Post-Operative Renal Transplant Recovery on 9D

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ACKNOWLEDGEMENTS

BACKGROUND

- Current practice at VAPORHCS is that renal transplant patients recover in CCU for first 24-48hrs.

- Patients transfer to 9D for their reminder of their inpatient care at 24-48hrs after transplant.

- If renal transplant patients need to be admitted to the hospital following their transplant they are admitted to 9D

PICO(T) QUESTION

Compared to care received in the Critical Care Unit (CCU) for the first 24 hours after surgery (C), do renal transplant patients (P) demonstrate similar or improved outcomes (O) when care is received on 9D(I)?

Do 9D nurses (P) receiving comprehensive education on nursing care of the renal transplant patient in the immediate post-operative period (first 24 hours) (I) demonstrate an improved level of knowledge/confidence (O) in the post-test vs pre-test data (C)?

Evidence Retrieved
(# / Quality per JHNEBP Criteria)

Research Evidence				
Non-experimental	Quasi-experimental	Experimental	Systematic Reviews	Meta-analysis/ Meta-synthesis
7(1 High, 5 Good, 1 Low)				

Non-Research Evidence			
Expert Opinion	Organizational (QI/financial data)	Clinical Practice Guidelines	
2 (1 High, 1 Good)		3 (2 High, 1 Good)	

- Databases searched: CINHAL
- Key words used: Renal Transplant, Kidney Transplant, Nursing, Education,
- Limits used (English, Full Text, 1990-2019):

Evidence Summary

- The limited literature found and the McKession InterQual standard supports that 9D is an appropriate care setting for this target patient population

- The literature on nursing education found that the most increases in nursing confidence, competence and knowledge where achieved when the education was presented through a didactic approach

Renal Transplants
Q3 FY 2018-Q2 FY 2019

	Q3 FY 2018			Q4 FY 2018			Q1 FY 2019			Q2 FY 2019				
	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019		
DD/LD transplants	3	1	5	4	4	3	2	6	5	2	2	1	38	Total Transplants
Median LOS (transplant to discharge)	5			5			4			5			3 – 10 days	LOS Range

Desired Outcomes
After Transition of Care

- Decrease the number of days renal transplant patients remain inpatient at VAPORHCS

- To initially train 18 RN's in the care of immediate post-operative renal transplant patients

- Improved communication/ documentation between 9D RN's and the transplant surgery and transplant nephrology teams

ACTION PLAN

- Advocate for a reduced RN: Patient ratio of the renal transplant patient in the first 24 hours after surgery

- Education of selected 9D RN's will occur in September 2019

- Transitioning care from CCU to 9D for post-operative renal transplants will be in the Fall of 2019, soon after education is completed

PROJECT METRICS

	Metric	Operational Definition	Source of Data	Data Collection Frequency	Data Aggregation (frequency & level of analysis – unit, pt. pop)	Feedback Plan (to what stakeholders, & when)
PROCESS	Infection Rates; LOS	CAUTI; CLABSI; SSI	CPRS documentation			
OUTCOME	Incidence of infection; frequency of LOS beyond 4 days	Inflammation around surgical site or central line, elevated WBC, fever etc	Presence or absence	Daily	Quarterly	Interdisciplinary team; 9D nurses

PROJECT METRICS

	Metric	Operational Definition	Source of Data	Data Collection Frequency	Data Aggregation (frequency & level of analysis – unit, pt. pop)	Feedback Plan (to what stakeholders, & when)
PROCESS	Nursing Competency	Competency of 9D nurses	Test	Pre-transition, 6 months, and annually after first year	Pre-transition, 6 months, and annually after first year	Interdisciplinary team; 9D nurses
OUTCOME	Increase nursing knowledge and competence	Improved Scores on Post vs Pre Test	Pre and Post Test			

Return on Investment
Post-Operative Renal Transplant Recovery on 9D

Baseline	Post
Average # of renal transplants = 38 LOS in CCU = 2 days Nursing hour per patient day in CCU = $1968/day 38 x 2 x 1968= $149,568	Average # of renal transplants = 38 LOS not in CCU but on 9D = 2 days Nursing hour per patient day in 9D = $632/day 38 x 2 x 632= $48,032

OVERALL RETURN ON INVESTMENT	$149,568 - $48,032 = $101,536

CHALLENGES

- Initially 9D RN's stated apprehension in taking on a higher acuity patient population with the assumption an adjustment to the RN: Patient ratio wouldn't be made

- Finding time away from patient care for the EBP Fellows was challenging due to staffing limitations.

CONCLUSION

9D is an appropriate level of care for this population of patients when nurses have additional transplant specific education and a reduced assignment while caring for this population in their acute phase.

QUESTIONS & DISCUSSION

REFERENCES

Burns, T., & Turner, K. (2018). Kidney transplantation for Australian renal nurses. *Renal Society of Australasia Journal*, *14*(3), 96–104. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=133296538&site=ehost-live

Figueroa, S. (2018). Nurses' Perception of Unit-Based Competency Assessment Compared to Traditional Skills Fair. *MEDSURG Nursing*, *27*(6), 373–378. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=133645963&site=ehost-live

Lavoie, P., Pepin, J., & Boyer, L. (2013). Reflective debriefing to promote novice nurses' clinical judgment after high-fidelity clinical simulation: A pilot test. *Dynamics*, *24*(4), 36–41. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=107942588&site=ehost-live

Moran, N., & Byrne, G. (2018). Assessing knowledge of wound care among cardiothoracic nurses. *British Journal of Nursing*, *27*(15), S33–S42. https://doi.org/10.12968/bjon.2018.27.15.S33

Reece, S. (2016). Relationship Between Mock Code Results on Medical-Surgical Units, Unit Variables, and RN Responder Variables. *MEDSURG Nursing*, *25*(5), 335–340. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=118640440&site=ehost-live

Rushton, M. (2015). Simulation and the student pathway to critical care. *British Journal of Cardiac Nursing*, *10*(2), 93–98. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=103775791&site=ehost-live

Siddaram, S., & Anil, S. (2018). A Comparative analysis between Objective Structured Clinical Examination (OSCE) and Conventional Examination (CE) as Formative Evaluation Tool. *International Journal of Nursing Education*, *10*(3), 102–105. https://doi.org/10.5958/0974-9357.2018.00076.4

Turner, K., Burns, T., & Tranter, S. (2018). An evaluation of the nursing care of renal transplant recipients: a qualitative study. *Renal Society of Australasia Journal*, *14*(1), 21–25. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=129773452&site=ehost-live

REFERENCES