Improving post operative Watchman Device education for clinical nurses Abigail Crouch, DNP, APRN, AGACNP-BC Genesis Vieyra Lopez, DNP, APRN, AGACNP-BC

Purpose

The goal of this quality improvement project was to implement an evidence-based nurse education program regarding the Watchman device procedure, discharge instruction, medication changes, and pre- and post-operative instructions at an 849-bed acute care hospital in central Florida. We believe this better understanding by clinical staff will help to relieve the patient's anxieties and perceptions of the implantation procedure.

Background

- Left Atrial Appendage closure devices, like the Watchman device, are new and innovative alternatives which provide efficient stroke prevention in patients with relative or absolute contraindication to oral anticoagulation.
- Therapeutic Communication: Evidence based research has shown that over a third of patients rely more heavily on their bedside nurse to clarify information and resolve fears than any other healthcare provider, including their physicians.
- There is a need for evidence-based education on the devices to be provided for better long term outcomes.

Methods

Design

• A quality improvement pre-test / post-test design project was conducted to evaluate the implementation and impact of an evidence-based nurse education program regarding the Watchman device procedure.

Sample

• 30 cardiac Registered Nurses (RN)

Setting

• Cardiovascular Thoracic Stroke Unit (CVTSU) at a busy level II trauma center.



Instruments

Pre and Post intervention survey questions were formulated using the Kirkpatrick Model.



Pre-intervention Survey

Contains 10 questions concerning participants'

- Current comfort level and general knowledge on the topic
- Expectations of the training
- Self efficacy/confidence in ability to implement an EBP change
- Intent to change practice behavior

Post-intervention Survey

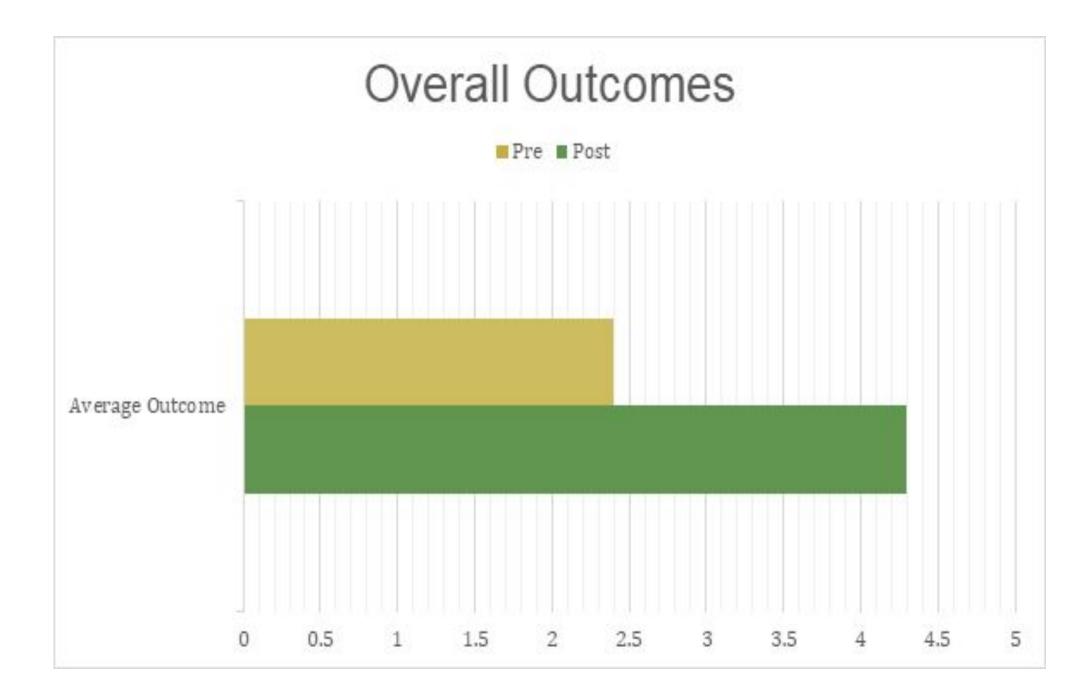
Contains 9 questions concerning participants'

- Reaction to training
- Perceptions of knowledge gained
- Self efficacy/confidence in ability to implement EBP change
- Intent to change practice behavior

Outcomes were measured using a 10-point Likert scale.

Results

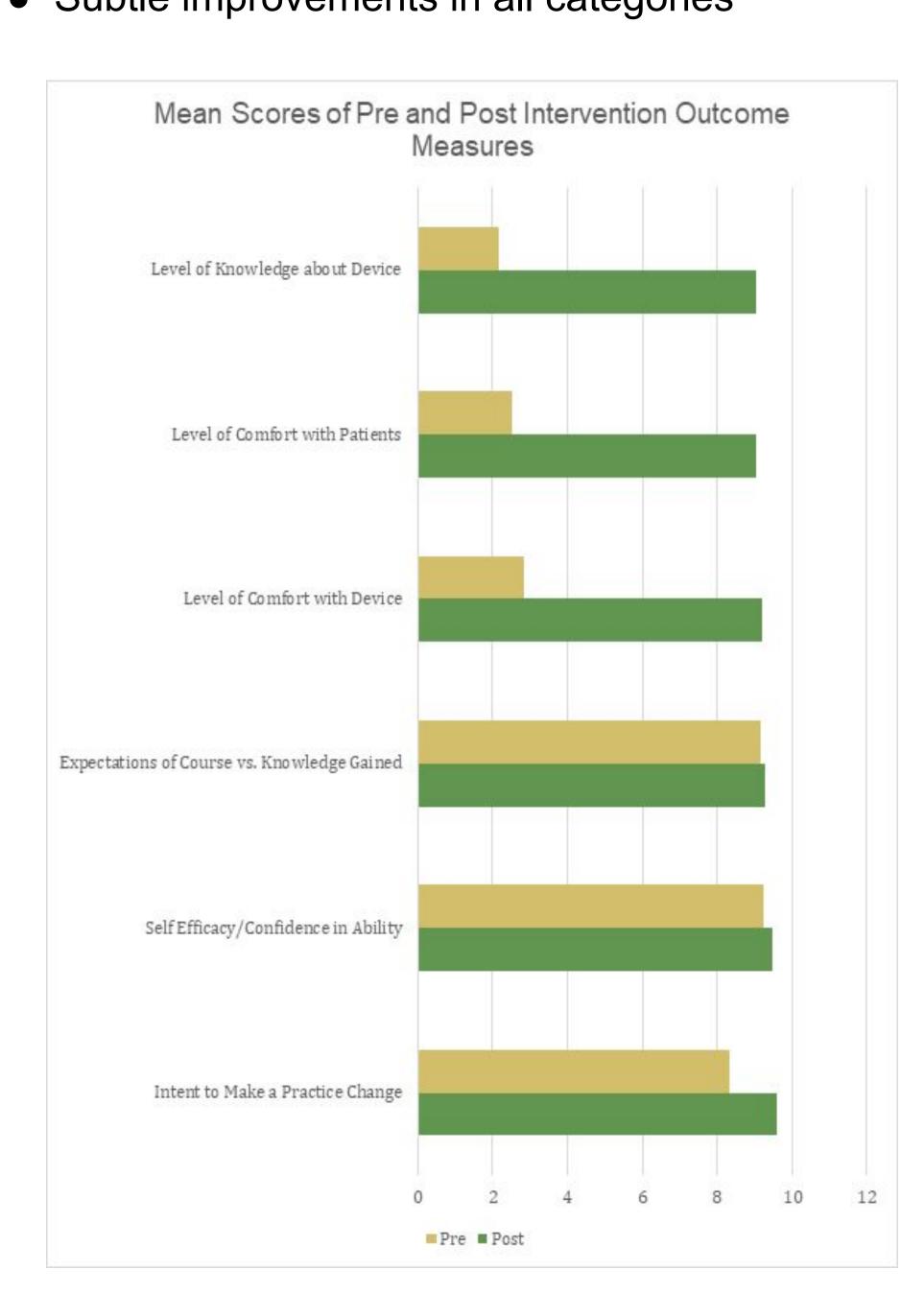
• Significant increase in outcome measures post-implementation



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Results

• Highest level of improvement in the comfort level and knowledge categories • Subtle improvements in all categories





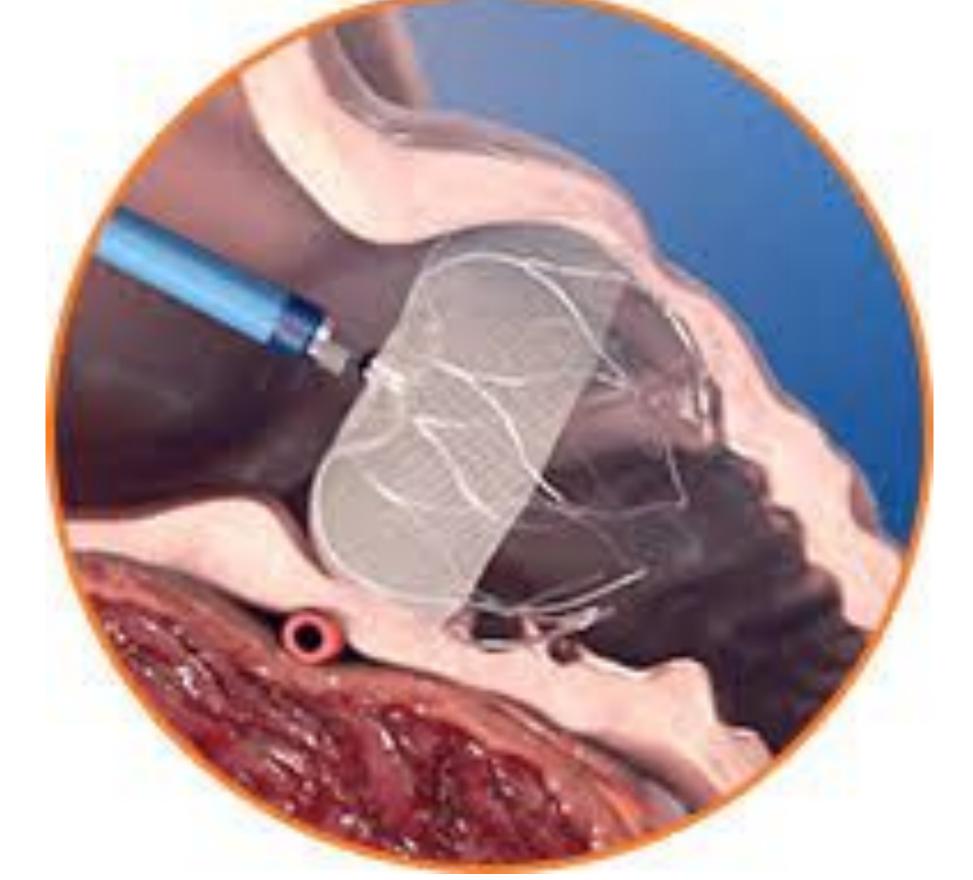
Implications for Practice: Since over a third of patients feel more comfortable discussing their plan of care with their bedside nurse versus their physician, we believe the implementation of this educational program on the Watchman Device may increase patient satisfaction and overall improve care outcomes.

Limitations: Limitations include the small sample size due to availability of participants. Although in-service times were chosen specifically for optimal participation many factors intervened which obstructed our original participation goal. The in-services were held in one single location all 4 times, which allowed for easier participation of one specific units' nurses and may have been inconvenient for nurses of other units.

Recommendations: Recommendations for future study include the implementation of a standardized documentation of patient education provided in the electronic health record.

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Discussion

References

• Available upon request.

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