

## VISN CONSULTANT WORK GROUP – CLINICAL PATH WORKBOOK EXAMPLES 2015

### **PRACTICE:**

Practice is the effective use of the nursing process components of assessment, diagnosis, outcome identification, planning implementation and evaluation in varied practice settings.

Nurse I, level 2 -Practice	Nurse I, level 3 - Practice	Nurse II - Practice	Nurse III - Practice
<p><b>Demonstrates competency using the nursing process in providing care for clients. Directs other who provide care.</b></p>	<p><b>Demonstrates proficiency using the nursing process in providing care for clients with complex nursing care needs. Guides and directs other who provide care.</b></p>	<p><b>Applies the nursing process to systems or processes at the unit/team/work group level to improve care. Demonstrates leadership by involving others in improving care.</b></p>	<p><b>Provides leadership in the application of the nursing process to client care, organizational processes, and/or systems, improving outcomes at the program or service level.</b></p>
<p>Nurse Smith competently manages the care of 4 to 5 patients per shift on a busy medical unit that using the primary nursing model. She has developed knowledge and skill to address acute and chronic medical conditions. She is responsible for guiding LPN and NA staff, as well as students.</p>	<p>Nurse Smith has become proficient in practicing primary care nursing of 4 to 5 patients per shift. Her interest in wound care has established her as a resource for addressing wound care issues for her patients. She has provided the LPN and NA staff education related to the management of patients with wound and skin issues. As a result, peer review chart reviews have shown that her team has completed 98% of their wound care assessments as required. She joined the unit wound care committee.</p>	<p>During this rating period, Nurse Smith evolved as a leader in wound and skin management by evaluating current wound care practices and products used on her unit and comparing that with current evidence based practices- specifically the use of wet to dry dressings. As a member of the wound care committee, she participated in developing a proposal to replace current practice of using wet to dry dressings with products and processes recommended by the Wound, Ostomy and Continence Nurses Society. The proposal was sent through and approved by the Unit Practice Council. Nurse Smith taught all of the nursing staff on her unit how to appropriately utilize the new wound care products. The medical surgical unit where Ms. Smith works has improved the number of appropriate wound care products that they utilize and there has been a decrease in hospital</p>	<p>Nurse Smith has continued to be recognized as a leader in wound and skin management as evidenced by her new role as the Chair of the Wound Care Collaborative which brings a multidisciplinary approach to wound and skin management with representation from Physicians, Physical Therapists, Pharmacy, Nutrition and Food Service and Nursing. She succeeded in her efforts that began last year to recruit and train wound care champions in every venue of care including 14 Community Based Outpatient Centers (CBOCs) and Community Living Center. To support continuity of wound care practices across the health care system, she provides all inpatient nursing staff eight hours of instruction in wound and skin care and all CBOC nurses four hours. As a direct result of her efforts, the facility exceeded wound and skin care performance measures in all care venues with the most drastic improvement being a 22% reduction in hospital acquired pressure ulcers throughout the system</p>

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		acquired pressure ulcer on her unit for the past 6 months following her unit in-service.	
<p><b><u>PRACTICE: (cont'd)</u></b></p> <p><u>Ethics</u> indicates the ability of the professional nurse to make decisions and take action in an ethical manner.</p>			
<b>Nurse I, level 2 – Ethics</b>	<b>Nurse I, level 3 - Ethics</b>	<b>Nurse II - Ethics</b>	<b>Nurse III - Ethics</b>
<b>Acts as a client advocate</b>	<b>Identifies Ethical Issues in practice and takes appropriate action</b>	<b>Serves as a resource for clients and staff in addressing ethical issues.</b>	<b>Provides leadership in identifying and addressing ethical issues that impact clients and staff, including initiating and participating in ethical consultations</b>
<p>A Transgendered Veteran was admitted to the medical unit after transfer via ambulance from a private hospital. Nurse Jones practiced with respect to this Veteran by addressing her by her preferred name. She initiated a literature review and found several articles, a VHA Directive and the Joint Commission Standards (TJC) related to care of Lesbian, Gay, Bisexual, and Transgender (LGBT) Veterans to help guide her practice. She also was able to provide this Veteran access to VA information (VHA Directive 2013-003, and a VHA website, <a href="http://www.diversity.va.gov">www.diversity.va.gov</a> to learn more.</p>	<p>A Transgendered Veteran was admitted to the medical unit. Nurse Jones observed disrespectful discussions related to this Veterans gender identity among fellow nurses as well as housekeeping staff. Among the participating staff was a Nurse Manager from a different unit. Nurse Jones located VHA Directive 2013-003. Providing Health Care for Transgendered and Intersex Veterans" and during the lunch break encouraged staff to review the document . When the patient was ready for discharge, Ms. Jones protected her dignity by acquiring new clothing from Voluntary Services as she was transferred to the VA in a night gown.</p>	<p>Although the Medical Center had not admitted many transgendered Veterans, Nurse Jones noticed an increase in admissions in this population. Nurse Jones observed disrespectful discussions among fellow nurses, housekeeping staff and a Nurse Manager from a different unit related to this sub-population of Veteran's gender identity. She conducted a literature review and found several articles related to health disparities among LGBT patients, current VHA Directive 2013-003, Providing Health Care for Transgendered and Intersex Veterans and the current Joint Commission Field Guide "Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the LGBT Community." She provided a short presentation during next staff meeting about the VHA Directive 2013-003, <i>Providing Care for</i></p>	<p>Recognized as a resource to clients and staff related to LGBT issues, Nurse Jones initiated an ethics consult to the ethics committee to discuss findings from chart reviews of Transgendered Veterans admitted to the hospital over the past 12 months. In her review, she found that staff was not compliant with VHA Directive 2013-003 and that ethical consultations are encouraged to address the provision of respectful care for transgendered and intersex Veterans the facility utilized her expertise to develop and implement the facility preventive ethics cycle project for the year. The project consisted of development of a facility wide sensitivity training related to the transgender patient. All Service Chiefs are required to provide this training during regular staff meetings. Nurse Jones has joined the Diversity Committee to represent the needs of LGBT Veterans across our organization. In the last rating period, she organized VA participation in the Gay Pride event to provide education and outreach to our LGBT Veterans. Over 40 LGBT Veterans</p>

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		<p><i>Transgendered and Intersex Veterans.</i> , she educated 12 peers and they were able to identify three new actions they would do for this population to support their unique health care needs. She also provided a copy of the VHA Directive to the Chief of Housekeeping Services and offered to provide the same education during their staff meeting.</p>	<p>participated in the event and more than 100 staff from multiple disciplines. The Director requested that Nurse Jones LGBT training become an annual offering for the facility.</p>
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### **PRACTICE: (cont'd)**

Resource Utilization assesses the nurse's consideration of factors related to safety, effectiveness and cost in planning and delivering care.

<b>Nurse I, level 2 Resource Utilization</b>	<b>Nurse I, level 3 Resource Utilization</b>	<b>Nurse II Resource Utilization</b>	<b>Nurse III Resource Utilization</b>
<p><b>Plans and organizes care based on client needs and provider competencies to assure safe, efficient and cost-effective care.</b></p>	<p><b>Delegates care in a safe, efficient, and cost effective manner. Assists clients in identifying and securing appropriate services.</b></p>	<p><b>Identifies and assesses resource utilization and safety issues, taking appropriate action.</b></p>	<p><b>Manages program resources (financial, human, material, or informational) to facilitate safe, effective, and efficient care.</b></p>
<p>As a CBOC nurse, Mr. Smith recognizes the need to plan and organize care in advance to ensure he has access to needed supplies and instruments needed for the day. During the morning huddle, he looks for planned procedures and makes a list and locates the items he may need during the day to ensuring efficient delivery of care.</p>	<p>During the rating period, Nurse Smith ensured his CBOC patients had the supplies, equipment and instruments needed by reviewing his panel for the next week. If necessary, he notifies his manager identifying what supplies, equipment, or instruments were not available to ensure they can be procured from the main medical center. He coordinated with acquisition to ensure glucometers were available for the newly</p>	<p>Nurse Smith explored the process for getting sterile instruments from the main medical center and determined there were multiple steps required to ensure safe, efficient delivery of sterile items to the CBOC. With the support of his Nurse Manager, Nurse Smith led a group of CBOC nurses to investigate the use of disposable instruments in the clinic to determine if it would be a cost effective alternative. He worked with fiscal to determine shipping costs, identified disposable instruments available from VA sources and acquired samples for nurse/provider evaluation. After the analysis was completed the clinic work group determined an estimated cost savings of over \$7,500.00 if the clinic switched to disposable supplies and equipment. Nurse Smith shared the results of their workgroup with VA leadership, VA</p>	<p>Nurse Smith continued his efforts this rating period to increase accessibility to disposable instruments in the CBOCs across his health care system. Nurse Smith gave a presentation during the monthly statewide ambulatory care meeting about switching to disposable instruments and volunteered to lead a facility-wide workgroup to spread this best practice. Converting one clinic each month until all CBOCs across the health care system had switched to disposable instruments. In addition, Mr. Smith coordinated with Nursing Service and Acquisitions and Material Management Service to have the disposable supplies</p>

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	<p>diagnosed diabetes patients on his team. Nurse Smith's team consistently has the supplies and equipment they need to care for the patient.</p>	<p>shareholders, and Nurse Smith's clinic was allowed to trial utilization of disposable equipment and supplies. After six months, the clinic realized a cost savings of approximately \$3,400.00 and care was improved through reliable access of instruments, and patients no longer had appointment delays or needed to reschedule appointments due to the lack of available sterile equipment.</p>	<p>and equipment added to the OMNI cells to ensure that items were automatically reordered, and the units could track the amount of supplies they were using. Overall, the new process has saved over \$30,000.00 and resulted in a safer, more reliable, cost effective option for care delivery.</p>
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### **PROFESSIONAL DEVELOPMENT:**

Education/Career Development is an indicator of acquisition and use of current knowledge for self and others.

<b>Nurse I, level 2 Education/Career Development</b>	<b>Nurse I, level 3 Education/Career Development</b>	<b>Nurse II Education/Career Development</b>	<b>Nurse III Education/Career Development</b>
<b>Seeks knowledge and skills appropriate to the practice setting to improve performance</b>	<b>Implements an ongoing educational plan to support own professional development.</b>	<b>Acquires knowledge and skills to maintain expertise in area of practice. Participates in educational activities to improve clinical knowledge and enhance role performance.</b>	<b>Implements an educational plan to meet changing program or service needs for self and others. Maintains knowledge of current techniques, trends, and professional issues.</b>
<p>Nurse Jones mandatory training is current, and she attended hospital wide in-services on medication administration and wound care. Nurse Jones demonstrated the ability to articulate and find policies and procedures related to nursing practice on the hospital share point site., e.g. diabetic protocols, foley catheters, safe patient handling). Nurse Jones continues to increase her knowledge base through readings in nursing journals.</p>	<p>During this rating period Nurse Jones took 15 continuing education units related to caring for oncology patients, accessing Mediports, and providing holistic, patient-centered care. She obtained Med-Surg Certification. Continued to utilize nursing journals as references to support and enhance her nursing practice. Nurse Jones Enrolled in a Covey course provided by facility to assist her with time management and delegation of assignments.</p>	<p>Nurse Jones obtained 30 continuing education units on patient-centered care, geriatrics, oncology, time management, and sterile procedure. She attended A two day Office of Nursing Service (ONS) Conference related to Oncology Care for the Veteran Patient. After the class she recommended a unit performance improvement project related to the need for Chemo Certified Nurses on Med-Surg units when Oncology Nurses are unavailable (pm/nights) to prevent overtime and improve</p>	<p>Nurse Jones graduated with a MSN in Dec of 2010. She obtained Oncology Nurse Certification, joined Oncology Nursing Society, and subscribes to Oncology Journals. Nurse Jones transferred to the Oncology unit, assisted in cross-training four Med-Surg Nurses, and developed an educational chemo program for the Med-Surg nurses to review for chemo certification. After eight Med-Surg Nurses completed Nurse Jones chemotherapy review program they took the certification and 7 out of the 8 Med-Surg Nurses have obtained chemo certification. Nurse Jones provides this training program quarterly to the Med-Surg Nursing staff. Cross-training initiatives expanded to include three nurses in the ICU. As a</p>

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		<p>timelines of access to care. Nurse Jones coordinated meetings with the Med/Surg Nurse Manager and Oncology Nurse Manager to discuss plan and arrange cross training. Nurse Jones obtained Chemo certification.</p>	<p>result of the additional Nurses being trained to provide chemotherapy services there was a facility-wide elimination of overtime related to oncology nurse overtime from an annual expenditure of approximately \$64,000. Nurse Jones chaired an interdisciplinary meeting to address the need to have on-going competencies of the cross-trained nurses ensuring they would have the necessary exposure to maintain their new skills. Nurse Jones also participates as the lead instructor reviewing safety guidelines for the oncology patient in the monthly orientation of new nurses hired throughout the facility.</p>
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### **PROFESSIONAL DEVELOPMENT (cont'd)**

Performance asks that the nurse evaluate his or her own nursing practice as well as performance of others

<b>Nurse I, level 2 - Performance</b>	<b>Nurse I, level 3 - Performance</b>	<b>Nurse II - Performance</b>	<b>Nurse III - Performance</b>
<p><b>Incorporates feedback regarding performance and interpersonal skills to enhance professional development. Participates in the performance evaluations of others</b></p>	<p><b>Conducts self-assessment of performance and identifies own learning needs. Assesses performance of others.</b></p>	<p><b>Evaluates practice of self and others using professional standards, relevant statutes, and regulations. Takes action to improve performance.</b></p>	<p><b>Uses professional standards of care and practice to evaluate programs and/or service activities.</b></p>
<p>Nurse Smith participates in peer review process through chart review and preceptor evaluation. She is open to feedback to improve performance areas of; time management, IV skills, and delegating care. To increase her skills with lab draw's and IV starts, Nurse Smith requested the assistance of her co-workers by having them refer patients to her who need IV</p>	<p>Nurse Smith completed a written self-assessment for this year's rating review. She identified the need to learn additional information about Oncology and use of Chemo medications on the unit. She is compliant in completing the 10 peer review audits per quarter to the Nurse Manager. She identified a common issue of staff not assessing for learning barriers</p>	<p>Nurse Smith turned in a written self-assessment for this year's proficiency she developed a monitoring tool with input from the Quality Safety Value Service related to the Joint Commission standard to identify and document learning barriers when developing a plan of care or providing education. She Provided an in-service to all unit staff about the tool and the Joint Commission</p>	<p>Nurse Smith turned in a written self-assessment for this year's rating review. She completed a thorough search of the literature on the Joint Commission Standard of identifying and addressing learning barriers. She compiled relevant references and initiated a multidisciplinary team with the support of her Nurse Manager and Associate Chief Nurse to address the system-wide issue. Ms. Smith led the implementation of the team's recommendations which included changes to the computerized patient record system (CPRS) to include a field</p>

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<p>starts and blood draws in order for her to gain additional experience when the opportunity presents. Nurse Smith increased the number of IV and blood draws being conducted from 2-3 starts a week to 2-3 starts a day. She provides performance feedback on student nurses to their instructors, and participates in students obtaining additional training /experience in the sterile technique process when inserting foley catheters.</p>	<p>when developing care plans and reported her findings to her Nurse Manager.</p>	<p>standard. She monitored compliance with documentation and noted a 20% improvement over a period of three months post in-service.</p>	<p>that included documentation of learning barriers, ongoing training was conducted, and incorporated in new employee orientation, as well as monthly facility chart audits were completed. The facility compliance increased from 14% to 45% during this rating period.</p>
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### **COLLABORATION:**

Collaboration is the analysis of interpersonal skills as they relate to working with clients, significant others and healthcare and service providers.

<b>Nurse I, level 2 Collaboration</b>	<b>Nurse I, level 3 - Collaboration</b>	<b>Nurse II - Collaboration</b>	<b>Nurse III - Collaboration</b>
<p><b>Participates effectively on teams to plan and manage client care.</b></p>	<p><b>Refers to, consults with, and makes provision for continuity of care with other health care providers.</b></p>	<p><b>Uses group process to identify, analyze, and resolve care problems.</b></p>	<p><b>Uses group process to identify, analyze, and resolve care problems.</b></p>
<p>While caring for a patient with the diagnosis of congestive heart failure (CHF), Nurse Jones realized that the patient was not being weighed consistently despite an active order for daily weights. Nurse Jones collaborated with the Nursing Assistant and developed a plan to assure daily weights were taken and recorded accurately. During shift handoff, Nurse Jones contributed to the team conference by communicating the</p>	<p>Nurse Jones realized patients assigned to her team with the diagnosis of CHF were not consistently weighed despite active orders. Nurse Jones changed her practice to assess all new admissions for CHF and check patient orders at the beginning of each shift. When she determined the patient was diagnosed with CHF, she screened the patient to determine if a referral to a chronic disease</p>	<p>Nurse Jones realized that many telemetry patients diagnosed with CHF did not have documented daily weights. Upon receiving her Nurse Manager's approval, Nurse Jones initiated a work group composed of two Registered Nurses, two Nursing Assistants, and a Case Manager. Nurse Jones discussed the team's findings at the next staff meeting and collaborated with the staff to develop meaningful and relevant</p>	<p>Nurse Jones requested to review the outcomes of her unit's improvement of patient's daily weights from approximately 44% to 90% compliance for the CHF patients at the Clinical Practice Council for Nursing Service. She presented her findings and recommend spreading the interventions throughout the inpatient units. She recommended the initiation of a new workgroup composed of potential RN's and Nursing Assistant super users from each Inpatient Unit, a Physician, a Case Manager, and Informatics Nurse. The team, led by Nurse Jones, collaborated with the informatics nurse to modify the CHF order set to</p>

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<p>patient's diagnosis and plan of care to the oncoming team, charge nurse, and case manager.</p>	<p>management nurse was appropriate. During shift handoff, Nurse Jones consistently contributed to the team by communicating which patients had a diagnosis of CHF and the plan of care to the oncoming team, charge nurse, and case manager.</p>	<p>interventions that included reporting of CHF status at all shift handoffs and an agreement that night shift nursing assistants would be responsible for weighing patients. Chart reviews for the following three months revealed greater than 90% unit compliant with daily weight orders for CHF patients.</p>	<p>automatically include daily weights. The team implemented the best practices identified by Nurse Jones unit related to shift handoff and night shift nursing assistants taking daily weights throughout the inpatient units. Nurse Jones collaborated with Logistics and the service administrative officer to develop a business case for purchasing necessary equipment. Each unit received the equipment purchased. Compliance greater than 90% has been maintained throughout the facility for two quarters as evidenced by continued chart audits.</p>
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### **COLLABORATION (cont'd):**

Collegiality measures the nurse's contribution to the professional development of peers, colleagues and others.

<b>Nurse I, level 2 – Collegiality</b>	<b>Nurse I, level 3 - Collegiality</b>	<b>Nurse II - Collegiality</b>	<b>Nurse III - Collegiality</b>
<p><b>Shares knowledge and skills with colleagues/others.</b></p>	<p><b>Provides feedback regarding the practice of others to improve client care.</b></p>	<p><b>Educates students and serves as a preceptor and/or mentor.</b></p>	<p><b>Coaches colleagues in team building. Makes sustained contributions to health care by sharing expertise within and/or outside the facility.</b></p>
<p>As a new graduate, Nurse Smith was familiar with the use of simulation to practice challenging patient care situations. When the unit educator introduced a simulated patient code scenario, Nurse Smith shared her knowledge of simulation with her</p>	<p>One of Nurse Smith's patients suffered a cardiac arrest during an inpatient admission. Nurse Smith successfully led the code and the patient was transferred to the intensive care unit. At the conclusion of the code, Nurse Smith initiated a team huddle to</p>	<p>Nurse Smith frequently serves as a preceptor to nursing students and new graduate nurses. Nurse Smith collaborated with the unit educator to routinely provide simulated code experiences. The student's nursing instructor wrote a letter of appreciation</p>	<p>Through her unit work with code simulation, Nurse Smith realized that ineffective communication was often the impediment to timely interventions. Nurse Smith researched communication and team building techniques and ultimately learned about TeamSTEPPS which is an evidence-based teamwork system aimed at optimizing patient outcomes by improving</p>

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<p>colleagues and helped decrease their anxiety related to the new technology.</p>	<p>discuss potential areas of improvement. The NA told Nurse Smith that she had never experienced a code and was very anxious. Nurse Smith then collaborated with the unit educator to provide simulated patient code experiences.</p>	<p>stating how Nurse Smith is one of the most sought after preceptors and how much the students enjoy performing in the simulated codes. The two new graduate nurses Nurse Smith precepted during this rating period are performing above expectation.</p>	<p>communication and teamwork skills among health care professionals. Nurse Smith made a proposal to the Clinical Practice Council to integrate TeamSTEPPS training in new employee orientation and provide training for all existing employees. The proposal was accepted and Nurse Smith led the organization to successfully integrate teamwork principles throughout the health care system. As a result of the training, simulated code success increased from 78% for the organization to 91% for the fiscal year.</p>
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### **SCIENTIFIC INQUIRY:**

Quality of Care is a measure of how the nurse systematically evaluates and improves the quality and effectiveness of nursing practice and health care delivery.

<b>Nurse I, level 2 -Quality of Care</b>	<b>Nurse I, level 3 - Quality of Care</b>	<b>Nurse II - Quality of Care</b>	<b>Nurse III - Quality of Care</b>
<p><b>Uses quality improvement findings to guide and direct own practice.</b></p>	<p><b>Participates in established quality improvement studies and/or activities.</b></p>	<p><b>Initiates/participates in quality improvement activities that result in improved outcomes.</b></p>	<p><b>Initiates interdisciplinary projects to improve organizational performance.</b></p>
<p>As a new BSN, RN, Nurse Jones who works 12 hour day shifts on a med/surg unit changed her practice of documenting PRN effectiveness for pain medications after a recent Joint Commission finding that noted the facility was not effectively managing pain.</p>	<p>Nurse Jones participated in the unit workgroup that was formed after the Joint Commission Survey to ensure that pain was being managed at the facility. Nurse Jones collected the PRN pain effectiveness rate for her shift. Nurse Jones made the recommendation for the nurses</p>	<p>Nurse Smith initiated a unit focused workgroup on PRN pain management as her unit was only documenting the effectiveness of pain medications 70% of the time. She collaborated with the NM to form this group consisting of a RN, LPN and NA that works on her unit. The workgroup analyzed the</p>	<p>Nurse Smith initiated an inpatient multi-disciplinary workgroup that consisted of the Chief Nurse, Physician, Pharmacy, staff RN, staff LPN, Nursing Assistant, ADPAC and quality management representatives. Nurse Smith determined that the facility was not effectively managing pain and that all PRN medications were not being monitored for effectiveness and documented timely. Nurse Smith led the workgroup in flow mapping the</p>



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	on the unit to implement her practice of running a PRN pain medication list at the end of each shift in order to improve the PRN pain documentation.	PRN Pain effectiveness findings. The new process has sustained over 95% compliance with PRN pain documentation for the past 3 months on the unit. .	current process. The group then took the common factors and developed a second flow map, added missing steps and deleted non-value added steps to create the current process. All units have sustained >/=95% for 3 months since instituted. SHEP scores still pending for improvements due to lag time of survey.
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### **SCIENTIFIC INQUIRY (cont'd):**

Research measures the nurse's use of research in practice.

<b>Nurse I, level 2 - Research</b>	<b>Nurse I, level 3 - Research</b>	<b>Nurse II - Research</b>	<b>Nurse III - Research</b>
<b>Demonstrates awareness of research application to practice.</b>	<b>Uses a body of research to validate and/or change own professional practice.</b>	<b>Uses a body of research to validate and/or change work group practice.</b>	<b>Collaborates with others in research activities to improve care.</b>
Nurse Jones, recently read an article in the Journal of Urology regarding the relationship between foley catheters and urinary tract infections (UTIs). She discussed the article with the facility Infection Control Nurse (IC) and asked her about the prevalence of UTIs on the unit.	Nurse Jones recently read an article in the Journal of Urology regarding the relationship between foley catheters and Urinary Tract Infections (UTIs). Nurse Jones made a conscious effort to incorporate the information related to foley catheter insertion, securement, and maintenance into her daily practice.	Nurse Jones RN, recently read an article in the Journal of Urology regarding the relationship between foley catheters and Urinary Tract Infections (UTIs). Nurse Jones reviewed her practice to validate her use of the evidence related to catheter insertion, securement, and maintenance into her daily practice. Ms. Jones discussed with both her Nurse Manager and the IC Nurse how to best make the reduction of catheter associated UTIs a unit goal. The initial compliance was 40% for securement and 42% for maintenance. They have now been monitoring compliance and providing education follow-up for 9 months. Compliance for foley catheter securement has	During the last rating period, Nurse Jones implemented an evidence based practice change on her inpatient unit of reviewing current evidence based literature on the relationship between catheter associated urinary tract infections (CAUTI), implementing shift champions, and monitoring compliance with appropriate securement and maintenance. After nine months the compliance rate for appropriate securement increased by 20% and the compliance for appropriate maintenance elements increased by 26%. After having such a positive impact at the unit level Ms. Jones was determined to take the success across the inpatient settings of the medical center, including two additional Med-Surg Units, the Intensive Care, Progressive Care Unit and the Community Living Center. With the support of all of the unit managers, she asked for individuals from each clinical area to be identified as unit champion. Prior to initiation of the champion group, CAUTI rates were 8%, after 6 months the facility wide rate decreased to 3%. Ms. Jones

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		increased to 60% and maintenance elements have increased to 64%.	completed a poster presentation based on her findings and presented at the annual nurse's week poster presentation.
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