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

Please provide:
• One example, with supporting evidence, of an improvement in patient outcome associated with a nursing continuing education assessment and a related implementation plan.

NOTE: The nursing continuing education assessment provided was not in alignment with the problem described in the narrative.

The nursing continuing education assessment has been aligned with the problem described in the narrative. Changes highlighted.

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

Problem
Nurse respondents from the organization’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 SE8EOa-1, FY 2017 Education Needs Assessment Filtered for ED Responses) The Education Needs Assessment included a free text comment section, and ED nurses provided the following responses for the question, “What do you most need to learn about this topic?":

- “How to look at a patient and do a quick assessment”
- “New standards of care and policy changes”
- “Classes/hands on”
- “Better way to care for critical patients”
- “Current trends in Emergency Care/Trauma”
- “Presenting symptoms”
- “Current practice”
- “Quick and efficient assessment”
- “Better practice standards for both peds and adults”
- “Current updates on new practices”
In addition, feedback provided by participants in the Emergency Severity Index (ESI) Course validated that there were educational opportunities related to triage. Based on information generated from chart reviews performed by management teams, nurses were consistently identifying most patients presenting to the ED as ESI level 3 on the five-tiered triage scale. Based on statistics from the Agency for Healthcare Research and Quality (AHRQ), nurses in the hospital were under-triaging approximately 600 patients per month.

WakeMed Health & Hospitals had in place a five-tiered triage scale introduced nationally by the Emergency Severity Index (ESI) Triage Research Team, LLC in 2002, published by AHRQ and endorsed by the Emergency Nurses Association (ENA) in 2011 and the American College of Emergency Physicians (ACEP). In 2017, the ENA further defined their position on triage education and training in the ENA Position Statement: Triage Qualifications and Competency.

When patients leave without being seen (LWBS) by a physician from the ED, this represents a quality and safety concern and is an ED performance metric. It also indicates whether triage assessments are completed effectively and efficiently. 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 WakeMed Health & Hospitals Emergency Departments.

**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>
<tr>
<td>Angela Dean, BSN, RN, CEN</td>
<td>Nursing</td>
<td>Clinical Supervisor/Educator</td>
<td>Emergency Department, WakeMed Cary</td>
</tr>
<tr>
<td>Dina Hood, MPH, BSN, CEN</td>
<td>Nursing</td>
<td>Clinical Nurse II</td>
<td>Emergency Department, WakeMed North</td>
</tr>
<tr>
<td>Brittany Komansky, MHA, BSN, RN, CEN</td>
<td>Nursing</td>
<td>Director</td>
<td>Emergency Services, Raleigh</td>
</tr>
</tbody>
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Description of the Intervention:
Triage is a critical assessment process of collecting pertinent patient information when they present to the ED. This initiates a decision-making procedure using the ESI, a valid and reliable triage acuity designation system.

July 2018
- The FY 2017 Clinical Nurse Educational Needs Assessment indicated that critical care/trauma, how to perform quick and efficient assessments (triage) and a better way to care for critical patients, was a priority for ED nurses.
- In addition to feedback from the Education Needs Assessment, 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 organization. This included triage of patients ranging from critically ill trauma patients to those with a simple laceration. The ESI is a five-level triage algorithm used in the ED to stratify patients into five groups from 1 (most urgent) to 5 (least urgent) based on acuity and resource needs.
- Dean communicated the inconsistency 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 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 decided to incorporate and reinforce this education in the “ESI: What’s My Number?” course. (Evidence SE8EOa-2, Triage Meeting Minutes)

August-October 2018
- The ESI: What’s My Number course was reviewed to include specific, defined case studies of each of the five levels of the ESI for consistency. This would address the requests from the ED nurses’ education assessment to share current practice updates and would help ED nurses use the ESI to quickly identify and assess critical care patients more efficiently and effectively.
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.

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 as well into the “ESI: What’s My Number?” course, which resulted in a decrease in the LWBS percentage across the WakeMed Health & Hospital’s 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