

Improving SCD Compliance

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Improving SCD Compliance

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Background

- The AHRQ, Agency for Healthcare Research and Quality, states that the development of DVT/PE attributes to the largest cause of preventable hospital deaths, accounting for more than 100,000 deaths per year.
- Complications such as a DVT can increase hospital stays by 2 to 5 days while PEs can result in more than 5 day stay and an ICU admission, accounting for an additional cost of treatment from \$7,000 to \$10,000 respectively.
- Patient Care Specialist completes monthly audits and staff received communication that we were less than 50% compliant with applying SCDs (sequential compression device) per order.
- The new SCD pumps have a time feature to record length of application.

Implementation

- Gather data on current SCD compliance through chart audits, and track hours of SCD use for our own patient assignments.
- Develop an educational power point on proper SCD use, and how to utilize the timer feature.
- Implement a hands-on education sign off for validation.
- Perform audits on hours of SCD usage, compare pre and post data to evaluate compliance.

Purpose

Purpose- To improve SCD use compliance.

Among adult medical surgical patients on 5T with an order for SCDs, does tracking total hours of usage improve SCD compliance compared with the current practice of simply noting if SCDs are on or off?

P - Adult medical surgical patients on 5T

I - Nurses clear pumps at bedside shift report and note total hours of SCD use in a separate flow sheet.

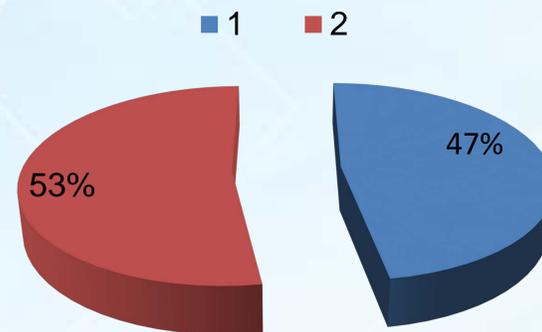
C - Current practice (not documenting hours of use, but simply documenting if SCDs are on or off).

O - Improved SCD compliance

Outcomes

- Tracking the hours of SCD use process had slight effect on the length time worn by patients. Improving average hours of use from 8.7 to 9.6 hours.
- In all, the process did improve the amount of patients complying in wearing the ordered SCDs.

SCD use Pre-Data¹ Vs Post-Data²



Evidence

- According to Ritsema et al., (2013), among 100 post-op urology patients, SCD non compliance was largely due to hospital factors like equipment availability and timely staff application rather than patient factors like patient knowledge, attitude, or demographics.
- According to Craigie et al., (2015), "Up to one fourth of patients are non-adherent to mechanical thromboprophylaxis while hospitalized."
- Compliance with mechanical prophylaxis is suboptimal particularly in non-ICU patients. Strategies to improve compliance or alternative prophylaxis should be considered in those patients" (Bockheim, McAllen, Baker, & Barletta, 2009).

Lessons Learned

- Improving staff awareness on inadequacies in charting and compliancy takes constant cues and motivation to improve staff effort.
- Interdisciplinary and interprofessional collaboration are also key elements to implementing and successfully executing clinical goals.
- Overall, the process was a lot more difficult to implement during the dayshift hours due to the difference in workflow.

REFERENCES

- Bockheim, H. M., McAllen, K. J., Baker, R., & Barletta, J. F. (2009). Mechanical prophylaxis to prevent venous thromboembolism in surgical patients: A prospective trial evaluating compliance. *Journal of Critical Care*, 24(2), 192-196. doi:10.1016/j.jcrc.2009.01.001
- Craigie, S., Tsui, J. F., Agarwal, A., Sandset, P. M., Guyatt, G. H., & Tikkinen, K. A. (2015). Adherence to mechanical thromboprophylaxis after surgery: A systematic review and meta-analysis. *Thrombosis Research*, 136(4), 723-726. doi:10.1016/j.thromres.2015.06.023
- . *Journal of General Internal Medicine*, 22(12), 1762-1770. doi:10.1007/s11606-007-0369-z
- Ritsema, D. F., Watson, J. M., Stiteler, A. P., & Nguyen, M. M. (2013). Sequential compression devices in postoperative urologic patients: an observational trial and survey study on the influence of patient and hospital factors on compliance. *BMC Urology*, 13(1). doi:10.1186/1471-2490-13-20

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