

In Patients Requiring Cardiac Procedures, Would Better Access to Standardized Preparation Checklists Specific to each Procedure Result in Reduced Stress for Nursing Staff?

Northern Light Health

Makelle Jarvis, ADN, RN; Cheyenne Judd, BSN, RN; Laura Martin, BSN, RN

Background

- Currently, checklists do not exist and nurses are to use the policies located on the policy portal
- Unfortunately, the policy portal is difficult to navigate and all too often nurses rely on asking their co-workers what should be done prior to a procedure, rather than following the written protocol.
- Standardized checklists will streamline the process and allow nurses to provide the appropriate care in a timely fashion, improving clinical management of the patients, improving patient outcomes, and reducing overall stress of the nurse.

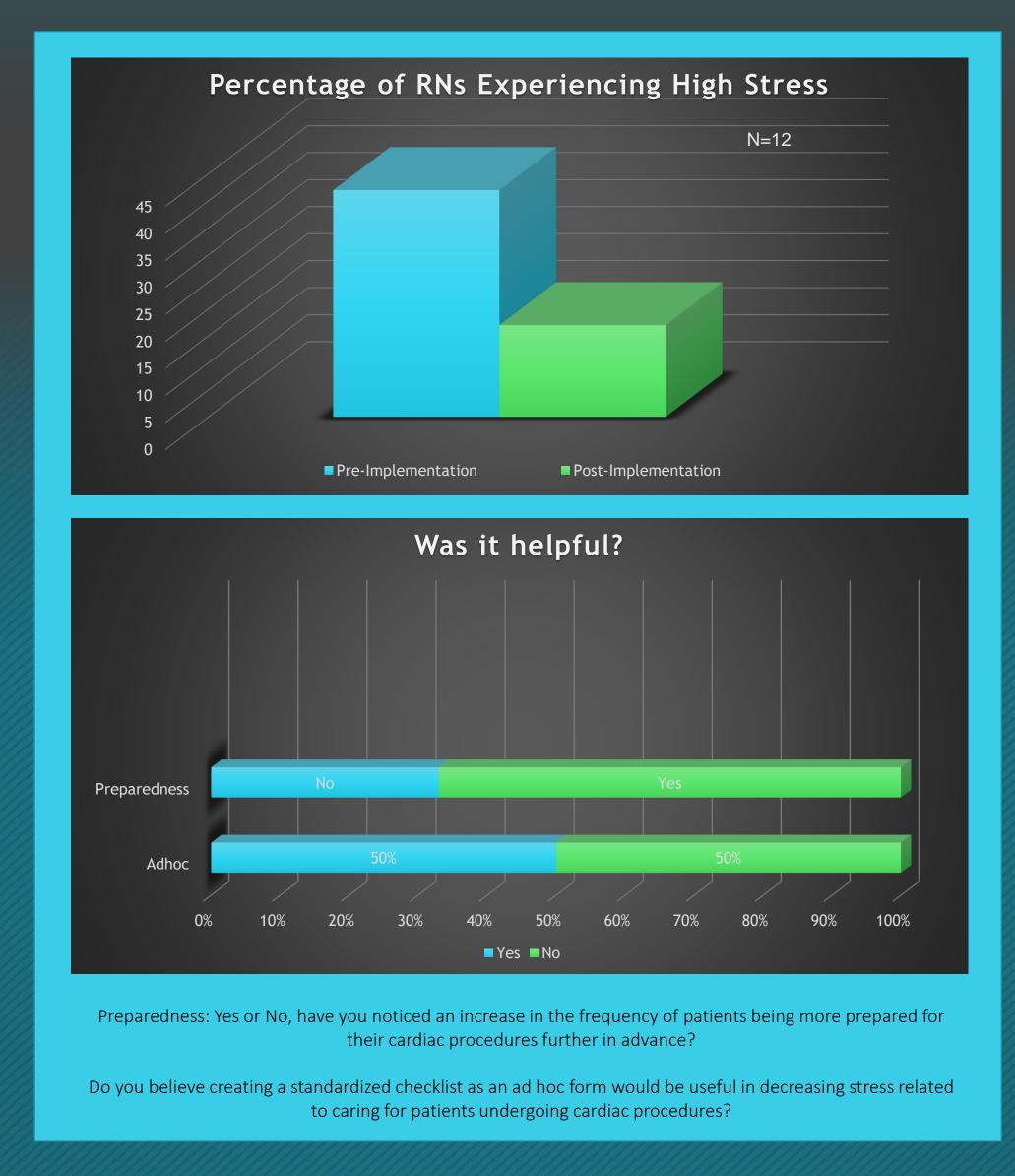
Practice Change

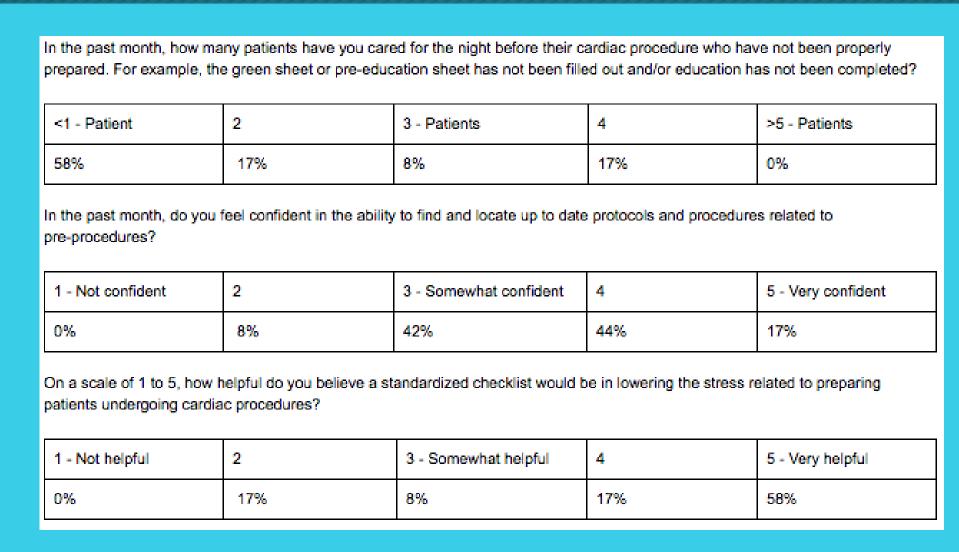
The aim was to reduce stress, by improving workflow with implementation of pre-procedure checklists and ultimately improve job satisfaction of the nursing staff. We assessed stress levels of nursing staff working on Grant 4 Cardiac using surveys before and after checklist implementation.

Methods

- A pre-procedure cross-sectional survey was distributed to the Grant 4 Cardiac nursing staff.
- Education was provided to staff regarding the created checklists and their locations via posters and huddles.
- Checklists were placed on the unit for staff implementation for one month.
- A post-implementation cross-sectional survey was distributed to the Grant 4 Cardiac nursing staff.

Measures and Results





Summary/Discussion

- After further discussion with the Grant 4 staff nurses the following information was gathered:
 - In the month we evaluated, 58% of nurses that completed the survey had had only one or no patients that required preparation for cardiac surgery. Due to the infrequency of these patients, it is imperative to have a resource to ensure proper completion of all requirements.
 - We believe that the staff split on creation of an ad hoc form is due to reluctance to add to the required workload of nurses.
- Our work was a good stepping stone for a practice change.
 - The Grant 4 Shared Governance
 Committee has taken our checklist and
 other resources and has continued to
 develop pre-procedure packets to
 further streamline the process.

Conclusion

 Grant 4 nurses experienced reduced stress levels with the implementation of standardized checklists.

References

Friedman, S. (2018). Can Standardizing CABG Care with Clinical Pathways Reduce Length of Stay and Hospital Acquired Infections? Can Standardizing CABG Care With Clinical Pathways Reduce Length Of Stay & Hospital Acquired Infections?, Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=131796515&site=ehost-live

Williams SC, Schmaltz SP, Morton DJ, Koss RG, & Loeb JM. (2005). Quality of care in U.S. hospitals as reflected by standardized measures, 2002-2004. New England Journal of Medicine, 353(3), 255–264. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN= 106377373&site=ehost-live