

Baptist Health South Florida

Scholarly Commons @ Baptist Health South Florida

All Publications

2014

The Impact of the Change in Time for Performing Vital Signs

Murielle Pariente

Doctors Hospital, muriellep@baptisthealth.net

Follow this and additional works at: <https://scholarlycommons.baptisthealth.net/se-all-publications>

Citation

Pariente, Murielle, "The Impact of the Change in Time for Performing Vital Signs" (2014). *All Publications*. 421.

<https://scholarlycommons.baptisthealth.net/se-all-publications/421>

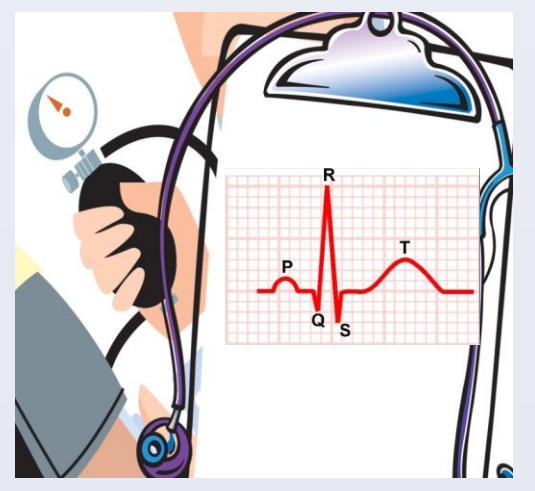
This Article -- Metadata is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact Carrief@baptisthealth.net.

The Impact of the Change in Time for Performing Vital Signs

Introduction

An initiative to change the time of taking vital signs (VS) from 0800 to 0600 was implemented by the Unit Practice Council (UPC) of 3 West, a 36 bed Telemetry Unit at Doctors Hospital. A Performance Improvement (PI) project was developed based on the results of two

surveys, the first of which was administered to all the Registered Nurses (RNs) and Clinical Partners (CPs) and the second to the day shift CPs. The project was conducted over an eight-month period from January, 2013 to August, 2013. It was agreed by all but one or two members of staff; the Physicians were extremely pleased with the change as evidenced by the third and final survey results.



Background Significance

Situation Analysis

- VS were done by the 7a-7p CPs and documented between 0815 and 1030 depending on the availability of computers
- Physicians rounded at 0700. Current VS were not available resulting in mismanagement and delays in care
- Patients were dissatisfied with the many sleep interruptions between 0500 and 0830
- Several time-sensitive duties from 0700 to 0930 made it

difficult to make the VS available early in the shift, e.g. blood sugars to be done 30 minutes before breakfast; breakfast to be served before the food gets cold, and morning toilet requests to be addressed



Literature Review

Limited studies were found that specifically described the importance of timely reporting of VS. One study that closely approximated our study was conducted on a 15 bed general acute pediatric unit by Montforto, Figueros-Altman, Stevens, Thiele, & Ely,

2012. They found that by changing the times in which the VS were done, the staff was able to develop care plans before the teams met every morning thereby improving interdisciplinary communication with significant patient outcomes.

The Purpose of the Project

The purpose of the project was to make the vital signs available to the Physicians when they commence rounds at 0700; to decrease the number of sleep interruptions for patients between 0500 and 0830 and decrease the workload of the day shift CPs thus allowing them to perform the crucial time-sensitive duties during that period.

The Clinical Practice Question

Does performing morning VS at 0600 rather than 0800 have a positive impact on the satisfaction of Physicians, RNs and CPs and improve patient outcomes? Are there significant differences in Physicians', RNs' and CPs' satisfaction and patient outcomes to support the hospital-wide implementation of this change?

Methods

Design

This was a pre test/ post test, qualitative PI project that was initiated by the staff of 3 West and implemented as a pilot project.

Sample

The RNs, CPs on 3 West and all Physicians whose services were used during the eight - month period were included in the surveys. The only exclusion criterion pertained to staff floating to the floor and Physicians who were not involved in patient care with any of the patients.

Instrument

Three questionnaires were administered:

- The first was administered to all RNs and CPs to determine the need to change the time (Number 1)
- The second, to the 7a-7p CPs to evaluate the problems that could contribute to the timely taking and documenting of vital signs (Number 2)
- The third, a post-intervention survey was administered to all Physicians, CPs and RNs to determine the effectiveness of the project (Number 3)

Methodology

- Floor Manager's approval was obtained and the project adopted by the UPC
- Pre-intervention surveys, numbers 1 and 2 were administered and analyzed
- Education of staff done through the UPC Communication Tree using emails and face to face sessions
- Education of the Patient Care Supervisors to ensure compliance
- Change implemented
- Post-intervention Survey administered



Results

Pre-Intervention Survey #1

The first survey comprised one question, "Do you think that the night CP should take the 0600 VS at the same time that the weights are being done in order to minimize sleep interruptions and have VS available to the Physicians by 0700?" Of the 27 RNs who responded, only 2 were not in agreement. Two of the 17 CPs polled did not agree. A decision to formulate a PI project was based on these results.



Pre-Intervention Survey #2

This survey was administered only to the day CPs to determine the problems encountered in performing and documenting the VS early. The Survey comprised four questions. Of the 14 CPs on the floor, nine responded. The results showed that the VS were done between 0720 and 0830. The data were entered into the computer between 0815 and 1030. Among the qualitative analysis data were the following comments in response to the question: "Can you identify any problems that would prevent you from getting the VS into the computer earlier?"

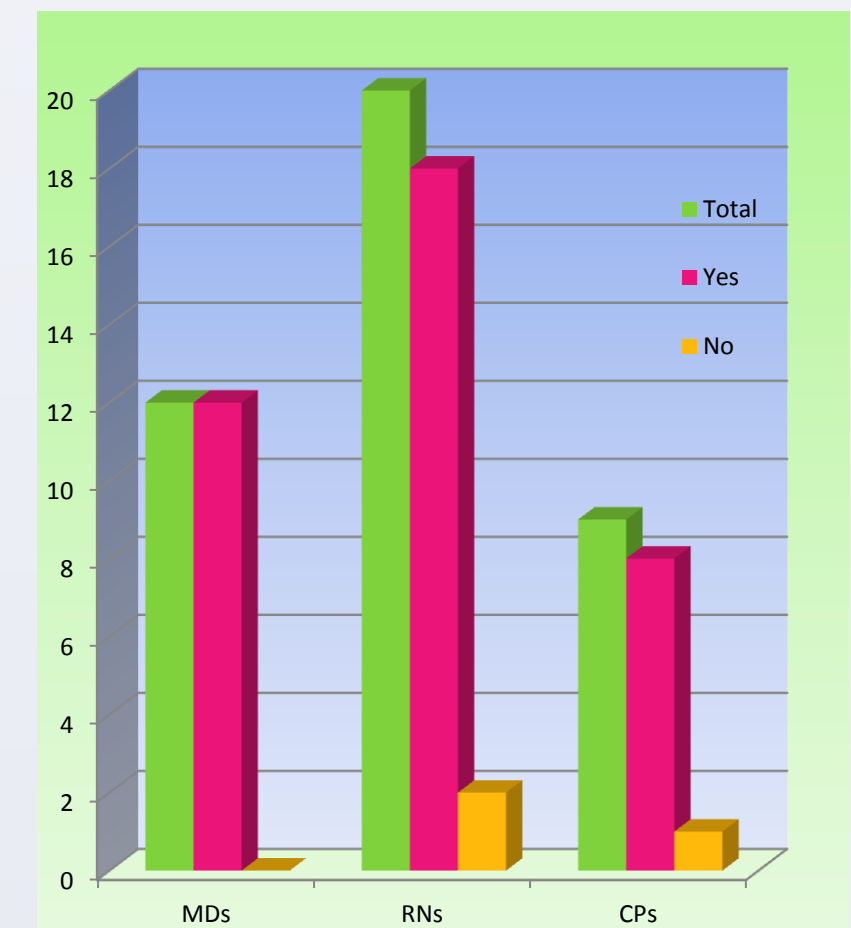


Some of the responses were:
 "Passing trays, assist patients, answer call lights, assist with feeding, etc."
 "After finishing with vital signs and blood sugars breakfast is coming and we have to pass it before it get[s] cold"
 "Probably we can do it earlier but most of the time there is no computer available. If the night CP can take the vital signs and put them in the computer before the AM shift start that would help with the problem."
 "Mostly because by the time I finish the vital signs the breakfast is already here so, in order to provide the pt [patient] with hot food first I have to pass the tray and feed the patient. Also we need to check the blood sugars and report that data to the nurse."

Results

Results of Post-Intervention Survey #3

This final Survey comprised one question – "Has the change in the times the VS are performed and entered in the computer at 0600 provided a smoother, more proficient process, improved safety for patients and timely provision of tools for the Physicians to treat their patients?"



It was administered eight months after the start of the project. Of the 21 RNs who responded, 19 agreed, one of the 11 CPs was not in agreement and all 13 Physicians agreed that it was a significant change.

Discussion

Findings showed that there was satisfaction among the Physicians, RNs, and CPs. Improved health outcomes were not measurable, but it was assumed that the availability of timely vital sign entries allowed Physicians to better manage their patients. Physicians were then able to modify medication regimens and have them posted to patients' profiles before medication rounds. There was a decrease in delay with insulin and blood pressure medication administration by the RNs as a result of the timely reporting of VS. The Day CPs have more time to perform time-sensitive duties without compromising safety.

Overall, the simplicity of the project and the impact on the staff made it possible for the study to be duplicated on other floors. Possible adoption throughout the hospital is now being considered.

References

- Draper, D. A., Felland, L. E., Liebhaber, A., & Melichar, L. (2008). The role of nurses in hospital quality improvement. *Center for Studying Health System Change, Research Brief*, 3, 1-8.2008. Retrieved from. <http://www.hschange.com/CONTENT/972>.
- Edwards, C. (2008). Using interdisciplinary shared governance and patient rounds to increase patient safety. *MEDSURG Nursing*, 17, 255-257.
- Mauer, R. (2009a) Get your team involved. *The Journal for Quality and Participation*, 32, 28-31.
- Monforto, K., Figueroa-Altman, A., Stevens, C., Thiele, K., & Ely, E. (2012). Time changes for scheduled nursing assessments: Impact on clinical decisions and patient discharge. *Journal of Pediatric Nursing*, 27, 26-33.

Acknowledgements: This project was done with the generous support of Juan Nerey (Nurse Manager), the Unit Practice Council members and staff of 3 West, Doctors Hospital