**Professional Development SE2EO**

a. Provide one example, with supporting evidence, of an improved patient outcome associated with an evidence-based change in nursing practice that occurred due to clinical nurse’s or a clinical nurses’ affiliation with a professional organization.

- Patient outcome data MUST be submitted in the form of a graph with a data table.

AND

b. Provide one example, with supporting evidence, of an improved patient outcome associated with the application of nursing standards of practice implemented due to a clinical nurse’s or clinical nurses’ participation in a nursing professional organization.

Please provide:

- Narrative to describe a clinical nurse’s or clinical nurses’ affiliation with a professional organization.

**NEW EXAMPLE PROVIDED**

**Example a: Patient Discharge Instructions in the Garner Emergency Department**

**Problem**
The Garner Emergency Department (ED) Unit Council noted inconsistent nursing practice for discharging patients and varying Professional Research Consultant (PRC) scores for discharge instructions. Misinterpretation of discharge instructions can have an adverse effect on patient compliance, treatment, correct use of medications and follow-up. Studies have shown patients being unable to demonstrate understanding of their discharge instructions, include reasons to return for medical assistance, plan of care and alterations to their usual medication regimen. This presented an opportunity to initiate a nursing practice change in accord with the best evidence.

In addition, data from PRC patient satisfaction surveys indicated that a change was needed to meet Garner ED patients’ expectations for discharge instructions. In December 2018, 72.20% of patients responded “excellent” to the PRC question, “How would you rate the instructions provided by the staff about how to care for (yourself/your family member) after discharge from the emergency room?” This score is calculated by dividing the number of patients who respond “excellent” to this question by the number of patients surveyed, multiplied by 100 to get the percentage.

**Goal Statement**
The goal was to improve Garner ED patients’ PRC % “excellent” response to the question, “How would you rate the instructions provided by the staff about how to care for (yourself/your family member) after discharge from the emergency room? Would you say: Excellent, Very Good, Good, Fair, or Poor?”
Participants

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
</tr>
</thead>
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<tr>
<td>Gentry Ridgeway, BSN, RN, CEN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Garner ED</td>
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<tr>
<td>Tracy Thompson, BSN, RN, CEN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Garner ED</td>
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<tr>
<td>Hope Hubbard, BSN, RN, CEN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Garner ED</td>
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<tr>
<td>Michael Buffaloe, BSN, RN, CEN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>Garner ED</td>
</tr>
<tr>
<td>Karen Weaver, MSN, RN, CEN</td>
<td>Nursing</td>
<td>Nurse Manager</td>
<td>Garner ED</td>
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Description of the Intervention
Clinical Nurses Tracy Thompson, BSN, RN, CEN and Gentry Ridgeway, BSN, RN, CEN, and Nurse Manager Karen Weaver, MSN, RN, CEN are members of the Emergency Nurses Association (ENA). Because of their affiliation with the ENA, they sought best practices from their professional organization for delivering discharge instructions. They found the ENA Position Statement: Safe Discharge from the Emergency Department provided resources and interventions the team could use to improve their practice.

Highlights from the literature included recommendations about what discharge information is most important for patients. General instructions for the management of the illness should be provided, including non-drug measures such as ice packs, rest and elevation of an ankle sprain. The medication prescribed (name, dose, frequency, purpose) should be included, as should advice about potential complications if applicable. Any alteration in the patient’s usual drug regimen, such as an increase or decrease in dose, should be included. Advice on follow-up including appropriate timing, such as when sutures should be removed, is of the utmost importance. The patient should also be advised when to return to the emergency department in the event of serious complications.

January 2019
- Thompson developed a standard discharge process based on the review of the following literature: the ENA’s Position Statement: Safe Discharge from the Emergency Setting (2013), Improving the Emergency Department Discharge Process (Agency for Healthcare Research and Quality, 2014), Effective Discharge Communication in the Emergency Department (Samuels-Kalow, Stack, & Porter, 2012), and Unmet Needs at the Time of Emergency Department Discharge (Samuels-Kalow, Rhodes, Uspal, Smith, Hardy, and Mollen, 2016).
Thompson developed the process using the best evidence to include the following components:

- Evidence-based best practice for body mechanics, with nurses sitting at the patient’s eye level when delivering discharge instructions to facilitate the participation and engagement of both the patient and the nurse.
- Review of diagnosis/treatment/testing/medications and time given from emergency room visit.
- A best practice from the ENA position statement adopted by the staff is to ensure a thorough discussion of home-prescribed medications, to include the patient’s ability to obtain the medications.
- Specific follow-up care, including non-pharmacological treatments.
- Evidence shows that patients are likely to keep their return physician appointments if these can be made and reviewed with the patient prior to discharge.
- Nurses built in time for patients to ask questions and then gave them instructions in an envelope with contact numbers for questions.
- According to Samuels-Kalow, Rhodes, Uspal, Smith, Hardy, and Mollen (2016), health literacy is a common barrier to discharge success. Patients discussed their difficulty with understanding medical jargon and their desire for healthcare providers to use lay language. One recommended intervention is to conclude with the patient’s verbal confirmation of understanding and teach-back of the discharge instructions.

**February 2019**

- A PowerPoint on the revised process was provided as a mandatory assignment in WakeMedU. It included the research that guided and supported the standard evidence-based process change.

**March 2019**

- Clinical Nurses Michael Buffaloe, BSN, RN, CEN and Hope Hubbard, BSN, RN, CEN educated all appropriate nursing staff members on the evidence-based change in nursing practice of the discharge process.

Implementing a standard evidence-based nursing practice process change ensures all patients are getting the same attention to detail during the discharge process and are receiving education that is effective for knowledge transfer and for adherence to follow-up indicators and return precautions.

**Outcomes**

The patient outcome was improved as a result of clinical nurses’ affiliation with the professional organization, the ENA, and the incorporation of current evidence-based practices to influence a nursing practice change. The percent of emergency room patients in the Garner ED responding “excellent” to the PRC question, “How would you rate the instructions provided by the staff about how to care for (yourself/your family member) after discharge from the emergency room?” improved from 72.20% in December 2018 to:
- 93.4% in April 2019
- 86.4% in May 2019
- 100% in June 2019

Evidence SE2EOa-1, WakeMed Health & Hospitals Garner Emergency Department PRC% “excellent” response to question, “How would you rate the instructions provided by the staff about how to care for (yourself/your family member) after discharge from the emergency room?”