Solution: A Medical Intensive Care Unit’s Uses Innovation to Improve Patient Safety

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IDENTIFICATION:
The problem to be solved was to decrease length of stay while not compromising patient safety. The goal of our comprehensive quality improvement program is to continuously improve patient care while maintaining our safety goals. Several years ago we collected data on mechanical ventilation, weaning, mortality, nosocomial blood stream infections and ventilator associated pneumonia. Data included mean length of stay (LOS) of 8.7 days, mean LOS on the ventilator greater than 14 days, nosocomial primary blood stream infections per 1000 catheter days of 18. After evaluating the data, we initiated several protocols. Outcomes included: an increase in the number of mechanically ventilated patients from 125 to 190, decrease in the mean length of stay (LOS) on the ventilator from 8.7 days to 4.9 days, decrease mean LOS on the ventilator greater than 14 days from 21.3 to 7.5 percent, decrease in re-intubations from 10.2 to 4.8 percent, and a decrease in nosocomial primary blood stream infections per 1000 catheter days from 18 to 0. Only the last year we began to see an increase in our LOS, a fluctuating blood stream infection rate, increase in number of patients with resistant organisms on the unit and an increase in patient care near misses.

PROCESS:
As a unit we had data that showed we improved our outcomes but were not able to sustain the results. We began after action reviews of each blood stream infection, observational infection control audits along with a campaign to put all near misses into the occurrence reporting system. Revisions were made to the extubation, and sedation protocols. Goal sheets, flowsheets and daily rounding was reviewed and revised. Champions were identified for each initiative. Each revised protocol and process is currently being tested. Each revision was made to improve the care and safety provided to the patients. The staff along with the champions continues to evaluate and revise the unit processes and protocols.

The most innovative changes came from the bedside team: a comic, patient safety reviews and safety huddles.

SOLUTION:
A solution developed includes a comic strip displayed in the hallway for patients, families and staff to view.

The comic addresses patient safety issues and corrective actions. The comic was created and illustrated by the nursing staff. Our other solutions were revisions to our protocols and procedures on the unit. The champions were out on the unit providing education, advising and overseeing each initiative. Safety issues are communicated during change of staff report, staff meeting, and postings on the unit. Outcomes are currently being gathered. The staff has had an
extremely positive response to the comic. Patient families have commented on the creativity and content of the comic. Observations have shown an increase awareness of infection control practices. Some of the protocol changes have occurred recently and data is currently being analyzed. Data will be available by April.