Sustained improvement in the Quality of Nurse-Influenced Patient Care in the ICU

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Introduction

High Quality Nursing Care

Better Patient Outcomes

Quality Improvement Initiatives/Projects
Nurse Influenced Care Initiative

- Quality Improvement Initiative (Practice change framework)
- Literature Review: 7 Standards of evidence based nursing care
- Highlight Promote Affirm Engrain
- Culture of Care
Nurse influenced patient care in Wellington ICU: 7 standards.

1. **Enteral Nutrition**
All eligible patients have enteral nutrition started within 24 hours of admission to the ICU.

2. **Antibiotics**
Prescribed antibiotics are administered within half an hour of time to be given.

3. **Sedation hold**
All eligible patients have a daily sedation interruption (DSI) (min once daily).

4. **Mobilisation**
All eligible patients are mobilised daily from bed to chair (min once daily).

**Pressure ulcer prevention**

5. Three hourly turns (min) (repositioning)

6. Endotracheal or tracheostomy tubes re-taped/retied & repositioned minimum 12 hourly

7. Nasogastric tubes re-taped/retied & repositioned minimum 12 hourly
Framework for practice change


Project Overview

Initiate
1. Gather team and identify stakeholders.
2. Literature review

Engage
Jan 2015; Standards Roll Out: Information dissemination & reporting of baseline data. Awareness & focus to staff.

Enable

Sustain
Monthly and annual reporting of results through variety of different means.
Engage and focus staff

➢ Dissemination of quarterly and annual results/reports to the whole unit (Dashboard, TV screen, monthly unit updates pdf).

➢ Review of 24 hour flow charts to reflect standards (visual reminders).

➢ Mobilising, nutrition and sedation holds addressed at every ward round with medical staff and nurses.

➢ Importance of the key standards iterated to new staff during their orientation.

➢ Education on relevant study days.
Most importantly

I'm always open to feedback

That I can get defensive about and ultimately ignore
## Results

(mean percentage)

<table>
<thead>
<tr>
<th>Activity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN within 24 hours of admission.</td>
<td>89%</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>Antibiotics given within half an hour of time to be given.</td>
<td>79%</td>
<td>83%</td>
<td>90%</td>
</tr>
<tr>
<td>Daily sedation interruption (DSI) (min once daily).</td>
<td>76%</td>
<td>100%</td>
<td>92%</td>
</tr>
<tr>
<td>Daily Mobilisation (min once daily).</td>
<td>70%</td>
<td>83%</td>
<td>81%</td>
</tr>
<tr>
<td>Turning 3 hourly (min).</td>
<td>82%</td>
<td>83%</td>
<td>86%</td>
</tr>
<tr>
<td>ETT/TT tapes retied and tube repositioned 12 hourly.</td>
<td>80%</td>
<td>94%</td>
<td>82%</td>
</tr>
<tr>
<td>NGT tapes retied and tube repositioned 12 hourly.</td>
<td>80%</td>
<td>84%</td>
<td>74%</td>
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Importantly.....

- Collaboration with medical staff, senior nursing staff, health care assistants, dietitian, speech and language therapist and physiotherapy teams crucial.
Summary

• Using a framework for practice change continues to support locally developed quality improvement initiatives with good results.

• Positive feedback to staff on areas of success helps to bolster morale, improve culture of the unit and contributes to better nursing care and improved patient outcomes.

• Using a collaborative approach is key to achieving high quality care.
Finally.....


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Thankyou

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