

## EP1EOa

Using the required empirical outcomes (EO) presentation format, provide one example of an improved outcome associated with an evidence-based change made by clinical nurses in alignment with the organization's professional practice model (PPM).

### Example a: Interdisciplinary-led Patient Transfer Training Education for Rehab Hospital Staff

#### Problem

Diane Gilewicz, MSN, RN, CRRN, Director, Rehab Nursing Services, noted an increase in staff-assisted falls during patient transfers in the Rehab Hospital.

#### Pre-Intervention

While reviewing patient fall data, Gilewicz noted that patient falls in the Rehab Hospital often occurred when staff members were assisting patients during transfer. In alignment with WakeMed's Professional Practice Model, CARES, (Compassion, Advocacy, Relationships, Excellence, and Safety), Gilewicz determined that it is paramount to keep patients and staff members safe during transfers from bed to chair or from chair to ambulation. This project aligned with the CARES model in several ways: through Relationships with therapy as nurses collaborate with them on a solution to prevent falls; by ensuring Excellence in care by decreasing the rate of staff-assisted transfer-related falls; and by ensuring Safety while transferring patients while also keeping staff members safe. ([Evidence EP1EOa-1, Professional Practice Model](#))

In August 2021, the rate of patient falls during staff-assisted transfers in the Rehab Hospital was 0.80 per 1000 patient days. This is calculated by dividing the number of staff-assisted transfer-related patient falls by the number of patient days and multiplying by 1000.

#### Goal Statement

To decrease the staff-assisted transfer-related patient fall rate at WakeMed Rehab Hospital.

#### Participants

Transfer Training Task Force			
Name/Credentials	Discipline	Title/Role	Department
Renee Patton, MSN, RN, CNRN, SCRN	Nursing	Nurse Manager	3C Rehab and 4E Children's Rehab
Amberly Hensley, BSN, RN	Nursing	Clinical Nurse II/3C Rehab Unit Council Chair	3C Rehab

Kim Page, MSN, RN, CNRN	Nursing	Clinical Nurse IV/3C Rehab Unit Council Co-chair	3C Rehab
Christine Fernandini, BSN, RN, GERO-BC, CBIS	Nursing	Nurse Manager	2C Rehab
Linda Bogumil, MSN, RN, CRRN, CBIS	Nursing	Nurse Manager	2D Rehab and Cardiac Rehab Nursing
Alisa Dunn, MHA, PT	Therapy	Therapy Manager	Rehab Therapy
Natalie McKenny, BSN, RN, CRRN	Nursing	Clinical Supervisor Educator	3C and 4E Children's Rehab
Elizabeth Chaparro, BSN, RN	Nursing	Clinical Supervisor Educator	3C and 4E Children's Rehab
Tricia Russell, BSN, RN, CMSRN, CBIS	Nursing	Clinical Supervisor Educator	2C Rehab
Dorothy Shannon, BSN, RN, CRRN, CBIS	Nursing	Clinical Supervisor Educator	2C Rehab
Wendi Emmerson, BSN, RN, CV-BC	Nursing	Clinical Supervisor Educator	2D Rehab
Brittany Parnell, BSN, RN, CRRN	Nursing	Clinical Supervisor Educator	2D Rehab
Elaine Lee, BSN, RN, MEDSURG-BC	Nursing	Clinical Supervisor Educator	2D Rehab
June Propes, PT	Therapy	Therapy Supervisor	Rehab Therapy
Amy Aycock, OTR/L	Therapy	Therapy Supervisor	Rehab Therapy
Diane Gilewicz, MSN, RN, CRRN	Nursing	Nursing Director	Rehab Nursing
Sharee McCray, DNP, APRN, AGCNS, CRRN	Nursing	Clinical Nurse Specialist	Rehab Nursing
Lesia Lee, MBA, MHA, MSN, RN, CHPN, CBIS	Nursing	Educator	Rehab Nursing
Nunzio Vulpis, PT, MSTP, CSRS	Physical Therapy	Physical Therapist	Rehab Therapy
Maureen Harden, PT, DPT	Physical Therapy	Physical Therapist	Rehab Therapy
Same Ferraro, PT, DPT, CBIS	Physical Therapy	Board Certified Clinical Specialist in Neurologic Physical Therapy	Rehab Therapy
Alison Mattos, OTR/L, CBIS	Occupational Therapy	Occupational Therapist	Rehab Therapy
Hope Clark, OTR/L, CBIS	Occupational Therapy	Occupational Therapist	Rehab Therapy
Morgan Hesse, OTR/L	Occupational Therapy	Occupational Therapist	Rehab Therapy

## Description of the Intervention

### *September-October 2021*

- Gilewicz led the Rehab Operations meeting, which was attended by Renee Patton, MSN, RN, CNRN, SCRNP, Nurse Manager 3C Rehab and 4E Children's Rehab; Linda Bogumil, MSN, RN, CRRN, CBIS, Nurse Manager 2D Rehab and Cardiac Rehab Nursing; and Christine Fernandini, BSN, RN, GERO-BC, CBIS, Nurse Manager, 2C Rehab. Gilewicz presented the data on staff-assisted transfer-related patient falls and requested a taskforce be created to address this patient safety opportunity. Patton volunteered to co-lead the taskforce with her Unit Council chairs and therapy partners. Gilewicz raised the possibility of a therapy lead transfer training class for nursing staff members could decrease the rate of transfer-related patient falls.
- Patton gained representation from therapy and clinical nurses for the interdisciplinary Transfer Training Task Force.
- This task force met to evaluate needs, create a purpose statement, identify key stakeholders, align interventions with the PPM, CARES, and review the current resources and orientation process.

### *November 2021-February 2022*

- Monthly meetings were suspended systemwide to support efforts related to COVID-19.
- During this time, Patton conducted a literature review for evidence-based interventions to support the goal of keeping patients safe by decreasing staff-assisted transfer-related patient falls. Patton, along with Amberly Hensley, BSN, RN, Clinical Nurse II, and Kim Page, MSN, RN, CNRN, Clinical Nurse IV, the 3C Rehab Unit Council chair and co-chair, respectively, reviewed the literature and found the following evidence-based practice (EBP) interventions to help address this opportunity:
  - Interprofessional collaboration – Hensley found that the EBP of consulting with physical therapists and occupational therapists is an important factor in nurses' decisions to promote patient mobility and is essential in creating a culture of safety for safe patient mobility. This interprofessional collaboration aligned with the PPM component of **Relationships**, as the three disciplines worked together to create an educational platform for the staff to reduce staff-assisted transfer-related patient falls.
  - Multifaceted learning – Page noted that a combination of educational modules and hands-on learning skills reduces training hours while increasing safety skills. The EBP of addressing the diverse learning needs of the staff by providing hands-on and didactic training aligns with the PPM component of **Excellence**.
  - Standardization – Patton identified from one article the importance of establishing a standard framework for safe patient handling, as this benefits both the patient and staff. This would address the PPM component of **Safety**: The standardization of both theoretical and practical

training gives staff members a wider knowledge base to ensure they use safe patient handling methods.

- Hensley and Page, the 3C Rehab Unit Council chair and co-chair, shared the EBP interventions with the Unit Council members.

#### *March 2022*

- Sharee McCray, DNP, APRN, AGCNS-BC, CRRN, Clinical Nurse Specialist, WakeMed Rehab, developed a Rehab Hospital Staff survey, which the task force reviewed and approved. The purpose of the survey was to gather nurses' input into their confidence and perceived competence when transferring patients, as the Rehab staff did not have in place a standard orientation process related to patient mobility.
- McCray emailed the Rehab staff the survey to assess their knowledge of and confidence with patient transfers.
  - Alisa Dunn, MHA, PT, Therapy Manager, formed a subgroup with Nunzio Vulpis, PT, MSTP, CSRS, Physical Therapist; Maureen Harden, PT, DPT, Physical Therapist; Sam Ferraro, PT, DPT, CBIS, Board Certified Clinical Specialist in Neurologic Physical Therapy; Alison Mattos, OTR/L, CBIS, Occupational Therapist; Hope Clark, OTR/L, CBIS, Occupational Therapist; and Morgan Hesse, OTR/L, Occupational Therapist, to create a standardized training plan that would be shared through a PowerPoint presentation.
  - Patton, Gilewicz, and Hensley reviewed the PowerPoint created by the therapists. The training PowerPoint for staff members to review prior to the class was originally a voice over presentation; Hensley suggested the voice be removed to enable staff members to read at their own pace. Page suggested that new orientees and preceptors review the didactic module content together before attending the class at which hands-on training would be provided.
  - After completing the online PowerPoint training module, staff members would attend a training class that combined the module learning with hands-on skills. During the two-hour training, nurses would move from station to station to receive hands-on training with different mobility devices such as the bedside commode and slide boards.

#### *April 2022*

- The task force created a patient transfer competency check-off that included evidence-based interventions found through the literature review to assist in standardizing the educational training and orientation for all staff members.

#### *May 2022*

- Patton led a task force meeting to review updates from the therapy subgroup and develop a plan for the training go-live date.

#### *June 2022*

- The training PowerPoint was first provided as a pilot class to Rehab staff including Hensley; Jenniffer Hill, NAI, Nurse Aide/Clinical Secretary 3C Rehab; Laja Daramola, NAI, Nurse Aide II, 2C Rehab; Angel Holloway, NAI, Nurse Aide II, 2D Rehab; and Brianna Jackson, NAI, Nurse Aide II 2D Rehab.
- The task force reviewed feedback from the pilot group, which included simple suggestions for edits to the PowerPoint, more hands-on time with the therapists, and having the tools the therapists refer to available during the class.

#### *July 2022*

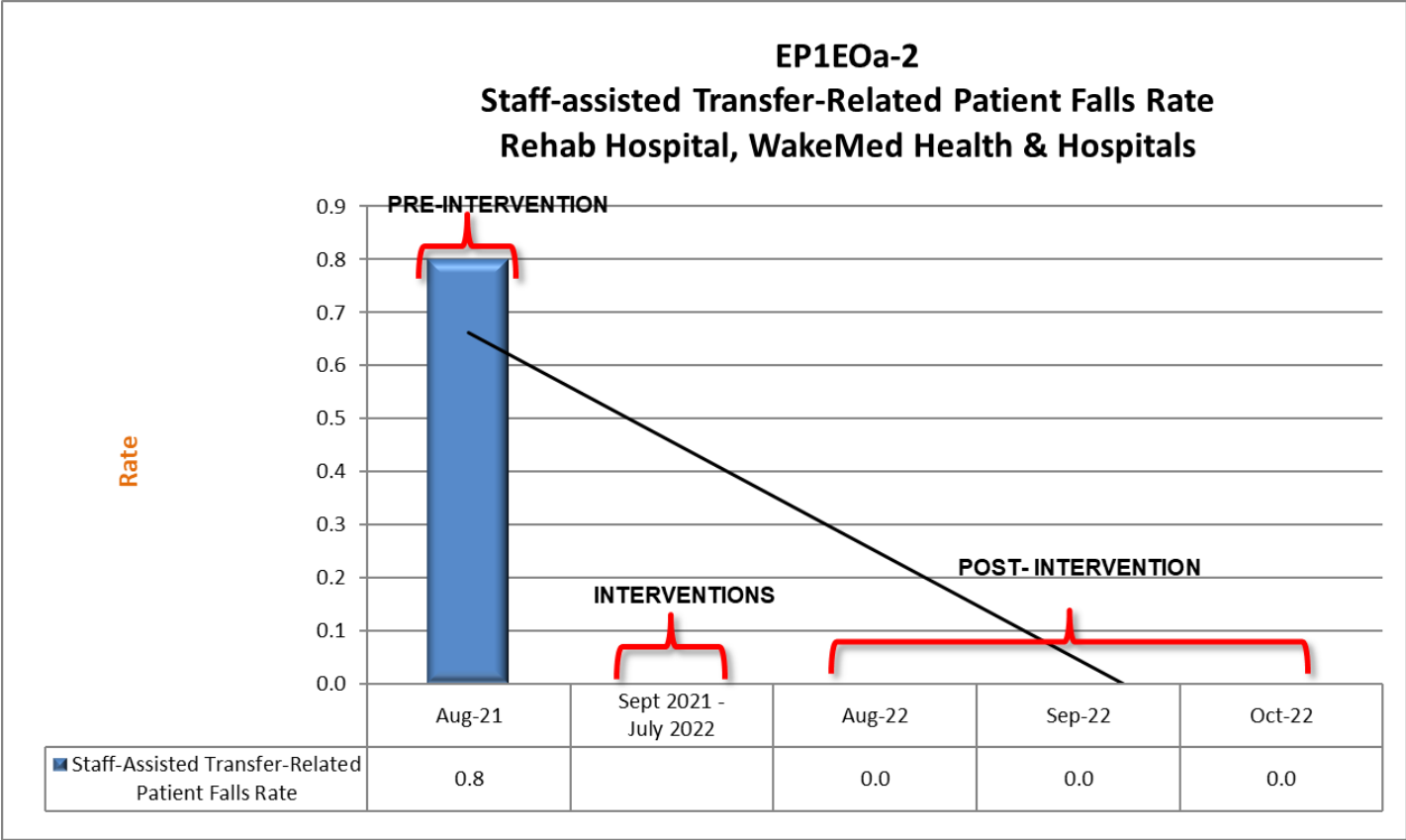
- Clark and Ferraro taught the first 90-minute patient transfer training class to five new hires to the Rehab Hospital: Jennifer Marmolejos, BSN, RN; Neesha Ruffin, NAI; Janae Bridges, BSN, RN; Jasmine Dunston, NAI; and Angie Atkinson, NAI.
- All new Rehab Hospital nursing staff members were enrolled in the Transfer Training Class within their first two weeks of hire and were assigned the instructional PowerPoint to review before the class to support consistent and standardized practice for safe patient care. As the online module and training class were beneficial, they were rolled out to all staff members as schedules allowed over the coming months. Hensley, Page, and Patton's implementation of evidence-based changes, in alignment with the PPM, led to a decrease in the rate of staff-assisted transfer-related falls.

The interventions were fully implemented by the end of July 2022.

#### **References:**

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#### **Outcome**



(Evidence EP1EOa-2, Staff-assisted Transfer-related Patient Falls Rate, Rehab Hospital, WakeMed Health & Hospitals)