

# Transplanting Trauma with Interprofessional Collaboration

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## Background

In late 2018, hospital Infection Prevention and Control (IPAC) completed an environmental assessment of the 10-bed progressive care unit with a shared community shower where abdominal solid-organ transplant patients were cohorted. Upon evaluation, it was determined the unit did not meet current environment of care standards. The decision was made to transition the unit as quickly as possible. A review of existing hospital nursing units was conducted to identify space that met minimum requirements for immunocompromised patients. A 14-bed acute care trauma/surgical unit was determined to be ideal space as the new home for abdominal transplant patients. This required the trauma/surgical and abdominal transplant units to swap locations.

## Transplant Transition Education Requirements

	Timeline													
	2/10/2019	2/17/2019	2/24/2019	3/3/2019	3/10/2019	3/17/2019	3/24/2019	3/31/2019	4/7/2019	4/14/2019	4/21/2019	4/22/2019		
ECCOs	[Red bar]											MOVE		
8 East Shifts on 7.2	[Purple bar]													
Trauma Basics (PowerPoint)	[Blue bar]													
EKG			[Green bar]								5/1/2019			
Trauma Basics/Pav A Orientation			[Pink bar]				3/27/2019		4/10/2019					
ACLS			[Yellow bar]										5/23/2019	
Transplant Symposium				[Orange bar]		3/8/2019								
7.2 Shifts on 8 East					3/11/2019 (schedule)		3/24/2019 (start) *mentor assigned							

## Methods

This was a qualitative description of the experience and lessons learned transitioning and merging care areas of trauma/surgical and transplant populations. This exchange presented several challenges, including transferring distinctly different patient populations and levels of care/acuity, change in staffing patterns and management, and in-depth disease-specific education for 19 nurses and 6 nursing care technicians in 10 weeks. During this short transition period, progressive care transplant nurses received trauma-focused education and orientation to the new unit. The acute care trauma/surgical nurses who chose to stay and care for transplant patients were trained to progressive level, received dedicated transplant training, and were mentored by experienced transplant nurses. These interventions were successful due to the use of interprofessional collaboration:

- Skill checklists (see below)
- Hands-on demonstration
- Classroom lecture with subject matter experts
- Environmental orientation
- Self-learning PowerPoint modules
- Nurse-driven transplant education reference materials
- Web-based trainings
- Shift orientation with designated preceptor
- Mentorship program
- American Association of Critical-Care Nurses (AACN) Essentials of Critical Care Orientation modules
- Advanced Cardiovascular Life Support (ACLS) certification
- Electrocardiogram (EKG) interpretation course

## Results

With the collaboration of all team members, the transition occurred successfully within a ten-week time frame. The trauma/surgical nurse demonstrated competence in caring for the transplant patient with completion of 137 education and training hours. The transplant nurse demonstrated competence in caring for the trauma/surgical patient with completion of 23 education and training hours. Nursing care technicians completed 6-23 education and training hours. The new care environment meets current IPAC and CDC standards.



## Conclusion

Reassessment of successes and concerns were conducted through focus groups and transition team meetings with continuous implementation of on-unit modifications to enhance future acclimation to the new work environment. The transplant transition encouraged cohesiveness between all teams, creating strong relationships to successfully carry out education and training, complete the move, and set the stage for future projects and collaboration.

### Special thanks to members of the Transplant Transition and IPAC Teams:

- |                   |                    |                     |
|-------------------|--------------------|---------------------|
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## References

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Armstrong, G. (2019). Quality and safety education for nurses teamwork and collaboration competency: Empowering nurses. *The Journal of Continuing Education in Nursing*, 50(6), 252-255. doi:<http://dx.doi.org/10.3928/0022012420190516-04>

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## Purpose

In order to meet the Centers for Disease Control (CDC) standards for immunocompromised patients, rooms require a private bath/shower and positive pressure with greater than 12 air exchanges per hour. The 7.200 acute care unit housing trauma/surgical patients had private baths, the appropriate number of air exchanges, and existing positive pressure rooms. A multidisciplinary, collaborative team was needed to develop a transition plan to expedite the move. The team included Senior Leadership, Management, Nurses, Nursing Care Technicians, Staff Development Specialist, Clinical Nurse Specialist, Transplant Nursing Lead, Pharmacy, Supply Chain, Finance, and Environmental Services. This team worked collaboratively to develop a comprehensive education and training plan.

7.2 PC Transplant (RN)		8 East (RN)	
Name: _____		Name: _____	
<b>Education Requirements</b>		<b>Education Requirements</b>	
ECCO Transcript	<input type="checkbox"/>	Trauma Basics Class Attendance	<input type="checkbox"/>
EKG Course Completion	<input type="checkbox"/>	Pav A Orientation Checklist	<input type="checkbox"/>
ACLS Certification	<input type="checkbox"/>	Overhead Lift Competency	<input type="checkbox"/>
8 East Orientation (2-3 shifts)	<input type="checkbox"/>	Navicare Nurse Call Basics Competency	<input type="checkbox"/>
Dates: _____		Fit Testing Validation	<input type="checkbox"/>
		7.2 Orientation (1 shift) *optional	<input type="checkbox"/>
		Date: _____	
<b>Renal/Pancreas/Liver Transplant Competency</b>		<b>WBTs/Computer Training</b>	
CVAD Checkoff	<input type="checkbox"/>	Pneumatic Tube Station for New Employees	<input type="checkbox"/>
Transplant Symposium Attendance	<input type="checkbox"/>	Trauma Basics Review PowerPoints	<input type="checkbox"/>
Sam's Transplant "Street Smarts"	<input type="checkbox"/>		
8 East Mentor Assigned	<input type="checkbox"/>		
Name: _____			
<b>WBTs/Computer Training</b>			
2019 Solid Organ Transplant (avail. 03/01)	<input type="checkbox"/>		
2019 Chemo Biotherapy Annual Competency (avail. 03/01)	<input type="checkbox"/>		
Rituximab Ed for Non-Oncology Patients	<input type="checkbox"/>		
Solid Organ Transplant Nursing Care PowerPoint	<input type="checkbox"/>		

**7.2 PC Transplant (NCT)**

**Education Requirements**

7.2 Transplant. Pointers & Pearls for NCTs (review)

Transplant Symposium Attendance (optional)

8 East NCT Mentor Assigned

Name: \_\_\_\_\_

Solid Organ Transplant Nursing Care PowerPoint (review)

*\*All education requirements must be reviewed/completed by April 21st. Please refer to policy #NU09-33 for competency compliance standards.*

**8 East (NCT)**

**Education Requirements**

Trauma Basics Class Attendance

Pav A Orientation Checklist

Overhead Lift Competency

Navicare Nurse Call Basics Competency

Fit Testing Validation

7.2 Orientation (1 shift) \*optional

Date: \_\_\_\_\_

**WBTs/Computer Training**

Pneumatic Tube Station for New Employees

Trauma Basics Review PowerPoints

*\*All education requirements and WBTs/Computer Training must be completed by April 21st. Please refer to policy #NU09-33 for competency compliance standards.*

**8 East (NCT)**

**Education Requirements**

Trauma Basics Class Attendance

Pav A Orientation Checklist

Overhead Lift Competency

Navicare Nurse Call Basics Competency

Fit Testing Validation

**WBTs/Computer Training**

Pneumatic Tube Station for New Employees

Trauma Basics Review PowerPoints

*\*All education requirements and WBTs/Computer Training must be completed by April 21st. Please refer to policy #NU09-33 for competency compliance standards.*