AHRQ Safety Program for ICUs: Preventing CLABSI and CAUTI

Transcript
Senior Leadership Podcast—What Does It Mean to Be Engaged?

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[*Opening music*]

TJ: Welcome back to the podcast. I'm TJ Lewis, joined here by Louella Hung and our group of senior leaders, Michael Vaccaro, Susan DeCamp-Freeze, Jennifer LaRosa, and Joan Wynn. In our first segment, we talked with our group of senior leaders about why their engagement matters in effecting change within their ICUs as it relates to healthcare-acquired infections. Specifically we're talking about CLABSI and CAUTI. In this segment, we're going to talk about what that engagement looks like and how they go about building teams around them to support their efforts.

Jennifer, if you would, tell us just a little about what that engagement looks like for you.

Jennifer: I think that my job is engagement. Isn't that what a senior leader is? My job is to show you that it's cool and to show you that it's important and to show you that it saves money and saves lives, and that you can have an impact. When I first started this CLABSI reduction effort, I had to show that I was fallible. I had to show, "Look, that one was

mine. That was an insertion CLABSI that I caused, my fault, and it's on the books. See? I'm there too. My name's up on the board too."

TJ: Joan, what does senior leadership engagement mean in your facility?

Joan: It means that they know the data. They can talk about the data. They understand what our best practices are for prevention. They can engage with different stakeholders about the issues so they can have a conversation with the frontline staff nurse about what are we doing to prevent central line infections or about catheter-associated UTIs. Having a command of the content is one way that we can tell if someone's engaged. Talking about it in meetings, talking about it in our daily huddles, being able to lead that discussion about what's going on in our ICUs this week, how is care today, do we have the equipment we need to do the best care possible? Are there any barriers I need to take out of the way for you to be able to do the best job possible? To me, those are how leaders can demonstrate their engagement, is really understanding the data, talking about the data, and then scheduling time on their calendar to make rounds and be out there with the team.

TJ: How important is it to be seen at the bedside?

Joan: I think it's really important, and our staff tell us it's important when we have employee engagement surveys. One of the things we hear back from them is the importance of senior leader visibility. So, them coming to the units where the care is being provided, really shows the support, it shows the commitment, it shows, I guess, that they care, when you get right down to it. They care enough to come to the location where the care is being provided and to interact with the staff, and the patients and families.

Jennifer: My ICU, it's called C-8 and it has 24 beds, and my office is literally smack-dab in the middle, facing a patient room. I have big bay windows in front of my office. My door is always open. I call it the fish bowl, because everyone can see me and I can see them, and I think the importance of me being that accessible and that ready when someone is hurt or calling out for help, be it a patient or a family member or a peer or a colleague, is incredibly important.

Joan: In our health system, we expect that leaders are rounding daily. Now, the most senior leader, the president of the hospital, the CEO, is probably not daily, but it's at least weekly. Our frontline leaders definitely are rounding in their areas daily.

Jennifer: I have a candy jar in my office that started out about the size of this cup, and it was just for me to snack on, and it became urban legend at our hospital over time and is now the size of a big fish tank. It makes people come in to the office, often to get a snack, and what it's done is it's cultivated an atmosphere of, "You can come in here, and you can

say anything. Nobody's getting blamed, everybody's getting educated, and everybody's going to be part of this culture change, or maybe you don't fit in here."

If you have a really strong preacher, suddenly people believe. I think that if you get somebody in there who's enthusiastic and aggressive, and really willing to get dirty and be available all the time, people will start to go, "Hey, I want to be a part of this. This is working, and this is cool." At first, I was really annoyed by her because she came in all loud and we're going to change everything, but then it becomes cool, and then it becomes achievable, and then people want to jump on the bandwagon. I think if you get one person in there, who can really effect change, you'll find that other people start to come along.

Another role of the senior leader is to continue to make it fun and inspirational, and exciting and rewarding. But you do have to stay on top of people, and you do have to make it cool and interesting and make people feel like they're in it. Gosh, this guy was really sick, he came in with septic shock, positive blood cultures, and we saved his life, and we didn't hurt him. It's OK to say that. It's cool to say that.

Louella: Why is it so important for you as a senior leader and other senior leaders to be that involved?

Jennifer: Because there's nothing special about me. I get my hands dirty, too. I'm just like everybody else there, and I want them to perceive me as everybody else. I expect everyone to call me Jen. I'm proud of what I've achieved, but part of what I've achieved is being able to communicate with people at every single level, from the janitorial housekeeping staff. I'm so proud of the fact that they are involved in our CLABSI and CAUTI reduction. I think that's really where we enjoy our greatest success. I think until senior leadership really understands that they got to roll up their sleeves and get their elbows in there a little bit, they're not going to be successful.

TJ: What does that engagement do for the frontline staff in your facility?

Jennifer: It empowers them to speak up. It empowers them to disagree. It empowers them to learn. They've really become the leaders who are now empowered to speak, or empowered to advocate for their patients, and who are empowered to make their patients' experiences safer. I think that level of commitment, if we don't have it in our senior leaders, I think is probably the reason we haven't enjoyed overwhelming success, honestly.

TJ: Talk about the importance of the teams that you surround yourself with. How important is this team that you build around you?

Jennifer: It's everything. It's everything. But I do think you have to have aggressive, inspirational people who really mean it. And you know what? You're going to be able to tell who means it and who doesn't. At the end of the day, you're going to know. I think finding those people is probably the single most germane item to having success with these projects. I think the harder part, harder than finding them, is admitting at times that you don't have the right people. It's hard to say, "Gosh, this is just not what this person's cut out for." I think redesigning where that person might fit in, can work out well. As to finding them, I think you know it when you see it. I think you can tell by people's commitment right out of the box. How often do they answer their phone? When there's a shortage of nurses, Cathy, my nurse director, rolls up her sleeves, gets rid of her white coat, she goes into patients' rooms, and she does whatever she has to do.

Joan: I think the team is critical. We have a team in our system quality office that I work with on a daily basis, and it's nurses and non-nurses and patient educators and respiratory therapists, and all different backgrounds of people. They are passionate about the work, and I think that's probably the most important thing is that passion to get to zero. We are going to keep striving and do everything we can do from our team to work with the frontline teams across the health system to get to zero, and to get to exceptional care for patients and families.

Louella: Other than a passion to get to zero, what are some of the other qualities or attitudes or skills that you look for in leaders on these teams?

Joan: I think we want people who are inquisitive and curious who can look at information and analyze it in a way that helps them get to the root cause of what's going on or what's not going on. People that are able to influence their team members to do the right thing and to work on projects is important. People that are able to do performance improvements, somebody who knows how to plan a cycle of performance improvement, a plan–do–study–act cycle. "We're going to try this new dressing for central line infections with this set of patients today, and we're going to talk about it tomorrow in our daily huddle to see how it went. If it goes well, then we're going to do it for all the patients in the unit and see how that goes."

I think as far as those frontline leadership people, it's that curiosity, it's that passion, the ability to analyze the data and understand what's going on, and then the ability to communicate and influence their team.

Louella: How do you build a team of senior leaders?

Joan: We did senior leader education. We had speakers come on site over several years who could interact with the senior team, and have been senior leaders themselves, and could really talk about, here's what it means to be a senior leader who gets quality and safety, who leads quality and safety. We really provided education for them, tools for

them, like how should a senior leader lead a check-in on a performance improvement project. Here's a tool you can use, and here are the questions you ask the team when they're coming to you with the update on the project. Rounding, senior leader rounding, we did training on that.

We did a lot of education, training, provided articles, books, materials for the senior leaders themselves so they could, as you said, some are non-clinicians and aren't comfortable in this quality and safety and clinical world the same way they're comfortable in maybe the financial world. I think giving them skills, knowledge, and confidence to be able to carry out the role in the way that we are saying is important for quality and safety, so we really focused on that. It was one of our big strategies, when we wrote out our long-range quality plan was, what do we need to do to provide the senior leadership and our board what they need to be able to lead and oversee the quality and safety work?

TJ: Jen, I know you've spent a lot of time putting structure to your team. Can you tell us just a little bit about that structure?

Jennifer: We have a weekly meeting on Fridays called Roundup. Roundup is about, it's become a fairly big group. It's probably 50 or 60 people now. Those people are composed of the champions and the coaches for each unit. I'm going to take ICU as my example. I'm the champion physician. I have an alternate champion physician who stands in if I'm on vacation or if I'm away. Then there's a designated and a peer-selected nurse champion for that unit. Those two work very closely together to every day look at five things for every single patient on the unit. We look at VTE [venous thromboembolism] risk screening and VTE treatment. We look at falls, skin breakdown, CLABSI prevention, and CAUTI prevention. Obviously CLABSI and CAUTI prevention are only relevant to those patients who have central line or intra-urinary catheters. We look at all of the bundle elements that surround each. They go to each bedside nurse, each bedside provider, and the patient and the family and discuss each bundle element.

It is very time consuming. Day in and day out, every day, weekends, holidays, everything. Then the grid goes out. The grid goes to the quality officers, everyone in the C-suite, so the COO, CMO, and CEO, and any outliers are reviewed. When we get a CLABSI, CAUTI, VTE fallout, skin breakdown, or a fall with injury, it is presented as a root cause analysis the following Friday at our Roundup meeting. That's how we do it. And we haven't had a VTE fallout for a year and a half. We haven't had a fall with injury for I think 7 months. We haven't had a skin breakdown for about 16 months. Again, boots on the ground. It's most of what I do on a day-to-day basis.

[*Closing music*]

Louella: Are those reports how you keep yourself accountable? And how you and other senior leaders do?

Jennifer: Yes. Yes, and I've saved them. I've saved them all since the beginning of time. It's not about getting a grade. It's about convincing people to do the right thing, and if you do that, the grade comes naturally.

Louella: Sometimes it's hard to know what to do or where to start, but as a senior leader, you know your role is important in this journey. You've heard some very specific examples on this podcast from senior leaders who've been successful in leading change, and what they've done to inspire and promote improvement. We encourage you to access resources that are available in this program and begin your journey as a senior leader committed to reducing CLABSI and CAUTI in your organization.

TJ: Again, I want to thank you for listening, and I want to thank our group of senior leaders, Michael Vaccaro, Susan DeCamp-Freeze, Jennifer LaRosa, and Joan Wynn, for joining us on the podcast. Please join us for the next segment as we dig a little deeper and discuss some strategies and tools that you can implement within your facility in your efforts to prevent HAIs. This podcast was produced by the Agency for Healthcare Research and Quality, part of the U.S. Department of Health & Human Services.

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