DISCUSSION QUESTION:

Continuous quality improvement (CQI) is the responsibility of all nurses and is vital when addressing the challenges of the health care industry. Provide an example of how you would apply CQI in your current or past position.

PEER POST 1:

As stated in our textbook, quality improvement in healthcare aides in ensuring that current, clinically proven techniques and practices are being used to deliver the safest and highest quality care for patients (Helbig, 2018). As part of the nursing residency program, we needed to come up with a quality improvement initiative as a team on whatever unit we worked on. I left before it was finished and the educator leading the program recently quit so the whole thing never came to fruition, but I thought it was a good idea anyway. Hospitals are running rampant with the sepsis bundle protocol, in some ways inappropriately, of which one of the main qualifiers is either a high or low temperature. On the critical care unit, I worked on as on most critical care hourly vitals are part of the day which in septic patients includes temperature. Most patients who are septic are welcomed to the floor with an inserted urinary catheter for which my idea was if you are giving them a catheter why not insert one with a temperature probe. Having an elevated temperature increases metabolic demand and oxygen consumption, which results in a corresponding increase in cardiac output (Golding, Taylor, Gardner, & Wilkinson, 2016). On the opposite end hypothermia has shown a greater mortality rate in those who have been diagnosed with sepsis (Golding et al., 2016). Targeted temperature control management has been proven to provide better outcomes in patients post-cardiac arrest, traumatic brain injury and preliminary studies of patients with sepsis (Golding et al., 2016). By placing a temp-sensing catheter in a patient who is critically ill or meets the sepsis criteria much more attention can be paid to the critical outcomes that surround high or low body temperature.

References

Golding, R., Taylor, D., Gardner, H., & Wilkinson, J. (2016). Targeted temperature management in intensive care – Do we let nature take its course?  *Journal of Intensive Care Society*, *17*(2), 154-159. https://doi.org/10.1177/1751143715608642

Helbig, J. (2018). Reengineering Health Care Management. In *Nursing leadership & management leading and serving*. Retrieved from https://lc.gcumedia.com/nrs451vn/nursing-leadership-and-management-leading-and-serving/v1.1/#/chapter/5

PEER POST 2:

Speaking of continuous quality improvement, it is hard not to mention Florence Nightingale as a reminder that healthcare has constantly been evolving and modifying. Florence Nightingale has greatly improved the quality of health care back in the 19thcentury. One of her areas of improvement was infection prevention. She reduced number of beds in the same room to avoid overcrowding, provided ventilation and made sure the drains were disinfected daily to provide sanitary conditions for sick and wounded (Sheingold & Hahn, 2014). Florence Nightingale is a stellar example of proving that the continuous quality improvement is every nurse’s duty and should be taken into consideration constantly. The purpose of continuous quality improvement (CQI) programs is “to improve health care by identifying problems, implementing and monitoring corrective action and studying its effectiveness” (Burrow, 2016). My first nursing job was at a subacute rehab center  patient population of which was mostly geriatric population. I truly enjoyed working there and grateful for the experience I gained. The area that needed improvement there was definitely the admission/discharge process. Taking care of 10-11 patients is a pretty heavy workload on its own. Besides that, a floor nurse was responsible for the admission and discharge process such as verifying transferred medication orders, placing medication orders into the computer system, 6 admission assessments (including full physical), orient to the patient room, etc. It is very time consuming and I believe it should be done by a designated rehabilitation nurse who does only admission and discharges. This would greatly decease a risk for error or patient/employee dissatisfaction.

 References:

 Burrow, G. (2016). More circles in your practice. Retrieved from [https://essentialsofcorrectionalnursing.com/tag/continuous-quality-improvement/](https://essentialsofcorrectionalnursing.com/tag/continuous-quality-improvement/" \t "_blank)

 Sheingold, B. H., & Hahn, J. A. (2014). The history of healthcare quality: The first 100 years 1860–1960. *International Journal of Africa Nursing Sciences,1*, 18-22. doi:10.1016/j.ijans.2014.05.002

PEER POST 3:

Continuous quality improvement emerged by American Deming in 1950 (Jing et al., 2018). The current workplace made it mandatory to utilize 2 RN’s to place Foley catheter to make sure that sterile protocol is followed. Both nurses have to initial the label and place on bag which also has insertion date and time. I wish that we used that at last hospital. There used to be no labels on foley to find out the insertion date for sure. This is very important for patients who come with foley or get discharged with that. It needs to be replaced monthly. Quality improvement topics focus on improving certain area (Connelly, 2016).

Connelly, L. M. (2016). Understanding Research. A New Format for CQI Articles. *MEDSURG Nursing*, *25*(2), 120. Retrieved from https://search-ebscohost-com.lopes.idm.oclc.org/login.aspx?direct=true&db=ccm&AN=114665016&site=eds-live&scope=site

Jing Hu, Zuoliang Liu, Jun Liu, & Hao Zhang. (2018). Reducing the occurrence rate of catheter dysfunction in peritoneal dialysis: a single-center experience about CQI. *Renal Failure*, (1), 628. https://doi-org.lopes.idm.oclc.org/10.1080/0886022X.2018.1515084