

Bridging the gap between quality performance measures and hospital acquired conditions, a nursing unit quality champion model.



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Introduction

Significance and Background: Hospital acquired conditions (HACs) increase morbidity, mortality, length of stay, and cost. Hospitals are no longer receiving reimbursement for many HACs. The Clinical Nurse Specialist student recognized that evidenced based HAC preventative measures were sometimes overlooked, jeopardizing patient safety.

Purpose: The purpose of the project was to decrease HACs and thus improve quality of patient care with the development of a nursing unit quality champion model.

Pressure Injury Preventative Measures



Framework /Methods

Baseline quality audits were performed on clinical units including assessment of preventive measures for hospital acquired pressure injuries (HAPIs), ventilator associated events (VAEs), catheter associated urinary tract infections (CAUTIs), central line blood stream infections (CLABSI) and deep vein thrombosis (DVTs). Staff education followed and unit champions were designated. Triweekly then biweekly audits were performed for 8 weeks, with results communicated to the management team. Following the 8 weeks, the unit quality champions continued the process for sustainability of quality outcomes. Audit results were trended and communicated back to staff for continued quality improvement.

Audit Tool

Quality Checks: Pressure Injury, VAE, CLABSI, CAUTI, DVT Prevention Audit Tool	
Date	Unit
Census	Number assessed
Room #	
Initials	
Age	
PI Prevention	
Proper Linen	
Heels elevated	
Nutrition	
Turning	
Checking under devices	
Incontinence Management	
Braden Score	
Purple light <18	
Moderate risk (12-18)	
High risk (10-12)	
Very high risk (<10)	
Pressure injury	
- POA/HAPI	
Specialty bed set correctly	
VAE - HOB 30 vent tubing ok	
- sep suction/ballard locked	
CLABSI - disinfectant caps	
- dressing intact	
CAUTI- 2 leg straps	
strap and bag correct side	
DVT -order/ SCD in room	
- SCD on pt/turned on	
Education Provided	

Results

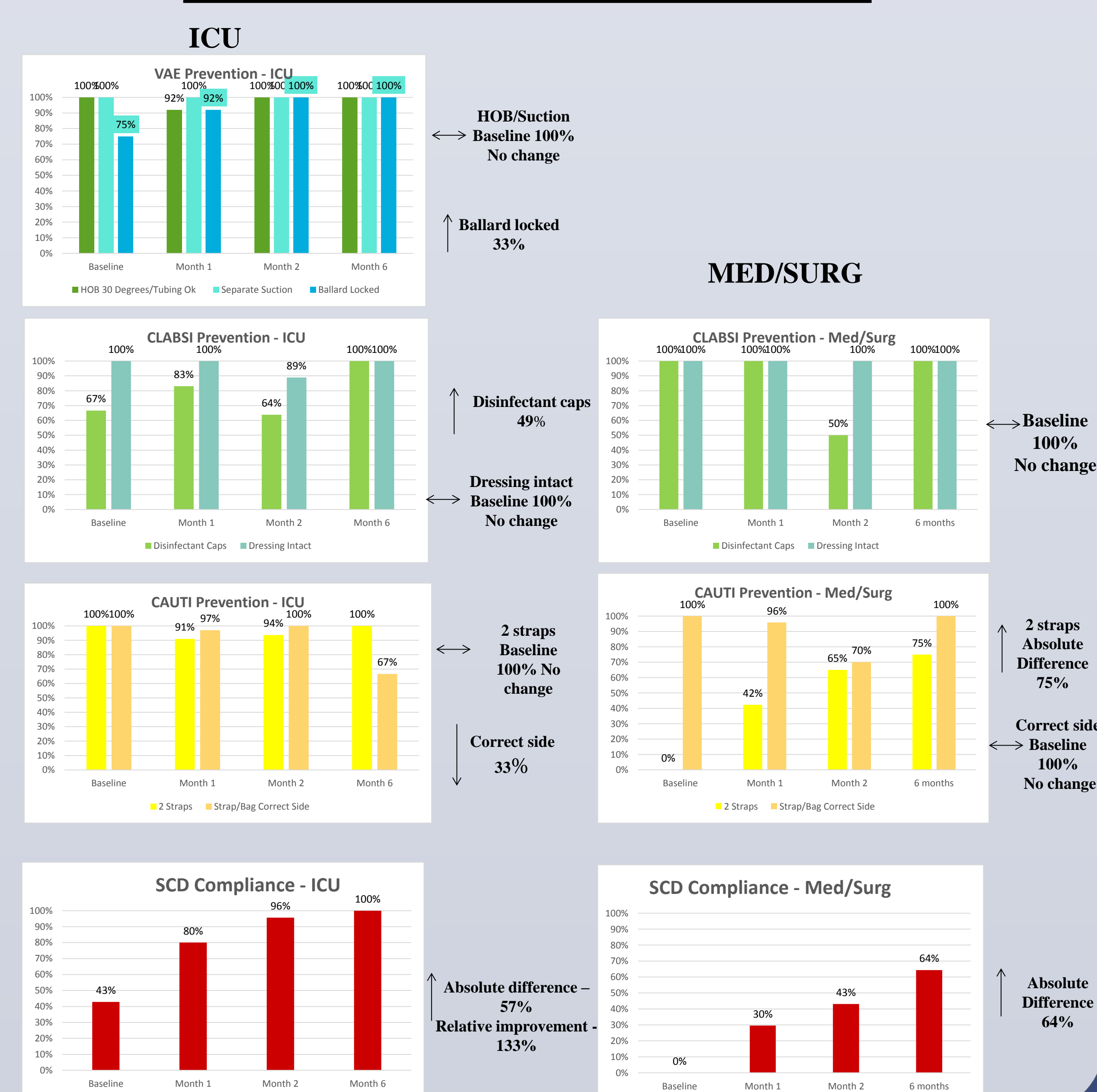
Analysis: Data was gathered, graphed and analyzed individually for HACs. Weekly data and monthly data was compared to baseline.

Findings/Outcomes: The cumulative results from baseline to project's end demonstrated an improvement in 11 of 19 unit quality measures.

Pressure Injury Prevention



VAE, CLABSI, CAUTI, DVT Prevention



Interventions, Evaluation, Conclusion

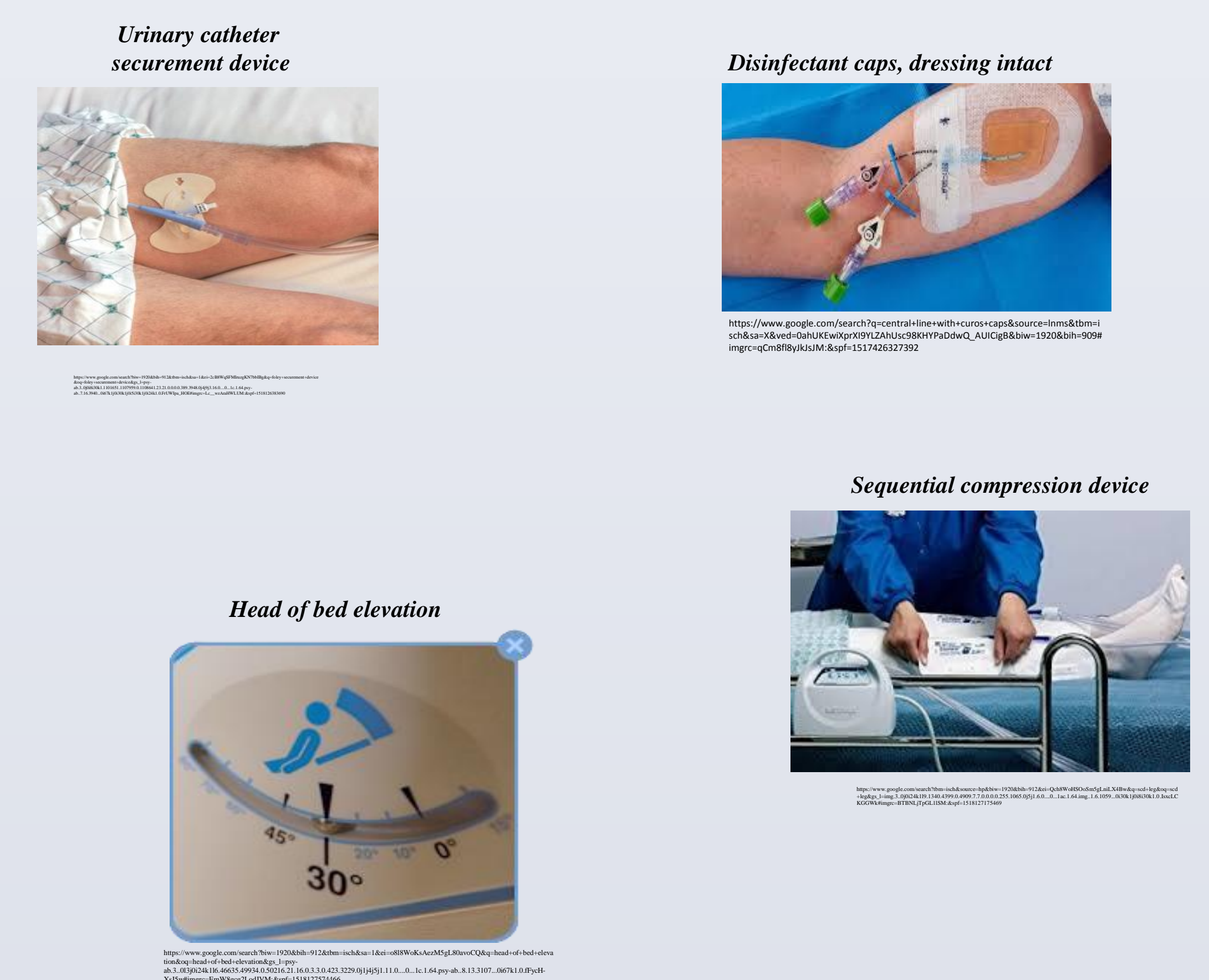
Intervention: The unit quality champions continued the audit and education process for sustainability of quality outcomes. Subsequent units were educated to the nursing unit quality champion model.

Evaluation: Feedback from the nurses indicated an improved awareness and implementation of HAC prevention.

Discussion: Unit quality champion can be a successful model in HAC prevention. Sustainability is a challenge; however, with CNS support, champion empowerment and management engagement, quality can be maintained.

Conclusion: HAC preventative measures may appear as "little things" in a busy environment with competing priorities. However, when overlooked are actually the "big things" which include; HAPIs, CLABSI, CAUTI, VAE, DVT, patient satisfaction, and nurse satisfaction. The Clinical Nurse Specialist can bridge the gap between practice and outcomes in many settings with the implementation of the nursing quality champion model.

VAE, CLABSI, CAUTI, DVT Prevention



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