

# Teamwork Works for Patients at Jackson South Community Hospital Critical Care Services Unit Practice Council (CCS UPC)

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## Structure:

*“The way we organize care”*

1. A shared governance model/UPC was initiated.
2. We recognized the need for improved collaboration.
3. We engaged our Infection Control Manager, Joan Caldwell, MS.
4. Intensivists (physicians) joined the critical care team: Richard Prager, MD; Leonard Simon, MD; Andrew Pastewski, MD

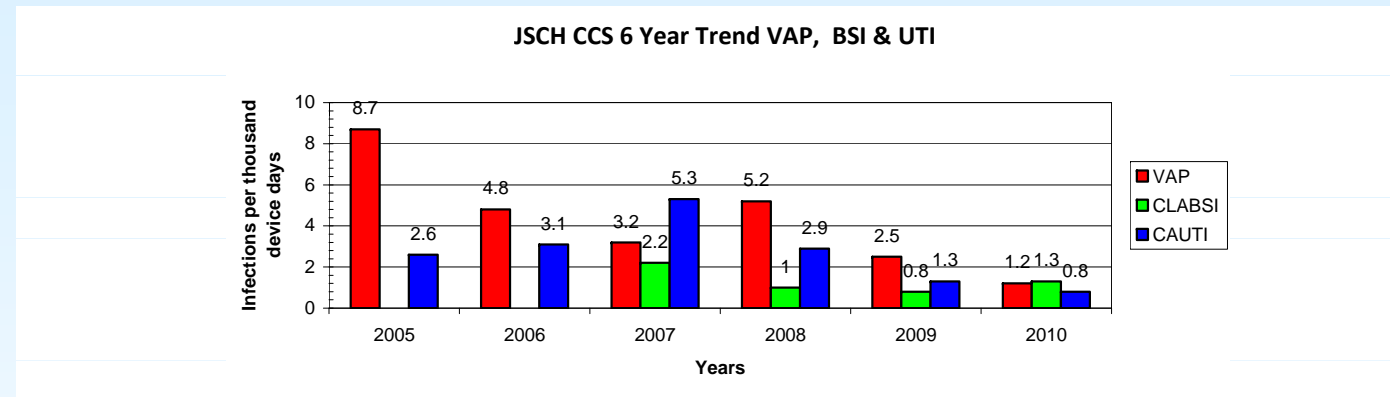
## Process:

*“What we do for patients”*

1. UPC implemented daily, interdisciplinary rounds.
2. UPC focused on applying the Institute for Healthcare Improvement (IHI) Bundles of Care for Ventilator Associated Pneumonia (VAP), Central Line Associated Bloodstream Infection (CLABSI) and Catheter Associated Urinary Tract Infection (CAUTI).
3. UPC collected data.
4. UPC members, staff nurses, and ARNPs led a culture change to team ownership of our patients' outcomes.

## “Why it Matters”

1. Hospital acquired infections double the risk of dying in hospitalized patients.
2. These infections account for about 90,000 deaths yearly in the USA.
3. Per patient costs for CLABSI are estimated to be an additional \$29,156; for VAP \$28,508; and for CAUTI \$1,007. Currently, CLABSI and CAUTI are not eligible for reimbursement by the Centers for Medicare & Medicaid Services. (Source: Scott, 2009)



↑ Collaboration Initiated



## Outcomes:

*“Results we achieved”*

Improvement in all aspects of hospital acquired infections. Currently, most are at zero.

## Conclusion:

Forming synergistic relationships with unit frontline staff, physicians, Infection Control Department, management and others in a *shared governance environment* made this possible.

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