

SECTION 1 BACKGROUND: IDENTIFYING A PROBLEM

Eleanor is a 52-year-old patient who has had a hip replacement 1 day ago who is on your assigned patient care team. You complete patient care rounds and assess Eleanor's vital signs, comfort level, intravenous (IV) site and wound dressing. Eleanor has an IV for fluid replacement and medication administration. She also has an indwelling urinary catheter. She tells you that her pain level is a 4 out of 10 and she is reluctant to move around because of the pain.

You know that the patient's pain control is a high priority and that the physician ordered the indwelling urinary catheter until the patient is able to get out of bed easily and tolerate fluids. The urinary catheter is convenient in that the patient will not experience pain getting up to the bathroom and it provides an accurate measurement of output. On the other hand, you know that the longer the indwelling urinary catheter is in place, the higher the risk of an infection.

You ask a trusted senior nurse when is the right time to remove the catheter since Eleanor is now tolerating ice chips. The senior nurse tells you that the catheter is usually kept until the patient is able to get up and ambulate independently. You wonder if there are any contraindications or problems with removing Eleanor's indwelling catheter now. You decide to follow the senior nurse's advice, leaving the indwelling urinary catheter in place and reevaluate for removal in the morning.

SECTION II BACKGROUND: INTERPROFESSIONAL TEAMS AND STAKEHOLDER ENGAGEMENT

This section is focused on the identification of a clinical problem and the steps of forming an interprofessional team to work on fixing the problem. The intent is to understand who are the stakeholders for this problem and the importance of engaging stakeholders in the quality improvement (QI) project. Examine the problem of CAUTIs holistically to identify stakeholders.

You return to work the next day to learn that Eleanor has a low-grade fever of 99.8° F that was reported to the physician. The physician ordered an immediate urine culture and removal of the catheter the previous afternoon. The urine culture was positive for *Escherichia coli*, representing the presence of catheter-associated urinary tract infection (CAUTI). During the bedside report, you find that although Eleanor states she is tired, she is able to get up to the bathroom with a walker independently. She is also tolerating oral fluids and foods.

The presence of the CAUTI bothered you enough that you spoke to your Unit Director about looking into evidence-based interventions to reduce CAUTIs. The Unit Director tells you that the rate of CAUTIs for the medical-surgical unit has steadily risen over the past year and the monthly total is twice the number from 2 years ago. You volunteer to convene a committee to work on the problem. Your first step is to identify others who should be on your team. You know that the stakeholders are individuals who influence or are influenced by the clinical problem under investigation. Review the discussion on stakeholders in Chapter 15 for guidance on selecting appropriate stakeholders.

SECTION III BACKGROUND: LEADING A QI TEAM

This section is focused on power gradients and leadership styles within an interprofessional team. Consider how to lead a team consisting of various healthcare professionals.

You identified a variety of interprofessionals to include on your committee including two direct care nurses from the medical–surgical unit, one nurse from the operating room, two certified nurse assistants, a nurse supervisor, a physician, the medical–surgical clinical nurse specialist, a pharmacist, a laboratory representative, and a dietician. You feel that these individuals clearly represent all aspects of patient care. Review the information on communicating within a team and with different power gradients in Chapter 8. By working closely with the clinical nurse specialist (CNS), you are able to convene a meeting of the team.