

Group 8 - Eve Brannin, Jamie Lee, Glenford Ona

Final Exam-Case Study- Developing Excellence for a Hospital Unit (10pts)

One of two pediatric units in an acute care hospital is not demonstrating it is applying evidence-based practice (EBP). The chief nurse executive of the hospital is meeting with the nurse manager of the unit, the director of the pediatric nursing division, and the pediatric medical director. They review the information about the unit and conclude there is a problem. The chief nurse executive requests that the unit improves its EBP application and asks the nurse manager to lead the effort with assistance from the two directors. All agree with this direction. The nurse manager leaves the meeting stressed and sits down to think through what needs to be done.

Questions (2.5pts each):

1. Why is it important for EBP to be effectively applied in all units in the HCO?
 - a. EBP has been linked to improved quality of care, patient safety, and positive clinical outcomes. Uniformity with EBP promotes standardized care. From a business standpoint, HCOs can better manage the costs of procedures and supplies while mitigating errors from differences in practice. From a clinical standpoint, healthcare workers are participating in and adding to the living body of nursing informatics regarding their specialties.
2. If other units are applying EBP more effectively, how might this be helpful to you as the nurse manager in your planning?
 - a. By exploring that unit's proficiency, you can glean information from this unit to disperse effectiveness amongst your own and others within the HCO. Discussing each unit's application and unique procedures can provide insight into how you can best apply it to your floor.
 - b. While trying to get buy-in, the more effective floor can be used as an example of success.
3. What steps will you take, and whom will you involve (be specific)?
 - a. Review data with the other unit manager. See what steps and processes they purposefully enact that result in their improved application of EBP. By doing this, we will gain a system-level understanding of the unit that we can model and adapt to fit our own.
 - b. Examine current practice and identify how it differs from the more effective units' workflow. We would then examine the current state of both floors with the working staff to see if they have individual workflows that contribute to/take away from their proficiency, or if the culture and/or structure in which they work is the reason behind their level of EBP application.
 - c. Draft a proposal amongst leaders and end users of practice, cultural, or structural changes specific to the floor. Host a meeting to disseminate information, and address questions and concerns about practice changes and new workflow implementation. Following the meeting, the draft should be updated and finalized. A more formal

meeting and follow-up email should clearly define changes and expectations.

4. How will you evaluate the effectiveness of the plan?
 - a. Within a reasonable timeframe, pre- and post-intervention data should be compared to evaluate EBP success. The manager should also collect narrative data from the floor nurses to evaluate their feelings about the change and if the intervention is realistic. Using the other floor as a control, we can statistically measure the degree to which EBP was adopted. If by chance EBP adoption were to be metrically negative, then a deeper root cause analysis would be needed to discover any and all internal barriers.

Final Exam-Short Answer (5pts)

You are the charge nurse on the 7am-3pm shift on an oncology unit. Immediately after report in the morning, you are overwhelmed by the following information:

- The nursing aide reports that Mrs. Jones has become comatose and is moribund. Although this is not unexpected, her family members are not present, and you know that they would like to be notified immediately.
- There are three patients who need 0730 parental insulin administration. One of these patients had a 0600 blood sugar of 400.
- Mr. Johnson inadvertently pulled out his central line catheter when he was turning over in bed. His wife just notified the ward clerk by the call-light system and states that she is applying pressure to the site.
- The public toilet is overflowing, and urine and feces are pouring out rapidly.
- Breakfast trays arrived 15 minutes ago, and patients are using their call lights to ask why they do not yet have their breakfast.
- The medical director of the unit has just discovered that one of her patients has not been started on the chemotherapeutic drug that she ordered 3 days ago. She is furious and demands to speak to you immediately.

The other RNs are all very busy with their patients, but you have the following people to whom you may delegate: yourself, a ward clerk, and an IV-certified LPN.

Question:

1. Decide who should do what and in what priority. Justify your decisions (provide rationale).

You, the charge nurse and the nurse taking care of this patient, should notify the family. The ward clerk, as they are not directly involved with patient care and do not know the history of this patient, is not the correct person to delegate this to. The LPN can be the one to notify the family, but the family would probably feel the most comfort hearing it from the RN.

The LPN can administer insulin, as they are a part of the sliding scale. You, the RN, can double-check to make sure and approve the administration. The ward clerk does not administer medication.

A central line catheter cannot be worked on by an LPN, regardless of whether or not they are IV-certified. This should only be done by the RN, so you (the charge nurse) should treat this patient.

The ward clerk can alert environmental services to address the public toilet. There are patient care duties that take priority for both you, the RN, and the LPN, so it is the correct decision to delegate this task to the clerk.

The ward clerk can let the patient know that breakfast will be arriving as soon as it can. However, the clerk can ask the patient if there are any snacks we can deliver to her, which the RN or the LPN can bring over. The RN or LPN can check with the cafeteria regarding breakfast orders and status depending on the patient.

You should speak with the medical director of the unit as you, the RN, are the one responsible for administering chemo (not the LPN).