Advocacy and Influence TL8

- Provide one example, with supporting evidence, where a clinical nurse(s) utilized data to advocate for the acquisition of a resource, in support of the care delivery system(s).

Observation Unit Clinical Nurses Use Data to Advocate for Resources to Support the Care Delivery System

1 East Clinical Evaluation Area (1E CEA), a short-stay observation unit caring for inpatient and observation patients, had an average daily census of 18.15 in 2017 and 20.47 in 2018. WakeMed Cary Hospital experienced an increase in census due to the 2018 influenza peak and the addition of new admitting physicians coming on staff.

Clinical Nurses Use Data to Advocate for Resources

The Wake Way to Excellence is the foundation and framework for the WakeMed Health & Hospitals strategic plan. Leaders participate in the WakeWay 2 Excellence for Leaders course, a key emphasis of which is the importance for leaders to be on the “gemba” where the work is being accomplished. Rounding on the gemba allows a manager to observe work and collaborate with the staff to identify challenges and/or barriers. While making gemba rounds on March 2, 5 and 7, 2018, Tonia Fehr, BSN, RN, CVRN, 1E CEA Nurse Manager, asked members of the nursing care team to share challenges or barriers they face in providing safe and compassionate care to patients.

1E CEA Clinical Nurses Ann Claggett, BSN, RN and Melissa McCann, BSN, RN, CVRN expressed concerns regarding delays in administering medication to patients. If multiple patients needed medications at the same time, clinical nurses often had to wait in line at the Pyxis medication delivery system to remove patients’ medications. In addition, there were times when the needed medication was not available in the Pyxis. Clinical nurses then had to call the Pharmacy to send the medication, which created additional delays. Clinical nurses advocated to Fehr for the need to address the issue. Claggett and McCann asked Fehr to spend time on the unit observing workflow and conducting a time study to assess the severity of the problem. (Evidence TL8-1, Tonia Fehr's Gemba Notes)

Fehr performed a time study when the unit was at full capacity from March 21 to 23, 2018. She observed the process for nurses to obtain medications from the Pyxis, including the number of times that nurses were waiting at the Pyxis, medications that were missing from the Pyxis, phone calls made to Pharmacy for missing medications and the estimated number of minutes that patients were delayed in receiving medications.

Fehr reached out to Edward Ocran, PharmD, Pharmacy Manager, to obtain data to validate the number of times and which medications were not available in the Pyxis. Ocran shared with her the medications that were most frequently used on 1E CEA.
Fehr shared the data from the time study during a staff meeting on May 10, 2018. After reviewing the data, McCann noted that a second Pyxis machine would decrease medication delays and advocated for the purchase of another one for 1E CEA. The clinical nurses unanimously agreed on the need for an additional Pyxis machine based on their experience and their review of the data. Fehr also shared data received from Pharmacy showing the PAR levels for medications and the number of times the PAR level was depleted, which required a call to Pharmacy for replacement. (Evidence TL8-2, CEA and HVU Staff Meeting Minutes, May 10, 2018)

On May 10, 2018, Fehr presented the data from the time study at the shared decision-making Unit Council meeting. McCann shared her suggestion to purchase a second Pyxis machine. Claggett also advocated for additional medication resources by suggesting increasing the PAR levels for the most frequently used medications, such as aspirin and heparin. (Evidence TL8-3, Unit Council Meeting Minutes, May 10, 2018)

Fehr met with Vicki Whitley, MHA, BSN, NEA-BC, Executive Director of Nursing, on May 15, 2018, representing Claggett, McCann and the Unit Council members, to share their advocacy for a second Pyxis unit for 1E CEA.

**Acquisition of Resources**

The purchase of a second Pyxis medication delivery system was approved by Whitley and Thomas Gough, MHA, Senior Vice President and Administrator, on May 30, 2018 in response to clinical nurses’ advocacy for the need for this resource; it was expected to be delivered to 1E CEA in July 2018. (Evidence TL8-4, Capital Purchase Order for Pyxis)

**Care Delivery System**

WakeMed Health & Hospitals uses Patient and Family Centered Care (PFCC) as its care delivery system. Medications are integral to care and need to be administered in a timely manner. The medication administration process includes a number of steps to ensure patients are medicated safely and effectively. (Evidence TL8-5 WakeMed Health & Hospitals Professional Practice Model) Each step involves taking time to ensure the patient is administered the right medication, the right dose, at the right time and by the right route.

1E CEA had one Pyxis medication delivery system to service 30 patients. Many scheduled medications are due to be administered at the same time, which resulted in clinical nurses waiting at the Pyxis unit to remove scheduled medications. Additional delays resulted when a patient needed a PRN medication, such as anti-nausea, analgesics and cardiac medications, at the time scheduled medications were being removed. For a patient who is nauseated, in pain or experiencing a cardiac event, a 30 to 42-minute delay in receiving medication can be frustrating and, in some situations, potentially compromising for patients.
In their advocacy for a second Pyxis machine and to increase the PAR levels for frequently used medications, McCann and Claggett used data to allow for the timely administration of patient medication in support of the care delivery system.