HAC Your Patients: An Initiative to Decrease Hospital Acquired Conditions

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HAC Your Patients: An Initiative to Decrease Hospital Acquired Conditions

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BACKGROUND

Intensive Care Unit specific Hospital Acquired Conditions (HAC) include Catheter Associated Bloodstream Infections (CLABSI), Catheter Associated Urinary Tract Infections (CAUTI), Falls, Hospital Acquired Pressure Injuries (HAPI) and Ventilator Associated Pneumonia (VAP). Frequent occurrences of HACs reflect poor outcomes, and are costly. Research has shown that purposeful, systematic and evidence-based rounding are tied to positive patient outcomes. ICU’s Unit Based Practice Council undertook a project to address HACs in the ICU.

PURPOSE

Through the implementation of HAC Hours, our goals were:
1. To decrease Hospital Acquired Condition (HAC) rates (CLABSI, CAUTI, Falls, HAPI and VAP)
2. To empower staff through education of proper prevention of HACs
3. To standardize management and care of HACs
4. To increase unit awareness about HACs
5. To decrease costs associated with HACs

METHODS

HAC Hours can be summarized into one phrase: Intentional Rounding.

HAC Hours utilizes a checklist that details the evidence-based and best practice bundles used in the prevention of HACs. The intentional rounding checklist is completed three times a shift, occurring at change of shift between the incoming and outgoing RNs, between twelve and two, and between four and six. These checklists are located in the handoff clipboards of each patient. See Figure 1 for project timeline.

RESULTS

Following the implementation of the HAC Hours, CLABSI and HAPI rates improved to zero, CAUTI and Injury fall rates were maintained at zero. However, there was a bump in the VAP rate in month 3 post implementation, the first in two years (Figure 2). We were then able to research more evidence-based prevention bundles and add to our HAC Hours checklist, which has resulted in an improved VAP rate (Figure 3).

DISCUSSION

Intentional rounding facilitated and guided through the use of a checklist proved to be an effective approach to preventing HACs. The checklist became more than a checklist, but became a standard practice and part of the ICU culture of patient care. It also helped to standardize the practice when new hires and float nurses came to the unit, which has had a positive impact towards condition specific outcomes. Since nursing practice is continuously evolving, the fight to prevent hospital acquired conditions will always be a nurse driven priority.

PRACTICE IMPLICATIONS

Intentional rounding with the use of a systematic checklist assists the clinical nurse to drive positive patient outcomes and decrease hospital costs. While the checklist contains interventions that are standards of practice, there are times that these standards get lost in the commotion of a busy shift. The HAC Hours checklist serves as an innovative reminder for the clinical nurse to continuously push to drive positive patient outcomes, incorporating interventions during rounding. This is valuable to nursing practice since it allows focus on these opportunities without impacting workflow.

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