Quality Improvement Examples from Nursing

1. Retrospective chart review
In one example of this, the student reviewed the charts of 12 intensive care unit (ICU) patients who had self-extubated (i.e. removed their breathing tubes themselves when it was not medically ordered or indicated) during the previous 18 months. The charts were reviewed for risk factors for self extubation and adherence to hospital policies and protocols. No identifiable patient data were recorded.

IRB Response: The starting point will be to determine if this is “human subjects research.” We can assume that the charts are private and contain identifiers (regardless of the student recording identifiers). Therefore, this project would meet the definition of “human subjects.” Meeting the criteria for “research” will then be the determining factor. If the intent is to review charts to make sure the ICU adhered to policies and no plans were to generalize this to other hospitals or settings, then this would not constitute research.

2. Nursing staff education with pre/post test
One example of this was a nursing staff education program that included discussions and hands-on practice of neonatal mock codes. Demonstration of the mock code was done pre and post to assess for improved performance by nursing staff.

IRB Response: Going back to the previous question and response. This will again boil down to the intent of the pre/post tests. If the intent is to see if performance of nursing staff improves, then no, this would not be research. If the intent is also to meaningfully apply the findings to a broader population, then this would be “research” and need IRB review/approval.

3. Nursing staff education with pre/post test and chart review
One example focused on fluid balance in Heart failure and Renal failure patients. A chart review was done for documentation of intake/output and daily weights before and after a nursing education program was implemented. The education program focused on the fluid and electrolyte balance in CHF (chronic heart failure) and RF (renal failure) patients. A pre and post test of nursing knowledge was used with the education program.

IRB Response: Same as above.

4. Nursing staff education with outcome data and a real time measurement
Hourly rounds was implemented with an education program and coaching on the unit. The pre and post measures included fall rate and patient satisfaction outcomes that were already being routinely measured and reported on the unit and also a real time measurement of call light use on the unit.

IRB Response: Same as above.

5. This project has to do with pain management in PACU (post-anesthesia care unit)- and its impact on LOS (length of stay) in PACU. This project involved looking at records as to LOS in PACU, pain measurement. It followed the PDSA (Plan Do Study Act) model of the health care organization.

IRB Response: Same as above.

The other questions that come up are related to dissemination and how that changes the need for IRB review:
a. When students present their projects at colloquium, is this dissemination? It is part of a class requirement, however we distribute a booklet of abstracts and invite faculty, other students, staff, and preceptors from multiple clinical sites to attend the presentations.

b. There are several students who presented posters of their projects at outside conferences such as Wisconsin League for Nursing and Nurses Improving Care for Hospitalized Elders (NICHE) Conference.

**IRB Response:** Presentations would be viewed similarly as publishing. As stated in the other handout, the act of publishing or presenting by itself is not enough for a project to be considered “research.”