



TL1EO – Nursing’s mission, vision, values and strategic plan align with the organization’s priorities to improve the organization’s performance.

Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement in the nurse practice environment. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the table.

And

Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement due to a change in clinical practice. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the table.

Introduction:

The Professional Nursing Staff Organization (PNSO) developed Nursing’s Five-Year Plan for Organizational Goal Achievement: 2009-2013 in October 2008. Using an Appreciative Inquiry process, a group of nurse leaders and clinical nurses identified several “aspiration statements” related to each organizational goal: I Care, I Heal and I Build. The group also developed several strategies for putting each aspiration statement into practice. Over the life of the plan, the PNSO Cabinet evaluated these strategies to ensure that the work of the PNSO aligned with Nursing’s Five-Year Plan.

In 2012, anticipating the end of the Five-Year Plan, Chief Nursing Officer Lorna Facticeau appointed a group of nurse leaders and clinical nurses to participate in the development of a three-year nursing strategic plan to guide the work of nursing at UVA beginning in 2014 and continuing through 2016. In light of the rapidly changing landscape of health care and the need for organizations to be flexible and agile to meet the needs of patients and staff, this group made the decision to move from a five-year plan to a three-year plan. Due to the relatively recent development of the current plan, the examples provided here come from the accomplishments of the 2009-2013 plan that occurred after April 1, 2012.

The FY14-FY17 UVA Quality Improvement and Patient Safety Plan outlines the structures and processes needed for the organization to achieve improvement and communicate results. This plan has 17 specific priorities and is referred to as the “Q17.” These priorities align well with the goals in both Nursing’s Five-Year Plan for Organizational Achievement: 2009-2013 and the 2014-2016 Nursing Strategic Plan. Achieving and sustaining excellence in nurse sensitive clinical indicators and patient satisfaction are listed as priorities in the organizational plans and the nursing plans. The performance-focused work this narrative describes spans both of the nursing strategic plans and is reinforced by the organizational plan.



Example 1: Improvement in the Nurse Practice Environment: Strengthening Communication Structures

Nursing's Five-Year Plan for Organizational Goal Achievement 2009-2013 excerpt:

Organizational Goal: I Care

Category: Patient and Nurse Satisfaction

Aspiration Statement (Patient Focused): Patients and families report the highest level of satisfaction with nursing care at the UVA Health System.

Background/Problem:

Patients' satisfaction with the "Communication with Nurses" as measured by the HCAHPS domain was lower than desired in the inpatient areas. The PNSO identified the above aspiration statement from the Five-Year Plan that related to this issue and built strategies, interventions, education and resources around it, which were deployed via shared governance structures.

The improvement in the inclusion of patients' families in care is the result of several initiatives working together to create a change in practice environment. These are:

- Care partners
- Hourly rounding
- Bedside report
- In-room communication boards

The organization implemented and adopted the above initiatives incrementally beginning in 2011. Clinical nurses slowly integrated these evidence-based initiatives into their daily routines with the support and encouragement of our nurse leaders, but there was inconsistency in application and by early 2013, leaders knew that further initiatives were needed.

Goal Statement:

Improve patient satisfaction HCAHPS domain: "Communication with Nurses" through strengthening communication structures between team members and the patient within the clinical environment.

Description of the Intervention/Initiative/Activity(ies):

In April 2013, nurse leaders knew they had the right strategies in place for improving patient satisfaction related to communication with nurses, but they recognized that continued education and emphasis on these mechanisms was needed in order to reinforce their use. In April 2013, adult acute care leaders coordinated a series of education sessions to refresh knowledge and allow staff to



provide return demonstrations of these skills. Leaders outlined specific expectations around each of these areas during these education sessions and explained the evidence behind family participation.

Care Partners

When patients are admitted, nurses ask if they would like to identify up to two individuals as “care partners.” The nurse educates the patient about the program using a standard brochure, and if the patient chooses to designate care partners, the admitting nurse records those names in the medical record. Once education is complete, a unit team member gives the care partner(s) a special identifying armband and a code number to use if they call in to check on their loved one after they leave. The armband provides an easy visual method to identify who the patient values as a part of his or her care team. Care partners are welcome at the bedside at all times and are encouraged to participate in care as much as the patient wishes.

Hourly Rounding with Patients and Families

The evidence supporting hourly rounding is strong, as is the commonsense understanding of why this works. When the nurse rounds on the patient every hour, asking about pain, bathroom needs, positioning and safety, patients and families feel well taken care of and safe. Hourly rounding gives the nurse the information he or she needs to anticipate the patient’s needs, and also offers ample opportunities for the patient and family to ask questions and be involved in care. Nurses, patient care assistants and technicians work together to coordinate hourly rounding. While hourly rounding looks different in different care settings, the core principles remain consistent.

Bedside Report

Providing hand-off of care at the bedside is an important way to include the patient in his or her care and provides an opportunity to engage care partners. At the change of each shift, nurses go to the bedside together and follow a prescribed format for hand-off of care. The patient participates as much or as little as he or she desires. Bedside report follows this protocol:

- Off-going nurse introduces oncoming nurse to patient and updates the whiteboard with the oncoming nurse’s information.
- Together the nurses perform safety checks:
 - Compare ID band to Epic information
 - Compare all IV fluids/infusions to orders
 - Ensure oxygen delivery is accurate, if applicable
 - Ensure IV fluid tubing is in date
 - Review safety alerts/precautions
 - Check safety equipment at the bedside as defined by unit



- They ask the patient:
 - “Would you like for us to share our shift report here at your bedside or just do safety checks and share information outside of your room?”
 - If the patient wants report at the bedside, the report should include:
 - Systems review
 - Plans
 - Goals
 - Other patient-specific information
 - If the patient does not want bedside report, the information is shared outside the patient’s room.
 - “What one thing would you like to accomplish today?” The nurses write the goal on the white board, making sure that completed goals are removed.
 - Before leaving: “Is there anything else I can do for you? I have the time.”



Karen Lohr, BSN, RN; Susila Raju, RN; Emma Reinhard, RN; Dale Shaw, DNP, RN, CNRN, ACNPC and Jessica Shenk, BSN, RN assemble to begin bedside report.



In-Room Patient Whiteboards

During the hand-off process, the off-going nurse updates the board with the new information: nurse names, PCA/PCT names and the date. The nurse asks the patient what he or she would like to achieve during the coming shift and updates patient goals on the board. Any questions that the patient or family have for the healthcare team can be written on the board. Physicians, residents, therapists, social workers and case managers also update their information on the board and respond to relevant questions that the patient or family have posted. The whiteboard design was generated using feedback from nursing staff, support personnel and members of the interdisciplinary teams, and is consistent in all areas.

Participants:

TL1EO Table 1. Participants, Involving Families in Care

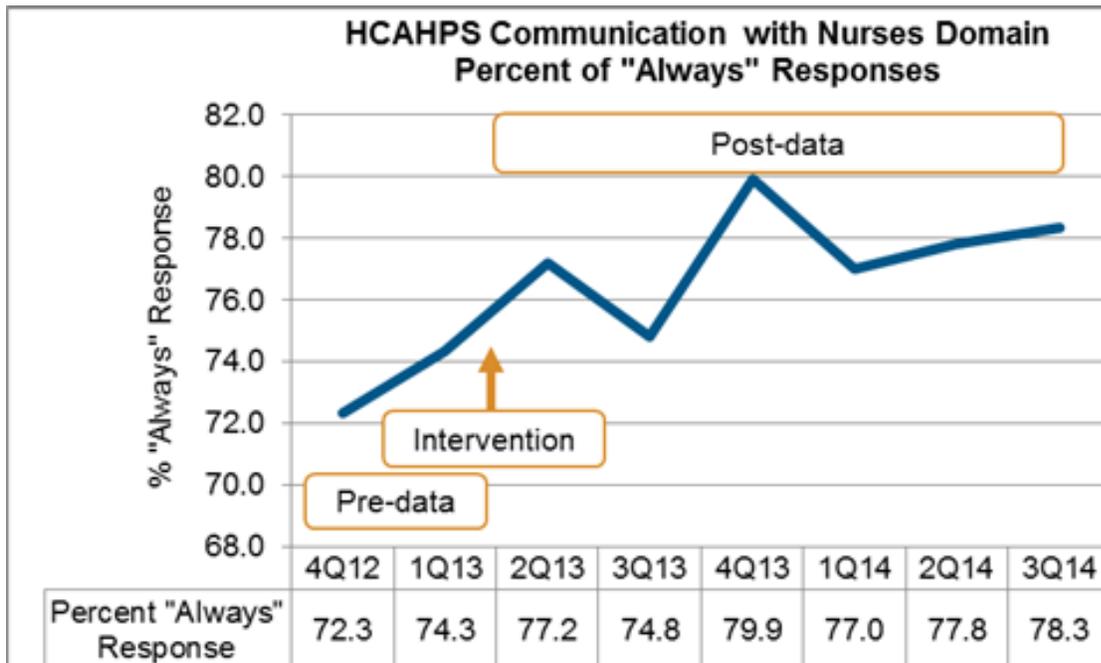
Name	Discipline	Title	Department
Scott Croonquist	Nursing	Associate Chief Nursing Officer	Patient Care Services
Joel Anderson	Nursing	Director, Nursing-Adult Medical-Surgical Care	Patient Care Services
Andrea Caulfield	Nursing	Director, Nursing-Adult Critical Care and Inpatient Heart	Patient Care Services
Chris Harper	Administration	Patient Satisfaction Analyst	Patient Experience Office

Outcomes: (Intervention date: April 2013)

Participation in these initiatives is now strong among all members of the healthcare team. Over time, what were once new initiatives became routine. The education sessions were successful in re-energizing team participation in best practice initiatives that strengthen the communication structures in the clinical environment between team members and with patients and their families. The success is evident in the patient feedback provided through patient satisfaction surveys.



TL1EO Figure 1. HCAHPS “Communication with Nurses” Domain: Percent of “Always” Responses, 4Q 2012 – 3Q 2014



Example 2: Improvement Due to a Change in Clinical Practice: Catheter Associated Urinary Tract Infection (CAUTI)

Nursing’s Five-Year Plan for Organizational Goal Achievement 2009-2013 (Evidence: Five-year plan) excerpt:

Organizational Goal: I Heal

Category: Evidence-Based Practice

Aspiration Statement: UVA Health System nurses use evidence-based practice to dramatically improve outcomes on nurse-sensitive quality indicators.

Background/Problem:

In 2010, UVA was not comprehensively outperforming national benchmarks or meeting the CAUTI-related SCIP metric. The organizational goal was to reduce utilization of indwelling urinary catheters, achieve targets for early removal and reduce rates of infection. CNO Lorna Facteau convened an interprofessional team, led by Kathleen Rea, MSN, RN, CNL, PCCN, ACNS-BC, Advanced Practice Nurse 2-CNS, and Christie Piedmont, MSN, RN, CIC, Infection Preventionist. The team’s priorities were to evaluate UVA CAUTI performance metrics, identify gaps in systems and practice, and conduct quality improvement work.



Christie Piedmont, MSN, RN, CIC, Infection Preventionist and Kathleen Rea, MSN, RN, CNL, PCCN, ACNS-BC, APN 2-CNS are part of an interdisciplinary team who work to decrease the number CAUTIs.

The CAUTI workgroup led many interventions. These included:

- Spring 2010 – extensive review, update, consolidation of existing indwelling catheter insertion and maintenance nursing procedures by PNSO Clinical Practice Committee.
- Fall 2010 – acute care areas join intensive care units in reporting and benchmarking CAUTI via the National Health Care Safety Network and the National Database of Nursing Quality indicators.
- Winter 2011 – upgraded supplies for adult inpatients to pre-connected kits (insertion materials and pre-connected silver-alloy Foley catheter) for IUC insertion.
- Summer 2011 – additional bladder scanners purchased and installed. Bladder scanning algorithm developed to guide clinical decision-making.
- January 2012 – first point - prevalence survey completed to measure best practice implementation. On a selected date the CAUTI team surveys every inpatient with an IUC. Measures examined include: securement of the catheter, position of the drainage bag, etc.



- February 2012 – CAUTI champions identified to serve as trainers for colleagues on best practices.

Despite all of these interventions, the number of CAUTIs was still not meeting goal by April 2012, and catheter utilization was still higher than desired.

Goal Statement:

Reduce the number of CAUTIs and reduce device utilization by improving indwelling urinary catheter care practices and documentation to achieve I Heal and adherence to evidence-based practice

Description of Intervention:

The CAUTI workgroup continued to guide multiple interventions to ensure full implementation of CDC guidelines and address identified needs. Quarterly point prevalence surveys provided a mechanism to evaluate ongoing practice changes and identify knowledge gaps. Between June and August 2012, every nurse and nursing assistant who worked with patients who could potentially have IUC therapy completed a demonstrated competency for urinary catheter insertion and care. This ensured that knowledge was consistent across practice settings and caregivers and provided a strong foundation for three key interventions that led to a reduction in the number of CAUTIs.

1. In **September 2012**, the CAUTI team re-evaluated epidural analgesia as an appropriate indication for indwelling catheter placement. The team collaborated with the Acute Pain Service, which monitors epidurals, and after a review of the literature, removed this from the list of appropriate indications for IUC insertion.
2. In **December 2012**, CAUTI champions began weekly best practice auditing on their units. Champions audited measures, which included securement of the catheter and position of the drainage bag. The need to focus on these specific aspects of practice was identified through the point prevalence surveys. Champions began to provide in-the-moment peer education while auditing.
3. In **May 2013**, the CAUTI workgroup launched a house-wide implementation of chlorhexidine gluconate (CHG) bathing for all patients with central venous catheters or indwelling urinary catheters, based on a multicenter trial published in the February 2013 edition of the *New England Journal of Medicine*.¹ The PNSO

¹ Climo MW, Yokoe DS, Warren DK, et al. Effect of daily chlorhexidine bathing on hospital-acquired infection. *N Engl J Med*. 2013; 368(6): 533-542. DOI: 10.1056/NEJMoa1113849



Clinical Practice Committee developed the bathing practices, which included peri-care with CHG and wiping down the indwelling catheter and drainage bag tubing all the way to the bag. Unit educators and CAUTI champions participated in staff education that included return demonstration in all inpatient units prior to rollout. The CNS group audited and reinforced practice, working closely with the CAUTI champions to ensure this practice was well-established.

Participants:

TL1EO Table 2. Participants, Q17 CAUTI Clinical Practice Improvement Team

Name	Discipline	Title	Department
Kathleen Rea	Nursing	Advanced Practice Nurse 2-CNS; <i>Co-Chair</i>	5 West Advanced Practice
Christie Piedmont	Nursing	Infection Preventionist; <i>Co-Chair</i>	Hospital Epidemiology
Kyle Enfield	Physician	Assistant Professor of Surgery	Pulmonary Critical Care, Asst. Hospital Epidemiologist
Karen Braden	Nursing	Quality Improvement Coordinator	Emergency Department
Mia Campbell	Nursing	RN Clinician III	PICU
Rick Carpenter	Nursing	Nurse Manager	MICU
Charles Fisher	Nursing	Advanced Practice Nurse 1-Nurse Practitioner	MICU Advanced Practice
Jen Glass	Nursing	Advanced Practice Nurse 1-Nurse Practitioner	PICU Advanced Practice
Traci Hedrick	Physician	Assistant Professor of Surgery, 5C Medical Director	Surgery
Cathy Jennings	Nursing	RN Clinician II	Operating Room
Rebecca Selgrade McMullen	Quality	Performance Improvement Project Management Coordinator	Performance Improvement
Katelyn Overstreet	Nursing	RN Clinician II	MICU
Tanya Prachar	Nursing	RN Clinician IV	Neuro ICU
Kayla Reynolds	Nursing	RN Clinician II	5 West / 5 North
Ben Sneed	Physician	Assistant Professor of Medicine	Hospitalist- General Medicine
Crockett Stanley	Quality	Performance Improvement Project Management	Performance Improvement



		Coordinator	
Jen Stengel	Nursing	RN Clinician II	MICU
Beth Turrentine	Nursing	Outcomes Manager	Department of Surgery

Outcomes:

The hard work and effort of the Q17 CAUTI team, CAUTI champions and countless team members has resulted in consistent improvement. The number of infections continues to fall, and our patients are experiencing better outcomes.

TL1EO Figure 2. Catheter-Associated Urinary Tract Infections: Infection Count and Catheter Utilization Rate (1Q12-1Q14)

