



EP7EO- Nurses systematically evaluate professional organizations' standards of practice, incorporating them into the organization's professional practice model and care delivery system.

Provide one example, with supporting evidence, of an improvement resulting from a change in clinical practice due to the application of a professional organization's standards of nursing practice. The example provided may be at the unit, division or organizational level. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

Example 1: Lung Transplant Telephone Surveillance Program Using Transplant Scope and Standards of Practice

Background/Problem:

The UVA Transplant Center participates in the Scientific Registry for Transplant Recipients (SRTR). Administered by the Chronic Disease Research Group of the Minneapolis Medical Research Foundation, this registry provides data analysis that informs policy development, supports transplant programs and guides transplant research.

In 2012, the SRTR released lung transplant reports data regarding patient and graft survival. At one year post-transplant, the national patient survival rate was 86.7%, while survival of UVA patients was only 78.6%. The UVA transplant team, including physicians, nurse practitioner coordinators, a quality coordinator and social workers, conducted a thorough review of all lung transplant patient deaths. The team determined that UVA's lower survival rates were due to infection-related deaths, and that patients weren't receiving adequate follow-up care. On the patient side, issues were identified regarding medication compliance, clinic visit compliance, geographic distance from our transplant center and a reluctance to communicate with the transplant center despite a toll-free phone number.

Goal Statement:

Improve the UVA survival percentage of lung transplant patients compared to the national patient survival percentage as measured by the scientific registry of transplant recipients.

Description of the Intervention/Initiative/Activity(ies):

The team developed an action plan to improve patient and graft survival using the evidence gathered from the Transplant: Scope and Standards of Practice and reviewed literature on telephone call programs. The Transplant Standards of Practice were first published by the ANA in 2009 as a result of collaboration with the International

Transplant Nurses Association. The literature on effective telephone call programs recommends programs include several key principles: clear and consistent structure targeting specific behaviors, specific goals, targeting patients who can most benefit from them, providing linkage with regular outpatient care and follow-up, and including concrete measurement of patient and program outcomes. The team determined that a telephone surveillance approach aligned well with the recommendations in the literature and suited the lung transplant population.



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The lung transplant telephone surveillance program began in July 2012 and was fully implemented by January 2013. Patients were contacted three times a week by their designated nurse practitioner Lung Transplant Coordinator. The approach was carefully aligned with the Transplant Nursing Standards. The table below (Table 1) shows the structure of the phone call on the left and the correlating standards on the right:



EP7EO Table 1: Standards Inform Telephone Surveillance Structure

Telephone Surveillance Element	Correlating Transplant Nursing Standard
<p>Patient was asked about presence of:</p> <ul style="list-style-type: none"> • Respiratory symptoms (dyspnea, cough) • Fever, chills or signs of infection • GI symptoms (nausea, vomiting, diarrhea, reflux) • Anxiety • Depression • Sleep disturbances 	<p>STANDARD 1. ASSESSMENT The transplant nurse collects comprehensive data pertinent to the patient's health or the situation.</p> <p>STANDARD 2. DIAGNOSIS The transplant nurse analyzes the assessment data to determine the nursing diagnoses or health-related problems or needs.</p> <p>STANDARD 3. OUTCOMES IDENTIFICATION The transplant nurse identifies expected outcomes for a plan individualized to the patient or the situation.</p>
<p>Review:</p> <ul style="list-style-type: none"> • Date of last labs • Date of next appointment • Use of incentive spirometry and values • Planned exercise <p>Provide:</p> <ul style="list-style-type: none"> • Coaching • Education • Problem-solving • Referrals as needed • Follow-up appointment times if needed prior to next scheduled appointment <p>Document telephone encounters in Epic to facilitate team communication.</p>	<p>STANDARD 4. PLANNING The transplant nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.</p> <p>STANDARD 5. IMPLEMENTATION The transplant nurse implements the identified plan.</p> <p>STANDARD 5A. COORDINATION OF CARE The transplant nurse coordinates care delivery.</p> <p>STANDARD 5B. HEALTH TEACHING AND HEALTH PROMOTION The transplant nurse employs strategies to promote health and a safe environment.</p> <p>STANDARD 5C. CONSULTATION The transplant nurse coordinator or advanced practice registered nurse provides consultation to influence the plan of care, enhance the abilities of others and effect changes.</p> <p>STANDARD 5D. PRESCRIPTIVE AUTHORITY AND TREATMENT The advanced practice registered nurse uses prescriptive authority, procedures,</p>



	referrals, treatments and therapies in accordance with state and national laws and regulations.
<p>Nurse Practitioner Transplant Coordinators monitored patient-level and program-level outcomes, including:</p> <ul style="list-style-type: none"> • Surveillance spreadsheet developed for internal tracking • Raw survival comparison data • SRTR Program Specific Reports 	<p>STANDARD 6. EVALUATION</p> <p>The transplant nurse evaluates progress toward attainment of outcomes.</p> <p><i>Source:</i> American Nurses Association and International Transplant Nurses Society (2009). Transplant Nursing: Scope and Standards of Practice. Silver Spring, MD: Nursesbooks.org.</p>

The telephone surveillance was conducted for all patients within one year of lung transplantation. As of July 2012, no patients were enrolled. Improvement became evident in January 2013, and outcomes have continued to improve. As of January 2013, 100% of patients were enrolled.

Participants:

EP7EO Table 2: Participants, Telephone Surveillance Program Development

Name	Discipline	Title	Department
Beverly Ryan	Nursing	Advanced Practice Nurse 1-Nurse Practitioner, Lung Transplant Coordinator	Thoracic Transplant
Shawn Floyd	Nursing	Advanced Practice Nurse 2-Nurse Practitioner, Lung Transplant Coordinator	Thoracic Transplant
Pam Silvers	Transplant QI	Transplant Quality Coordinator	Kidney Acquisition/Transplant
Rob Teaster	Nursing	Administrator, Transplant Services	Transplant

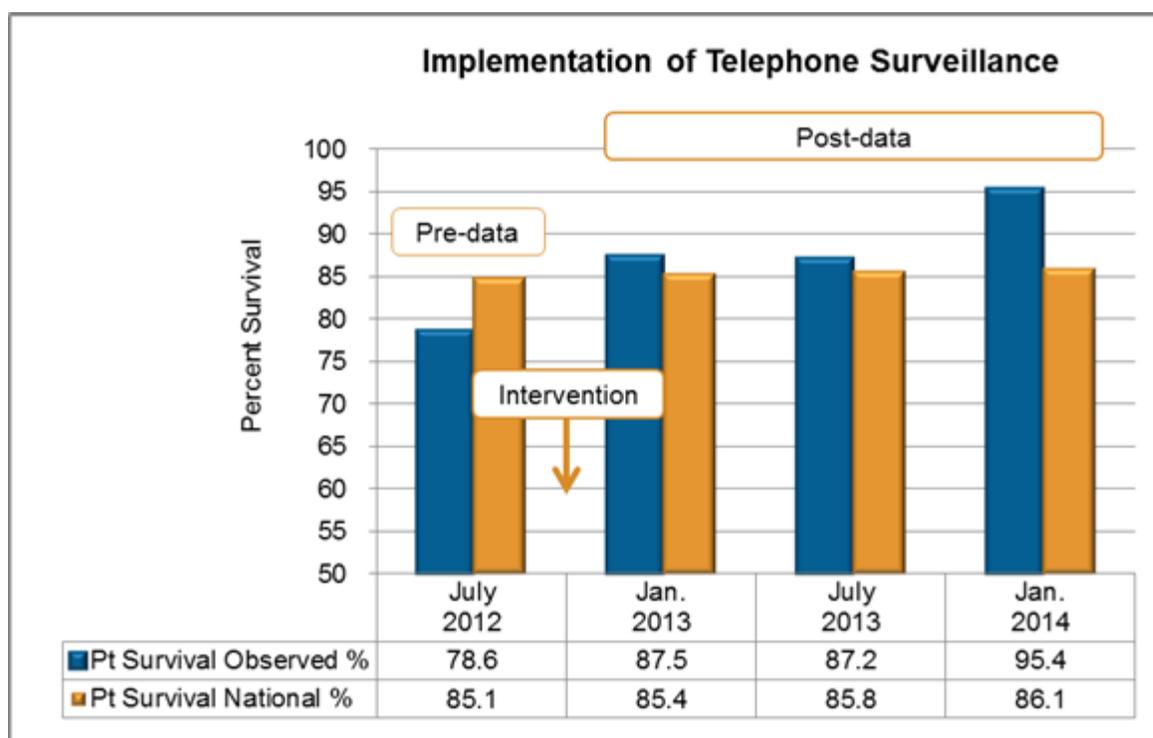
Outcome(s):

Programmatic performance was measured using three methods: a lung transplant surveillance spreadsheet, raw survival comparison data and the SRTR Program



Specific Reports. Since implementation of this protocol, the team has made over 3,900 phone calls, with over 300 patient care interventions.

EP7EO Figure 1: Data Pre- and Post-Implementation of Telephone Surveillance



Patient survival is regularly reviewed during lung transplant-specific quality meetings as well as transplant regional quality (all solid organ transplants) meetings. During these meetings, the Lung Program has been able to share the success of its three-times-a-week phone surveillance program with the other solid organ transplant programs. Some of these programs are beginning to implement similar processes to meet the needs of their specific patient populations. The team is now focused on sustaining this effort, as well as extending it to patients within three years of transplant.

Other findings that were noted for patients involved in the program, but not measured, included improved clinic appointment attendance, lab compliance and patient satisfaction. Most patients verbalized their appreciation for the frequent phone calls and routine check-ins.

Commitment to the process by all team members, including clinical and management, is essential for success of this protocol due to the significant amount of time required.