Proactive Leadership Attention to Outcomes

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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.

**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.

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