

Improving Patient Outcomes through Bedside Neurological Examinations

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Improving Patient Outcomes through Bedside Neurological Examinations

Lehigh Valley Health Network, Allentown, PA

Nurse residents of a 14-bed neuroscience intensive care unit (NSICU) identified a 'disconnect' in the interpretation of neurological assessments during change of shift report. These discrepancies resulted in unnecessary calls to physicians and avoidable tests for patients. This presentation describes how practice changes were implemented to alter existing communication handoff at the bedside to improve the validity of neurological exams during change of shift.

Facts

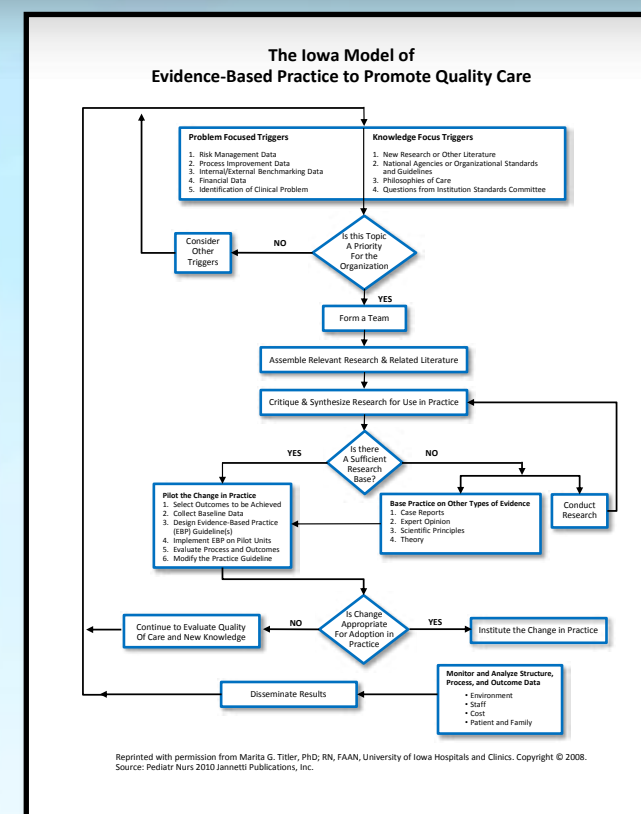
- The ability to accurately assess a patient's neurological status is crucial to the provision of safe and efficient care.
- Acuity assessments vary due to the subjectivity of the person completing the evaluation more often than an actual change in the patient.

Goal

Improve bedside change of shift communication of neurological assessments based on evidence and best practices

The Iowa Model of Evidence-Based Practice to Promote Quality Care

- Identify Problem
- Develop PICO question
- Complete literature search
- Build evidence table
- Disseminate findings



PICO Question

Q. Does change of shift nurse-to-nurse neurological examination at the bedside versus verbal neurological examination report affect identification of early neurological changes?

Pre-Implementation Survey

1. Bedside neurological shift report holds people accountable.				
Strongly agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
50%	33%	13%	3%	0%
2. Bedside neurological shift report helps me prioritize my workload.				
Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
23%	60%	13%	3%	0%
3. Bedside neurological shift report also allows me to perform medication reconciliation.				
Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
13%	57%	17%	10%	3%
4. Immediately after bedside neurological shift report, I am able to communicate with providers regarding patient care.				
Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
23%	47%	17%	13%	0%
5. Approximately how many times have you picked up a neurological change at change of shift?				
5 Times or >	4 Times	3 Times	2 Times	Never
30%	27%	30%	13%	0%

(N=30, 71% response rate)

Barriers

- Paucity of current research
- Nurse skepticism
- Hand-off report time constraints

Outcomes

- Early catches in patient neurological changes
- Increased peer accountability
- Timely communication with physicians
- Decreased calls to providers
- Medication reconciliation
- "Never-events" prevented

"Conducting bedside exams together at change of shift ensures patients' findings are documented according to clinical condition, not clinical opinion."

~Clinical Nurse, NSICU

Implementation Strategies

Reeducation: Lunch-n-Learns by neurology experts

- differentiating levels of consciousness
- muscle strengths
- charting discrepancies

Tools: Pen lights and pupil size charts

Standard work: neurological examinations conducted at the bedside

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Next Steps

- Monitor for compliance
- Audit charts for charting discrepancies
- Conduct post-implementation survey
- Provide ongoing education

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