



Learning in Leadership: Proactive Safety Rounding to Reduce Patient Harm

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“Proactive Safety Rounding in the PICU has led to increased collaboration between front line nursing staff and quality improvement initiatives by early recognition of risk and followed by implementations to reduce HACs” ~Lauren Williams, BSN, RN, CPN, PICU Quality Specialist

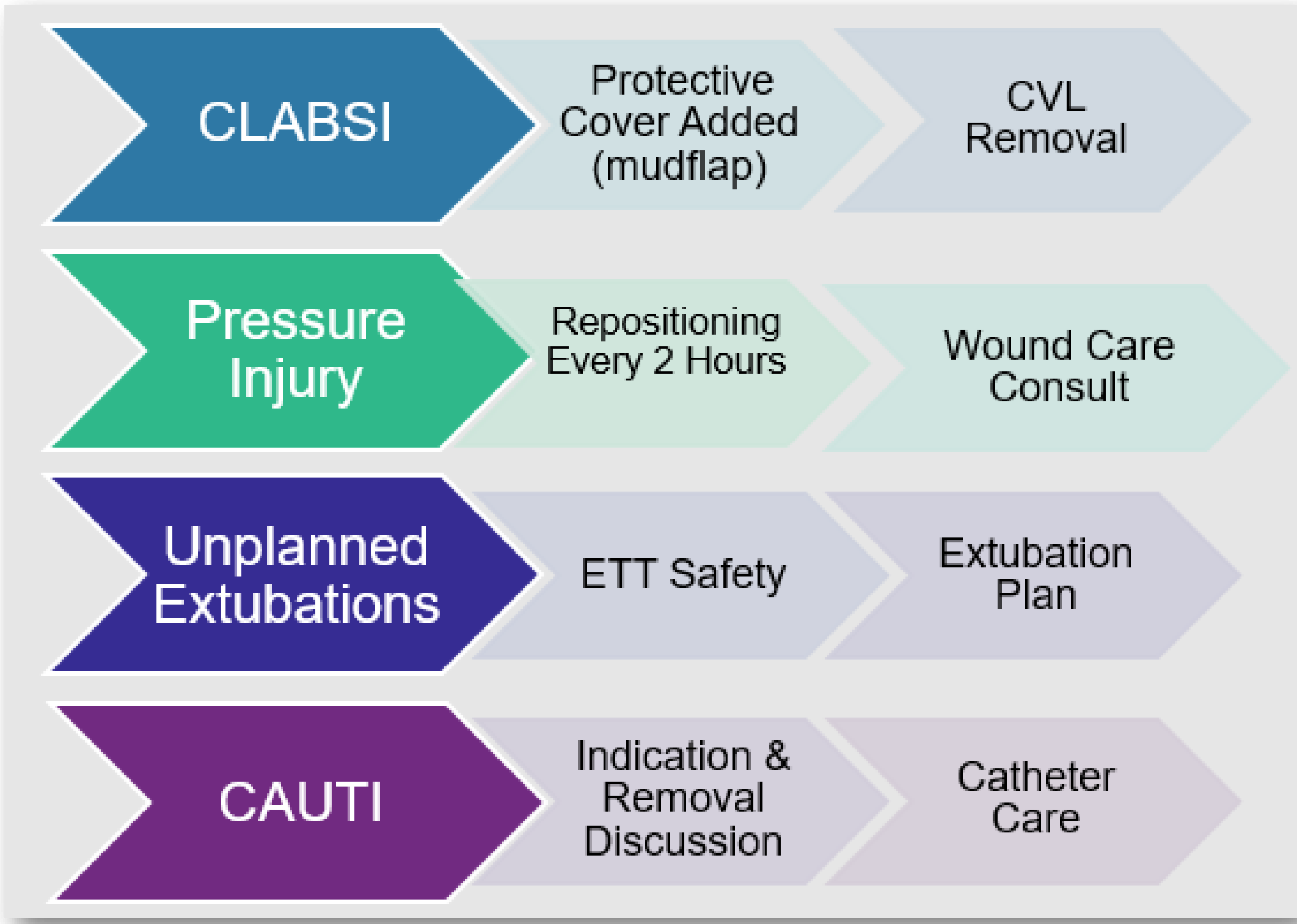
BACKGROUND

The Pediatric Intensive Care Unit (PICU) at this freestanding Children’s Hospital has seen an increase in their overall **Hospital-Acquired Conditions** (HACs) rate.

The unit leaders wanted to create a **proactive safety rounding process** for patients at highest risk of the PICU’s most common HACs. The quality nurses rounded on high-risk patients and involved interdisciplinary leaders as needed to reduce the risk of HACs.

METHODS

Tracked interventions quality nurses completed during rounds.
The most common interventions were:



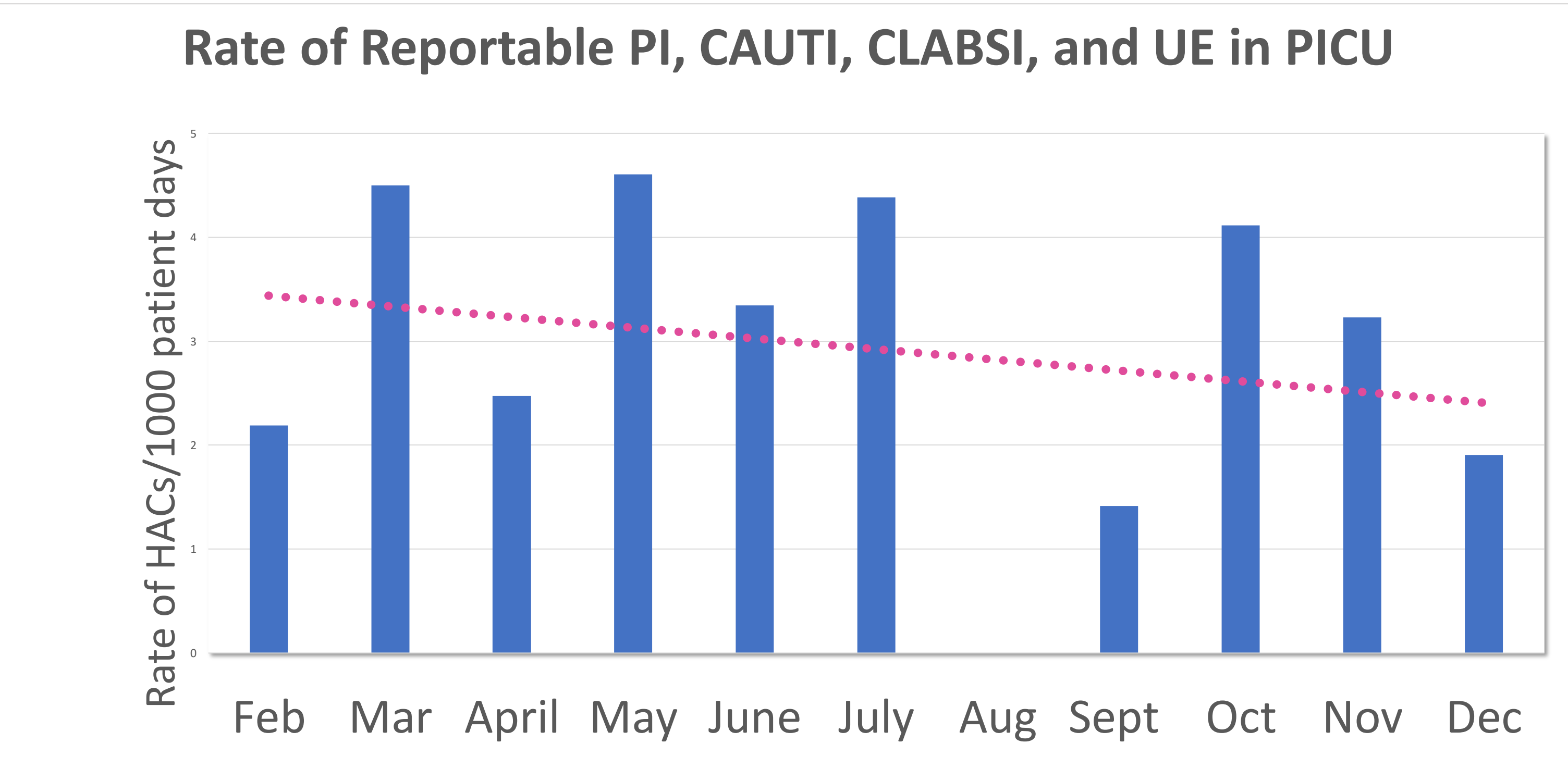
WHAT’S NEW

Used an algorithm to prioritize patients who were at risk of HAC

Highest Risk	2nd Priority	3rd Priority
LOS > 10 days	LOS<10 days	LOS>10 days
> 4 Risk Factors	>4 Risk Factors	<4 Risk Factors

RESULTS

Rounded on 207 patients. After the implementation of Proactive Safety Rounding, there was a **reduction** in reportable pressure injuries and urinary catheter-associated urinary tract infections for catheters in place for five or more days. Central line infections remained at zero, but there was an increase in unplanned extubation events.

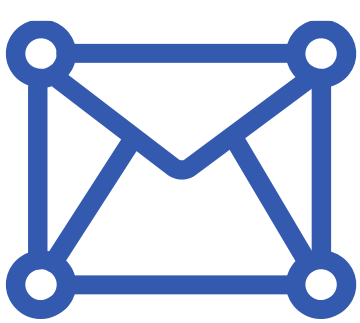


CONCLUSION

The PICU quality nurses were then able to implement weekly proactive measures to reduce the risk of harm by providing one-on-one coaching with the nurses on their unit, sharing best practices, and helping to support nurses in delivering the **safest** and **highest-quality** care.



Scan here if you would like to receive our rounding tool, which includes a calculation for HAC Risk



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