Type: Assignments

Subject: Nursing Leadership Course

Subject area: Nursing

Education Level: Masters Program

Length: 1 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

School: Chamberlain University

Title: CGE Project Portfolio

Instructions: put all attachments below in order as one document: project picot question abstract summary of project topic (approximately 500 words) literature review (may be copied and pasted from the week 3 assignment with revisions as necessary) reflection on course outcome (co) achievement list each co as a heading in proper apa format. for each co, provide a reflective summary of how you feel you have progressed in meeting this outcome through the resources and activities of nr631. scholarly application sections of the following (in order) project management tools (may be copied and pasted from those assignments with revisions as necessary) project charter (week 2) project scope (week 2) communication plan (week 4) deliverables and csf (week 5) work breakdown structure (week 6) gantt chart (week 6)

Focus: please put all attachments in order as one document

Wearing personal protective equipment (PPE) as prevention against covid-19

Name

Institution

Population

Emergency department staff

Intervention

Wearing personal protective equipment (PPE) as prevention against covid-19

Comparison

Compliance will be achieved if the staff wear the PPE all the required time and follow the laid down procedures of wearing the PPEs. Non-compliance will involve failure to wear the PEE and failure to follow the guidelines for wearing and removing the equipment.

Outcome

The research might demonstrate that emergency department staff wears the PPE in the correct manner and following the required processes. The research might also conclude that emergency department staff does not comply with the PPE guidelines. In case the staff does not wear the PPE, the research will demonstrate possible reasons for non-compliance.

Timeline

45 days

PICOT Question: Do emergency department staffs comply with regulations for wearing PPE, and in case of non-compliance what are the reasons for non-compliance?

Compliance of Emergency Department Staff with Wearing PPE

The recent global outbreak of the COVID-19 pandemic has drawn attention to nosocomial transmission issues in the health sector. Nosocomial is the transmission that happens within the healthcare settings. This paper summarizes the literature review on the outbreak of infectious diseases, particularly the novel coronavirus, to determine components related to social and behavioral infection compliance measures among health workers within emergency departments. The paper aims to evaluate the self-reported compliance of health workers in an emergency department with personal protective equipment (PPE), including the various factors that contribute to compliance and non-compliance measures. The emergency department (ED) is the hub for many patient' entries. It is liable for receiving, grouping, gaging, stabilizing, and handling patients coming in with different urgency and complexity levels.

Researchers have noted that hospitals receive over 140 million patients annually through the emergency department ED yearly, thus providing efficient services promptly to clients (Zhong et al., 2020). The situation has been worsened by the COVID-19 outbreak, with the first case in the United States reported in North America in January 2020. The emergency departments in hospitals have been in the frontline of receiving patients, isolating them, and providing the necessary care (Pandey & Sharma, 2020). The virus placed the emergency department staff in the spotlight as they work with other health workers to salvage the situation. Medical researchers have observed that the primary cause of nosocomial transmission among healthcare workers in facilities is poor compliance with the global recommendations of personal protective behaviors.

Corona Virus spread mainly through respiratory droplets or contact with contaminated surfaces. The virus is widely distributed through aerosolized droplets released during sneezing, coughing, or breathing and possible airborne transmission (Phan et al., 2019). In early 2020,

there was minimal information about the virus, with the fact being that most people were dying from it. The healthcare and the emergency department staff played a vital role in detections, tracing contacts, and caring for the affected patients. Proper usage of PPEs by emergency department staff is a critical component in combating the virus (Rowan et al., 2020). Some of the safety measures that were put in place include wearing personal protective equipment (PPE), screening health workers regularly, thoroughly cleaning the health facilities, minimizing the number of people visiting the health center, and practicing social distancing (Lockhart et al.,2020). This led to the rapid increase of personal protective equipment used by the emergency department staff and the medical staff and the patients. The fast spread of the COVID-19 resulted in a temporary global shortage of PPEs, as noted by (Sharma et al.,2020). Examples of the PPEs include a face shield, gloves, respirators, and full bodysuits.

Some of the factors that enable compliance behaviors within the general population include the perceived rate of susceptibility, the severity of the affliction, and the perceived advantages of compliance, and adequate knowledge about the disease and its recommended behaviors. The major impediments to compliance among the public include feelings of discomfort and humiliation in some instances. Researchers have established that health workers in emergency departments perceive barriers and facilitators to compliance based on several issues. To begin with, protective practices among this group are influenced by their understanding of the outlined medical guidelines, the managerial support from their supervisors, the communication approaches and channels used to inform them about the guidelines, adequate resources in the department, their perception of the value of adhering to the guidelines, the comfort of PPEs, and the impact of PPE on patients. The workplace culture within the health facilities also influences the compliance rates among emergency department workers.

Evidence has shown that health workers who have higher anxiety and concerns about infection risks were more likely to abide by the recommended behaviors. This implies that nurses with high or reasonable levels of fear of acquiring coronavirus while at work were more likely than their colleagues with no fear of being compliant (Asokan, 2020). Significantly nurses who had previous training experience and skills on infection control while caring for the affected patients demonstrated higher compliance levels. Frequent monitoring rounds from health superiors could also improve the levels of compliance in the department.

Researchers have also argued that non-compliance is orchestrated by several issues, including observed non-compliance from colleagues, resulting in variations of compliance with PPEs in most emergency departments. In terms of actual utilization of PPEs, most staff in emergency departments used gloves (83%) but minimal (9%) on protective eyewear. Only under 5% of the health workers used a combination of PPEs, including masks, gloves, masks, gowns, and protective eyewear, whenever they were in contact with potentially infective materials. Researchers have noted that adherence levels in using PPEs were highest in the public hospitals and particularly the operating rooms for the private and public health facilities. These non-compliance variations in public and private health facilities have been attributed to the non-availability of PPEs (37%), the belief that the source patients were not infected (33%), and in some cases, the concern by other interprofessional health workers that following the locally recommended compliance practices interfered with offering quality patient care (32%).

Poor compliance among healthcare workers with personal protective behaviors is one of the major causes of nosocomial transmission. Although PPEs offer the most reliable protection against infection exposures, many emergency department employees either ignore this protecting gear or wrongly wear it at the proper time. For example, in most hospitals, emergency

department staff were noted to have had hanging masks on their ears or inappropriately pulled downwards, while others had inadequate hand sanitizers and gloves. Even after being well knowledgeable about the importance of PPE, there are still high levels of non-compliance among emergency department staff (Ng et al., 2020). 89% of professionals dealing with safety issues alleged that they had noted many health staff not putting on safety gears when needed, and 29% said this happens on many occasions. Many health workers suffer from on-the-job injuries because of not wearing PPE.

Non-compliance was also orchestrated by a lack of guiding principles on providing care to infected patients and emergency department staff. This was coupled with information overload from long messages and frequent updates to the team from different sources. Staff was notified of the new guidelines via emails which, in most cases, failed to check before work. Unfortunately, some emergency department personnel still lack the proper knowledge of using PPE and maintaining them (Prakash et al., 2020). Other factors contributing to non-compliance included the conflicting advice to emergency department staff about the necessary actions to undertake when patients are deemed non-infectious.

However, bodies such as Occupational Safety & Health Administration (OSHA) continue to insist on PPE usage among workers to minimize chances of exposure to the COVID-19 when administering control consistently. OSHA states that it is the employer's responsibility to ensure that every emergency department staff puts on PPE every time they are working (Lippi et al., 2020). An organization with healthy safety is one in which all its workers follow all the firm's safety precautions and maintain the required safety guidelines (Tran et al., 2016). This, however, is not practiced in the emergency department.

Conclusion

Personal Protective Equipment compliance does not happen in a vacuum but is a process within other safety interventions such as environmentally friendly and engineering controls and work practice controls. The four-pronged strategy for improvement of PPE compliance include, (1) Provide a committed leadership to manage and monitor the use of PPE; (2) Emphasize providing comprehensive training to the emergency department staff;(3) Ensure that there are available PPE at every health care all the time; and (4) the healthcare management should enforce PPE policies and usage (Powers et al., 2016). PPE should be acknowledged that its usage is an integral component of delivering quality health care ("Healthcare Workers," 2021). Inputs from the emergency department staff should be considered to facilitate the designing and making of the PPE to maximize acceptance.

Project management tools

Project management involves complex responsibilities and activities. Project management tools are various aids that have been developed to assist the people implementing the project perform various tasks and execute various responsibilities. Some of the tools include Gantt charts, logic network, PERT Chart, Product Breakdown Structure (PBS) and Work Breakdown Structure (WBS) (Kostalova and Tetrevova, 2018). Project management tools are essential for various purposes. First, the tools aid in outlining the objectives of the project. Secondly, project management tools ensure that the project is completed on time and various tasks are accomplished within the stipulated time. Thirdly, project management tools ensure that the complex project is broken down to various executable activities hence ensure that various tasks are handled concurrently hence saving on funds and time. Project management tools ensure effective use of various resources including labor, personnel, materials and equipment. Project

management tools also create information and control systems. The project manager has to communicate effectively to various parties including other staff implementing the project and project shareholders.

Project charter

Project charter refers to a formal document that describes various vital attributes of the project. Project charter describes various stakeholders and their roles. The document also describes the objectives of the project and risks involved in implementing the project (Demirkesen and Ozorhon, 2017). The project charter also demonstrates a general overview of the project's budget.

Project Scope Document

A project scope document demonstrated various crucial attributes of a project including the deliverables and their features. A scope document provides a reference point for stakeholders and team members in case they want to refer to the project guidelines and measure the success of the project. The scope document provides a justification for the project including the need for the project and how the end results will solve the identified need. The scope document also demonstrates the boundaries of the project. Additionally, the scope document demonstrates the objectives of the research hence determining the targets that the team aims to achieve. The document also demonstrates project deliverables. The deliverables include the products to be created, marketing materials and advertisement campaigns. Project exclusions are also highlighted in the scope documents which are applications that are intentionally not included in the project. The scope document also evaluates the project constraints. There are three main project constraints that include time, financial resources and scope. The document also evaluates the assumptions made when carrying out the project.

Work Breakdown Structure

1 Non-compliance with Personal Protective Equipment (PPE) in the Emergency Department with Healthcare Workers

1.1 Preparation for the Interview and Literature Research

1.1.1 Develop clear objectives of the research

1.1.2 Develop a clear check list for the questions

1.1.3 Develop a list of possible interviewees

1.1.4 Determine the databases where literature will be collected from

1.1.5 Send requests for interview to the short-listed interviewees

1.1.6 Train any other interviewers

1.2 Conduct Interviews and Literature Search

1.2.1 Brief interviewees on the objective of research

1.2.2 Ask the questions and record the responses

1.2.3 Search for relevant literature from the databases

1.2.4 Conduct thematic analysis

1.2.5 Analyze the interviews through SPSS

1.2.6 Compare results from interviews with previous studies

1.2.7 Determine whether the results answer the research questions

1.2.8 Compare information obtained from interviews and literature search

1.3 Write the Research Report

1.3.1 Write the introduction of the research

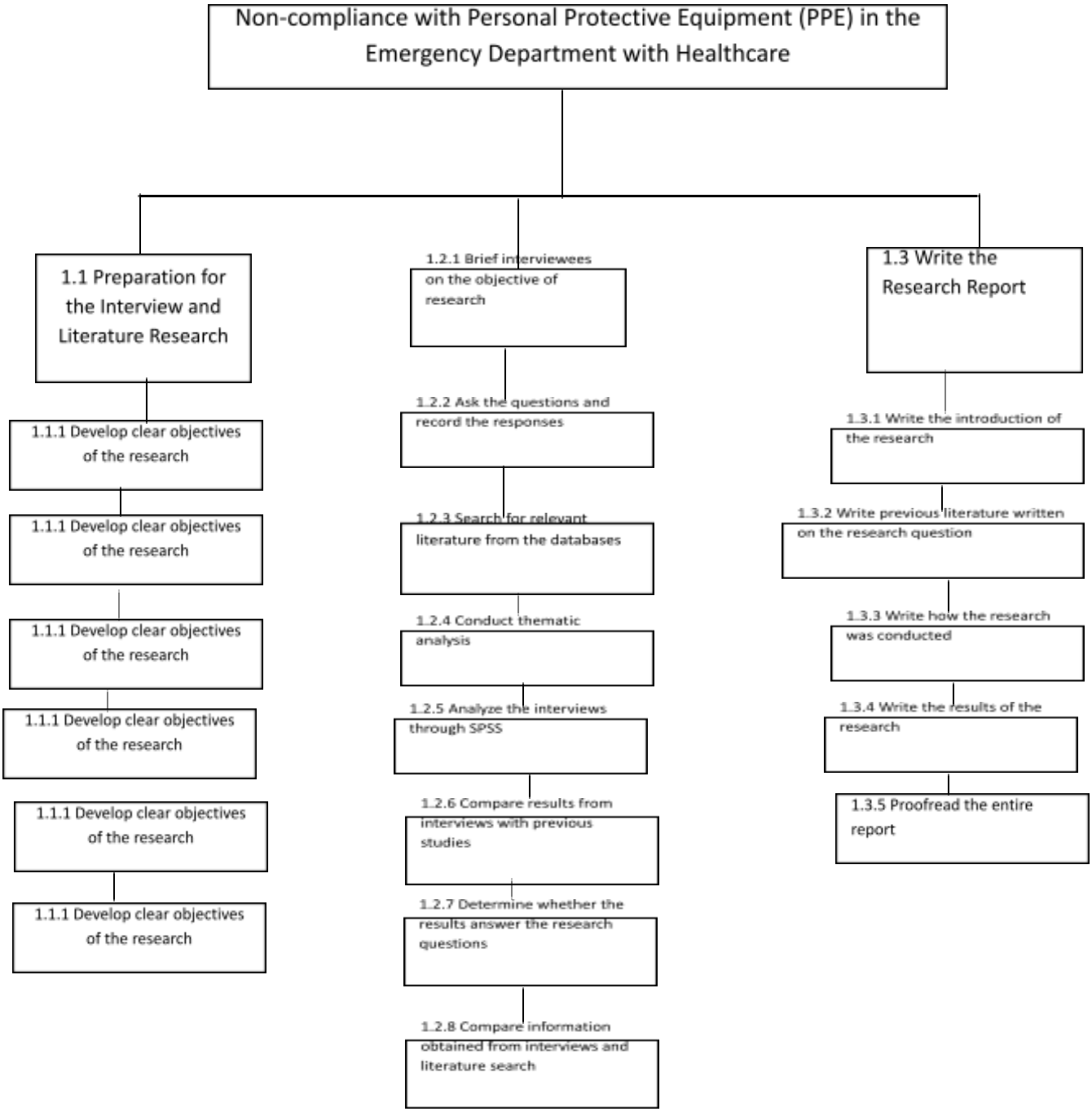
1.3.2 Write previous literature written on the research question

1.3.3 Write how the research was conducted

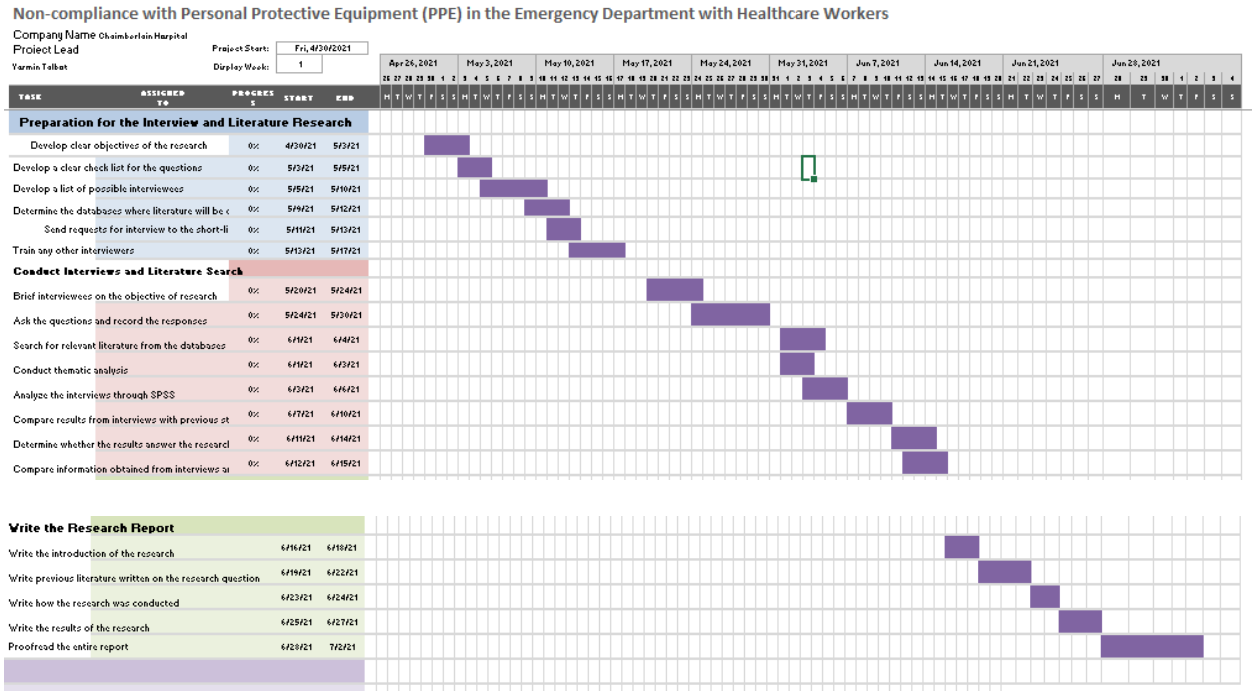
1.3.4 Write the results of the research

1.3.5 Proofread the entire report

Work Breakdown Structure (WBS)



Gantt Chart


Non-compliance with Personal Protective Equipment (PPE) in the Emergency Department with Healthcare Workers
Company Name Chamberlain Hospital
Project Lead
Yarmin Talbot
Project Start: Fri, 4/30/2021
Display Week: 1
TASK
ASSIGNED TO
PROGRESS
START
END
Preparation for the Interview and Literature Research
Develop clear objectives of the research 0% 4/30/21 5/3/21
Develop a clear check list for the questions 0% 5/3/21 5/5/21
Develop a list of possible interviewees 0% 5/5/21 5/10/21
Determine the databases where literature will be 0% 5/9/21 5/12/21
Send requests for interview to the short-li 0% 5/11/21 5/13/21
Train any other interviewers 0% 5/13/21 5/17/21
Conduct Interviews and Literature Search
Brief interviewees on the objective of research 0% 5/20/21 5/24/21
Ask the questions and record the responses 0% 5/24/21 5/30/21
Search for relevant literature from the databases 0% 6/1/21 6/4/21
Conduct thematic analysis 0% 6/1/21 6/3/21
Analyze the interviews through SPSS 0% 6/3/21 6/6/21
Compare results from interviews with previous st 0% 6/7/21 6/10/21
Determine whether the results answer the researcl 0% 6/11/21 6/14/21
Compare information obtained from interviews at 0% 6/12/21 6/15/21
Write the Research Report
Write the introduction of the research 6/16/21 6/18/21
Write previous literature written on the research question 6/19/21 6/22/21
Write how the research was conducted 6/23/21 6/24/21
Write the results of the research 6/25/21 6/27/21
Proofread the entire report 6/28/21 7/2/21
Apr 26, 2021
May 3, 2021
May 10, 2021
May 17, 2021
May 24, 2021
May 31, 2021
Jun 7, 2021
Jun 14, 2021
Jun 21, 2021
Jun 28, 2021

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