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, goal or supporting evidence (improved patient outcome) described in the narrative.

NEW EXAMPLE PROVIDED

Example b: Decreasing Patient on Patient Assaults in 1C Clinical Evaluation Area (CEA)

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. The results were then shared with nurse leaders at the November 2017 Nursing Leadership meeting. (Evidence SE8EOb-1, FY 2017 Education Needs Assessment, pgs. 5-8) The assessment included a free text comment section, and nurses’ comments about their education needs included:
• “We see more and more behavioral health patients, tips to take care of them”
• “How to defuse psychotic episodes, safety awareness”
• “How to safely care for patients”
• “How to handle patients in difficult situations, BHRTs”
• “How to calm psych patients down effectively”

After reviewing the results of the system clinical nurse needs assessment, Sabrina Jones, MHA, BSN, RN, CCRN, Nurse Manager 1B, 1C, 1D CEAs, created a survey to assess her staff’s specific educational needs. She sent a link to all her clinical nurses via email from February 20, 2018 to March 11, 2018, and 27 staff members took the survey. (Evidence SE8EOb-2, Unit Safety Survey 2.20.18 – 3.11.18)
Jones reviewed the survey results at the March 2018 staff meeting. The survey revealed that staff members were concerned about a safe physical environment for patients and the staff and communication among team members, and that they wanted classes on how to care for this patient population. It was noted at this time that a majority of the 1C clinical nurses had not attended the biannual Behavior Health Review for Nurses class. The objectives for this class include identifying interventions to increase patient safety and identifying patient risk factors for violence toward self and others. As a part of the implementation plan in response to her unit’s education needs assessment, Jones required all 1C CEA clinical nurses to attend the course offering over the next year and a half. The course was offered in May 2018, October 2018, May 2019. (Evidence SE8EOb-3, Implementation Plan 1C CEA)

The 1C CEA Unit Council reviewed the monthly patient on patient assaults and determined that they wanted to decrease the number of patient assaults. They believed that these patient on patient assaults were a result of the lack of education as identified in the needs assessment and survey. The patient on patient assault rate was 6.88 in April 2019. The rate is calculated by dividing the number of adult patient assaults on another patient in 1C CEA by the number of actual patient days, multiplied by 1,000.

**Goal Statement**
The goal was to decrease the rate of adult patient on patient assaults per 1,000 patient days in 1C CEA.

**Participants**

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
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<tbody>
<tr>
<td>Sabrina Jones, MHA, BSN, RN, CCRN</td>
<td>Nursing</td>
<td>Manager</td>
<td>1B, 1C, 1D CEAs</td>
</tr>
<tr>
<td>Sabrina Jones, MHA, BSN, RN, CCRN</td>
<td>Nursing</td>
<td>Clinical Educator/Supervisor</td>
<td>1D CEA</td>
</tr>
<tr>
<td>Nykiya Lee, BSN, RN-BC</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>1C CEA</td>
</tr>
<tr>
<td>Stephanie O’Neal, BSN, RN, HACP</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>1C CEA</td>
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<tr>
<td>Nicole Stoneback, BSN RN-BC</td>
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<tr>
<td>Karla Wiggins, BSN, RN</td>
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<tr>
<td>Chris Salter, BSN, RN</td>
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<tr>
<td>Josephine Omego, RN-BC</td>
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<td>Clinical Nurse</td>
<td>1C CEA</td>
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### Description of the Intervention

**May 2019**

- Clinical Nurses Nicole Stoneback, BSN, RN-BC and Shani Clark-Gaffney, BSN, RN-BC reviewed the content of the Behavior Health Review for Nurses and made edits to the PowerPoint.
- After reviewing the course content, Stoneback and Clark-Gaffney suggested that the class be changed from a four-hour biannual offering (May and October) to a series of one-hour classes offered throughout the year, as this would increase the offerings of behavioral health education on focused topics.
- All 1C CEA clinical nurses attended the Behavioral Health Review for Nurses class by the end of May 2019.

The objectives of the Behavioral Health Review for Nurses class are to:

- Review the most common psychiatric disorders
- Review major classes of psychotropic medications, side effects, and adverse reactions
- Identify risk factors for violence toward self or others
- Identify interventions to increase patient safety

Nursing interventions for patients with behavioral health diagnoses are interwoven throughout the course content. These interventions range from general care approaches such as limiting caffeine, decreasing stimulation and using slow speech for a patient with bipolar disorder, to crisis care approaches such as calling the Behavioral Health Response Team (BHRT), contacting the physician for emergent medications, and using calm speech with few words for patients who are in the “Acting Out” phase of the CPI Crisis Development Model.

### Outcomes

As a result of clinical nurses’ communicating their need for assistance in caring for patients with behavioral health issues through the Clinical Nurse Educational Needs Assessment, and with further detail on the 1C CEA survey, clinical nurses received further education on how to identify risk factors to help prevent patient violence and education on interventions to keep patients safe. This resulted in an improvement in the rate of adult patient on patient assaults per 1,000 patient days, from the baseline of 6.88 in April 2019 to:

- 5.51 in June 2019
- 0 in July 2019

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<th>Name</th>
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<tbody>
<tr>
<td>Shani Clark-Gaffney, BSN, RN-BC</td>
<td>Nursing</td>
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<tr>
<td>Suzanne Butler, BSN, RN-BC</td>
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<td>Viji Nair, RN</td>
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<tr>
<td>Esi Tamakloe, BSN, RN</td>
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- 3.44 in August 2019
- 0 in September 2019
- 0 in October 2019

Evidence SE8EOb-4, 1C CEA Adult Patient on Patient Assaults per 1000 Patient Days