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 b: Implementation of Screening Tool to Identify Patients at Risk for Suicide Problem
Education on caring for patients with behavioral health diagnoses was identified as a top priority on the WakeMed Division of Nursing’s Clinical Nurse Educational Needs Assessment Fiscal Year 2017 (October 2016-September 2017). The assessment was sent to the Division of Nursing’s clinical nurses by email and conducted from July 6 to 26, 2017. (Evidence SE8EOb-1, FY 2017 Education Needs Assessment, pgs. 5-8) Numerous educational offerings were developed to meet the identified need of education on behavioral health diagnoses, including one on suicide screening. (Evidence SE8EOb-2, Nursing Ops Meeting Minutes) Earlier identification of patients at risk for suicide results in them receiving behavioral health services in a timely manner and prevents harm or death caused by attempted suicide. Clinical nurses play a pivotal role in identifying patients at risk for suicide and coordinating their care. Before the intervention, the rate of adult patient suicide attempts without a sitter present was 0.0788 in March 2018. This rate is calculated by dividing the number of adult patient suicide attempts without a sitter present by the number of actual patient days, multiplied by 1,000.

Goal Statement
The goal was to decrease the rate of adult patient suicide attempts without a sitter present per 1,000 patient days at WakeMed Health & Hospitals.

Participants

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
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</thead>
<tbody>
<tr>
<td>Paula Bird, DNP, RN-BC, NEA-BC</td>
<td>Nursing</td>
<td>Director</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>Name</td>
<td>Department</td>
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<td>Area/Department</td>
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<tr>
<td>Donna Helen Crisp, JD, MSN, RN, PMHCNS-BC</td>
<td>Nursing</td>
<td>Clinical Nurse Specialist</td>
<td>Behavioral Health Services</td>
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<tr>
<td>Sabrina Jones, MHA, BSN, RN, CCRN</td>
<td>Nursing</td>
<td>Manager</td>
<td>1B, 1C, 1D Clinical Evaluation Areas</td>
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<tr>
<td>Nykiya Lee, BSN, RN-BC</td>
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<td>Clinical Educator/Supervisor</td>
<td>1D Clinical Evaluation Area</td>
</tr>
<tr>
<td>Sandra Wheaton, MSN, RN, NE-BC</td>
<td>Nursing</td>
<td>Director</td>
<td>Staffing Resources</td>
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**Description of the Intervention**

**April 2018**

- Paula Bird, DNP, RN-BC, NEA-BC, Director of Behavioral Health Services, and Sabrina Jones, MHA, BSN, RN, CCRN, Nurse Manager 1B, 1C, 1D Clinical Evaluation Areas, developed a comprehensive education plan for clinical nurses throughout the Division of Nursing. The plan included:
  - Implementation of a Learning Link module that included a video with information on the Columbia Suicide Severity Rating Scale (C-SSRS) and how to use this tool.
  - In-person interactive presentations to the Supervisor/Educator Council and Nurse Manager Council on the policy changes, form revisions, documentation requirements and how to screen patients using the C-SSRS.
- The Learning Link education included:
  - A pre-test and post-test on the clinical nurses’ perceptions of the accuracy of the tool
  - Whether WakeMed had been compliant with The Joint Commission standards
  - Whether the new tool would increase the number of patients needing constant observation

**May 2018**

- The education was accessed through the organization’s learning management system, with all clinical nurses required to complete it by May 30, 2018.
- Information was provided to the Nursing Clinical Educator/Supervisor Council at the May 16, 2018 meeting to ensure this group was aware of the education and could support clinical nurses in completing it.
- Roving in-services were completed throughout the system to reinforce the training and answer questions about the new screening tool.
Outcomes
As a result of clinical nurses communicating their need for assistance in caring for patients with behavioral health issues on the Clinical Nurse Educational Needs Assessment, clinical nurses received further education on how to screen patients at risk for suicide. This resulted in an improvement in the rate of adult patient suicide attempts without a sitter present per 1,000 patient days, from the baseline of 0.0788 in March 2018 to:

- 0 in June 2018
- 0.0422 in July 2018
- 0 in August 2018

Evidence SE8EOb-3, WakeMed Health & Hospitals Adult Patient Suicide Attempts without a Sitter Present per 1000 Patient Days