

## ENVIRONMENTAL/ ROOM PREPARATION

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# ENVIRONMENTAL/ ROOM PREPARATION

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## BACKGROUND

- In ICU areas, there is uncertainty about RN responsibility in environmental cleanliness upon patient admission and discharge
  - Inability to discern if patient specific property has been removed from a room by either General Services or Unit Staff
- Lack of resources standardization for admissions
  - Ambu bag missing when an RRT patient transferred into ICU room and coded

## PICO

- **P:** Adult critical care patients
- **I:** Environmental/ room preparation checklist admission and discharge
- **C:** No standard for room clean-up/stock
- **O:** Room preparation upon admission and discharge

## EVIDENCE

- First, there needs to be a problem for a checklist to address. Checklists should be kept brief. Simulation is the most effective method to create and implement checklists (Thornassen, Søfteland, Lossius, Heltne, & Brattebø, 2011).
- Accounting for the intricacy of the RN decision making process and incorporating four activities help the RN provide safe quality care (Ebright, 2010).
  - The four activities mentioned above are as follows: Remove barriers to care through system enhancements, technology, focus on the direct care function (Ebright, 2010).
- Health care workers must break the chain of infection in the patient zone to prevent poor outcomes (Fernando, Gray, & Gottlieb, 2017).

## IMPLEMENTATION

- Surveys and questionnaires were distributed to day shift and night shift RNs and TPs on MSICU and NSICU.
- Questionnaires distributed pre-intervention to establish a baseline, and post-intervention to evaluate effectiveness. Surveys were distributed with first and last questionnaire. Goal is to find an upward trend in room readiness.
- Room checklist created utilizing acronyms and then displayed in each ICU patient room based on questionnaire data.
- Observation of 20 rooms post-intervention for compliancy based off checklist

**Room Checklist**  
Startup Checklist

**Admission: Put your S.A.S.S.Y. C.L.A.W. forward**

- Suction  
(2 liners, 2 sets of tubing, test function of all 4 regulators)
- Ambu bag
- Sling on bed
- Sharps empty
- Yankhauer

• Christmas tree

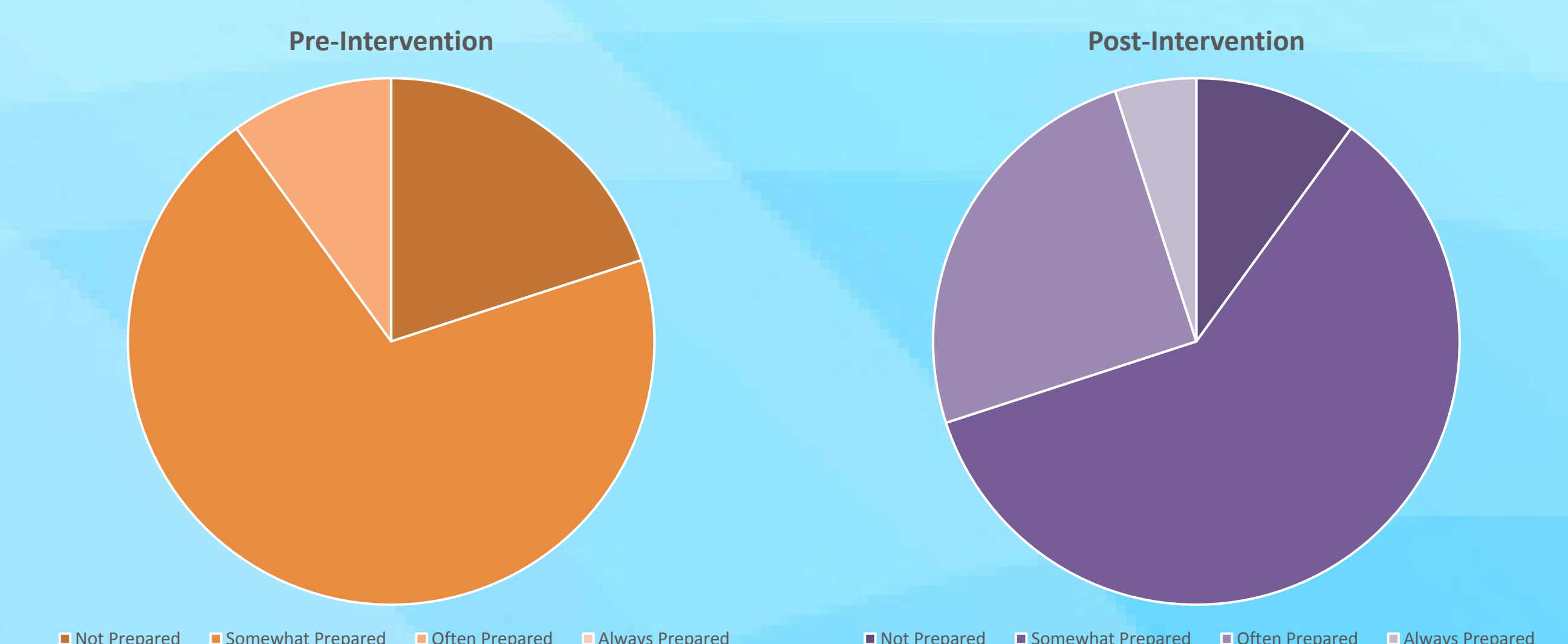
- Linen (fitted & 2 flat sheets, 1 pillow, patient gown)
- Air mattress bed (or appropriate for patient, and zeroed)
- Wipes (peroxide or bleach as appropriate)

**Discharge / Transfer: Easy as P.I.E.**

- Previous patient care items in cabinet discarded (lotions, bedpan, urinal etc.)
- IV medications broken down and discarded
- Empy suction canisters & tubing:  
Double red bagged to grey bin in soiled utility

## OUTCOMES

- Obstacles encountered included; checklists being added to the rooms came with some hesitation, were not noticed by some staff next to other signs in the rooms, and fell down over time.
- Post-intervention established that the acronyms made the set-up of supplies upon admission were memorable. There was seen to be an improvement regarding the observations of stocked rooms. The equipment with the most improvement for stocking upon admission were ambu-bags.



## NEXT STEPS

Based on the results of the study, it was found that it would benefit LVHN to provide improved methods of checklist visuals, such as badge-sized references for ease of access. In addition, it would be beneficial to formally educate on orientation to the unit standardization of required basic admission supplies.