Enhancing Emergency Room Nurses' Assistance in Placing PCPS to Increase the Completeness of Care Procedures

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INTRODUCTION

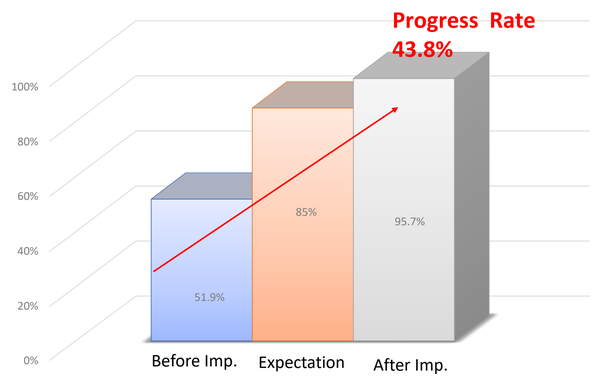
In emergencies, percutaneous cardiopulmonary support (PCPS) sustains cardiac and pulmonary functions, boosting survival rates. Yet, insufficient experience, training, or procedure familiarity may cause errors, endangering patients and delaying interventions. Recent surveys revealed a mere 51.9% completeness rate among nursing staff due to verbal teaching, scheduling constraints, lack of standardization, limited case exposure, unmarked material preparation, and reliance on written materials. This quality improvement initiative aims to increase the completeness rate of PCPS care procedures among emergency room nurses.

AIM

Referring to our hospital's quality management technical threshold standard of 85 points as the basis for this project, the aim of this project is to increase the completeness rate of the nursing staff-assisted PCPS placement care process from 51.9% to 85%.

RESULTS

Implementing standardized procedures, instructional videos, QR codes, SOP posters, material box organization, and on-the-job training significantly enhanced nursing procedures completeness. The completeness rate rose from 51.9% to 95.7%, markedly improving nursing standards. Blended learning and flipped classroom methods boosted nurses' motivation, engagement, and learning, facilitating experience sharing and skill exchange. Through scenario-based simulations, the PCPS care completeness checklist accuracy increased from 51.9% to 95.7%, a 43.8% improvement. Post-survey assessments of nursing care cognition also showed substantial improvement, with cognition scores increasing from 51.4% to 95.6%.



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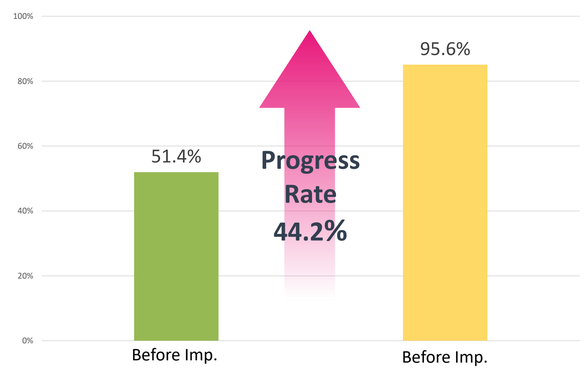

The cognition scores increasing from 51.4% to 95.6%.

Technical operation video

QR code

Post a poster in the emergency area

Material box

Scenario-based simulations

METHOD

A questionnaire was analyzed to identify issues. The decision matrix approach evaluated and selected solutions. Additionally, a hybrid learning approach, integrating flipped classroom strategies, was adopted for project implementation.

CONCLUSIONS

Implementing standardized procedures, instructional videos, QR codes, SOP posters, material box organization, and on-the-job training significantly enhanced nursing procedures' completeness. The completeness rate rose from 51.9% to 95.7%, markedly improving nursing standards. Blended learning and flipped classroom methods boosted nurses' motivation, engagement, and learning, facilitating experience sharing and skill exchange. Through scenario-based simulations, the PCPS care completeness checklist accuracy increased from 51.9% to 95.7%, a 43.8% improvement. Post-survey assessments of nursing care cognition also showed substantial improvement, with cognition scores increasing from 51.4% to 95.6%.

ACKNOWLEDGEMENT

The project's implementation involved standardized procedures, instructional videos, QR codes, SOP posters, material box organization, and on-the-job training, significantly enhancing nursing procedure completeness from 51.9% to 95.7%, notably elevating nursing standards. Blended learning and flipped classroom methods boosted nurses' motivation, engagement, and personalized learning, facilitating experience sharing and skill exchange. Adjustments to training sessions were made based on scheduling, as only one specialized nurse was involved in PCPS care. Despite initial resistance from some nurses, project goals were achieved through communication and coordination.

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