

# PA-NRC 2<sup>nd</sup> Annual Summit

## Graduate Nurse Residents Rapid Fire Presentations

Glenn Hester BSN, RN  
St. Luke's University Health Network

September 26, 2019



# Nurse Perception of Family Support During Change in Patient Condition

Courtney Dragovits BSN RN, Glenn Hester BSN RN, Kelsey Hardiman BSN RN, Sarah Shelly BSN RN, Tanisha Farber BSN RN

## PICOT

Does implementing family support guidelines during a change in patient condition, in the Emergency Department, compared to the current practice, change Emergency Department nurses' perception of the value of family support during crisis situations?

## Background

- Nurses are less engaged in interacting with family during crisis situations due to lack of training and experience.
- Some nurses are less confident performing life saving measures in front of family.
- Nurses overall want family better informed and supported during crisis situations.

## Literature Findings

- Online learning is a feasible and effective method for educating nurses on family presence during a code and improves self-confidence when caring for family members during patient resuscitation.
- Nurses who include family during patient resuscitation are more confident in their care.
- Identifying a team member to support the patients' family during resuscitation helped to strengthen current practice.

## Lit Sources/Keywords

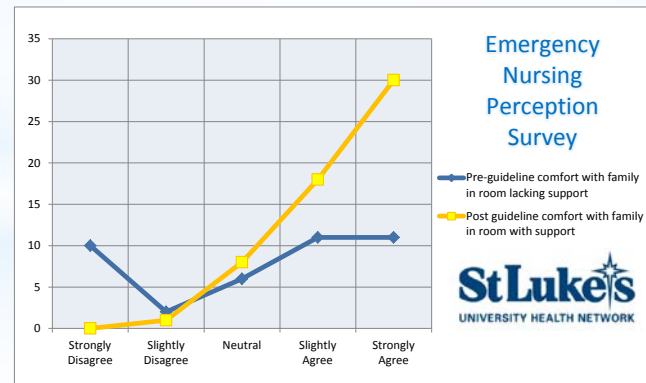
- **Search Engines:** Google Scholar, EBSCO Host, World Cat Local
- **Keywords:** nurse perception, family presence, resuscitation, patient care

## Project Description

- Implementation of Family Support Guidelines were instituted to ensure family is cared for at bedside during change in patient condition.
- Tool: Family Presence & Inclusive Intake Sheet. Completed by primary RN caring for critical patient
- Pre-survey: to gain consensus of staff's baseline comfort with family presence.
- Post-survey: Demonstrated staff's comfort with family presence post guideline implementation.

## Project Findings

- Data was collected from over 40 emergency registered nurses over a 1 month period.
- The graph demonstrates increased RN comfort with family presence post implementation of guidelines.



## Significant References

- Gutysz-Wojnicka, A., Ozga, D., Dyk, D., Mędrzycka-Dąbrowska, W., Wojtaszek, M., & Albarran, J. (2018). Family presence during resuscitation - The experiences and views of Polish nurses. *Intensive & Critical Care Nursing*, 46, 44-50. <https://doi-org.moravian.idm.oclc.org/10.1016/j.iccn.2018.02.002>
- Powers, K. A. (2016). Family Presence during Resuscitation: Impact of Online Learning on Nurses' Perception and Self-Confidence. *American Journal of Critical Care*, 25(4), 302-309. <https://doi-org.moravian.idm.oclc.org/10.4037/ajcc2016814>
- Tudor K, Berger J, Polivka BJ, Chlebowski R, Thomas B. Nurses' perceptions of family presence during resuscitation. *Am J Crit Care*. 2014;23(6):88-96. doi: 10.4037/ajcc2014464.
- Twibell RS, Siela D, Riwiitis C, Wheatley J, Riegler T, Bousman D, Neal A. Nurses' perceptions of their self-confidence and the benefits and risks of family presence during resuscitation. *American Journal of Critical Care*. 2008;17(2):101-111.

## Conclusions

Staff demonstrated that they have an increased comfort level in caring for family members during crisis events after care guidelines were instituted.

## Recommendations

- The St. Luke's network should consider this practice change.
- Family presence should be encouraged in all settings.
- The family presence guidelines should be further developed and a bundle created in EPIC to promote consistent practice network wide.



Hocovar, Robin. (2013). Family presence in adult CPR [Online Image]. Retrieved from <http://nursing.advancweb.com/Features/Articles/Family-Presence-in-Adult-CPR.aspx>

# PA-NRC 2<sup>nd</sup> Annual Summit

## Graduate Nurse Residents Rapid Fire Presentations

**Brittany Seal, BSN, RN**

**Tess Apgar, ADN, RN**

**Lehigh Valley Health Network**

September 26, 2019



# THE IMPLEMENTATION OF SKIN TO SKIN STANDARDIZATION IN THE OR POST CESAREAN SECTION

**Brittany Seal, BSN, RN & Tess Apgar, ADN, RN**

Clinical Nurses

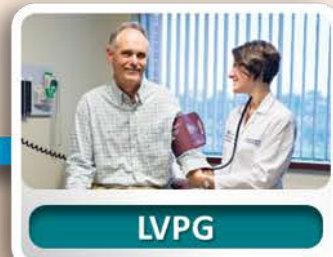
Lehigh Valley Hospital (LVH) Muhlenberg

Labor & Delivery Unit

# A Complete Network



# Lehigh Valley Health Network



# Quality Milestones

## 2012

- America's Best Hospitals for Gastroenterology, Orthopedics and Pulmonology-U.S. News & World Report
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## 2013-2014

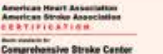
## 2015-2016

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## 2017

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- HIMSS Electronic Medical Record Adoption Model, Stage 7-(EMRAM)<sup>SM</sup> - 2017
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- 100 Great Hospitals in America-Becker's Hospital Review - 2017



# Background

- Evidence demonstrates skin to skin (STS) contact immediately after birth benefits both mom and baby
  
- Infant:
  - Vital sign regulation
  - Blood sugar stabilization
  - Increased readiness to feed
  
- Maternal:
  - Stress relief (due to oxytocin release)
  - Increased bonding behaviors

# Problem

- Patients unaware of the possibility of performing skin to skin in the L&D OR at LVH-Muhlenberg (LVH-M).
- Newborns delivered via C-section were not regulating temperatures as well without skin to skin contact.
- Mothers were missing out on a crucial bonding moment.
- Barriers prevented nurses from initiating skin to skin contact between mom and baby in the OR.



## Purpose

- Standardize skin to skin in the L&D OR by educating patients on the benefits, and encouraging nurses to routinely implement this practice, in the OR at LVH-M.



## PICO Question

Will education of patients, and promoting nurse engagement, increase the instances of skin to skin contact in the OR at LVH-M?

- **P:** Parents and RNs
- **I:** Patient education pre-operatively & promotion of nurse engagement
- **C:** No education or encouragement
- **O:** Increase in skin to skin occurrences in the OR

# Evidence

- Keeping mothers and newborns together after cesarean birth promotes family-centered care and increases satisfaction among women, nurses and obstetric providers all without incurring huge costs. (Stone, Prater, & Spencer, 2014)
- The mother's immediate care brings biological benefits to the newborn in both the short and long term. (Ayala, A., Christensson, K., Velandia, M., & Erlandsson, K., 2016)
- Skin-to-skin contact may enhance mother–baby attachment, perception of the birth experience, breastfeeding, and maternal perception of pain and anxiety during the surgical procedure. (Sundin, C. S., & Mazac, L. B., 2015)

# Implementation Plan

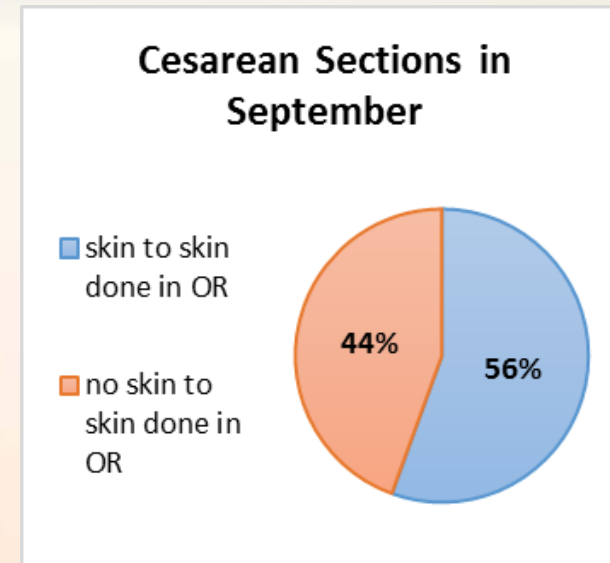
- September 2018:
  - Educate couples (n=28) prior to C-sections about the benefits of skin to skin; NOT limited to vaginal deliveries.
  - Reintroduce the idea of skin to skin in the OR to L+D nurses, including ways to overcome common barriers.
  - Provide visual reminders such as posters to emphasize the importance of skin to skin after both vaginal deliveries and C-sections.

## Results

- Pre-intervention:
- 5% STS



- Post-intervention:
- 56% STS





# Make It Happen

## Key project 'Take Aways':

- Skin to skin in the OR IS POSSIBLE!
- Mothers and newborns should be given the opportunity to experience and enjoy the benefits of skin to skin.

## November 2018 Nurse Residency Graduation





## REFERENCES

- 1) Ayala, A., Christensson, K., Velandia, M., & Erlandsson, K. (2016). Fathers care of the newborn infant after caesarean section in Chile: A qualitative study. *Sexual & Reproductive Healthcare*, 8, 75-81. doi:10.1016/j.srhc.2016.02.007
- 2) Stone, S., Prater, L., & Spencer, R. (2014). Facilitating skin-to-skin contact in the operating room after cesarean birth. *Nursing for Women's Health*, 18(6), 486-499. doi: 10.1111/1751-486X.12161
- 3) Sundin, C. S., & Mazac, L. B. (2015). Implementing Skin-to-Skin Care in the Operating Room After Cesarean Birth. *MCN, The American Journal of Maternal/Child Nursing*, 40(4), 249-255. doi:10.1097/nmc.0000000000000142

# Questions?

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# PA-NRC 2<sup>nd</sup> Annual Summit

## Graduate Nurse Residents Rapid Fire Presentations

**Elizabeth White, BSN, RN**

**Thomas Jefferson University Hospital**

September 26, 2019



# Decreasing Patient Falls and Increasing Staff Communication by Implementing Ambulation Level Cards

Elizabeth White BSN, RN



Thomas Jefferson University Hospitals, Inc.  
and Abington Hospital are  
Magnet<sup>®</sup>-designated hospitals.

# Purpose

- This project sought to decrease patient falls in a hospital unit. Current fall interventions showed a gap in communicating fall risk among nursing.
- PICO Question:  
Does staff use of ambulation level cards to communicate fall risk decrease falls among hospitalized patients?

# Literature Review

- Patient falls add injury and stress to patients' existing health problems, delay rehabilitation, and increase costs.
- Studies show that communication between staff can promote safety and decrease falls.
- Ambulation cards are a tool nurses can use to communicate patient risk.

# Methods

- Conducted an initial survey of nurses to determine their comfort level with the current communication methods used to identify the level of assistance patients required when ambulating.
- Unit fall rates were reviewed and found to be above the national benchmark. Quarter average was 3.19 falls per 1,000 patient days.
- Based on these findings, we explored using ambulation level cards.

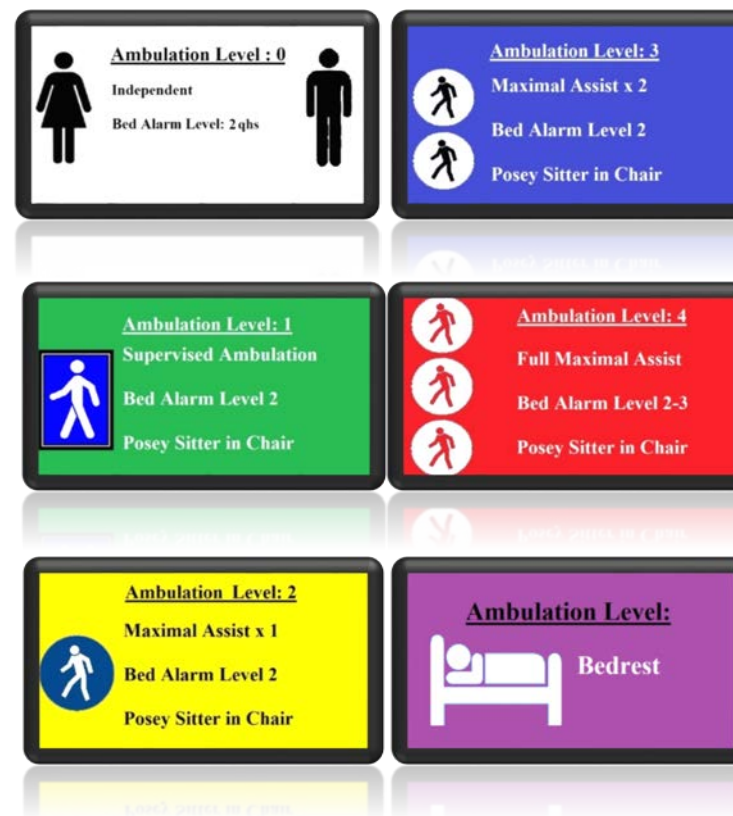
Nursing Unit Falls Rate Oct 2016-Dec 2016



Falls rate = number of falls per 1,000 patient days

# Methods

- Ambulation cards were designed to reflect the patient mobility scenarios.
- Unit Council reviewed the cards and provided feedback.
- The card options ranged from bed rest to independent. A full set of cards were hung on the each patient's doorframe.
- Staff received education and were reminded to update the cards.





# Results

- Three months after implementation, nurses were again surveyed.
- Survey results showed an increase in knowing the activity level of all patients and comfort level assisting any patient out of bed.
- Unit fall rates decreased from 3.16 to 1.64 falls per 1,000 patient days.

## Conclusion & Next Steps

- Use of the ambulation cards, decreased falls and communication among nurses increased.
- Next steps include ongoing fall monitoring, continuing staff education on ambulation cards, and evaluation of ambulation cards for compliance and accuracy.

Thank You

# PA-NRC 2<sup>nd</sup> Annual Summit

## Graduate Nurse Residents Rapid Fire Presentations

**Ashley Bunks, BSN, RN**

**Sara Shank, BSN, RN**

**Main Line Health**

September 26, 2019





# Standardizing Surgical Instrument Trays Impacts Set-up Time and Staff Confidence

Ashley Bunks, BSN, RN

Sara Shank, BSN, RN

September 26, 2019

## PICO Question

- When performing free flap procedures, does the use of a standardized tray versus a non-standardized tray impact set-up time and staff confidence?

## What Is A Free Flap Procedure?

- Type of reconstructive plastic surgery
- Removal of fatty tissue from one area of the body and re-attach to another area of the body
- Commonly performed to reconstruct the breast following mastectomies

## Review of Literature

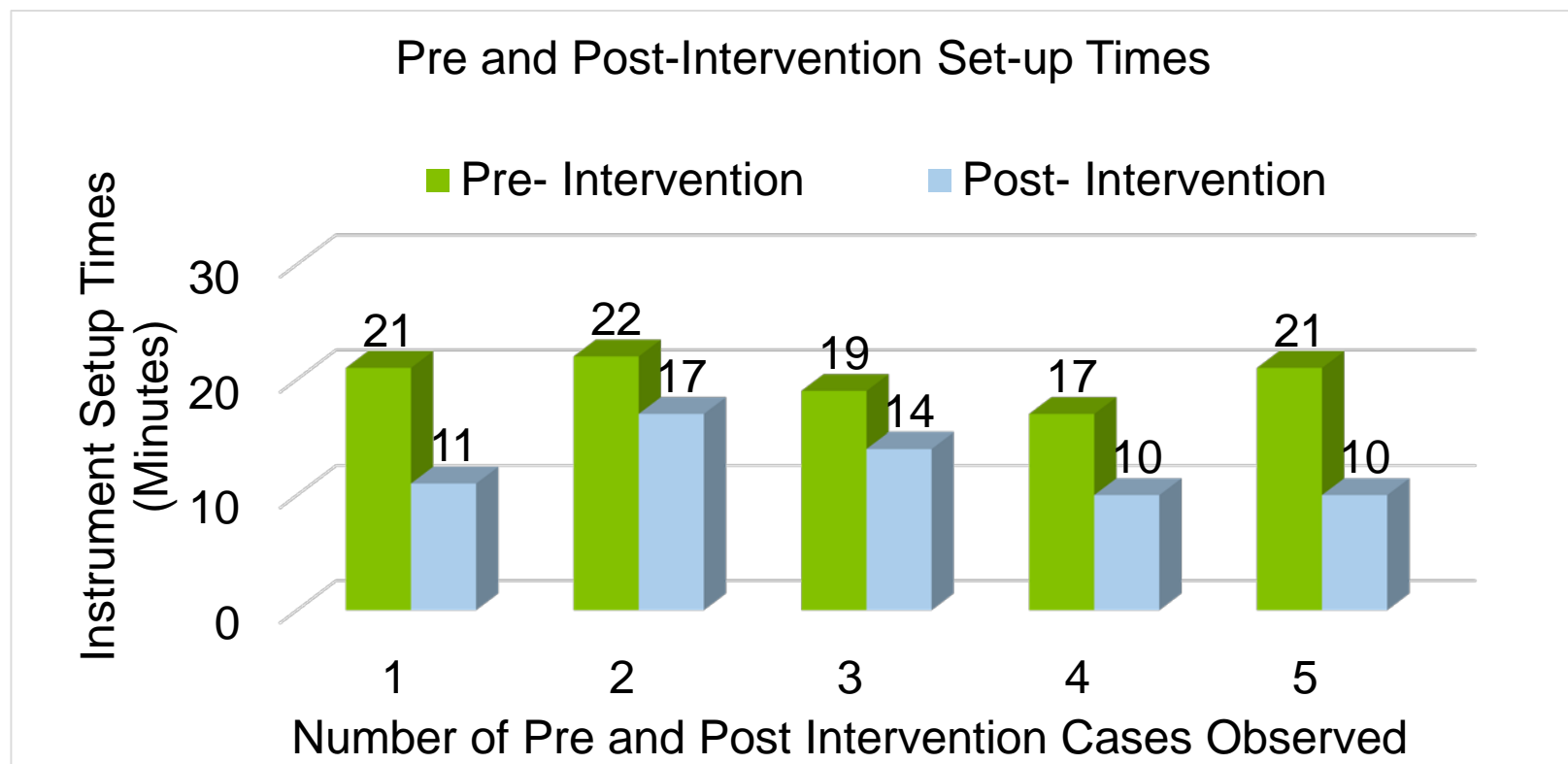
- Standardization of instrument trays are found to **decrease**:
  - Instrumentation set-up times
  - Time spent counting instruments
  - Probability of selecting the wrong instrument(s)
  - Cost



# Methods

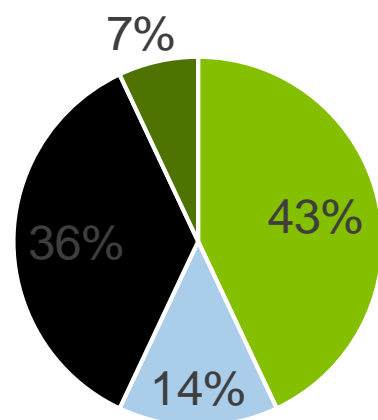


## Results

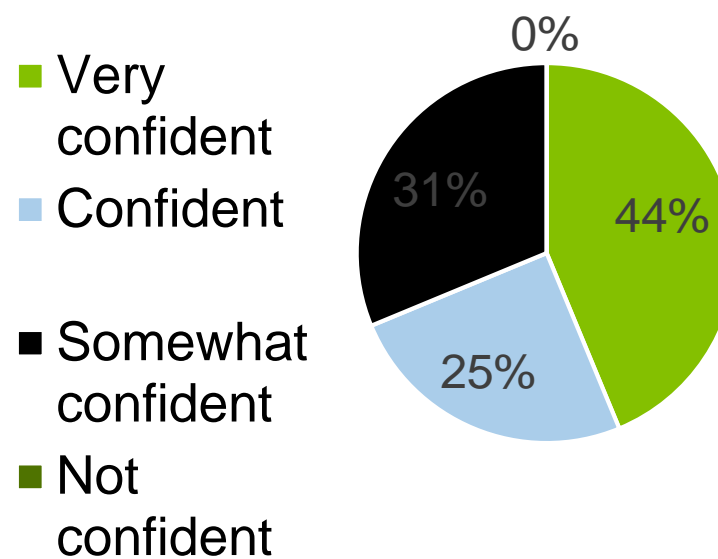


## Results

Level of Scrub Confidence Prior to Implementing the Standardized Instrument Tray



Level of Scrub Confidence After Implementing the Standardized Instrument Tray



- Very confident
- Confident
- Somewhat confident
- Not confident

## Implications for Nursing Practice

- STEEEP care is a framework to provide safe, quality care to patients
- **Safe:** Eliminating unused instruments can decrease risk of retained items
- **Timely:** Instrument set-up times were decreased
- **Efficient:** A decrease in time counting instrumentation benefits case progression and overall schedule flow
- **Effective:** Reduces the volume of instrumentation sent through Sterile Processing
- **Equitable:** Can easily replicated to other specialties with complex instrumentation
- **Patient-Centered:** Less time counting instrumentation aids in more of a focus on patient care

## Next Steps

- Share simplified tray reduction method with other campuses
- Similar instrument reductions and tray standardization for other specialties
- Perform cost-analysis to quantify potential cost savings

## References

- Chin, C. J., Sowerby, L. J., John-Baptiste, A., & Rotenberg, B. W. (2014). Reducing otolaryngology surgical inefficiency via assessment of tray redundancy. *Journal of Otolaryngology-Head & Neck Surgery*,43(1).
- Farrelly, J. S., Clemons, C., Witkins, S., Hall, W., Christison-Lagay, E. R., Ozgediz, D. E., . . . Caty, M. G. (2017). Surgical tray optimization as a simple means to decrease perioperative costs. *Journal of Surgical Research*,220, 320-326.
- Farrokhi, F. R., Gunther, M., Williams, B., & Blackmore, C. C. (2015). Application of lean methodology for improved quality and efficiency in operating room instrument availability. *Journal for Healthcare Quality*,37(5), 277-286.
- Mhlaba, J. M., Stockert, E. W., Coronel, M., & Langerman, A. J. (2015). Surgical instrumentation: The true cost of instrument trays and a potential strategy for optimization. *Journal of Hospital Administration*,4(6).
- Stockert, E. W., & Langerman, A. (2014). Assessing the magnitude and costs of intraoperative inefficiencies attributable to surgical instrument trays. *Journal of the American College of Surgeons*,219(4), 646- 655.

# PA-NRC 2<sup>nd</sup> Annual Summit

## Graduate Nurse Residents Rapid Fire Presentations

**Anna Yanisko, BSN, RN**  
Lehigh Valley Health Network

September 26, 2019



# Hypoglycemia Protocol Education in the Emergency Department

**Anna Yanisko, BSN, RN**

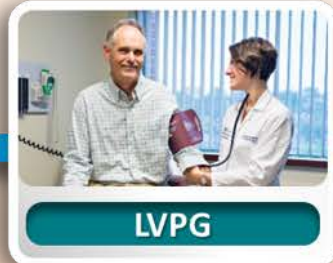
Clinical Nurse, LVH – CC Emergency Department



# A Complete Network



# Lehigh Valley Health Network



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## Background

- Nurse residents gained awareness of network evidenced-based approach to hypoglycemia management.



# Problem

- Practice gap in ED related to hypoglycemia management
  - Knowledge disparities:
    - Network's established hypoglycemia protocol
    - Blood glucose management processes
  - Practice inconsistencies in diabetic management:
    - ED providers were not ordering the hypoglycemic order set as occurs inpatient

## PICO Question

- **P:** Lehigh Valley Hospital Cedar Crest emergency department clinical nurses
- **I:** Education on the hypoglycemia protocol
- **C:** No education on the hypoglycemia protocol
- **O:** Improved knowledge of the hypoglycemia protocol

## Evidence

- Length of stay increased by 2.5 days for each day a patient experienced a hypoglycemic episode. (Turchin et. al, 2009)
- Evidence demonstrates that optimal glucose management in the ED improves quality metrics.

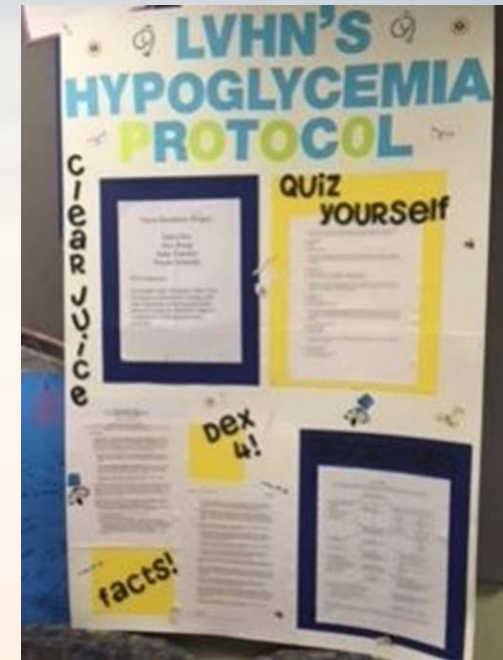
# Methods

- Pre-intervention:
  - Nurse residents created and distributed a five question survey to ED nurses (n=51)
    - Evaluated baseline hypoglycemia protocol knowledge



# Methods

- Interventions:
  - Developed educational poster
  - Provided 1:1 verbal protocol education
  - Sent hypoglycemia protocol to RNs by email





# Methods

- Post-Intervention:
  - Five question survey emailed to all ED nurses to assess learning.



## Results

- Pre-intervention:
  - Average correct responses hypoglycemia protocol pre- surveys were 3.16/5 (63%)
- Post-intervention:
  - Survey scores improved to 4.63/5 (93%)
- Demonstrates a 48% increase from baseline scores

# Make It Happen

## Key project 'Take Aways':

- Provided an opportunity for novice Nurse Residents to:
  - Collaborate:
    - Intraprofessionally- project champions
    - Interprofessionally- partnered with medicine
  - Serve as change agents



## REFERENCES

1. Abdi, A. (2014). The Effect of Inquiry-Based Learning Method on Students' Academic Achievement in Science Course. *Universal Journal of Educational Research*, 37(41), 37-41. doi:10.13189/ujer.2014.020104
2. Coleman, C., Davidson, C., Najarian, J., & Burger, T. (2018). Lehigh Valley Hospital Patient Care Services- Patient Care Manual- Hypoglycemia. 1-10. Retrieved August 17, 2018.
3. Mompoin-Williams, D., Watts, P.I., Appel, S.J. (2013). Detecting and treatment hypoglycemia in patients with diabetes. *The Nurse Practitioner*, 38(11), 11-13. Doi:10.1097/01.NPR.0000434230.39865.59
4. Turchin, A., Matheny, M., Shubina, M., et al. (2009). Hypoglycemia and clinical outcomes in patients with diabetes hospitalized in the general ward. *Diabetes Care*, 32 (7), 1153-1157.

# Questions?

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