Evidence Based Practices to Reduce Patient Harm

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Great connection - Great care

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Objectives

Describe the impact of patient harm and nurse's role in resuscitating the nursing care fundamentals to create a safer patient environment

Define key nursing care interventions based on the evidence that can prevent patient harm

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How Safe is Your ICU Unit

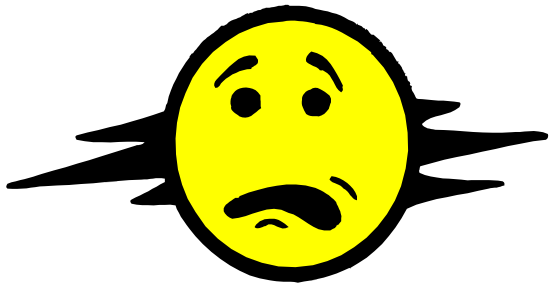
WHO

- 1 out of 10 patients are harmed in hospitals in high income countries
- 134 million adverse events occur each year in hospitals in LMICs, contributing to 2.6 million deaths annually due to unsafe care
- Medication errors cost an estimated 42 billion USD annually
- 1 out of every 4-5 patients in the ICU will develop a PI
- Impact of HAI's in LMIC: ↑HLOS 5-30 days, 2x mortality & costs US $5000 to $12,000

Rosenthal VD, et al. Am J Infect Control. 2021;49(10):1267-1274
Chaboyer WP, et al. Crit Care Med, 2018 Nov;46(11):e1074-e1081

Missed Nursing Care

- Any aspect of required patient care that is omitted (either in part or whole) or significantly delayed.
- A predictor of patient outcomes
- Measures the process of nursing care



Kalish, R. et al. (2012) Am Jour Med Quality, 26(4), 291-299.

Outcomes of Missed Nursing Care: A Systematic Review

- 14 studies connecting missed nursing care with at least 1 patient outcome
  - Patient Satisfaction ↓
  - Lower quality of care reported by nurses with greater missed care
  - Clinical Outcomes
    - Medication errors
    - CLA-BSI's
    - Pneumonia
    - UTI's
    - Pressure Injuries
    - Falls
    - Failure to rescue

5 nurse sensitive adverse events in 22 med-surg units added 1300 additional hospital days for 166 patients & $ 600,000 in excess costs

Tchouaket E. JAN. 2017;73:1696

- Recio-Saucedo A, et al. J of Clin Nurs. 2018;27:2248-2259

Hospital Variation in Missed Nursing Care

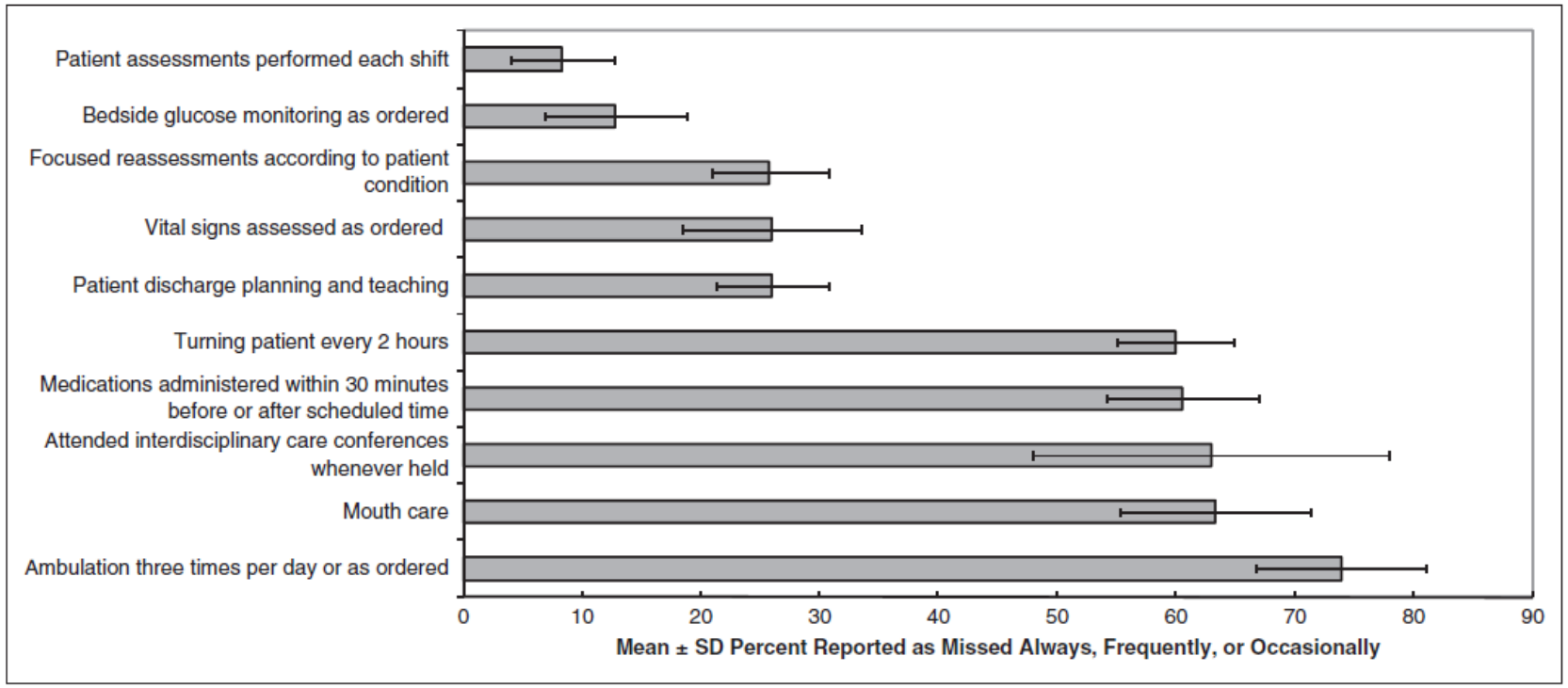
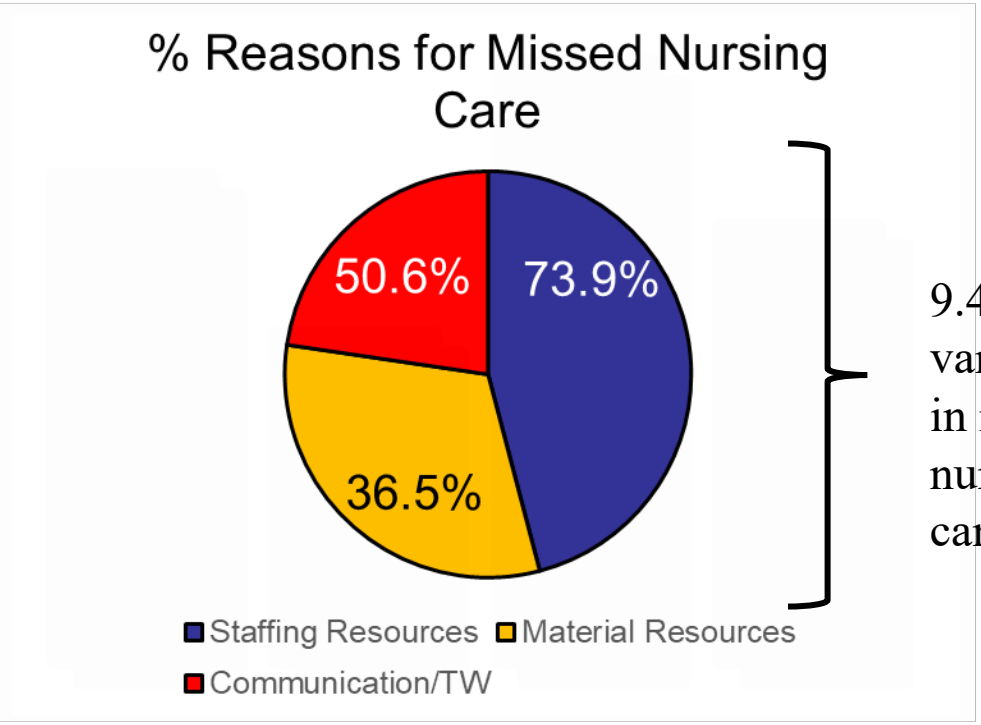


Figure 2. Elements of care most and least frequently missed. The solid bars represent the means across all 10 hospitals, and the range lines indicate the standard deviations.

Kalish, R. et al. (2012) Am Jour Med Quality, 26(4), 291-299.

Reasons for Missed Nursing Care



- Qualitative Review
  - Interruptions/multitasking/task switching
  - Fatigue & physical exhaustion
  - Lack of patient & family engagement
  - Lack of physician resources
  - Leadership issues
  - Moral distress & compassion fatigue
  - Documentation load
  - Complacency

Challenging Practice environment correlates to missed nursing care

Kalisch, BJ, et al. American Journal of Medical Quality. 2011; 26(4), 291–299
Ball JE, et al. BMJ Quality and Safety 2014 Feb;23(2):116-25

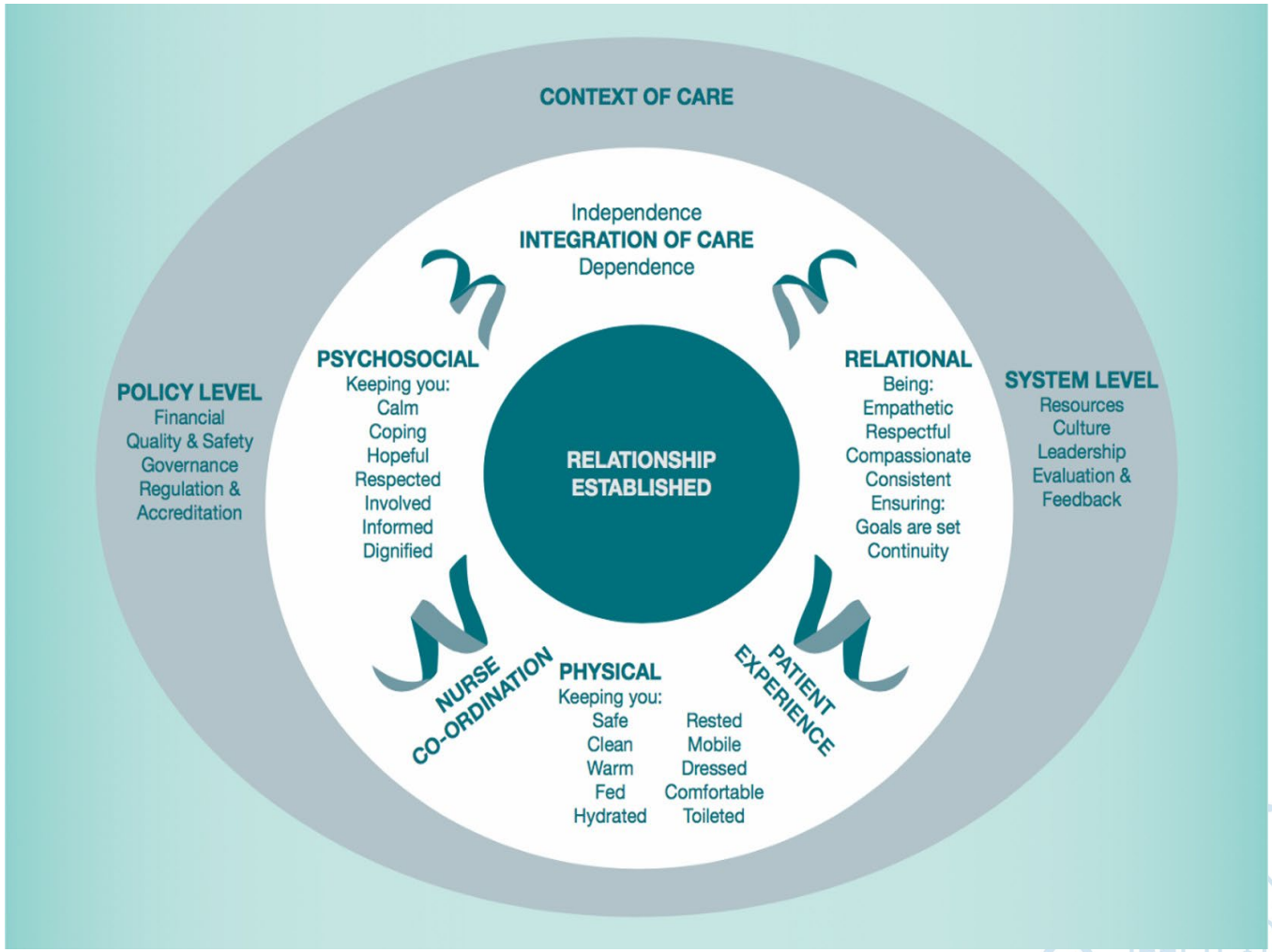
Rationing Care-How we Prioritize

- Highest priority activities for nurses
  - Those which are likely to have an immediate negative impact
    - Administering meds
    - Medical directed treatments
    - Procedures-wound dressings, labs
- Lower priority activities for nurses
  - Those which show no immediate negative harm
    - Ambulation
    - Oral hygiene
    - Emotional support
    - Teaching

Rationing contributes to functional and cognitive decline

- Bail K, et al. International Journal of Nursing Studies. 2016;63:146-161

Fundamentals of Care Framework



Feo R, et al. J of Clin Nurs. 2018;27:2285-2299

- Fundamental care involves actions on the part of the nurse that respect and focus on a persons essential needs to ensure their physical & psychosocial wellbeing
- These needs are met by developing a positive & trusting relationship with the person being care for as well as their families/carers

The Fundamentals of Care Framework. Reprinted from Conroy, Feo, Alderman, and Kitson (2016)

Reconnect With Our Professional Purpose

"It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm."

Florence Nightingale

Advocacy = Safety

Protect The Patient From Bad Things Happening on Your Watch

Implement
Interventional Patient Hygiene

Hand Hygiene

INTERVENTIONAL PATIENT HYGIENE

Catheter Care

- Hygiene…the science and practice of the establishment and maintenance of health
- Interventional Patient Hygiene….nursing action plan directly focused on fortifying the patients host defense through proactive use of evidence-based hygiene care strategies

Bathing & Assessment

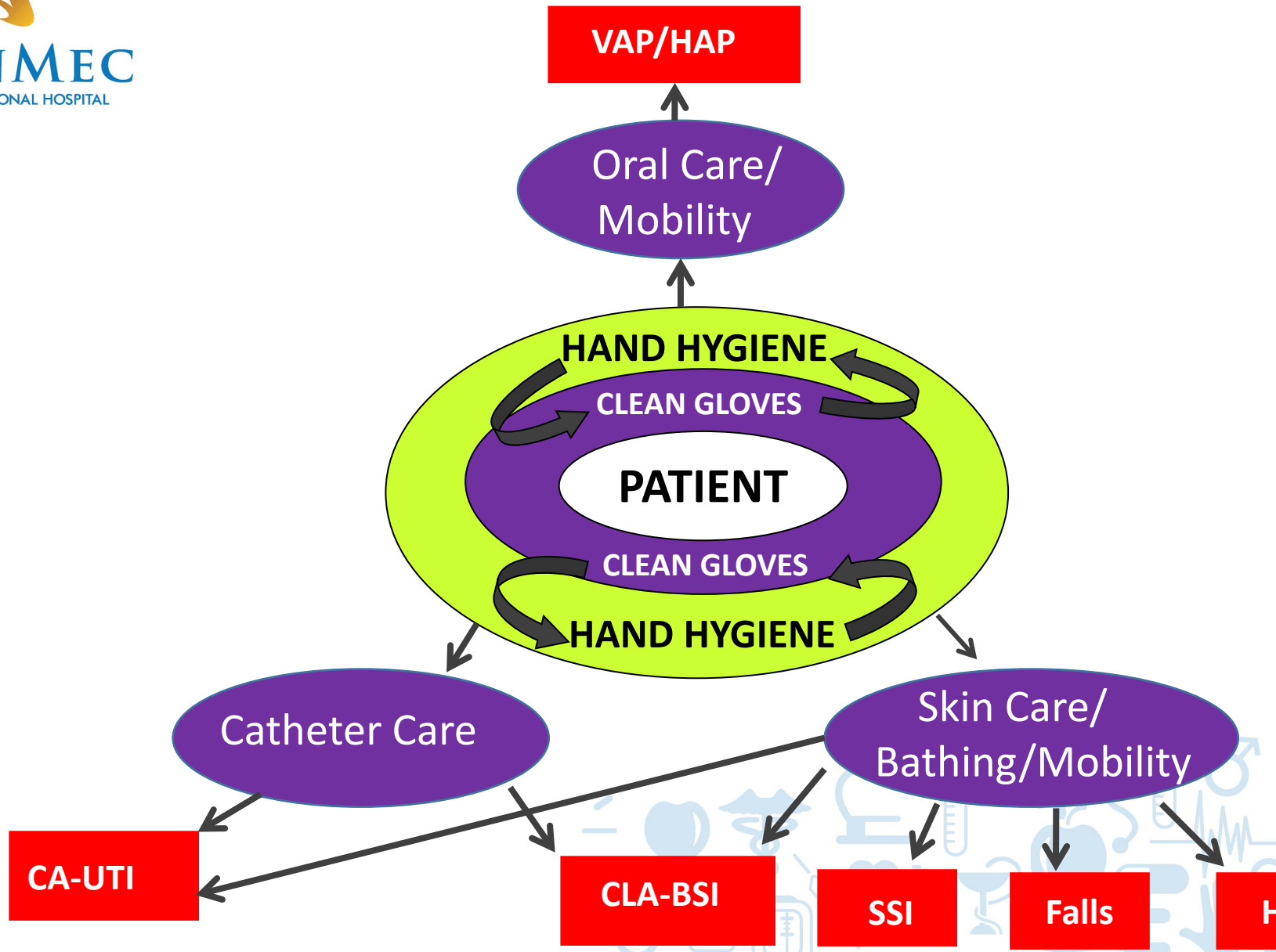
Pressure Ulcer Prevention

Comprehensive Oral Care Plan

Incontinence Associated Dermatitis Prevention Program

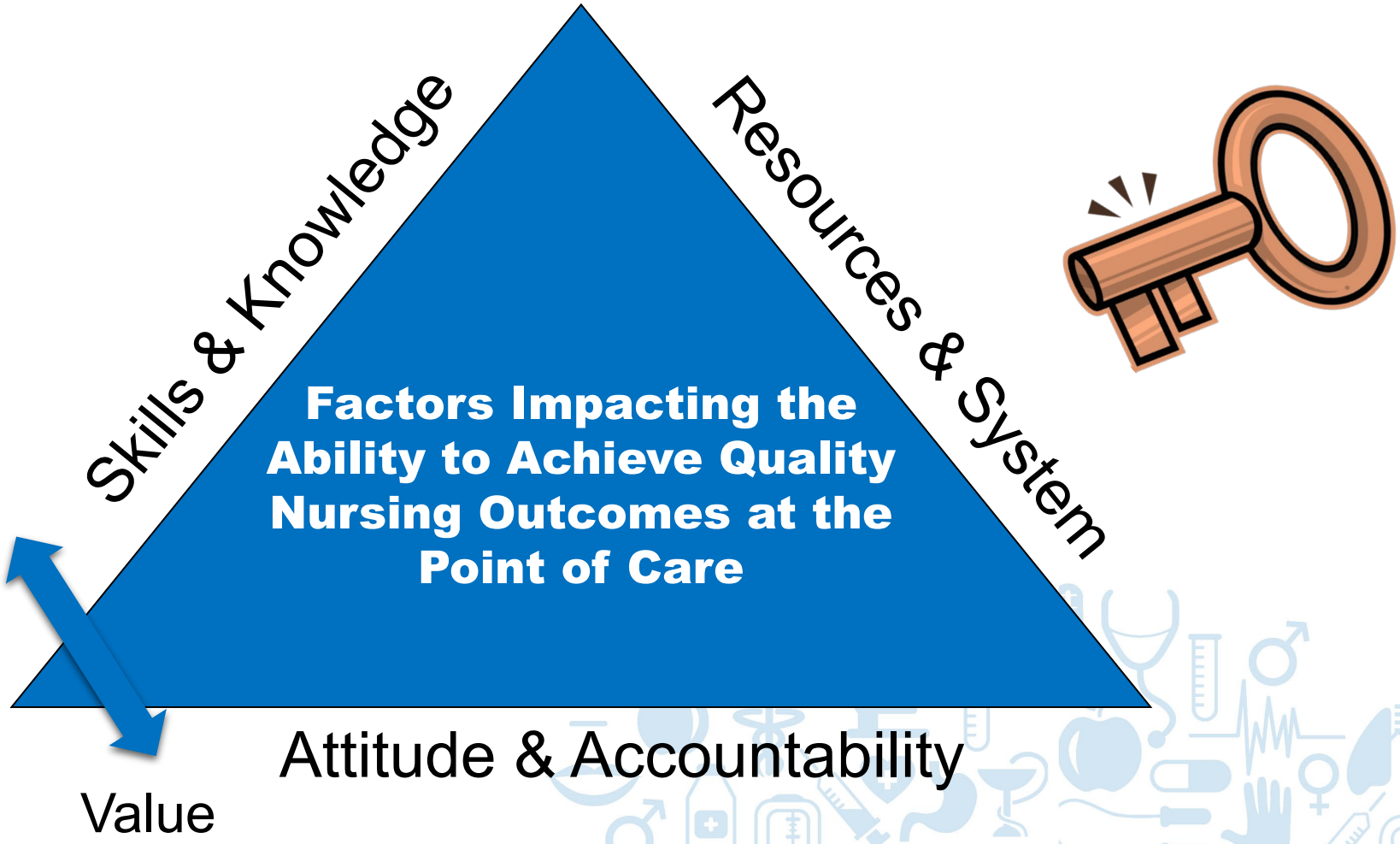
- Vollman KM. Intensive Crit Care Nurs, 2013;22(4): 152-154

INTERVENTIONAL PATIENT HYGIENE(IPH)



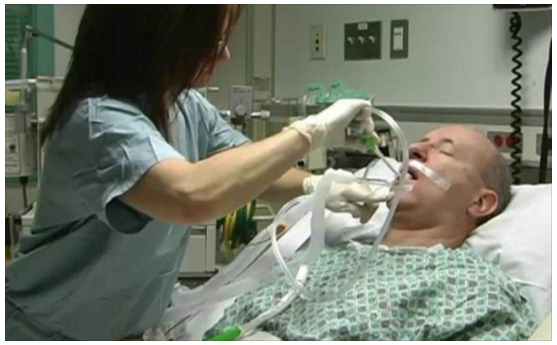
Vollman KM. Intensive Crit Care Nurs, 2013;22(4): 152-154

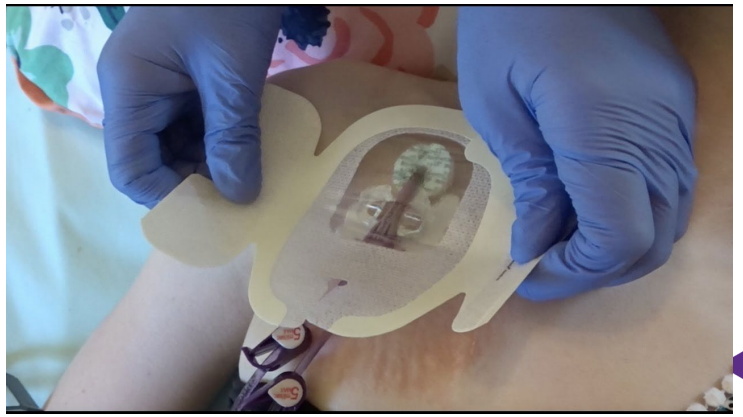
Achieving the Use of the Evidence



Vollman KM. Intensive Crit Care Nurs, 2013;22(4): 152-154

Teamwork and Evidence Based Nursing Interventions Reduce Harm

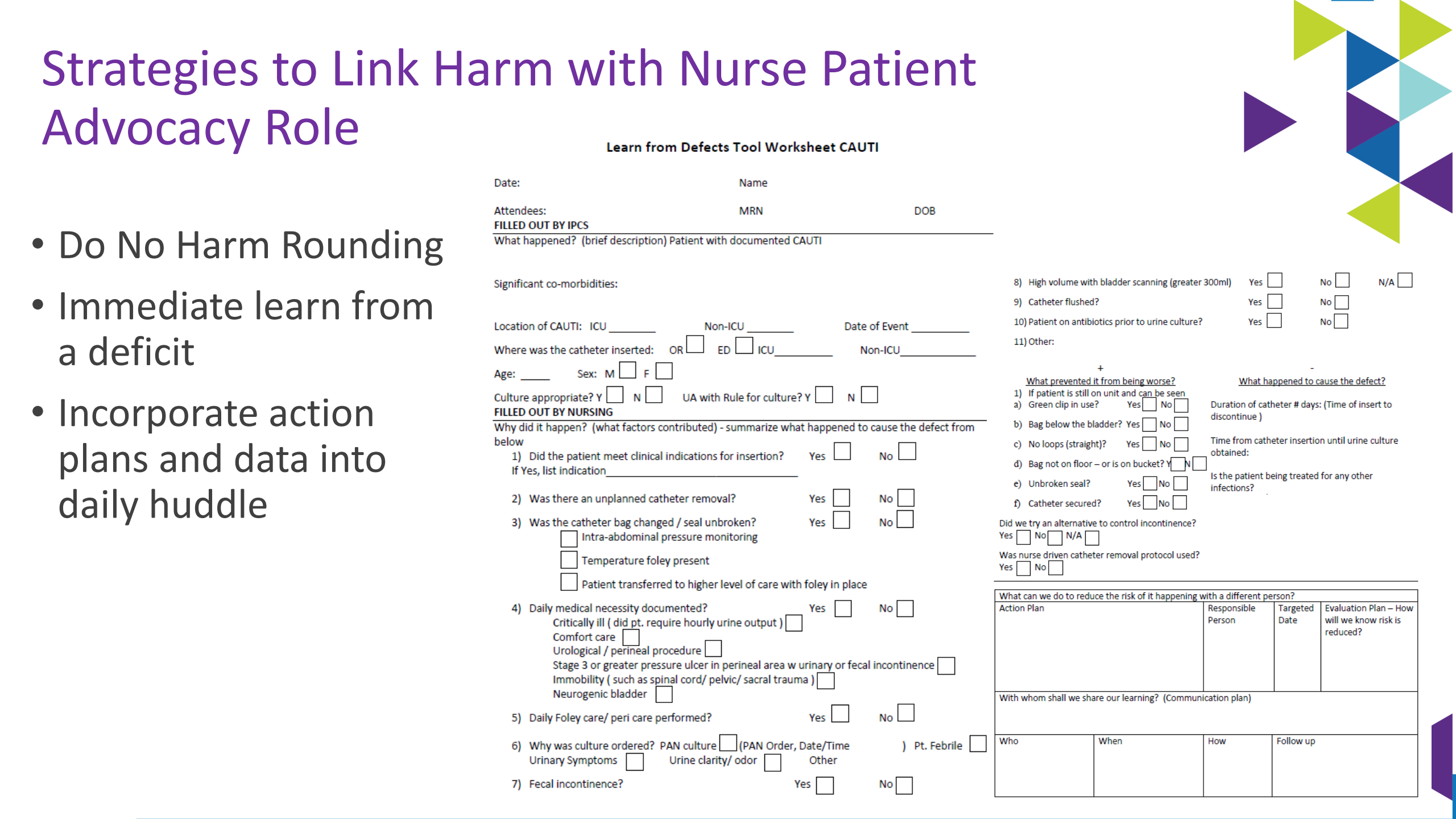




Do we really see missed nursing care as patient harm?

Strategies to Link Harm with Nurse Patient Advocacy Role

- Do No Harm Rounding
- Immediate learn from a deficit
- Incorporate action plans and data into daily huddle



Learn from Defects Tool Worksheet CAUTI

Date: Name

Attendees: MRN DOB

FILLED OUT BY IPCS

What happened? (brief description) Patient with documented CAUTI

Significant co-morbidities:

Location of CAUTI: ICU _____ Non-ICU _____ Date of Event _____

Where was the catheter inserted: OR ☐ ED ☐ ICU_____ Non-ICU_____

Age: _____ Sex: M ☐ F ☐

Culture appropriate? Y ☐ N ☐ UA with Rule for culture? Y ☐ N ☐

FILLED OUT BY NURSING

Why did it happen? (what factors contributed) - summarize what happened to cause the defect from below

1) Did the patient meet clinical indications for insertion? Yes ☐ No ☐
If Yes, list indication_____

2) Was there an unplanned catheter removal? Yes ☐ No ☐

3) Was the catheter bag changed / seal unbroken? Yes ☐ No ☐
- ☐ Intra-abdominal pressure monitoring
- ☐ Temperature foley present
- ☐ Patient transferred to higher level of care with foley in place

4) Daily medical necessity documented? Yes ☐ No ☐
- Critically ill (did pt. require hourly urine output) ☐
- Comfort care ☐
- Urological / perineal procedure ☐
- Stage 3 or greater pressure ulcer in perineal area w urinary or fecal incontinence ☐
- Immobility (such as spinal cord/ pelvic/ sacral trauma) ☐
- Neurogenic bladder ☐

5) Daily Foley care/ peri care performed? Yes ☐ No ☐

6) Why was culture ordered? PAN culture ☐ (PAN Order, Date/Time) Pt. Febrile ☐
Urinary Symptoms ☐ Urine clarity/ odor ☐ Other

7) Fecal incontinence? Yes ☐ No ☐

8) High volume with bladder scanning (greater 300ml) Yes ☐ No ☐ N/A ☐

9) Catheter flushed? Yes ☐ No ☐

10) Patient on antibiotics prior to urine culture? Yes ☐ No ☐

11) Other:

+ What prevented it from being worse?	- What happened to cause the defect?
1) If patient is still on unit and can be seen	
a) Green clip in use? Yes ☐ No ☐	Duration of catheter # days: (Time of insert to discontinue)
b) Bag below the bladder? Yes ☐ No ☐	
c) No loops (straight)? Yes ☐ No ☐	Time from catheter insertion until urine culture obtained:
d) Bag not on floor – or is on bucket? Y ☐ N ☐	
e) Unbroken seal? Yes ☐ No ☐	Is the patient being treated for any other infections?
f) Catheter secured? Yes ☐ No ☐	

Did we try an alternative to control incontinence?
Yes ☐ No ☐ N/A ☐

Was nurse driven catheter removal protocol used?
Yes ☐ No ☐

What can we do to reduce the risk of it happening with a different person?

Action Plan	Responsible Person	Targeted Date	Evaluation Plan – How will we know risk is reduced?

With whom shall we share our learning? (Communication plan)

Who	When	How	Follow up

Evidence-Based Practice

- Definition:
  - Use of theory-derived, research-based information in making decisions about health care delivery, with consideration of individual needs and preferences and the clinical expertise of the provider.
- Patients who receive care based on the best and latest evidence from well-designed studies experience 28% better outcomes. (Heater, et.al. 1988. Nursing interventions and patient outcomes: A meta-analysis of studies. Nursing Research, 37, 303-307)
- It takes as long as 17 years to translate research findings into practice (Balas & Boren, 2000, Managing clinical knowledge for healthcare improvements pp.65-70 . Germany: Schattauer Publishing Co.)
- Without current best evidence, practice is rapidly outdated, often to the detriment of patients.

Melnyk, B. (2005). Evidence-based practice in nursing & healthcare, pp. 4-6, Philadelphia, Lippincott, Williams & Wilkins.

Bundling Care to Impact Outcomes

- A — ASSESS, PREVENT & MANAGE PAIN
- B — BOTH SAT & SBT
- C — CHOICE OF SEDATION
- D — DELIRIUM
- E — EARLY MOBILITY
- F — FAMILY ENGAGEMENT & EMPOWERMENT

Coordination & comprehensive oral care

Harm Prevention Talks

- Assessment of level of sedation in the intensive care unit/ Đánh giá mức độ an thần tại khoa ICU. (Mrs Nguyễn Thị Ngọc Ánh (RN, MsN):
- Prevention of central-line associated blood stream infection: an updated bundle/Cập nhật gói chăm sóc phòng ngừa nhiễm khuẩn huyết liên quan đến catheter tĩnh mạch trung tâm. Mr Nguyễn Lê Trí Cường (RN, BsN):
- Prevention of pressure injury in critically ill patients/Phòng ngừa loét đè ép trên bệnh nhân Hồi sức tích cực. Mr Trần Minh Quang (RN, MsN):
- Early mobilisation in critically ill patients/Vận động sớm trên bệnh nhân hồi sức tích cực. Ms Nguyễn Thị Phúc (RN, MsN)
- The effectiveness of VAP bundle in the Intensive Care Unit, Vinmec Times City hospital". "Hiệu quả của gói chăm sóc phòng ngừa viêm phổi liên quan đến thở máy tại khoa Hồi sức tích cực, bệnh viện Vinmec Times City". Dao Hai Nam BSN, RN

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Forbid yourself to be deterred by poor odds just because your mind has calculated that the opposition is too great. If it were easy, everyone would do it.