Assessment of Nursing Self-Confidence in Cardiac Arrest Documentation

Amanda R. Paulsen, DNP, AG-ACNP-BC, CCRN

Susanna Rudy, DNP, MSN, MFS, AG-ACNP, FNP-BC, ENP, CCRN

Vanderbilt University School of Nursing

SCHOOL OF NURSING
VANDERBILT UNIVERSITY

INTRODUCTION

Topic:
- Over 200,000 in-hospital cardiac arrests occur annually in the United States.
- At Michigan Medicine, nurses are responsible for completing thorough and accurate cardiac arrest documentation in the "Code Narrator" in the electronic medical record (eMAR) during the event.

Problem:
- Nurses responsible for documenting cardiac arrest events in the eMAR lack confidence in their ability to document in the "Code Narrator" during the event.
- A lack of confidence may lead to delays in documentation, or inaccurate documentation, impacting: Future clinical decision-making, if survival is achieved. Medico-legal investigation, if circumstances of death are questioned.
- Few studies have explored the impact of nursing confidence and familiarity with cardiac arrest documentation in an eMAR.

Aim:
- To understand nurses' reported self-confidence, attitudes, and practices in cardiac arrest documentation.
- Increase nursing self-confidence scores in cardiac arrest documentation from "not confident" to "fairly confident" or "very confident" within six weeks.
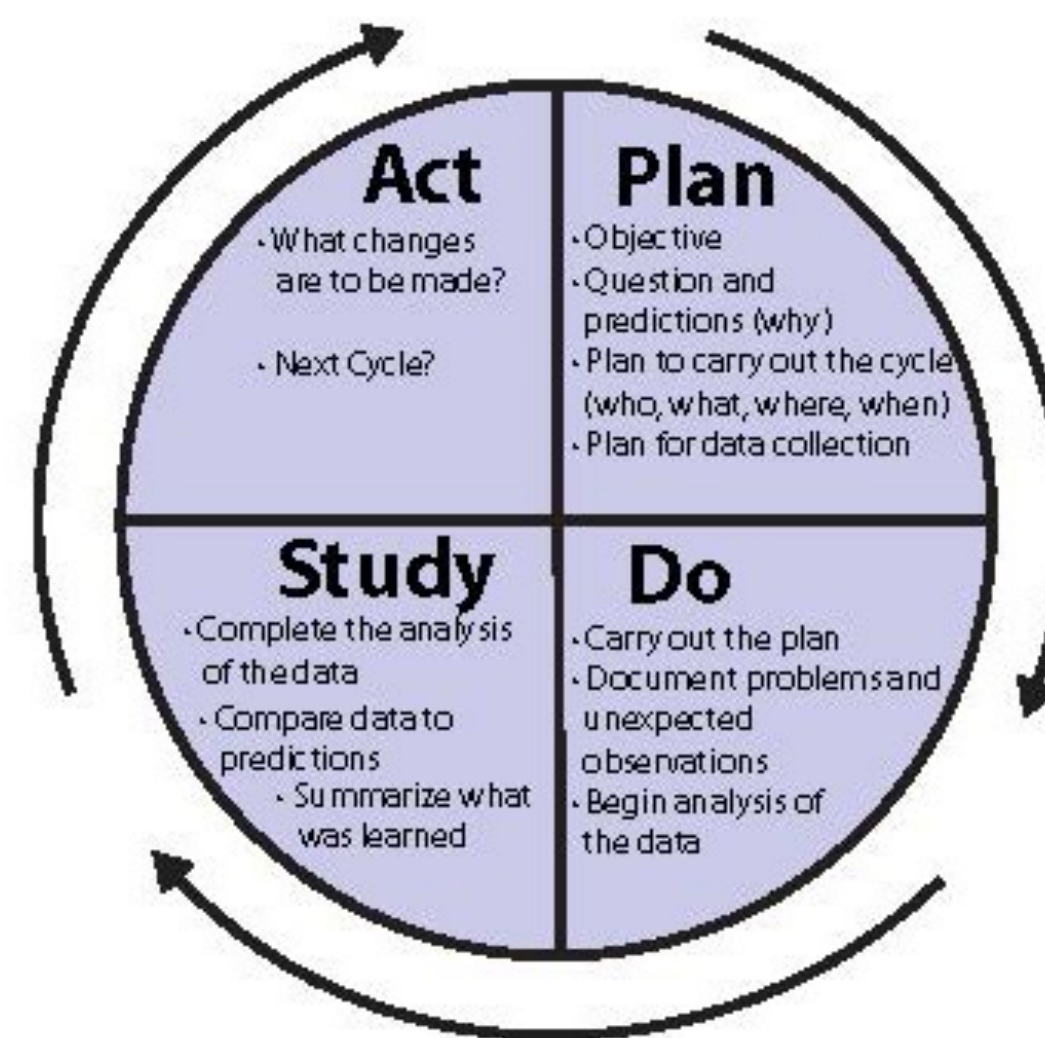
Objectives:
- **Explore** nurses' reported self-confidence in cardiac arrest documentation with a survey.
- **Review** nurse's survey results, assess themes and common trends.
- **Implement** educational materials for documentation in the "Code Narrator" to nursing staff.
- **Initiate** a post-educational intervention survey to assess nurses' self-confidence in cardiac arrest documentation.
- **Disseminate** nurses reported self-confidence in cardiac arrest documentation.

METHODS

- **Plan:** Improve nurses' reported self-confidence in cardiac arrest documentation from "not confident" to "fairly confident" or "very confident" on a five-point Likert scale within six weeks.

- **Do: Distribute** a pre-intervention survey to nurses (approx. 65-70 nurses) in a medical-surgical telemetry unit at Michigan Medicine. **Create** cardiac arrest documentation educational materials for documentation in the "Code Narrator" to nursing staff. **Initiate** a post-educational intervention survey to assess nurses' self-confidence in cardiac arrest documentation. **Compare** pre-and post-intervention reported self-confidence scores and thematic responses.

- **Study**: **Review** the pre-and post-intervention surveys; free-text responses from surveyed nurses to determine common themes in documentation confidence, reasons for not completing documenting in eMAR during the cardiac arrest, and ways to improve the "Code Narrator" in the eMAR.

- **Act: Disseminate** nurses' reported self-confidence in cardiac arrest documentation, thematic responses to perceived documentation confidence, reasons for not completing documenting in eMAR during the cardiac arrest, and ways to improve the "Code Narrator" in the eMAR.
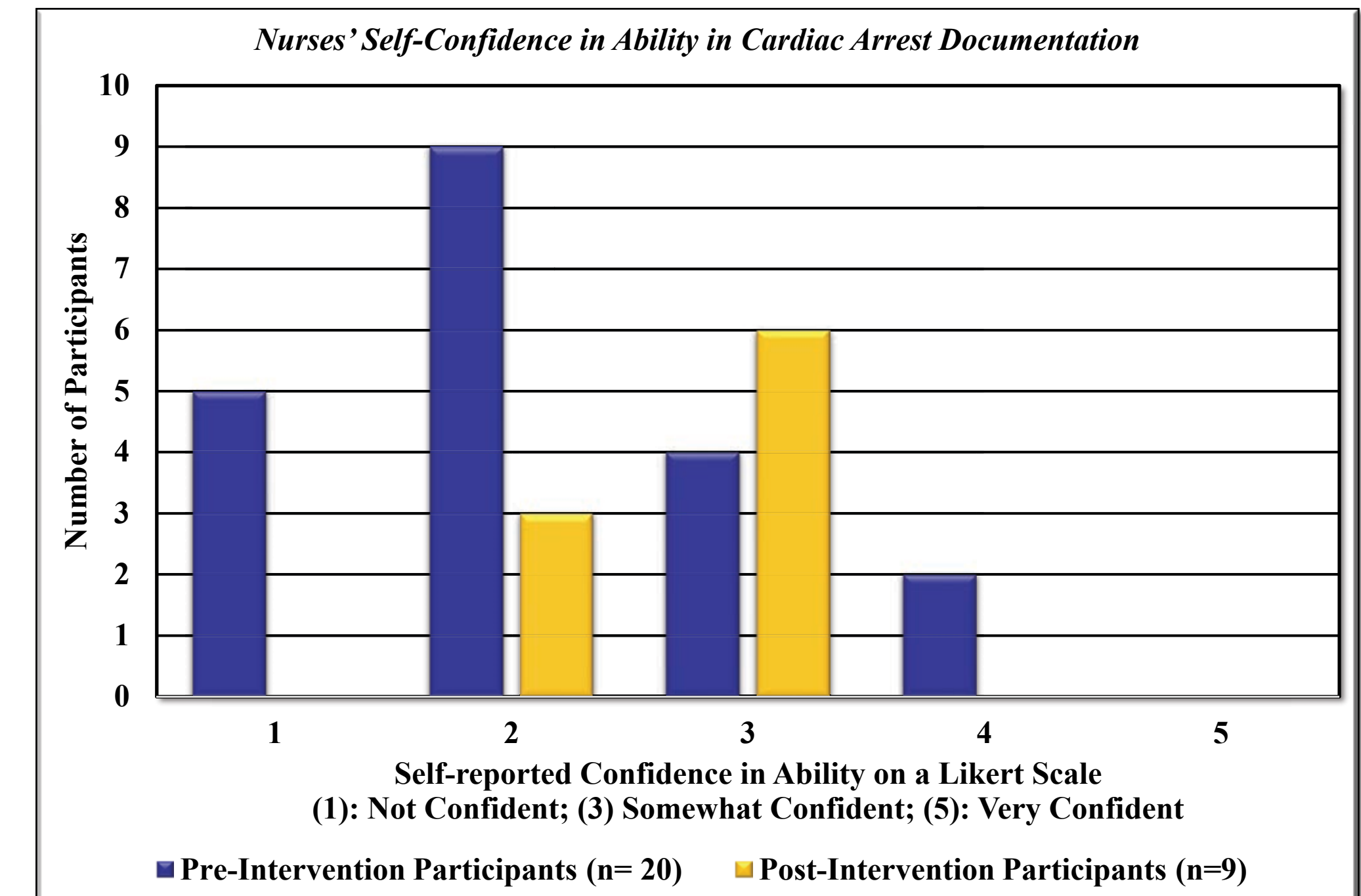
The PDSA Cycle for Learning and Improving

Act
- What changes are to be made?
- Next Cycle?

Plan
- Objective
- Question and predictions (why)
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Study
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

Do
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

Pre-Intervention Survey: Participant's Perception of eMAR Code Narrator	
	N=20 (%)
Current Code Narrator is easy to use	
[1] Confusing	2 (10%)
[2]	12 (60%)
[3] Somewhat easy to use	5 (25%)
[4]	1 (5%)
[5] Easy to use and navigate	0 (0%)
Likeliness to document in the eMAR Code Narrator	
[1] Not Likely	14 (70%)
[2]	4 (20%)
[3] Somewhat Likely	1 (5%)
[4]	1 (5%)
[5] All the Time	0 (0%)
Preference to chart on paper with pen v. eMAR Code Narrator	
Paper/Pen	17 (85%)
eMAR Code Narrator	3 (15%)
How many minutes to transcribe paper notes into eMAR Code Narrator?	
0-10 minutes	0 (0%)
10-20 minutes	1 (5%)
20-30 minutes	6 (30%)
30-40 minutes	0 (0%)
40-50 minutes	3 (15%)
60 minutes or greater	10 (50%)

RESULTS

- Pre-Intervention (N=20): 14/20 (70%) nurses report "no confidence" in their ability.
- Post-Intervention (N=9): 6/9 (66%) nurses report "somewhat confident" in their ability after receiving educational materials.
- *No cardiac arrest events occurred during the study period.*

Nurses' Self-Confidence in Ability in Cardiac Arrest Documentation

Self-reported Confidence in Ability on a Likert Scale
(1): Not Confident; (3) Somewhat Confident; (5): Very Confident

■ Pre-Intervention Participants (n= 20)　■ Post-Intervention Participants (n=9)

IMPLICATIONS FOR PRACTICE

- Direct care nurses lack confidence in their ability to accurately document a cardiac arrest event in the eMAR "Code Narrator."
- Action needs to be taken to provide recurrent (annual to bi-annual) education of the eMAR "Code Narrator."
- Use a streamlined *tablet-based* code documentation tool for one-click documentation of all major interventions, which can increase usability for nurses.
- FullCode Pro, a free tablet-based software application from American Heart Association (AHA) allowing for one-step touch-screen documentation.

REFERENCES