Escalation Plan to Promote Nasogastric and Orogastric Tube Policy Adherence and Patient Safety

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BACKGROUND

- A nurse's actions and knowledge directly impact patient safety.
- In 2023, an estimated 80,0000 preventable medical deaths could have been avoided by following organizational policies (Prioritizing Evidence to Protect Patients from Harm, 2023).
- Organizations have developed and implemented specific policies supported by evidence shown to benefit patients and prevent harm.

LOCAL PROBLEM

- The project was a medically diverse children's hospital located in metro Atlanta.
- The project site policy requires that nurses use two verifiers for confirmation of feeding tube placement.
- The project aimed to increase adherence to the site's nasogastric (NGT)/orogastric tube (OGT) policy by 40% by March 1, 2025.
- There was an expressed need for an escalation plan that promoted policy adherence and patient safety.

METHODS

- The Evidence-Based Practice Improvement model was the framework for this project.
- Literature search and critical appraisal demonstrated strong evidence supporting nurse reeducation.
- Plan-Do-Study-Act cycles were conducted to collect accurate data.
- Weekly chart audits were done. If there was incorrect documentation of the two verifiers, then education was given to the nurse at the bedside.

Nasogastric (NGT) / Orogastric tube (OGT) Policy adherence and patient safety ***increased*** after **implementation** of bedside re-education.

			Implementation	Post	Total
Two Verifiers	No	Count	6	25	31
		% within Time	11.8%	9.8%	10.2%
	Yes	Count	45	229	274
		% within Time	88.2%	90.2%	89.8%
Total		Count	51	254	305
		% within Time	100.0%	100.0%	100.0%

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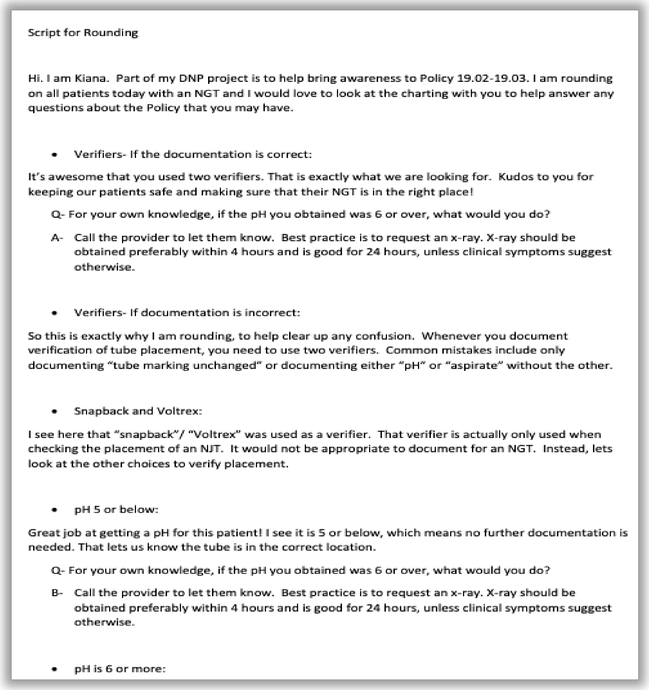
INTERVENTIONS

- The escalation plan included weekly chart audits
- Reduction was using a script developed by the DNP student and the site.



Script for Rounding

Hi. I am Kiana. Part of my DNP project is to help bring awareness to Policy 19.02-19.03. I am rounding on all patients today with an NGT and I would love to look at the charting with you to help answer any questions about the Policy that you may have.

- Verifiers- If the documentation is correct:

It's awesome that you used two verifiers. That is exactly what we are looking for. Kudos to you for keeping our patients safe and making sure that their NGT is in the right place!

Q- For your own knowledge, if the pH you obtained was 6 or over, what would you do?

A- Call the provider to let them know. Best practice is to request an x-ray. X-ray should be obtained preferably within 4 hours and is good for 24 hours, unless clinical symptoms suggest otherwise.

- Verifiers- If documentation is incorrect:

So this is exactly why I am rounding, to help clear up any confusion. Whenever you document verification of tube placement, you need to use two verifiers. Common mistakes include only documenting "tube marking unchanged" or documenting either "pH" or "aspirate" without the other.

- Snapback and Voltrex:

I see here that "snapback"/ "Voltrex" was used as a verifier. That verifier is actually only used when checking the placement of an NJT. It would not be appropriate to document for an NGT. Instead, lets look at the other choices to verify placement.

- pH 5 or below:

Great job at getting a pH for this patient! I see it is 5 or below, which means no further documentation is needed. That lets us know the tube is in the correct location.

Q- For your own knowledge, if the pH you obtained was 6 or over, what would you do?

B- Call the provider to let them know. Best practice is to request an x-ray. X-ray should be obtained preferably within 4 hours and is good for 24 hours, unless clinical symptoms suggest otherwise.

- pH is 6 or more:

RESULTS

- Of the 57 charts audited, 6 were non-compliant with policy, resulting in 88.2% of the charts being policy compliant.
- Post-implementation analyses were conducted on 255 charts, revealing that 90.2% of the charts were policy compliant.
- This represented a 2% increase in policy adherence.
- Post-implementation, 0% of the NGTs/OGTs were misplaced.

CONCLUSIONS

- Using bedside re-education improved policy adherence and patient safety.
- Future stability plans include implementing this project to increase adherence to other policies.