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Quality Council: 10 CCU - Making a Critical Difference

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10 CCU - Making a Critical Difference

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The CCU Quality Council (QC) consists of bedside nurses, management, and a clinical nurse specialist. This group meets monthly to analyze data, discuss opportunities for improvement, and to implement clinical change on our unit. We discuss current projects and ideas for new ones. The meeting is also a venue for interdisciplinary presentations from other hospital committees. We invite other disciplines (i.e. pharmacy, MDs, etc.) to attend the meetings when the committee feels that additional education is warranted. Many great quality improvement projects have originated from these meetings. A few of our accomplishments include:

1. A decrease in unit based CRRT Errors:

The CNS brought CRRT errors to the QC for group discussion and brainstorming. It was identified that errors were made by experienced CRRT RNs. A discussion with experienced RNs on the QC revealed they did not feel as comfortable as they would like with CRRT. They requested a CRRT for the Experienced CRRT RN class. Eileen Lischer, BSN, RN, MA, CNN, taught these 4 hour classes over the course of the year. Since these classes were implemented there has been a 17% reduction in CRRT errors in the CCU compared to the previous fiscal year.

2. Staff empowerment in teaching and coordinating Skills-A-Thons:

After looking at data, and holding a discussion at QC about observed unit needs, the QC regularly determines the content and format for the CCU skills days. Of significance, it is the QC members who are coached to teach these skills stations. Having

QC members in this role ensures a broader base of expertise in the unit.

3. Staff empowerment in helping to achieve Comprehensive Stroke Center Certification

In the Fall of 2012, our UC San Diego Hillcrest facility was recognized by The Joint Commission as one of the first five Comprehensive Stroke Centers in the country. This was accomplished in part via a tight partnership between the CCU QC and Dr. Navaz Karanjia, Medical Director of Neuro-Critical Care. Dr. Karanjia and her team offered multiple clinical and classroom educational opportunities for a sub-group of the QC to increase their expertise in caring for this patient population. This sub-group of CCU staff RNs is recognized as the neuro champions in the unit. They work with the QC to mentor and educate their peers, serve as clinical resource, do professional presentations, complete chart audits, and report outcomes.

Through these efforts, CCU has been transformed into a dual specialty unit caring for both complex stroke and medical intensive care unit patients.

4. Staff empowerment in improving Code Blue and Rapid Response Team Processes

CCU staff RNs actively participate in Code Blue Committee, in ART and BART education and in the Center for Resuscitation Science. The data and outcomes from these efforts are presented by CCU staff RNs, Sheri Reiakivam and Ruth Chapell at the Code Blue RN meeting. CCU is proud to align itself with the nationally recognized outcomes from this group.

In addition to accomplishments listed above, there are a number of other peer review based CCU QC projects in



Dorothy Scyoc, BSN, RN, CCRN, CMC started as a new grad on the IMU about 6.5 years ago, and has not left UCSD since. She transferred to the CCU about 5 years ago and loves what she does! She has her bachelors in Human Biology and Nursing, and has plans to go back to receive a masters as a CNS.

process. Presented with data indicating elevated central line associated blood stream infection (CLABSI) rates, staff nurse, Gina Zarella, provided education to the QC and other staff members on the topic. An action item list was created with CNS input that addressed central line insertion and line maintenance quality indicators. Staff nurse, Danielle Williams has taken this topic on as an FLA project. Other action items include: linkage with the house-wide CLABSI group; inclusion of the topic in the CCU skills day, and close bedside monitoring of central line insertion and maintenance procedures by QC members.

Improvement of staff compliance with personal protective equipment use in isolation rooms is another project taken on by the council. Staff RNs Megan Kelly and Heather Warla are engaged in a house-wide CNIII project focused on this topic. Staff RN Mayra Parra has taken on the project of patient and family education in regards to PPE as a CNIII topic. As these projects move forward our CCU QC will serve as the vehicle for rolling out education and subsequent monitoring of outcomes.

The unit rates for catheter associated urinary tract infection (CAUTI) and ventilator associated conditions (VAC) are another area of focus. Christina Justice, a QC member who also sits on the house-wide competency committee, linked the house-wide initiative on CAUTI to the unit based goal of improving outcomes.

Through this linkage Christina provided education to our QC and facilitated the completion of the CCU competency sign-off for CAUTI. Staff RN Raquel Alvarez utilized the QC as a forum to

present evidenced based education on ventilator associated condition practices to improve VAC outcomes.

Our quality council encourages staff empowerment and peer review to improve patient outcomes. Strong relationships with multi-disciplinary teams and linkage with the house-wide Shared Governance Councils have helped us to accomplish this goal.

