

Evidence-Based Practice (EBP) - E145

Poster

Abstract Title:

Implementation of a Backboard Removal Policy in a High Volume Community Emergency Department

Authors:

Stacy Helton, RN BSN

Background & Purpose:

As the Department focused on improving trauma care, practices were evaluated. A major problem was the time patients remained on backboards. It was noted that after 20 minutes, patients are at increased risk for skin breakdown and damage may occur in less than 30 minutes. This is concerning since our trauma population is skewed toward seniors segment of the population. A team was assembled to oversee the project. The goal was to collect data, and determine the actual length of time patients were remaining on boards. After two-months of collection, it was confirmed that there was an opportunity to improve. A goal of twenty minutes (from arrival to removal) was set.

Study/Project Design:

Dec.'10- data collection began (n=142), 54.6 min.avg. July '11, down to avg. of 8.0 min., 96% success (n = 1509).

Setting:

Regional referral hospital-551 inpatient beds, serving 16 counties of NE GA. 124-bed ED, 106,000 patients annually.

Sample:

All patients presenting on backboards.

Procedures:

Over the course of several months, ED physicians, administration, and nursing participated in tweaking the policy and procedure. As a visual cue, and so that patients would not be inappropriately moved, a bright green sign would hang from the stretcher to indicate that the patient was to remain on spinal precaution. Protective collars also remain in place as a reminder to patients and to staff. Next steps included the creation of a brightly colored compliance monitoring tool and process. The tool included patient identification information, names of the members of the care team for any necessary follow up hand-offs, patient arrival time, and backboard removal time. The charge nurse desk in the ED became the central collection location for the completed forms.

Findings/Results:

55% to 97% compliance (42% increase) Decreased risk of skin breakdown Increased comfort and satisfaction

Discussion/Conclusions/Implications:

Nurses can drive meaningful initiatives that improve many facets of patient care and their overall experience. The most readily accepted means for bringing about change is through the use of data. Establishing trust with the providers opens many doors for nurses in terms of greater autonomy to practice fully within their actual scope. The two most striking things learned from this project/process were the need for greater consistency of practice to improve overall care, and the critical value of thorough education relative to new initiatives. As a result of these changes, the ED is one step closer to providing the kind and quality of trauma care our community needs and deserves.