Staff Education for Nurse Residency EBP

Hi All,

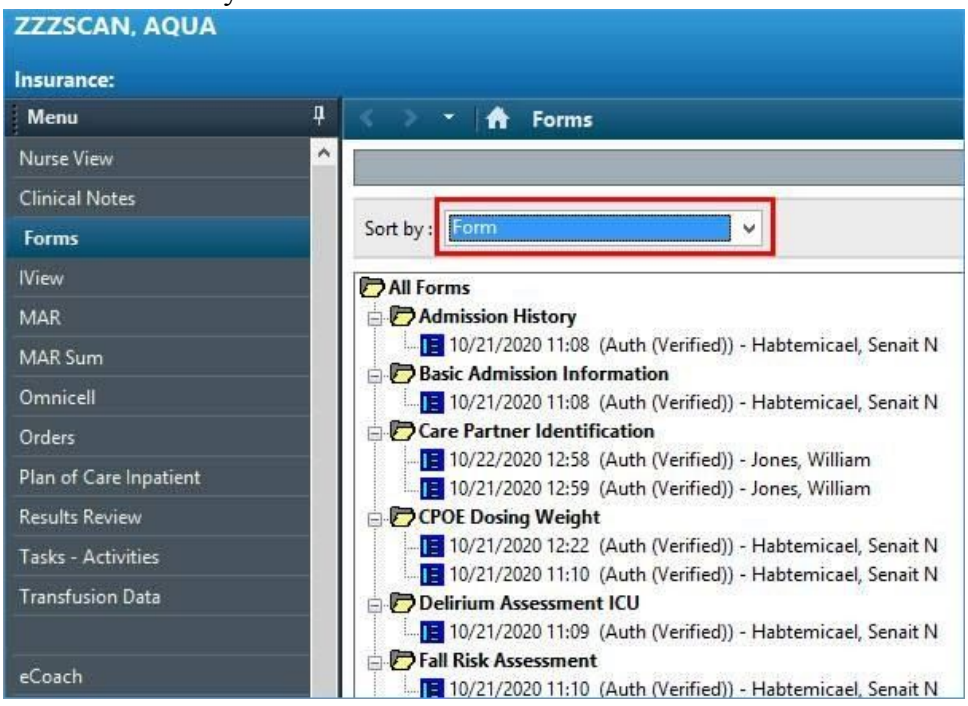
Lillie and I, Amanda, are working on our evidence based project for our nurse residency program. The project we have decided to tackle is called **"Hello, is it me you're looking for?"**. Our aim is to decrease the amount of patient items from being misplaced on 6E and increase EeMAR charting on patient belongings upon admission. We are interested in this project because we came across research indicating that patient health can be directly impacted by feelings of mistrust with healthcare providers in regards to personal lost items! (SOURCE) Additionally, based on data collected from SAFE Reports, 6E has some trouble with patient valuables going missing while on our floor. These studies further suggest that preventing the misplacement of patient belongings can improve patient outcomes and decrease the financial strain of the unit. Therefore, Lillie and I have teamed with the senior manager of Patient Experience, Jefferey Gold, and Amanda Gulvik of Patient Family Advocacy to review reports related to lost/missing patient items.

This project will be simple for 6E nurses to get involved with! It will be done in two parts: **1)** Education on charting patient items on EeMAR, and **2)** a slight change to the SBAR sheet we already use. We know how valuable our time is, and we don't want to add more work to our already existing difficult job.

Let us start off by demonstrating how to properly identify and chart patient belongings/valuables.

<u>Education</u>:

1. Check if a "Basic Admission Information" Task has already been completed for this patient
    A. In the patient's chart, select "Forms"on the left side column. When in "Forms" → Select the "Sort by: Form" → Look for "Basic Admission Information"

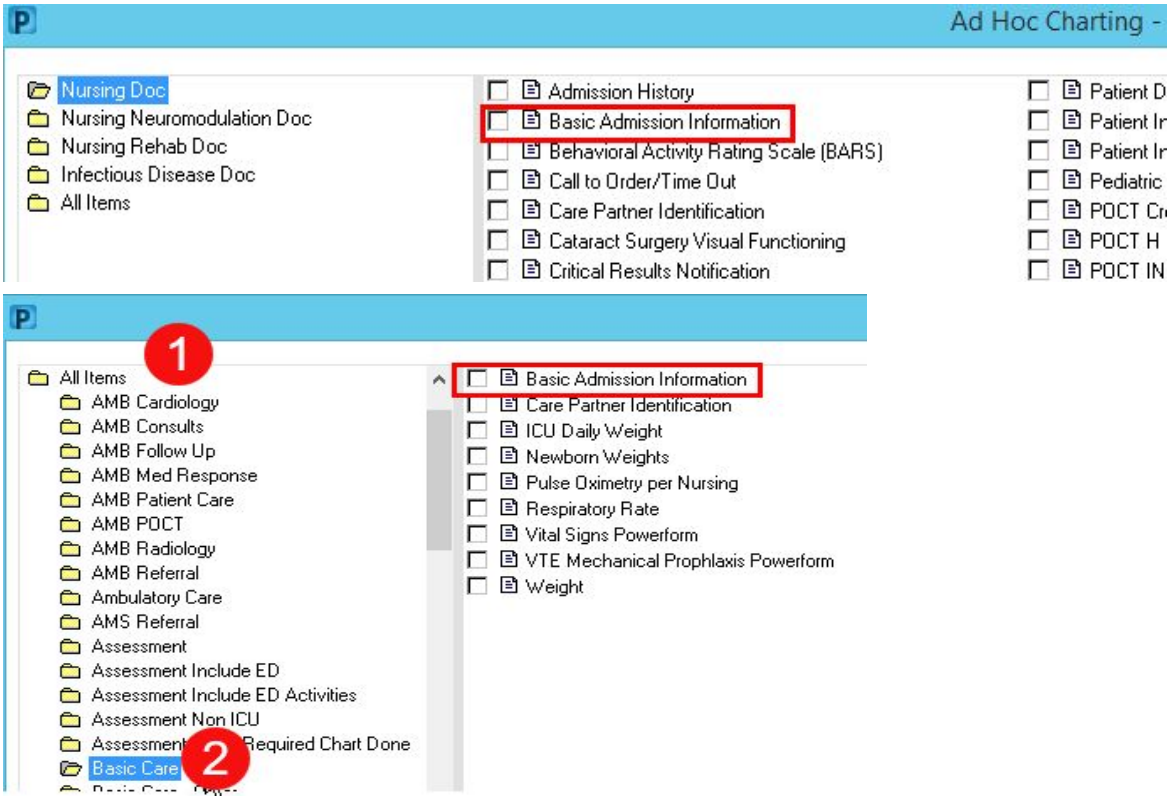


    B. If the form is there → double click form → select the second tab: "Valuables/Belongings" → see if anything has been charted.

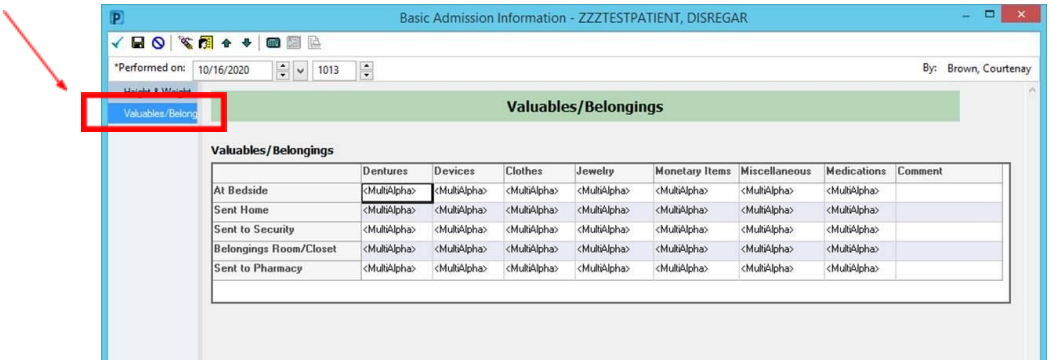
C. If there is **NOT** a form listed, this is your cue to complete a new 'Basic Admission Information' Form

2. If there is a "Basic Admission Information" form present:
   A. Check the 2nd tab to see if <MultiAlpha> is listed in **all** boxes.
   B. If so, this can indicate that the form is incomplete. This is your cue to complete a Basic Admission Information Form!

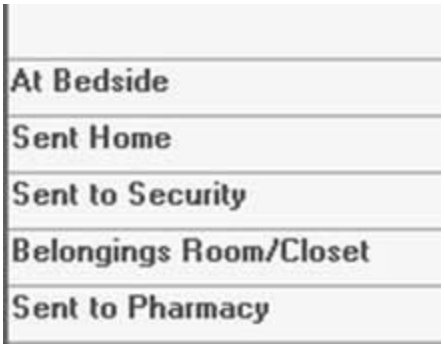
3. Complete a 'Basic Admission Information' Form
   A. Click "AdHoc" → check the box "Basic Admission Information

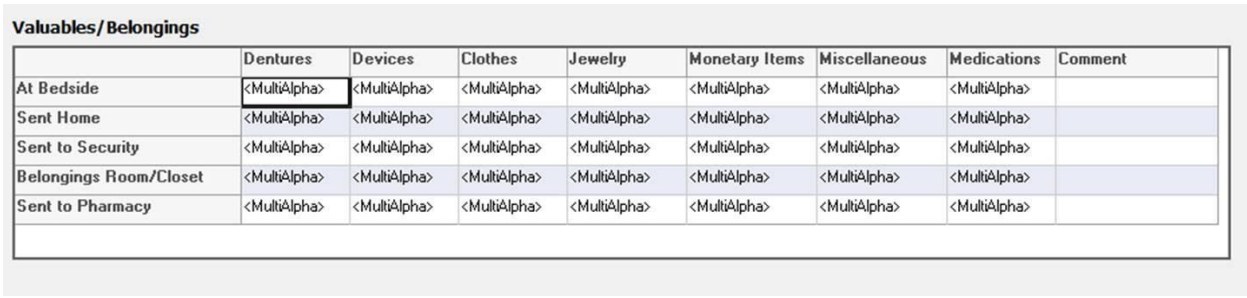


B. Select the 2nd tab on the form

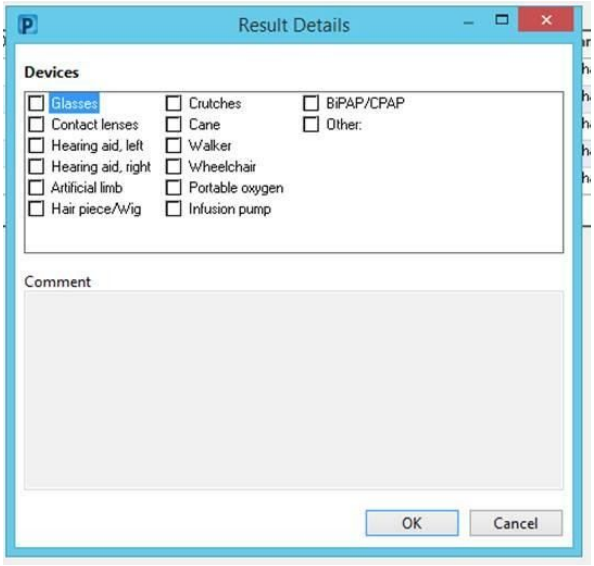


C. Select by Row and Column depending on which items your patient has

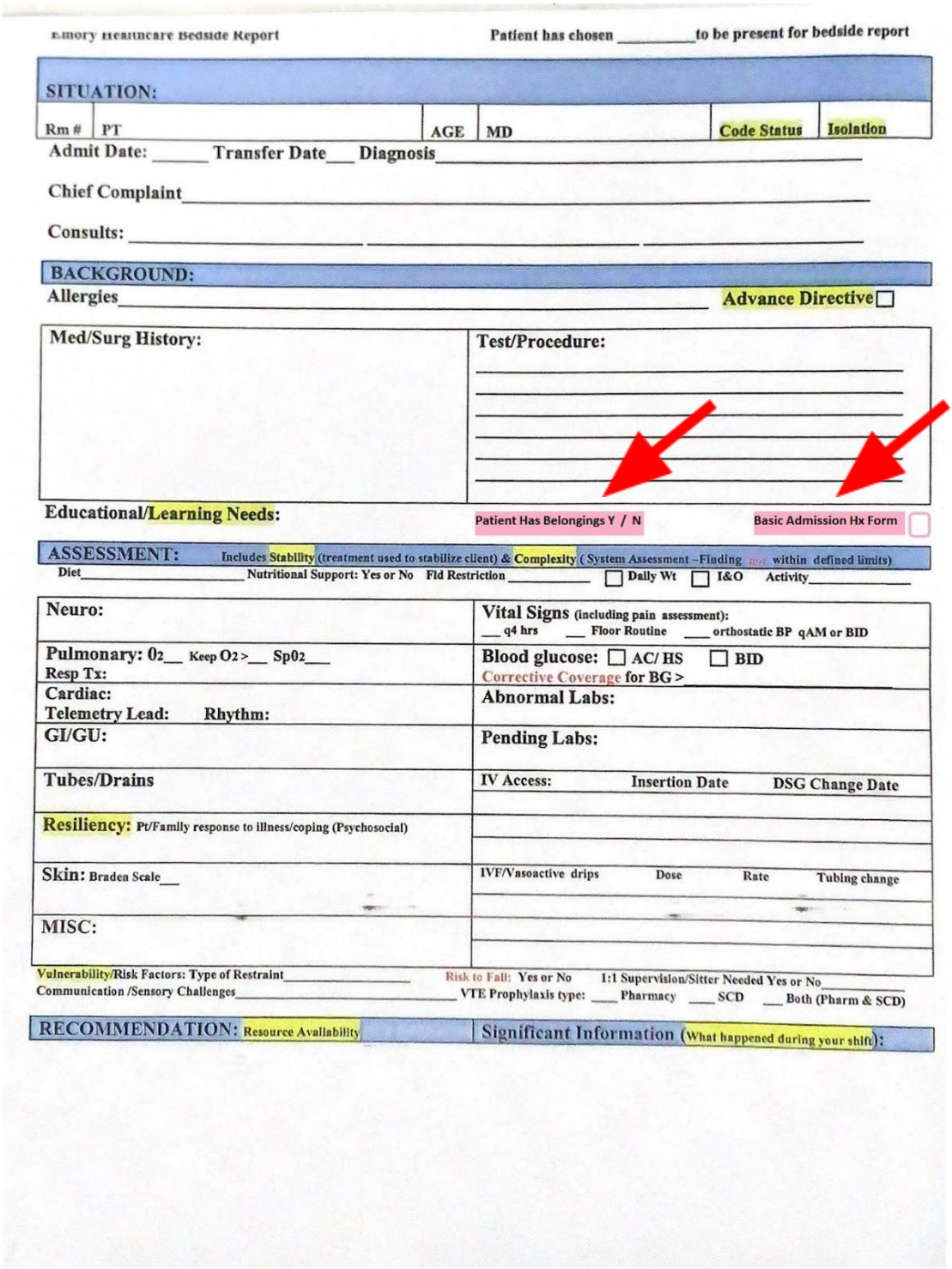




D. Check the box correlating with items the patient has.



4. Once complete, mark the SBAR sheet, and update the nurse during bedside report!
    A. *If unable to complete, update the nurse during bedside report so the task can be passed on to be finished!



Emory Healthcare Bedside Report

Patient has chosen _____to be present for bedside report

SITUATION:

Rm #	PT	AGE	MD	Code Status	Isolation

Admit Date: _____ Transfer Date___ Diagnosis_____

Chief Complaint_____

Consults: _____

BACKGROUND:

Allergies_____ Advance Directive ☐

Med/Surg History:	Test/Procedure:

Educational/Learning Needs:

Patient Has Belongings Y / N

Basic Admission Hx Form ☐

ASSESSMENT: Includes Stability (treatment used to stabilize client) & Complexity (System Assessment –Finding not within defined limits)

Diet_____ Nutritional Support: Yes or No Fld Restriction _____ ☐ Daily Wt ☐ I&O Activity_____

Neuro:	Vital Signs (including pain assessment): ___ q4 hrs ___ Floor Routine ___ orthostatic BP qAM or BID
Pulmonary: 02__ Keep O2 >__ Sp02___ Resp Tx:	Blood glucose: ☐ AC/ HS ☐ BID Corrective Coverage for BG >
Cardiac: Telemetry Lead: Rhythm:	Abnormal Labs:
GI/GU:	Pending Labs:
Tubes/Drains	IV Access: Insertion Date DSG Change Date
Resiliency: Pt/Family response to illness/coping (Psychosocial)	
Skin: Braden Scale__	IVF/Vasoactive drips Dose Rate Tubing change
MISC:	

Vulnerability/Risk Factors: Type of Restraint_____ Risk to Fall: Yes or No 1:1 Supervision/Sitter Needed Yes or No_____

Communication /Sensory Challenges_____ VTE Prophylaxis type: ___ Pharmacy ___ SCD ___ Both (Pharm & SCD)

RECOMMENDATION: Resource Availability | Significant Information (What happened during your shift):