

NURSING  
EVIDENCE-BASED PRACTICE/  
PERFORMANCE IMPROVEMENT DAY

*From Evidence to Excellence*

*Friday*  
*December 14, 2012*



Welcome to our inaugural Nursing Evidence-Based Practice/ Performance Improvement Day, where nurses across clinical settings will share their work. For more than a year, nurses have been reviewing quality dashboards, patient satisfaction data, and the literature to improve patient care through implementation of evidence-based practice initiatives. Partnering with their Clinical Specialists, these nurses have developed poster presentations depicting their journey to nursing excellence. Thank you for joining us as we celebrate this important work focused on improving patient care delivery and nurse-sensitive patient outcomes.

*Jane Fusílero, RN, MSN, MBA, NEA-BC*

### **Nursing Strategic Plan 2012 – 2013**

*Seeking to strengthen our culture of inquiry through dissemination of nurse-sensitive results that positively impact patient outcomes*

## Blood and Marrow Transplant (BMT) Program

Project Leaders: Christine Alfonso, RN, BSN, Kelly O'Leary, RN, MSN, OCN®, and Deborah Simanteris, RN, OCN®

---

### **Improvement of Patient Education in Preparation for the Inpatient Transplant Stay**

Blood and Marrow Transplant (BMT) patients receive education prior to transplant through written materials, classes, and discussion with physicians, nurses, and transition nurses. The amount of information received may be overwhelming to the patient and may be variable and inconsistent amongst disciplines. The BMT nursing team will determine through survey methods if the patient and caregiver feel they have received the education essential to prepare them for their inpatient admission, high dose chemotherapy, and transplant. The nursing team a/so hopes to determine the best possible time to provide education and the preferred educational format (written, web-based, classroom, one-on-one). Based on the information received, a standardized pre-transplant educational plan will be developed and implemented.

#### Select References:

- Bevans, M., Castro, R., Prince, P., Shelburne, N., Prachenko, O., Loscalzo, M., et al. (2010). An individualized idactic problem-solving education intervention for patients and family caregivers during allogeneic HCST: A feasibility study. *Cancer Nursing*, 33(2), E24-E32.
- Pieredda, M., Rocci, L., Gualandi, R., Petitti, T., Vincenzi, B., & DeMarinis, M. (2008). Survey on the learning needs and preferred sources of information to meet these needs in Italian oncology patients receiving chemotherapy. *European Journal of Oncology Nursing*, 12, 120-126.

## **Health Consumer Education and Access to Clinical Trial Information**

Cancer Answers can be reached at 1-888-MOFFITT and is Moffitt's most advertised phone number for patients to call for clinical trials (CT) information. It is also the number given on ClinicalTrials.gov and Cancer.gov as a point of contact for CT information at Moffitt Cancer Center (MCC). Nurse educators of Cancer Answers who respond to this phone line do not feel prepared to provide this service to the community as they are not trained in CT, have limited access to information or resources about CT at MCC, and are unable to direct the callers to CT for which they may meet eligibility requirements. If nurses can increase their knowledge and access to CT information, they will be able to improve the service they provide and the outcomes of the service. Currently, Cancer Answers receives approximately 20 calls per month for CT information and the nurse educators are unable to assist appropriately. In order to begin to improve this situation, nurse educators have created a CT Query Log and will gather information for 3 months to gain better understanding of types and outcomes of calls that are made to 1-888-MOFFITT about CT. Upon analysis of this log and a review of the literature to identify health consumer's needs related to CT information, nurse educators will seek appropriate educational resources and partner as needed with the CT Office to improve the service that they deliver. The impact of this improvement initiative will be measured through the CT Query Log as well as monitoring the number of new patient referrals to Moffitt following a call regarding CT.

## **Implementation of a Patient Education Tool to Understand Breast Reconstruction Options**

Patients considering breast reconstruction need education about what to expect before, during, and after the process so that they can make informed decisions regarding the options that are available to them. The plastic surgery nurses in the Center for Women's Oncology (CWO) noted that there were few printed materials on breast reconstruction and the materials that were available did not encompass the full spectrum of reconstructive options. A patient education tool entitled 'Understanding Breast Reconstruction Options' was recently developed by a multidisciplinary team. The CWO Nursing team saw the opportunity to implement this new tool using the EBP/PI process to measure the tool's effectiveness. For baseline data, the CWO Nurses surveyed 37 breast cancer patients undergoing breast reconstruction about their satisfaction with the education and preparation they received prior to implementing the new patient education tool. Once the baseline data was collected, the education tool was implemented. Patients undergoing breast reconstruction who received the new patient education tool will be surveyed in November/December to determine its impact on patient satisfaction regarding education and preparedness for reconstruction.

### Select References:

- Radina, M., Gitner, A., Brandt, J., Swaney, J., & Longo, D. (2011). Breast cancer patients: Use of health information in decision making and coping. *Cancer Nursing*, 34(5), E1-E12.
- Spector, D., Knafl, K., Mayer, D., & Pusic, A. (2010). Not what I expected: Informational needs of women undergoing breast surgery. *Plastic Surgical Nursing*, 30(2), 70-74.

## **Understanding and Addressing Patients' Needs Regarding Home Care Instructions**

The team initiated their first EBP/PI project in response to poor patient satisfaction scores on the Press Ganey survey question regarding home care instructions. The question was not specific for what home care meant to the patient and what home care instructions they needed, but did not receive. Spurred by the team's dismay and curiosity as to the cause of patients' dissatisfaction, the Cutaneous nurses decided to create a survey for surgical, medical oncology, and dermatology patients that visit the Cutaneous Clinic, to gain a better understanding of their needs regarding home care instructions. Surveys were randomly given to 124 patients with a total of 117 returned. The results revealed that 92% of respondents rated that they received good or very good home care instructions from the Cutaneous Team of nurses, mid-levels, surgeons, and medical oncologists. The survey identified that the surgical patients were requesting hands on written instructions about wound care. The next step will be to reconvene with the surgical nurses, analyze the responses of our patients, and to create new patient education tools to hand out to the surgical patients post operatively. Outcomes will be determined after re-surveying the patients and monitoring if the patient satisfaction improves following implementation of the new patient education tool regarding surgical wound care.

### Select References:

Farber, J. (2010). Measuring and improving ambulatory surgery patient's satisfaction. AORN Journal, 92(3), 313-321.

## Direct Referral Center (DRC)

Project Leaders: Michelle Levinson, RN, BSN, and  
Keith Privette, RN, BSN, OCN®

---

### **Baseline Labs: What's the Delay?**

The Direct Referral Center (DRC) staff recognized a problem with the specimen collection process. Staff collected blood specimens upon patient admission; however, they experienced delays in processing because of the time required to have the patient evaluated by a provider and labs ordered and entered into the computer. Point of Care (POC) was also not being utilized with this process. Baseline data revealed an average time from patient admission to labs entered into the computer with a collected status of 72.5 minutes overall and 83 minutes on day shift. Staff and patients were dissatisfied with this delay in care. DRC nursing staff collaborated with the healthcare team to determine which labs could be ordered prior to patient evaluation and how this new procedure would work. Changes were made to the DRC intake form to include a list of basic labs that the provider could check if appropriate. The checked labs are then transcribed onto an official order form once the chart is made and then entered into PowerChart upon patient arrival. This allowed the staff to obtain intravenous access quickly and improve patient safety by using POC to draw blood specimens. This new process was implemented and data was collected during a three month trial. The average time for specimen collection across all shifts decreased from 72.5 minutes to 40 minutes and from 83 minutes to 37 minutes on days. Overall staff satisfaction also improved.



## **Optimizing Patient Adherence and Understanding of Radioactive Iodine Treatment Using an Improved Comprehensive Education Tool**

Nurses of the Endocrine Clinic expressed concern that they did not have a comprehensive, written education tool to educate patients about the complex treatment of Radioactive Iodine (RAI). Thyroid cancer patients needed a clear and simple tool for use during education about the treatment and for reference while at home. The goal was to create a tool reflecting the verbal instructions given by nurses about preparation, diet, and isolation to increase RAI effectiveness and maintain safety for the patient and family. The nurses reviewed the literature and collaborated with those involved in RAI treatment planning and a small sample of patients to draft a patient education tool. In addition, they developed a survey to obtain feedback from patients on their experience and preparation for RAI. The survey was mailed to patients who had RAI treatment from 04/2010 to 08/2012 with a 19% response rate. The majority of respondents expressed satisfaction with the education received and adherence to the RAI isolation and diet guidelines; however, 20% did experience side effects that they were not prepared for; this result and analysis of the open-ended comments were used to revise the RAI patient education tool. Revisions to the tool are currently being reviewed by the interdisciplinary Endocrine Team. The survey will be repeated to monitor the impact of the new RAI patient education tool.

### Select References:

Al-Shakhray, I. (2008). Radioprotection using iodine-131 for thyroid cancer and hyperthyroidism: A review. *Clinical Journal of Oncology Nursing*, 12(6), 905-912.

ThyCa: Thyroid Cancer Survivors' Association, Inc. (n.d.). Retrieved from <http://thyca.org>

## **Endoscopy Discharge Improvement Project**

The Endoscopy Center has developed patient education tools for improving home care instructions following endoscopy. As a result of this nursing practice change, nurses provide patients with a specialized, color-coded card that explains procedure specific information they need to return home safely and confidently. These cards contain details regarding the procedure performed, what to expect once they are home, diet requirements, common post-procedural symptoms, reportable adverse events, and important contact numbers for concerns. These patient education tools are initially provided to patients by preoperative nurses and continuity of care is maintained as the education is reinforced in recovery by postoperative nurses. With this evidence-based nursing practice change, it is the goal to improve the home care instructions provided to patients and families having endoscopy procedures. This change in practice will ensure quality care for patients, improved patient and nurse satisfaction, and organizational viability.

### Select References:

Callahan, E. (2006). Increase patient satisfaction by improving your discharge process. *Hospitalist Management Advisor*, Retrieved from <http://www.healthleadersmedia.com/content/HOM-85957/Increase-patient-satisfaction-byimproving-yuor-discharge-process>

Lo, S., Stuenkel, D., & Rodriguez, L. (2009). The impact of diagnosis-specific discharge instructions on patient satisfaction. *Journal of PeriAnesthesia Nursing*, 24, 156-162.

Five North (5N)

Project Leader: Abbigail MacAlister, RN, BA

---

## **Intentional Hourly Rounding: Developing Nursing Practice to Improve Patient Care**

5 North was experiencing fragmented nursing workflow due to high volumes of call light use by patients, leading to decreased patient satisfaction. Data was gathered to determine reasons for call light use. In addition, Press Ganey patient satisfaction scores for overall nursing care, pain control, and attention to special/personal needs were reviewed. Adopting hourly rounding on the unit did not reduce call bell use; therefore, a new, revised action plan was developed. Based on data regarding reasons for call light use, a new rounding structure will be developed incorporating the findings for 5 North.

### Select References:

- Halm, M. A. (2009). Hourly rounds: What does the evidence indicate? *American Journal of Critical Care*, 18, 581-584.
- Saleh, B. S., Nasair, H., Al Zubadi, N., Al Shloul, S., Saleh, U. (2011). The Nursing rounds system: Effect of patient's call light use, bed sores, fall and satisfaction. *International Journal of Nursing Practice*, 17, 299-303.

Five South (5S)

Project Leader: Elizabeth Ramirez, RN, BSN

---

## **Improving the Discharge Process of Sarcoma Patients on 5 South**

Sarcoma patients were experiencing delays in discharge and decreased satisfaction due to inconsistent discharge teaching and preparation. A need was identified to provide sarcoma patients with early discharge post-op information regarding incision/graft care and subcutaneous blood thinner administration and disposal instructions. A multidisciplinary approach was taken to develop updated patient education tools and greater effective forms of teaching. Ultimately, after all interventions were implemented by staff, patients reported greater satisfaction with post-op teaching and greater confidence in post-op self-care.

Select References:

Florida Department of Health. (2012). Biomedical waste program. Retrieved from <http://www.doh.state.fl.us/Environment/community/biomedical/index.html>

NC Program on Health Literacy. (2011). The Teach-Back Method. Retrieved from <http://www.nchealthliteracy.org/toolkit/tool5.pdf>

Four North (4N)

Project Leaders: Joel Stettler, RN, BSN, and Karen Maynard, RN, BSN, OCN®

---

## **Prevention of Chemotherapy Errors**

After experiencing multiple chemotherapy errors, a group was formed to analyze each error and brainstorm ways to prevent further occurrences. Following review of the literature, educational sessions were held for staff on evidence-based chemotherapy practices. The project was taken one step further and a bedside chemotherapy double-check checklist was developed. After implementing the bedside checklist and through increased awareness, 4 North has experienced a significant decline in chemotherapy errors.

### Select References:

- Sheridan-Leos, N. (2007). A model of chemotherapy education for novice oncology nurses that supports a culture of safety. *Clinical Journal of Oncology Nursing*, 11(4), 545.
- Trbovich, P., Easty, A., Savage, P., Trip, K., & Hyland, S. (2010). Checking it twice: An evaluation of checklists for detecting medication errors at the bedside using a chemotherapy model. *Quality & Safety in Health Care*, 19(6), 562-567.

Four South (4S)

Project Leaders: Mary Krehbiel, RN, BSN, and Amy Beightel, RN, OCN®, WCC®

---

## **Bedside Reporting: Implementing Best Practice**

The purpose of this project was to design and implement change of shift bedside reporting. The project started with a literature review of current articles about bedside reporting. After finding supportive evidence-based research, team members designed a SBARQ communication tool, conducted a pre-implementation survey of nursing staff attitudes, and educated the staff at a mandatory meeting. The bedside reporting model was revised to fit the workflow of 4 South. To measure outcomes, a repeat survey of nursing staff attitudes was conducted and it showed improvement on all scores. Press Ganey patient satisfaction scores also reflected improvements for the following questions: Nurses kept you informed, overall nursing care received, and nurses educated regarding condition/care. A patient post-implementation survey on process of bedside reporting occurred to monitor whether or not the actual process was taking place as planned. One hundred percent compliance was noted on the second audit for all questions. Patient and nurse satisfaction for sustainability will be monitored. Plans also include incorporating the discussion of discharge plans during bedside report and measuring family satisfaction with bedside report.

### Select References:

- Baker, S. J. (2010). Bedside shift report improves patient safety and nurse accountability. *Journal of Emergency Nursing*, 36(4), 355-8.
- Griffin, T. (2010). Bringing change-of-shift report to the bedside: A patient- and family-centered approach. *The Journal of Perinatal & Neonatal Nursing*, 24(4) 348-353.

## **Implementation of Education and Preparation Tool for Patients Undergoing Whipple Surgery**

The interdisciplinary Whipple Patient Experience Team (WPET) was formed in 2010 to improve Whipple surgery patients' and families' experience of this complicated surgery. Following identification of informational needs, a written educational tool was created to prepare the patient and caregivers for Whipple surgery, its subsequent inpatient stay, and its post-operative period. GI nursing staff recognized opportunity to use the EBP/PI process to measure the effectiveness of the WPET tool. Prior to the implementation of the WPET tool, the GI Nursing staff developed a survey to measure Whipple patients' satisfaction with the current process for preparation for Whipple surgery and to confirm and/or identify additional information that could be helpful to the patient and family. Thirty Whipple patients were surveyed at their 6-weeks post-procedure visit. Results confirmed the needs identified by WPET and the content of the WPET tool. The WPET Tool is now being used in patient care in the GI Clinic as well as on 4 South. In January, following 3 months of use of the tool, the patient survey will be repeated to determine the effectiveness of the WPET tool.

### Select References:

- Hari, M. & Rosenzweig, M. (2012). Incidence of preventable postoperative readmissions following pancreaticoduodenectomy: Implications for patient education. *Oncology Nursing Forum*, 39(4), 408-412.
- Rocheftort, M. and Tomlinson, J. C. (2012). Unexpected readmissions after major cancer surgery: An evaluation of readmissions as a quality-of-care indicator. *Surgical Oncology Clinics Of North America*, 21(3), 397-405.

## **Improving Communication Between Patients and Their Treatment Team**

Upon review of patient satisfaction scores on Moffitt's Real Time Survey (RTS) and on the Press Ganey (PG) survey for indicators of nursing care, Genitourinary (GU) nurses identified that the need to improve patient satisfaction with communication with the GU treatment team. The RTS and PG surveys did not provide data regarding the reason for patients' dissatisfaction or suggestions for improvement. GU nurses hypothesized that some patients may have unrealistic expectations and thus, may remain unsatisfied, regardless of attempts to improve ease of reaching the team or timeliness of response. They created a survey to gather information from a sample of surgical and medical oncology patients regarding understanding of the GU treatment team, reasons for calls and their urgency, and their expectations regarding timeliness and team member who should respond. Sixty patients were surveyed and results revealed that patients did not have a clear understanding of the treatment team or their roles and some patients' expectations could not be met. Based on these results and best practices, the GU nurses are currently developing a written guide for patients regarding communication with the treatment team. Also, the process for triaging calls and responding to calls is being reviewed and opportunities for change are being considered. Throughout the process of implementation of changes, PG results will be monitored for improvement.

### Select References:

Greenberg, M. (2009). A comprehensive model of the process of telephone nursing. *Journal of Advanced Nursing*, 65(12), 2621-2629.



## Head and Neck Clinic

Project Leaders: Ellen Kokott, RN, BSN, OCN®, Eugene Terkoski, RN, and Barbara Wampler, RN, BSN, OCN®

---

### **Addressing the Educational Needs of the Pre-Operative Head and Neck Patient**

Staff in the Head and Neck Clinic recognized that patient satisfaction scores were lower than the Press Ganey median for several nurse-sensitive questions and they embarked on an interdisciplinary project to address the educational needs of the pre-operative head and neck patient. Educational material was available but there was no standard way to give it to the patient, no storage area for educational pamphlets, no information related to pain management, and nutritional and social resources had not been previously addressed. In addition, there was inconsistent documentation of use of patient education materials. A new standardized process for pre-operative patient and family education was designed and implemented in April 2012, including the creation of a folder with specific surgery information and the allocation of specific time for the nurse to review the information in the folder. Baseline and post-implementation data were collected for visits in August through December 2011 and for visits in April through July 2012, respectively. Patient satisfaction scores have improved and are now closer or above the Press Ganey median score for several nurse-sensitive patient outcomes following the implementation of these EBP strategies. The team will continue to monitor and implement further improvements as identified.

#### Select References:

- Bowers, B. (2008). Providing effective support for patients facing disfiguring surgery. *British Journal of Nursing*, 17(2), 94-98.
- van der Meulen, I. C., de Leeuw, J. R., Gamel, C. J., & Hafsteinsdóttir, T. B. (2012). Educational intervention for patients with head and neck cancer in the discharge phase. Published online ahead of print. *European Journal of Oncology Nursing*.

## Infusion Center

Project Leaders: Cathy Rhodes, RN, CRNI®, and Joyce Morton, RN

---

### **A Call to Prevent Falls: Decreasing Risk for Falls in the Infusion Center**

People with cancer are at risk for rapidly changing health status regardless of age. This change in health condition along with medications, low platelet counts, neuropathy, urinary or bowel changes, and generalized weakness increase patients' risk for falls and falls with injury. Patient falls occurring in the Infusion Center are a major concern for the staff, and although patients are screened to determine fall risk, the need for further assessment and interventions was identified. The Infusion Center team began addressing this issue by reviewing and discussing documented fall data, relevant literature, prior practice changes that were not sustained, and potential best practices that could be considered for implementation. These discussions and the brainstorming of the team resulted in proposed practice changes focused on screening at time of patient registration, identification of patients at risk, communication of patient fall risk to the healthcare team, education of patients and caregivers, and safety at home. The team is in the process of finalizing details regarding these changes, and will implement the plan in January, 2013. Ongoing monitoring of Infusion Clinic fall rates, level of injury, and days between falls will be used to measure success.

#### Select References:

- Kline, N. E., Davis, M. E., & Thom, B. (2011). Fall risk assessment and prevention. *ONCOLOGY Nurse Edition*. Retrieved from <https://www.cmellc.com/CMEActivities/tabid/54/ctl/ActivityController/mid/545/activityid/2186/Default.aspx>
- Ponce, M. (2012). How to prevent falls among older adults in outpatient settings. *American Nurse Today*, 7(4).

## **Establishing Best Practices for Nursing Care of Patients with Chronic Cancer Pain**

Upon review of Press Ganey patient satisfaction scores for “How well your pain was controlled” and “Explanation given for controlling pain at home” for both the Interventional Pain (IP) and Palliative Care (PC) Clinics, the IP and PC nurses wished to improve patient satisfaction in these areas. The nurses recognized the need to identify and implement best nursing practices from the literature and also, to reflect on non-nursing factors which may impact these satisfaction results. The nurses are developing a survey to gather information on patient’s experience of chronic pain and the factors that impact their understanding of how to control their pain at home. Based on the results of this survey, nurses will implement appropriate best practices, in collaboration with management and other disciplines as needed. Following implementation, the survey will be repeated and Press Ganey patient satisfaction scores for these nurse-sensitive indicators and others will be monitored throughout the implementation process.

### Select References:

- Chapman, S. (2012). Cancer pain part 1: Causes and classification. *Nursing Standard*, 26(47), 42-46.
- Miaskowski, C. (2010). Outcome measures to evaluate the effectiveness of pain management in older adults with cancer. *Oncology Nursing Forum*, 37, 27-32.

## Implementation of Heme Fast Track

Malignant hematology patients often require injections of supportive medications such as growth factors or vaccines. Patients expressed dissatisfaction with the process of seeing their physician and nurse in the Heme Clinic then travelling to the Infusion Center and waiting to receive an injection in the Infusion Center Fast Track Area. This also caused frustration among clinic and Infusion Center staff and concerns related to patient safety. Staff in both areas collaborated to implement an injection service in the Heme Clinic, known as the Heme Fast Track area. A space with a Pyxis medication delivery machine was created in the clinic and a new process was implemented for care of the patients within the Heme Fast Track area. Heme staff received education and clear algorithms were designed for care of the patient in Heme Fast Task. To monitor the impact of this practice change, wait times from the time of check-in to the patient's appointment in the Heme Clinic to the time of medication administration in the Infusion Center Fast Track Area and in the Heme Fast Track area were measured and decreased from an average of 180 minutes to 49 minutes, respectively and indicated that the new process increased patient and staff satisfaction and patient safety.

### Selected References:

- Linda R. L. (2010). Lean service operations: Reflections and new directions for capacity expansion in outpatient clinics. *Journal of Operations Management*, 29(Special Issue on Field Research in Operations and Supply Chain Management), 422-433.
- Probus, D., & Peach, S. (2012). Lean-driven improvements slash wait times, drive up patient satisfaction scores. *ED Management*, 24(7), 79-81.

## **Standardization of Delivery of Home Care Instructions for Chemotherapy Patients**

A key role of the ambulatory care oncology nurse is to educate patients about what to expect during chemotherapy and how to manage chemotherapy side-effects. The Press Ganey survey has questions that ask patients to rate their satisfaction with the experience of chemotherapy treatment and explanations received. Currently, patient satisfaction scores of Moffitt Clinics at International Plaza (MIP) fluctuate below and above the PG mean and it was hypothesized by the MIP nursing team that this is due in part to lack of standardization of nursing practice in delivery of education for chemotherapy patients. In addition, due to the emotional and physical impacts of cancer and its treatment, the patient and family members may not be ready or able to listen and learn at the times that a nurse is available to provide the care.

The MIP nursing team has proposed an EBP process to standardize the roles of the MIP clinic nurse and the MIP Infusion Center nurse and to promote collaboration in the responsibility of preparing patients for what to expect and how to manage side-effects. PG results will be monitored throughout the implementation of this new process. In addition, a survey will be developed to assess nurses' sense of collaboration following the implementation of the new process.

### Select References:

Fredette, S. (1990). A model for improving cancer patient education. *Cancer Nursing*, 13(4), 207-215.

## **Decreasing the Time Interval from Diagnostic Breast Imaging to Biopsy**

The nursing team was concerned that the average time interval between a woman's diagnostic imaging result and breast biopsy was 19 days. Understanding the emotional and physical impact of this waiting period, the team wished to decrease it. The nursing team collaborated with colleagues, breast surgeons, ARNPs, radiologists, and radiology technologists to improve processes and implemented practice changes. These changes included a face-to-face meeting between the nurse and patient immediately after receiving notice of an abnormality to discuss the results, review educational material, and explore patient support systems and potential barriers to care. As a result, the average time interval was decreased from 19 days to 7 days.

### Select References:

- Kerner, J. F., Yedidia, M., Padgett, D., Muth, B., Washington, K. S., Tefft, M., et al. (2003). Realizing the promise of breast cancer screening: Clinical follow-up after abnormal screening among black women. *Preventive Medicine*, 37(2), 92-101.
- Yabroff, K. R., Washington, K. S., Leader, A., Neilson, E., & Mandelblatt, J. (2003). Is the promise of cancer-screening programs being compromised? Quality of follow-up care after abnormal screening results. *Medical Care Research and Review*, 60(3), 294-331.

### **Ease of Reaching Treatment Team Between Visits: Improving Neuro-Oncology Patient Satisfaction**

Patients and families were not having phone calls returned in a timely manner, resulting in dissatisfaction and distrust between patients, families, and staff. As a result of brainstorming and based on clinical expertise from prior experience, the team decided to implement a phone triage process. With this new process, a nurse provided support by answering patient calls and addressing patient concerns for team members who were in clinic. This process positively impacted patient satisfaction by decreasing response time and improving access to treatment team. As a result of this collaborative effort, nurse satisfaction also improved.

## Peri-operative Services

Project Leaders: Katie Letchworth, BSN, RN, Elizabeth Pearson, BSN, RN, CCRN<sup>®</sup>, and Lori Cook-Smith, BSN, RN, CNOR

---

### Hypothermia Improvement Project

Hypothermia in the intra-operative and post-operative settings results in several negative sequelae for patients. The purpose of this project was to coordinate evidence-based interventions in the peri-operative arena focused on decreasing post-operative hypothermia, defined as temperature below 96.8<sup>0</sup>F. Due to interventions initiated, the number of hypothermic patients has decreased and continues to do so.

#### Select References:

- Cooper, S. (2006). Home study program. The effect of preoperative warming on patients' postoperative temperatures. *AORN Journal*, 8, 1073-1084.
- Galvão, C., Marck, P., Sawada, N., & Clark, A. (2009). A systematic review of the effectiveness of cutaneous warming systems to prevent hypothermia. *Journal of Clinical Nursing*, 18, 627-636.



## **Timely Delivery of Surgical Packets for Thoracic Patients**

The goal of this project is to improve the delivery of surgical packets from the Thoracic Clinic to the Pre Surgery Clinic (PSC) 24 hours prior to the patient's appointment, thereby decreasing appointment delays while awaiting surgical orders/packets. A tracking board was implemented on October 19, 2012, to document the reasons for the delay and track the number of packets delivered daily.

The PSC RNs will collaborate with RNs and schedulers in the Thoracic Clinic to improve the process for the delivery of packets within the 24-hour criteria. One suggestion has been to have a designated person in the PSC collaborate with the clinics and call ahead for packets. The expected outcome is that all orders/surgical packets would be in the PSC within the 24-hour time frame and there would be a decrease in delayed patient care.

## Procedure Suite

Project Leaders: Joy Dowling, RN, and Lisa Maston, RN

---

### Procedure Suite Post-Sedation Transportation

Occasionally patients arrive for a procedure without having a caregiver accompany them. This leads to cancelled or delayed procedures or a hold up in recovery because no one is available to accompany the patient at discharge. The goals of the Procedure Suite RNs are to improve efficiency in patient care and promote safety after surgical procedures.

In a 6-week period, of 623 patients surveyed about post-procedure care, 54 did not have a caregiver to accompany them in recovery. After analyzing the data, verbiage was modified on pre-procedure calls with hopes to decrease this number. Several weeks after implementation it was noted that patients still arrived without a caregiver to accompany them from recovery. Staff reassessed the options and implemented a more direct approach. In pre-procedure they now ask the patient, "What is your plan for a caregiver to be present with you in recovery?" Based on response, patient schedules are modified to accommodate needs and still meet the requirements of the Procedure Suite. Data will be collected to determine the effectiveness of this new process.

#### Select References:

- Hui Yun, V., & Chung, F. (2009). Escort accompanying discharge after ambulatory surgery: A necessity or a luxury? *Current Opinion Anaesthesiology*, 22(6), 748-754.
- Mathias, J. (2008). Accidents underscore need for escorts. *OR Manager*, 24(6), 28-29.

## Radiation Oncology

Project Leaders: Cindy Pitt, RN, Belinda Springer, BA, RN, OCN®, and Dianne Cirillo, BSN, RN

---

### **Identification and Institution of Evidence-Based Nursing Practice and Patient Education Regarding Radiation Therapy Side-Effects**

As part of the radiation therapy (RT) team, nursing is responsible for educating patients in the management of RT side-effects. The Press Ganey (PG) patient satisfaction survey has questions that are specific to RT and because of nursing's role in the team, the question, "Explanations received for management of radiation side-effects," was recognized by RT nurses as a nurse-sensitive patient outcome. Currently, Moffitt scores related to this PG question are below the mean benchmark.

The RT nursing team has proposed a process to improve this patient outcome by developing a survey to gain a greater understanding of patients' needs related to management of RT side-effects as well information as to their learning styles. This survey, in addition to a literature review, will provide information to create a patient education tool to assist with patient education regarding management of RT side-effects and thus, improve the subjective PG results. In addition, as a result of better education, the nurses hope to see an improvement in an objective measure and decrease the frequency of avoidable unscheduled patient visits to manage side effects.

#### Select References:

Wilson, F., Mood, D., & Nordstrom, C. (2010). The influence of easy-to-read pamphlets about self-care management of radiation side effects on patients' knowledge. *Oncology Nursing Forum*, 37(6), 774-781.

## Special Care Unit (SCU)

Project Leaders: Donna Spino, RN, Lynn Kelly, RN, and Elsa Barilec, RN, BSN, CCRN®

---

### Zooming to Zero CAUTIs

It was noted in the fourth quarter of 2011 that the SCU's hospital-acquired infections (HAI) for catheter-associated urinary tract infections (CAUTIs) were above the national benchmark. It is recognized that urinary tract infections lead to increased mortality, length of stay, and health care costs while decreasing patient satisfaction.

Staff education on CAUTI prevention was presented at the January 2012 Competency Fair. Daily "Foley Order" audits were conducted April to June 2012. Patient data was analyzed for all patients with a CAUTI. In July and August 2012 there was a sudden increase in CAUTI rates. The SCU Quality and EBP committees refocused their action plan.

The SCU nurses joined the National and Florida Hospital Association CAUTI Initiative. Staff education (SCU and interdepartmental) on Foley insertion and maintenance, the CAUTI Bundle, and hand hygiene was completed in August and September 2012. SCU Daily Nursing Rounds process was also revised. There were no CAUTIs in October and November, 2012.

#### Select References:

Fekete, T. (2012). *Urinary tract infection associated with urethral bladder catheters*. Retrieved from <http://www.uptodate.com/contents/urinary-tract-infection>

Lo, E., Nicolle, L., Classen, D., Arias, K. M., Podgorny, K., Anderson, D. J., et al. (2008). Strategies to prevent catheter-associated urinary tract infections in acute care hospitals. *Infection Control Hospital Epidemiology*, 29, S41-S50.

## **Tailoring Tools to Enhance Communication with Senior Adults**

Upon review of results from the Moffitt Real Time Survey and Press Ganey Survey, the Senior Adult nurses found that patients were dissatisfied regarding their ability to reach and receive answers from their treatment team. They reflected that this led to repeat calls and as a result, nurses were also dissatisfied. The nurses decided to engage in a PI project to increase patient satisfaction results and thus, increase nurse satisfaction. The standard Moffitt Communication Tool that had been created to assist patients to reach their treatment team did not meet the needs of the unique population of Senior Adult patients. The print of standard tool was small and the format was too busy. Upon review of the literature related to teaching tips and care of the geriatric oncology patient, a new Senior Adult Clinic communication tool was created and implemented. The effectiveness of the tool was monitored via patient satisfaction scores. An increase then decrease in satisfaction occurred when the new tool was implemented. To better understand and improve satisfaction, a survey was created to gain a better understanding of the barriers to effectiveness of the new tool and how to improve it. A total of 70 surveys will be handed out to a random sample of patients. After the survey results are analyzed, Senior Adult nurses will make changes and implement a revised Senior Adult communication tool and continue to monitor Press Ganey patient satisfaction scores.

### Select References:

Worcester, M.J. (1990). Tailoring teaching to the elderly in home care. In Barbara J. Horn (Ed.). *Facilitating self care practices in the elderly* (pp. 69-99). Haworth Press. New York: New York.

## **Creation of a Companion Communication Tool for Thoracic, Infectious Diseases, and Sarcoma Patients**

The clinic contact list given to patients contains many phone numbers and departments. Patients have complained that it is difficult to read and very confusing often leading them to call the wrong person. This creates a delay in handling an issue and leads to dissatisfaction and frustration amongst patients as well as staff. Thoracic, Sarcoma, and Infectious Diseases nurses decided to take the patients' most frequently asked questions and answer them by creating easy to use tools. The patient friendly tools were personalized by physician practice in hopes of increasing the patients' knowledge of the appropriate person to call, therefore, decreasing delay in resolution of issues. Throughout the process of implementation of this new patient-friendly tool, results of the Press Ganey patient satisfaction scores will be monitored.

Three North (3N)

Project Leaders: Viktoriya Ladanova, RN, BSN, Wendy Isler, RN, BSN, and Janelle Brown, RN, BSN

---

## **Whiteboards as a Communication Tool in the Hospital Setting**

Press Ganey survey results for 3 North showed a need for improvement in the following areas: Speed of discharge, extent the patient felt ready to be discharged, staff includes you in decisions regarding treatment, and how well nurses kept you informed. Brainstorming sessions led the nurses to believe that a lack of visual prompt about daily goals and plan of care, minimal patient and family involvement in treatment planning and goal setting, and lack of knowledge of those involved in care were just some of the things impacting the Press Ganey scores. The resolution was to create an enhanced whiteboard for every patient room that included areas such as: preferred name, primary language, estimated discharge date/time, daily goals, team members included in care, and questions/concerns. The goal was to enhance communication between the patient, family, and healthcare team members.

### Select References:

- Sehgal, N. L., Green, A., Vidyarthi, A. R., Blegen, M. A., & Wachter, R. M. (2010). Patient whiteboards as a communication tool in the hospital setting: A survey of practices and recommendations. *Journal of Hospital Medicine*, 5, 235-39.
- Singh, S., Fletcher, K. E., Pandl, G. J., Schapiro, M. M., Nattinger, A. B., Biblo, L. E., & Whittle, J. (2011). It's the writing on the wall: Whiteboards improve inpatient satisfaction with provider communication. *American Journal of Medical Quality*, 26(2), 127-131.

### Three South (3S)

Project Leaders: Kathleen Capello, RN, BSN, Leo Martinez, RN, OCN®, and Yvonne Hall-Stephen, RN, BSN, OCN®

---

## **Empowering Patients Receiving IL-2 by Improving Education**

By improving patient, family, and staff education on the infusion of IL-2, potential side effects, and treatment of side effects the 3 South team aims to improve outcomes for patients receiving this treatment. Measures of success include decreased patient falls, increased patient satisfaction, and improved patient and family education including care and safety at home. To obtain baseline data, the 3 South RNs developed a questionnaire to be administered to patients and families prior to the first course of IL-2 treatment. This survey will be used to evaluate the education the patient received in the clinic pre-admission. Once the survey has been completed, the patient and family will receive education on the IL-2 treatment, side effects, management of side effects, and safety measures. The same survey will then be repeated to patients and families upon admission for the second course of treatment to evaluate retained knowledge, and solicit suggestions for future improvements. A survey was also developed to identify knowledge deficit in staff. A post-education survey will be conducted and IL-2 competency will be evaluated annually and remediated as necessary.

#### Select References:

- Mavroukakis, S., Muehlbauer, P., White, R., & Schwartzentruber, T. (2003). Clinical pathways for managing patients receiving interleukin-2. *Clinical Journal of Oncology Nursing*, 5(5), 207-217.
- Roman, R. (2011). Immunotherapy for advanced melanoma: the emerging role of therapeutic antibodies against CTLA-4 for metastatic melanoma. *Clinical Journal of Oncology Nursing*, 15(5), E58-E65.



