

Background

- Cardiac catheterizations and Coronary Artery Bypass Graft procedures at Eastern Maine Medical Center are delayed regularly
- Preparation for cardiac procedures is completed by both NTs and RNs on the floor
- Eastern Maine Medical Center's cardiac units uses float pool NTs and RNs as well as traveling RNs
- If preparations are not completed correctly and in a timely manner, cardiac procedures are delayed. This leads to scheduling conflicts and loss in revenue for the hospital

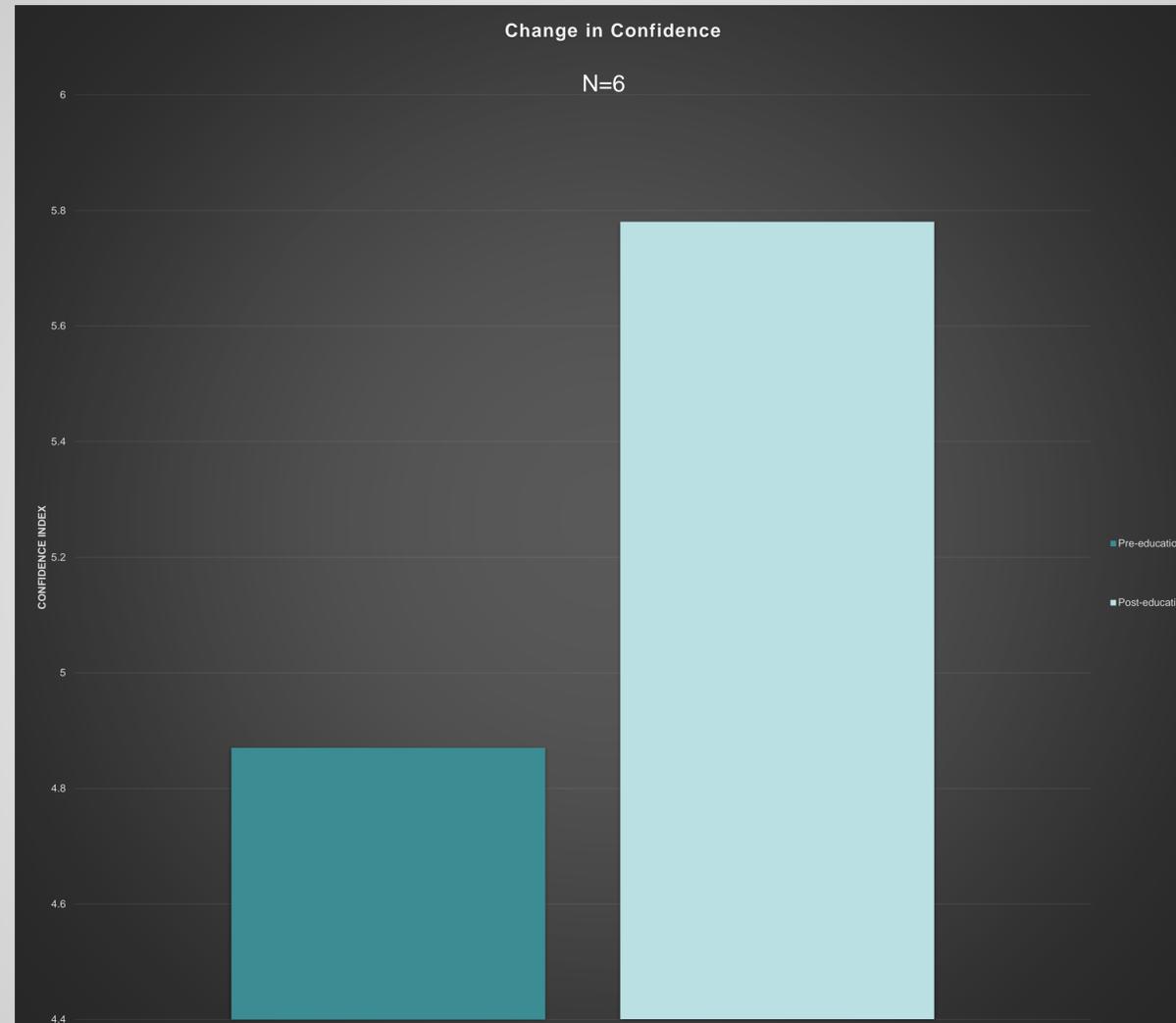
Goals

Increase the knowledge of the NTs and RNs regarding their respective responsibilities for preparing patients for Coronary Artery Bypass Graft and Cardiac Catheterization procedures

Methods

- A paper pre-survey was administered to RNs and NTs available on the floor
- RNs and NTs that completed a survey were then gathered for education
- Education was then provided in the form of a checklist of tasks. The list was split into the responsibilities of the NT and RN and also differentiated by the procedure
- RNs and NTs then filled out a post educational survey directly after education was provided.
- Survey results were compiled and an average score for confidence was calculated for both pre-educational surveys and post educational surveys.

Measures and Results



References

- Murphy, K., Walker, K., Duff, J., & Williams, R. (2016). The collaborative development of a pre-operative checklist: An e-Delphi study. *ACORN: The Journal of Perioperative Nursing in Australia*, 29(1), 36–43.
- Birkmeyer, J. D., M.D. (2010). Strategies for improving surgical quality -- checklists and beyond. *The New England Journal of Medicine*, 363(20), 1963-5. doi:http://dx.doi.org.libauth.purdueglobal.edu/10.1056/NEJMe1009542
- O'Connor, P., Reddin, C., O'Sullivan, M., O'Duffy, F., & Keogh, I. (2013). Surgical checklists: The human factor. *Patient Safety in Surgery*, 7(1), 1.

Summary/Discussion

Summary

- Our results do indicate that an educational packet that is readily available to staff on the floor would likely increase knowledge and confidence in necessary preparations. However, we cannot make any conclusions based on the data collected.

Barriers

- The efficacy of our education cannot be accurately determined due to a lack of participation. Only six participants can be counted in our numbers.
- Education had to be provided during one shift. This limited the availability of staff and likely decreased their attentiveness.
- The lack of accurate data relating to the incidence of delayed procedures limited our ability to find any effect from our educational implementation.

Recommendations

- Simplify the survey. Our group had extraneous questions that we could not draw conclusions from.
- Offer the survey and education for a longer period of time. The responses that our group received were positive, however, we needed more time to gather more information.
- Obtain access to accurate data about the incidence of delayed procedures.