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The Impact of Nursing Surveillance on Specific Adverse Events for Adult Hospitalized Patients: Systematic Review

Colleen Crotty Halverson, PhD, RN¹

Joyce Arlene Ennis, PhD²

Catherine Bailey, PhD, RN²

Ella Elaine Cox, MA, MLIS³

(1)The Houston J. and Florence A. Doswell College of Nursing, Texas Woman's University, Dallas, TX, USA

(2)College of Nursing, Texas Woman's University, Dallas, TX, USA

(3)Mary Evelyn Blagg-Huey Library, Research and User Experience Unit, Texas Woman's University, Denton, TX, USA

Purpose:

Systematic reviews are an innovative and reliable strategy for assembling empirical evidence that is useful for guiding clinical practice. The aim of this systematic review is to evaluate the impact of nursing surveillance on specific adverse events (cardiac, respiratory or cognitive) for adult hospitalized patients. This scholarly effort provides a meticulous summary of the available research to answer the following questions: What processes are used to measure nursing surveillance? What is the impact of nursing surveillance on adverse events?

Methods:

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) process will be followed in this systematic review (Moher et al., 2015; Shamseer et al., 2015). We will use a multi-phase search strategy to identify studies related to the three designated adverse health outcomes: cardiac, respiratory, and cognitive. The search will be limited to studies published from January 1990 to December 2019. The 1990 start date was chosen because this timeframe marks the beginning of implementation of rapid response systems in acute care. Four electronic bibliographic databases will be searched using a comprehensive search strategy. The databases that will be searched are: Academic Search Complete (EBSCOhost), CINAHL Complete (EBSCOhost), Nursing & Allied Health (ProQuest), and PubMed. Because of the interprofessional nature of nursing in acute care settings, the strategy will be translated across databases in the biomedical sciences, nursing, and general literature. A web application will be used to help expedite the initial screening of titles and abstracts (Ouzzani, Hammady, Fedorowicz, & Elmagarmid, 2016). The literature search will include studies published since 1990, in English, with hospitalized adults over the age of 18.

Results:

Consultation with a statistician and a librarian guided this systematic review. The statistician guided the design and plan for the synthesis and analysis of the findings. The data extracted from the literature will be pooled for synthesis using JBI-Critical Appraisal Checklist for Quasi-Experimental Studies or the JBI Critical Appraisal Checklist for Randomized Controlled Trials for controlled trial/pseudo-randomized trial, or descriptive/case series studies. Criteria based extraction tables were designed to

record the findings from the selected articles. The librarian guided the comprehensive search strategies, which yielded over 6700 citations.

Conclusion:

Clarification of processes that measure nursing surveillance are highlighted along with the impact of nursing surveillance on adverse events. Nursing surveillance prevents deaths by decreasing the incidence of failure to rescue (Garvey, 2015). This knowledge can be translated into training and digital health practice (Rucker, 2019), thus supporting one of the triple aims for global healthcare transformation, which is quality (Benton, Trautman, & Swick, 2017).

Title:

The Impact of Nursing Surveillance on Specific Adverse Events for Adult Hospitalized Patients: Systematic Review

Keywords:

Adverse Events among hospitalized adults, Nursing Surveillance and Systematic Review

Abstract Summary:

Nurses use surveillance to identify and rescue patients. The findings from this systematic review will clarify the processes of measuring nursing surveillance and its impact on adverse events. Translating the findings into practice can support the aim for quality to transform global healthcare.

References:

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First Primary Presenting Author

Primary Presenting Author

Colleen Crotty Halverson, PhD, RN
Texas Woman's University
The Houston J. and Florence A. Doswell College of Nursing
Assistant Professor
Dallas, Texas
USA

Author Summary: Colleen C. Halverson, PhD, RN is an Assistant Professor at Texas Woman's University, College of Nursing. Her dissertation and research focus is the pre-arrest phase of resuscitation. Her area of expertise is resuscitation science. She's taught the AHA resuscitation courses of ACLS, BLS, and PALS over many decades. She has been involved with producing AHA training materials or supporting the writing of the Guidelines that dictate how protocols must change to save lives.

Second Author

Joyce Arlene Ennis, PhD
Texas Woman's University
College of Nursing
Assistant Clinical Professor
Dallas, Texas
USA

Author Summary: Dr. Joyce Ennis currently teaches undergraduate nursing at Texas Woman's University. She teaches didactic, simulation, and in the clinical medical/surgical setting. She has experience with under-served populations in her NP practice and in teaching community nursing.

Third Secondary Presenting Author

Corresponding Secondary Presenting Author

Catherine Bailey, PhD, RN
Texas Woman's University
College of Nursing
Professor
Dallas, Texas
USA

Author Summary: The primary teaching area is undergraduate student competencies, research and quality improvement in Nursing and professional projects. The areas of expertise include high fidelity simulation, nursing education, and adult health.

Fourth Secondary Presenting Author

Corresponding Secondary Presenting Author

Ella Elaine Cox, MA, MLIS
Texas Woman's University

Mary Evelyn Blagg-Huey Library, Research and User Experience Unit
Librarian II, Health Sciences
Denton, Texas
USA

Author Summary: Ella Elaine Cox, MA, MLIS is a Health Sciences Librarian at Texas Woman's University, Mary Evelyn Blagg-Huey Library. Her areas of expertise include research instruction in information sciences, andragogy, consumer health, and health literacy. She has taught graduate courses in health sciences librarianship for the TWU School of Library and Information Studies for many years, and she guest instructs in undergraduate and postgraduate courses throughout the health sciences.