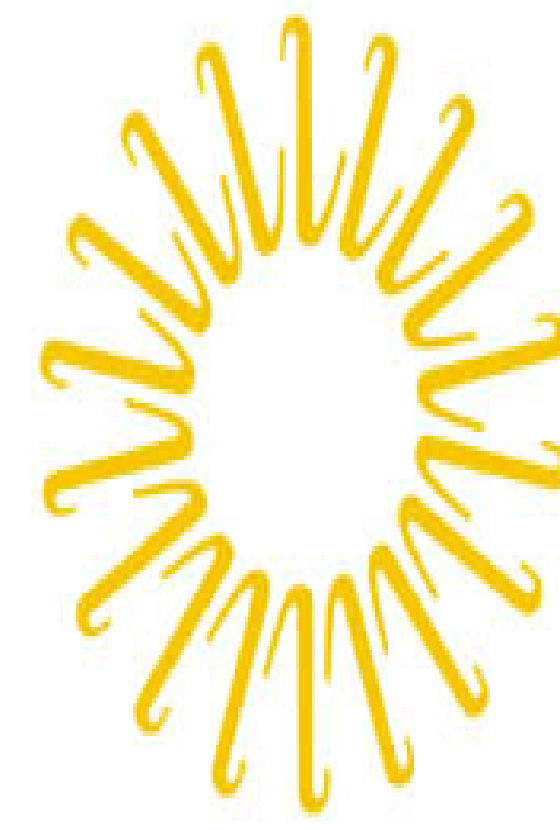


Daily Weights: Assessing Nursing Staff Knowledge, Skills, and Attitudes & Utilizing Policy Change to Ensure Consistency and Quality Patient Care

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The Miriam Hospital
A Lifespan Partner

Background

Weights are an important factor in clinical decision making:

- Medication doses
- Fluid Volume
- Nutrition
- Bed alarms

Staff nurses/practitioners at our facility often voiced concerns regarding inaccurate patient weights; leading to reliance on urinary catheter use for I/Os to evaluate volume status

Literature shows daily weights to be superior to the strictest of I/Os to evaluate volume status.

Shared Governance

Our facility's Evidenced Based Best Practice & Research Council encouraged staff nurses to conduct IRB approved research looking at:

- Bed scale functionality
- Nursing staff knowledge, skills, attitudes on obtaining daily weights

Hospital Policy

Although the hospital had a policy outlining a standard process for obtaining daily weights on patients, policy was outdated .

Purpose of Research

- Collect data from Biomedical Engineering and bed vendors on proper use and maintenance of bed scales
- Compare hospital policy, current staff practices, and best practices in the literature

Goals

- Revise current hospital policy
- Educate and competency train staff
- Improving nurse satisfaction/job efficiency
- Improved weight consistency
- Eliminate practitioner distrust with recorded weights by ensuring proper use and maintenance of bed scales
- Reduce reliance on urinary catheter use , potentially impacting CAUTI rates

Study Participants

31.4% response rate

Surveys were distributed to RNs/CNAs on inpatients units, Procedural Care,, and floats. OR/PACU RNs, CNAs, and techs were also asked to participate.

Weight consistency when patient transferred out of the OR/PACU or between units had not been evaluated prior to this study.

Original Survey

Survey regarding daily weights

1.) Are you aware there is a daily weight policy for TMH on the intrate? (circle one answer)

YES NO

2.) Who performs the daily weights on your unit? (circle all that apply or fill in other)

RN staff CNA staff OR Assistants Other _____

3.) How often is the bed zeroed to obtain daily weights? (please circle one answer or fill in other)

On admission only Daily Never

4.) What items are on the bed prior to being zeroed?

Other _____

5.) Do you have your patient void prior to weight being obtained?

YES NO

6.) Are weights taken before breakfast?

YES NO

7.) If you are unable to get your patient out of bed and the bed scale is broken, how would you obtain a weight? (short answer please)

Results

Survey Data

- 48.3% of staff were not aware that a daily weights policy existed
- Only 51% of staff answered appropriately when asked when a bed scale should be zeroed
- 43.7% of staff did not have patients void prior to obtaining daily weights
- 17% of staff did not weigh patients prior to breakfast
- Extreme variation was noted on which items are on the bed prior to zeroing
- Extreme variation noted in the procedure to follow if a bed scale was not functional or broken- 40% stating they did not know what to do; while another 11% stated they just would not obtain the patient's weight

The Miriam Hospital Policy and Procedures

Subject: Daily Weights

File Number: NU-41

Issued: September 2008

Page 1 of 2

Latest Revision Date: 11/15, 2014

Original Date: September 2008

Approved By: [Signature]

1. PURPOSE

To establish the process for weighing hospitalized patients to ensure consistency and accuracy of measurement across units.

2. SCOPE

This policy applies to all patients who are admitted to the hospital.

3. POLICY

1. Registered Nurses (RNs), Certified Nursing Assistants (CNAs), and Licensed Practical Nurses (LPNs) are responsible for obtaining and recording patient weights.

2. Weights should be obtained at the same time of day.

3. Daily weights will be performed after patient voiding or using an empty bladder.

4. Daily weights will be performed after patient voiding or using an empty bladder.

5. Daily weights will be performed after patient voiding or using an empty bladder.

6. Daily weights will be performed after patient voiding or using an empty bladder.

7. Daily weights will be performed after patient voiding or using an empty bladder.

8. Daily weights will be performed after patient voiding or using an empty bladder.

9. Daily weights will be performed after patient voiding or using an empty bladder.

10. Daily weights will be performed after patient voiding or using an empty bladder.

PROCEDURE for Bed Scales

1. Zero the bed prior to admission, the end of admission, and continuing only required during the patient's stay.

2. Weigh patient on a level bed, with only the patient on the bed.

3. Weigh patient on a level bed, with only the patient on the bed.

4. Weigh patient on a level bed, with only the patient on the bed.

5. Weigh patient on a level bed, with only the patient on the bed.

6. Weigh patient on a level bed, with only the patient on the bed.

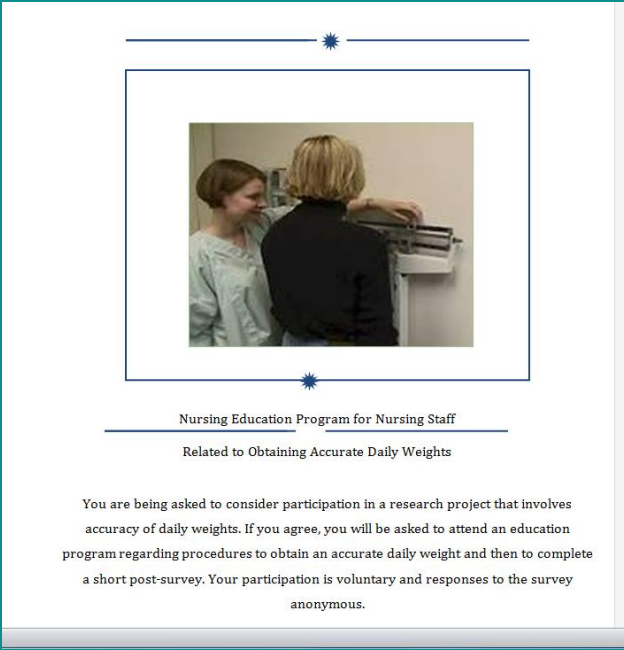
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10. Weigh patient on a level bed, with only the patient on the bed.

Pilot Study



- Policy changes were piloted on a medical/surgical cardiac unit.
- Staff was given education on the proposed/revised daily weights policy
- Policy was implemented
- Staff was surveyed post implementation
- Further revisions were made to policy for house-wide implementation

Pilot Unit Pre/Post Education Surveys

Appendix E

Post Survey regarding daily weights

RN/CNA/OR assistant staff only

1. Are you aware there is a daily weight policy for TMH on the intrate? (circle one answer)

YES NO

2. Who performs the daily weights on your unit? (circle all that apply)

RN staff CNA staff

3. How often is the bed zeroed to obtain daily weights? (please circle one answer or fill in other)

On admission only Daily Never

4. Do you have your patient void prior to weight being obtained?

YES NO

5. If you are unable to get your patient out of bed and the bed scale is broken, how would you obtain a weight? (short answer please)

Appendix F

Program Evaluation

How useful was this program in explaining the proposed revision of the daily weight policy?

(circle one)

Very useful Somewhat useful Not useful at all

How likely are you to perform weights according to the revised policy?

(circle one)

Very useful Somewhat useful Not useful at all

Results

Appendix A

Pre-Education Survey

4. How often is the bed zeroed to obtain weights?

Q1. Are you aware there is a daily weight policy for TMH on the intrate? (circle one answer)

Q2. Who performs daily weights on your unit?

Q3. How often is the bed zeroed to obtain weights?

Q4. Do you have your patient void prior to weight being obtained?

Q5. If you are unable to get your patient out of bed and the bed scale is broken, how would you obtain a weight?

Summary of Weight Survey Results after Education (n = 21)

Survey Questions

Q1. Are you aware there is a daily weight policy for TMH on the intrate? (circle one answer)

Q2. Who performs daily weights on your unit?

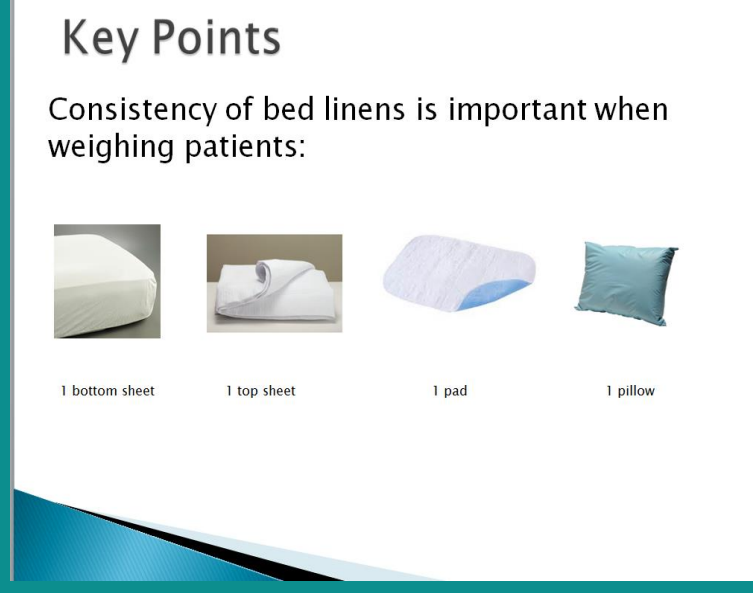
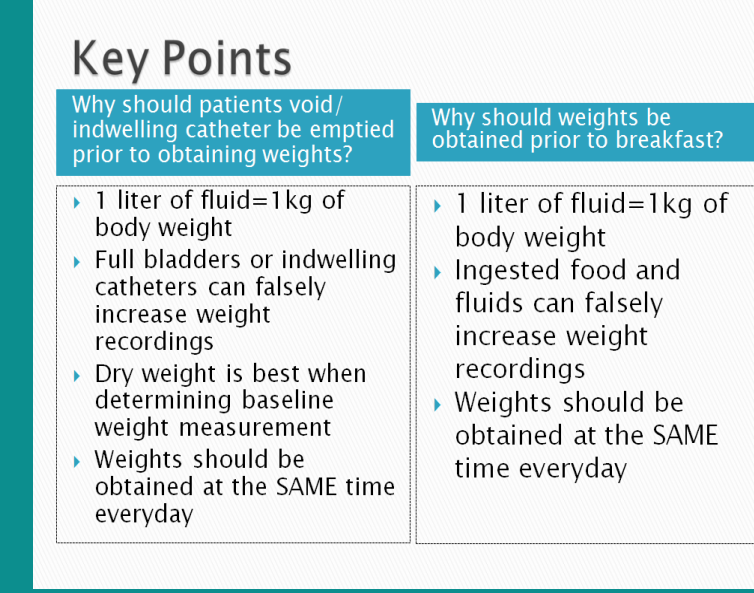
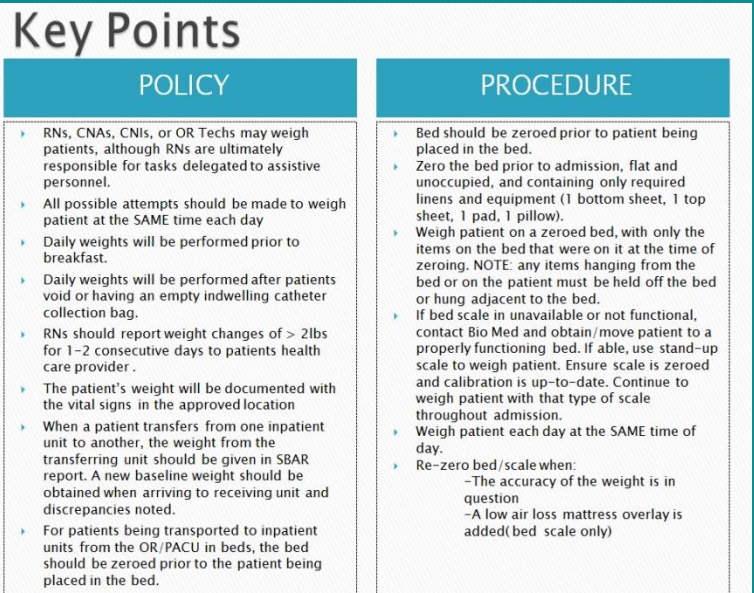
Q3. How often is the bed zeroed to obtain weights?

Q4. Do you have your patient void prior to weight being obtained?

Q5. If you are unable to get your patient out of bed and the bed scale is broken, how would you obtain a weight?

Education/ House-wide Implementation

- Policy approval at Nurse Executive Committee
- Mandatory Net Learning educational module



- To date, 94.3 % of staff have completed education

Next steps

- Auditing of weight documentation for consistency
- Monitoring of incidents involving broken/malfunctioning beds

Nursing Risk Management Grant: Competency for obtaining daily weights and dealing with bed functionality issues to be included in upcoming competency fair looking at CAUTI prevention, catheter insertion, care and maintenance.



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