

Medication Education at Your Fingertips

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Assessment

- Opportunity:**
- Provide continuous medication education by having it available on a badge backer
- Driving Forces:**
- Patient safety
 - Support from key stakeholders
 - Survey results from nurse residents
- Restraining Forces:**
- Changing medications and protocols
 - Other medication education initiatives

Literature Review

- Medication errors harm about 1.5 million people per year, costing \$3.5 billion annually¹
- Nursing students perceived their pharmacological knowledge and calculation skills before graduation as limited²
- Research suggests that continuing medication education after orientation is essential for patient safety^{1,2}

Planning

- Short Term Goals:**
- Survey preferred delivery method of medication education
 - Receive key stakeholder support
 - Design and implement critical care badge backers
- Long Term Goals:**
- Provide unit specific badge backers for every unit at Blessing Hospital (BH)
 - Improve medication education to decrease medication errors
- Evaluation Plan:**
- Inventory number of badge backers
 - Survey critical care nurses
- Strategies for Hardwiring Change:**
- Collaborate with administration
 - Educate staff on importance of continuing medication education
 - Continue project into nurse residency post graduation

Implementation

- Implementation Steps:**
- Reviewed literature
 - Presented ideas to Nurse Educators and Nurse Residency Coordinator
 - Surveyed new graduate nurses at BH
 - Determined materials needed and estimated cost
 - Designed badge backers
 - Submitted designs to critical care nurse managers and pharmacist for approval
 - Printed and laminated badge backers
 - Delivered badge backers to critical care units
- Handling Resistance:**
- Make badge backer use optional
 - Resistant staff can observe how badge backers are useful to others
 - Management support

Evaluation

- Evaluation of Change:**
- Track number of badge backers taken
 - Create a survey for feedback from nurses
- Strategies to Stabilize Change:**
- Encourage new graduate nurses to utilize badge backers in nurse residency
 - Encourage staff in huddle to use badge backers

Summary

- What We Learned:**
- Badge backers for every unit will be a long process
 - Early support, collaboration, and communication
- What We Would Do Differently:**
- Involve key stakeholders earlier
 - Discuss options for funding and printing at start

References

1. Da Silva, B. A., & Krishnamurthy, M. (2016). The alarming reality of medication error: a patient case and review of Pennsylvania and National data. *Journal of Community Hospital Internal Medicine Perspectives*, 6(4), 31758. <https://doi.org/10.3402/jchimp.v6.31758>

2. Willman, A., Bjuresäter, K., & Nilsson, J. (2019). Newly graduated registered nurses' self-assessed clinical competence and their need for further training. *Nursing Open*, 7(3), 720-730. <https://doi.org/10.1002/nop2.443>

Figure List

Figure 1. [Image created by Leadership students]. (2021).

INOTROPES	Initial Dose	Titration Dose	Titration Interval	Max Dose	Standard Titration Goal
Dobutamine (dilator)	5 mcg/kg/min	5 mcg/kg/min	2 min	40 mcg/kg/min	CI > 2 MAP > 65
Dopamine (pressor)	5 mcg/kg/min	1-5 mcg/kg/min	5 min	20 mcg/kg/min	MAP > 65
Epinephrine (pressor)	1 mcg/min	1-2 mcg/min	5 min	10 mcg/min	MAP > 65
Norepinephrine (pressor)	4 mcg/min	1-5 mcg/min	2 min	NONE	MAP > 65

Figure 1.

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