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Proactive Leadership Attention to Outcomes

Jobic Ray Butao

West Kendall Baptist Hospital, jobicrayb@baptisthealth.net

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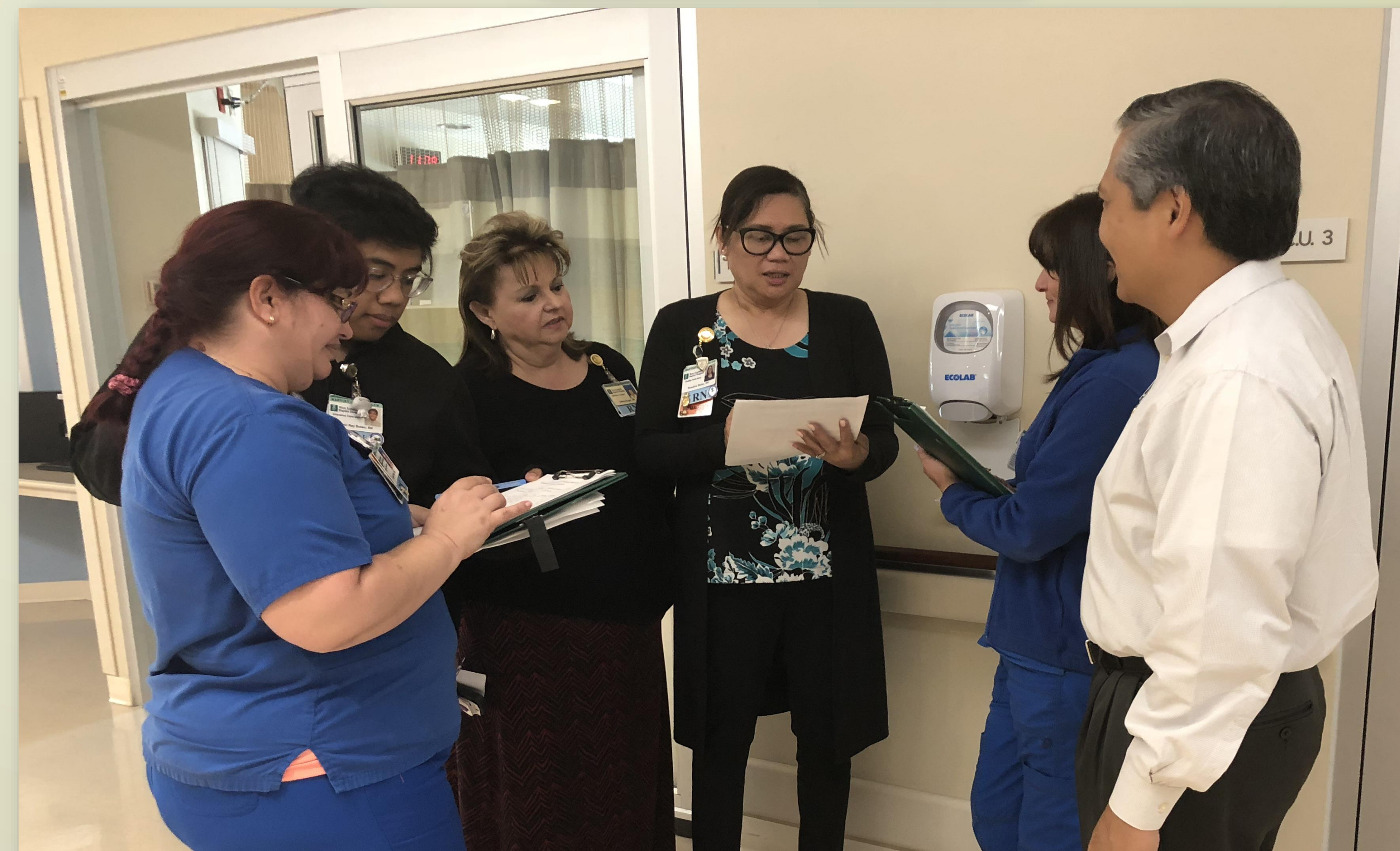
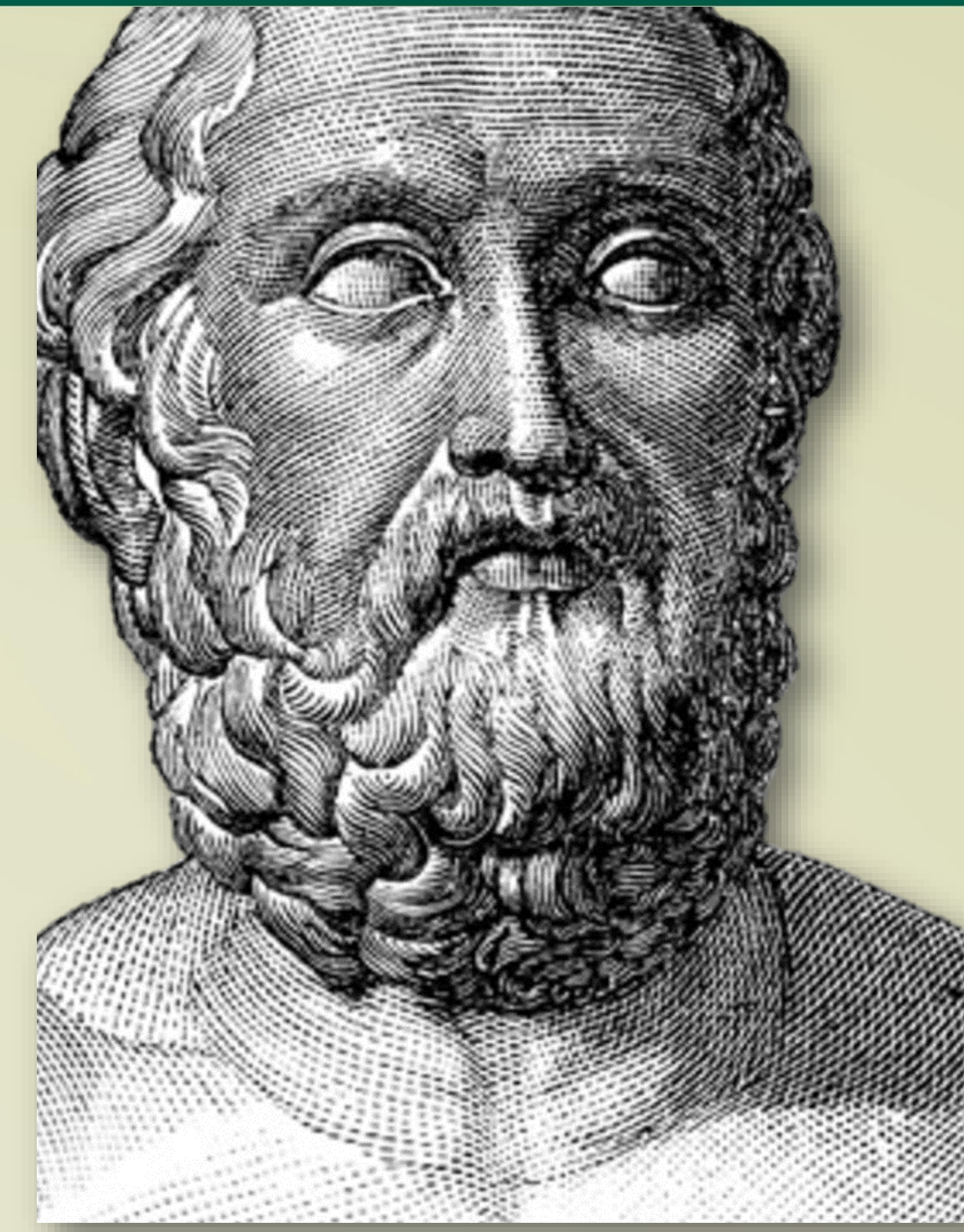
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PURPOSE

The purpose of this initiative was to implement evidence-based rounding in the Intensive Care Unit to decrease CLABSI rates to zero, and maintain zero CAUTI incidences; to empower staff to be proactive versus reactive; to increase staff awareness of hospital acquired infection risks and criteria; to reinforce current bundle compliance and alternatives to lines and catheters; and to obtain “real time results” related to high risk patients.

METHODS

Biweekly rounds were designed evaluating necessity, management and documentation of patients with central access and urinary catheters. Rounds were conducted by: Clinical RN Project lead, Chief Nursing Officer; Chief Medical Officer; Director of ICU; ICU Clinical Educator; Infection Control Practitioner; and Director of QI/PI. Nurses caring for targeted patients prepared a PLATO rounding checklist prior to rounding. The PLATO team rounded with unit staff and leadership to go through checklist.



West Kendall Baptist Hospital
 BAPTIST HEALTH SOUTH FLORIDA
 An academic affiliate of the FIU Herbert Wertheim College of Medicine

"PLATO" ROUNDING CHECKLIST
 Goal: Zero CLABSI / CAUTI

Date: _____
 Name of Clinical Nurse: _____ Intensivist: _____

CLABSI Prevention Measures for Patients with Central Lines (N/A if none present)
 Central Line Present on Admission: Yes No N/A
 Insertion Date: _____ Day #: _____
 Central Line Bundle Compliance Observed: Yes No N/A
 ATC done: Yes No N/A
 Latest Blood Glucose Result: _____
 Alternatives Considered (midline candidates): Yes No N/A
 Supporting Documentation in Record: Yes No
 Other Comments: _____

CAUTI Prevention Measures for Patients with Indwelling Urinary Catheters (IUC) (N/A if none present)
 IUC Bundle Compliance Observed: Yes No N/A
 Insertion Date: _____ Day #: _____
 Was indwelling catheter replaced?: Yes No N/A
 Options: Bladder Retention UA c/o order Other: _____
 ATC done: Yes No N/A
 Latest Blood Glucose Result: _____
 Justification Orders Noted with Indication for Continued Use: Yes No N/A
 Alternatives Considered (external collection device): Yes No N/A
 Supporting Documentation in Record: Yes No
 Other Comments: _____

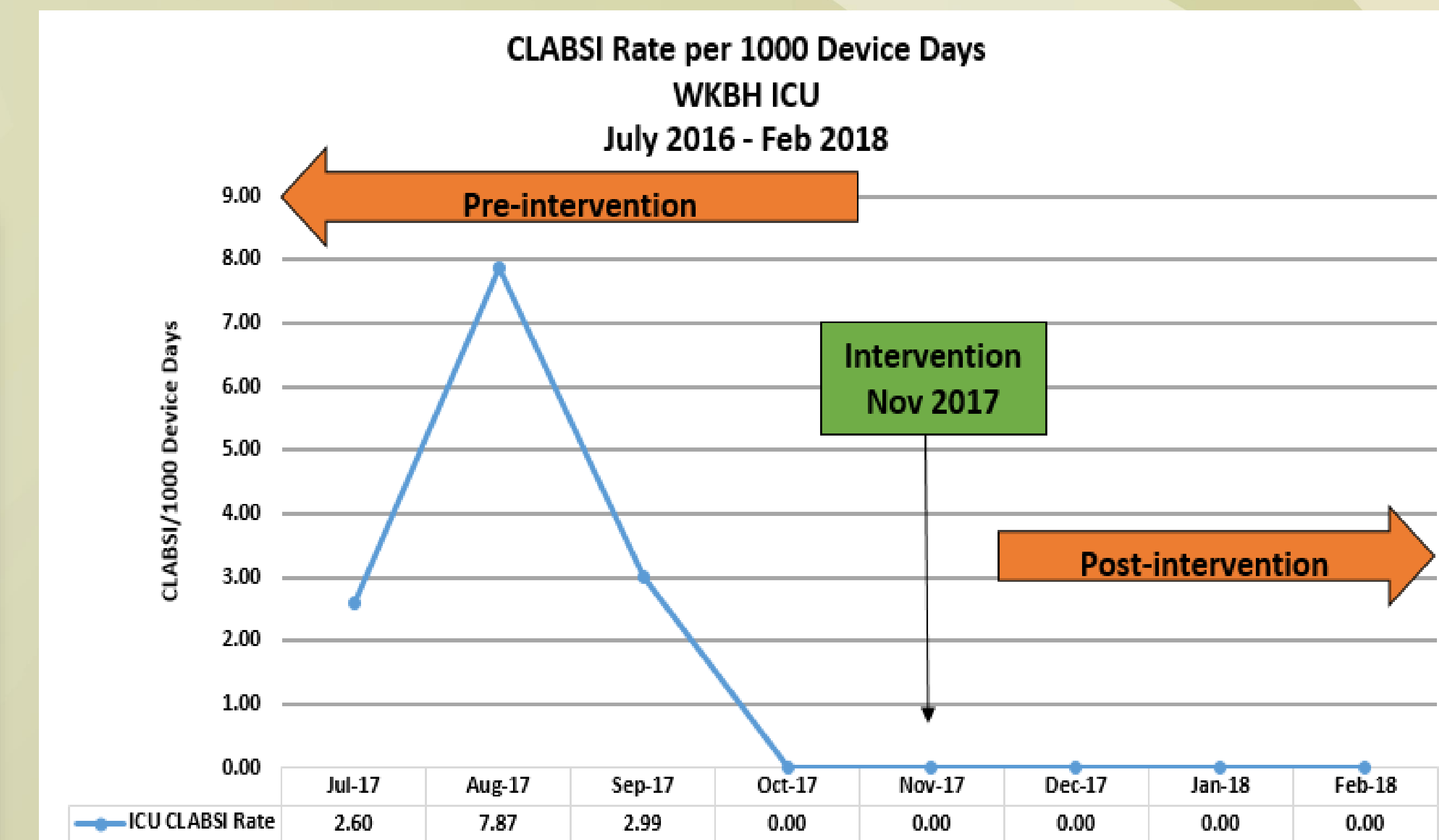
Rounding Team Members:
 Jobic Butao, Proficient Clinical RN
 Bernie Arcena, RN Director and or designee
 Joanne Aberilla, RN, ICU Clinical Educator
 Zebina Roger, RN, ICP
 Sandra McLean, RN, AVP, ACNO
 Rosalina Butao, RN Director QI/PI

NOT PART OF THE PERMANENT MEDICAL RECORD

WEST KENDALL BAPTIST HOSPITAL
 "PLATO" ROUNDING CHECKLIST
 WKBH 1027 Rev. 12/9/17

RESULTS

In the four months prior to the PLATO intervention, the average CLABSI rate in the ICU was 3.37. In the three months post-PLATO intervention, the ICU CLABSI rate has remained at zero. The CAUTI rate in the ICU has also been maintained at zero.



DISCUSSION

Through the proactive collaborative intentional rounding with clinical nurses, quality department personnel, and executive and unit leadership, patient outcomes were positively affected in the ICU patient population.

PRACTICE IMPLICATIONS

Collaborative intentional rounding has positive implications for patient outcomes. Opportunities for improvement were identified, that could impact catheter-related infections such as: the management of glucose, alternatives to line and catheter (midlines and external catheter use), and the utilization of mupirocin in new central lines and review of indications of urinary catheter reinsertion. Opportunities also exist to expand the outcomes measured beyond CAUTI and CLABSI, such as ventilator-assisted pneumonia. When implemented, the effects of proactive leadership rounding can impact patient outcomes positively.

CONTACT INFORMATION

JobicRayB@baptisthealth.net

PLATO ROUNDS