



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

**Marlienne Goldin, RN, BSN, MPA, CNML**  
**Director, Trauma-Neuro Surgical ICU Cone Health**  
**Faculty Associate**  
**Watson Caring Science Institute**





# Fundamentals of Theory

- Transpersonal Caring Relationship
- Authentic Presence
- Caring Moments



# Nurse as Environment





# 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



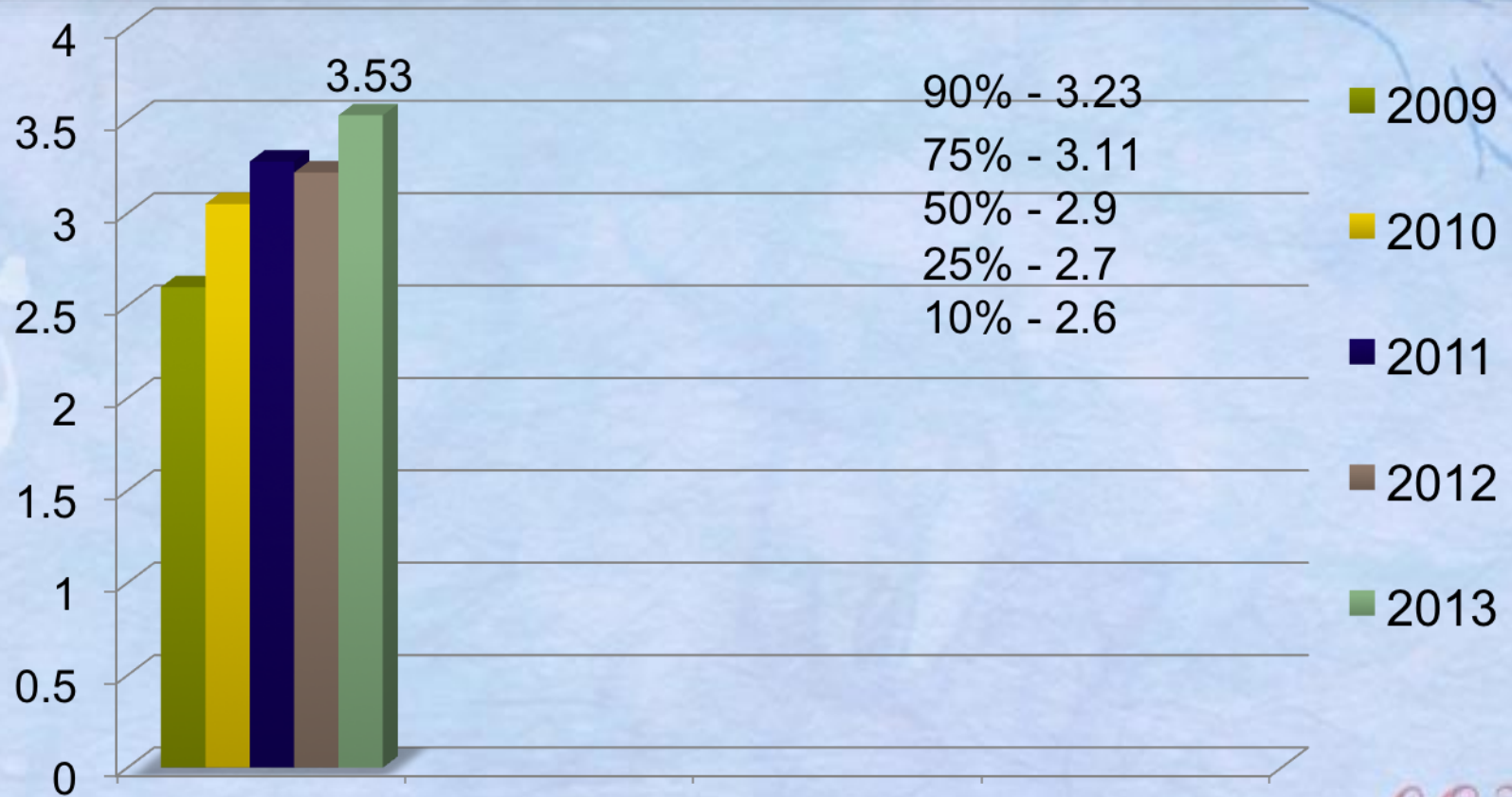


# NDNQI PES QUESTIONS

- 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







# STROKE

Did You Remember?

MAN IS HAVING A HEART ATTACK

## THE BRAIN

Diagram illustrating the structure and function of the human brain, including labels for various regions like the cerebrum, cerebellum, and brainstem.

CONE HEALTH  
Trauma Services

TRAUMA

TRAC

PHYSICAL THERAPY

RN  
Cynthia

PHYSICAL THERAPY

PHYSICAL THERAPY

PHYSICAL THERAPY

PHYSICAL THERAPY

PHYSICAL THERAPY

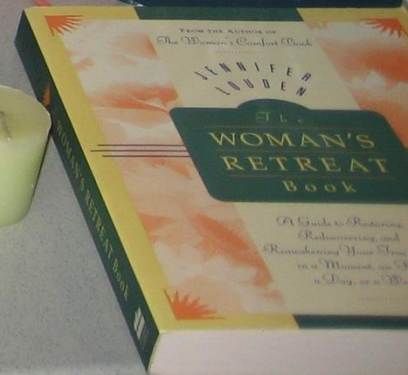
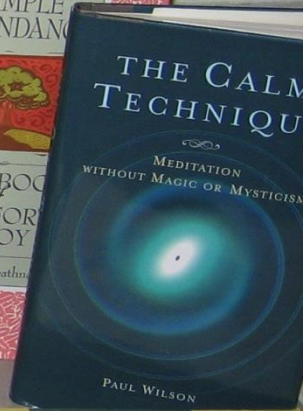


Caring for Self

Marlienne Goldin

acer

TravelMate 2410





***“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 !

Marlienne Goldin  
April 7<sup>th</sup>



Audrey McDade  
April 14



Stacey Tickle  
April 10<sup>th</sup>



Ronda Hunt  
April 12<sup>th</sup>



Lakysha Williams  
April 19<sup>th</sup>

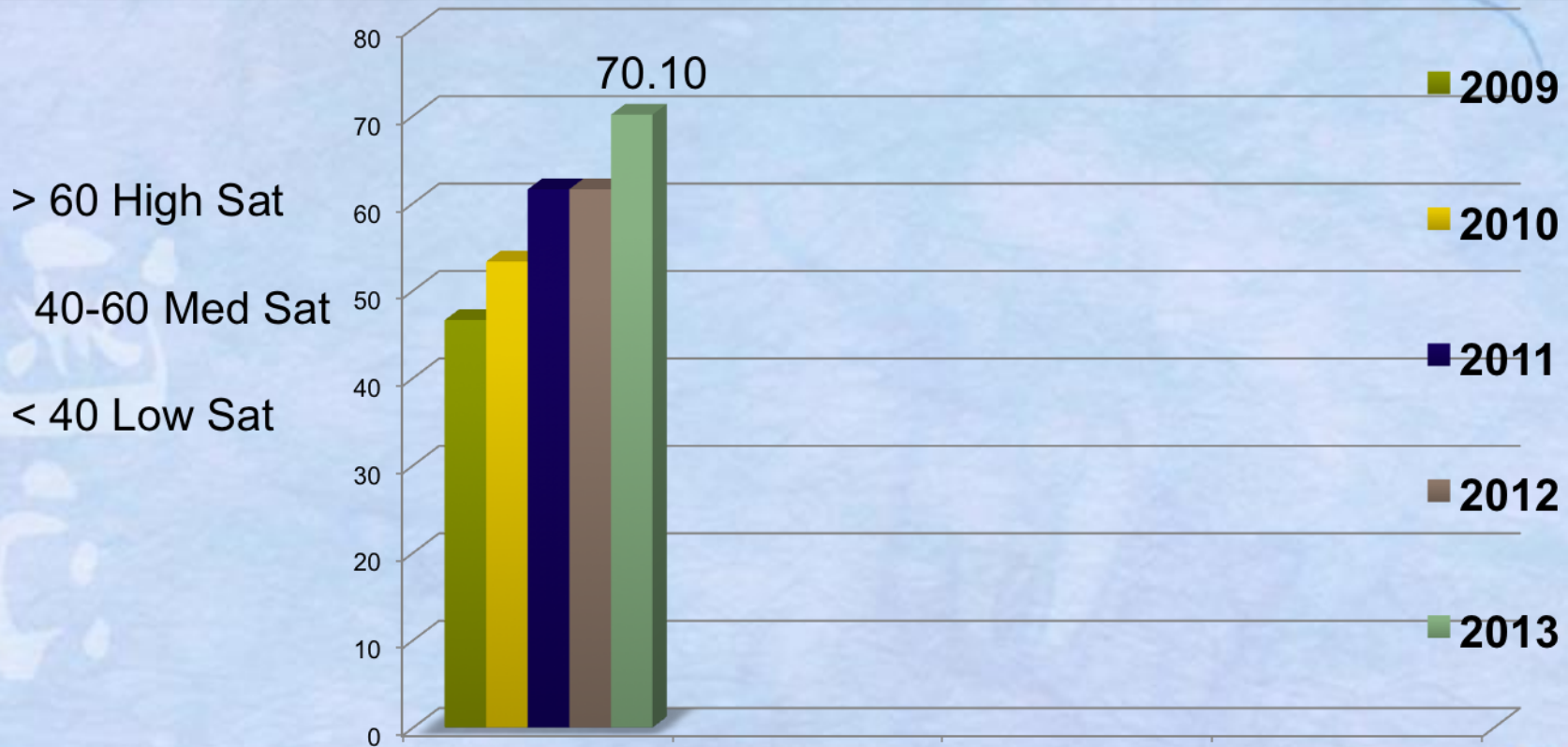


Michael Curtis  
April 27<sup>th</sup>





# Job Enjoyment T Score



# 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**





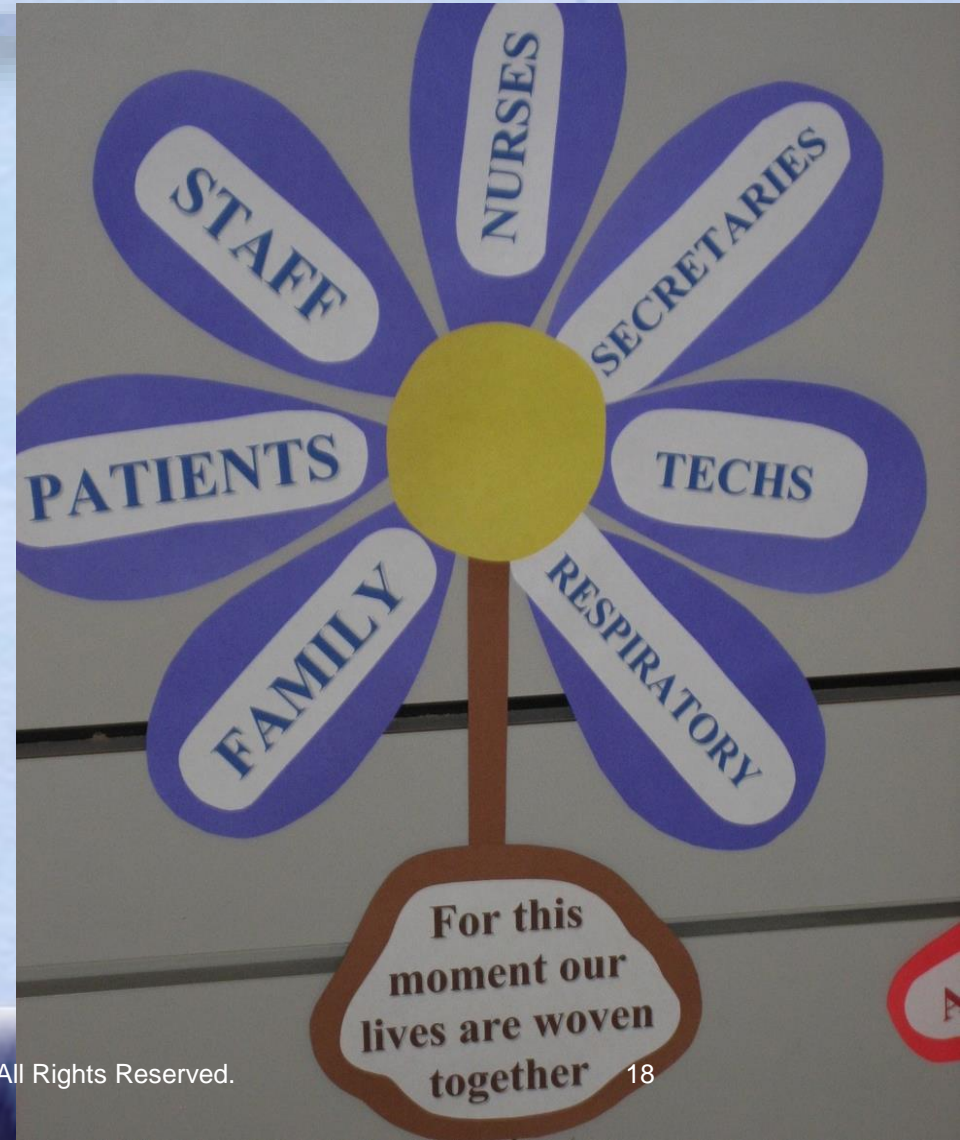
# Teambuilding

- Birthday Lunches
- Ball Games
- Wine Tasting
- Baby Showers
- Book Discussion





# Trauma- Neuro ICU Environment





# 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 an culture of shared decision making.**
- **Decentralized management structure.**
- **Improves staff engagement**
- **Improves quality & safety of nursing care**
- **Improves staff satisfaction**
- **Increases retention and recruitment**







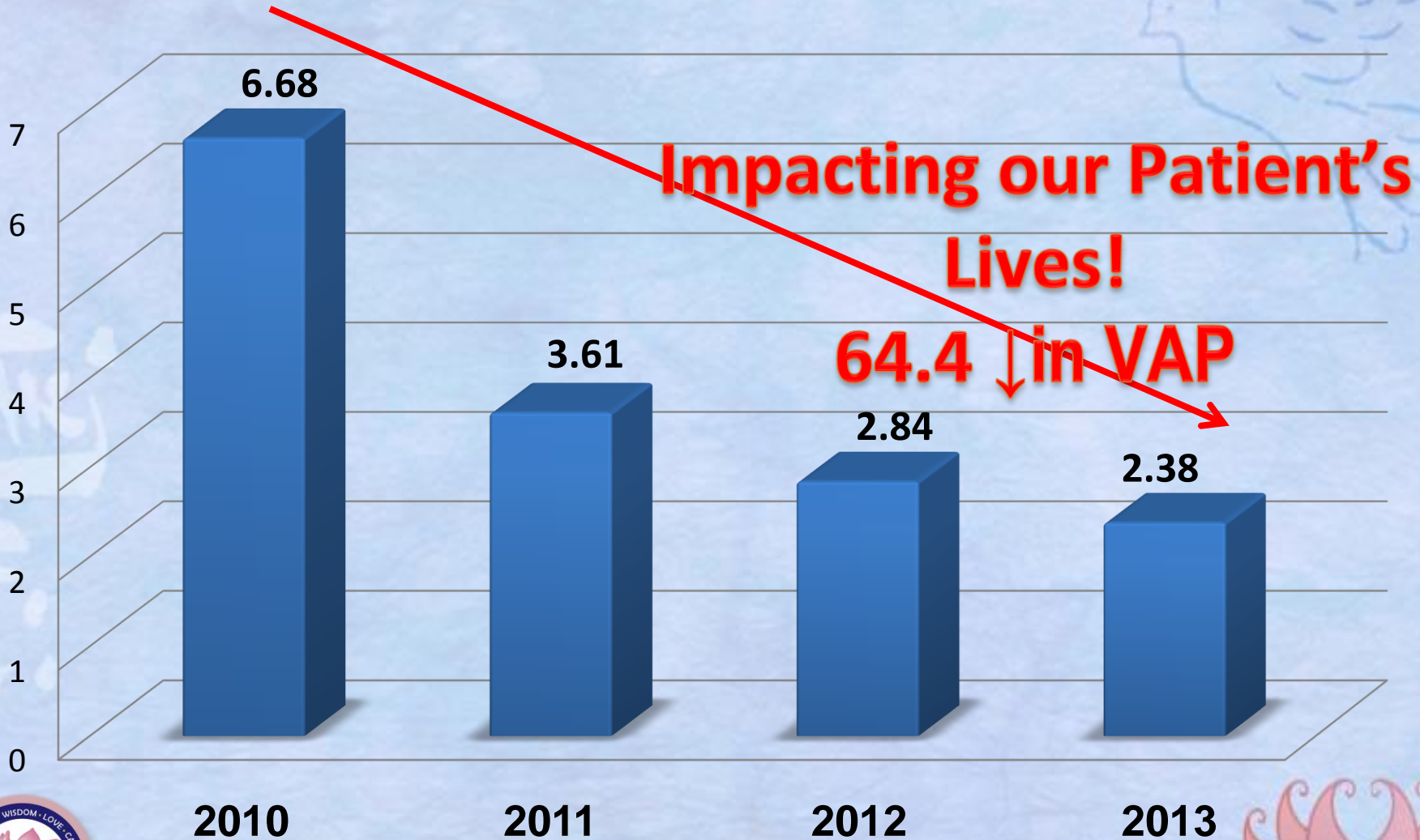
## Literature Search led to the formation of Daily Multi Disciplinary Rounds





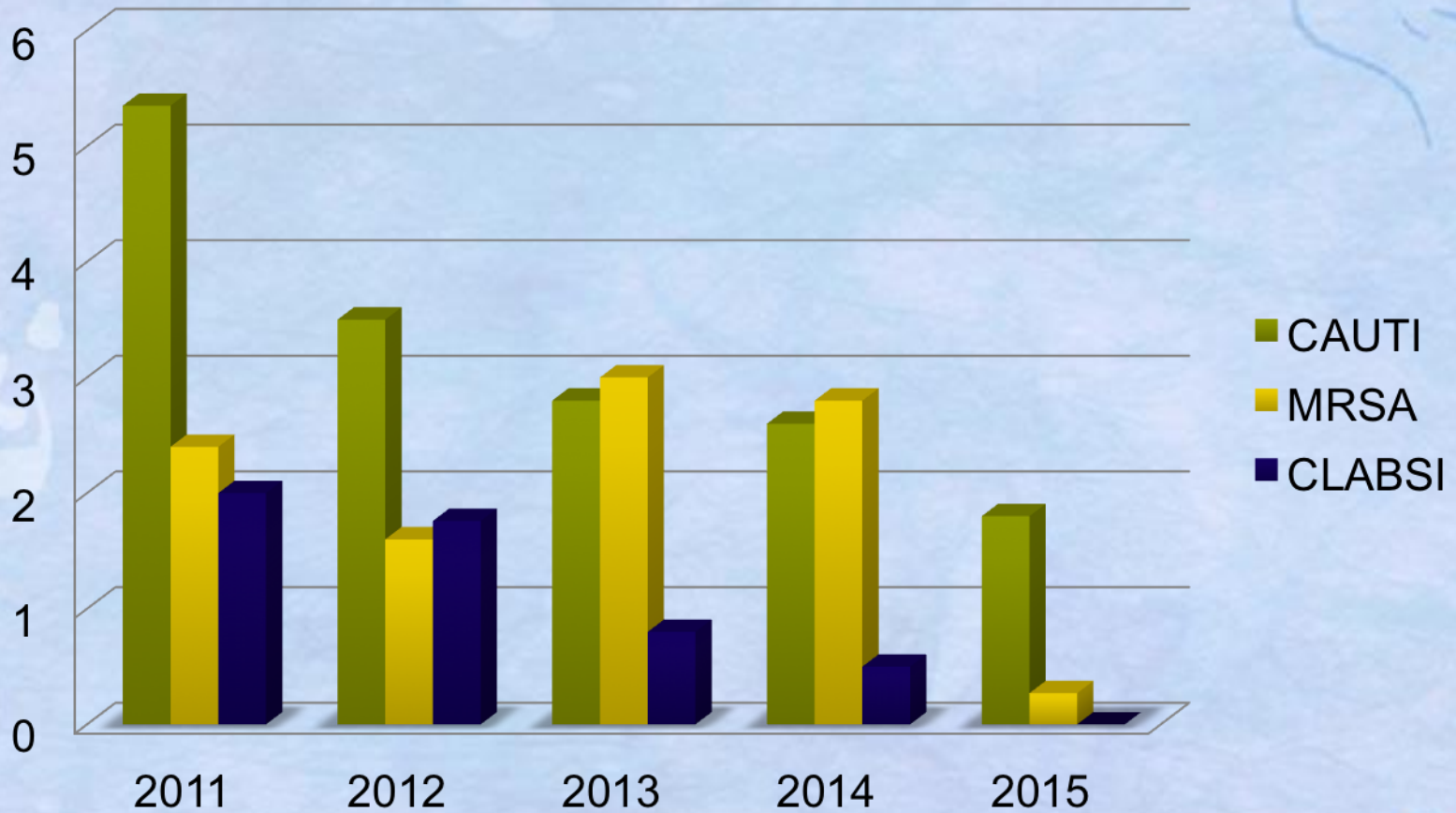


# VAP Rate



# Hospital Acquired Infections

Rate







Patient ID Label

## 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.

Check any items that apply on a daily basis.											
Foley Day #			All Surgical Patients Must Have a MD Order With Specific Reasoning to Continue Catheter Beyond Post-Op Day 2.							Do Not Remove / Reinsert Foley Without an MD Order	
Date											
RN Initials											
a. Known or suspected urinary tract obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Difficult insertion or specialty catheter i.e. Coude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Evidence of gross hematuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. End of life comfort measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Urological surgery within the last 3 months or Urologist, Gynecologist, or Nephrologist is on the case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Need for accurate urinary output in critically ill patients (Must check reason below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sepsis	<input type="checkbox"/>	Fluid Boluses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Urinary retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Incontinence with stage III or IV pressure ulcers / open wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. MD order to maintain catheter with specific reasoning (Reevaluate catheter need when that reason no longer exists)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Neurogenic bladder dysfunction / paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Frequent output monitoring due to high dose diuretics, acute renal failure, patient is heavily sedated or obtunded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Movement intolerance i.e. unstable spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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 nurse 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

## 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.

All boxes should be checked!									
		Date							
		Day Shift RN Initials							
		Night Shift RN Initials							
Hand hygiene prior to insertion or manipulation of catheter	Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catheter tubing and drainage bag always maintained below the level of the bladder	Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foley care completed every shift and prn	Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foley leg strap secured properly on patient	Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foley catheter & drainage bag remain a closed system: If there is a need to replace drainage bag then replace the entire catheter if reinsertion criteria below are met	Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not irrigate catheter until after bladder scan has been completed to rule out decreased urine output	Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foley Catheter Reinserted (Time and Initials)									

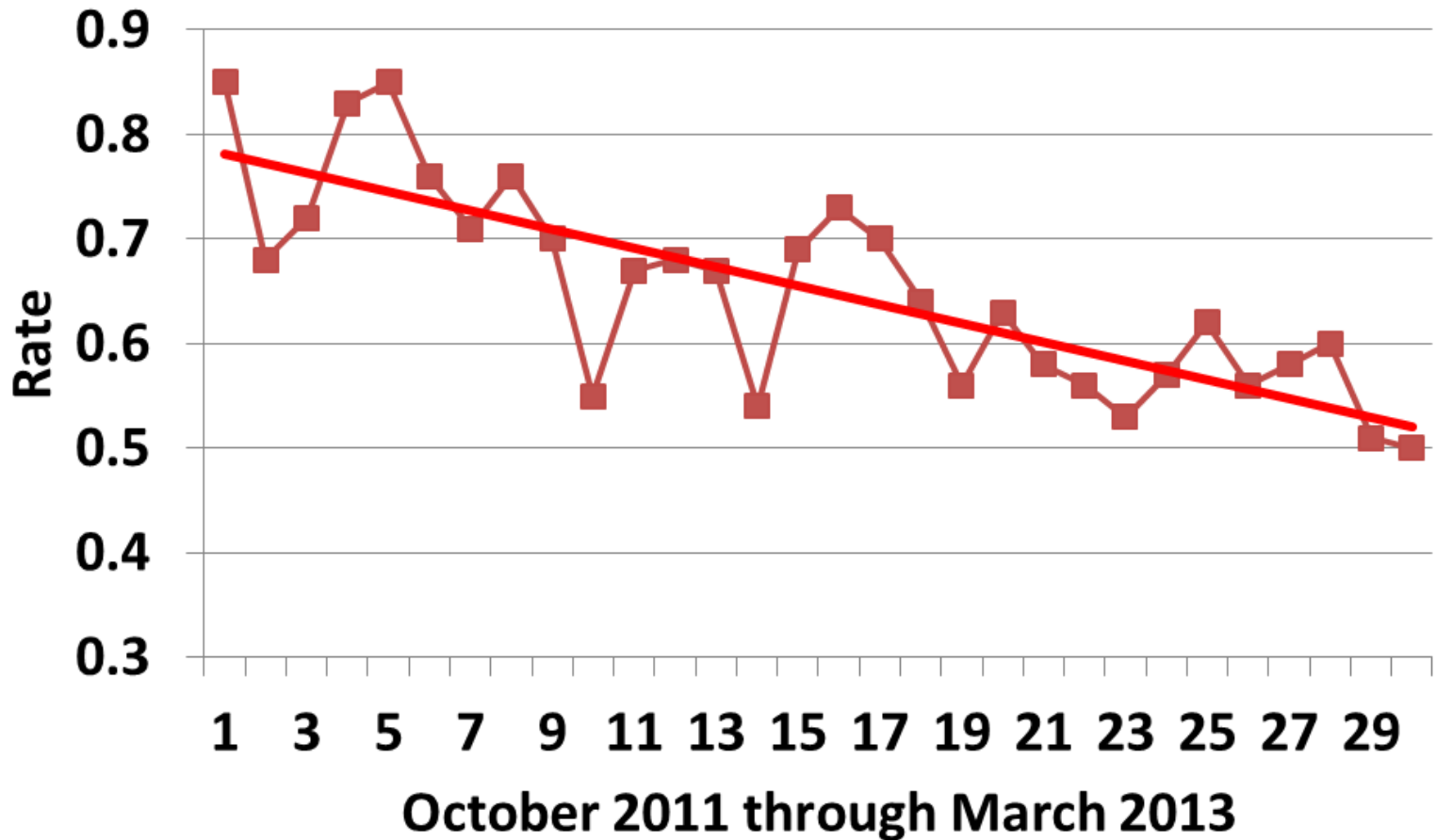
Consider Reinsertion of Foley Catheter Every 7 Days Using the Foley Catheter Reinsertion Criteria below.

## 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 reinsertion of a new Foley catheter. Document reinsertion 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 reinsertion.

RN Signatures / Initials	1.	2.	3.

# Urinary Catheter Utilization Rate





# 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**

