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Utilizing Clinical Nurse Specialists to Improve Care & Management of Suprapubic Catheters

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Background

- Gap in practice identified
- Urology consulted for routine/non-emergent suprapubic tube (SPT) exchange and maintenance, delays patient care from urgent and acute urological needs
- SPT patients are a low-volume, high-risk population
- Team collaboration with Clinical Nurse Specialist (CNS), Urology NP, and Professional Practice Committee (PPC) for improvement initiative

Purpose

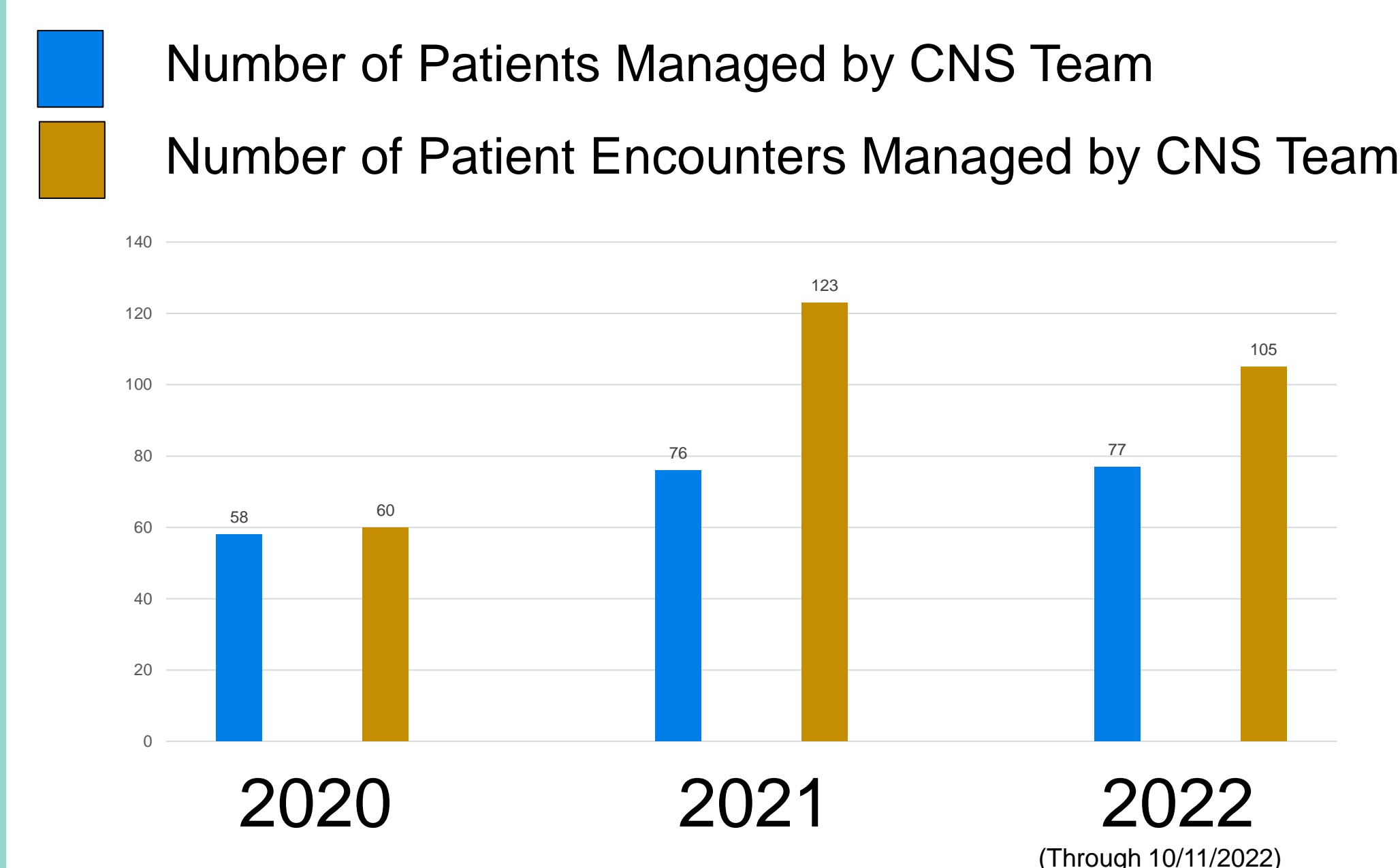
- Utilize the Advance Practice Registered Nurse (APRN) knowledge and skill of the CNS in management of chronic SPT to decrease unnecessary consults to urology for routine SPT exchanges and maintenance
- Streamline SPT consults to decrease urology workload as the CNS will assess the patient and identify any urgent needs that require urology
- This will allow urology to focus on acute and emergent patient needs
- CNS consults for SPT management and exchange will also decrease time to patient catheter exchange

Methodology

- Urology NP provided hands on skills training, including helpful troubleshooting tips to CNS team
- Rounding report created in electronic medical record (EMR) to identify patient with SPT and duration of tube
- Tips and trick sheet created for CNS team to maintain standard of skills
- EMR smart note created to standardize documentation and improve tracking of trends/opportunities
- Identified and trained select members of rapid response team (RRT) to provide weekend and night gap coverage
- Urology and CNS team determined that more complex tubes be first referred to CNS team, then urology consult as CNS determined
- Education provided to bedside care givers regarding SPT consult update



PRMC Results



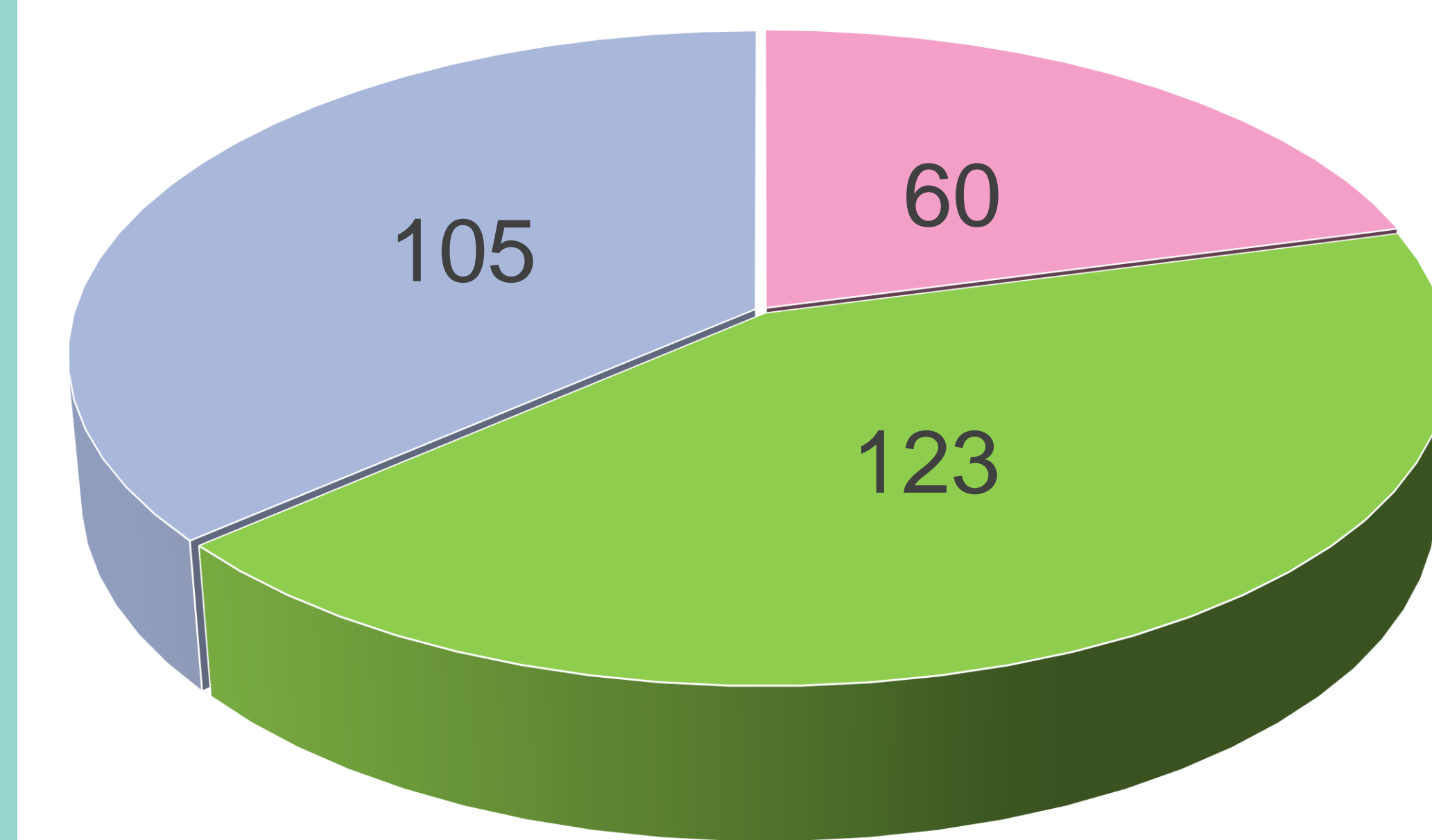
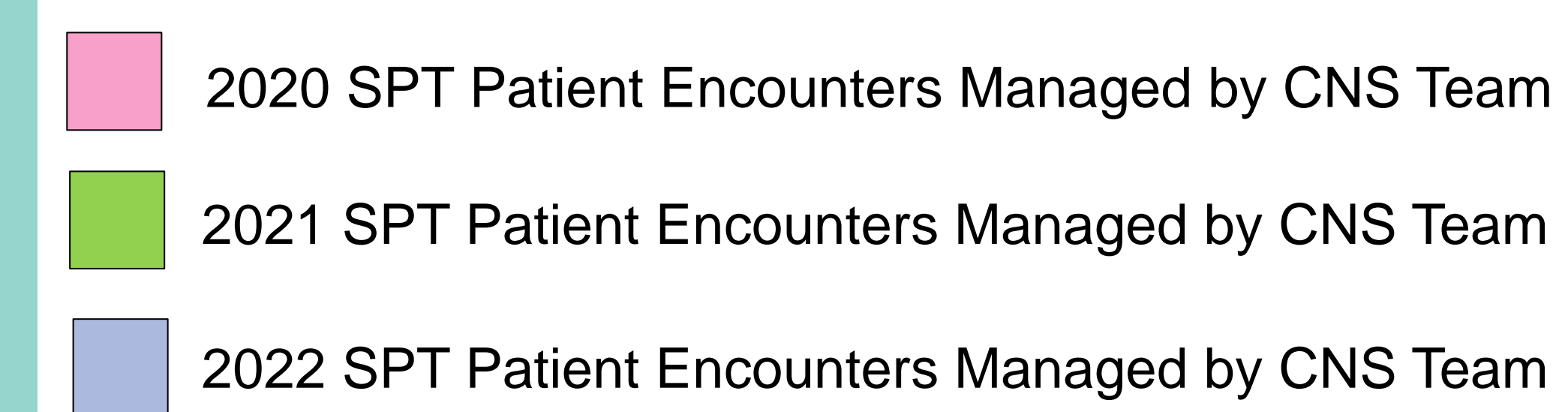
- Since August 2020 over 250 patients with chronic SPT have been reviewed by the CNS and RRT at Parkview Regional Medical Center
- Perception of Urology is that SPT consults to urology have decreased and urology is now receiving more appropriate acute needs for SPT management
- Per Urology, zero unnecessary urology consults since 2020 at Parkview Regional Campus (PRMC)
- Currently 3 CNSs and 3 RRT nurses trained for 24-hour coverage at PRMC
- Patient outcome improved due to decrease in time to SPT exchange
- Patient outcome improved due to routine monitoring from CNS trained team

Randallia Results

- Randallia campus initiated same QI initiative
- 1 CNS initially provided campus wide coverage. Expanded SPT management to 4 RRT
- Zero unnecessary SPT urology consults since 2020 at Randallia

Conclusion

Utilizing the CNS APRN knowledge and skill set decreases unnecessary consults to urology. The collaborative management of SPT includes routine monitoring from CNS trained team and providing patient education prior to discharge. This quality improvement clinical change has also increased patient outcomes.



288 SPT Patient Encounters Managed by CNS Team August 2020-October 2022

References

https://point-of-care.elsevierperformancemanager.com/skills/20854/extended-text?skillid=GNMS_66&virtualname=parkview-inftwayne#scrollToTop

Acknowledgements

Parkview Physicians Group – Urology

Parkview Professional Practice Committee