

Unit 4: Quality Patient Care
Z-Chapter 22
ONLINE CONTENT (1 H)

Unit Objectives:

- Discuss the use of key indicators to measure performance. (2,3,7)*
- Describe the nurse's role in quality and performance improvement. (3,4,7)*
- Identify tools and processes for continuous quality improvement. (2,3)*

*Course Objectives

Quality Improvement Project
Due February 12, 2024 @ 0800 in the Z-CH # 22 dropbox

Pick one topic from the following list:

1. Improving communication about individual patients during shift change. (shift report)
2. Preventing catheter related infections, urinary or central line.
3. Preventing falls and injuries for patients within healthcare facilities.
4. Preventing pressure ulcers for patients within healthcare facilities.
5. Reducing medication errors.
6. Reducing nurse turnover rates.

Answer the following questions as it relates to the topic pick from the list above.

1. Identify problem areas (or causes) associated with the topic and prioritize each identified problem area. (List at least 3)
2. Develop solutions for each problem or cause listed. (Provide at least 3)
3. Identify why these problems might exist.
4. Provide a plan to improve and how to implement the plan. The plan should provide steps for improvement. The implementation should provide a timeline.
5. How will you monitor that your plan is effective?

Please be prepared to share and discuss your answers in class.

In order to receive full credit (1 H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignments not completed in its entirety by the assigned due date and time will result in missed class time.

Preventing catheter related infections, urinary or central line.

1. Improper sterile technique when placing a foley catheter or doing dressing changes on a central line.

Improper maintenance with care to the lines

Improper or no use of securement devices so there is pulling and irritation to the site.

2. - All employees that start and help maintain these lines should have to do yearly check offs on when and how to use sterile technique on these patients.
-All lines should be cleaned daily at the same time for it to become part of the routine. They should be using chlorhexidine when doing so.
-Securement devices need to be a gold standard and if they are not placed on the patient, I believe whoever started it should have points added to the system. This system could keep track of ones that may have just forgotten and repeat offenders.
3. These problems could exist from just improper training, not having enough time to care for your patients properly due to ratios, or sadly laziness.
4. My plan would start off with improper sterile technique for these sites. I would have an in-service where you would have to be checked off again like in nursing school for starting and maintaining these lines. This gives the person in charge a chance to see who is struggling. That way they can be trained again to ensure that patients are getting the correct care. This would be yearly, and I would implement it ASAP so the training for people that need it can be given in a timely manner. EBP would be used to train.
Next, I would put time on the daily cleaning of these sites. This would be a site time sort of like medication passes. You would have one hour before and one hour after to have these interventions completed. I would implement this shortly after the training days. I would not have these start at the same time so that the staff did not feel overwhelmed or attacked.
Lastly, I would make securement devices a standard because they are so important for patient safety, and comfort. There would be a points system in place for these and curros caps. If the securement devices nor the curros caps weren't on, then the RN or LPN would be given points for failing to do so. The points would be 2 per incident. This would give nurses a consequence if they were not doing their jobs correctly because these tasks are so small and simple to do. I do understand that with some people we cannot do securement devices due to skin issues. These would not be included in the point system. This would be implemented last after all training and routine was in place.
5. To monitor these interventions, I would keep an eye on the training to see if anyone was struggling to check off and why that was. Another way I could monitor would be with the points system. This would give me an opportunity to see who continues to fail at places these devices and caps. Lastly, I would be able to monitor the daily cleaning due to the documentation. I would also check with infection control to see if the infection rates where trending downward.