

Integrating Quality Improvement Content Throughout the Curriculum

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Objective

- Discuss strategies that can be implemented across the pre-licensure curriculum to involve students in quality improvement initiatives.



QSEN Principle: Quality Improvement

- **Use data to monitor the outcomes of care process and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems**
- **Knowledge**
 - Describe strategies for learning about outcome of care
 - Describe approaches for changing processes of care
- **Skills**
 - Seek information about outcomes
 - Use QI tools, root cause analysis of sentinel event
- **Attitudes**
 - Value own and others contributions to care
 - Value measurement, change and team work



Application of QSEN Principles

- It's not about teaching more content, it's about teaching content in a different way:
 - Helping students obtain knowledge, skills, and attitudes
 - Preparing the next generation of nurses
 - Integrating evidence-based practice
 - Improving the quality of care
 - Providing safe, family-centered care



First Semester Introductory Course

- Introduce students to concept of Quality Improvement in acute care settings
- Guest lecture by local Risk Manager/ Quality Improvement team members
- Emphasize the ongoing nature of quality improvement



Second Semester Nursing Research Course

- Inclusion of content on the relationship of evidence to quality improvement
- Hierarchy of evidence reviewed
- Discussion of resources available to assist with evidence evaluation

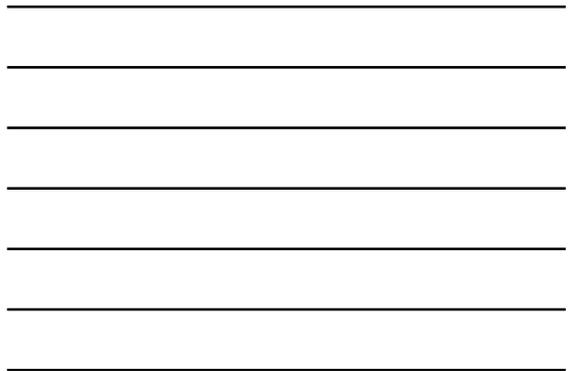


http://ebmlibrarian.wetpaint.com/page/3.+Appraising+the+evidence



Second Semester Adult Health Clinical

- Clinical group involvement in quality improvement project
- Piloted in Spring 2012
- Students surveyed Sequential Compression Device use by surgical patients
- Reviewed literature, identified areas for improvement, made suggestions to staff



Sequentials Are Essential

Melissa Eberhart, Meghan Holsen, Erinna Lassiter, Kim Poole SU Nursing Students

How Data Was Collected

Three students selected 30 patients who were scheduled for sequential compression device (SCD) use and the machine was on.

Checked to find on the SCDs if the patient did not have them.

Checked every one on the machine used only.

Checked back during the shift, which at the beginning ranged 12:00pm and close towards the end around 8:00pm.

Only checked patients that had other abnormal or pathological injury on their feet.



Mean For Reinforcement

Sign in each patient room "Are your veins about your compression device?" This would spark a patient's interest.

Include in class rounding.

Include in class rounding check list.

Make it a team competition device on how well they are up walking so when patient enters room it is easily visible and a reminder.

Educate the family and patient about the importance.

Compliance are essential signs around the unit to remind the nurses.

Include the important checks when the shifts are also necessary for the nurses for documentation compliance.

Results

- Out of the 30 patients that were monitored 16 were wearing SCDs correctly with the machine turned on (53%) and 14 were not (47%) (n=2000)
- The most common reason patient's did not have SCDs on was because they were walking frequently.
- The second most common reason was that the nurse didn't turn them on.
- For machine, SCDs did not have a red light or not turned on.
- Patients were more likely to be wearing SCDs in the first 24-48 hours post-op.
- Patients were more likely to be wearing SCDs later in the morning (17:00-20:00)

What is DVT?

A deep vein thrombosis (DVT) is the formation of a blood clot in a vein deep inside the body. DVTs usually form in the veins of the lower leg and thigh, but may also form in other veins. These clots can fall or break off and travel back toward your chest to the lungs. If the clot reaches and travels through the bloodstream, it is called an embolus. Emboli can become lodged in blood vessels leading to the lungs and cause a pulmonary embolism, which can be fatal.

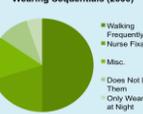
The following are S/S of a DVT:

- Increased redness of the leg
- Increased warmth to the leg
- Swelling in one leg
- Tenderness in one leg
- Itchiness of one leg

Questions for further research regarding SCDs:

1. What is the incidence of DVT in patients who do not wear SCDs?
2. What is the incidence of DVT in patients who do wear SCDs?
3. What is the rate of DVT recurrence with SCD use alone vs. SCD use combined with other interventions (e.g. pharmacological, surgical, physical)?
4. What is the rate of patient satisfaction with the use of SCDs in patients with decreased peripheral perfusion, mobility and level of consciousness?
5. Qualitative - what are the barriers of most surgery nurses regarding the use of SCDs in the prevention of DVT?
6. Qualitative - what are the patients' perceptions of wearing SCDs immediately after surgery and during the recovery period?

Reasons Why Patients Are Not Wearing Sequentials (2000)



Nurse Fixable points

These are many common things that can be done to increase for use and effectiveness of SCDs:

- Check that the SCDs are on the client's legs properly.
- Make sure that the machine is on and connected to the SCDs.
- Make sure the patient is sitting.
- Place them back on the client's legs after getting back to the room.
- EDUCATION: If clients know how SCDs work and what health benefits they have, they will be more apt to use them.

• If all of these things can be implemented in client care settings they can reduce the barrier rate of DVTs, with only one a few minutes to assess for these two things, but the long-term benefit would be significant to our clients.

References

1. Jones, M. (2011). Sequential Compression Devices (SCDs) in the Prevention of Venous Thromboembolism (VTE) in Surgical Patients. *Journal of Clinical Nursing*, 22(1), 1-10.

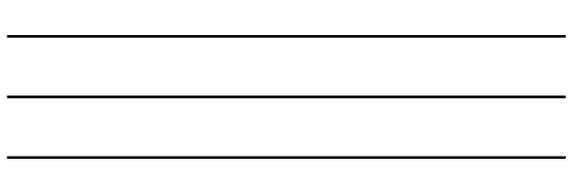
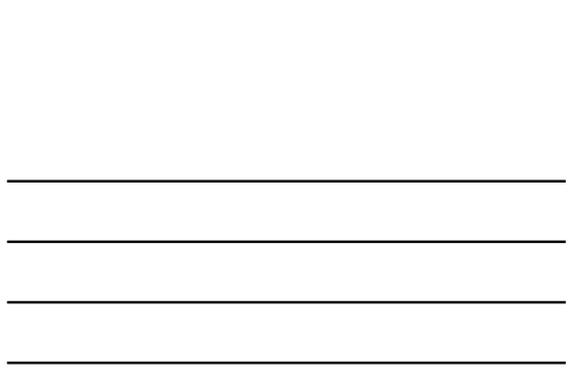
2. American Society of Perioperative Nurses (ASPN). (2011). *Perioperative Nursing: A Practical Approach*. Philadelphia, PA: Elsevier.

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Dr. Deborah McDowell, Nursing Faculty Advisor



Project Example

Childhood Sexual Abuse (CSA)
Definition: Any form of sexual abuse of a child by an adult or another child.

Clears up: 38% of female survivors are currently separated (27% divorced, 11% still legally married but not currently living with her ex-husband).

Diagnosis: 70% of women with CSA report being depressed, 60% report being anxious, 50% report being sad, 40% report being angry, 30% report being fearful, 20% report being ashamed, 10% report being embarrassed, 5% report being lonely, 5% report being hopeless, 5% report being helpless, 5% report being worthless, 5% report being unloved, 5% report being unwanted, 5% report being unlovable, 5% report being unattractive, 5% report being unloved, 5% report being unwanted, 5% report being unlovable, 5% report being unattractive.

Salisbury University

Senior Seminar

- Course Objective: Apply current research findings to leadership and management issues
- Identify ongoing quality improvement initiative on assigned clinical unit
- Summarize initiative including why this particular issue was chosen, how the data is being collected and analyzed
- Discuss how the quality improvement initiative will effect health care practice on the unit
- Summarize two related research articles
- Discuss application of research finding



Project Topics

- Couplet Care in Maternity
- Hourly Rounding
- Skin Precautions and Ulcer Prevention
- Patient Satisfaction
- Preventing Falls



Root Cause Analysis

- Discussion on decision making and problem solving
- Small group exercise
- Patient Fall
- Use of fishbone diagram



Questions?



Thanks for your participation.