GROWING EXCELLENCE No. 3

Interprofessional Relationships

The SICU Accountable Care Team. *Left to right*: **William Peppard, PharmD, RPh, BCPS, FCCM; Colleen Walters, BSN, RN, CCRN, Co-chair; Thomas Carver, MD, FACS, Co-chair; Janet Stephens, BS, RRT, RRT-ACCS; Megan Christiansen, BSN, RN; Ashley Harrington, BSN, RN, CCRN; Sarah Neller, MSPT; Kim Zizzo, BSN, RN; Kelly Jung, MS, RN; Drew Inderjit Pooni, MS, RN, ACNS-BC; Chris Thompson, MSW, CAPSW; Rabbi Melech Lensky, JD, BCC;** *not pictured:* **Sue Goldamer, BSN, RN; Pamela Scherff, MSN, RN, NE-BC**

Accountable Care Teams

Every patient deserves and expects to receive high-quality health care and to have an exceptional experience while in our care. To reach our health network's goal of zero preventable harm to patients, Froedtert Hospital recognized the importance of an interprofessional approach to continually identify, implement and review processes and tactics to improve patient care. Accountable care teams (ACTs) were formed on all inpatient units as a venue for interprofessional collaboration and decision-making. Weekly ACT meetings are held with nurses, physicians, advanced practice providers, therapists, care managers, pharmacists, patient safety specialists, infection preventionists and others. With the local unit owning their performance for quality, service and efficiency, these teams are able to drive significant improvements. Nurses in a variety of roles are key members of the unit-based ACTs.

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> **DREW INDERJIT POONI, MS, RN, ACNS-BC,** *clinical nurse specialist, Surgical Intensive Care Unit*

The teams are charged with addressing patient safety outcomes, including hospital-acquired infections and conditions, such as catheter-associated urinary tract infections (CAUTI), catheter-associated bloodstream infections (CLABSI), pressure injuries and falls. Patient experience, readmissions, mortality and length of stay are also important measures for which the teams are accountable. The ACTs conduct intensive reviews with each occurrence, such as an unplanned readmission, to identify improvement opportunities and implement changes, if needed, to prevent a future recurrence. With a focus on a culture of safety, they also review patient safety events for trends, aligning actions to address opportunities. The ACTs receive and analyze data and unit scorecards on a regular basis. Standard meeting agendas prompt consistency among ACTs, yet allow units the latitude to focus on unique needs. Process improvement and quality specialists provide coaching,

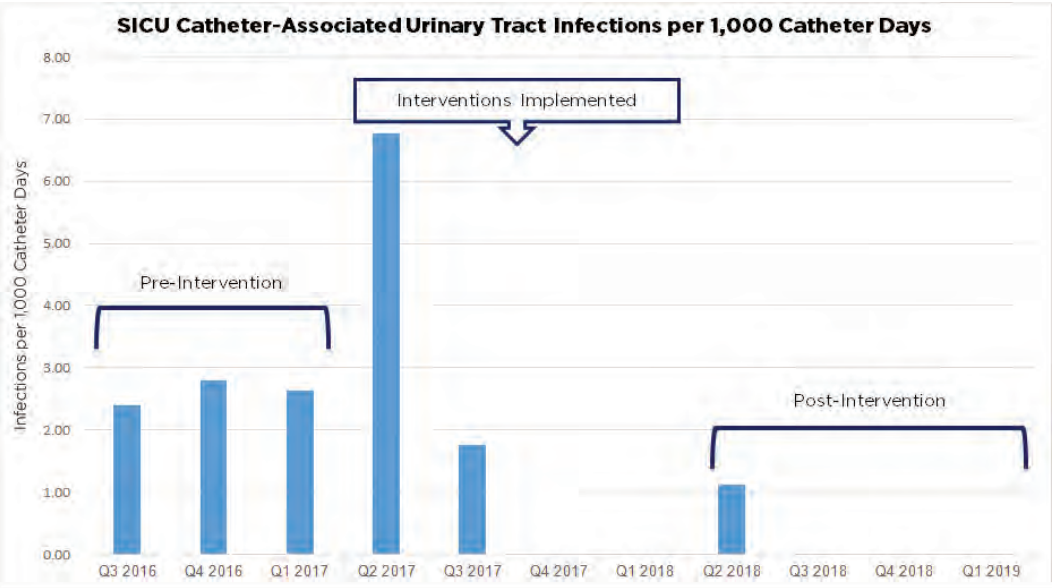
promoting the use of Robust Process Improvement® methods and tools, consistent with The Joint Commission Center for Transforming Healthcare's best practices to improve the quality and safety of health care.

The effectiveness of the ACTs is supported with the addition of a second level team, the domain teams. Interprofessional domain teams lead and integrate the work for each critical outcome measure across our academic medical center, with nurses actively participating and often leading those groups. The domain teams provide recommended tactics and evidence-based care bundles for each outcome area. They also provide recommendations on process metrics, ongoing subject matter expertise and disseminate successful best practices identified by ACTs.

Many unit-based ACTs have achieved significant improvements in their outcomes. One such team is the Surgical Intensive Care Unit (SICU) ACT. Review of data and discussions regarding the SICU's high CAUTI rates initially began in unit shared governance meetings. Shortly thereafter, the SICU ACT was formed, with active clinical nurse participation. The team implemented multiple interventions to address improvement needs over the course of several months. Literature demonstrates a best practice to decrease CAUTI rates is to decrease the use of indwelling urinary catheters and, if they must be used, to remove them as soon as possible. To decrease the urinary catheter utilization rate in the SICU, identification of the clinical indications for each patient with a urinary catheter were added as a point of discussion during daily interprofessional care coordination rounds. With these discussions, the team determined patients whose catheters could be removed. Evidence-based CAUTI prevention best practice interventions were also implemented, with multiple methods and communications utilized to educate and reinforce the practices. Additionally, bladder ultrasounds and intermittent catheterization were promoted as alternatives to indwelling catheters. Another improvement included a change in the urine culture collection method to boric acid tubes and changing catheters that had been in place for more than 48 hours prior to obtaining a culture. Rather than ordering urine cultures routinely, providers changed their practice, ordering them for patients who met clinical indications for a culture. These practices contributed to more accurate identification of infections.

In critical care settings, the ability to maintain accurate intake and output is often the main reason for using an indwelling urinary catheter; the SICU was no different. One way to address this issue was with the introduction of male and female external catheters. The SICU nurses trialed a new female external catheter, which was such a success that all inpatient units implemented them shortly thereafter. The interprofessional collaboration via the SICU ACT, with a focus on CAUTI outcomes and implementation of multiple interventions, resulted in a significant and sustained decrease in SICU CAUTI rates. As Drew Inderjit Pooni, MS, RN, ACNS-BC, SICU clinical nurse specialist, proudly shared, "The SICU has had only one CAUTI in the last 21 months and zero CAUTIs in the last year. The commitment and collaborative efforts of our accountable care team have really made a difference for our patients. The entire team is very proud and driven to sustain these results while continuing our work with other opportunities."

The ACT model, with an extensive array of improvement successes at Froedtert Hospital, as in the SICU, has spread beyond the inpatient setting to perioperative areas. Expansion of ACTs to ambulatory clinics will take place in the very near future. The growth of these local level teams, providing nurses with additional opportunities to contribute their expertise as integral members of interprofessional decision-making groups, will no doubt lead to further achievements that positively impact our provision of exceptional patient care. ■



	SICU CAUTIs per 1,000 Catheter Days
Q3 2016	2.40
Q4 2016	2.80
Q1 2017	2.64
Q2 2017	6.77
Q3 2018	1.75
Q4 2018	0.00
Q1 2018	0.00
Q2 2018	1.12
Q3 2018	0.00
Q4 2018	0.00
Q1 2019	0.00