USE IT OR LOSE IT? ACLS IN THE GI SETTING

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Background and Significance: Registered Nurses in the Hospital Based GI Center expressed a lack of confidence and competence in ACLS skills. Due to the fact that there is a Rapid Response Team and a Code Team available staff questioned the requirement to maintain ACLS skills.

Purpose of the Study or Project: The purpose of this project was to perform an analysis and determine recommendations for advanced life support education in the GI setting, identify staff perceptions of their confidence and competence with life support skills, and review code team utilization data in the GI setting.

Framework: The Iowa Model of EBP was used as our guiding framework to determine recommendations based on our research findings, staff survey, and utilization data.

Sample Description/Population: Our population was 16/22 Registered Nurses from the GI Centers of ProHealth Care’s campuses at Oconomowoc Memorial Hospital and Waukesha Memorial Hospital. Approximately 9500 GI procedures are performed annually.

Method: Design and Procedure Survey was completed by 16/22 (73%) Registered Nurses in the GI Center. The survey consisted of 5 Likert scale questions, five open-ended questions, two multiple choice questions, three demographic questions and five polar questions. Code team utilization was reviewed for time period 2010 – 2012. We did ask a last question after the initial survey was returned. We asked if ACLS should be required of RN’s in the GI setting. This option was inadvertently left off the initial survey.

Results/Outcomes: Review of Literature has shown that retention of lifesaving skills decreases by 3 months after certification. Survey responses indicate that there is a lack of competence in ACLS skills in approximately 54% of respondents scoring 1-2 on Likert scale, and a lack of confidence in approximately 62% of respondents, scoring a 1-2 on the Likert scale. 77% of respondents achieved ACLS certification 13-24 months prior. Code team utilization data for ProHealth has shown no codes were called in the 3 year period from 2010 through 2013. Regarding whether ACLS should be required of RN’s in the GI setting, 11/15 (73.3%) responded that they did not feel ACLS should be required. Although there has been no Rapid Response Team (RRT) utilization data kept, the survey indicates response of RRT’s has been 3 minutes or less (56%) to respond to GI setting.

Conclusion/Implications: The survey results were consistent with what the literature has shown. Retention of life saving skills begins to drop off significantly by 3 months. Patient outcomes have been shown to be affected if strong BLS skills are not present. Recommendations include: providing BLS informal education at regular intervals between certifications and addressing the procedural sedation policy to remove requirement of ACLS.