

Using The Representational Approach to Implement a Geriatric Screening Tool in the Bariatric Surgery Setting

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Background

Possibly preventable Emergency Department (ED) referrals following bariatric surgery:

- An average of 20-25% of post-operative patients are referred to ED for dehydration, locally & nationally (Macht et al., 2016).
- Symptoms contributing to dehydration can range from nausea/vomiting to post-operative pain (Chen et al., 2017).
- Untreated dehydration may lead to kidney injury, seizures, hypovolemic shock and/or death.
- Early identification and treatment of dehydration in post-bariatric surgery patients could positively impact ED referrals (Ivanics et al., 2019).

Challenges:

- No standardized method of assessing dehydration across the bariatric surgery field
- No validated bariatric-specific dehydration assessment tool available
- Various methods of dehydration screening utilized by clinic providers

Environment

- The outpatient bariatric surgery clinics of a large academic medical center.
- The main clinic is in a medium-sized urban setting,
- 3 satellite bariatric clinic locations for pre/post-operative visits
 - 2 office locations in rural communities and 1 in a suburban community

Objectives

At the completion of the implementation period, the bariatric surgery clinic providers will:

- 1) administer the dehydration screening tool to post-operative patients;
- 2) identify patients at risk for dehydration via this tool;
- 3) use scoring data from the screening tool to initiate out-patient interventions; and
- 4) continue application of the Representational Approach to ensure sustainability of the initiative.

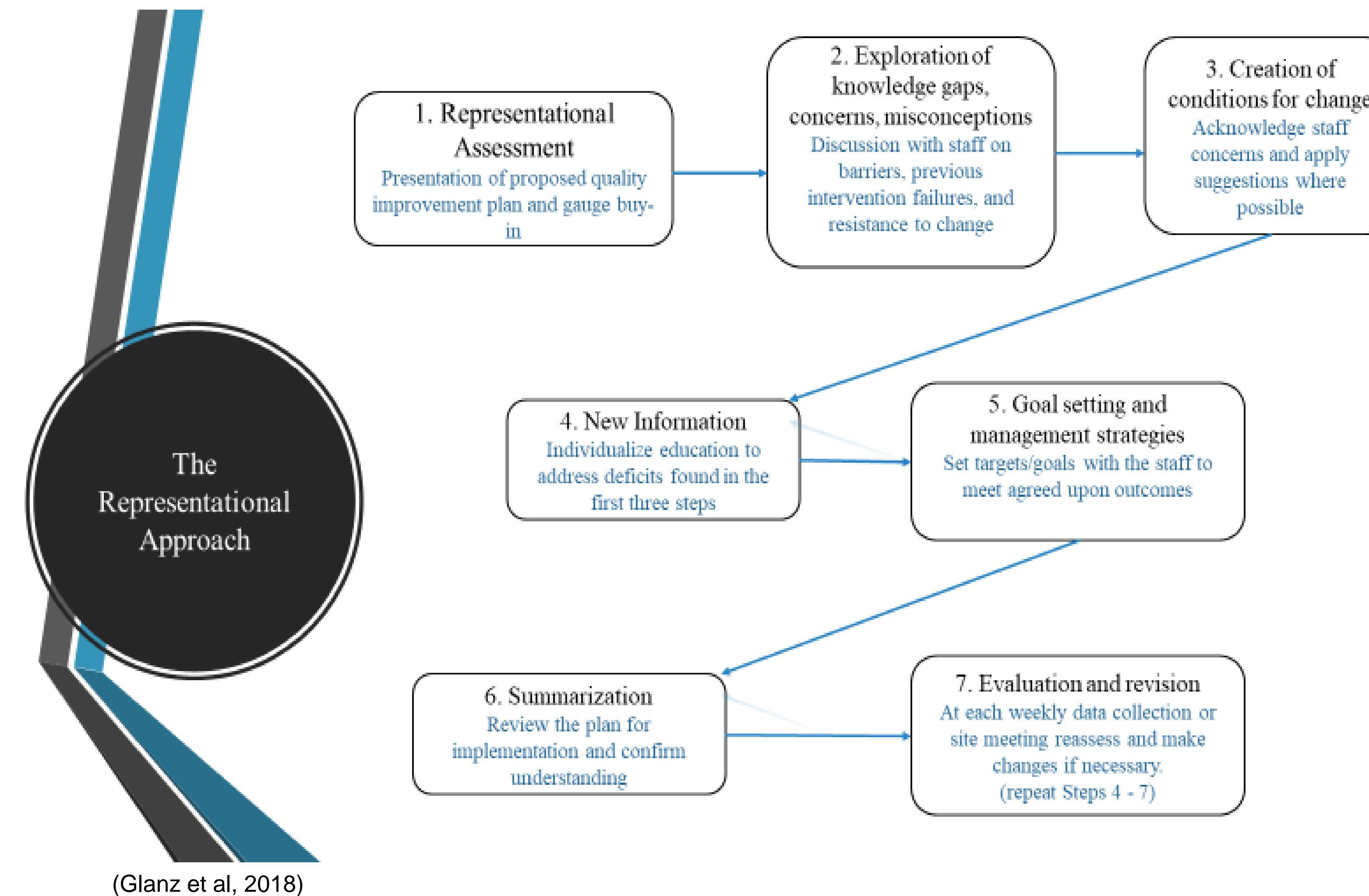
Project Goals

The purpose of this quality improvement project is to implement a geriatric screening tool in the outpatient bariatric surgery clinics of a large academic medical center using the mid-level theory, the Representational Approach, to identify at risk post-operative bariatric patients and the effectiveness of identification in preventing ED referrals.

Short-term goal(s):

- By September 1st, 2021, the registered nurse (RN), CRNP and registered dieticians in the bariatric surgery clinics will have the dehydration screening tool available in their Epic profile for patient administration as evaluated by the DNP student.
- By October 1st, 2022, the RN, CRNP and registered dieticians in the bariatric surgery clinics will complete training on use of the dehydration screening tool as evaluated by the DNP student.
- By November 1st, 2022, the RN, CRNP and registered dieticians in the bariatric surgery clinics will utilize the dehydration screening tool for evaluation of dehydration as evaluated by the DNP student and the clinical site representative (CSR).
- By December 1st, 2021, the RN, CRNP and registered dieticians in the bariatric surgery clinics will administer the dehydration screening tool to 100% of new post-operative patients as evaluated by DNP student and the CSR.

Mid-Level Theory

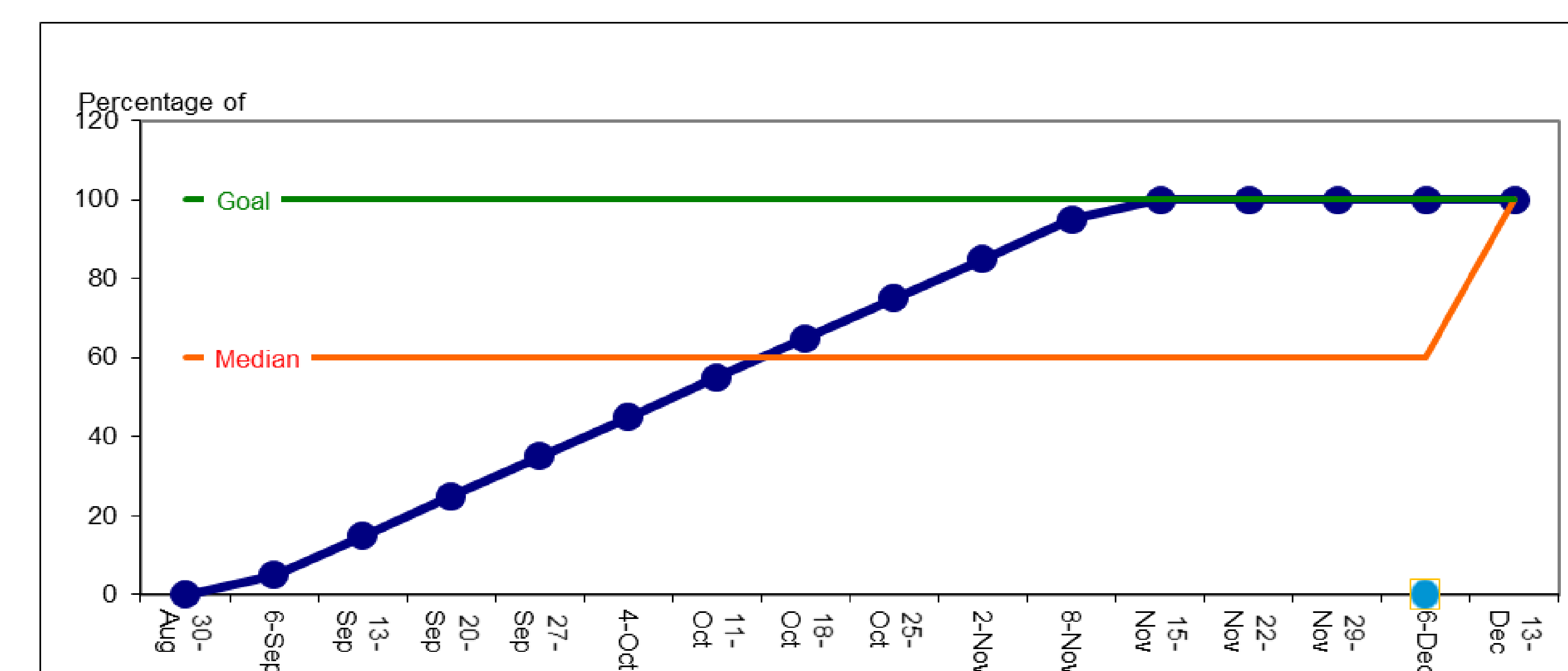


Methods

Applying the Representational Approach:

- Deficit identification and representational assessment 1 year prior to start of implementation (step 1)
- Monthly meetings with staff to explore knowledge gaps, concerns, misconceptions (step 2 & 3)
- Presentation of screening tools and evidence on the benefits of enhanced post-operative screening (step 4)
- 1:1 staff training on use of tool and documentation (step 4)
- Implementation tool, initiative start date and plan collaboratively selected (step 5 & 6)
- New information gained will then be analyzed and compiled monthly
- Monthly status meetings with stakeholders (step 7)

Anticipated Results



Conclusions

This is an active initiative

Steps of this mid-level theory have been successfully applied in preparation for the implementation phase. The evaluation/new information step will be applied weekly for the remainder of the project:

- allowing for new goals or strategies based on the clinical environment;
- anticipating increases in at-risk patient identification and initiation of outpatient treatments;
- sustaining stakeholder buy-in with weekly data collection and monthly presentation/evaluation; and
- translating into the increased probability of success and long-term sustainability of the intervention.

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Notes

Special thanks to:

- Dr. Stacey Graham, CRNP, ACNP for continued clinical collaboration on this initiative.
- University of Maryland School of Nursing, DNP-FNP Program
- Dr. Tina Cafeo, DNP Project Sponsor
- Dr. DeNiece Bennett, DNP Project Advisor
- Dr. Carol O'Neil and Dr. Sandra Lucci, Cohen Scholars Program Advisors