Developing a Resuscitation Policy Using Orlando’s Deliberate Nursing Process

Candace Pierce DNP, MSN, RN, CNE

Structured Abstract

LOCAL PROBLEM
Despite advances in resuscitative care, in-hospital cardiac arrests (IHCA) continue to be associated with high morbidity and mortality rates. In the United States, there are an estimated 750,000 IHCA events each year. Of the estimated 20% who survive, 13%-17% do not recover back to their pre-cardiac arrest functional status. Data collected at a local facility revealed an 8% survival rate for emergency response calls between January 2018 and July 2018 with a total of 230 emergent situations. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) identified the facility as below the national average for mortality and safety of care provided to patients. Following a retrospective review of cardiopulmonary resuscitation data from January to July of 2018, the following opportunities were identified: (a) lack of evidence-based practices to support the hospital’s current practices, (b) lack of participation of emergency room nurses as part of the team, (c) no pre-established defined roles to limit confusion and delay of care, and (d) lack of ongoing education related to documentation in emergent situations.

PROJECT PURPOSE
The purpose of this DNP project was to lead a committee with the purpose of developing a sustainable policy using an evidence-based approach to cardiopulmonary resuscitation in the acute care setting.

METHODOLOGY
The deliberate nursing process model guided the development of a response to meet the facility’s immediate need. The intervention was the development of a policy that defined code team roles and increased advanced life support education. A committee comprised of one director and three unit educators who were involved in code responses met to review hospital data, discuss the old policy, and accept individual assignments. A shared online document was used for participants to update and view the plan in real-time. Three in-person meetings were held along with regular e-mail exchanges to provide real-time feedback on individual sections until all participants on the committee approved the resuscitative policy. The committee chose to require all team members to attend advanced life support training at the facility in an attempt to decrease role confusion by ensuring all members are receiving the same instruction. The new policy outlined essential roles, role responsibilities, and assigned specific units to certain tasks. A final meeting was held to ensure there were no further reservations before meeting with the chief nursing officer (CNO) for approval to move forward with the completed policy.
RESULTS
A policy was successfully developed along with educational initiatives to meet an identified need for a standardized code team response suitable for all shifts. After receiving approval from the CNO, the new policy was approved by the Critical Care Committee and the Policy and Procedure Committee but placed on hold for throughput until the pediatric resuscitation policy has been completed to complement the new adult resuscitation policy. Once the policy is released for implementation, qualitative data from staff involved in resuscitative efforts will be gathered to determine if there is a better understanding of the roles and knowledge required of a resuscitative participant. Successful throughput of the new policy will depend on the education departments choices for ensuring all staff members in the facility are aware of the new procedures and changes that affect each nursing department. Long term quantitative data will be evaluated to see if there is an improvement in the survival rates for the facility.

IMPLICATIONS FOR PRACTICE
Healthcare organizations must ensure that the staff participating in resuscitative efforts are competent and confident in the knowledge, skills, and attitudes (KSA) required for a successful resuscitation effort. Through a policy change, members of the resuscitative team will know their roles and tasks before arriving at a resuscitative event. Clear development of roles and responsibilities of team members reduces the amount of nonproductive noise and confusion, leading to higher compliance of guidelines, and decreases in response times of all interventions. With the facility’s choice to revise the policy using best practices, there should be an improvement in the retention of the KSA related to the roles and tasks of resuscitation responders, which has been shown to increase the efficiency and effectiveness of cardiopulmonary resuscitation. The organization hopes to see an increase in the survival rates of emergency response calls after the initiation of the new policy.

Keywords: resuscitation, cardiopulmonary, critical care, code team, response

Team Leader: Dr. Jennifer Coleman

Team Member(s): Dr. Carol Ratcliffe