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Face Down, Sats Up: Learning on the Fly Implementing Manual Pronation Amidst Pandemia



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BACKGROUND

During the COVID19 pandemic, the Intensive Care Unit at West Kendall Baptist Hospital (WKBH) experienced high volume of patients that contracted Severe Acute Respiratory Syndrome to COVID19 (SARS-CoV-2). These patients required the implementation of pronation to treat this disease. The ICU at WKBH did not have a manual pronation process or competency in place, and the usual method of pronation through specialty bed was difficult to obtain. Amidst all this, the staff also experienced high levels of dissatisfaction related to caring for this particular population of patients.

PROJECT GOALS

Through the implementation of a manual pronation process, our goals were:

1. To implement EBP methods of manual proning and increase amount of patients being proned.
2. To improve staff satisfaction related to treatment of patients with SARS-CoV-2.

METHODS OF IMPLEMENTATION

- Manual proning (MP) process defined based on AACN standards of care,
- MP implemented and educated by an MP team led by Clinical RNs with guidance from Patient Care Supervisor.
- Team followed a detailed, evidence-based process and practiced it prior to implementation.

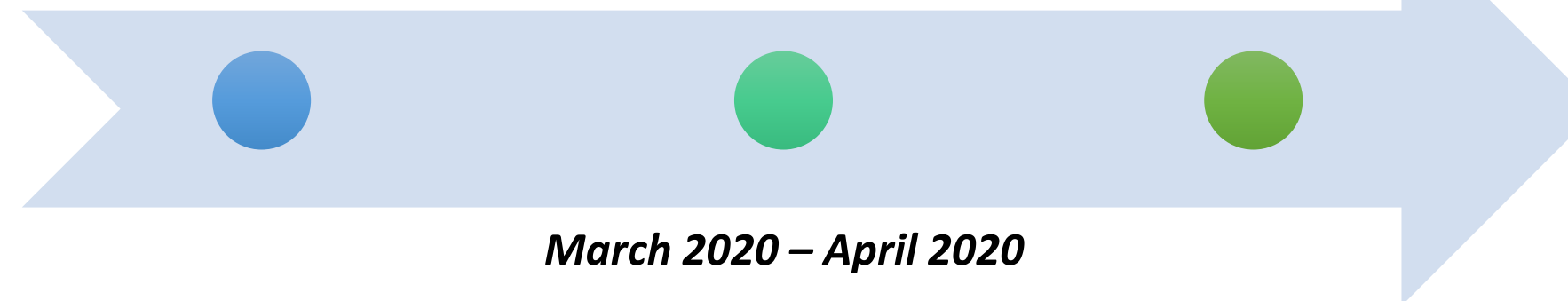


March 2020

- Manual proning team met and created manual proning process based on Evidence based practice

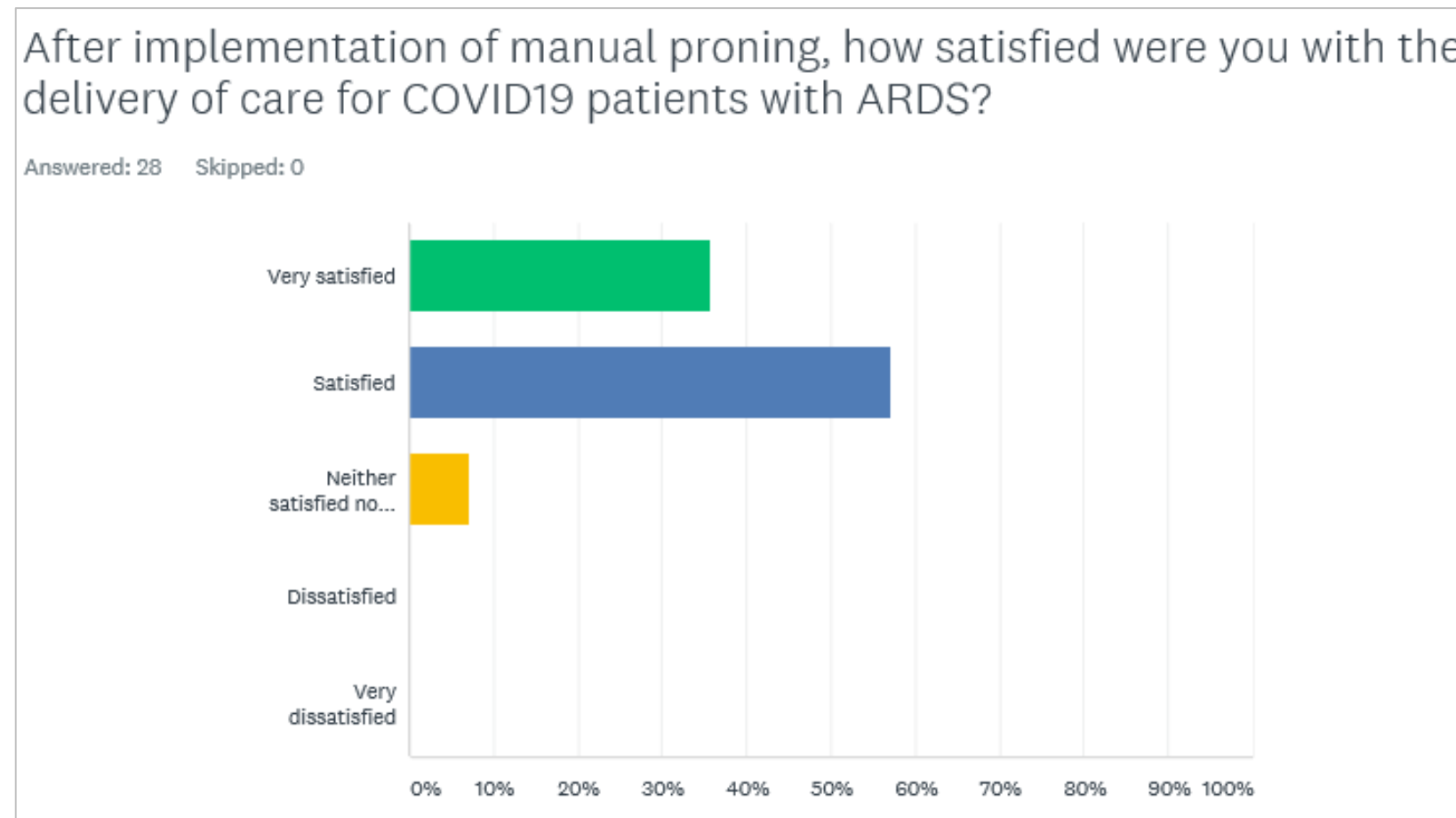
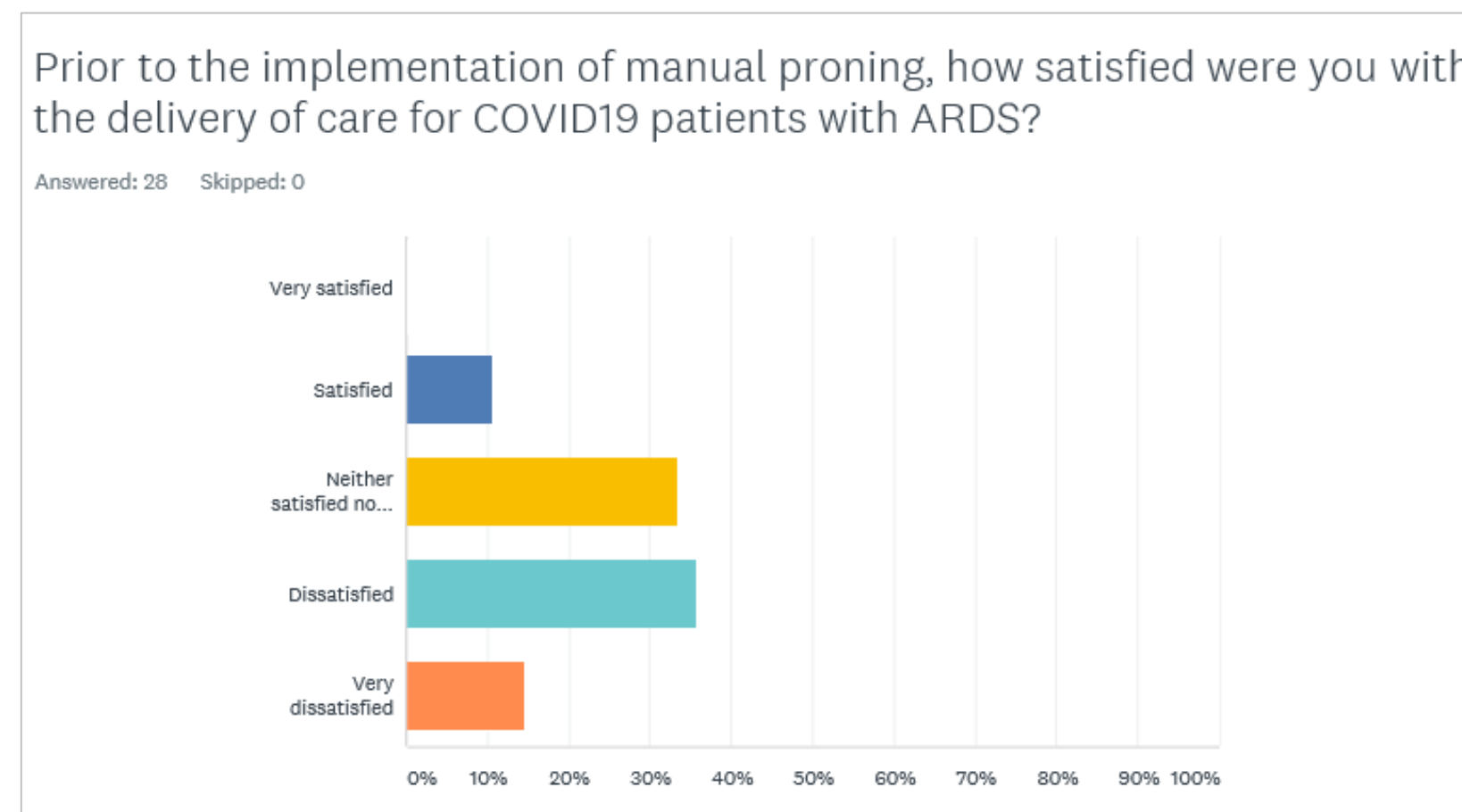
September 2020

- Reevaluation of process and staff satisfaction after implementation.



March 2020 – April 2020

- Initial education of process and execution of manual proning done.
- Presented in staff meeting and in daily huddles.



RESULTS

Prior to implementation, there were a total of 11 patients that were waiting for the specialty bed. After educating and implementing on a shift to shift basis, the first patient was successfully proned utilizing the MP process.

Following expedient education and striving for safe implementation of MP process, a total of 64 patients were proned successfully during our surge.

Following implementation of MP, ICU saw each SARS-CoV-2 patient treated appropriately.

Following this rapid implementation, the staff survey posed asking satisfaction with treating SARS-CoV-2 patients. Majority of staff prior to implementation were dissatisfied with care delivery. After implementation, there was a significant increase in satisfaction related to implementation of manual proning.

PRACTICE IMPLICATIONS

We have discovered through the implementation of EBP that manual proning is not only a safe and efficacious method for treating SARS-CoV-2 patients, but also one that is cost-effective and easier to facilitate than proning utilizing the pronation specialty bed.



CONTACT INFORMATION

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