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Association for Radiologic & Imaging Nursing 2019 Poster Abstracts

Implementation of Nausea Assessment into Radiology Nursing Practice

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The use of a validated instrument to assess nausea in children, such as the Baxter Animated Retching Faces (BARF) scale, has not been implemented into nursing assessment or the electronic medical record (EMR) at this large pediatric institution. The purpose of this quality improvement project was to provide a nursing initiated educational intervention on the implementation of the BARF scale into routine nursing assessment, and to investigate the education gained by nurses after the intervention. Our hypothesis was that nurses will improve scores on a nausea questionnaire after implementation of the education. This project began with nurses who completed an extensive review of the literature regarding nausea and nursing assessment. In June 2018, a nausea questionnaire (adapted from Jolley, 2000) was distributed to approximately 30 radiology nurses. This questionnaire assessed nurses' knowledge of nausea and of the use of a validated measure for assessing nausea. The next step was to provide a multi-modal educational intervention (powerpoint presentation and handheld laminated version of the BARF scale) to the radiology nurses who were surveyed. One month after the educational intervention, the nurses were surveyed on their knowledge utilizing the same nausea questionnaire. Data collection existed in the form of questionnaire results from nurses prior to and after the educational intervention. The survey results were anonymous and voluntary. A convenience sample of nurses available at the time of the data collection was used. No patient information was reviewed or accessed.

Trends in Management in Pulmonary Embolism

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Pulmonary Embolism has a mortality rate up to 52% when patients present with right ventricular failure, hypoxemia and hypotension. There are multiple interventions for treatment of PE, including systemic thrombolysis, catheter directed thrombolysis or thrombectomy, surgical embolectomy and systemic anticoagulation, but survival to treatment has been an issue. The development of Pulmonary Embolism Response Teams (PERT), a PERT registry and the involvement of Extra Corporeal Membrane Oxygenation (ECMO) teams has led to improved outcomes.

This presentation describes PERT teams, resources, and the necessary considerations behind such an enterprise. Positive data is driving the inclusion of ECMO as a high-tech therapy so describing this treatment option is a focus of the presentation. Detail regarding indications, patient selection and patient management will be discussed. The presentation will conclude with emphasis on preparation and management concerns for IR professionals and how they can understand, support and collaborate with cardiac surgery and perfusion while providing ECMO to these patients.

JHH Interventional Radiology and Neuro-Radiology Center: Universal Protocol -Time Out

Interventional QI Team

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Identifying the right patient, right procedure and correct site are critical to patient safety when procedures are performed. Currently, there is significant variation in the timeout process that is performed prior to patients having procedures at The Johns Hopkins Hospital in the Interventional Radiology (IR) and Neuro-Interventional Radiology (NIR) procedure areas. This can lead to potential regulatory compliance issues and patient safety violations. Prior to preforming any procedure there are many steps taken to ensure patient safety. One of those steps includes following the Universal Protocol. The Universal Protocol describes the process taken to verify correct patient, site and correct procedure is being performed. As part of the Joint Commissions 2018 National Patient Safety Goals, the Universal Protocol is at the forefront of patient safety (Joint Commission standards). Furthermore, while all of us would agree patient safety is our number one goal, errors have occurred in our area in which wrong procedures have been performed. Our goal of this project is to improve the time out compliance in IR/NIR by creating a "Timeout Standard Work".

The Joint Commission. Retrieved from https://www.jointcommission.org/standards_information/up.aspx

Transitioning Interventional Radiology from a Phase II to Phase I Level of Care Unit to Enhance Patient Throughput

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Efficient patient throughput is an ongoing challenge in the interventional radiology department. In IR procedures requiring anesthesia the patients are either transferred to the intensive care unit (ICU) or to the Phase I post anesthesia care unit (PACU) for their post-procedure recovery and care. All other cases with lesser acuity were transferred to the department's own Phase II PACU recovery room. An increase in the volume of patients undergoing anesthesia caused procedure room holds due to unavailable beds in the ICU or Phase I PACU. These holds resulted in delaying procedure start times for subsequent procedures. The purpose of this project was to improve patient throughput, decrease delays in room turnover, and provide patient continuity of care by transitioning the IR Phase II PACU to a Phase I PACU, thus allowing more of the IR patients to recover in the same department as their procedure.

An action plan was developed in November 2016 which included the recruitment and hiring of additional staff, education and training for all staff including technical and ancillary, and reviewing throughput data of anesthesia cases. The training was composed of three integral parts:

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