Applying Caring Theory Guided Leadership to Inspire, Empower and Improve Outcomes

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Fundamentals of Theory

- Transpersonal Caring Relationship
- Authentic Presence
- Caring Moments
Radiating into the Field

- Caring is transpersonal
- Biogenic/Bioacidic
- Thoughts and intentions re-pattern the field
- Focusing intention to establish authentic presence
Authentic Presence: Caritas Process #4

- Centering
- Honor Ideas
- Set Intentions
- Huddles with Purpose
- Singing Bowl to Call Huddles
NDNQI PES QUESTIONS

• Nursing Participates in Hospital Affairs
• Nursing Foundations for Quality of Care
• Nurse Manager Ability, Leadership and Support of Nurses
• Adequacy of Staffing and Resource
• Collegial Nurse – Physicians Relations
Performance Environment Score

- 90% - 3.23
- 75% - 3.11
- 50% - 2.9
- 25% - 2.7
- 10% - 2.6

2009
2010
2011
2012
2013
Caring for Self

Marlène Goldin
“Caring travels in concentric circles, from self to other to community to planet to universe”  
Jean Watson

“Self-care comprises those activities performed independently by an individual to promote and maintain personal well-being throughout life.” Dorothea Orem

“The relationship with self is fundamental to maintaining each individual’s optimum health, for having empathy for the experience of others and for being a productive member of the organization” Mary Koloroutis

Acknowledging the following facts:
Health and wholeness are the balance of body, mind, spirit, and emotions in an ever-changing environment.
In order to facilitate the healing process of others, nurses must learn the process of self-healing through the inward/outward journey of self-care.

I, as a Registered Nurse, have a commitment to myself, my family, the staff, the patients and the institution to care for my body, mind and spirit, and to achieve balance in my life.

To that end I commit to performing one self care activity a week.  I agree to report to my colleagues at the weekly Service Line Department Directors meeting what activity I participated in during the previous week.
Signed: ___________________________ Date ________________
Cultivate Spiritual Practices
Caritas Process #10

- Ritual hand washing
- Self Care
- Pastoral Care
- Blessing of hands
- Nurses are encouraged to develop their own spiritual practices, meditation, yoga, hiking in the outdoors, gardening, reading.
Healing Environments

• Quiet Time
• Newsletter
• Physician picture and signature shadow cabinet
• Celebrations
Quiet Time
2 to 4pm, Every Day
Happy Birthday!
Job Enjoyment T Score

> 60 High Sat
40-60 Med Sat
< 40 Low Sat

70.10

2009
2010
2011
2012
2013
Practice Loving Kindness

- Self scheduling
- Respect other’s culture
- Employee of the week board
- Other before self
- Split holidays into 6 hours
- Contract to promote Self Care
- Fish Bowl
Teambuilding

- Birthday Lunches
- Ball Games
- Wine Tasting
- Baby Showers
- Book Discussion
Trauma-Neuro ICU Environment

For this moment our lives are woven together.
Helping Trusting Relationships

- Commitment to Co-worker
- Colleague vs. hierarchical
- Address issues face to face
- Nurture each other don’t demean
- Offer solutions
Thanks for Caring
Relationships Continued

- Being authentically present to ideas and suggestions.
  - Staff Interview applicants using a Likert Scale.
  - Hire for fit
  - Shadowing.
  - Shared Governance Committee.
Shared Governance

- Professional Practice Model within Nursing
- Resulting in a culture of shared decision making.
- Decentralized management structure.
- Improves staff engagement
- Improves quality & safety of nursing care
- Improves staff satisfaction
- Increases retention and recruitment
Literature Search led to the formation of Daily Multi-Disciplinary Rounds
**NEURO ICU VENT ROUNDS**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>ISS:</th>
<th>Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit Date:</td>
<td>RASS SCORE:</td>
<td>Initial Intubation:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reintubation:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tracheostomy:</td>
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<td></td>
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<td>Last Vent Date:</td>
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<td></td>
<td></td>
<td>Location:</td>
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</tbody>
</table>

**ICU DAY**
Interdisciplinary rounding Completed

**Respiratory Care**
- Oral ET Tube
- Soiled Ventilator Circuit Changed (secretions past HME or q2 weeks)
- Suction System Change Q 24hrs (date and time canister)
- Wake Up Assessment and Spontaneous Breathing Trials daily

**Nursing care**
- CHG Oral Care on admission to unit/ within 12 hrs of intubation and q12hrs
- ETT/Trach suction pressure set between 120-150 mmHg
- Routine Oral Care q 4 hrs and q 2hrs for high risk
  - (High risk: HOB flat, multiple intubations, trauma/field intubation, agitation, poor oral hygiene prior to intubation)
- Subglotic Secretion Suctioning q 4 hrs manually w/oral care, intermittent with ETT.
  - Semi-recumbent position goal of 45 degrees (Confirm with digital reading on bed)

**Pharmacy**
- Peptic ulcer disease prophylaxis
- DVT prophylaxis SCD
- Lovenox
- Heparin
- IVC Filter

**Transport Care Management**
- ET Tube cuff pressure of 20-25 cm H2O Q12, Check Before and After Transport
- Suction Oral cavity before and after transport. Caps vent circuit for transport

**Nutritional Support**
- Nutrition Initiated by 48hrs (Pivot 1.5 preferred…) name: ____
- OG tube only (Maintained until Extubated)

**Activity**
- PT/OT (Consult & Recommendation)
- Out of Bed (OOB)
- Turning Wedges (used to turn patient every 2hrs)

**Invasive Line Consideration**
- Central Line (Consider if needed)
- Ventriculostomy (Consider if needed)
- Foley Catheter (Consider if needed)
- Arterial Line (Consider if needed)
- Restraints (Consider if needed)

**Results**
- Lab Work (Report abnormal results for consideration)
- Cultures & Sensitivities (Appropriateness of antibiotic therapy)
- Radiology Reports (Report results for consideration)

**INITIALS**

Updated 3/29/2012
VAP Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
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<tbody>
<tr>
<td>2010</td>
<td>6.68</td>
</tr>
<tr>
<td>2011</td>
<td>3.61</td>
</tr>
<tr>
<td>2012</td>
<td>2.84</td>
</tr>
<tr>
<td>2013</td>
<td>2.38</td>
</tr>
</tbody>
</table>

Impacting our Patient’s Lives!

64.4% decrease in VAP
Hospital Acquired Infections

Rate

2011 2012 2013 2014 2015

CAUTI
MRSA
CLABSI
Foley Catheter Removal Daily Checklist

Assessments are to be completed by nursing staff upon insertion of an indwelling urinary catheter or upon admission, and EVERY 24 HOURS until catheter removal. Remember to also document your infection prevention reminders on the back of this form every shift.

**Step 1.**

<table>
<thead>
<tr>
<th>Check any items that apply on a daily basis.</th>
<th>Date</th>
<th>Do Not Remove/Reinsert Foley Without an MD Order</th>
<th>Hand hygiene prior to insertion or manipulation of catheter</th>
<th>Night Shift: RN Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foley Day #</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN Initials</td>
<td></td>
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</tr>
<tr>
<td>a. Known or suspected urinary tract obstruction</td>
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<td>b. Difficult insertion or specialty catheter i.e. Coude</td>
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<tr>
<td>c. Evidence of gross hematuria</td>
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<td></td>
<td></td>
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<tr>
<td>d. End of life comfort measures</td>
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<tr>
<td>e. Urological surgery within the last 3 months by Urologist, Gynecologist, or Nephrologist is on the case</td>
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<tr>
<td>f. Need for accurate urine output in critically ill patients (Must check reason below)</td>
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<tr>
<td>g. Urinary retention</td>
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<td>h. Incontinence with stage III or IV pressure ulcers / open wounds</td>
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<tr>
<td>i. MD order to maintain catheter with specific reasoning (Reevaluate catheter need when that reason no longer exists)</td>
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<tr>
<td>j. Neurogenic bladder dysfunction / paralytic</td>
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<tr>
<td>k. Frequent output monitoring due to high dose diuretics, acute renal failure, patient is severely sedated or obtunded.</td>
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<tr>
<td>l. Movement intolerance i.e. unstable spine</td>
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</tbody>
</table>

**Step 2.**

If **NONE** of the items from Step 1 above are checked, **discontinue Foley catheter NO LATER** than 10 a.m. If ever in doubt if a patient meets Foley discontinuation criteria the nurses should contact the MD to discuss the need to continue catheter use and an order should be written with specific reasoning.

**Step 3.**

Monitor for first void using the Post Foley Catheter Removal Flowsheet

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**Infection Prevention Reminders**

Infection prevention reminders are to be completed by nursing staff on every shift until the Foley is removed. Remember to also document on the Foley Catheter Removal Daily Checklist on the front of this form every morning.

<table>
<thead>
<tr>
<th>All boxes should be checked</th>
<th>Date</th>
<th>Day Shift: RN Initials</th>
<th>Night Shift: RN Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand hygiene prior to insertion or manipulation of catheter</td>
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<tr>
<td>Catheter tubing and drainage bag always maintained below the level of the bladder</td>
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<tr>
<td>Foley care completed every shift and pm</td>
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<tr>
<td>Foley leg strap secured properly on patient</td>
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<tr>
<td>Foley catheter &amp; drainage bag remain a closed system: If there is a need to replace drainage bag then replace the entire catheter if reininsertion criteria below are met</td>
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<tr>
<td>Do not irrigate catheter until after bladder scan has been completed to rule out decreased urine output</td>
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</tbody>
</table>

**Foley Catheter Reinsertion Criteria**

Reinsert Foley catheter every 7 days to prohibit slime coat buildup on catheter than can lead to CAUTI. Only remove and reinsert catheter if a-e are **NOT** checked on the Foley Catheter Removal Daily Checklist on the front of this form. A break in the closed drainage system is also reason for reininsertion of a new Foley catheter. Document reininsertion above in the Infection Prevention Reminders table and in VISICU. Also remember to relabel the new drainage bag with time, date, and initials. **ALWAYS** use a new catheter and incorporate proper **STERILE** technique during reininsertion.

**RN Signatures/Initials**

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.
Tending to Basic Needs

- Partners
- Resource
- Cover for Lunch
- Home from School Phone Calls
- Sick Children
- PAL Bank
Be Open to Miracles

- Celebrate Healing
- Celebrate Donor Lives
- Attending to Dying Patients
- Compassionate Care Cart
- Cultural Beliefs
- Handprints
- Prayer