Hospital Acquired Pneumonia (HAP)

- Hospital Acquired Pneumonia (HAP) is a leading cause of prolonged hospitalization in patients

- The oncology population is especially susceptible to critical illness due to an already immunocompromised state
Hospital Acquired Pneumonia (HAP)

The purpose of this study is to implement the Massey Bedside Swallowing Screen upon admission to the oncology telemetry unit to detect any deficits that could potentially lead to HAP, in conjunction with strict oral care for identified high-risk patients.

Methods, Intervention, and Analysis

- Education through lecture format on utilization of the Massey Bedside Swallowing Screen was provided to the nursing staff
- Every patient admitted to the oncology telemetry unit was screened with this tool
- Patients identified as high-risk were placed on nothing-by-mouth (NPO) precaution
- A Speech and Swallow Evaluation was ordered to further evaluate the patient
Hospital Acquired Pneumonia (HAP) and the Massey Bedside Swallowing Screen

Massey Bedside Swallowing Screen & Educational Tool

• Patients able to perform their own mouth care were provided with a simple oral care regimen ATC

• Acutely ill oncology patients unable to perform their own oral care were placed on a strict oral care regimen performed by the nursing staff

• The charge nurse audited compliance with this protocol

Findings and Interpretation
Massey Bedside Swallowing Screen and the Impact on Patient Safety, Quality, and Care

Pre-intervention
- January – April 2015 included 1,605 patient days
  - 4 HAPs acquired on the unit
  - 2.45 incidence/1000 patient days

Post-intervention
- May – August 2015
  - 2 HAPs acquired on the unit
  - 1.35 incidence/1000 patient days

Implementation of the Massey Bedside Swallowing Screen for each admission and strict oral care regimen for high-risk patients, the incidence of HAP ↓50%.

HAP ↓50%.

![Graph showing incidence of HAPs](image)

- 2.45 incidence/1000 patient days (January-April 2015)
- 1.35 incidence/1000 patient days (May-August 2015)
Additional Analysis and Follow-Up Information

Massey Bedside Swallowing Screen and the Impact on Patient Safety, Quality, and Care

- Data collection continued from September 2015 – March 2016 with no additional cases of HAP on the unit.
- With education, compliance, and dedication, the inpatient oncology telemetry unit was furthermore able to decrease the incidence of HAP on the unit from 1.35 to 0.

Massey Bedside Swallowing Screen and the Impact on Patient Safety, Quality, and Care

- Post-implementation of the Massey Bedside Swallowing Screen from May – August 2015, RN compliance with screening every patient upon admission averaged 65.5% compliance.
- After increased staff education, RN compliance from September 2015 – March 2016 averaged 94.4% – an increase of about 30%!
- The charge RN also played a large role in ensuring that the screen was completed for each admission.
Massey Bedside Swallowing Screen and the Impact on Patient Safety, Quality, and Care

Lean Daily Management (LDMS) Board increased compliance

- LDMS measures quality metrics and core measures on the unit
- The RNs integrated the Massey Bedside Swallowing Screen to our LDMS board to increase awareness of HAP

Implications
Massey Bedside Swallowing Screen and the Impact on Patient Safety, Quality, and Care

Correlation between incidence of HAP and compliance with Massey Bedside Swallowing Screen

<table>
<thead>
<tr>
<th>Trend Over 15 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incidence</strong></td>
</tr>
<tr>
<td>3.0</td>
</tr>
<tr>
<td>2.5</td>
</tr>
<tr>
<td>2.0</td>
</tr>
<tr>
<td>1.5</td>
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<tr>
<td>1.0</td>
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<tr>
<td>0.5</td>
</tr>
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<td>0.0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Incidence of HAP/1000 Patient Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>January-April 2015: 2.45</td>
</tr>
<tr>
<td>May-August 2015: 1.35</td>
</tr>
<tr>
<td>September 2015-December 2015: 0.5</td>
</tr>
<tr>
<td>January 2016-March 2016: 0.0</td>
</tr>
</tbody>
</table>

- Oncology patients assessed with the Massey Bedside Swallowing Screen upon admission to the oncology telemetry unit were noted to have improved outcomes and lower rates of HAP.
- Early detection of patients at high-risk for aspiration and implementation of interventions to improve oral care in high-risk patients leads to improved patient outcomes through lower incidence of HAP in the acute care setting.
- This practice has also been adopted by the other inpatient units in our acute care hospital.

References
References


What is Code Purple

- Provides timely psychosocial support during a time of crisis
- Flexible to patient’s defined time and need
- Promotes patient satisfaction

A Busy Oncology Unit

- Assessment, medication, education, and re-assessments
- The impact of unexpected news
- The need for psychosocial support
Quality of Work Life Survey Results

- Struggle between desire to provide psychosocial care with current staffing model
- Meeting patient needs = patient satisfaction
- Patient satisfaction = improved outcomes
- Meeting staff needs = job satisfaction
- Development of Staff Satisfaction Task Force

Foundational Support

- Supportive care for cancer patients and their families is important.


  Psychosocial care for patients and their families is integral to supportive care in cancer: MASCC position statement

  * retrieved from [http://www.nap.edu](http://www.nap.edu)

Literature

- Psychosocial needs of cancer patients are dynamic arising at unexpected times. (Botts, M. et al. 2006)
- “Patients seldom express their concerns and emotions directly and spontaneously.”
- They express indirect cues about worry.
- 70% of cues in their study were expressions that signaled worry or concerns.
  (Uitterhoeve, R. et al. 2009)
Literature

• While inpatient, patients most often did not want to talk to their nurses about difficult emotions regarding the future.

• Patients wanted an offer from the nurse, but wanted to choose to whom, when, and about what.

• The social environment in the ward may be as important for emotional care as 1:1 counseling.

(Kvale, K. 2007)

Literature

• “...there were key times on this journey when patients needed or demanded more psychosocial care and times when they needed less care.” (Botti, M. et al. 2006)

• Attention to team dynamics including attitudes toward psychosocial care within the team.

(Turner, J. et al. 2007)

Potential Barriers to Providing Psychosocial Care

System
• Emphasis on task driven care vs reflexive/open style
• Workload; shift demands
• Leadership: lack of support for the time it takes to listen to patient

Nurse
• Patient readiness + good timing for the nurse
• Boundaries of self-protection
• Ability to accept vulnerability
• Self-confidence in knowledge and listening skills
How Code Purple Came To Be

- Quality of Work Life Council
- Staff Satisfaction Task Force
  Goal: To improve staff satisfaction with addressing patient emotional needs

Design Strategy

- Must allow for timely response by nurse
- Must be easy to implement
- Must have leadership support
- Must have peer support
- Must have a brief title that is readily understood

Code Purple

- We respond to the word “Code.”
- “Code” language conveys essential information quickly.
- Calling this intervention “Code Purple” reflects the importance of the event.
Implementation

- How does the nurse initiate **Code Purple**?
  - Identify patient need
  - Notify the Charge Nurse
  - Hand off patient assignment
  - Attend to the patient
  - Provide additional patient educational resources, if appropriate
  - Obtain referrals, if needed
  - Document that emotional support provided

---

**Narrative 1**

Patient on comfort care has a sudden decline in status.

When called, family expressed concern patient might die alone until they could arrive in 45 minutes. RN stated she would stay with patient. RN sat at bedside holding patient’s hand until family arrived.

Family member stated, “We didn’t truly expect to see you sitting with Mom when we got here.”

Son remarked that seeing the RN sitting with their mother “will stay with him for the rest of his life.”

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**Narrative 2**

Patient shared her frustrations about recent failed treatment. Talked about her family, and her desire to go home. Explored home care options.

Patient thanked RN, stating she was glad she had someone to talk with.

RN felt she made a difference. “Code Purple allowed me to be the kind of nurse I want to be: Fully present for my patient.”
Narrative 3

Patient was having an anxiety attack. The Charge Nurse (CN) noted the need to provide focused attention to patient’s need.

Code Purple allowed RN to spend 45 minutes uninterrupted with the patient.

The CN wrote “It was exactly what the patient needed. I wish we would utilize this more!”

Narrative 4

- 25 year old male, newlywed, with new osteosarcoma of LUE.
- “I am a monster.”
- Helped patient to see himself again as a person.
- Empowered the wife.
- “I am now able to be the husband I always wanted to be.”

Narrative Outcomes

- Leadership support
- Nursing teamwork
- Patient/family satisfaction
- Nurse satisfaction
Summary

- A nursing intervention
  - Designed by nurses to improve nurse satisfaction
  - Implemented to meet patient needs
  - Sustained through teamwork
  - Integrated into staffing model
  - Supported by leadership
- Fulfilled a fundamental principle of nursing care
  - Emotional support through therapeutic listening
- Resulted in satisfaction for nurses and patients
- Embraced by all of the staff

Next Steps

- Information about Code Purple is being incorporated into unit orientation of new staff
- Other units have requested information to implement Code Purple on their units

Conclusion

- This is a nursing intervention that is easily adaptable to most clinical practice sites.
- It enhances patient care.
- It uses teamwork to be flexible and timely.
- It fosters nurse satisfaction.
- It is fiscally responsible.
References


A nurse driven strategy to reduce falls in the inpatient malignant hematology population

Joel Stettler, BSN, RN, OCN®
Megan Hoffman, MSN, RN, CMSRN, AOCNS®
Moffitt Cancer Center
Tampa Florida

Moffitt is the only NCI-designated Comprehensive Cancer Center based in Florida.
• U.S. News & World Report Top 20 Cancer Hospitals
• Magnet Recognized
Background

Background:
• 24 bed Inpatient Malignant Hematology Unit
  • Acute Leukemia
  • Lymphoma
• 34 Registered Nurses
• 16 Oncology Techs

Unit Based Committees

Focus on Quality

Shared Governance

Quality Improvement Committee

— Part of Nursing Department Shared Governance Model
  • Facilitates staff nurse’s involvement in patient safety and outcomes.
  • Reviews safety reports to determine trends
    — Make recommendations
      » Improvement
      » Prevention
Problem

• In November 2014
  – Determined trend in falls related to medications known to increase fall risk.
• Falls in the malignant hematology population are a major concern due to:
  – Prolonged side effects related to treatment
    • Pancytopenia
  – Disease process
• Hematology patients are at a higher risk for falls toward the end of their treatment cycle
  – Impaired levels of physical functioning
  – Physiological changes caused by polypharmacy

Problem

• Morse Fall Scale does not reflect potential complications from medications used to alleviate treatment related side effects.
  – History of Falling
  – Secondary Diagnosis
  – Ambulatory Aid
  – IV Access
  – Gait
  – Mental Status

Intervention

• Quality Improvement committee determined that any patient receiving high risk medications would be placed on a bed or chair alarm for the duration of the drug effect.
  – Intravenous:
    • lorazepam (Ativan)
    • furosemide (Lasix)
  – First time sleeping aids
Communication

- Emphasis was placed on communication between the RN and Oncology Technician

4 North Action Plan to Prevent Falls—Brought to you by 4 North committee—effective 7/2015

- Any patient or high risk patients that receive the following drugs must be placed on a bed alarm for duration of drug effect:
  - IV Lasix
  - IV lorazepam (Ativan)
  - First time use of sleeping pill

- These drugs have been implicated in previous falls.

NEW: Any patient who has persistent fever >100.4 for 4 hours should be put on bed alarm.

- RNs should explain this to the patient.

- RNs must communicate directly to the oncology technician to inform them that one of these reasons is in effect and the bed alarm must be on.

- Oncology technicians should not deactivate the bed alarm until the nurse activates it.

- Oncology technicians should preemptively walk patients to the bathroom and back to their bed at 06:00 and 18:00.

This represents a 60% drop from the previous year.

Results

4 North Falls Pre and Post Implementation of Action Plan

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2013-November 2014</td>
<td>23</td>
</tr>
<tr>
<td>December 2014-November 2015</td>
<td>14</td>
</tr>
</tbody>
</table>

- This represents a 60% drop from the previous year.
Results

<table>
<thead>
<tr>
<th>Unit Dashboard</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Sensitivity Indicators</td>
<td>Fall Rate</td>
<td>2.00</td>
<td>2.50</td>
<td>2.00</td>
<td>2.50</td>
<td>2.00</td>
</tr>
</tbody>
</table>

Pre-Implementation  Post-Implementation

Fall Prevention Interventions

- Floor Mats
- Hip Protectors and protective caps offered
- Fall Contracts
- Bed Alarm
- Chair Alarm
- AvaSys® TeleSitter®
  - 16 remotely observed cameras

Conclusion

- Falls in the malignant hematology population are a major concern.
- Morse Fall Scale does not reflect potential complications from medications.
- Nursing focus on patients that receive high risk medications such as furosemide, lorazepam and first time dose of sleep aids may help reduce inpatient falls.
References


Evolution of a Skin Wound Ostomy Team (SWOT) Program to Meet the Challenges of Oncology Patients

STEPHANIE TERRY BSN, RN, CWOCN, PCCN, HN-BC
JOE RUDOLPH BSN, RN, CWOCN, DWC

Background
- Cancer Treatment Centers of America
  - Outpatient: Oncology Clinics, Radiation, Infusion
  - Hospital: 74 Patient Beds: Telemetry Unit, Medical/Surgical Unit, ICU, and Stem Cell
- 2 Certified Wound Ostomy and Continence Nurses
- Oncology patient high-risk for skin issues
- 2013 Hospital-acquired pressure ulcer (HAPU) prevalence rate of 11%

Contributing factors for skin issues:
- Immobility
- Poor nutrition
- Lack of compliance with self-care regimens
- Change in mental status due to pain medication, depression, cancer itself.
- Treatment:
  - Radiation
  - Chemotherapy/Biotherapy
  - Surgery

Oncology Patient
Skin Wound Ostomy Team (SWOT)

- WOC Nurses
- Team Lead
- Team Lead
- Skin Champions

Methods

- Recruitment
  - SWOT Agreement
  - Incentives
    - Clinical Ladder
- Education
  - Biannual Education
  - Monthly CEU’s
- Wound Care Wednesday
- Quarterly to Monthly Prevalence

Methods: Recruitment

- Recruitment
  - Inpatient and Outpatient Units
  - SWOT Agreement
  - Incentives
    - Clinical Ladder
    - Recognition
    - Increased Knowledge
Methods: Education

- Education
  - Evidence-based practice
  - Biannual education
  - Monthly CEU’s
  - Root cause analysis

Method: Tracking

- Prior to 2014 Prevalence was completed quarterly
- Consult or prevalence notified WOC nurse
- Lack of transparency
- Utilization of electronic variance system implemented
  - Tracks incidence/creates transparency
  - All skin concerns
  - Prevalence vs. Incidence

Method: Incidence

- Daily
- Best quality measure of pressure ulcer prevention programs

Method: Prevalence

- Cross-sectional count
- Snap-shot
Methods: Wound Care Wednesday and Prevalence

- Wound Care Wednesday
  - Proactive vs. Reactive
  - Rounding tool
  - Snap-shot
  - Promotes best practice and implementation of prevention guidelines
- Quarterly to Monthly Prevalence
  - First Wednesday of every month
  - In-depth audit

Impact on the Facility and Stakeholders

- Decreased prevalence rates
  - HAPU’s decreased from a high of 11% in 2013 to below 1% in 2015
- Increased stakeholder education, awareness and involvement
- Increased stakeholder satisfaction
- Cost saving
- Fall and Safety Team (FAST)

Results

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>HOSPITAL AQUIRED PRESSURE ULCER INCIDENCE TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2015</td>
</tr>
<tr>
<td>26</td>
<td>10</td>
</tr>
</tbody>
</table>
Results

Hospital Acquired Pressure Ulcer Prevalence Trends

So how have we evolved...

- Senior management
- Staff commitment
- Team structure
- Ongoing needs assessment
- Skills fair
- Setting short term goals vs. long term goals

What does the future hold...

- Increased front line nurse champions
- Addition of ancillary team members:
  - PT/OT
  - Speech
  - Nutrition
  - Patient care technicians
Our advice to you…

- Administrative support
- Complete a needs assessment
- Set short term goals
- Feasibility
- Obtain unit based champions
- National Database of Nursing Quality Indicators (NDNQI)
- If you don’t have the means, establish protocols and standards

Skin Wound Ostomy Team (SWOT)

A team of nurses dedicated to excellence in skin care and a resource for all staff.

References


doi:10.1097/WON.0b013e31822ad2ab
