

SIGNS OF SEVERITY (SOS) ED ESCALATION GUIDE: BRIDGING THE EXPERIENCE GAP

Authors: Marcia Schram, MSN, RN, CEN, Vivian Fuentes, MSN, RN, P-PCI, Brenda Rojas, BSN, RN, SCRNP, Martha Tijerino, MSN, RN, SCRNP, Michelle Thomas, MSN, RN, ARNP, CEN, Christine Williams, BSN, RN, CEN, Eve Butler, PhD, RN, and Andrea Prentiss, PhD, RN, CNS-BC, ARNP-BC, Miami, FL

Contribution to Emergency Nursing Practice

- RNs with less than 1 year of ED experience may not recognize or report critical symptoms without a guide.
- An early warning system can be a valuable tool to help novice ED RNs to prioritize clinical symptoms.
- The EDEG provides protocols for assessment and reporting critical symptoms promptly.

Abstract

Introduction: This study evaluated the introduction of an ED Escalation Guide (EDEG) as an early warning system for the many new graduate nurses in the emergency department. The EDEG is a chart that provides ED-appropriate parameters to prioritize both vital signs and critical symptoms. Scenario quizzes were used to evaluate its usefulness.

Methods: Comparative quizzes that required prioritizing the urgency of patient symptoms were given to emergency nurses with varying levels of experience, with and without the use of the EDEG. The quizzes, with scenarios adapted from the

Emergency Severity Index (ESI) Handbook, were given to ED RNs 1 week apart; the second quiz included availability of the EDEG. Scores were compared based on demographic data that included years of ED experience and clinical expertise.

Results: RNs with less than 1 year of ED experience showed a 29% improvement in scenario scores with use of the EDEG. Those with more experience had similar scores with and without the availability of the guide, but increasing experience led to higher scores. A log kept by new emergency nurses using the EDEG showed accuracy and greater confidence in notifying ED physicians.

Discussion: RNs with less than 1 year of ED experience might not recognize or report critical symptoms without a guide. The EDEG helps new emergency nurses to prioritize the urgency of clinical symptoms better and gives them the confidence to report these clinical symptoms. Early warning systems, such as the EDEG, can be valuable tools for inexperienced emergency nurses.

Key words: Early warning system; Novice nurses; Prioritization; Parameters; Critical symptoms

Nursing shortages have grown in recent years and are likely to continue as Baby Boomers age.¹ This has resulted in the hiring of many new graduates annually to areas such as emergency departments that used to require previous experience. New graduate nurses are novices who can have difficult transitions in critical areas, as knowledge, skills, and critical thinking develop over time with experience. According to Benner, a novice “has no experience in the situations in which they are expected to perform... and he/she is unable to use discretionary judgment.”² At our hospital, nurses are considered novices

for their first year of practice, which includes their orientation period as well as their first months of independent practice. Multiple studies have shown that previous experience with a particular clinical situation assists nurses in recognizing similar symptoms in patients.³ Novice nurses have a great deal of theoretical knowledge but have difficulty using that knowledge in real-world situations.⁴ Long-term orientation periods (18 to 22 weeks) that include ED educational programs and assign preceptors provide a good basis for new emergency nurses, but no program can replace clinical experience.

When novice nurses are placed in critical situations, there is the potential for errors to occur. One common error is the failure to recognize and intervene when patient status is deteriorating. Novice nurses may not recognize a critical symptom, or they may be unsure of the importance of the finding or whether it should be reported to the ED physician. Lack of confidence in their own judgment can also lead to delays in reporting. Novice nurses worry that

For correspondence, write: Marcia Schram, MSN, RN, CEN, Baptist Hospital, 8900 North Kendall Drive, Miami, FL; E-mail: MarciaS@Baptisthealth.net.

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they may make mistakes in reporting or that no one will trust their assessment.⁵

This study took place in a suburban 80-bed adult emergency department, part of a 728-bed nonprofit community hospital, which averages more than 80,000 visits annually. The emergency department has been hiring 25 to 30 new graduate nurses every year and has developed a strong educational program. The emergency department participates in a system-wide residency program accredited through the American Nurses Credentialing Center's (ANCC's) Practice Transition Accreditation Program (PTAP), which provides support and mentoring for new graduates. The program has been successful in supporting new nurses over an 18- to 22-week program, until they gain the confidence to succeed on their own, and has improved retention of new nurses system-wide. Despite the extensive orientation, mistakes have occurred including delays in recognizing and reporting patient deterioration. ED administration wanted to find a means to prevent these errors and provide further support for new nurses.

The ED Research Committee started a literature review related to the challenges in assessment and reporting faced by new nurses. The search included the needs of novice nurses as well as early warning systems that can assist nurses to recognize and prioritize patient symptoms correctly. Multiple studies in recent years have shown that the chances of rescuing patients who show signs of clinical deterioration dwindle if early symptoms are not recognized.⁶⁻⁸ According to Wilson, "a successful intervention can only happen if deterioration is detected early, recognized as important, communicated to appropriate team members, and care escalated rapidly."⁹

Rapid response teams have been implemented in many hospitals to provide extra resources for nurses if clinical deterioration is identified before a patient actually goes into cardiac arrest. Some of the early warning systems developed for medical-surgical areas of the hospital involve parameters for vital signs. Some of these rely on nurses using these parameters to identify deterioration; other systems are computerized and automatically send out alerts if patients meet certain critical parameters. Very few early warning systems have been identified in the literature specific to emergency departments.

Methods

The goal of the study was to create an early warning system that could benefit novice nurses and improve patient safety. One of the hospitals within our system developed a 4-stage grid of parameters to give new nurses the confidence to call "Code Rescue," our rapid response team. Those parameters were not appropriate for the

emergency department but identified a starting point to develop our own 3-stage escalation guide with a catchy title: SOS (Signs of Severity). The purpose of the guide was to provide parameters appropriate to an ED environment. After committee discussion, we decided that the ED Escalation Guide (Figure 1) should include a list of critical symptoms as well as vital signs. Often, an emergency nurse may be the first person to triage a new patient, and that nurse needs to recognize symptoms that should be reported to a physician immediately.

A list of critical signs and symptoms, divided by systems, was created. Vital signs and other key signs, such as level of consciousness and blood sugar, were separated into a grid of 3 stages of severity. The 3 stages were based on the urgency of reporting the signs or symptoms to a provider or more experienced nurse. Traditional color-coding of green, yellow, and red was used to denote increasing urgency (Figure 2). Basically, any signs or symptoms falling into the yellow or red categories warranted reporting to an ED physician or to a more experienced resource nurse. Following development and revision of the EDEG by experienced ED nurses, the tool was then reviewed by our ED medical director, 5 experienced ED physicians, as well as the ED nursing director and nurse manager. Guide parameters were adjusted based on their suggestions.

The next step was to evaluate if the use of the guide would improve recognition of critical symptoms by emergency nurses with various levels of experience. We developed a quiz by adapting scenarios from the ESI Handbook¹⁰ to be evaluated based on the Escalation Guide Steps of Urgency. The ESI scenarios have validated answers based on ESI levels. The research group chose 10 brief scenarios from the handbook and expanded them to include both symptoms and vital signs (Figure 3). Ten experienced emergency nurses were then asked to take the quiz to determine validity of the scenarios. Changes were made to the Guide based on their feedback.

Following Institutional Review Board approval, emergency nurses were asked to participate in our study by completing 2 quizzes, with and without the ED Escalation Guide. The 10 brief scenarios in the quizzes involved ED patients requiring assessment of the urgency of their symptoms and classification into 1 of 3 priorities based on their need for assessment by an ED physician or resource nurse.

Initially, over a 2-week period, emergency nurses completed the quiz based on their own experiences. In the next 2-week period, emergency nurses were asked to take the same quiz (with the questions in a different order) and to use the ED Escalation Guide to help them answer the quiz. The quiz included demographic information, years of ED experience, and clinical expertise. Years of experience

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