THE IMPACT OF CLINICAL NURSE SPECIALIST INTENTIONAL ROUNDS ON NURSING KNOWLEDGE, ADHERENCE TO EVIDENCE-BASED RECOMMENDATIONS, AND HOSPITAL ACQUIRED CONDITIONS

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**Background:** With the advent of the Affordable Care Act and Value Based Purchasing, healthcare systems in the United States are being forced to produce higher quality care. Hospital acquired infections/conditions are costly, deadly, and can be impacted by the level of nursing care provided.

**Purpose:** This quality improvement project evaluates the hypothesis that intentional rounds by a Clinical Nurse Specialist (CNS) can directly impact knowledge and compliance to best practice bundles in the management of catheter associated urinary tract infections (CAUTIs) and central line blood stream infections (CLBSIs).

**Theoretical Framework:** Theoretical support was gained from Florence Nightingale’s beliefs in patient advocacy, environmental management, and infection prevention. In addition, concepts of the nurse/patient relationship and plan of care were used from Hildegard Peplau’s therapeutic relationship theory.

**Setting and Sample Population:** An adult, inpatient, medical-intermediate care unit at a community based hospital in Southeast Wisconsin was the setting that participated in this quality improvement project. The population was narrowed by patients with an indwelling urinary catheter and/or central line and a convenience sample of all nursing associates on the specified unit. Twenty associates (49%) who agreed to participate completed the pre-survey. Nine associates (45%) participated at least once in the 22 intentional round interactions. Fourteen (70%) associates completed the post-survey.

**Methodology:** Institutional Review Board approval was obtained from Alverno College and WFHC (June 2013). Pre-implementation CAUTI and CLBSI rates were acquired from Infection Control (July 2013). Next, a nursing survey was dispersed to all nursing associates and a pre-prevalence review was completed (August 2014). After implementing intentional rounds for one month, a post-prevalence review was completed (September 2014). Finally, a nursing survey was dispersed to associates who completed the original survey and post CAUTI and CLBSI rates were obtained (October 2014).

**Results:** The nursing survey demonstrated improvements across all focus areas; evidence-based practice, education, quality, handoff, and CNS. None of the results were statistically significant. Themes identified from intentional rounds were electronic health record (EHR) documentation limitations, lack of standardization for urinary catheter maintenance, inconsistent management of implanted ports, non-inclusive nursing handoff, and minimal patient/family education around CAUTI and CLBSI prevention.

**Implications:** Results suggest that a partnership be formed with Clinical Informatics to build EHR’s that support evidence-based care. Future work includes education around the management of implanted ports and indwelling urinary catheters, standardization of nursing handoff, and a formal approach to educating patients and families around CAUTI and CLBSI prevention. The concept of CNS intentional rounds can be used to focus on other nurse sensitive indicators with the potential for positive financial implications.