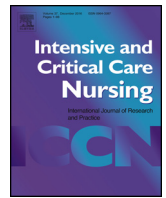




Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Intensive and Critical Care Nursing

journal homepage: www.elsevier.com/icc



Clinical research article

Intensive care nurses' perceptions of Inter Specialty Trauma Nursing Rounds to improve trauma patient care—A quality improvement project

Fiona L. Jennings^{a,*}, Marion Mitchell^{a,b}

^a Princess Alexandra Hospital, Intensive Care Unit, Ipswich Road, QLD 4102, Australia

^b Centre of Health Practice Innovation, Menzies Health Institute Queensland, School of Nursing and Midwifery, Griffith University, 170 Kessels Road Nathan, QLD 4111, Australia

ARTICLE INFO

Article history:

Received 15 April 2016
Received in revised form 1 December 2016
Accepted 1 January 2017

Keywords:

Bedside teaching
Collaboration
Critical care
Intensive care
Nursing rounds
Trauma rounds

ABSTRACT

Background: Trauma patient management is complex and challenging for nurses in the Intensive Care Unit. One strategy to promote quality and evidence based care may be through utilising specialty nursing experts both internal and external to the Intensive Care Unit in the form of a nursing round. Inter Specialty Trauma Nursing Rounds have the potential to improve patient care, collaboration and nurses' knowledge. **Objectives:** The purpose of this quality improvement project was to improve trauma patient care and evaluate the nurses perception of improvement.

Methods: The project included structured, weekly rounds that were conducted at the bedside. Nursing experts and others collaborated to assess and make changes to trauma patients' care. The rounds were evaluated to assess the nurse's perception of improvement.

Results: There were 132 trauma patients assessed. A total of 452 changes to patient care occurred. On average, three changes per patient resulted. Changes included nursing management, medical management and wound care. Nursing staff reported an overall improvement of trauma patient care, trauma knowledge, and collaboration with colleagues.

Conclusions: Inter Specialty Trauma Nursing Rounds utilizes expert nursing knowledge. They are suggested as an innovative way to address the clinical challenges of caring for trauma patients and are perceived to enhance patient care and nursing knowledge.

© 2017 Elsevier Ltd. All rights reserved.

Introduction

Trauma patients admitted to the Intensive Care Unit (ICU) frequently present with complex and clinically challenging care needs including significant life-changing scenarios. The complexity of trauma patients' injuries requires multiple speciality medical teams to provide specific care (Rose, 2011). Effective communication and inter speciality collaboration is essential to enhance the quality of patient care as the focus needs to be on the patient as a whole and not one aspect of their injury (Costa et al., 2014; O'Leary et al., 2011).

Providing optimum nursing care to complex ICU trauma patients is equally challenging as nurses have varying levels of skill and knowledge. Patient care is contingent upon the nurses' abil-

ity to make effective evidence based clinical decisions (Gardner et al., 2010) and nurses may benefit from support to implement best practice to effectively care for complex trauma patients.

Nursing Rounds provide a process by which patients are discussed on an individual basis to identify challenges and issues. Exchanges of information among team members occur (Catangui and Slark, 2012; Dodek and Raboud, 2003) and educational opportunities within a specific patient context provide meaningful, contemporaneous patient-centred care (Catangui and Slark, 2012; Gardner et al., 2010; Vincent, 2005).

Nursing Rounds have been previously described to consist of nursing specialists from the ward in which the patient resides. Attendees potentially include the nurse in charge, other experienced nurses and direct patient care nurses (Catangui and Slark, 2012; Costa et al., 2014). They have been lauded as effective in instigating changes to ICU patient care (Aitken et al., 2010). Intensive Care nurses and patient care may benefit from drawing on expert nursing knowledge from other areas such as emergency depart-

* Corresponding author.

E-mail address: Fiona.jennings@health.qld.gov.au (F.L. Jennings).

Implications for Clinical Practice

- ISTNR utilizes expert nursing knowledge in managing trauma patient care.
- ISTNR provide individualised bed-side education for nursing staff in the care of trauma patients.
- ISTNR improved inter-departmental collaboration around trauma patient care.
- Changes to trauma patient care was directly due to ISTNR.

ments, orthopedic units, spinal and trauma services. We have coined these as Inter Specialty Trauma Nursing Rounds (ISTNR), defined as a nursing round with expert specialty nurses from across the hospital together with ICU nurses who collectively discuss the best care options for the trauma patient at the bed-side.

The aim of this study was to improve trauma patient care. ICU direct care nurses' perceptions of ISTNR was assessed in terms of patient benefits and quantified the subsequent patient care changes.

Method

A Quality Improvement (QI) project was selected as appropriate as these projects focus on site-specific identified issues (Oermann et al., 2014). They aim to improve patient care by staff participation, systematic investigation and measurement of outcomes (Connor, 2014). One method to improve quality in health delivery is the Plan, Do, Study and Act (PDSA) model (Taylor et al., 2014). Taylor et al. (2014) describes PDSA as a four stage cycle that can be used when structuring a study or intervention for change and improvement. The Squire guideline (Standards for Quality Improvement Reporting Excellence, 2015) provides a useful framework for reporting QI projects and these are used where possible (Ogrinc et al., 2008).

Setting

The QI project was conducted in a large metropolitan public adult hospital within Australia that has Magnet accreditation. The hospital is a tertiary referral, accredited Level 1 Trauma Centre. The ICU is a 25 bed mixed surgical/medical unit, which admits patients from all major specialties including solid organ transplantations, medical and surgical cardiac patients and people with spinal injuries. Patients with burns and obstetric conditions are not admitted. There are approximately 2300 admissions per year with roughly 300 trauma patients.

Patients are nursed in a one to one registered nurse: patient ratio. Trauma patients are admitted if they require mechanical ventilation, advanced hemodynamic monitoring, resuscitation or inotropic support. Admissions include classified major trauma cases with an Injury Severity Score (ISS) of >12 (the average ISS for the ICU is 25).

Participants

The participants involved in the ISTNR included ICU experienced nurses, researchers, direct care nurses, allied health staff and expert nurse specialists external to the ICU.

Planning and doing the intervention

The decision to trial ISTNR received support from the senior nursing team. The ISTNR were held on a specific day and time every week. Effective team leadership of the ISTNR was recognized to be important and the Trauma Clinical Facilitator (TCF) coordinated the rounds. The role of the TCF was to identify two trauma patients who presented complex management issues. An ISTNR form was

developed to assist the direct care nurse's preparation and participation (see Fig. 1). The TCF invited specialty nurses from outside the ICU specific to the patient's injuries. That is, a traumatic brain injured patient with multiple orthopedic and chest injuries and a splenic injury would have invited expert nurses from the emergency department; operating theatre; orthopedic ward; surgical unit; neurology wards and the Trauma Service as they could potentially provide input into the injury and ongoing care. Each patient was allocated approximately 30 minutes. The ISTNR occurred with attendees clustering near the patient bed. This occurred in a collegial manner where each attendee introduced themselves and their role. The direct patient care nurse presented the patient journey from the mechanism of injury; injuries sustained; clinical course and challenges in care, broadly following the ISTNR form (see Fig. 1).

A systematic discussion followed using a structured approach to promote a comprehensive patient review and physical assessment. A standard checklist guided patient assessment (see Fig. 2). Attendees contributed their specialised knowledge with suggestions and recommendations documented in the patient chart where appropriate. On completion of the ISTNR the TCF followed-up with aspects of care that required actioning.

Evaluation of the ISTNR occurred on five randomly timed occasions throughout a 19-month period. The evaluation forms (see Fig. 3) were distributed to attendees at the conclusion of an ISTNR for completion. The anonymous forms were handed to an independent person to reduce bias and for future collation.

Ethical considerations

Participation in Nursing Rounds was routine practice in the study site. The focus on trauma patients was deemed within usual practice parameters. No identifying data were collected on patients or staff attending ISTNR or via the evaluation survey. Consent was implied if the staff completed the anonymous evaluation surveys.

Data collection

Data was collected and recorded during each ISTNR by the TCF. The data included numbers and designation of staff attending patient care and initiated changes.

Data analysis

Descriptive statistics were generated using a spreadsheet with numbers and percentages. Qualitative data were analyzed using content analysis where data were grouped around central, recurrent ideas (DeSantis and Ugarriza, 2000; Graneheim and Lundman, 2004). Emerging themes and meaningful units were described within and across ISTNR (Graneheim and Lundman, 2004) by way of discussion and agreement between the two authors. Illustrative quotes are provided to enhance the trustworthiness and credibility of the qualitative results (Annells and Whitehead, 2007). The descriptive and qualitative data were combined to allow for evaluation of the ISTNR (Creswell, 2009; Jones and Bugge, 2006).

Download English Version:

<https://daneshyari.com/en/article/5568228>

Download Persian Version:

<https://daneshyari.com/article/5568228>

[Daneshyari.com](https://daneshyari.com)