

**Title:** Utilizing Interdisciplinary Education to Optimize KCentra Delivery in Two Emergency Department Settings

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**Design:** ED KCentra cases were reviewed from 11/2016 through 12/2017 to identify timelines. Data was abstracted from initial order placement to medication administration times. Process change procedure and education was developed with go live of May 16, 2018

Setting: Level 2 Trauma Center and Community Hospital ED

Sample: Convenience sample of 30 adult patients requiring KCentra administration.

**Method/Procedure:** Prior to implementation of a bedside reconstitution process, 100% compliance for education of ED nurses at both Level 2 Trauma Center and Community Hospital campus sites was attained. Education consisted of reconstitution process, administration, and monitoring of KCentra. Following process change, 100% of patients receiving KCentra were audited for the same timeline order placement and medication administration times as during initial data analysis.

**Results:** There has been a consistent decrease in time from order placement to administration. In the Level 2 Trauma Center average time is 18 minutes, median of 15 minutes. This has also allowed for the availability of KCentra in the Community Hospital ED, where prior acute management and treatment required rapid facility transfer for KCentra administration and reversal, now with time from order to administration of 38 minutes. **Discussion:** This quality improvement initiative has demonstrated a sustainable process change across different ED settings, decreasing time from identification and order placement to administration of KCentra in a vulnerable population. While there are still outliers that require time sensitive administration for timed procedures, and further streamlining to perform, this process change consistently offers patients faster administration times for management of life threatening hemorrhages. Given the initial success in decreasing times, further investigation into the long term outcomes of this process must be undertaken; particularly around length of stay and morbidity and mortality. In addition, this has demonstrated a clear patient outcome directly related to nursing education and supports utilization of both interdisciplinary patient management, quality improvement initiatives, and collaborative education.