

# Nursing Shared Governance Helps Eliminate “Sacred Cow” using an Evidence Based Rapid Cycle Improvement Process

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## BACKGROUND

A Russian-speaking ambulatory surgical patient awoke bewildered and wild-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, switch 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
- Patient-Centered Approach
- A teaching moment for the RN
- Transpersonal teaching experience... “within other’s frame of reference”(Watson, 1985)
- Inspired RN to try to simplify D/C instructions for pts. with short (~7 day) catheterizations



## PLAN

- Einstein Surgical Services Cluster – Meets monthly
- Led by Clinical RN’s- Shared Governance Model
  - Representation by all phases of Periop, support of Clin. Educator and Nurse Mgr.
  - Empowers nursing to drive their own clinical practice as experts

**The team questioned the medical necessity of teaching the complicated process of daily rinsing with vinegar or bleach solution for such a short time.**

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 an anxiety-inducing measure that should be simplified for best learning outcomes
  - 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 done this way”
- Holding on to these rituals can “impede the introduction of best practice in the patient care environment”(Mellinger & McCanless, 2010).

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.

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

## OBJECTIVES

Based on the compiled evidence a clinical question was developed:

- P:** For patients who require a temporary indwelling urinary catheter at home  
**I:** are instructions on rinsing the drainage bag with an additive solution  
**C:** vs. omission of this content  
**O:** more effective for patient comfort and safety  
**T:** prior to discharge?

**Measurable goals of simplified instructions:**

1. Decrease patient anxiety related to patient education and engagement
  2. Improved patient satisfaction reflected in HCAHPS scores.
  3. Elimination of a traditional, unscientific process not based in EBP that hinders innovation
- After cooperation with the medical staff and administration, the Clinical RN team pursued the modest goal of simplifying the instructions for a single surgeon at an ambulatory surgical center in 11/2016.
  - A series of **rapid cycle process improvements** followed, requiring adjustment of the expected scope and expansion of the intended population of the project.

## 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 2:**

**PLAN: Customize instructions for all surgeons at Einstein Health Network**

This result was rejected 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 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 prepopulated instructions for all of their healthcare providers, over 1000 in the US!

**Old Instructions:**

1. Wash your hands with soap and water.
2. Wash the bag in warm, soapy water.
3. Rinse the bag thoroughly with warm water.
4. Fill the bag with a solution of white vinegar and water (1 cup vinegar to 1 qt warm water [2 L vinegar to 1 L warm water]). Close the bag and soak it for 30 minutes in the solution.
5. Rinse the bag with warm water.
6. Hang the bag to dry with the pour spout open and hanging downward.
7. Store the clean bag (once it is dry) in a clean plastic bag.
8. Wash your hands well. (Elsevier Interactive Patient Education, 2016)

**New instructions:**

1. Do Not clean your drainage bag unless told by your health care provider.

(Elsevier Interactive Patient Education, 2017)

## RESULTS

- Rapid PDSA Cycles quickly identified failed attempts to solve the clinical question
  - Drove the team to reevaluate the intended population, scope, duration of the intervention
  - Team made efforts to celebrate small “wins” to maintain push to establish sustainable change and encourage membership to **Dream Bigger** and **Expect Miracles**
- Group process aligned closely with spirit of Appreciative Inquiry (A.I). (Bushe,2013)
  - 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 EMR update.
  - After update, the effect of the streamlined instructions on HCAHPS can be assessed.

## FUTURE INNOVATION

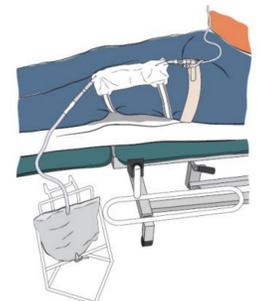
The Einstein Surgical Cluster team is requesting a grant to evaluate the use of the UK standard for indwelling catheter care, the “Link System” in Post-Prostatectomy patients. The link system is extremely rare in the US, estimated to be used in as low as 2% of NY homecare pts. (Wilde et al, 2013) Barriers to change have been the aforementioned “sacred cow” of rinsing 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 critical thinking to identify unscientific RN interventions, “Sacred Cows”
    - Rituals hinder innovation and implementation of best practices
    - Embrace Disruptive Innovation- improves safety, efficiency, 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
  - Simplify and focus patient education and engagement
  - Review custom instructions regularly for best practice and sacred cows
- Potential research/ Opportunities for further study include:
  - Effect of the simplified instructions on CAUTI 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.

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