

Assessment of Education Need for Freestanding Ambulatory Surgery Center Staff in Performing and Assessing 12 Lead EKG Patients

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Abstract Background Information: Freestanding Ambulatory Surgery Center demonstrated need for 12 Lead EKG implementation, interpretation, ability to electronically input to cardiologist, and electronic health record due to several patients developing chest pain and symptoms.

Objectives of Project: To identify clinical skills and educational assessments of nurses in familiarity with connecting patient to EKG machine, rhythm interpretation, assessment for MI, process to electronically send EKG to cardiologist and input 12 Lead EKG into electronic health record.

Process of Implementation: Research questionnaire formatted to determine staff's skill and competency in connecting patient to 12 Lead EKG and recognizing of myocardial infarction EKG changes. Discussed need with Phillips monitoring and Clinical Engineering to determine present EKG machine capabilities. Determine that it was not capable of electronically transmitting EKG to cardiologist and inputting it into electronic health record. EKG machine upgraded with this capability. Interpretation of EKG added to machine, In-service given by Non-invasive Heart Station personnel on performing 12 Lead EKG and inputting data. Study guide and FAQ created for staff. Laminated charts with Lead placements, data input, process to electronically transmit, and MI examples done and placed with EKG machine.

Statement of Successful Practice: Research questionnaire showed 91% improvement in knowledge base, skill, and competence of performing bedside EKG with perianesthesia patients. This ensured faster recognition and documentation of myocardial EKG changes streamlining transfer of patient to hospital.

Implications for Advancing the Practice of Perianesthesia Nursing: Having the ability to recognize symptoms related to MI, early diagnosis with 12 Lead EKG testing thereby streamlining the process in transferring the patient to a higher level of care with clinical information pertinent to treatment of MI ensures better chance of treatment impacting survival.