

TL13EOa

Using the required empirical outcomes (EO) presentation format, provide one example of an improvement in patient care or the nursing practice environment, associated with communication between the clinical nurse(s) and the CNO.

Example a: Nursing-driven Education on Sterile Intermittent Catheterization for Nursing Assistant I's in the Rehab Hospital

Problem

There was a growing demand for additional nursing assistant (NA) staff on the 3C Rehab spinal cord injury (SCI) rehabilitation floor who are eligible to perform frequent and scheduled sterile intermittent catheterizations.

The North Carolina Board of Nursing (NCBON) changed the NA I+4 program guidelines to require a more robust time commitment to teach the classes for NA Is to obtain skills such as sterile intermittent catheterizations. This NCBON change led to WakeMed discontinuing the class for staff. WakeMed's Rehab Hospital, 3C, only hired NA IIs since the SCI population requires frequent intermittent catheterizations. During COVID, RN and NA II staff positions became increasingly hard to fill on 3C.

Pre-Intervention

Renee Patton, MSN, RN, CNRN, SCRNP addressed the NA II shortage with Cindy Boily, MSN, RN, NEA-BC, Senior Vice President and Chief Nursing Officer, and Marilyn Falk, MSN, RN, NPED-BC, Nursing Education. Because of the lack of available NAs, and the fact that NAs could not perform the frequent catheterizations required by SCI patients, the few available RNs and NAs were experiencing work fatigue. NA IIs and RNs had to perform catheterizations for all NA I SCI patients, in addition to their own. Patton believed this gap in care contributed to this work fatigue and staff turnover.

The 3C Rehab NA I, NA II, and RN turnover rate in April 2021 was 3.4%. The turnover rate is calculated by dividing the number of employees who left 3C Rehab by the total number of employees and multiplying 100.

Goal Statement

Decrease NA I, NA II, and RN turnover rate on 3C Rehab WakeMed Health & Hospitals.

Participants

NA I +4 Taskforce			
Name/Credentials	Discipline	Title/Role	Department
Kimberly Page, MSN, RN, MEDSURG-BC	Nursing	Clinical Nurse IV	3C & 4E Children's Rehab
Renee Patton, MSN, RN, CNRN, SCRNP	Nursing	Nurse Manager	3C & 4E Children's Rehab

Diane Gilewicz, MSN, RN, CRRN	Nursing	Nursing Director	Rehab Nursing Services
Cindy Boily, MSN, RN, NEA-BC	Nursing	Senior Vice President and Chief Nursing Officer	Nursing Administration
Jessica Parker, RN	Nursing	Clinical Nurse	6C Surgery and Trauma
Christine Fernandini, BSN, RN, MEDSURG-BC, CBIS	Nursing	Nurse Manager	2C Rehab & 6B Neuro Care Unit
April Schultz, MSN, MPH, APRN, AGCNS-BC, CRRN	Nursing	Clinical Nurse Specialist	Carolinas Rehabilitation at Atrium Health
Waqiah Ellis, PhD, RN, NE-BC, BCC	Nursing	Nursing Vice President	Raleigh
Harriet Stephenson, MSN, BA, RN, NPD-BC	Nursing	Nursing Director	Nursing Education
Sharon Harris, BSN, RN, MEDSURG-BC	Nursing	Clinical Nurse	3C & 4E Children's Rehab
Janice Neff, DNP, RN, NEA-BC	Nursing	Executive Director	Quality & Patient Safety/Accreditation Services
Hayes McCaffrey, BSN, RN, CCRN-K	Nursing	Program Manager	Quality & Patient Safety/Accreditation Services
Marilyn Falk, MSN, RN, NPD-BC	Nursing	Nursing Professional Development Specialist	Nursing Education

Description of the Intervention

May 2021

- Kimberly Page, MSN, RN, MEDSURG-BC, Clinical Nurse IV, 3C Unit Council Chair and JCC instructor, advocated to Renee Patton, MSN, RN, CNRN, SCRNP, 3C & 4E Children's Rehab Nurse Manager, and Diane Gilewicz, MSN, RN, CRRN, Director Rehab Nursing Services, for the NA I+4 class to be reinstated at WakeMed.

June 2021

- Page presented the idea at the CNO Open Forum of the Clinical Nurse Council meeting, which Boily and Harriet Stephenson, MSN, BA, RN, NPD-BC, Director of Nursing Education attended. Boily said that reinstating the class was an excellent idea, and Page offered to facilitate the class.

July 2021

- Patton discussed this with Christine Fernandini, BSN, RN, MEDSURG-BC, CBIS, 2C Rehab & 6B Neuro Care Unit Nurse Manager, and found that Fernandini had connections with the Greater North Carolina Chapter of Association of Rehab Nurses (GNCCARN) and with April Schultz, MSN, MPH, APRN, AGCNS-BC, CRRN from Carolina Rehabilitation in Fayetteville, North Carolina, which had an NA I+4 program.
- Fernandini and Page contacted Schultz to learn about the facilitation and curriculum of the program.

August 2021

- Patton contacted the NCBON for direction on the reinstatement and received approval to build an NA I+4 program at WakeMed.
- Page incorporated the NCBON outline, the Carolina Rehabilitation program, WakeMed's retired NA I+4 curriculum with Johnston Community College's curriculum to develop the outline of a lesson plan.
- Janice Neff, DNP, RN, NEA-BC, Executive Director Quality & Patient Safety/Accreditation Services, and Hayes McCaffrey, BSN, RN, CCRN-K, Nursing Administration Specialist, assisted in reviewing and reactivating the nursing policy for NA I+4 class.

September 2021

- The outline for the lesson plan that Page created was approved by Stephenson, Gilawicz, and Waqiah Ellis, PhD, RN, NE-BC, BCC, VP, Nursing, Raleigh.
- Page and Patton created a skill checklist for the course that aligned with the Lippincott policy.
- Patton attended WakeMed U training to learn how to build the curriculum to have all records and competencies electronically recorded.

October 2021

- Page finalized the course content.
- The program was budget-friendly by using expired catheter supplies from WakeMed for the class. Supplies were gathered in preparation for the course.
- The course content, program, and outline were submitted to Stephenson for approval.

November 2021

- Staffing schedules were arranged to accommodate staff members attending the classes while also supporting the unit.
- Patton and Page finalized the locations and times for the class offerings.

December 2021

- Page's curriculum for the NA I+4 class consisted of a total of 15 hours of education in the areas of sterile technique and intermittent catheterization: Three hours of pre-work with an exam, eight hours of class with a post-test, and four hours of clinical competency checkoff in the workplace.

- Page recruited Sharon Harris, BSN, RN, MEDSURG-BC, Clinical Nurse IV, 3C, to help facilitate the class.

January 2022

- The first NA I+4 class was held, with participation from three NA Is. The class was offered to additional WakeMed Rehab units.
- The newly trained NA I+4 staff members expressed their appreciation for the course, as it gave them more independence and the ability to meet their patient's needs.

Page communicated to Boily the importance of creating and offering a class to enable NA Is to perform intermittent sterile catheterizations. The evidence-based class increased the number of staff members who could provide this advanced patient care procedure. 3C NA Is, NA IIs, and RNs expressed their appreciation to Patton for this added skill that reduced work fatigue, enabled their role-specific practice, and reduced 3C turnover.

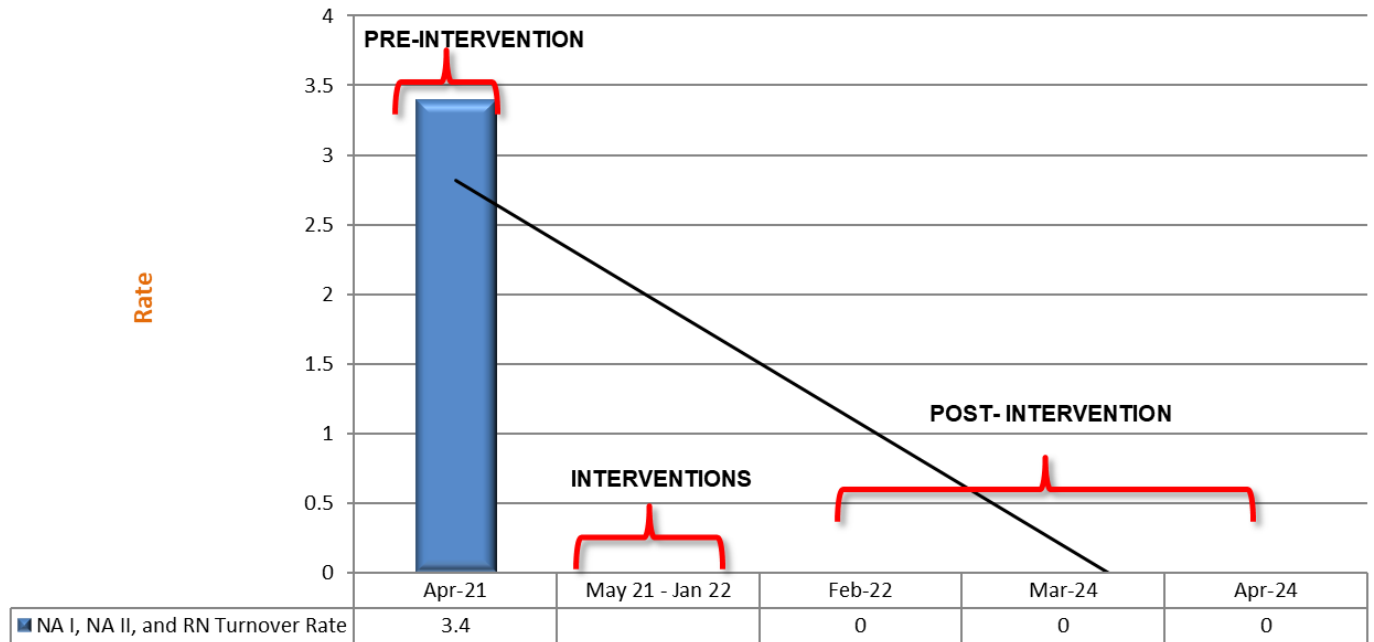
The interventions were fully implemented by the end of January 2022.

References:

- Robinson, C., Ecclestone, H., Hamid, R. (2023). Spinal Cord Injury. In: Liao, L., Madersbacher, H. (eds) Handbook of Neurourology. Springer, Singapore.
https://doi.org/10.1007/978-981-16-7939-1_63-1
- Widad K Mohammed, M. A. H. , . (2021). Effectiveness of an Educational Program on Spinal Cord Injured Patients Practice toward Clean Intermittent Catheterization. *Annals of the Romanian Society for Cell Biology*, 25(6), 1390–1395. Retrieved from <https://annalsofrscb.ro/index.php/journal/article/view/5663>

Outcome

TL13EOa-1
NA I, NA II, RN Turnover Rate
3C Rehab WakeMed Health & Hospitals



(Evidence TL13EOa-1, NA I, NA II, RN Turnover Rate, 3C Rehab, WakeMed Health & Hospitals)