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NEW MEXICO BANDS TOGETHER For Patient Safety –

Colored Wristband Standardization Toolkits in production

The New Mexico Hospital Association (NMHA) has been working with Quality Directors and Patient Safety officers across the state to develop a Toolkit to standardize wristband alert colors. This follows similar efforts in several Southwestern states.

BAND TOGETHER for Patient Safety standardizes three condition alerts:
Purple for DNR
Red for ALLERGIES
Yellow for FALL RISK



Toolkits should be available by mid-May, 2007, and will be mailed in the form of CD-Roms to all Hospitals. If you'd like to take a look at the draft toolkit to start your communication with staff and committees, please visit our website:

<http://www.nmhhsa.org>

Patient Safety -> Resources

I.H.I. 5 MILLION LIVES CAMPAIGN VISIT TO NEW MEXICO

On March 29, 2007, the New Mexico Medical Review Association (NMMRA) and NMHA sponsored an Institute for Healthcare Improvement (IHI) workshop on MRSA and surgical complications to an audience of more than 70 quality, risk, patient safety and infection control professionals representing about 30 New Mexico

healthcare organizations. The **5 Million Lives Campaign** is asking hospitals across the country to improve the care they provide in order to protect patients from 5 million incidents of medical harm over a 24-month period.

Join the MRSA Web Discussion

Interest in reducing MRSA is clearly high - More than 1,000 lines were dialed in for a recent IHI Campaign call focusing on MRSA. If you still have questions or want to connect with other hospital teams, join the web discussion on MRSA at www.ih.org/ih/forums/default.aspx#Campaign.

USE OF CELLULAR TELEPHONES IN THE HOSPITAL

Does your organization prohibit the use of cellular telephones because they may cause interference with medical devices?

In the March, 2007 edition of Mayo Clinic Proceedings (www.mayoclinicproceedings.com), two cell phones from two different cellular phone carriers and different cellular technology protocols were tested. The phones were used in a "normal way," defined as how clinicians would use the phone as they moved

around a patient's room. Device displays and alarms were observed. In previous studies, interference had been observed when ringing cell phones were placed within two inches of a ventilator or ventilator data port. The interference ceased in both cases when the cell phone was moved. In the most recent study, interference occurred in none of the more than

300 tests performed. Ventilators, CPAP, EEG machines, IV pumps, pulse oximeters, and telemetry were among the 192 devices tested.

The researchers concluded that when cell phones are used in a normal way, **no noticeable interferences or interactions occurred with the medical devices.**

STAFF MEETING – BROWN BAG TOPICS

April Feature #1: Staff and Patient Safety Initiative in the ED

**Tools to Decrease Violent Incidents in the Emergency Department**

THE PROBLEM:

- Increasing violent behavior in ED settings and growing numbers of violent incidents in EDs across U.S.
- Decreasing community resources
- Patient and visitor frustration due to increased length of stay

THE APPROACH

- Provide nursing, medical, and security staff training to deal with violent behaviors using a combination of two existing programs tailored to the needs of the ED:
 - *Verbal Judo*: uses presence and words to calm; redirects hostile behaviors (developed by Dr. George Thompson)
 - *Crisis Management*: uses de-escalation techniques; escape techniques; team take down techniques

THE SOLUTION:

- Educate staff to deal effectively and safely with violent patients and visitors
- Create a violence intervention approach well suited to the ED environment by combining behavioral health crisis management processes with police and security violence de-escalation tactics.

THE OUTCOME:

98% of nursing, 12% of medical, and 1% of the security staff attended training sessions. Nursing staff who did not attend sessions and witnessed success of the 5-man takedown technique, sought training from fellow staff members. Staff became more conscious of reporting possible violent events. Injuries during a takedown have decreased since instituting the program.

SUCCESS:

Although number of reported events remained the same, *staff injuries* during takedown decreased from 5 to 1, *patient injuries* decreased from 5 to 0, and *no-injury events* doubled (from 7 to 14).

RECOMMENDATION:

Evaluation proved that when the educational tools were utilized, they provided a safer environment for staff and patients. Staff is more confident having tools to deal with violent individuals rather than relying on instinct. The emergency department has experienced increased stays as, frequently, there is nowhere to send these patients. To keep staff focused on utilizing verbal judo and crisis management techniques, unannounced drills and providing yearly updates are planned.

For more information on this patient and staff safety initiative, contact:

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Knowing is not enough; we must apply.
Willing is not enough; we must do."

- Johann Wolfgang von Goethe


 April Feature #2: Disruptive Behavior In Healthcare Affects Patient Safety

In a survey of nurses, surgeons and anesthesiologists released last year by VHA, Inc., 94% said that disruptive behavior needlessly contributes to adverse events and medical errors, as well as negatively impacts the quality of care. Disruptive behavior is defined as any inappropriate behavior, confrontation or conflict, ranging from verbal abuse to physical or sexual harassment.

Alan H. Rosenstein, M.D., MBA, vice president and medical director at VHA and co-author of the study, stated "Lack of respect between staff and clarity of roles are jeopardizing patient care. Disruptive behavior provokes stress, frustration and loss of concentration, which can impede transfer of vital information and can compromise patient safety and quality of care."

Disruptive behavior in any organization destroys the morale of the workers, negatively affects product/service quality and drives away talented employees.

Is this impacting your department? It may be a good time to evaluate this by asking staff to complete an anonymous five question survey, with questions such as:

1. *I do not feel free to express an opposing point of view.*
2. *I have witnessed an occurrence of disruptive behavior in the past year with a staff member.*
3. *I have witnessed an occurrence of disruptive behavior in the past year with a medical staff member.*
4. *I have held my tongue in order to prevent setting off an aggressive person.*
5. *I have witnessed an incident of harm as a result of disruptive behavior.*

The results may be insightful and could direct you to review or enforce the current code of conduct or update and re-introduce a code of conduct. The authors of the VHA study recommended organizational commitment, recognition and awareness of the problem, clear policies about acceptable behavior, procedural changes, intervention strategies, focused education on communication and team collaboration.



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Please contact us if you'd like to write an article for this newsletter that highlights Patient Safety efforts in your organization

About Our Organization...

NMHA is the non-profit trade organization representing the 41 non-federal hospitals in the state.

Our mission is to work with others to improve the health status of the citizens of New Mexico

We're on the Web!

See us at:

<http://www.nmhhsa.org>

Did you notice? We have changed our name from *New Mexico Hospitals & Health Systems Association* to

**NEW MEXICO
HOSPITAL
ASSOCIATION**

Please bear with us as we change our association logo to reflect our new name!

National Patient Safety Goal #13 Update.... it could be your lucky number!

This year Joint Commission will be surveying organizations regarding their activities with National Patient Safety Goal 13. That goal states:

Encourage patients' active involvement in their own care as a patient safety strategy. Requirement 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

In the March, 2007 Joint Commission newsletter, practical ideas were suggested to assist hospitals with their implementation of this NPSG. One of the suggested ideas was to involve patients in medication reconciliation (med recon). Med recon continues to be a challenge for everyone, however the start point of this process centers on the patient

bringing in a list of their prescribed and non-prescribed medications.

Look at moments in care when patients are waiting...like the ED waiting room, a clinic office, or outpatient procedures. While they are waiting, provide them with a copy of your organizational medication form so they can begin the medication reconciliation process – and keep busy while they wait. If a family member is with them, perhaps that person can fill out the form and be the "scribe". And remember to mention this process during a JCAHO survey so they can note this as a process in place to involve patients in your organization.

To view the complimentary newsletter from JCAHO go to: <http://www.jcipatientsafety.org/14808>:



TOOLS YOU CAN USE:

Institute for Healthcare Improvement (IHI)

<http://www.ihl.org/ihl>

National Patient Safety Foundation

<http://npsf.org>

New Mexico Medical Review Association (NMMRA)

<http://www.nmmra.org>

The Leapfrog Group

<http://www.leapfroggroup.org/>

Agency for Healthcare Research and Quality

<http://www.ahrq.gov/>

Institute for Safe Medicine Practices

<http://www.ismp.org/default.asp>

APIC-The Association for Professionals in Infection Control

<http://www.apic.org>

Joint Commission (formerly JCAHO)

<http://www.jointcommission.org/>

CHECK US OUT: The New Mexico Hospital Association has a 16 page special advertising section highlighting Patient Safety in the **New Mexico Business Journal April 2007** edition.

Check it out in April at <http://www.nmbiz.com/> or contact them via email at editor@nmbiz.com,

THANK YOU to those organizations who advertised in the April Journal.

There will be another opportunity in September's NMBJ.