

# Bedside Procedure Safety Through Interprofessional Education (IPE)

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## INTRODUCTION

- UMMC continues to experience safety challenges related to bedside procedural practices such as retained central line guidewires, mislabeled/missing specimens, incomplete/missing informed consents, and incomplete timeout
- There is an opportunity to teach bedside procedure best practices and expected standards of care
- The intent is to improve patient care by ensuring safety as we move towards zero preventable harm on our high reliability journey

## PROJECT AIMS

- Decrease patient harm by implementing a standardized bedside procedure process and increasing error reporting
- Train Licensed Independent Practitioners (LIPs), Residents, Fellows, and RNs on target pilot units on bedside procedure best practices

## STRATEGY & METHODS

Quality improvement framework: Plan-Do-Study-Act/Adjust (PDSA)

### PLAN

- Developed institutional Standard Operating Procedure (SOP), including universal protocol and procedural best practices
- Patient Safety, CRNAs, Physicians, and Clinical Practice and Professional Development (CPPD) RNs created an interprofessional didactic lecture and skill lab scenarios
- Two pilot units: 24-bed Surgical Intensive Care Unit (SICU) & (currently) 13-bed Cardiac Care Unit (CCU)

### DO

- Pre-education survey completed by RNs, LIPs, Residents, and Fellows
- Initial didactic and skill lab training occurred with unit-based interprofessional leaders who served as unit-based instructors
- Participants practiced together using the SOP checklist on a central line and/or chest tube trainer in the trauma simulation lab or on the unit with an in-service education cart
- SOP checklists were placed at bedside and on procedure carts for use by frontline staff

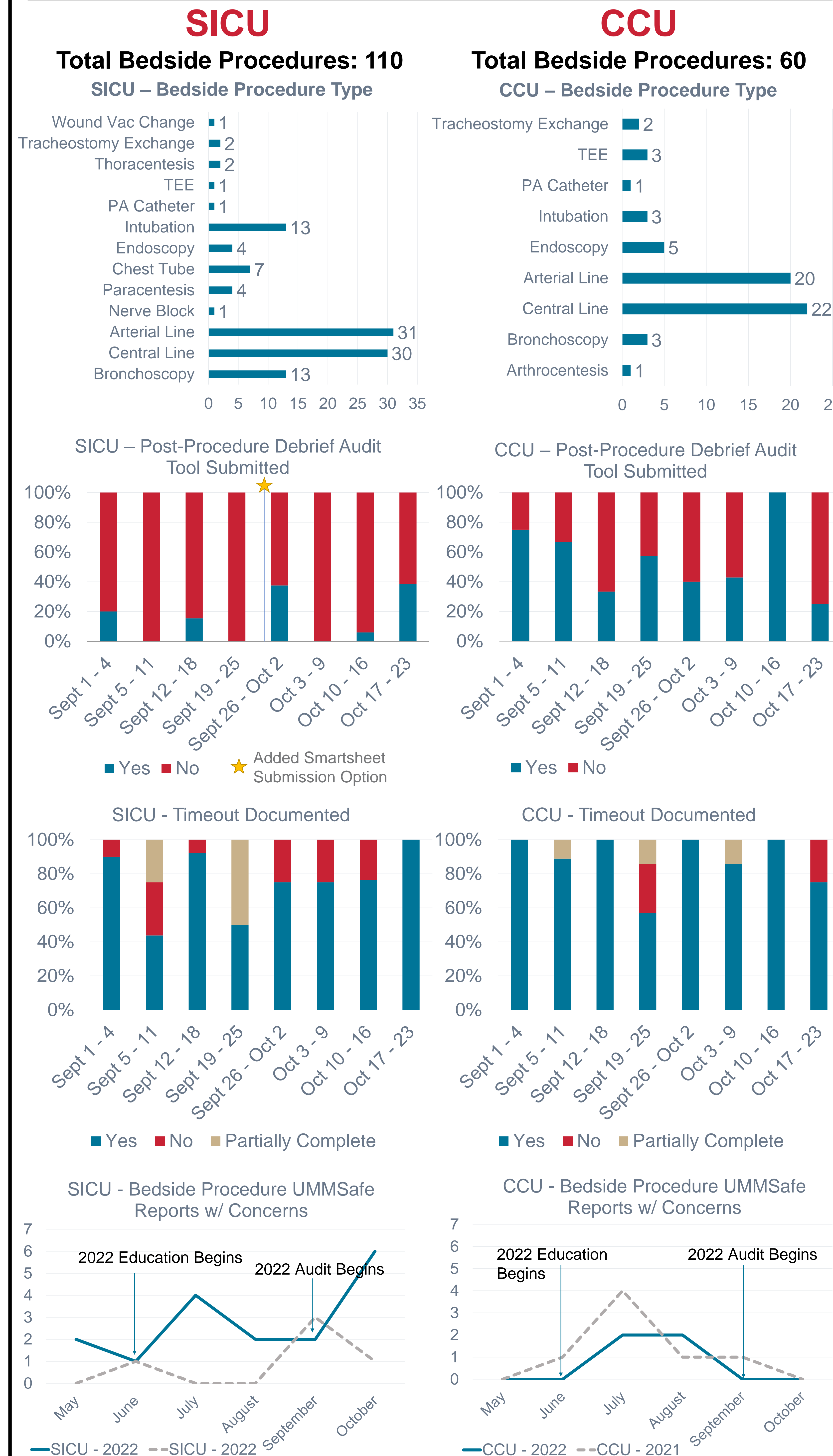
### STUDY

- Auditing tool for real-time completion of the post-procedure debrief
- Retrospective chart review to audit for timeout and Lines-Drains-Airway (LDA) documentation compliance

### ACT (or ADJUST)

- Smartsheet dashboard & data shared with staff
- Week-by-week analysis & review with unit leaders

## EVALUATION & OUTCOMES



## DISCUSSION & CONCLUSION

- As this effort involves culture and behavior change, a longer study period is needed to achieve target compliance and to evaluate impact on patient safety
- Majority of events reported in UMMSafe with concerns surrounding bedside procedures are related to equipment and availability of supplies
- Low compliance with post-procedure debrief auditing tool submissions may be due to competing priorities for quality improvement projects, rotating trainees, unit staffing challenges, and lack of post procedure debrief section within clinical documentation (Epic)
- A number of factors are needed for a successful implementation of a structured bedside procedure process:
  - Nurses are often the drivers of bedside procedure process because they have consistent presence on units
  - Education on expected standards of care for bedside procedures is needed upon LIP, Resident, and Fellow entry into the organization and should be enforced at the attending level

## NEXT STEPS

- Completing data collection
- Deployment of post-initiative survey
- Sustainment- integrating into routine education (RN, LIP, Resident, and Fellow onboarding)
- Possible addition of debrief to clinical documentation

## REFERENCES

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*Additional references available upon request*

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