



LIGHTING THE WAY

Inova Loudoun Hospital's Children's Emergency Room Receives Lantern Award



April Brown, DNP, RN-BC,
NE-BC

Inova Loudoun Hospital's children's Emergency Room opened in 2006 to meet the needs of a growing population in northern Virginia. And in the decade that followed, its emergency nurses drove a variety of evidence-based practice initiatives to improve care.

Improving the efficiency and effectiveness of pediatric code carts, shortening treatment times

for long bone fractures and creating video patient-discharge instructions, are just a few initiatives that earned the Leesburg, Virginia facility a 2016 ENA Lantern Award.

"Each member of our ED team is extremely dedicated to providing excellence," said April Brown, DNP, RN-BC, NE-BC, senior director of ILH emergency services. "They are devoted to making a difference to each patient and family member they serve. The award is very well-deserved. They truly are an amazing medical team."

The ILH ED, was one of 11 emergency departments to earn the award in 2016. The hospital's adult emergency department received the award in 2015.

ILH staff has seen its share of accolades. In addition to the back-to-back Lantern Awards, the Joint Commission-certified nonprofit health care provider has received three Magnet designations from the American Nurses Credentialing Center and a Target: Stroke Honor Roll Elite Plus designation from the American Stroke Association. ILH received straight A's

for patient safety from The Leapfrog Group and is one of only 63 hospitals nationwide to achieve an A in every scoring update of the Leapfrog Hospital Safety Grade since its inception.

An example of the ILH ED staff dedication to safety is their redesigned pediatric code cart. While the established color-coded pediatric emergency tape and cart system is prevalent in community EDs across the United States, ILH pediatric ED nurses felt it didn't meet their emergency supply needs. During emergency situations, Brown explained, the nurses found they often had to leave patients' rooms for supplies.

So they changed it. Nurses collaborated with physicians, respiratory therapists and clinical technicians to redesign the pediatric emergency cart to include those supplies frequently

missing in prior emergency situations and mock code drills. Brown said doing so improved efficiency and prevented nurses from having to leave patients to get supplies. That meant better clinical care and less potential for chaos in innately stressful situations, she noted.

ENA's Lantern Award recognizes emergency departments that exemplify exceptional practice and innovative performance in the core areas of leadership, practice, education, advocacy and research. EDs receiving the Lantern Award demonstrate a commitment to quality, safety, a healthy work environment and innovation in nursing practice and emergency care.

ENA Connection is featuring each 2016-2019 Lantern Award recipient in an issue of the magazine this year.

"Our revised pediatric code cart improved efficiency and communication in codes," said Amanda Rosenkranz, PhD, MSN, RN, CPEN, CPN, ILH staff nurse and education committee chairwoman. "Now we have one logically organized cart, eliminating the need to obtain supplies outside the room."

Positive results from the pediatric code cart redesign spurred system-wide change, Brown said. ILH's pediatric education committee presented the new design to hospital senior

AWARDS GALA



Left to right: Serena McReynolds, BSN, RN, CPEN, Elyssa Wood, PhD, MPH, RN, Ruth Ann Jewell, RN, CPEN, Kristina Presgrave, BSN, RN, CPEN, Kathy Kulinski, BSN, RN, CPEN, April Brown, DNP, NE-BC, RN-BC, ENA Immediate Past President Kathleen E. Carlson, MSN, RN, CEN, FAEN, Gina Harrison, MSN, RN, NE-BC, CEN, CPEN, Sarah Stinson, BSN, RN, CPEN, Erin Rovelli, RN, Lorrie St. Laurent, MSA, BSN, RN, CEN, CCRN, TCRN

leaders, who greenlighted similar changes to all pediatric code carts. The redesign was shared with all affiliated freestanding EDs and is making its way around EDs in the Inova health care system in the Washington, D.C., metro area and beyond.

A more specific patient care concern led to additional changes in the ED. Pediatric patients with long bone fractures were waiting too long for pain medication. According to Brown, in the fourth quarter of 2013, nurses saw the median time for medicating such patients increase to more than 60 minutes, an elapsed time they felt was inadequate and fixable.

Nurses shared their perceptions and collaborated with physicians on ways to better meet patients' pain control needs. Among the solutions were the use of nasal pain medication and implementation of triage standing orders.

Improvement came fast. By first-quarter 2014, the median treatment time dropped to 40 minutes, according to Gina Harrison, MSN, NE-BC, CEN, CPEN, clinical director of the ILH ED. By the second quarter of 2014, the pediatric ED treatment time was below 38 minutes, and by the third quarter of 2015, the time was 25 minutes.

"The collaboration with our providers and implementation of standing orders for long bone pain management have dramatically expedited our admission-to-medication time," Harrison reported. "More importantly, it provides quicker pain relief for our patients."

In addition to keeping patients safe and comfortable, some of the ILH ED changes were meant to simply make life easier for patients and providers alike. And thanks to a \$10,000 grant, the facility was able to do just that with video patient discharge instructions for three most common pediatric diagnoses: gastroenteritis, bronchiolitis and fever.

ILH ED staff nurse Elyssa B. Wood, PhD, MPH, BSN, RN, explained the videos, presented on tablet computers in each patient room, lasted about five minutes and covered basic information about diagnosis, treatment and when to seek further medical care.

Findings of the evidence-based practice project indicated the video instructions significantly improved caregiver knowledge and increased caregiver satisfaction with the discharge process, Wood noted.

"We realized there are many different learning styles, and not all of our patients learn the same way," Wood said. "The video instructions offer parents a different way of learning to better fit their needs, and they can watch the video at their own pace."

Wood added the results of the video discharge project were so positive, the unit is conducting a similar study on the use of video discharge instructions for the area's Spanish-speaking population.

Reflecting on the ILH ED's accomplishments over the last 10 years, Brown and Harrison said the Lantern Award epitomizes its commitment to a collaborative environment, the patient experience, quality and incorporating evidence-based practice into care. Because of the guidance, encouragement and mentoring from former Chief Nursing Officer Lisa Dugan, PhD, MBA, RN, NEA-BC, the hospital dedicated the award to her. Harrison and Brown said Dugan's support and love made her a role model for nursing leaders. ■