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Consulting

Case study

Interim ICU leadership and process improvement helps to decrease infection rates and LOS

During a successful emergency department (ED) interim leadership engagement with Philips, a 298-bed community, not-for-profit hospital recommended an interim leader for the Intensive Care Unit (ICU). The goal was to reduce staff turnover, sick time, and vacancy rate as well as reduce infection rates and length of stay (LOS) of the 17-bed ICU. Recent ICU nursing leadership turnover, including the director and unit manager, had left the unit without leadership and in disorder. The RNs provided quality patient care but had long tenures and were grounded in the status quo.

The hospital looked to Philips to provide a long-term interim ICU leader who would deliver strategic guidance on performance improvement initiatives to reduce infection rates and LOS and help to improve staff retention for sustainable change.

Assessment

Our consultant joined the ICU team as a long-term interim ICU Manager. She made immediate progress to increase staff morale and recommended an overall operational assessment of the ICU. All key stakeholders – including ICU staff, leaders, and providers – were interviewed and observed to document current processes, patient and staff flow, and areas of concern. Data was analyzed to assess the patient flow and environment and to identify insights for improvement opportunities.

The ICU was considered an open unit with inconsistent criteria for requiring an intensivist consult: this also contributed to the high LOS.

An innovative approach

As a result of the assessment, a list of prioritized recommendations was created based on national leading practices and evidenced-based literature. New unit goals were agreed upon and a process improvement implementation plan with supporting leadership structure was developed.

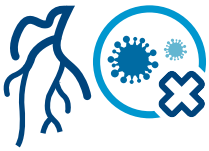
The interim leader focused on establishing a leadership structure which would support the implementation plan. Four assistant supervisors were hired and participated in a weekly training and development program to support the new goals of the unit and the organization. A unit based practice council was established which was the first of its kind in the organization.

A list of practice issues were prioritized by this group and action plans developed to be reviewed every two weeks with the Chief Nursing Officer (CNO) and the interim ICU leader.

Results*

51%
improvment in LOS
(4.5 to 2.2 days)

44%
improvment in central line utilization rates
(0.529 to 0.294)



Reduced
Central line associated bloodstream infections (CLABSI) (10 to 0)

Increased nursing staff retention rate of 83%

TheraWORX bathing conducted on 100% of patients

* Results from case studies are not predictive of results in other cases. Results in other cases may vary.

Hands-on implementation

During the engagement which lasted just over one year, several initiatives were implemented. The changes were focused on deep cleaning and sanitation practices, increased patient rounding, clinical policies, progressive care and physical therapy, as well as improved communications.

Some of the change initiatives included:

- A hand hygiene program established based on The Joint Commission tst (Targeted Solutions Tool) program[1] with hand sanitizer stations installed at each ICU room and unit entry.
- TheraWORX® bathing every 24 hours; urinary catheter care monitored.
- Deep cleaning and painting of the unit; biweekly rounds with Environmental Services.
- Interdisciplinary daily rounding on all patients; intensivist consult on every patient.
- Clinical practice policies were updated.
- Severe sepsis screening with a sepsis order set were added.
- Enhanced communication with twice daily change-of-shift huddles, frequent and routine staff meetings, and a twice monthly staff newsletter.
- A Progressive Care Unit adjacent to the ICU was added.
- A mobility program initiated with business case for dedicated physical therapist coverage.

Results

The hospital was pleased with the progress made under the leadership of the Philips consultant acting as the ICU interim leader as well as the overall engagement results.

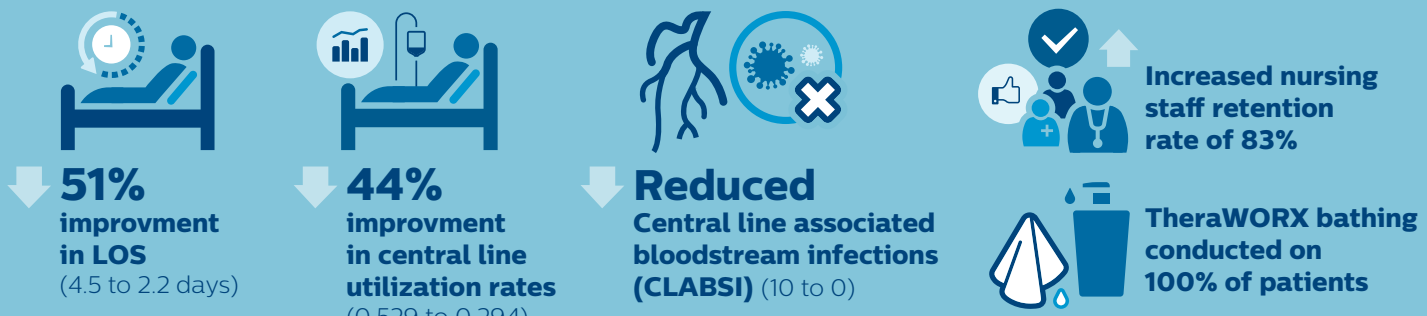
Below are the results achieved based on the performance improvement programs implemented:

- **51% improvement in LOS** (reduced from 4.5 to 2.2 days) in the first quarter following the engagement.
- **44% improvement in central line utilization rates** (reduced from 0.529 to 0.294).
- Central line associated bloodstream infections **(CLABSI) reduced from 10 to 0**.
- Hired 38 RN staff with an **increased nursing staff retention rate of 83%**.
- TheraWORX bathing conducted on **100% of patients**.

In addition, AHRQ (Agency for Healthcare Research and Quality) Patient Safety Survey results specific to the ICU included:

- Supervisor/Manager expectations and actions promoting patient safety: **83% vs 73% for the hospital overall**.
- Teamwork within unit: **90% vs 85% for the hospital overall**.
- I am knowledgeable about the hospital's quality initiatives: **97%**.
- My Supervisor treats me with respect: **92%**.

Results*



Learn more

Through collaborative and patient-focused engagements, Philips Healthcare Transformation Services can help you unlock insights and opportunities to solve your most complex challenges of care delivery. We can help you achieve meaningful and sustainable improvements in clinical excellence, operational efficiency, care delivery, and financial performance to improve value to your patients.

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4522 991 53541 * DEC 2019

1. The Joint Commission Hand Hygiene tst Program. www.centerfortransforminghealthcare.org/tst_hh.aspx. Accessed September 2016.

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