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Improving Compliance of Sequential Compression Device Documentation

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Improving Compliance of Sequential Compression Device Documentation

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Background & Significance

- Observations noted that patients were not wearing Sequential Compression Devices (SCD) as ordered. Prevalence Audit data confirmed that compliance with application of SCD and documentation of SCD was incomplete.
- Nurses lack of knowledge regarding correct documentation when a patient refuses to wear SCD.

PICO

What is the effect of education and an algorithm to use as a reference guide on registered nurses documentation of refusal of Sequential Compression Devices (SCD)?

Evidence

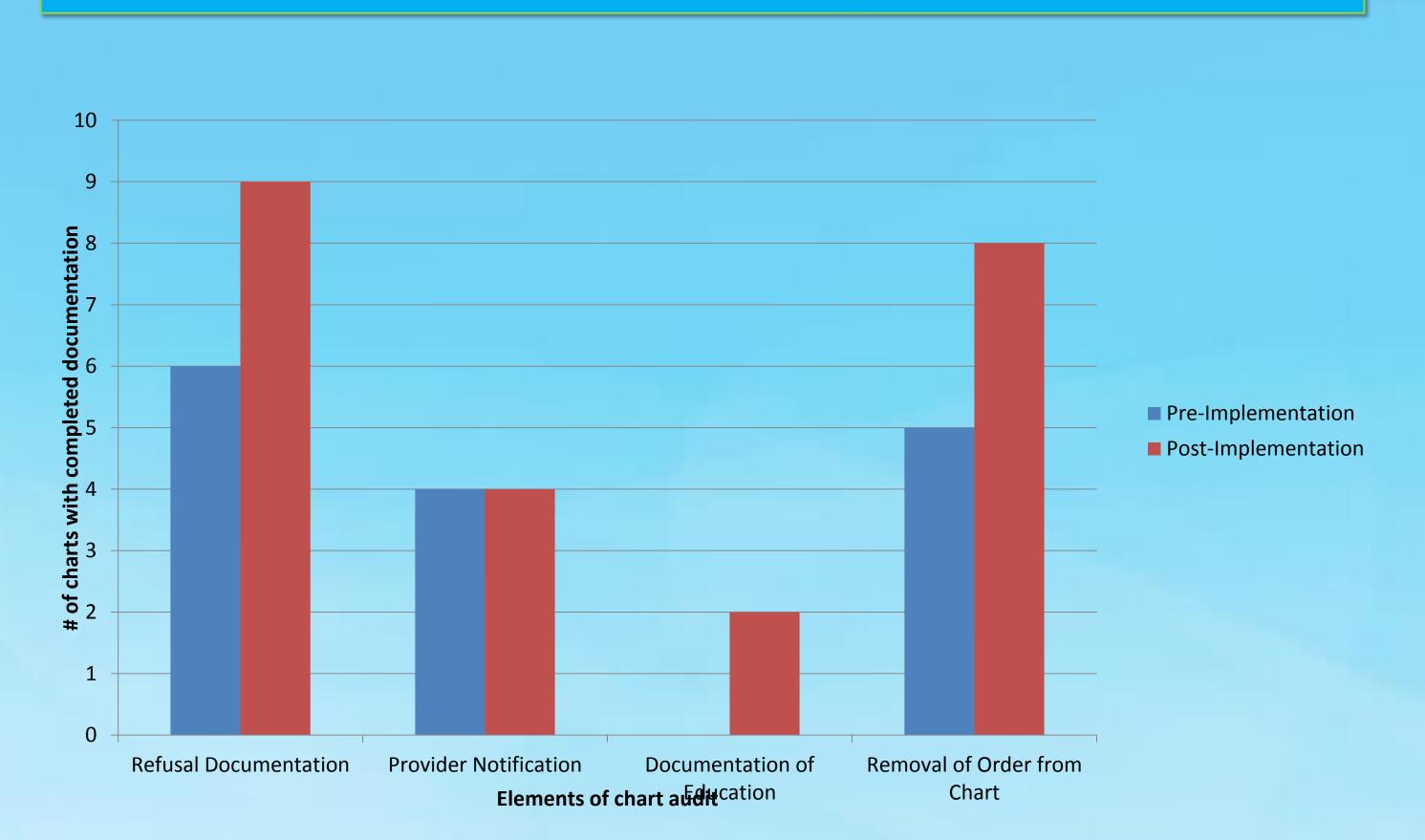
- Venous thromboembolism (VTE) is an important patient safety issue resulting in significant mortality, morbidity, and health care resource expenditure. Despite the widespread availability of best practice guidelines on VTE prevention, only 49% of patient were receiving appropriate prophylaxis (Duff, Omari, & Walker, 2011).
- Availability of an institution-wide VTE prophylaxis protocol allows nurses to improve quality of care, implementation, and prevention of DVT's (Gurley & Tietze, 2014).
- Implementation of evidence-based VTE prevention through continuing education can prevent DVT's and increase staff compliance (Gurley & Tietze, 2014).
- If nurses are educated, they feel empowered to implement appropriate VTE prophylaxis (Collin et al, 2010).

Implementation

- Pre-implementation chart audit completed on 20 charts to audit compliance with documentation of refusal to wear SCD.
- Developed algorithm for registered nurses to use as reference guide to ensure all required documentation of refusal is complete.
- Face-to-face education regarding use of algorithm provided to all registered nurses.
- Copy of algorithm was provided to registered nurses and posted in key areas throughout the unit.
- Post-implementation chart audit completed on 16 charts to audit compliance with documentation of refusal to wear SCD.

Algorithm





• Disseminate findings to network.

REFERENCES

Collins, R., MacLellan, L., Gibbs, H., MacLellan, D., & Fletcher, J. (2010). Venous thromboembolism prophylaxis: the role of the nurse in changing practice and saving lives. Australian Journal Of Advanced Nursing, 27(3), 83-89 7p. Duff, J., Walker, K., Omari, A., Middleton, S., & McInnes, E. (2013). Educational outreach visits to improve nurses' use of mechanical venous thromboembolism prevention in hospitalized medical patients. Journal Of Vascular Nursing, 31(4), 139-149 11p

doi:10.1111/ijpp.12024

Results/Conclusions

Compliance with documentation of refusal improved 56% post-implementation. No improvement noted with provider notification or documentation of education.

Next Steps

Gao, F., & Kause, J. (2010). Thromboprophylaxis awareness among hospital staff. British Journal Of Nursing, 19(18), 1175-1178 4p.

Tietze, M., & Gurley, J. (2014). VTE Prevention: Development of an Institutional Protocol and the Nurse's Role. *MEDSURG Nursing*, 23(5), 331-342 12p.

Vyas, D., Bearelly, D., & Boshard, B. (2014). A multidisciplinary quality improvement educational initiative to improve the rate of deep-vein thrombosis prophylaxis. International Journal Of Pharmacy Practice, 22(1), 92-95 4p. © 2014 Lehigh Valley Health Network

