



Blazing the Trail to Pediatric Excellence

34TH Annual Conference

PEDIATRIC ICU SAFETY ROUNDS

BLAZING THE TRAIL BACK TO HIGH-QUALITY PATIENT CARE



PEDIATRIC ICU SAFETY ROUNDS

BLAZING THE TRAIL BACK TO HIGH-QUALITY PATIENT CARE

CAMMIE LARSON, MSN, RN, CCRN, LSSGB

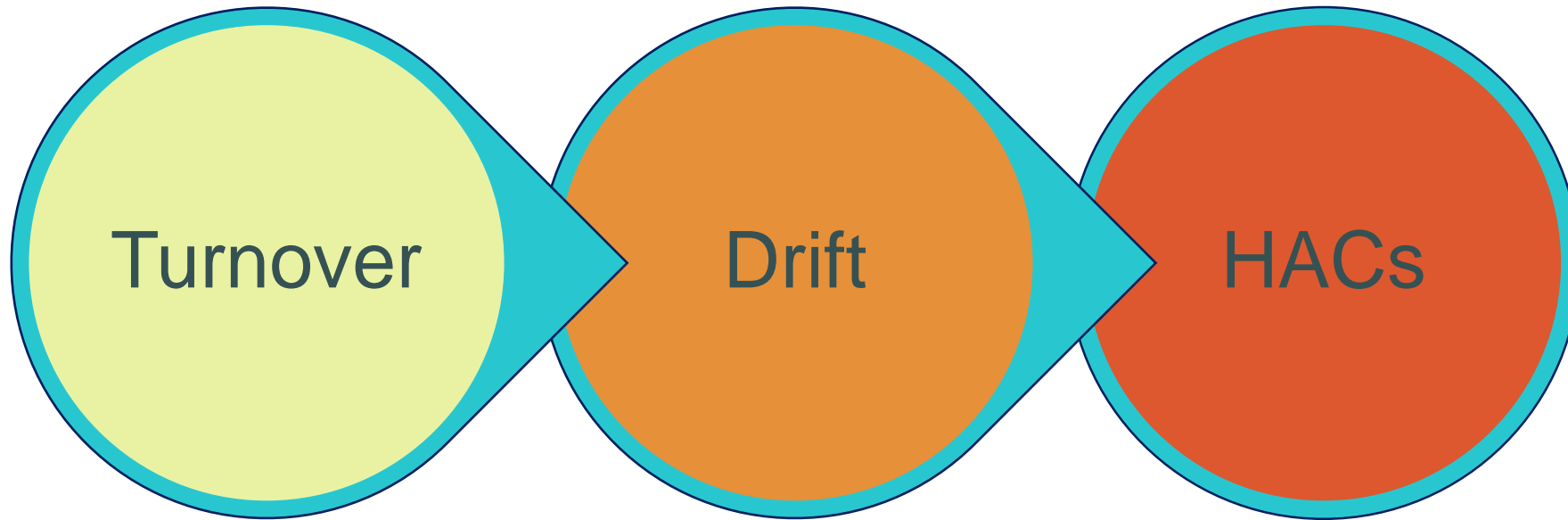
MY DISCLOSURES

1. PICU RN- 15 years

2. Quality + Me = ☹️

3. My Medical Director

THE BACKGROUND

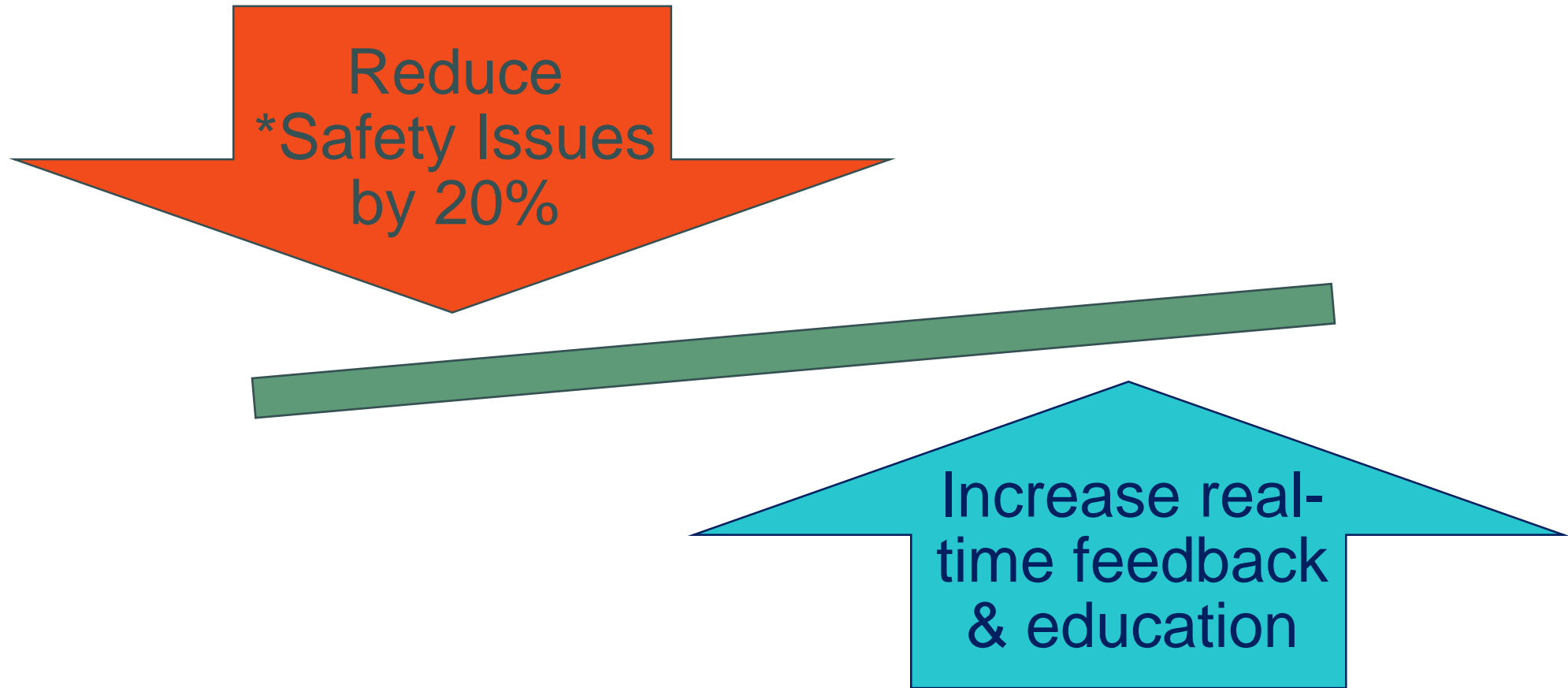


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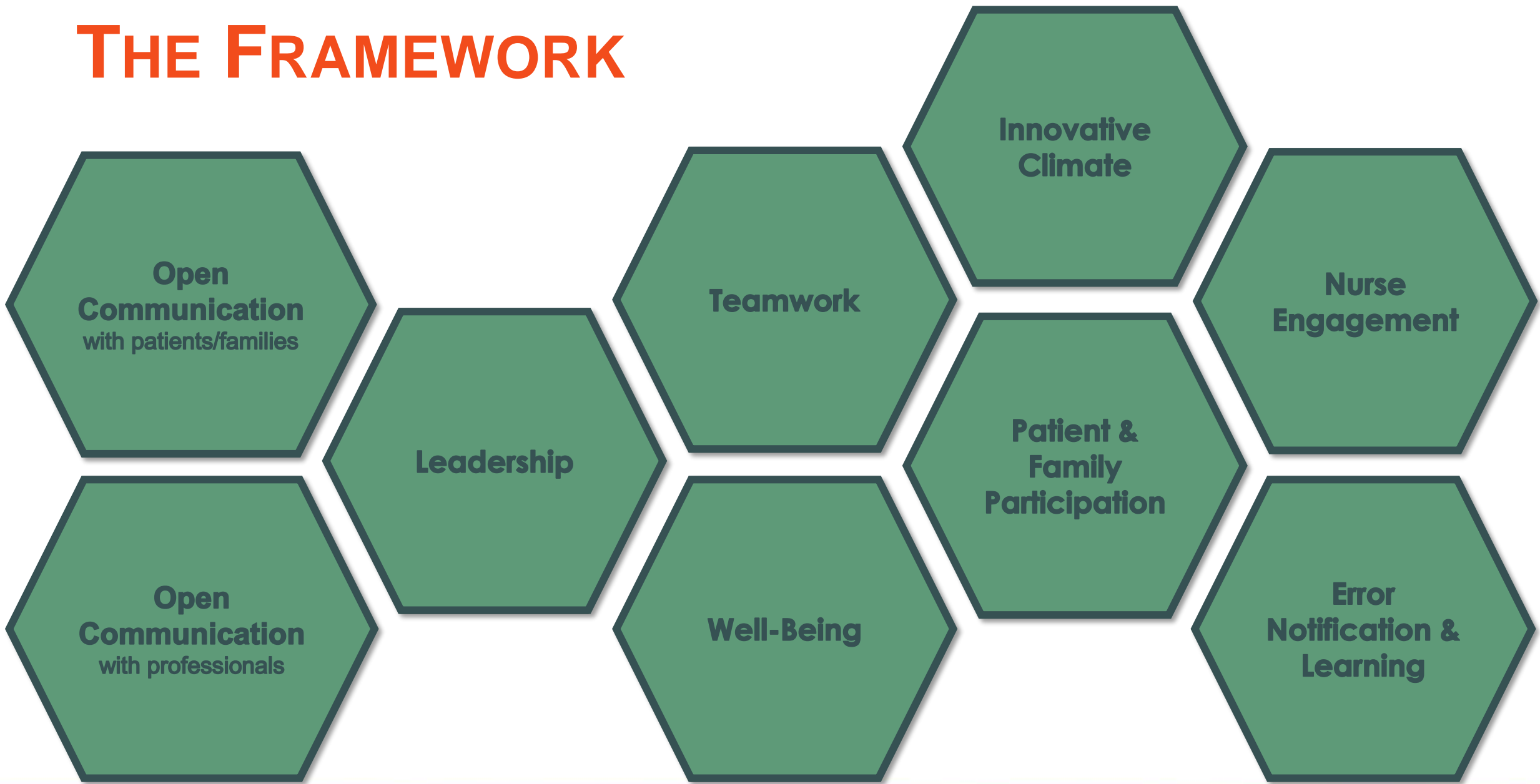
HELP?!



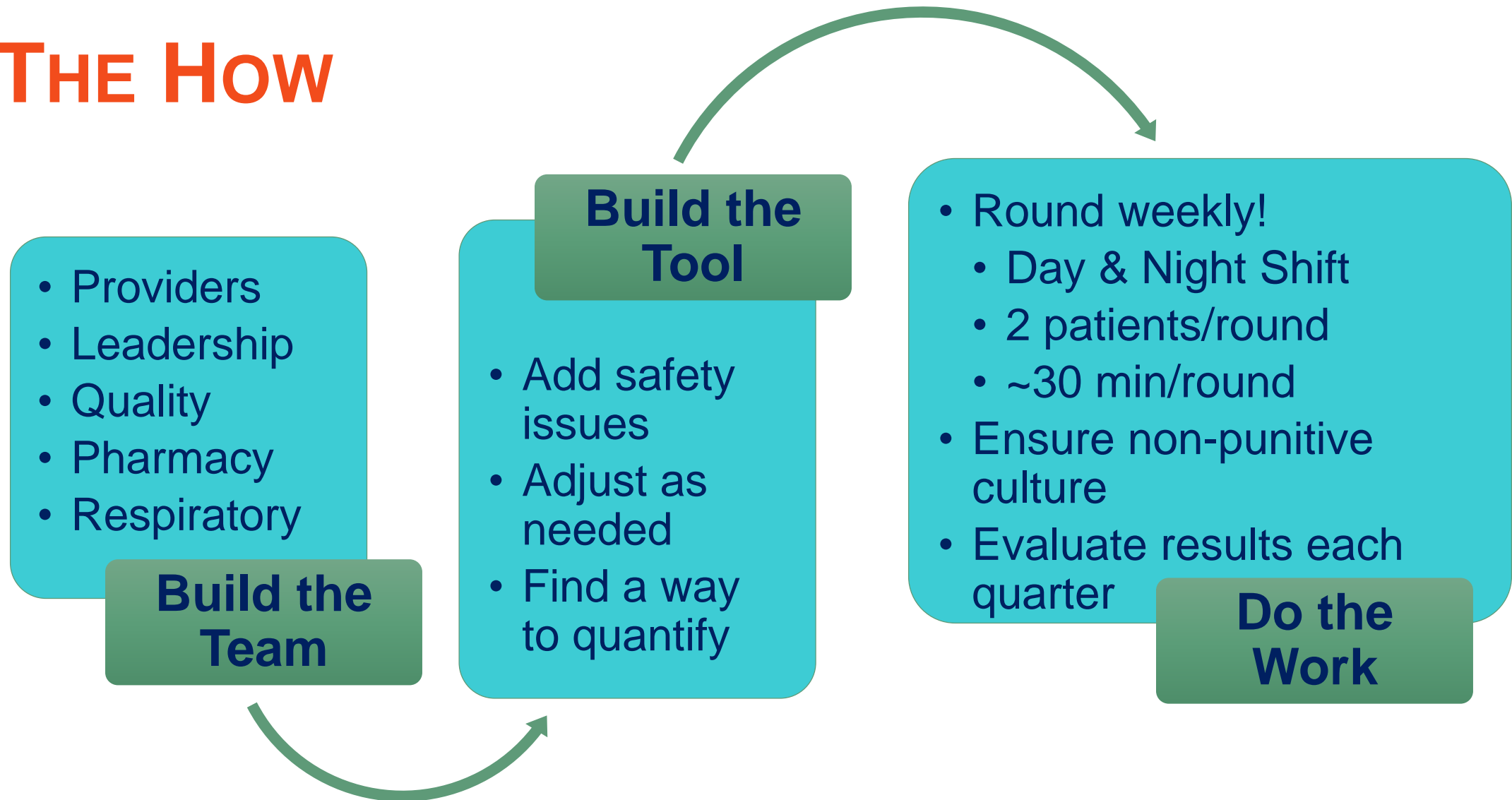
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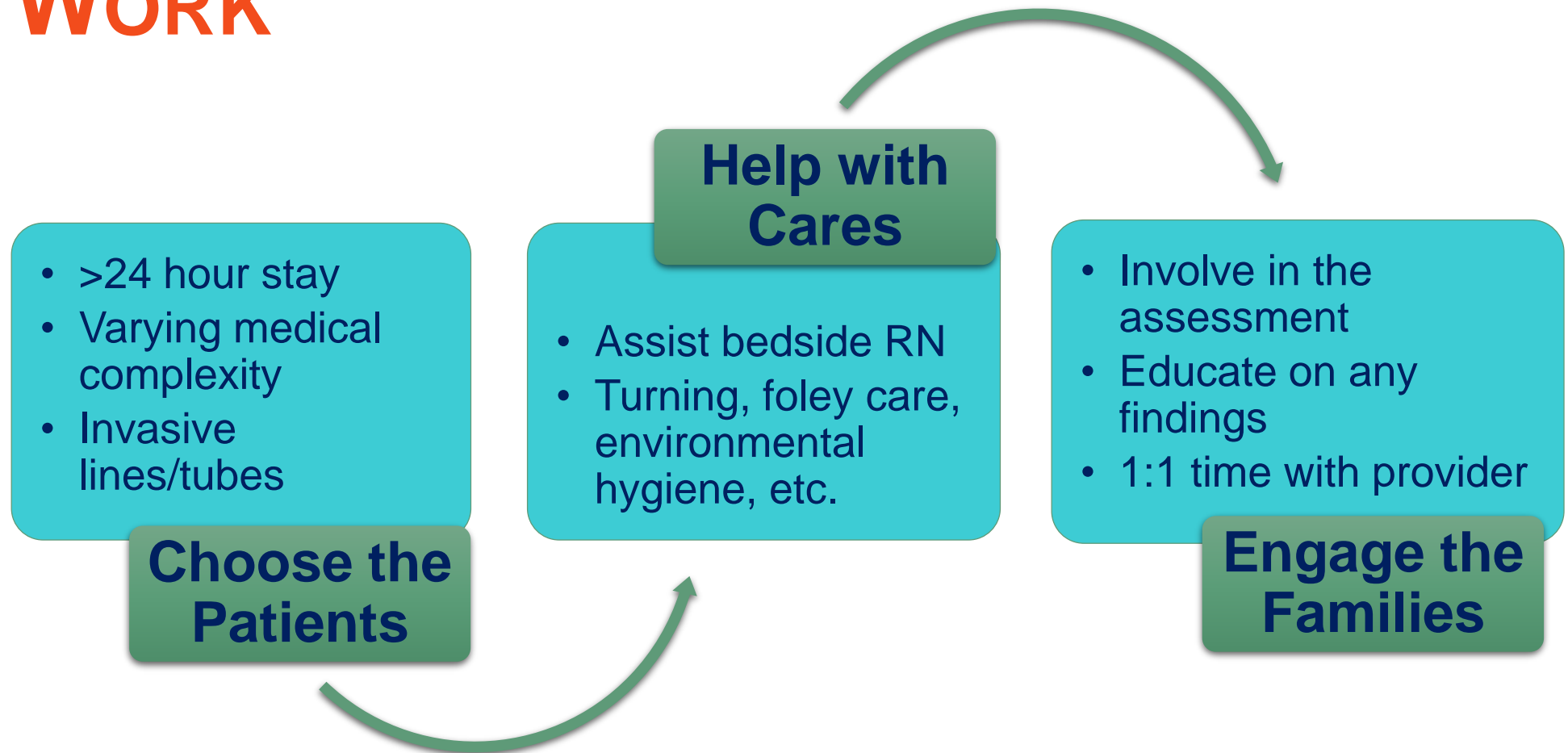
THE FRAMEWORK



THE HOW



THE WORK



THOSE *SAFETY ISSUES IDENTIFIED

Central Line	CVL Dressing
	Line Change
	Cap Change
	IV Meds to PO
	Line Patency
	Line Necessity
	Labs from CVL
	Central Line Care
	PICC fluids/NeoPICC not Heplocked

*SAFETY ISSUES CONTINUED

Central Line	Foley	Foley Care
		Diaper Change
		Moisture Barrier
		Foley Care Documented last shift
		Foley Necessary
		Foley Day #
		Patency
		Urology Consult

*SAFETY ISSUES CONTINUED. STILL.

Central Line	Foley	PIV	TLC Assessment
			Padding PIV
			Cap/Line Change
			Redressing PIV
			IV meds to PO
			VAT needed for PIVIE r/o
			Titrate IVF

*TLC- Touch Look Compare Assessment

*VAT- Vascular Access Team

*SAFETY ISSUES CONTINUED

Central Line	Foley	PIV	Ventilator	Oral Care
				HOB @ 20-30°
				ERT/ ERS
				Capnography Ordered and Done
				Sedation/ETT Safety
				Need for 2 PIVs
				Updated Vent Settings
				Comfort B
				Peptic Ulcer Meds

*Extubation Readiness Trial/
Extubation Readiness
Screen

*Sedation titrating protocol

*SAFETY ISSUES CONTINUED. ONLY 1 MORE.

Central Line	Foley	PIV	Ventilator	Pressure Injury	Proper Use of Pressure offloading pillows
					Prophylactic Foam Padding
					Device rotation
					Comfort Glide
					4-eyes
					BradenQ Score
					AG Foam Padding
					Wound Care Consult

*4 eyes- a 2-person skin assessment screen

*SAFETY ISSUES THE END.

Central Line	Foley	PIV	Ventilator	Pressure Injury	Other	Updating Care Plan
						Weigh (if due)
						Family Concerns
						Bedside RN Concerns
						Nutrition Optimization
						VTE Screen
						Safe Sleep
						Delirium Score
						WAT1 Score
						Weight ordered
						O2 wean/flow/keep sats
						Correct O2 Order
						Appropriate Pain
						End date to/Narrowing Abx
						PT/OT/ST/mobility
						Bowel Regimen

57.
Fifty seven.
 Cincuenta y siete.

WHAT ARE *YOUR* SAFETY ISSUES?

THE WORK

TO DO LIST- BY DISCIPLINE

PROVIDERS

ORDERS

- Narrow Antibiotics?
- Appropriate pain med indications
- Appropriate CVL KVO/Heparin orders
- Titrate IVF order?
- Comfort B Used?
- Is weight frequency appropriate?
- O2 wean/keep sats order appropriate?
- ETCO2 ordered and done?
- Check Vent Settings/O2 order & update
- If labs drawn from CVL, are they no more frequently than q12h?
- PT/OT- on admit for neuro, >48hrs for all others

SUMMARY PAGE

- Is the CVL necessary?
- Can we remove foley?
- ERS (screen) performed?
- Delirium score done last shift?
- WAT1 score done, if weaning?

OTHER

- Nutrition order match dietician note?
- If ERS passed, ERT done?
- Has the weight been done?
- If indicated, DVT prophylaxis ordered?

DISCUSSION

- Address Bedside concerns
- Ask if the ETT is safe sedation place
- If no ETT leak, is cuff deflated?

NURSES

CVL/PIV

- Check CVL dressing, lines and caps for dates
- Check to make sure no lipids/ TPN/ propofol going through caps
- TLC assess all PIVs
- Redress/pad PIV as needed
- Environmental hygiene

SKIN

- 4 eyes
- Moisture barrier present?
- Use gel pillows correctly?
- Prophylactic padding
- Weigh
- Repositioning device?
- Wound Care Consult needed?

OTHER

- Ensure HOB @ 20-30 degrees
- Alarms Silenced?
- Update Care Plan

DISCUSSION

- Address Parent and Bedside RN concerns
- need for 2 PIVs (or CVL) if intubated
- Delirium
- WAT Score
- Safe Sleep

The Basic Rules of Binary Scoring

- 0= applicable and correct
- 1= applicable and incorrect
- Blank= not applicable

THE NOTABLE RESULTS

1

20% or greater improvement from Q1 to Q4 in 16 of the 57 (28.1%) rounding items

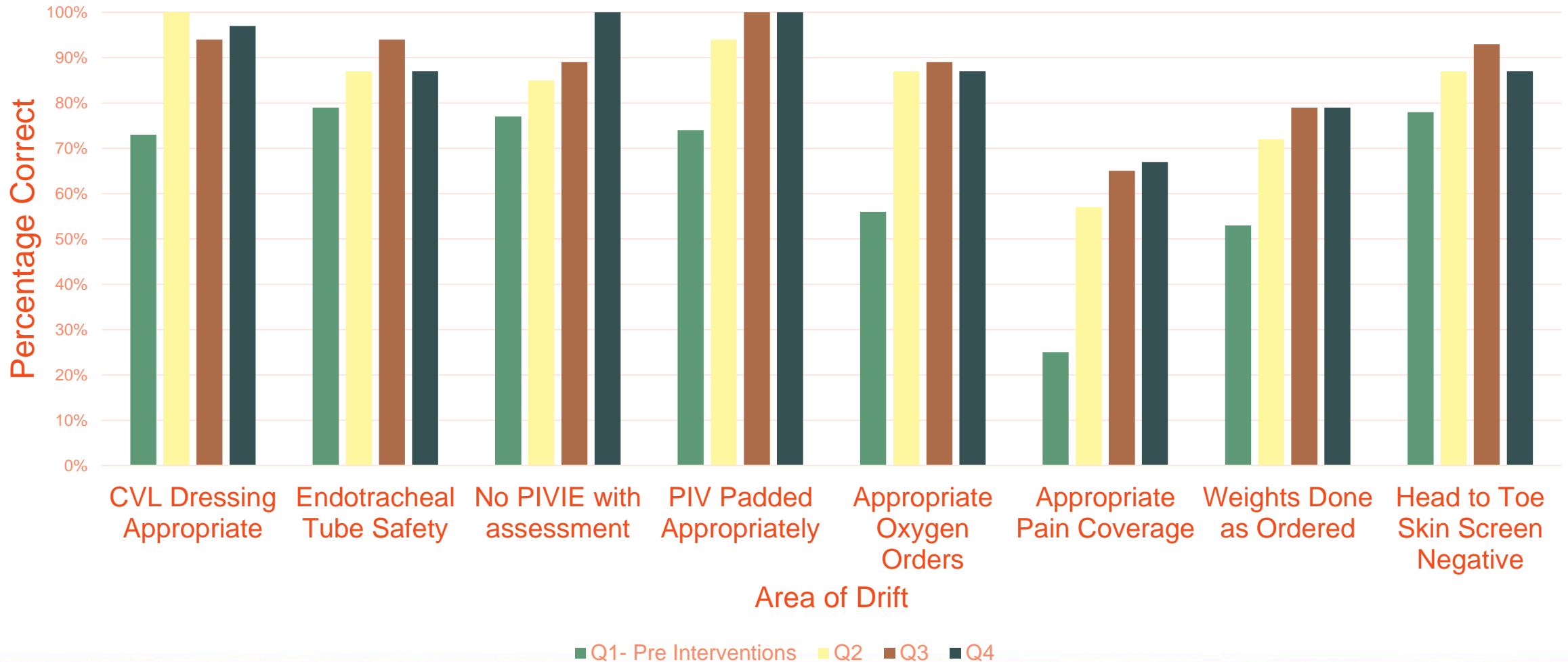
2

Overall improvement in 40 of the 57 areas (70%)

3

Staff perception of PICU safety culture improved from 77% to 94%

THE NOTABLE RESULTS



THE WAY BACK



THE CALM SEAS



Ah,
much
better.

QUESTIONS?

THANK YOU!

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Or Scan here >



THE REFERENCES

- Acal Jiménez, R., Swartz, M., & McCorkle, R. (2018). Improving quality through nursing participation at bedside rounds in a pediatric acute care unit: A pilot project. *Journal of Pediatric Nursing*, 43, 45–55. <https://doi.org/10.1016/j.pedn.2018.08.010>
- Beaird, G., Baernholdt, M., & White, K. R. (2020). Perceptions of interdisciplinary rounding practices. *Journal of Clinical Nursing*, 29(7-8), 1141–1150. <https://doi.org/10.1111/jocn.15161>
- Bisbey, T., Kilcullen, M., Thomas, E., Ottosen, E., Tsao, K. & Salas, E. (2019) Safety culture: An integration of existing models and a framework for understanding its development. *Human Factors*, 63, 88-110.
- Carr, L. H., Padula, M., Chuo, J., Cunningham, M., Flibotte, J., O'Connor, T., Thomas, B., & Nawab, U. (2021). Improving compliance with a rounding checklist through low- and high-technology interventions: A quality improvement initiative. *Pediatric Quality & Safety*, 6(4), e437. <https://doi.org/10.1097/pq9.000000000000437>
- Carvalho R.E.F.L., Bates D.W., Syrowatka A, et al. (2023). Factors determining safety culture in hospitals: a scoping review. *BMJ Open Quality*.12, e002310.
- Cifra, C. L., Houston, M., Otto, A., & Kamath, S. S. (2019). Prompting rounding teams to address a daily best practice checklist in a pediatric intensive care unit. *Joint Commission Journal on Quality and Patient Safety*, 45(8), 543–551. <https://doi.org/10.1016/j.jcjq.2019.05.012>
- Clark, N. A., Burrus, S., Richardson, T., Sterner, S., & Queen, M. A. (2019). Implementation of a general pediatric clinical rounding checklist. *Hospital Pediatrics*, 9(4), 291–299. <https://doi.org/10.1542/hpeds.2018-0150>
- Dos Santos Alves, D. F., Moraes, É. S., Conti, P. B. M., Bueno, G. C. V., de Souza, T. H., Pereira, E. O. P., Brandão, M. B., Peterlini, M. A. S., & Pedreira, M. L. G. (2022). A pediatric intensive care checklist for interprofessional rounds: The R-PICniC study. *American Journal of Critical Care*, 31(5), 383–389. <https://doi.org/10.4037/ajcc2022533>