BACKGROUND
A Russian-speaking ambulatory surgical patient awoke bewildered and wide-eyed from pain and urgency after a routine urologic procedure. He required an unexpected indwelling catheterization to ensure proper bladder drainage at home, until the office follow-up in 5 days. The recovery RN reviewed complicated catheter care instructions to an already overwhelmed patient and spouse, relayed through an interpreter. The client and wife were told to carefully disconnect the thin rubber catheter, rinse drainage bags without contamination and rinse the catheter bag daily with a 1:2 ratio of vinegar/water mix or a 1:10 mix of bleach/water.

- At RN’s request, surgeon approved excluding rinsing with additive
- Focused teaching given on priority safety measures
- Patients-Centered Approach
- A teaching moment for the RN

The researcher found little evidence to support the practice of rinsing drainage bags.

Inspired RN to try to simplify D/C instructions

A teaching moment for the RN

Holding on to these rituals can “impede

At RN’s request, surgeon approved excluding rinsing

Instructions

HCAHPS Picker scores

improves safety, efficiency, outcomes

electronic record.

A similar literature review was completed by Jessica Hus, et al. (2012)

Instructions would be

to Success: Learning from Roadblocks

No language support available

3rd Party generic

Op Complications

Use creative scientific problem solving for caring decision making

Patient

Evidence Based Decision Making (EBDM) to frame the question with Plan

At night, the client connects a disposable night bag to the leg bag

Evaluation of Appreciative Inquiry as a framework for similar rapid cycle decision

After

Despite

K,

Review custom instructions regularly for best practice and sacred cows

Improved patient satisfaction reflected in HCAHPS scores.

Rapid PDSA Cycles quickly identified failed attempts to solve the clinical question

- Do what was expected by revalidating the intended population, scope, duration of the intervention
- Team made efforts to celebrate small “wins” to push establish consistent change and encourage membership to Dream Bigger and Expect Miracles
- Group process aligned closely with spirit of Appreciative Inquiry (A.I.)
- Envision “What could be?” and build on “What works?” to foster optimism and engagement
- Despite the stumbling blocks, the team increased in confidence and ambition with each challenge.

The instructions were updated 11/15/17 and are available in the latest release, and the Cluster team collaborated with a multidisciplinary team of Einstein stakeholders to plan the EBP update.

- After update, the effect of the streamlined instructions on HCAHPS can be assessed.

METHODS

Stumbling to Success: Learning from Roadblocks

Cycle 1: PLAN: Edit custom instructions for one surgeon
Weaknesses of the finished product were apparent:

1. Physician-Specific instructions inconsistent with other MDs
2. No language support available for custom instructions
3. Editing instructions for medical literacy requires a specialized body of knowledge

Cycle 1: ACT

Cycle 1: DO

Cycle 2: PLAN: Customize instructions for all surgeons at Einstein Health Network

This result was expected by our own team

1. Instructions would be static, they will require constant revision to best practice
2. 3rd Party generic instructions still exist on our electronic record. Inconsistency = Errors!

Cycle 2: ACT

Cycle 2: DO

Cycle 3: PLAN: Offer our literature search to the provider of Patient Instruction and Engagement that services our electronic record. Encourage the editors to review the instructions for best practices.

1. Lit review was submitted to 3rd party provider to consider revision of the vinegar rinsing instructions, for content and consistency
2. The Editorial Board reviewed our evidence and as a result, were eliminating the practice from all hospedipparated instructions for all of our healthcare providers, over 1000 in the US!

Cycle 3: ACT

Cycle 3: DO

Cycle 3: STUDY

Cycle 3: SUCCESS!

RESULTS

- Rapid PDSA Cycles quickly identified failed attempts to solve the clinical question
- Do what was expected by revalidating the intended population, scope, duration of the intervention
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FUTURE INNOVATION

The Einstein Surgical Cluster team is requesting a grant to evaluate the use of the UK standard for indwelling catheter care, the “Link System” in Post-Prostatectomy patients. The link system is extremely rare in the US, estimated to be used in as low as 2% of NY homecare pts. (Wilde et al, 2013)

Barriers to change have been the aforementioned “sacred cows” of nursing which compromised the closed system daily, and the resistance of Medicare to fund disposable bags.

In the past, the system would be opened at the catheter end to swap from the leg bag to the night bag, a technique requiring dexterity and guidance to avoid contamination. The B-Link (British Link) system will bring simplicity, reduced anxiety, and reduced risk of contamination to our patients who need a temporary indwelling catheter after surgery.

- The leg bag will remain connected to the rubber catheter at all times to keep a closed system.
- At night, the client connects a disposable night bag to the leg bag drain port, and opens the drain valve on the leg bag.
- In the morning, the leg bag valve is closed. Then, the night bag is disconnected, emptied, and thrown away.

Measurable data for the project will include:

- Patient Satisfaction Scores
- Targeted Likert Scale
- HCAHPS Picker scores
- Preop and Postop Anxiety
- Amsterdam Preoperative Anxiety and Information Scale
- Visual Anxiety Scale
- Post-Op Complications
- ER Visits
- Readmissions

IMPLICATIONS TO RN PRACTICE

- Role of Perioperative Nurse as the expert and change agent
- Use criteria to identify unsanctioned RN interventions, “Sacred Cows”

- Rituals hinder innovation and implementation of best practices
- Embrace Disruptive Innovation- improves safety, efficacy, outcomes
- Resist pressure to “drift” back to Non-EBP tradition- Change is Hard

- Eliminate Vinegar or Bleach Soln. Rinsing as not based in EBP

- Reduce patient and caregiver anxiety
- Identify and focus patient education and engagement
- Review customized instructions regularly for best practice and surgical cows

- Potential research/ Opportunities for further study include:

- Effect of the simplified instructions on CACTI after discharge
- Value analysis of closed systems in homecare post-op to justify disposable night bags
- Evaluation of Appreciative Inquiry as a framework for similar rapid cycle decision making processes. The strength-based approach may lend itself well to increasing challenges.

OBJECTIVES

Based on the compiled evidence a clinical question was developed:

1. Evidence Based Decision Making (EBDM) to frame the question with Plan-Do-Study-Act (PDSA) cycle as a guide
2. Literature review completed
3. No strong evidence found that additive rinses had the desired effect to reduce odor or decrease infection rates of indwelling catheters

- A similar literature review was completed by Jessica Hus, et al. (2012)
- The researcher found little evidence to support the practice of rinsing drainage bags

- Strong evidence identifies catheter care as a anxiety

As a result, Hus et al eliminated drainage bag rinsing from their d/c instructions

The team identified the practice as a “sacred cow”, a traditional practice not based in scientific evidence, yet rarely questioned.

- “It’s always been this way”
- Holding on to these rituals can “impede the introduction of best practice in the patient care environment” (Watson, 1985)

As a Watson Caring Science Affiliate, Einstein nurses strive to align with the Caritas Processes. In this case, Caring Science offers a relevant theoretical framework with measurable goals.

- Use creative scientific problem solving for caring decision making
- Share teaching and learning that addresses the individual needs and comprehension styles

OBSERVATIONS

- Background
- Patient Anxiety
- Teaching
- Change Picture. Maintain the...