

Project Submission:  
2009 Delaware Valley Patient Safety Award

**PAOLI HOSPITAL**

*“Using a Patient Care Facilitator  
to Improve Patient Safety and Quality”*

**Abstract:**

The clinical nurse leader role, the first new nursing role advanced nationally in more than three decades (AACN, 2003), is under development in more than 180 sites across the United States and Puerto Rico. At one of these sites, the clinical nurse leader (known as Patient Care Facilitator) is a highly skilled clinician who serves as a lateral integrator for the healthcare team, facilitating, coordinating, and overseeing care for a specific group of patients. Implementation of this role utilizing a Nurse Practitioner has had a positive outcome on patient safety, patient care quality, and improved satisfaction among patients, nurses, and physicians.

**Title:**

Using a Patient Care Facilitator to improve patient safety and quality.

**Goals:**

This new Patient Care Facilitator role addresses the need for improved continuity of care by providing nursing leadership directly at the point of care. Working for a defined group of patients, the Patient Care Facilitator differs from the Unit Manager by focusing on being the primary liaison for patients and their families with physicians and other disciplines. The role also facilitates the implementation of evidence-based care, core measures and other quality and patient safety improvement strategies. Potential cost savings derive not only from achieving these goals, but also from improved recruitment and retention of nursing staff, as well as enhanced communication among all caregivers.

**Baseline Data:**

Baseline data for the two surgical units involved revealed fairly stable units with an average length of stay of 2.9 days. Patient falls with injury were 0.7 per 1000 patient days which placed these units in the 80% of comparative units in the National Database of Nursing Quality Indicators (NDNQI). Hospital acquired Central line infections were at 0.87 per 1000 device days and hospital acquired urinary track infections were at 1.18 per 1000 device days. In core measure performance, the overall rate for prophylactic antibiotic selection on surgical patients was at 96.58%; antibiotics discontinued within 24hrs after surgery overall rate was at 97.01%; surgery patients on beta-blockers receiving this preoperatively was at 85.11%; surgery patients with recommended VTE prophylaxis was at 95.35%; and screening for vaccinations was at 96.4%.

**Interventions:**

In August 2008, we hire a Nurse Practitioner to fill the Patient Care Facilitator covering 2 surgical units with 33 total beds. This PCF was to provide day to day continuity over this group of patients coordinating care and collaboration amongst the multidisciplinary team and improving communication between the patient and their family and the health care team. The role had to be developed and accepted by the other team members as a collaborator and expert clinical resource.

**Results:**

This role has met and exceeded most of our established goals. On the surgical units, patient falls with injury improved by 100% and have remained at zero for 12 months; hospital acquired central line infections decreased by 100% and remained at zero for 12 months also. In addition, the number of central line device days decreased by 19%. Hospital acquired urinary tract infections decreased by 83% and catheter days decreased by 13%. Core measure performance improved significantly as well. Prophylactic antibiotic selection in surgical patients overall rate went from 96.58% to 97.55%; antibiotics discontinued within 24hrs post surgery overall rate went from 97.01% to 99.34%; patients on beta blockers receiving this during the preoperative period overall rate went from 85.11% to 91.30%; and surgical patients receiving recommended VTE prophylaxis rose from 95.35% to 97.06%. In addition, vaccine screening went from 96.4% to 100% remaining at 100% for 12 months.

**Replication throughout Region:**

We have shared our results with our organization, prompting the other hospitals to identify a variation that would meet their goals and culture. Currently, one of our systems's other acute care facilities are in the process of adapting this model. This model also garnered significant interest at a statewide conference in which noted nursing theorist Tim Porter O'Grady encouraged the sharing of this model as a transformative vehicle for improved communication, outcomes, and value in health care. This model could easily be replicated by any acute care facility with the financial and staff resources to invest in the program. The program significantly met our targeted return on investment.