REINVENTING THE CULTURE OF SAFETY IN BURN INTENSIVE CARE

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Purpose:

- To improve the culture of safety in the Burn Intensive Care Unit at The Johns Hopkins Bayview Medical Center (JHBMC) by reviewing practices and processes of care.
Background:

- In July 2004:
  - A Safety Attitude Questionnaire (SAQ) was administered to all members of the multidisciplinary team in the Burn Intensive Care Unit (BICU).
  - The burn team identified a number of patient safety issues specific to the unit’s practice.
  - Results from the questionnaire identified a number of opportunities for improving the safety culture in the unit.

Data Collection: 2004

- Total Responses to SAQ = 45
  - Managers 2 (1 PCM and 1 Charge Nurse)
  - RNs 15
  - MD 3
  - Midlevel 2
  - Pharm 2
  - Resp 2
  - PCT 5
  - Others 14

- Others include: Rehab, CNS, Case Mgr, Social Work, X-Ray techs, Psychologist, residents
Problem:

- Opportunities for improvement included the need to:
  - Improve communication among the team
  - Standardize practice in the Burn Unit using evidence-based protocols
  - Implement measures focused on reducing infections

Interventions:

- The interventions developed and implemented by the burn team included:
  - Daily patient-specific goal sheet for use by all members of the healthcare team
  - A Nurse Safety Officer
  - Twice daily multi-disciplinary care rounds to improve communication
  - A Protocol Committee to standardize evidence-based practices:
    - Completed, adopted, and implemented twenty-six different protocols for the care provided in the Burn Center.
Unit Protocols:

- Unit protocols included:
  - Infection Control protocols
  - Pain Management protocols
  - Sedation
  - Medications
  - Nutrition
  - Others

Evaluation of Outcomes:

- In 2006, after the interventions had been implemented, the SAQ was re-administered to determine if the actions impacted safety in the unit.
Data Collection: 2006

- Total Responses to SAQ = 41
  - Managers 3 (1 PCM and 2 Charge Nurses)
  - RNs 18
  - MD 3
  - Midlevel 1
  - Pharm 2
  - Resp 2
  - PCT 5
  - Others 7
  - Others include: Rehab, CNS, Case Mgr, Social Work, X-Ray techs, Psychologist, residents

Results:

- Physician and Nurse collaboration
- Comfort in reporting safety concerns
- Staff satisfaction regarding patient care
- Staff morale
Conclusion:

- Safe, quality care is accomplished through:
  - Clear and open communication among the team members
  - Standardization of care by using evidence based protocols
  - Daily goals

Conclusion:

- Improving the culture of safety by standardizing practice improves patient care and outcomes:
Questions:

- Comments and Questions