Factors Associated with Malpositioning

Outside of the operating room, chest tubes are placed with two primary techniques: in one, a trocar is used to punch a hole in the chest wall, through which the tube is inserted. The other technique uses blunt dissection to create the chest wall opening. In addition, clinicians have the option to place the chest tube in an anterior (ventral) location between the second and third intercostal space in the mid-clavicular line or in a lateral location between the fourth and sixth intercostal spaces in the mid-axillary line. Researchers have examined if technique or location are associated with greater incidence of malposition. One study of 101 chest tubes inserted in 68 patients with multiple trauma detected malposition with CT scan in 10% of anteriorly placed tubes and 25% of laterally placed tubes. Another study prospectively examined 106 chest tubes placed in 63 patients and discovered all malpositions occurred in tubes placed with a trocar; of these, 66% were placed laterally on the right side. Lim et al determined a 37% incidence of malpositioning; of these, 79% were lateral, 64% were on the right side.

These data might lead clinicians to avoid trocars and lateral placement and to get chest CT scans on all patients, but the key factor is determining the consequences of malpositioned tubes. When a tube ends up in the fissure or in the parenchyma, is the patient harmed? Will the pneumothorax or hemothorax still be treated adequately? Is the malpositioning detectable clinically or is it only an incidental imaging finding?

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Clinical Update

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In The Literature

**More Than JCAHO and Magnet**

As healthcare becomes more competitive and hospitals search for new ways to market their quality and services to customers, a number of names and designations are making their way onto billboards and into advertisements. A review article in Nursing Management provides a concise review of Magnet recognition from the American Nurses Credentialing Center, The Malcolm Baldrige National Quality Award from the National Institute of Standards and Technology, Disease Specific Care certification from JCAHO, Solucient’s Top Hospitals (now Thomson’s Best Hospitals, which uses CMS data), “America’s Best Hospitals” named in US News and World Report, and HealthGrades. The article describes whether hospitals apply for the designation, how the award is determined and how much it costs.

See On the Web for the Web sites for these credentialing and award organizations.

**When is the Usual Routine an Error?**

An article from a recent issue of Critical Care Nurse should be required reading for every nurse, regardless of practice setting. Elizabeth Henneman, of the University of Massachusetts school of nursing, describes two brief case studies that initially seem routine to experienced nurses. She describes a series of conversations with a resident to clarify heparin orders on one patient, and another patient whose condition deteriorated overnight, no attending had been notified, verbal orders were given to manage atrial fibrillation with a rapid ventricular response, and a miscommunication occurred about whether the patient had received digoxin. While most of us would consider miscommunications and the need for order clarification to be part of a routine day, Henneman points out that these are actually errors as significant as a dispensing error by the pharmacy. Our nature to consider these as part of our nursing jobs and not reporting them allows patterns of miscommunication to go “under the radar,” where they are unlikely to be addressed and fixed. This eye-opening piece will have you thinking about ways to be more aware of everyday problems that need to be tracked and remedied to improve patient safety.


**Is the Grass Really Greener on the Other Side?**

The current issue of MEDSURG Nursing features a report on a research study conducted to compare job satisfaction between experienced critical care and experienced medical-surgical nurses. The authors note that historically, critical care nurses have been identified more frequently with burnout, decreased job satisfaction, and high levels of turnover. However, in recent years, patients cared for outside the critical care unit are more complex than ever before, and medical-surgical nurses are each responsible for a higher number of patients, so the researchers decided to compare the practice groups. They examined job enjoyment, quality of care, time to do the job, and overall job satisfaction. Surveys of 121 nurses with five or more years of experience showed no difference in satisfaction or individual attributes by work unit. There was also no difference between small and large hospitals surveyed, nor between Magnet and non-Magnet organizations. Since nursing employment is more flexible in most areas of the country than ever before, it would be interesting to determine how much the nurse’s ability to work in his or her area of choice contributed to the high level of satisfaction reported.


**On the World Wide Web**

For more information about hospital recognition programs, visit these Web sites:

HealthGrades
http://www.healthgrades.com

Joint Commission Disease Specific Care
http://www.jointcommission.org/CertificationPrograms/DiseaseSpecificCare/DSCInformation

Magnet Recognition Program
http://nursecredentialing.org/magnet/

The Malcolm Baldrige National Quality Award
http://www.quality.nist.gov/

Solucient (now Thomson) Top 100 Hospitals
http://www.100tophospitals.com

US News Best Hospitals
http://health.usnews.com/sections/health/best-hospitals

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