

## **UC San Diego**

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Quality Council: The Road to Excellence

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# The Road to Excellence

By Dianne Warmuth, MSN, RN, CNS

The mission of the Quality Council is to support evidence-based practice and research utilization to continually improve patient care. Excellent patient care and outcomes are achieved by consistent implementation of quality interventions at the bedside. This is achieved by one nurse mindfully interacting with one patient at a given time.

**N**ursing sensitive quality indicators are reported nationally by hospitals.

Consumers can compare outcomes with similar hospitals, in our case, teaching facilities of about the same size. Providing these outcomes allows consumers of healthcare to choose the facility that meets their needs. It provides transparency to the consumer about how care is delivered and places nursing care at UC San Diego in the public's eye.

Some of the clinical outcomes regarding safety include:

- Hospital acquired pressure ulcers (HAPU)
- Falls with injury
- Central line-associated blood stream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTIs)
- Restraint usage
- Ventilator associated pneumonia (VAP)

Quality is also measured through patient satisfaction surveys with questions such as, "Did the nurse do everything she or he could to relieve my pain?" and "Did the nurse treat me with dignity and respect?"

The Quality Council has been involved in many of these quality initiatives and is currently focused on initiatives to decrease the number of Catheter-Associated Urinary Tract Infections (CAUTIs). The Quality Council reviews CAUTI infection rates

quarterly and has determined that UC San Diego's rates are higher than the national benchmark. It is the Council's goal to reduce CAUTI rates below the national benchmark through education and training of our staff on the utilization of best practices. Prevalence studies and education have been applied to the proper indications for the use of catheters as well as the early removal of catheters. Most recently, the focus of the Quality Council has been a roll-out of a catheter maintenance bundle. This bundle includes:

- Performance of hand hygiene before and after each patient contact
- Daily review of the need for the catheter using approved indications
- Removal of the catheter as soon as possible
- Not breaking the catheter seal unless medically indicated
- Daily assessment for the correct placement of the securement device
- Daily performance of meatal hygiene with soap and water or personal cleanser
- Regular emptying of the drainage bag using a clean measuring container dedicated for each patient. The drainage bag should not exceed ½ full and should be emptied prior to transport.
- Maintenance of unobstructed urine flow and bag below the level of the bladder at all times; avoiding dependent loops in tubing or placing bag on the floor.

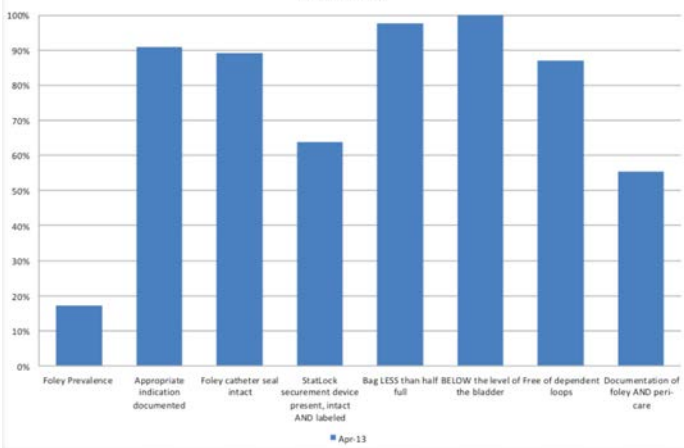
Although the components of the bundle may seem basic, it is important



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to implement all of the evidence-based interventions with every catheter, every shift, or more frequently, depending on the intervention. Along with learning the components of the maintenance bundle, staff was taught where to document interventions in EPIC. UC San Diego's Evidence-Based Nursing Genitourinary Guideline of Care was also revised and reviewed with staff. This is available for reference. The Competency Committee, educators/clinical nurse specialists, along with

**FOLEY PREVALENCE/CARE/DOCUMENTATION  
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**CAUTI Rates  
per 1000 Foley Days  
Adult ICU: Q1 2012 - Q1 2013**

Unit	Q1-12			Q2-12			Q3-12			Q4-12			Q1-13			NHSN IDR %	IBR %
	H	D	Rate	H	D	Rate	H	D	Rate	H	D	Rate	H	D	Rate		
BICU	2	358	5.6	4	354	11.3	3	327	9.2	2	295	6.8	3	352	8.5	4.1	90
CCU	4	619	6.5	4	589	6.8	6	607	9.9	8	712	11.2	4	705	5.8	2.6	92
SICU	10	795	12.6	9	692	13.0	9	657	13.7	10	689	14.5	5	681	7.3	2.6	96
CVC_CCUSA	3	567	5.3	3	490	6.1	0	498	0	2	538	3.7	3	502	6.0	2.2	94
TICU	4	676	5.9	4	552	7.2	2	469	4.3	2	488	4.1	1	531	1.9	2.2	96
<b>Total</b>	<b>20</b>	<b>3018</b>	<b>12.9</b>	<b>24</b>	<b>2677</b>	<b>9</b>	<b>20</b>	<b>2588</b>	<b>7.8</b>	<b>24</b>	<b>2722</b>	<b>8.7</b>	<b>16</b>	<b>2771</b>	<b>5.8</b>		

• IDR % (Incident Density Ratio) is the percentage of ICUs in NHSN of that description that have a lower CAUTI rate.  
 • Example: IDR% of 90 for BICU means that 90% of BICU in NHSN have a lower CAUTI rate.  
 (done by FM DW)

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unit managers provided the staff training. A shortened audio slide show discussing the maintenance bundle and CAUTI prevention was created and disseminated as part of the education.

The Quality Council has also reviewed EPIC documentation and suggested changes to support the “catheter maintenance bundle” to make it easier for nursing to document and audit Foley catheter care. Although Foley catheters are a common intervention nursing may see as benign compared to other medical interventions, there “is a potential” for a significant, yet easily preventable infection for patients who have been catheterized.

Infection rates are currently monitored by the Infection Prevention/Clinical Epidemiology Unit for the ICU’s at Thornton, Hillcrest and the Cardiovascular Center as an outcome measure for the CAUTI bundle interventions. The data is collected and disseminated to managers of units so they can share it with their staff on a quarterly basis. It is also posted on the infection control website.

Hopefully in the future, data will be available for the acute care areas as well. Auditing at the bedside has also been performed to track compliance with the bundle. The data can be used to reinforce interventions as needed. The graph above shows the CAUTI rates for the ICU in comparison to the National Benchmark. You can see that despite improvement in the

rates, they are still above the national benchmark as of this publication. Overall, the total rates are improving as a result of the effort enacted by the Quality Council with ongoing work to continue to improve this.

Caring for hospitalized patients is complex, requiring the knowledge of a professional nurse. Nurses perform many interventions for patients on an hourly or even minute to minute basis. The key to excellent quality outcomes relies on nursing mindfully interacting with a patient and consistently ensuring quality interventions are performed.

This practice ensures that the best safety outcomes can be attained.

**References:**

Hanchett, M. Preventing CAUTI: A patient centered approach. *Prevention Strategist*, Autumn 2012 (42-50).  
 Gould, C. Umsceid, C. Kuntz and the Healthcare Infection Control Practices Advisory Committee (HICPAC) Guideline for the prevention of catheter-associated urinary tract infections. Department of Health and Human Services Centers for Disease Control and Prevention 2009.

# The Starfish Story

A young girl was walking along a beach upon which thousands of starfish had been washed up during a terrible storm. When she came to each starfish, she would pick it up, and throw it back into the ocean. People would watch her with amusement. She had been doing this for some time when an old man approached her and said, “Little girl, why are you doing this? Look at this beach! You can’t save all these starfish. You can’t begin to make a difference!” The girl seemed crushed, suddenly deflated. But after a few moments, she bent down, picked up another starfish, and hurled it as far as she could into the ocean. Then she looked at the man and replied, “Well, I made a difference to that one!”

The old man looked at the girl inquisitively and thought about what she had done, and inspired, he joined the little girl in throwing starfish back into the sea. Soon others joined, and all the starfish were saved.

-adapted from the Star Thrower by Loren C. Eiseley.