Establishing and Evaluating Nurses Knowledge and Perceptions of the Effectiveness of an Inpatient ST Segment Elevation Myocardial Infarction Protocol at a Community Hospital

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The study included nurses from various specialties including:
- Medical–Surgical
- Telemetry
- Post-anesthesia Care Unit (PCU)
- Intensive Care Unit (ICU)

A convenience sample of day and night shift nurses that attended a non mandatory in-patient STEMI educational session were included.

The study included nurses from various specialties including:

The purpose of this project was to develop a protocol to standardize practice and delivery of care to hospitalized patients that develop a STEMI at a community hospital without PCI capabilities.

In the calendar year 2014, there were 8 in-patient STEMs identified at the community hospital where the study was conducted. All 8 cases had delayed identification of a STEMI, longer symptom to EKG time, and only 3 of the 8 cases were transferred to a PCI facility for reperfusion therapy. All 3 cases that were transferred had a delayed transfer time (> 90 minutes) of STEMI identification, which is the national standard of care.

The nurses agreed/strongly agreed that the in-patient STEMI algorithm/protocol:
- is clear and easy to follow 50 (96%)
- helps them manage in-patient STEMs more accurately 48 (96%)  
- improves and standardizes management of in-patient STEMs 50 (96%)
- reduces management and treatment uncertainty 48 (94%)
- will facilitate timely transfer of in-patient STEMs to a PCI capable facility 49 (94%)
- will yield improved patient outcomes by reducing patient management uncertainty and providing added resources 48 (100%)
- reduces potential delay in treatment 49 (100%)

Results

A total of 49 nurses completed all study documents entirely.

Varying specialties were included from both shifts, 24 (47.1%) dayshift nurses and 27 (52.9%) night shift nurses.

There were 43 (84.3%) female participants and 8 (15.7%) male participants.

The pretest (76.2±14.47) mean was significantly lower than the mean of the post-test (82.6±10.58) (p=.003).

After this educational session 49 (94%) of the participants felt more confident on how to manage an in-patient STEMI.

The nurses agreed/strongly agreed that the in-patient STEMI algorithm/protocol:

The nurses felt more confident on how to manage an in-patient STEMI following the educational session.

This study indicates the in-patient STEMI protocol and algorithm assists the nurses to better care for their patients. Periodic education to increase staff knowledge will reinforce the importance of using the protocol and algorithm to guide the care and transfer of these critical patients.

Conclusions & Implications for Practice

This study indicates the in-patient STEMI protocol and algorithm assists the nurses to better care for their patients. Periodic education to increase staff knowledge will reinforce the importance of using the protocol and algorithm to guide the care and transfer of these critical patients.

References
