the method has become a permanent alternative alongside individual instruction at HUS.

SMOOTH PROCESSES

Development of CPAP therapy treatment process for sleep apnoea with the help of group counselling at Lohja Hospital

Sinikka Mikkonen, Chief Nursing Officer, edit.

An increasing number of patients suffering from sleep apnoea begin device therapy. This development project aimed to speed up sleep apnoea patients' access to treatment. Co-ordinating appointment times between the physician and the nurse delayed the start of CPAP therapy. Beginning the CPAP therapy required one individual appointment (one hour) with the nurse and then reviewing the data at an appointment (1.5 hours) with the nurse and physician approximately one week after beginning the treatment. There was a wish that group counseling would remove the need to co-ordinate the appointment times of nurses and physicians, which would free up time for other patient work. In addition, sleep apnoea patients receive peer support from each other during the group counseling. Furthermore, this change was thought to im-

prove the competitiveness of the Pulmonary Diseases Outpatient Clinic amidst the changes in health care. **Satu Munck**, Nurse Manager, **Katja Holländer**, Rehabilitation Instructor/ Nurse and Nurses **Tuula Jalo**, **Ulla Lindroos** and **Riitta Seppälä** run the project.

The new practice model was launched in autumn 2018, and it was established during spring 2019. According to the model, the suitability of a sleep apnoea patient for group counseling will be assessed during an appointment (30 min.) with the physician. The patient will be scheduled an appointment for beginning CPAP therapy. The counseling group includes four patients and 2 hours per group is reserved (preparation of the equipment, group counseling, recording). Remote monitoring will be reviewed in one month and a treatment letter sent

to the patient. If there are problems with using the device, the patient will be contacted by telephone. The appointment times of the nurse and physicians are not tied to each other. Nurse appointment times have been freed up along with the new practice model and patients have had quicker access to treatment. Previously, 2.5 hours per patient were spent, while now 2 hours per group are used in addition to approx. 15 minutes per patient (remote monitoring and treatment letter). Sleep apnoea patients have been pleased with the quick access to treatment and group instruction. The development work will continue so that from 1 November 2019, specific patient groups will be referred directly to the group start by a health center physician. If necessary, CPAP therapy can also be started in an individual start appointment.

Standardisation of Pediatric Early Warning Signs (PEWS) in the entire Children and Adolescents department as well as nationally

Pirjo Rannanjärvi, Deputy Nurse Manager

Failure of the previous scoring system (MET criteria), which was missing risk classes and guidelines for patient care among other things, lies in the background of this development project. The aim was to achieve a consistent Pediatric Early Warning Signs (PEWS) system with clear risk classes and guidelines for patient care according to risk categories both in the Children and Adolescents department as well as Finland-wide. The Deputy Nurse Manager of the Pediatric Intensive Care Unit of Laakso Hospital (planning, training, implementation), Chief Physician of the Pediatric Inten-

sive Care Unit of Laakso Hospital (consultation assistance), resuscitation team of the Children and Adolescents department (trainings after 1 March 2019), Senior Planning Officer of the Children and Adolescents department (implementation) and a PEWS expert group from The Nurses Association/The Finnish Medical Association (planning) took part in the project. Planning began in May-September 2018 and PEWS was published on 27 September 2018. Education was implemented in January-February 2019 as ward meetings / study days on different wards. Taitopaja training was held

on 11 February 2019 in the New Children's Hospital and on 27 February 2019 in Jorvi. The treatment table was updated in the Uranus and Clinisoft systems on 28 February 2019, and success of the updating process was ensured by wards. The PEWS indicator was introduced on 1 March 2019 in the Children and Adolescents department.

Further information and the PEWS indicator can be found on the HUS intranet and on the Fioca website at <https://fioca.fi/pews-lasten-aikaisen-varoituksen-pistetytsjarjestelma/>.

Increasing the number of injections for AMD patients

Kaisa Wiman, Deputy Nurse Manager

Patients suffering from age-related macular degeneration (AMD) are treated with anti-VEGF drugs administered as intraocular injections every 4 to 12 weeks. The treatment may take several years and requires commitment from the patients. A nurse trained for the procedure gives the intraocular injection and the patient meets a physician after every few injection administrations according to an agreed treatment plan. Injection therapy is provided at the HUS Retinal Outpatient Clinic, but due to the increase in the number of patients in need of treatment, injection therapy is also offered as both an outsourced service and as queue discharge operations. The Retinal Outpatient Clinic has received praise for providing good treatment and patients want to be treated there. By increasing the injection volume, it is possible to provide high-quality treatment for several patients at the Retinal Outpatient Clinic. The target was set for the weekly injection rate to be 15 injections higher from 28 January 2019. **Tuula Ahvenniemi**, Nurse Manager, **Minna Koivisto**, Nurse, **Minna Liimatainen** Nurse and **Kaisa Wiman**, Optician, were in charge of the project.

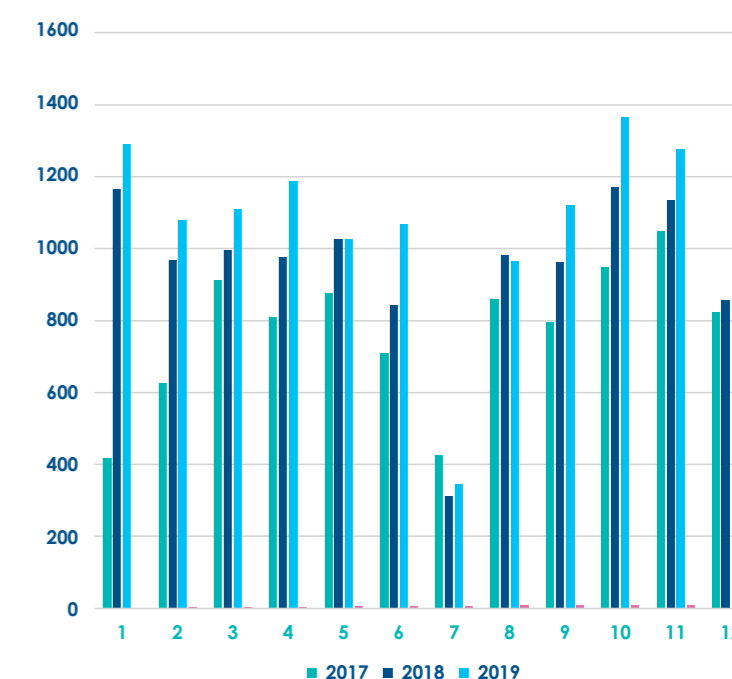


Figure 10. Number of intraocular injections 2017-2019

With the changes made (Figure 9), the injection volume increased during the monitoring period (week 5-13) by between 5 and 13. The goal of increasing the injection volume by 15 injections has not been achieved due to the demand for injections, the treatment interval between injections and staff absences. Effects of

the increase in the number of physicians' appointments on the injection volume will only be visible later, changes in the appointment templates have been implemented from 1 March 2019 onwards. The monthly injection volume has increased during the months of the monitoring period, but it cannot be explained by only

- 1) Injection appointment times have had to be closed due to the lack of a consultant. This means that there are 15 less injection appointment times per week available, which also limits the appointments available for the patients.
- 2) The number of patients physicians see per day varies.
 - Standardisation (at least 10 patients per clinic day) increases the number of first or repeat visits, in which case AMD patients' demand can be met better.
- 3) The operating rooms close unevenly in the afternoon, and the last patient may need to be placed on the same day's queue discharge list or be moved to the next day.
 - By agreeing on the closing time of the injection operating room, it can be ensured that even the last patients of the physician's clinic receive the injection therapy they need during office hours.
- 4) The queuing order of patients coming from the physician's appointment to receive injection therapy is not standardised, patients are placed to wait on two different operating room lists.
 - By combining the appointments on the operating room lists, the fair order of patients, lead time and more even distribution of patients in the operating rooms can be influenced. This change will be implemented after the unit has moved.

Figure 9. Root cause analysis and desired changes.

the changes made. During the monitoring period, the monthly injection volume has included not only injections administered during the day but also those given as a queue discharge measure. The information system's reporting solution has later made it possible to itemise the injections made during the day and those given to discharge the queues. Experi-

ences of the physicians and nurses have been positive, and the need for consultation has been limited. The supervisor has felt that work and working have received some determination. The most important lessons learned have been understanding the significance of continuous evaluation and the positive impact of minor changes in operations on the injection volume.

Daily activities are planned in meetings, and compliance with the agreed rules related to operating room activities is monitored. The total number of injections is monitored in monthly multi-professional meetings. Development work and continuous improvement of injection operations will continue at the Retinal Outpatient Clinic.

Decreasing the number of “Monitored in the operating room” situations in the operating department of the Ear, Nose and Throat (ENT) department

Hannele Koivula-Tynnilä, Nurse Manager

There are six recovery room beds and eight operating rooms in the operating department of the ENT department at the Head and Neck Center. If the recovery room becomes congested, activities in the operating room stop because the patient has to be monitored in the operating room after the surgery. This results in delays in planned surgeries and, at worst, cancellation. After the ENT operating department moved to the Surgical Hospital from the Eye and Ear Hospital in 2016, where there were more recovery room beds (12) per operating room (6), the number of “monitored in the operating room” cases has doubled.

The development work sought a 30% decrease in the “monitored in the operating room” events at the ENT operating department by 31 December 2019 compared to the situation in 2018. **Hannele Koivula-Tynnilä**, Nurse Manager, **Jukka Helander**, Deputy Nurse Manager, **Eeva-Maija Jokinen**, Nurse, **Päivi Laiti**, Nurse, and **Laura Tiilikainen**, Nurse, from the ENT operating department, **Katariina Hokkanen**, Nurse Manager, **Lea Kokko**, Deputy Nurse Manager, **Sonja Hilden**, Nurse, and **Deniza Salih**, Nurse, from the Day Surgery Unit, **Riitta Takkinen**, Deputy Nurse Manager, **Kaija Ikäläinen**, Nurse, and **Heidi Kahinen**, Practical Nurse, from the Inpatient Ward K6 as well as **Mika Isohanni**, Head Physician in Anaesthesiology, and **Saku Sink-**

konen, Physician in Charge, from the ENT operating department were responsible for the development project.

Root causes of the congestion situations in the recovery room were analysed and three development interventions were carried out on the basis of them; 1) guidelines were drawn up regarding the patient's further treatment in the ward according to either day surgery or short stay form of treatment, 2) the recovery room nurses transported the patient to the inpatient ward and 3) the ENT clinic's transfer criteria of transferring patients from the recovery room to the inpatient ward were updated. The development experiments were carried out one at a time, and the impacts were monitored for one month by registering the number and duration of congestion situations in the recovery room and the number of “monitored in the operating room” events during the experiment.

The number of “monitored in the operating room” situations decreased with the development interventions during the monitoring period (Fig-

ure 11). Development experiments 1 and 3 were taken into use. Development interventions 2 accelerated patients' access to the inpatient ward, but reduced the number of recovery nurses in the recovery room during the patient transport for too long a period. The development measures have streamlined the co-operation between the recovery room, day surgery and the inpatient ward. Monitoring and controlling the congestion causes of the recovery room leading to “monitored in the operating room” situations will continue to be important in order to ensure the availability of treatment for surgical patients and effective surgery.

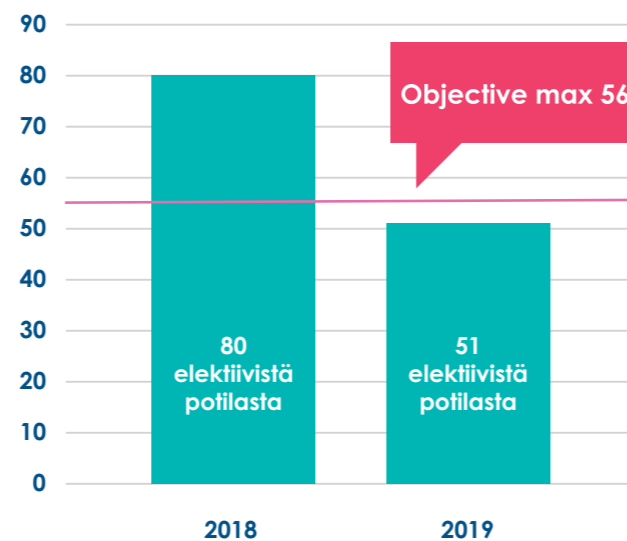


Figure 11. “Monitored in the operating room” events in 2018-2019

HIGH-QUALITY PROFESSIONAL ACTIVITY

DISTINGUISHED MEMBERS OF STAFF

Academic merits and degrees 2019

HUS golden honorary badge of nursing science is presented to persons who have defended their Doctoral Thesis in health or nursing science, the silver badge is awarded to those who have completed

a Master's degree in health sciences or a similar field at the university, and the bronze badge is awarded to those who have completed a Master's degree at a university of applied sciences. HUS honorary badge of nursing science has been designed by the artist **Gua Vainio**.



Science Day 2019. Academic merits and other recognitions. Doctors Toni Haapa, Satu Rauta and Laura Simoila and Kaarina Torppa, RN, PhD (Health Sci.).

Graduates in 2019 *

Doctoral degree (golden honorary badge of nursing science):

- Rauta Satu, Clinical Nurse Specialist, HUS Perioperative, Intensive Care and Pain Medicine (University of Turku)
- Simoila Laura, Nurse Manager, HUS Psychiatry (University of Helsinki)

Master's degree from a university (silver honorary badge of nursing science)

- Allén-Ollas Charlotta, Nurse Manager, Porvoo Hospital Area (Åbo Akademi)
- Ehrstén Marco, EMS Manager, Porvoo Hospital Area (University of Vaasa)
- Holmevaara Satu, Practical Nurse in Mental Health, Porvoo Hospital Area (University of Eastern Finland)
- Tiainen Jenni, Registered Nurse, HUS Heart and Lung Center (University of Eastern Finland)

Master's degree from a university of applied sciences (bronze honorary badge of nursing science)

- Aaltonen Tuula, Nurse Manager, HUS Head and Neck Center (Metropolia University of Applied Sciences)
- Kavonius Heidi, Registered Nurse, HUS Abdominal Center (Laurea University of Applied Sciences)
- Kinnunen Mira, Nurse Manager, HUS Perioperative, Intensive Care and Pain Medicine (Laurea University of Applied Sciences)
- Kouvalainen Tii, Registered Nurse, HUS Perioperative, Intensive Care and Pain Medicine (Metropolia University of Applied Sciences)
- Rautiala Sanna, Registered Nurse, HUS Perioperative, Intensive Care and Pain Medicine (Metropolia University of Applied Sciences)
- Riikonen Carolina, Registered Nurse, HUS Perioperative, Intensive Care and Pain Medicine (Metropolia University of Applied Sciences)
- Tuomisto Heikki, Nurse, Porvoo Hospital Area (Laurea University of Applied Sciences)
- Valdes Maija, Deputy Nurse Manager, HUS Psychiatry (Metropolia University of Applied Sciences)

* Degrees notified to HUS Nursing Administrative Group

Other awards / honours presented to members of the nursing staff in 2019

The Nousevat tähdet 2019 award awarded by the Finnish Nurses' Association:

- Fabritius Gabriella, Dermatology Inpatient Ward, HUS Inflammation Center, Skin and Allergy Hospital
- Itkonen Suvi, Cardiac Unit, HUS Heart and Lung Center, Meilahti
- Koivunen Anu, Peijas Psychosis Ward P1, HUS Psychiatry, Peijas Hospital
- Lohilahti Sofia, Neurology Ward NE3, HUS Neuro Center, Jorvi Hospital
- Austin Miranda, Inpatient Ward 4, HUS Musculoskeletal and Plastic Surgery, Töölö Hospital

Nurse of the year 2019 from Uusimaa

- Risto Sinisalo, Pediatric Intensive Care Unit Laakso, HUS Children and Adolescents, New Children's Hospital

Academic person of the year award awarded by Tehy

- Haapa Toni, Research Nursing Officer, HUS Nursing Research Center (NRC)

EORNA 2019 Congress, Best Poster award

- Maria Pulkkinen, Nurse Manager, HUS Perioperative, Intensive Care and Pain Medicine

Decorations awarded to members of HUS nursing staff by the President of the Republic of Finland

Cross of Merit of the Order of the Lion of Finland

- Lönnfors Pirjo, Nurse Manager, Oncology ward 7, HUS Comprehensive Cancer Center
- Noukkala Tuula, Nurse Manager, Anesthesia and surgical ward, HUS Perioperative, Intensive Care and Pain Medicine

Medal, First Class with golden cross, of the Order of the White Rose of Finland

- Järvinen, Monica Mirjam, Specialized Nurse, Ward K5A, HUS Abdominal Center
- Nurmi Eeva, Nurse Manager
- Urpalainen Merja, Nurse Manager, Bacteriology, HUSLAB

SHARED GOVERNANCE

Shared governance (Figure 12) supports nursing autonomy by bringing decision-making in nursing as close to patient care as possible. Nursing staff's independent decision-making is supported by education, sufficiently detailed and evidence-based guidelines for shared practices, active information seeking, sharing information and discussing together how to integrate the information in nursing

practices. The unit-level nursing expert groups are at the focal point for participation. It is their task to actively support and promote nursing according to HUS's model of professional nursing practice and to embed shared practices in the care of patients. The operation of the nursing expert groups at the unit-level is co-ordinated in hospital districts, departments or in structures locally agreed upon in di-

visions. In addition, the Chief Executive Officer has appointed HUS-level Nursing Councils (6) whose operations are based on the implementation of the action plan of nursing derived from the HUS strategy (Appendix 1).

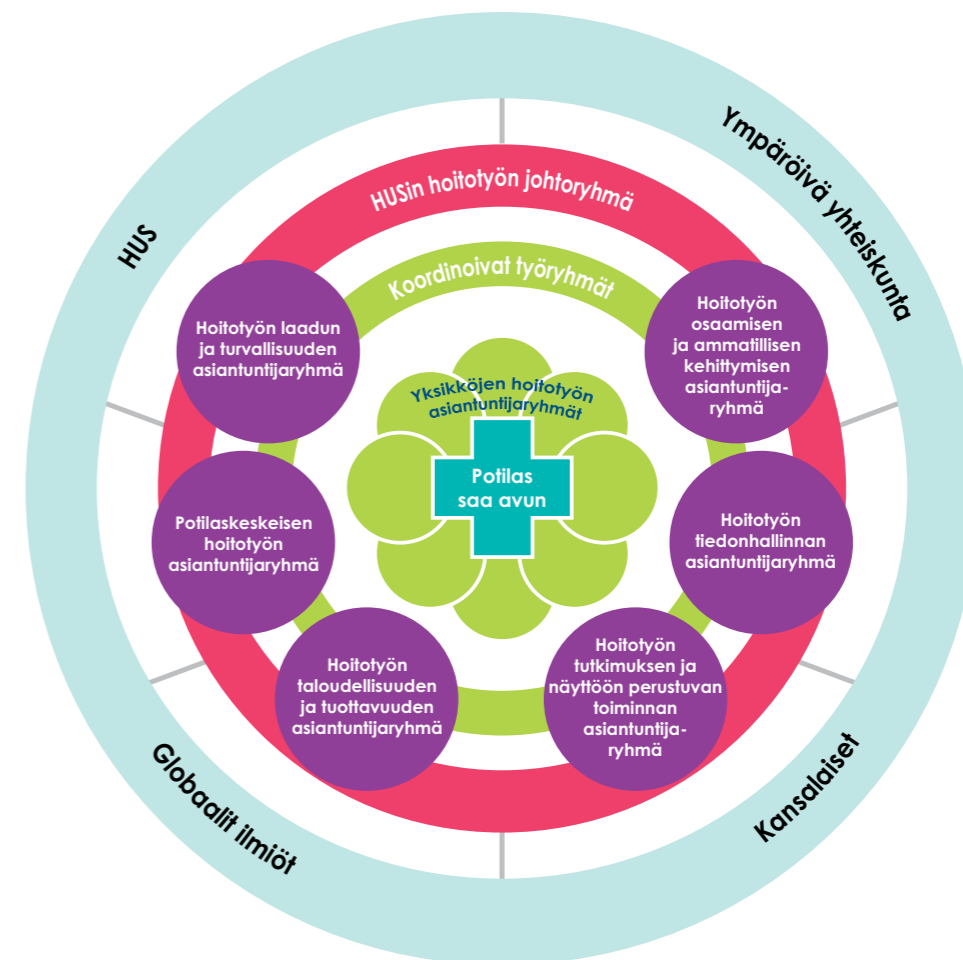


Figure 12. Shared governance in nursing in HUS.

KEY FIGURES OF HIGH-QUALITY NURSING

According to HUS strategy, the prevention of falls and pressure ulcers, pain management and identification of the risk of malnutrition, which are related to benchmarked quality, have been in focus in nursing.

Monthly reporting of the nursing quality key figures in both inpatient wards and outpatient care is one of the requirements in the Magnet Hospital project. Inpatient wards report the frequency of occurrence of pressure ulcers during hospitalisation according to monthly prevalence, as well as the number of falls that have caused harm to the patient per 1,000 days of treatment. In addition, inpatient wards report two optional indicators, such as the frequency of occurrence of sepsis of central venous cannula origin

or urinary tract infections caused by urologic catheters. Two nursing key figures are reported in outpatient care, for example, the number of falls causing harm to the patient per 1,000 treatment visits, a burn injury obtained by a day surgical patient during surgery, or the patient's HbA1C level. When the results are compared to a same type of unit, they are required to be better than the national or international level (average) during the two-year monitoring period.

As the second group of empirical outcomes, continuous collection of patient feedback on nursing at least quarterly is required. HUS has collected patient feedback on nursing (HOPP) as a continuous survey on the Internet. In addition, the applicant organizations have implement-

ed an enhanced survey week by quarter (weeks 10, 23, 36, 49) in paper or electronic form. HUS Support Services has saved paper form responses to the Biscnode program for monthly reporting. The results are expected to be better than the national or international levels.

Monitoring the job satisfaction of nurses is required as the third group of empirical outcomes. The Nurse Engagement Survey (NES), which has been in use at HUS since 2015, has been implemented annually and since 2018 nationally. In this annual report we present the results of the Heart and Lung Center for 2018-2019 as an example.



Prevalence of pressure ulcers (stage ≥ 2) in intensive surveillance

Jaana Kotila, Development Manager, substitute

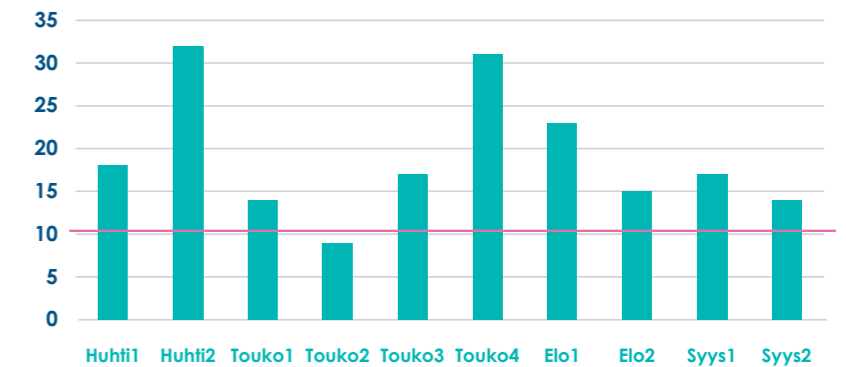


Figure 13. Occurrence of pressure ulcers during the monitoring (goal 1x per week) in 2019

HUS's strategic objective in the prevention of pressure ulcers in intensive surveillance is to decrease the prevalence of pressure ulcers (stage > 2) under 7%. HUS's Estä painehaava (Prevent Pressure Ulcer) model has been in use since 2014 with the aim of standardizing practices in the assessment, recording, intervention and monitoring of pressure ulcer risk. According to studies, patients in intensive care present with more pressure ulcers than other patient groups in health care. Intensive care patients are at great risk of skin damage due to pressure and / or stretching applied on tissues. The patient's chronic diseases also affect their individual resilience to pressure. Intensive care involves several factors that increase the risk of pressure ulcers, such as equipment supporting respiration, a urinary catheter, cannulae, vasoactive drug infusions and immobilisation.

According to prevalence, too many stage ≥2 pressure ulcers were detected at the Intensive Care Units and Surveillance Units compared to the above-mentioned objective. Despite educating the personnel and increasing the amount of information, the prevalence of pressure ulcers has remained high at HUS Intensive Care and Monitoring Wards. The expert group established in April 2019 included nurses in charge of pressure ulcers at the Intensive Care Units. The group was led by **Jaana Kotila**, Development Manager (substitute), and **Outi Kauppi**, Clinical Nurse Specialist (substitute). The target was set at halving the number of pressure ulcers by November 2019 (11%). Training was organised in accordance with the

PDCA model to increase understanding and prevent harms caused by equipment. A benchmarking visit was made to Turku University Hospital's ICU, where the prevalence and incidence of pressure ulcers has been able to be reduced to a good level. One of the most important methods adopted was the use of a fishbone technique to analyse the root causes of pressure ulcers as well as systematic risk assessment and monitoring. At the Intensive Units and Surveillance Units, the wound nurse maintains this culture. In the initial phase, the pressure ulcer prevalence was carried out once a month, but later, due to large deviation, once a week. Results of the prevalence were reviewed in connection with meetings.

During the monitoring period, the prevalence of stage > 2 pressure ulcers varied between 32 and 9 % (Figure 10). The incidence varied between 12 and 2 %. Approximately half of the pressure ulcers are caused by medical devices. In the

Nursing at HUS is evidence-based and professional.

prevalence implemented on 21 November 2019, the prevalence of the Intensive Care and Monitoring Wards was 18.9 %, while the incidence was 12.6%. Pressure ulcers caused by medical devices were found on 45% of patients.

STOP pressure ulcers campaign

Jaana Kotila, Development Manager, substitute

HUS arranged a STOP pressure ulcers theme day on 21 November in connection with the international STOP pressure ulcers campaign. Students from Laurea University of Applied Sciences and the hospitals of Hyvinkää, Jorvi, Lohja, Meilahti, Peijas and Porvoo took part in the challenge. This is an important topic both from the point of view of patients and for its financial aspect. Approximately as many as 80,000 patients in Finland suffer from a pressure ulcer each year, and the costs of their treatment have been estimated at almost EUR 500 million. On the theme day, Laurea's nurse

and physiotherapist students organised briefings on the prevention and identification of pressure ulcers in co-operation with HUS. **Jaana Kotila**, acted as a co-ordinator. Some 40 Laurea UAS students and 12 HUS experts took part in the events during the day. The number of visitors varied by hospital from 22 in Peijas to 82 in Lohja Hospital. Lohja and Porvoo attracted the highest number of participants. The most active wards from all six hospitals were awarded.

The best treatment and service for patients.

Prevention of circulatory system infections of central venous cannula origin at the Comprehensive Cancer Center inpatient wards

Leena Tuominen, Clinical Nurse Specialist

HUS Comprehensive Cancer Center monitors the prevalence of central venous cannula related circulatory infections per 1,000 cannula days as one of the nursing key indicators. In monitoring, the number of these infections in some inpatient wards of the Comprehensive Cancer Center has been higher than the international reference average. The aim of the development project was to reduce circulatory infections of central venous cannula origin at the oncology inpatient wards 7 and 8, haematology inpatient ward 7A and stem cell transplantation unit 7B. Nurses and nurse managers named in charge of hygiene at the units, **Tarja Kutamo**, Infection Control Nurse, and **Leena Tuominen**, Clinical Nurse Specialist, were in charge of the project. The

project group met to map the situation and plan ways to prevent infections. Reports on infections of central venous cannula origin at the inpatient wards per 1,000 cannula days were reviewed in September 2018. After this, HUS guidelines were run through (Normal Precautions, Hand Hygiene and Care Instructions for Central Venous Catheters) and all nurses were reminded to complete the hospital hygiene course of Duodecim's Patient Safety Online Education. Current unit practices in cannula care were mapped in September 2018. The units were given a preliminary task to map out the practices of their own unit, for example, in changing tubes, using face masks in connection with catheter treatment, implementing protective isolation in the haematol-

ogy inpatient ward and recording (what, how). At the same time, the unit's current practices were compared with the HUS guidelines. In addition, a representative of the valve plug manufacturer came to explain how the central venous cannula can be closed temporarily. The following were reviewed in January 2019: How an infection can be identified, process instructions when an infection is suspected, filing a notification to the hospital antibiotic treatment and infection system and presenting an audit form prepared by a clinical nurse specialist. Introduction of this audit form was recommended if the number of infections cannot be reduced. Figure 14 shows the improvement of the results.

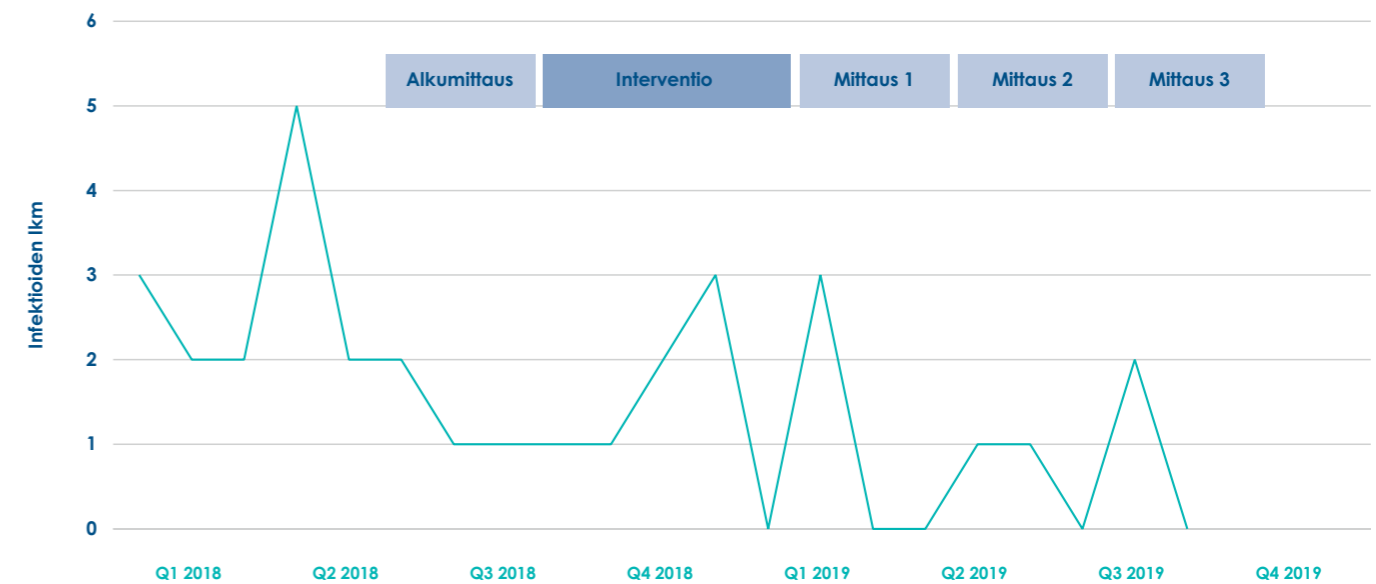


Figure 14. Prevalence of infections of central venous cannula origin at the Comprehensive Cancer Center inpatient wards before and after the intervention.

HUS Psychiatry's nursing-sensitive key indicators - physical restriction of patients

Taina Ala-Nikkola, Chief Nursing Officer

Year 2020 is an anniversary of nursing, it is 200 years since the birth of Florence Nightingale. Nightingale's work is still reflected in the description of the quality of nursing; her goal was to make hospitals a safe place for patients. In a safe hospital, the patient does not physically injure him- or herself, does not fall, develop pressure ulcers or catheter-related infections. But what else does safety mean? In recent decades, psychiatric hospitals have worked to reduce various coercive measures. In most cases, a trauma can be found in the background of difficult psychiatric symptoms. Internationally, attitudes towards the use of isolation and restraint isolation are becoming increasing-

ly more critical when their potential re-traumatising effect has been identified. At the same time, prevention and using alternative methods have been emphasised. HUS Psychiatry has worked for years for the use of alternative methods (Table 3). Monitoring coercive measures alone is not sufficient to describe the quality of nursing. The fact that the treatment does not harm the patient does not yet explain the added value provided by nursing. HUS Psychiatry's employees' views on good quality of care are largely described in the customer feedback of nursing. The patient's experience of having someone be present for them, of being heard, successful multi-professional co-operation

while maintaining the patient's privacy are at the core of psychiatric nursing. We have collected patient feedback on nursing in 2019, which we are currently working on for the use of units and to develop patient care. Nurses committed to continuous quality improvement are at the core of the Magnet Hospital model. By taking key information that plays an essential role in the unit's operations as an active part of the day-to-day management of the unit, development work can be made more systematic and the results can be made visible. We have done a great deal in 2019 to bring together baseline information. We have retraced Nightingale's footsteps.

Isolations	Isolation days in total / year	Isolation days / net treatment day %	Different isolated patients in total / year	Isolated patients / treated patients %	Average workload percentage of wards / year
2017	1,827	1.46 %	599	18.45 %	90.08 %
2018	1,374	1.07 %	658	20.20 %	91.40 %
2019	1,060	0.78 %	444	10.37 %	88.46 %

Restrains	Restraint days in total / year	Restraint days / net treatment day %	Different restrained patients in total / year	Restrained patients / treated patients %	Average workload percentage of wards / year
2017	299	0.22 %	256	6.78 %	85.75 %
2018	305	0.22 %	271	6.89 %	87.12 %
2019	424	0.29 %	246	4.90 %	84.00 %

Source: Cressida, HUS ToTal (not Apotti)

Table 3. Use of coercive measures in HUS Psychiatry. Isolations: Adult psychiatry, restraints: Adult and adolescent psychiatry.

Dog-assisted activity at HUS Child Psychiatry

Päivi Korkeala, Registered Nurse

HUS Nursing council of research and evidence-based practice has seen dog-assisted intervention or therapy as an important element complementing the patient's overall treatment. HUS Child Psychiatry examined the functionality of dog-assisted methods as part of multi-professional care and rehabilitation. Dog-assisted intervention or therapy can reduce anxiety and develop skills for expressing and regulating emotions. In the pilot phase, the methods were tested in group therapy as well as during individual visits by a nurse and occupational therapist. A nurse director, nurse manager, deputy nurse manager, nurses, occupational therapists and social workers have taken part in the working group of experts.

Dog-assisted intervention was carried out at the Rohkelikko (Gryffindor) Camp in cooperation with *The Finnish Association for Dog Assisted Intervention* in June 2019. Fourteen children aged 5-12 in specialized pediatric psychiatric care took part in the camp. The aim of the group intervention was to reduce the group members' stress and tension, to alleviate social anxiety, to offer an opportunity to calm down if the child was restless, to encourage shy children, to practise crossing one's own borders, to be exposed to a dog in a safe environment, to activate the children to do their exercises, and to increase experiences of pleasure, joy and success. The pilot phase proved that there is interest and motivation

among employees to start implementing dog-assisted therapy and intervention as part of child psychiatric treatment. Except for one, the parents (N = 7) who responded to the survey approved the dog visit program. The majority (9) of the children (N = 13) felt that the dog made it somewhat or a lot easier for them, while three children felt that the dog did not make things easier.

Dog-assisted therapy and individual therapy were carried out at Sörnäinen Child Psychiatry Clinics in August and October. The dog participated in the children's individual occupational therapy together with its instructor. The aim was to activate and motivate the children in training sensory motor skills. The chil-

dren experienced that Ruusa the dog made them feel much easier, made them happy and they felt safe. The children felt that the dog calmed them down, but also that the dog was a bit exciting and frightening.

The objectives set for the pilot were achieved well. Dog-assisted methods may be functional working methods as part of child psychiatric treatment. It is important that the dog-assisted method is linked to the child's overall treatment. The activities must be goal-oriented and systematic. Monitoring, evaluation and documentation must be carried out appropriately. In addition, appropriate clinical education programs should be provided to the employees. Further research and experiences from the method will be needed in the future.



Ruusa, 9 years old, is attentively involved in the work.

Integrated and co-ordinated participation of customers/patients

Heli Bäckmand, Development Manager

Systematic, organised and co-ordinated customer panel and expert by experience activities in accordance with the Actively Involved Patients Making a Difference project were built at HUS in 2017-2019. These activities enable real-time participation and influence on the planning, development and evaluation of services in the service system. Educated customer panel members and experts by experience operate in every Helsinki University Hospital department, hospital area, HUS Asvia and HUS Diagnostic Center. In 2019, HUS also educated 10 Expert by Experience trainers of its own.

A total of 112 experts by experience and 15 co-ordinators graduated from the seven Expert by Experience education

groups in 2019. The education (5 cr) was implemented in co-operation with Laurea University of Applied Sciences. The Expert by Experience activities began in the hospital areas of Hyvinkää and Porvoo, Raseborg Hospital and Helsinki University Hospital Musculoskeletal and Plastic Surgery and Helsinki University Hospital Children and Adolescents departments. More experts by experience were trained to the following Helsinki University Hospital departments: Emergency Medicine and Services, Gynecology and Obstetrics, Neuro Center, Psychiatry and Comprehensive Cancer Center. Several two-day Customer Panel educational sessions were organised as HUS internal training, and a total of 105 customer pan-

el members and 30 co-ordinators graduated from the education. As a new matter, each Rare Diseases unit with an ERN Health Care Provider status or applying for one must participate in Customer Panel work. Regional, national and international co-operation was carried out regarding HUS's internal Expert by Experience and Customer Panel activities.

Internal peer audits and feedback surveys of HUS's Expert by Experience and Customer Panel activities were launched in 2019. The aim was to get an overall picture of the activities launched and their development in different hospital areas. HUS Nursing Administrative Group, the Expert by Experience and Customer Panel co-ordinators of the Hos-

Nursing is carried out in co-operation with patients.

pital Area and departments as well as educated members took part in the activities. A checklist, operational work audit records and a separate written audit report were completed in connection with each peer audit. The number of Customer Panel audits carried out in 2019 was 7 per 10 Hospital Area / department pairs.

The number of realised Expert by Experience audits was 5 per 8 Hospital Area / department pairs. Internal peer audits will continue in 2020. Feedback surveys (17 September - 31 October 2019) mapped experiences from the activities launched. The main themes of the survey included experiences from the launch of the Customer Panel work, meeting activities, communications in the department after the training, experiences from visits / tasks in the department (e.g. introductions, observation visits, tasks, working groups), experiences from Customer Panel and Expert by Experience tasks and assignments, and open feedback.

Research and development work related to participation activities were started as follows: a Doctoral dissertation to

the University of Vaasa, two Master's theses to the University of Eastern Finland (Musculoskeletal and Plastic Surgery department) and a Master's thesis to Turku University of Applied Sciences (Musculoskeletal and Plastic Surgery department). In addition, a development task was completed for management training at the University of Tampere (Lohja Hospital Area).

In late 2019, a plan was launched in cooperation with HUS research management and the NRC for launching, piloting and expanding the research panel activities of Helsinki University Hospital's pharmaceutical, nursing and health sciences to HUS's departments.



Engagement to work - case Heart and Lung Center

Kristiina Junttila, Chief Nursing Officer

In the Magnet Hospital model, the results of patient care, personnel and the entire organization are at the center of the activities. HUS has assessed the job engagement experienced by the nursing staff in different Helsinki University Hospital departments, hospital areas as well as HUSLAB and HUS Medical Imaging Center since 2015. The experienced job engagement is more than job satisfaction. It is understood as an individual responsibility for the results of patient care and the organization's strategic goals and as an investment in these. According to studies, the job engagement experienced by nurses is linked to care outcomes and patient safety, patient satisfaction, nurses' job satisfaction, staying

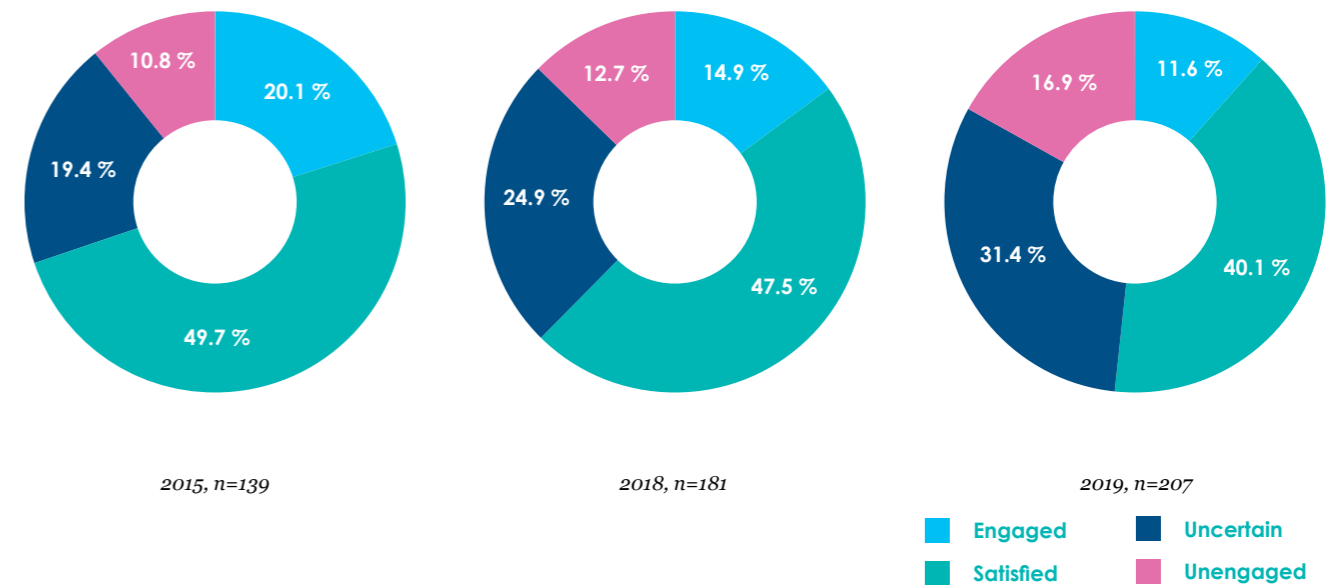
at work, health, well-being and absences as well as productivity. Supportive managers, feedback, being rewarded, autonomy and participation in decision-making have been identified as factors promoting job engagement. At best, the response percentage of HUS's nursing staff has been approximately 30%. The survey has been carried out in 2015 (n = 1828), 2016 (n = 2083), 2018 (n = 3723) and 2019 (n = 3874).

The objective of the HUS Nursing Plan of Action 2019 is that the percentage of engaged employees is higher than in 2018 and the percentage of unengaged employees is lower than in 2018. HUS Nursing Research Center implements, analyses and reports on the survey to the

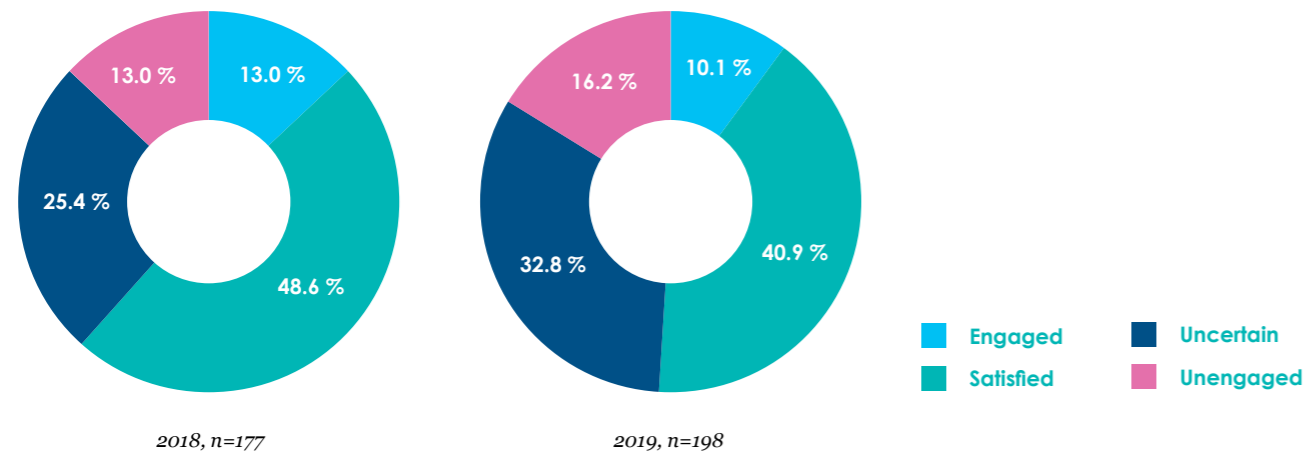
departments / hospital areas annually. **Kristiina Junttila** is the person in charge. The survey is directed to the entire HUS nursing personnel via an email link. The results will be sent to the chief nursing officers in the areas, who will discuss the results at the management line of nursing and decide on the necessary measures based on them.

In 2015 and 2016, the survey was conducted using Nurse Engagement Survey (NES), developed by the Global Center for Nursing Executives, a member of the Advisory Board Company. A modified NES instrument (NES+) has been in use since 2018, and its content has been checked for appropriateness by ANCC with respect to the Magnet Hospital pro-

Degree of engagement in 2015, 2018 and 2019 (all respondents)



Degree of engagement in 2018 and 2019, respondents working in patient care



ject. The survey includes 53 statements, which form nine sum variables. The degree of engagement is examined through the following statements: 'I would recommend this organization to my friends as a great place to work'; 'This organization inspires me to perform my best'; 'I am likely to be working for this organisation three years from now' and 'I am will-

ing to put in a great deal of effort in order to help this organisation succeed'.

The survey has also been conducted in other university hospitals since 2018, Central Finland and Vaasa Central Hospitals and Satasairaala in connection with national cooperation of benchmarking nursing on a national level (Hoitotyön kansallinen vertaiskehittäminen,

HoiVerKe). Results for the Helsinki University Hospital Heart and Lung Center are presented here (2015; 2018-19). The objectives set at HUS level have not been achieved, and at the statement level, unanimity has mainly shifted to a more negative direction. National comparative data is not yet available.

Influenza vaccinations of personnel and patients in 2018-2020

Eeva Ruotsalainen, Infectious Disease Specialist

In health care, the staff is a significant source of influenza infection; the risk of catching influenza is almost three times higher in hospital. As many as half of the infected employees can be infected with influenza without symptoms and thus be contagious unknowingly. The influenza vaccine protects both patients and employees and is the most important means to prevent influenza and its secondary

diseases. Staff influenza vaccinations are an important part of patient and occupational safety, where vaccination coverage of more than 90% prevents outbreaks in inpatient wards and significantly reduces the risk of influenza and deaths among patients. HUS has been a pioneer in influenza vaccinations for hospital staff in Finland and at the EU level. Determined efforts have been made to

increase the influenza vaccination coverage since 2010. Section 48 of the new Communicable Diseases Act on the vaccination protection of social and health care personnel and students entered into force on 1 March 2018. According to the Act, the employer must have a specific reason to use unvaccinated personnel in customer and patient facilities where patients susceptible to serious consequenc-

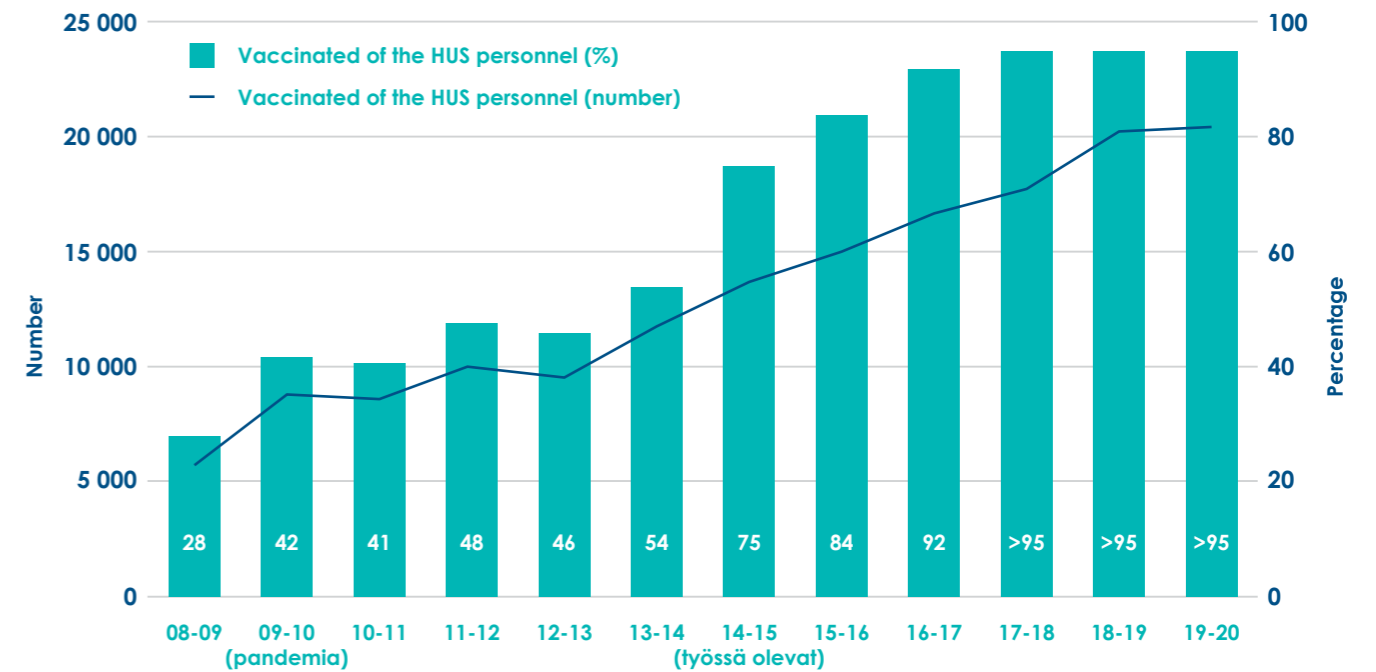


Figure 15. Influenza vaccination coverage of HUS personnel in the 2000s.

es of communicable diseases are treated. The influenza vaccination coverage of HUS personnel has increased annually and has been over 95% since the epidemic season 2017-18 (Figure 15) - in other

words before the Communicable Diseases Act entered into force. During the influenza season 2018-19, 22,604 employees and students took the vaccine, or nearly 2,400 more than in the previous sea-

son. Of the professional groups, the vaccination coverage of physicians and nursing personnel was over 95% (Figure 16), but the number also rose to 93% for researchers and other special staff and oth-

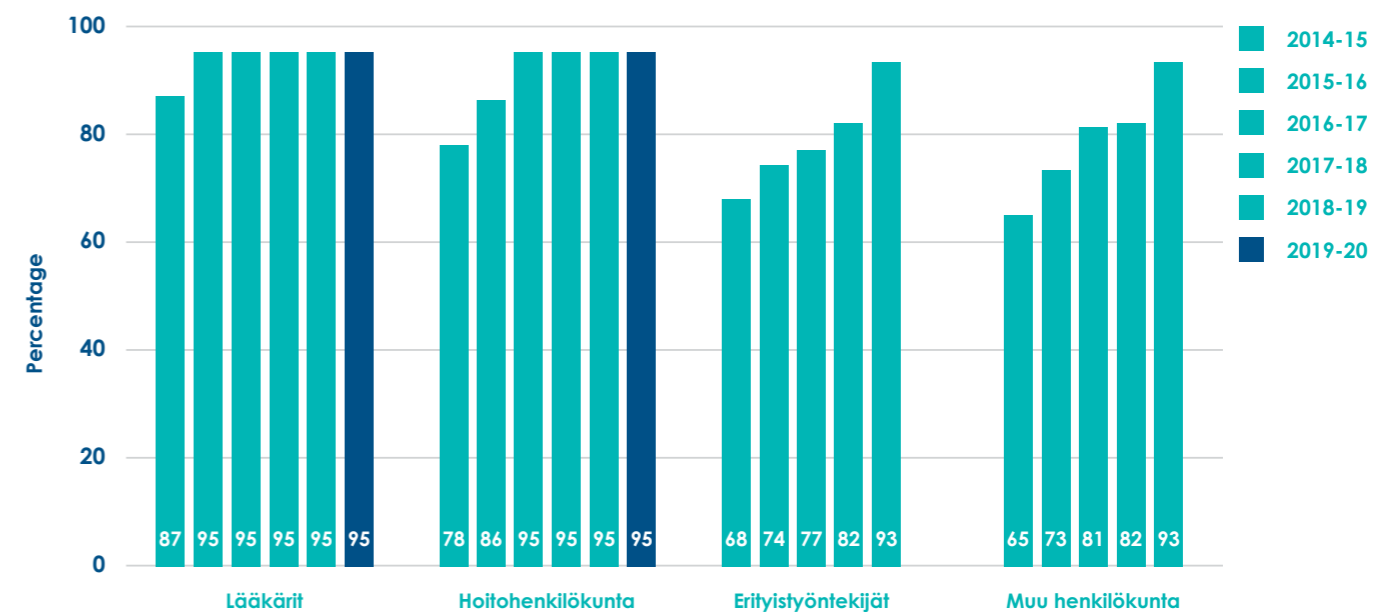


Figure 16. Influenza vaccination coverage of HUS personnel by occupational group, employed (percentage, figures by 31 December 2019, unfinished).

er personnel. Vaccination coverage of more than 95% was reached as early as December 2019 during the influenza period 2019-2020.

Preventive vaccination is part of patient safety and it saves treatment costs for the best of the patient. Vaccinating persons at risk against influenza can significantly reduce the incidence of influenza, pneumonia, cardiac and cerebral events as secondary diseases and deaths, and thus prevent inpatient ward epidemics.

An influenza epidemic causes a significant disease burden in the population each year, which increases the need for hospital and intensive care. Influenza is easily transmitted from one person to another, and especially persons belonging to risk groups (infants, healthy patients over 65, patients with long-term illnesses, patients receiving treatments that lower their resistance, pregnant women) may fall seriously ill. HUS specialist medical care has provided instructions on the vaccination of patients against influenza in wards and outpatient clinics since 2010. In recent years, patients and their close family members have also been vaccinated at low-threshold vaccination points in HUS hospitals during November. More people than ever before, almost 8,000 patients and their family members, were vaccinated in HUS hospitals during the epidemic period 2018-19.

in wards and outpatient clinics since 2010. In recent years, patients and their close family members have also been vaccinated at low-threshold vaccination points in HUS hospitals during November. More people than ever before, almost 8,000 patients and their family members, were vaccinated in HUS hospitals during the epidemic period 2018-19.

Workshops for well-being at work

Virpi Valkama, Clinical Nurse Specialist

The nursing staff of the Heart and Lung Center felt that not enough attention had been paid to well-being at work during the Magnet Hospital journey. The objective was that the nursing staff of the Heart and Lung Center would feel well in their work and receive support for coping at work. Employees interested in well-being at work or an occupational health and safety pair from each Heart and Lung Center unit (13 persons) run the project. Workshops for well-being at work: 23 January 2019 whole day, 23 April 2019 half day, 6 September 2019 half day.

Taina Liukkonen, consultant in well-being at work, gave lectures (and exercises) on well-being at work, on taking

breaks at work, assistive tools, balancing work and leisure time (especially in shift work) and recovery. Small groups worked on the following themes: Supporting one's own well-being at work, supporting well-being at work in the work community and challenges of well-being at work. Nurse Engagement Survey results were reviewed, there was a lecture on collegiality (instructions on collegiality pocket cards had been commissioned from the Finnish Nurses Association for each unit) and a lot of joint discussion and peer support.

Examples of work done in units:

- Revamping the staff room: the staff room is now for breaks, all work-related info and other papers have been taken into folders or elsewhere.
- An occupational well-being survey has been introduced in many units, and the results will be reviewed together. This enables discussion on issues that are challenging or that have gone well.
- An "interior decoration" working group was set up to design a more comfortable interior for the outpatient clinic.
- Exercise balls and relaxation pillows were ordered to the units for breaks.
- A positivity post-box
- Attention has been paid to breaks in the middle of the working day
- Well-being at work dartboard (you can give feedback on the realisation of well-being at work on the dartboard at the end of the shift)

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS



Stairs of the Parliament House 2019.

We can guarantee safe and optimal care for each of our patients by standardising care practices based on research evidence. In order to achieve this, it is important to strengthen the research competence of the nursing staff and competence of the nursing staff in the implementation of research evidence in clinical patient care. In addition, research and evidence-based activities require separate structures in health care service organizations. As a result, Nursing Research Center (NRC) was established in 2019 in HUS under the HUS Nursing Administrative Group, and its opening ceremony took place on 21 May 2019.

Research and evidence-based activities require separate structures in health care service organizations.

RESEARCHED EVIDENCE USED FOR THE BENEFIT OF THE PATIENT

On the activities of HUS Nursing Research Center (NRC)

*Toni Haapa, Research Nursing Officer
Kristiina Junttila, Chief Nursing Officer*

The Nursing Research Center aims to promote the production of nursing and health science research data that benefits the patient and to strengthen HUS as a pioneer in the utilisation of research data. Some of the key objectives of the Nursing Research Center (Figure 17) are outlined in the text below. NRC's personnel includes **Kristiina Junttila**, Chief Nursing Officer, Docent, PhD, **Toni Haapa**, Research Nursing Officer, PhD, and two fixed-term Project Planners.

In December (5 December 2019), the NRC organised, together with HUS Emergency Medicine and Services, a how to conduct a clinical nursing research meeting, which discussed the production of clinical nursing science research. Professors **Julie Considine** and **Judy Currey** from Australia gave lectures in the meeting. The meeting was targeted at all nurses interested in clinical nursing science research, especially nurses doing clinical work, clinical nurse specialists/clinical teachers in nursing and researchers from HUS working on their doctoral thesis. Those who took part in the meeting (n = 25) felt that they received good practical examples related to clinical nursing science research and were able to strengthen their own research competence.

NRC put out to tender researcher months in 2019. There were 21 applicants, of which 14 doctoral researchers and one post-doctoral researcher were

Key objectives of the Nursing Research Center

- To strengthen the research competence and expertise of HUS nursing staff in implementing research evidence in clinical patient care
- To implement research evidence in clinical patient care and the processes of specialized healthcare
- To support the research on topics arising in clinical patient care, research-based development and the assessment of the effectiveness of nursing practices
- To provide resources and a clear structure for strengthening research in nursing and health sciences as well as research-based development
- To co-ordinate the research in nursing and health sciences carried out by universities and universities of applied sciences at HUS
- To communicate research findings and nursing recommendations to the nursing staff and thus advance evidence-based activities
- To promote the visibility of research in nursing and health sciences produced at HUS
- To support the academic expertise of HUS's clinical nurse specialists and clinical teachers in nursing

Figure 17. Key objectives of the Nursing Research Center.

granted 45 months in total. 81% of the months granted were used. NRC carried out a similar call for applications for 2020. 25 applications were received, 23 of which were from doctoral researchers and 2 from post-doctoral researchers. The researcher months were granted to eight doctoral researchers (three applicants in reserve) for a total of 30 months and to one post-doctoral researcher for a total of four months.

NRC contributes to supporting the principles of research-based development in nursing by providing resources for strategy-based research and unit-level development. Resourcing is implemented by using the NRC Project Planner vacancies. In 2019, these vacancies were used for approximately six months for strategy-based nursing and health sciences research, such as the validation of the HUS pressure injury risk classification (PHUS) and reporting on the Ethics in HUS survey, as well as for research-based development, such as auditing the implementation of the core functions of acute pain management.

In spring 2019, NRC surveyed the doctoral researchers in nursing and health sciences in HUS. Nearly 50 HUS employees are taking postgraduate scientific studies at different universities (Table 4). The largest number of doctoral researchers is found in the HUS Children and Adolescents department (n = 8), HUS Psychiatry (n = 7) and HUS Abdominal Center (n = 7). To produce information on ongoing doctoral dissertations in nursing and health sciences at HUS, a survey was targeted at doctoral researchers in summer 2019. 94 % of the respondents (n = 34) hoped that HUS would support them in their dissertation research and that a network would be set up for doctoral researchers. Therefore, NRC decided to establish a network of doctoral researchers, the main purpose of which is to enable peer support for researchers in the form of joint meetings and to organise instruction on how to apply for ethi-

cal statements and research permits. The network will start operating at the beginning of 2020.

Doctors of Health Sciences from HUS and other parts of Finland presented the results of their doctoral dissertations to HUS nursing staff and students doing their practical training in the Nursing Science meetings (n=7). In connection with the October nursing science meeting, a feedback questionnaire was targeted at the participants. Based on the results of the questionnaire, the nursing science meetings will be developed in the future to better meet the needs of the participants.

The 18th annual Nursing Research Day, organised to disseminate research findings into practice, was arranged on 17 May 2019, and a total of 85 HUS employees took part in the day. A total of 15 oral presentations and two invited presentations were held during the anniversary. In addition, eight poster presentations

University	n=
University of Eastern Finland	14
University of Turku	14
Tampere University	4
University of Helsinki	4
University of Vaasa	3
Other (International)	2
University of Oulu	1
University of Jyväskylä	1
Åbo Akademi	1
Total	44

Table 4. The placement of HUS's doctoral researchers (n = 44) in nursing and health sciences in different universities.



Post-doc researcher Marita Ritmala-Castrén presents her research at the CNR 2019 symposium.

were also on display. The main themes of the anniversary were structural empowerment in support of high-quality nursing and innovations in high-quality nursing. In turn, the concurrent sessions addressed the renewing roles of nurses in patient-oriented care processes and the assessment of nurses' competence from different perspectives.

The 18th HUS Science Day was held on 27 November 2019, and its theme was a hospital of the future that produces and utilises health and nursing science information. All in all 80 HUS employees participated in the Science Day. Among other presentations, Professor of Nursing Science **Katri Vehviläinen-Julkunen** and Professor of Administrative Science (Social and Health Management) **Petri Virtanen** gave their *key note* lectures. Also the Academic merits for Health Sciences were handed out during the Science Day (page 31).

HUS together with Research Foundation (Hotus) and Fioca Oy organised the IV Health Sector National Evidence-Based Practices Symposium, which was held in Hilton Helsinki Kalastajatorppa on 14-15 February 2019. The theme of the Symposium was establishing evidence-based activities, and there were a total of approximately 200 participants.

Presentation forum	Oral presentation	Poster presentation
International	15	6
National	12	6
Regional	2	2
Local (not HUS)	1	1
Total	30	15

Table 5. Presentations by HUS nursing staff in 2019 (N = 45). Appendix 3 contains professional articles written by HUS nursing staff in 2019 (N = 17).

HUS nursing personnel's scientific publications

References to scientific publications produced at HUS are collected annually in the TUHAT research information system maintained by the University of Helsinki. HUS Academic Research Center has traditionally validated the list of publications manually. One of the objectives of the NRC is to promote the visibility of nursing science research produced at HUS. In connection with this, negotiations have been conducted in 2019 with the administrators of the TUHAT research information system on how the references of publications produced by HUS nursing and health scientists could

be collected most reliably in the future. In 2018, a total of 22 peer-reviewed publications in nursing or health sciences were produced at HUS, which resulted in 21 JUFO points. For a summary of the publications, please see Appendix 2.

Other nursing publications

During 2019, Hus nursing staff has participated in professional training sessions and scientific conferences where they have presented their research and / or development work in the form of oral and / or poster presentations (Table 5).

Research club activities – case HUS Gynecology and Obstetrics

Nina Heinikoski, Clinical Nurse Specialist

Various research club activities have been organised at the Gynecology and Obstetrics department for several years already. Research clubs have mainly been arranged twice a semester. The topics have partly emerged from nursing needs, and the aim has partly been to disseminate new information. A clinical nurse specialist or a clinical teacher in nursing of the

department has been responsible for organising the research club, searching for information and obtaining experts, and a varying number of nursing staff have participated in the events. The topics have been related to management, breastfeeding, encountering and processing grief, telephone guidance, moral courage in nursing, facing a patient who has mis-

carried / suffered an intrauterine death, abortion, greetings from Magnet Hospital conferences, collegiality and results of nursing training days. In addition to the clinical nurse specialist and clinical teacher in nursing of the department, different experts, as well as midwifery and nursing students and nurses of the department, have held presentations.

The research club activities have become familiar to the staff, and the number of participants has grown in every event. The students have also been actively present. After the event, the presentations of the research club have been distributed to the nursing staff through the nurse managers. There have also been lessons on the wards regarding telephone guidance and collegiality. The ob-

jective is that the research club activities would be one means to distribute and implement new information, but this has not been monitored in any way. Because of the introduction of Apotti, research clubs are not arranged at the moment, but next autumn, the aim is to organise clubs in the same way as before, but more systematically based on evidence-based information.

HUS Nursing council of research and evidence-based practice (TuNTo) updated the research club model to become a Tiedosta taidoksi (Knowledge to Skills) activity, and it was presented in the 2018 annual report on nursing.

Implementing the contents of self-care instruction for patients suffering from COPD and promoting evidence-based activities with the help of a workshop method

Marja-Liisa Stenroos, Nurse Director

Contents of self-care instruction for patients suffering from chronic obstructive pulmonary disease - a nursing recommendation was published at national Keuhkopäivät (Lung Days) event on 25 September 2018 by the Nursing Research Foundation (Hotus). Deputy Nurse Manager **Merja Kukkonen** from the Pulmonary Diseases and Cardiology Ward 6A took part in the expert working group of Hotus. Also Filha and the Organisation for Respiratory Health in Finland participated in the cooperation.

Chronic obstructive pulmonary disease, COPD, is a progressive incurable disease that limits life. It can be prevented and its progress can be slowed down and symptoms reduced. Treatment of chronic obstructive pulmonary disease is based on self-care. Instruction of self-care comprises the following seven treatment recommendations: no smoking, symptoms and mental well-being, implementation of medication, physical activity, nutrition, prevention of the exacerbation of the disease and family members' need for information and support. Nursing recommendations aim to harmonise the content of self-care instruction for people with COPD so that the patient re-

ceives sufficient information in support of self-care. Merja Kukkonen reported on her experiences regarding her participation in the work of the recommendation working group:

“Taking part in the working group was new and interesting for me. Reading and assessing scientific articles was challenging, but the support provided by other group members and working together helped. I am pleased with the working group's achievement and hope it will be utilised widely.”

The workshop method is utilised in the Heart and Lung Center in order to adopt the contents of the self-care instruction recommendations and to promote evidence-based activities. Nursing Instructors **Sanna Lehtivaara** and **Heli Karhunen** are in charge of workshops for the nursing staff of the Heart and Lung Center inpatient wards. Participants to the workshops plan and decide together on how to implement the self-care instruction recommendations in the pulmonary disease inpatient wards in Meilahti, Jorvi and Peijas. Work in the workshops has progressed from the content of the recommendation and mapping the initial situation to planning its multi-

professional implementation. In addition, **Virpi Valkama**, Clinical Nurse Specialist, has provided support for the work towards an indicator that could be used to monitor the impact of the change in activities. The work has already led to changes in several daily practices that have been implemented in a uniform manner in all wards, which is one of the key objectives of workshop work in addition to networking across unit boundaries. For example, the patient instructions for blow bottles and daily activity have been updated and the practices have been harmonised. In the future, we will structure the framework and documentation of a COPD patient's self-care instruction.

Leading the workshop has been a new type of operating model for Nursing Instructor Sanna Lehtivaara:

“Some very competent nurses, practical nurses and physiotherapists have taken part in the workshops and it has been a pleasure to follow their empowerment and expertise, while guiding them towards a common goal. Nurses doing clinical work are our greatest resource, and utilising their competence is central for evidence-based nursing in the future.”

Implementation of a Visual Idea Board at Meilahti Cardiological Inpatient Ward and Monitoring M8+M9

Veera Nousiainen, Nurse

There was no systematic way of presenting, processing and reporting development ideas and their implementation at the Meilahti Cardiological inpatient ward and monitoring M8 and M9. Development ideas were left at the idea stage, or they were implemented by an individual employee, division group or an expert group. In addition, development ideas and their implementation were not recorded or reported in any way. The number and schedule of development tasks in progress were not known to everyone.

As an initial measurement, the ward staff responded to an electronic survey. The following were set as goals: There would be 1) a systematic way to bring up development ideas and process and report on the progress of development ideas, 2) an opportunity to comment on development ideas before the implementation would begin, and 3) an opportunity to monitor the progress of development idea implementation. Registered Nurses

Veera Nousiainen, Paula Allanmaa, Mari Glad-Marttinen, Kati Koivisto and Eija Tervola and Nurse Manager **Annukka Sandell** run the project.

A Visual Idea Board was decided to be introduced as an intervention and 2h of working time per two weeks was allocated for five nurses to develop the matter further. The introduction of the idea board was prepared by commissioning the boards, designing and implementing the visual look of the boards, by drawing up instructions regarding the board and informing others on the subject. Development ideas were recorded in Excel under "continuous development" and in cards posted on the idea board. Development ideas were implemented within the expert group or co-ordinated to groups of areas of responsibility or to individuals. Ward personnel were informed about the development ideas that had been completed.

Achieving the set goals was assessed in April 2019. Based on the assessment, it was decided to modify the idea form by making it clearer and more attractive. In addition, the visual idea board and the idea card were developed together with an expert by experience, with the aim of obtaining more development ideas from patients and family members. The topics of further development include the introduction of a new version of the idea card and its inclusion as part of admitting a patient on the ward. Plenty of development ideas are entered on the board. Prioritising the ideas to be implemented poses a challenge and this will be made more efficient according to the four-field model (the benefits to be achieved versus the time used for the implementation). There are also plans to digitalise the idea board so working in the Teams application is possible. The idea forms are still in use on the board.

BRINGING AN IDEA INTO LIGHT: An employee introduces an idea by using an idea card. The idea card is placed on the idea board.

In addition, the visual idea board and idea card were developed together with an expert by experience, with the aim of obtaining more development ideas from patients and family members.

TOWARDS THE 2020^S

Values:
Caring
Pioneership
Equality

HUS Council approved a new responsible growth strategy for 2020-2024 on 12 December 2019. The new HUS values are Caring, Equality and Pioneership. These values have been and still are at the core of nursing. We work in co-operation with the patient and his or her family and friends. We are eager to educate and develop ourselves and provide first-class care to our patients.

The strategic goals are as follows: Proven best medical care and service, best community for learning, research and meaningful work, promoting health efficiently and effectively, our responsibility for the common good, and customer-driven digital shift. The goals will be realised in nursing in accordance with the Magnet Hospital model for the best of patients, staff and the whole of HUS.

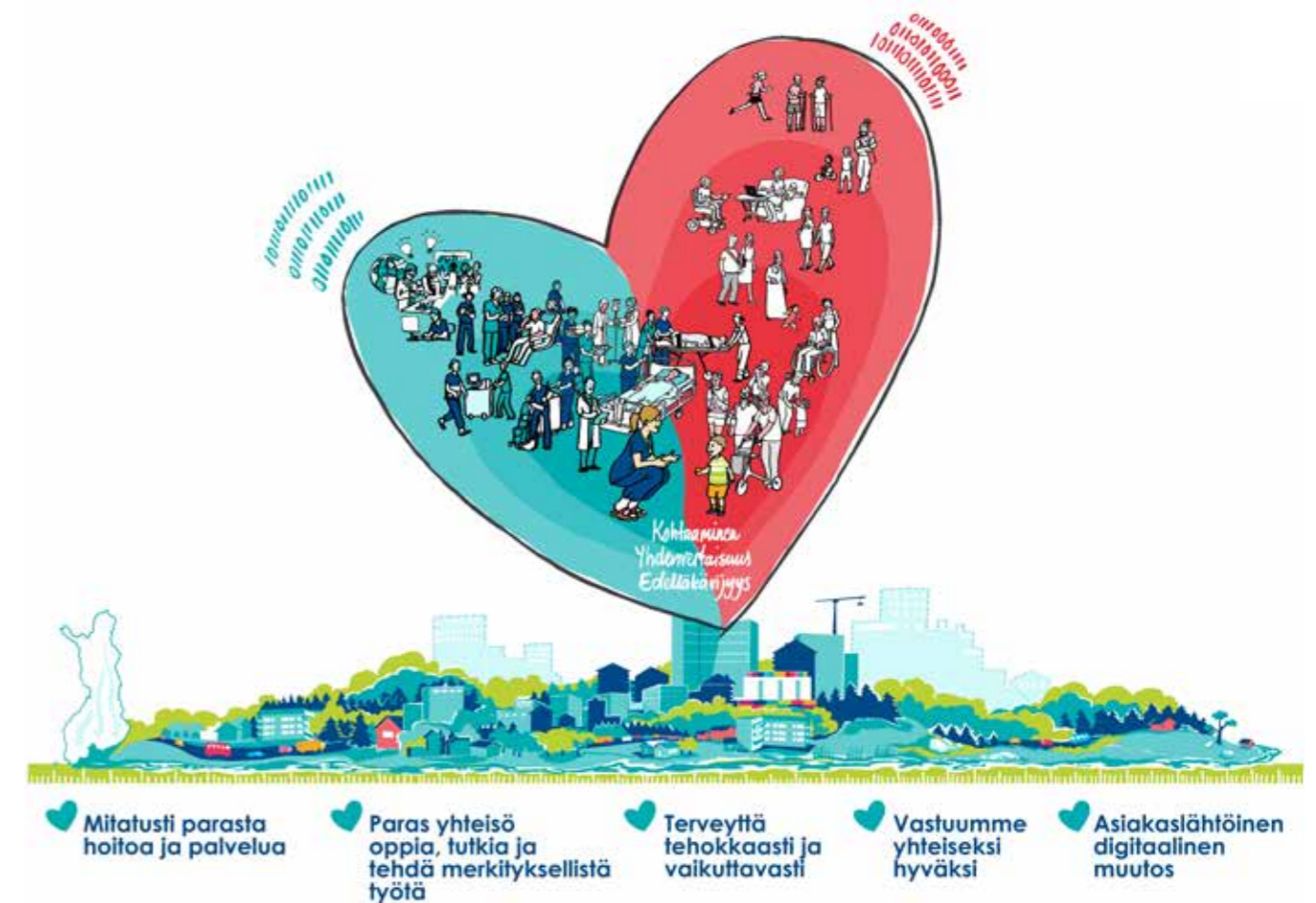


Figure 18. HUS strategy 2020–2024

Appendix 1 Members of HUS Nursing Councils 2019

HUS is responsible for the treatment and research of several demanding diseases in Finland

Our national responsibilities include

- Organ transplantations
- Treatment of severe burns
- Allogeneic bone marrow stem cell transplantations
- Invasive diagnostics and surgical treatment of epilepsy
- Open heart surgery of infants and other demanding pediatric cardiac surgery
- Demanding invasive fetal diagnostic studies and treatment
- Planning the overall treatment and surgical treatment of cleft lip and palate patients

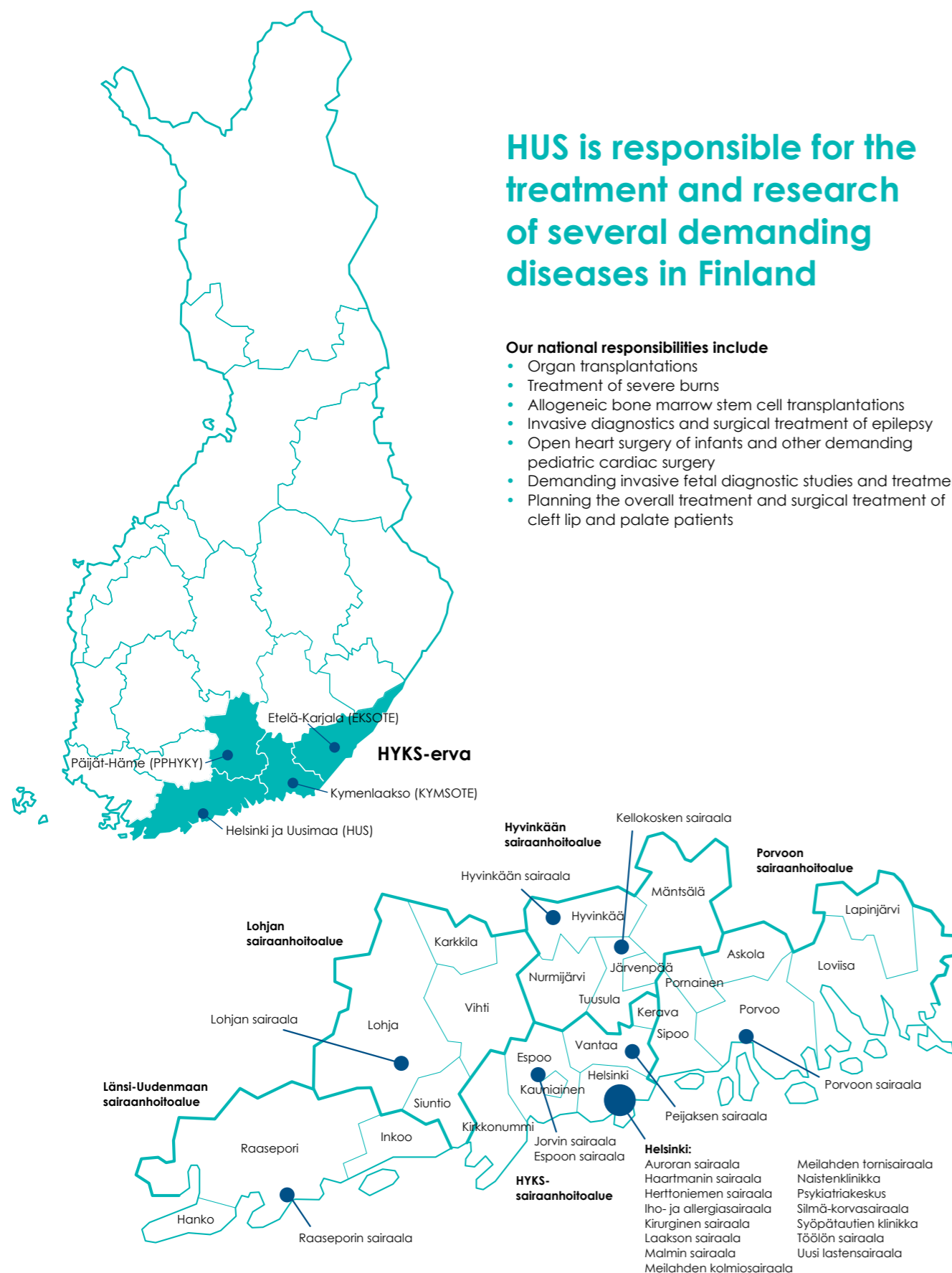


Figure 19. The 23 hospitals belonging to HUS and the Helsinki University Hospital Specific Catchment Area and national responsibilities.

Appendix 1 HUS Nursing council of patient-centred care

Bellaoui Pirkko, chairperson	Nurse Manager	HUS Heart and Lung Center
Pulkkinen Kirsi, chairperson	Registered Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Heinikoski Nina (secretary)	Clinical Nurse Specialist	HUS Gynecology and Obstetrics
Arminen Susan	Quality Manager	HUS Head and Neck Center
Bäckmand Heli	Development Manager	HUS Joint Resources
Hautala Anne	Application Specialist	HUS IT Management
Karhu-Hämäläinen Anita	Patient Ombudsman	
Kotila Jaana	Clinical Nurse Specialist	HUS Neuro Center
Kotiluoto Ulla	Nurse Manager	HUS Comprehensive Cancer Center
Lehtinen Kristiina	Customer Services Manager	HUS Medical Imaging Center
Mikola Virpi	Registered Nurse	HUS Musculoskeletal and Plastic Surgery
Mäkinen Marjut	Registered Nurse	HUS Children and Adolescents
Pihlajamaa Katriina	Registered Nurse	HUS Heart and Lung Center
Renwall Veronica	Nurse Director	HUS Emergency Medicine and Services
Råstu-Werner Pia	Registered Nurse	HUS Raseborg Hospital
Salonen Riitta	Nurse or corresponding or Deputy Nurse Manager	Hyvinkää Hospital Area
Virta- Helenius Maarit	Chief Nursing Officer	HUS Neuro Center
Vuori-Kemilä Anne	Expert by experience	

HUS Nursing council of research and evidence-based practice

Sneck Virpi, chairperson	Nurse Director	HUS Abdominal Center
Fors Tuija, chairperson	Deputy Nurse Manager, Nursing Instructor	HUS Internal Medicine and Rehabilitation
Naumanen Satu, Secretary	Registered Nurse	Hyvinkää Hospital Area
Ala-Nikkola Taina	Chief Nursing Officer	HUS Psychiatry
Anttila Katriina	Nurse Manager	HUS Children and Adolescents
Haapa Toni	Research Nursing Officer	HUS Nursing Research Center (NRC)
Hanna Leino	Research Nurse	HUS Psychiatry
Heikkinen Leena	Representative of personnel	Tehy
Junttila Kristiina	Director of Nursing Excellence	HUS Nursing Administrative Group
Komi Tarja	Representative of personnel	SuPer
Koota Elina	Clinical Teacher in Nursing	HUS Emergency Medicine and Services
Lahti Taina	Registered Nurse	HUS Neuro Center
Lindfors Nina	Head of Education and Research	HUS Musculoskeletal and Plastic Surgery
Rauta Satu	Clinical Nurse Specialist	HUS Perioperative, Intensive Care and Pain Medicine
Reiman Kati	Registered Nurse	HUS Psychiatry
Röhmö Tarja	Research Management	Hyvinkää hospital area
Simonen Outi	Nurse Director	HUS Children and Adolescents
Touray Minna	Nurse or corresponding	HUS Heart and Lung Center

HUS Nursing council of clinical competence and career development

Manninen-Kauppinen Eila, chairperson	Nurse Director	HUS Abdominal Center
Maritta Olsbo-Nurminen, chairperson	Nurse Manager	HUS Emergency Medicine and Services
Purhonen Heidi, secretary	Registered Nurse	HUS Abdominal Center
No representative		Human Resources
Honka Kaisa	Occupational therapist	HUS Psychiatry
Koivisto Eeva-Liisa	Registered Nurse	HUS Internal Medicine and Rehabilitation
Kähkönen Tuula	Radiographer	HUS Comprehensive Cancer Center
Lemetti Terhi, secretary	Clinical Nurse Specialist	HUS Inflammation Center
Lindholm Maritta	Nurse Director	HUS Internal Medicine and Rehabilitation
Lindström Minna	Representative of personnel	SuPer
Mikkonen Sinikka	Chief Nursing Officer	Lohja Hospital Area
Numanovic Vanessa	Nurse or corresponding	HUS Head and Neck Center
Oinonen Päivi	Midwife	HUS Gynecology and Obstetrics
Palmroth Tiina	Registered Nurse	HUS Medical Imaging Center
Ruuskanen Susanna	Clinical Teacher in Nursing	HUS Children and Adolescents
Rydenfelt Merja	Clinical Nurse Specialist	HUS Neuro Center
Soile Yli-Arvo	Training Planner	HUS Group Management, Human Resources Management
Valkama Virpi	Clinical Nurse Specialist	HUS Heart and Lung Center
Westerholm Tiina	Practical Nurse	Lohja hospital area

HUS Nursing council of knowledge-management

Koskinen Katja, Chairperson	Nurse Director	HUS Gynecology and Obstetrics
Tynjälä Aino, Chairperson	Registered Nurse	HUS Comprehensive Cancer Center
Kiviniemi Riitta, Secretary	Nurse Manager	HUS Internal Medicine and Rehabilitation
Aarnisalo Antti	Head of Division	HUS Head and Neck Center
Ameel Maria	Clinical Nurse Specialist	HUS Psychiatry
Ekroth Carola	Representative of personnel	Tehy
Hermens Taru	Project Manager	HUS IT Management
Huovinen Minna	Nurse Manager	HUS Abdominal Center
Iso-Tomu Maija-Leena	Registered Nurse	HUS Head and Neck Center
Junttila Kristiina	Chief Nursing Officer, NRC	HUS HUS NRC
Kaira Anna-Maija	Chief Nursing Officer	HUS Abdominal Center
Klapuri-Kari Mervi	Registered Nurse	HUS Neuro Center
Kukkonen Monika	Application Specialist	HUS IT Management
Laaksonen Laura	Radiographer	HUS Medical Imaging Center
Lindholm Terese	Registered Nurse	Helsinki University Hospital Raseborg
Misikangas-Voutilainen Maija	Registered Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Poikajärvi Satu	Nurse Director	HUS Perioperative, Intensive Care and Pain Medicine
Saloranta Tiina	Clinical Nurse Specialist	HUS IT Management

HUS Nursing council of economic and effective practice

Laitila Markku, chairperson	Nurse Director	HUS Internal Medicine and Rehabilitation
Koskinen Arja chairperson	Nurse Manager	HUS Musculoskeletal and Plastic Surgery
Halonen Tommi, secretary	Registered Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Airas Tiina	Registered Nurse	
Ekblad Reija	Chief of Ward Group	Hyvinkää Hospital Area
Enqvist Samira	Registered Nurse	HUS Psychiatry
Heino Kirsi	Chief Nursing Officer	HUS Gynecology and Obstetrics
Karjalainen Minna	Resource Manager	HUSLAB
Kauppi Outi	Clinical Nurse Specialist	HUS Perioperative, Intensive Care and Pain Medicine
Kervinen Satu	Chief union representative	SuPer
Komulainen Jenni	Nurse Manager	HUS Neuro Center
Lehtonen Taru	Chief Controller	HUS Financial Management
Lähdetkorpi Mia	Nurse	HUS Children and Adolescents
Marttila Liisa	Nurse Manager	Lohja hospital area
Mäenpää Inger	Chief Nursing Officer	HUS Children and Adolescents
Pesso Satu	Registered Nurse	HUS Medical Imaging Center
Salmivaara Tuula	Representative of personnel	Tehy
Stenroos Marja-Liisa	Nurse Director	HUS Heart and Lung Center
Suomalainen Tuula	Nurse Manager	HUSLAB
Vuoristo Ilona	Deputy Nurse Manager	HUS Emergency Medicine and Services
Övermark Anneli	Nurse Manager	HUS Perioperative, Intensive Care and Pain Medicine

HUS Nursing council of care quality and safety

Mäkelä Terhi, chairperson	Chief Nursing Officer	HUS Musculoskeletal and Plastic Surgery
Kristola Hanna, chairperson	Registered Nurse	HUS Psychiatry
Reen Eija, secretary	Registered Nurse	HUS Children and Adolescents
Aalto Johanna	Clinical Nurse Specialist	HUS Abdominal Center
Bruce-Suomela Marianne	Representative of personnel	Tehy
Hakkarainen Hanna-Mari	Registered Nurse	HUS Musculoskeletal and Plastic Surgery
Kivivuori Sanna-Maria	Head Physician, quality	HUS Joint Resources
Konkola-Loikkanen Leila	Clinical Nurse Specialist	Lohja Hospital Area
Meriö Anu	Nurse Director	HUS Perioperative, Intensive Care and Pain Medicine
Niskanen Minttu	Registered Nurse	HUS Perioperative, Intensive Care and Pain Medicine
Pesonen Margit	Representative of the patient safety steering group	HUS Perioperative, Intensive Care and Pain Medicine
Ritkala-Castrén Marita	Development Manager	HUS Nursing Management
Sillankorva Marja	Nurse Manager	HUS Medical Imaging Center
Skog Gunilla	Registered Nurse	Raseborg
Tenhunen Erja	Infection Control Nurse	HUS Inflammation Center
Tähkä Katja	Quality Manager	HUS Comprehensive Cancer Center
Tölli Johanna	Midwife	HUS Gynecology and Obstetrics
Yli-Parkas Joni	Registered Nurse	HUS Heart and Lung Center

Appendix 2 Peer-reviewed health science publications in 2018

- Ala-Nikkola T., Pirkola S., Kaila M., Joffe G., Kontio R., Oranta O., et al.** (2018) Identifying local and centralized mental health services the development of a new categorizing variable. *International Journal of Environmental Research and Public Health* 15(6), 1131, <https://doi.org/10.3390/ijerph15061131>. [JUFO 1]
- Askola R., Nikkonen M., Paavilainen E., Soininen P., Putkonen H. & Louheranta O.** (2018) Forensic psychiatric patients' perspectives on their care: a narrative view. *Perspectives in Psychiatric Care* 54, 64–73. [JUFO 1]
- Haapa T., Suominen T., Paavilainen E. & Kylmä J.** (2018) Experiences of living with a sexually transmitted disease – an integrative review. *Scandinavian Journal of Caring Sciences* 32(3), 999–1011. [JUFO 1]
- Jäppinen A-M., Hämäläinen H., Kettunen T. & Piirainen A.** (2018) Patient education in physiotherapy in total hip arthroplasty (THA). *The perspective of physiotherapists, Physiotherapy Theory and Practice*, DOI:10.1080/09593985.2018.1513617. [JUFO 1]
- Kallakorpi S., Kankkunen P. & Haatainen K.** (2018) Nurses' experiences caring for immigrant patients in psychiatric units. *International Journal of Caring Sciences* 11(3), 1802–1811. [JUFO 1]
- Koota E., Kääriäinen M. & Melender H-L.** (2018). Educational interventions promoting evidence-based practice among emergency nurses: a systematic review. *International Emergency Nursing* 41(November 2018), 51–58. [JUFO 1]
- Lindfors K., Meretoja R., Kaunonen M. & Paavilainen E.** (2018) Preceptors' perceptions of the elements of a successful and an unsuccessful orientation period for newly graduated nurses. *Journal of Nursing Management* 26(3), 256–262. [JUFO 1]
- Marikainen S., **Kotila J.**, Kaipio J. & Lääveri T. (2018) Lääkärit ja hoitajat parempien tietojärjestelmien kehittämistyössä: kyvykkäät ja innokkaat käyttäjät alihyödynnettyinä. *Finnish Journal of eHealth and eWelfare* 10(2.-3.), 236–250. [JUFO 1]
- Partanen E., Lemetti T. & Haavisto E.** (2018) Participation of relatives in the care of cancer patients in hospital: a scoping review. *European Journal of Cancer Care* 27(2), e12821, doi: 10.1111/ecc.12821. [JUFO 1]
- Peltonen L-M., **Junttila K.** & Salanterä S. (2018) Front-line physicians' satisfaction with information systems in hospitals. *Studies in Health Technology and Informatics* 247, 865–869. [JUFO 1]
- Peltonen L-M., **Junttila K.** & Salanterä S. (2018) Nursing leaders' satisfaction with information systems in the day-to-day operations management in hospital units. *Studies in Health Technology and Informatics* 250, 203–207. [JUFO 1]
- Pinto A., Adams S., Ahring K., Allen H., Almeida MF., Garcia-Arenas D., . . ., **Tuokkola J.**, et al. (2018) Early feeding practices in infants with phenylketonuria across Europe. *Molecular Genetics and Metabolism Reports* 16, 82–89. [JUFO 1]
- Pohjamies N., Haapa T., Seilola M. & Meretoja R.** (2018) Hoitotyön esimiesten ja johtajien tehtävät opiskelijoiden harjoitteluprosessissa. *Tutkiva Hoitotyö* 16(1), 20–29. [JUFO 1]
- Ruuskanen S., Koota E., Timonen L., Haapa T., Lääperi M., Kääriäinen M. & Meretoja R.** (2018) Ohjaajakoulutusintervention vaikutus opiskelijaohjaajien itsearvioituun ohjausosaamiseen yliopistosairaalaissa. *Hoitotiede* 30(3), 191–202. [JUFO 1]
- Rytilä-Manninen M., Haravuori H., Fröjd S., Marttunen M. & Lindberg N.** (2018) Mediators between adverse childhood experiences and suicidality. *Child Abuse and Neglect* 77, 99–109. [JUFO 1]
- Ryynänen S. & Harisalo R.** (2018) A strategic and good governance perspective on handling patient complaints. *International Journal of Health Care Quality Assurance* 31(8), 923–934. [JUFO 1]
- Sadeniemi M., Almeda N., Salinas-Perez JA., Gutierrez-Colosia MR., Garcia-Alonso C., Ala-Nikkola T., et al.** (2018) A Comparison of mental health Care systems in northern and southern Europe: a service mapping study. *International Journal of Environmental Research and Public Health* 15(6), 1133, <https://doi.org/10.3390/ijerph15061133>. [JUFO 1]
- Saarikoski A., Koppeli R., Salanterä S., Taskinen S. & Axelin A.** (2018) Voiding school as a treatment of daytime incontinence or enuresis: children's experiences of the intervention. *Journal of Pediatric Urology* 14(1), 56.e1–56.e7. [JUFO 1]
- Saarikoski A., Koppeli R., Taskinen S. & Axelin A.** (2018) Voiding school as a treatment for daytime incontinence or enuresis: assessing the effectiveness of intervention by measuring changes in wetting episodes. *Journal of Pediatric Urology* 14(3), 256.e1–256.e7. [JUFO 1]

- Simoila L., Isometsä E., Gissler M., Suvisaari J., Sailas E., Halmesmäki E. & Lindberg N.** (2018) Schizophrenia and induced abortions: a national register-based follow-up study among Finnish women born between 1965–1980 with schizophrenia or schizoaffective disorder. *Schizophrenia Research* 192(February 2018), 142–147. [JUFO 1]
- Simoila L., Isometsä E., Gissler M., Suvisaari J., Halmesmäki E. & Lindberg N.** (2018) Obstetric and perinatal health outcomes related to schizophrenia: a national register-based follow-up study among Finnish women born 1965–1980 and their off-spring. *European Psychiatry* 52(August 2018), 68–75. [JUFO 1]

- Torppa K.** (2018) Matkalla kohti magneettisairaala - miksi ja miten? Hoidon laadun, hoitohenkilöstön ja organisaation hyvät tulokset saavutetaan magneettisairaalamallilla. *Duodecim* 134(3), 221–223. [JUFO 1]
- Tuominen L., Seppälä H. & Meretoja R.** (2018) Röntgenhoitajan ammattiosaamisen arviointi, tapaustutkimus yliopistosairaalan sädehoito-osastolla. *Kliininen Radiografiatiede* 1, 11–18. (JUFO 1).

Appendix 3 Professional publications in 2019

- Arala K, Haapa T.** 2019. Kollegiaalisuus moniammatillisen tiimityön edellytyksenä leikkauspotilaan hoidossa. *Pinsetti* 2/2019, 5–7.
- Haapa T., Toivonen S.** 2019. Pinsetti-lehden lukijakysely: tulokset suuntaviivoina lehden kehittämiseksi. *Pinsetti* 3/2019, 5-8.
- Haapa T., Voutilainen N., Pohjamies N.** 2019. Perioperatiivisen hoitotyön harjoittelua ohjaavat tavoitteet – työvälina opiskelijalle harjoitteluun ja ohjaajalle ohjaukseen. *Pinsetti* 2/2019, 18-21.
- Hallikainen H.** 2019. Tervetuloa naistentautien poliklinikalle Ruoholahteen. *Kättilölehti* 5/2019, 8 -11.
- Hallikainen H., Nyytjä O.** 2019. Terveisiä Ranskasta! Kättilöt raskaudenkeskeytysten äärellä. *Kättilölehti* 1/2019, 12-15.
- Halonen M., Sjöström P.** 2019. Kriittisesti sairaan potilaan vastaanotto-protokolla Meilahden teho- ja tehovalvontaosasto M1:llä. *Tehohoito* 37, 40-42.
- Kinnunen M., Tölli J.** 2019. Henkisen ensiavun merkitys työ- ja toimintakykyyn. *Pinsetti* 3/2019, 22-23.
- Kotila J., Salonen A., Lemetti T., Junttila K.** 2019. Uralla eteenpäin. *Pro Terveys* 4/2019, 16-18.
- Koukkari K.** 2019. Kestokatetrit infektioriskinä. Suomen *Sairaalahygienialehti* 3/2019, 135-139.
- Kouvalainen T., Pitkärä M., Rauta S.** 2019. Perioperatiivisten sairaanhoitajien tieto leikkauspotilaan hypotermian ehkäisystä ja hoidosta. *Spirium* 4/2019, 14-19.
- Krüger L. M., Roine M., Karvonen E., Hurskainen K., Palamaa S.** 2019. Fysioterapian suoravastaanoton kehittäminen Hyvinkään sairaanhoitoalueella. *Fysioterapia* 1/2019, 20-24.
- Lemetti T., Viholainen K., Kotila J., Salonen A., Junttila K.** 2019. Koulutuksella vahvistusta näyttöön perustuvaan toiminnan kehittämiseen työyksiköissä. Puheenvuoro. *Tutkiva hoitotyö* 17(3), 44-46.
- Lindell E., Moisander H. & **Kotila J.** 2019. Neurohoitotyön kehittäminen ja osaamiskriteerit. *F.A.N.N. Vol.42/2019*
- O'Sullivan-Salminen F.** 2019. 9th EORNA Congress. Matkakertomus. *Pinsetti* 3/2019, 24-25.
- Pohjamies N., Haapa T.** 2019. NORNA 2016 ja 2018 – katsaus perioperatiivisen hoitotyön tutkimukseen ja kehittämiseen pohjoismaissa. *Pinsetti* 2/2019, 30-32.
- Pontan M.** 2019. Vardagsrummet för kvinnans liv. *Kättilölehti* 5/2019, 20-21.
- Sillanpää J., Strandell K.** 2019. NJF:n Kättilökongressi Islannissa - Midwifery across borders. *Kättilölehti* 4/2019, 8- 10.
- Takala O.** 2019. Hiljaisuuden ääni. *Psykoterapia-lehti* 2/2019, 132-143.

Appendix 4 HUS NURSING EVENTS AND TRAINING SESSIONS IN 2019

Event (Organizer)	Target group	Theme / content / objectives	Participants
Excellent leadership			
January seminar (Nursing Administrative Group)	Nurse managers, nursing directors and experts	Co-operation leads to success; patient-centered and high-quality operations, digitalisation of health services, new levels of nursing management, among others	340
Leadership Laboratory (Dr. Barbara Mackoff & Nursing Administrative Group)	Nurse managers (HUS + City of Helsinki), Nurse directors	Change management, group dynamics, solving conflicts, motivating employees	55
Nottingham Journey to Magnet (Prof. J. Cooper, M. Sunderland and K. Jones & Nursing Administrative Group)	Nursing managers and experts from units applying for the Magnet Hospital status	The goal is to share information about the Magnet Hospital application process and the challenges it poses.	30
ANCC - General lecture on the Magnet Hospital + CNO Luncheon (ANCC: J. Doucette & R.Graystone & Nursing Administrative Group)	Nurse managers, nursing directors and experts	The goal is to share and deepen knowledge about the Magnet Hospital model.	70
Enda 2019 Congress (Tehy in cooperation with ENDA, HUS, University of Eastern Finland and Laurea University of Applied Sciences)	European nursing directors	The Future, Leadership and Changes as the theme	
Structural empowerment			
Nursing in the 2020s * 2 (HUS Nursing Administrative Group)	Nursing staff, nurse managers, nurse directors	Aims <ul style="list-style-type: none"> To inform staff about the Magnet Hospital model To improve patient care by sharing good practices and experiences 	250
Person in charge of shift I (Clinical Nurse Specialists Jaana Kotila and Kirsi Lindfors)	Persons in charge of shifts	Aims <ul style="list-style-type: none"> Persons in charge of shifts receive skills to work in their role 	118 (+people who attended online)
Person in charge of shift II (Clinical Nurse Specialists Jaana Kotila and Kirsi Lindfors)	Persons in charge of shifts	Aims <ul style="list-style-type: none"> Improve daily management skills Support the role of a person in charge of shift in a multi-professional team 	90 (+people who attended online)
HUS Taitava hoitaja (Proficient nurse) training according to the PTAP model (a project group led by Virpi Valkama)	Nurses who have achieved the Pätevä (Competent) level in organizations applying for a Magnet Hospital status	Aims: <ul style="list-style-type: none"> Support strengthening the nursing staff's professional competence in order to implement first-class patient care Provide a nursing professional with the opportunity to develop as an expert and to advance in their professional career from a Pätevä level nurse to a Taitava level nurse. 	27
Advanced orientation in intensive care and monitoring (Annika Björn) (incl. 6 training days)	Nursing staff (HUS Specific Catchment Area)	Aims <ul style="list-style-type: none"> Deepen skills in special cases regarding nursing an intensive care patient 	Approx. 60/day

Online medication training (HUS Education services)	Nursing staff administering medication	<ul style="list-style-type: none"> Training for administering intravenous fluids and medication as well as blood transfusions and epidural medication: 1976 individuals Continued training on medication for staff with second degree education: 414 individuals Section on acutology: 982 individuals Section on contrast agents: 309 individuals Section on pediatric medication: 564 individuals Section on psychiatry: 620 individuals 	Total of 5,309 students
Training for student instruction, OPO 1	Everyone interested in student instruction	Aims are that the instructor <ul style="list-style-type: none"> Knows how to work according to HUS's student instruction process and instructs the student in a student-centered manner while keeping the student's aims and the unit's learning possibilities in mind Uses HUS's student instruction handbook to support student instruction Recognises their role as an instructor in HUS's student instruction organization 	350
Training for student instruction, OPO 2	Student instructors	Aims are that the instructor <ul style="list-style-type: none"> Knows how to plan, implement and evaluate their unit's student instruction as a whole Knows how to support their colleagues in various student instruction situations Has the ability to work as a person responsible for students according to HUS's student instruction process 	107
Exemplary professional practice			
Oppiportti (online training)	Staff	Preventing in-patient falls (training planned by Duodecim and HUS)	287 completed sessions
Oppiportti (online training)	Staff	Preventing pressure ulcers (training planned by Duodecim and HUS)	311 completed sessions
Oppiportti (online training)	Staff	Pain management (training planned by Duodecim and HUS)	167 completed sessions
Oppiportti (online training)	Staff	Customer service in health care, online training	273 completed sessions
Online course on malnutrition (HUS online training)	Staff	Securing nutrition	209 completed sessions
HUS Patient safety	Staff	Patient safety	408 completed sessions
Training event on pain management (Working group on pain management)	Staff	Pain in children and the elderly. Directed at HUS health care personnel and primary health care personnel and students in the HUS area	Approx. 500
Workshops on how to prevent falls (HUS and primary health care units) *3	Those with multi-professional interest in the matter	Aim is to identify good and effective practices, share information and embed uniform practices as part of the work of all participants.	Approx. 30 per workshop
High-quality wound care (30 cr) (HUS and Metropolia)	Registered Nurses	Specialisation training for nurses	17
Improving the prevention of pressure ulcers in intensive care and monitoring wards	Person in charge of pressure ulcers in the unit	Aim is to plan operating models that prevent pressure ulcers and to improve the efficiency of operations.	Approx. 20

New knowledge, innovations and improvements			
Annual Nursing Research Day (HUS NRC)	Healthcare personnel	Aim is to promote practices based on research evidence and learning from the best practices	83
Science Day (Nursing council of research and evidence-based practice)	Everyone interested in nursing/health science	Theme is Hospital of the future that produces and utilises information in nursing and health sciences	80
Nursing science meetings *8 (HUS NRC)	Everyone interested in the subjects of the presentations	Aims to promote research-based development of education and management and clinical practices	N/A
Clinical Nursing Research 2019 symposium	Nurse managers, nursing directors and experts and everyone interested in clinical nursing science research	Aims to share experiences and information on how international and national nursing science research supports excellent nursing and its results.	230
IV National Health Sector Symposium on Evidence-Based Practices (HUS, HOTUS and FIOCA)	Registered Nurses, nursing experts, nursing directors and educators.	The theme was Establishing evidence-based activities	Approx. 200
How to Conduct Clinical Nursing Research meeting (HUS NRC and HUS Emergency Medicine and Services)	Registered Nurses, nursing experts, doctoral nursing students and everyone interested in clinical nursing science research	Aims to discuss and share information on how to carry out clinical nursing science research.	25

At HUS Helsinki University Hospital more than half a million patients receive medical care annually. We have over 26,000 professionals working for the best of all patients. We are responsible for providing specialized health care for the residents of our 24 member municipalities. In addition, the treatment of many rare and severe diseases is nationally centralized to HUS.

HUS is the biggest health care provider and the second largest employer in Finland. Our expertise is internationally recognised and accredited. As a university hospital we continuously develop and evaluate our treatment methods and activities.

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