Teaching and Role Development SE8EO

Two examples are required (one example MUST be from ambulatory setting, if applicable):

a. Provide two examples, with supporting evidence, of an improved patient outcome associated with a nursing continuing education assessment and a related implementation plan.
   - Patient outcome data must be submitted in the form of a graph with a data table.
   - The initiative and the data must be provided at the clinic, unit or division level.
   - Copy of the assessment and implementation plan associated with the example must be provided

Example a: Implementation of Triage Standing Orders Education to Decrease the Left Without Being Seen Percentage in the System’s EDs

Problem
Nurse respondents from the system’s Emergency Departments (ED) indicated on the FY 2017 Clinical Nurse Educational Needs Assessment that critical care/trauma, including triage, was a priority for further education. (Evidence SE8E0a-1, FY 2017 Education Needs Assessment Filtered for ED Responses) In addition, feedback provided by participants in the “ESI: What’s My Number?” course substantiated that there was an opportunity for further education on patient triage. Challenges that were revealed during triage training included inconsistent triaging of patients and failure to use current standing orders to decrease time to treatment. In June 2018, 1.70% of patients in the ED division left without being seen (LWBS). The LWBS percentage is calculated by dividing the total number of patients in a month who left without being seen by the total number of patient registrations that month.

Goal Statement
The goal was to decrease the LWBS percentage for the ED division at WakeMed Health & Hospitals.

Participants

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Bristol, MS, RN, CEN, RN-BC, EMT-P</td>
<td>Nursing</td>
<td>Education Resource Specialist</td>
<td>Nursing Education</td>
</tr>
<tr>
<td>Danika Davis, BSN, RN, CCRN, CEN</td>
<td>Nursing</td>
<td>Clinical Educator/ Supervisor</td>
<td>Adult Emergency Department, WakeMed Raleigh</td>
</tr>
</tbody>
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### Description of the Intervention:

#### July 2018

- The FY 2017 Clinical Nurse Educational Needs Assessment indicated that critical care/trauma, including triage, was a priority for ED nurses. In addition, Clinical Supervisor/Educator Angela Dean, BSN, RN, CEN received feedback from the clinical nurse participants in the course on patient triage that she taught in the ED, "ESI: What’s My Number?", that triage was conducted inconsistently across the EDs in the WakeMed system. Dean communicated this to the other course instructors, Clinical Nurse Dina Hood, MPH, BSN, CEN; Danika Davis, BSN, RN, CCRN, CEN, Clinical Supervisor/Educator Adult Emergency Department (AED); and Lori Bristol, MS, RN, CEN, RN-BC, EMT-P, Education Resource Specialist, and the instructors decided to meet with the directors from each ED site to discuss nursing practice.

- The Emergency Severity Index (ESI) Education Team met to discuss the “ESI: What’s My Number?” course and how to ensure the presentations were standardized. Their discussion revealed discrepancies not only in the presentation of the content, but in actual nursing practice at each ED. (Evidence SE8EOa-2, Triage Meeting Minutes)

- The team also discovered that the Triage Standing Order sets were not being implemented consistently across the system. They made a plan to incorporate and standardize this education in the “ESI: What’s My Number?” course. (Evidence SE8EOa-2, Triage Meeting Minutes)

#### August-October 2018

- The expectation was that Triage Standing Order sets would be implemented for all appropriate patients in the ED to ensure patient safety and expedite patient care. This information was incorporated into the “ESI: What’s My Number?” courses starting in August 2018. All nurses received the information by October 2018.

- The revised “ESI: What’s My Number?” course was offered to the staff on August 16 and 30, September 5 and 19, and October 19, 2018.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Department, Location</th>
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</thead>
<tbody>
<tr>
<td>Angela Dean, BSN, RN, CEN</td>
<td>Nursing Clinical Supervisor/Educator</td>
<td>Emergency Department, WakeMed Cary</td>
</tr>
<tr>
<td>Dina Hood, MPH, BSN, CEN</td>
<td>Clinical Nurse II</td>
<td>Emergency Department, WakeMed North</td>
</tr>
<tr>
<td>Brittany Komansky, MHA, BSN, RN, CEN</td>
<td>Director</td>
<td>Emergency Services, Raleigh Campus, ED Administration</td>
</tr>
<tr>
<td>Amy Short, MSN, RN, NE-BC</td>
<td>Director</td>
<td>Emergency Services, Cary Campus</td>
</tr>
</tbody>
</table>
Outcomes
The need for additional triage education was identified through the FY 2017 Clinical Nurse Educational Needs Assessment and feedback from the clinical nurse participants in the “ESI: What’s My Number?” course, and a plan to address the issue was implemented in response. Education on Triage Standing Orders was incorporated into the “ESI: What’s My Number?” course, which resulted in a decrease in the LWBS percentage across the WakeMed Health & Hospital’s Adult Emergency Departments, from the baseline of 1.70% in June 2018 to:
- 1.41% in November 2018
- 1.22% in December 2018
- 1.25% in January 2019