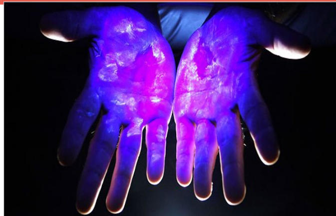
New Mexico Hospital Association

Patient Safety Newsletter

Sin Daño – Without Harm

August 2007



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"The best car safety device is a rear-view mirror with a cop in it."

Dudley Moore

SIMPLE MEASURES FOCUS ON PATIENT SAFETY

In a recent NY Times article, a V.A. Hospital in Pittsburgh was highlighted for cutting its M.R.S.A. infection rate by 78% by instituting simple screening and isolation of patients. Every room and corridor has hand sanitizer, every room has it's own stethoscope. BP cuffs are discarded after use, and they are relentless about hand hygiene. Gowns and gloves are used for all patients with infections. Since May, 2007 all V.A. hospitals in the U.S. screen for M.R.S.A.. Eighteen states now require hospitals to publish their infection rates. Last month, New Jersey and Illinois approved bills that would make those states the first to require hospitals to screen all ICU patients for MRSA. There is much debate about the up front costs of screening for hospitals; some fear that putting more patients in isolation will clog Emergency Departments and reduce quality of care. Last year, the American Hospital Association recommended that hospitals resort to screening high risk patients only after other precautions have failed to reduce infection rates.

For more information on this debate, go to www.ahanews.com

SAFETY CULTURE *PART 3*
HOW INVOLVED IS YOUR CEO IN YOUR SAFETY CULTURE?

According to the May, 2007 issue of Hospitals & Health Networks, many hospitals fall short of their potential to develop a culture of safety. This may be due to lack of buy-in, confusion of roles and responsibilities, inadequate communication, or setting unrealistic goals. These are just symptoms of a culture that lacks a strong focus on patient safety. Safety should be ingrained in everything the organization does. Clinicians must be empowered to ask questions and enact change. Leadership, through their actions, must show that patient safety is the organization's top priority.

Leaders create this culture by demonstrating commitment to safety and quality and by taking actions to achieve the desired state. In such a culture you find teamwork, open discussions about safety and quality, and encouragement of and reward for internal and external reporting of safety and quality issues.

A recent study done shows that, although it is gaining ground, a CEO's top concern is not patient safety. CEO's continually rank patient safety (27%) well below financial challenges (72%) physician relations (40%), care for the uninsured (37%), and quality (29%). *See page four for a sample assessment tool:*

CEO CHECKLIST: How Involved Is Your CEO in Patient Safety?

The revised Joint Commission Leadership standards, effective January 2009, have a new section on Organizational Culture (see below).

LD.3.10 Culture of Safety and Quality (effective January 2009)

Leaders create and maintain a culture of safety and quality throughout the hospital.
Elements of Performance

1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
2. Leaders prioritize and implement changes identified by the evaluation.
3. All individuals who work in the hospital have the opportunity to participate in safety and quality initiatives.
4. The hospital has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.
5. Leaders create and implement a process for managing disruptive and inappropriate behaviors.
6. Leaders provide education that focuses on safety and quality for all individuals.
7. Leaders establish a team approach among all levels of staff.
8. All who work in the hospital openly discuss issues of safety and quality.
9. Literature and advisories relevant to patient safety are available to individuals who work in the hospital.
10. Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.

SOURCE: http://www.jointcommission.org/NR/rdonlyres/0376B4EC-0F1A-42E0-AD23-7D7D1680E3C3/0/09_ld_hap_prepubstds.pdf

2007 Centers for Disease Control Isolation Guidelines Revised

Respiratory hygiene/cough etiquette and safe injection practices are new additions to the "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007," released by the Centers for Disease Control and Prevention and the Healthcare Infection Control Practices Advisory Committee (HICPAC). The new guideline is intended for use by infection control professionals, healthcare epidemiologists, administrators, nurses and other healthcare professionals in developing, implementing, and evaluating infection control programs in healthcare settings across the continuum of care.

The term "nosocomial infections" is replaced by "healthcare-associated infections" (HAIs) to reflect the changing patterns in healthcare delivery and difficulty in determining the geographic site of exposure to an infectious agent and/or acquisition of infection.

You can download the guidelines at: http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf

STAFF MEETINGS – BROWN BAG TOPICS

Patient Safety Challenges for Your Staff

Are you responsible for orientation of new staff, both professional and non-professional? Are there employees in your organization who do not yet recite the mantra "Patient Safety Is **Everyone's** Concern?" Here are some simple quiz questions you can use for staff. Have some fun and provide prizes!

1. To ensure adequate cleaning when washing hands with soap and water, it is strongly recommended, after wetting the hands and applying the soap, that the hands are rubbed together for:
   A. 1 minute
   B. 30 seconds
   C. 15 seconds
   D. 5 seconds

2. Which of the following traditionally does not require medication management to occur**?**
   A. The patient is transferred from surgical service to medicine service.
   B. The patient is transferred from the intensive care unit to the medical floor.
   C. The patient is transferred from a medical bed on one unit to a medical bed on another unit, keeping the same physician and service.

3. When a healthcare worker's hands are visibly soiled with blood or other bodily fluids, the worker should be required to:
   A. Put gloves on until the hands can be properly cleaned.
   B. Wash the hands with an anti/nonmicrobial soap and water.
   C. Clean the hands with an alcohol-based hand rub

4. Examples of acceptable patient identifiers include:
   A. Name
   B. Medical record number
   C. Birth date
   D. Room number
   E. All
   F. A, B, and C
   G. B and C

5. Which of the following guidelines will best help avoid confusion in the surgical site- marking process?
   A. Water-soluble markers are preferable for adult patients
   B. The site should be marked before the patient enters the room in which the procedure will be done
   C. Lateral (right or left) sites should be marked with "yes" or some other mark universally accepted in the organization
   D. "X" should be used to denote incorrect lateral sites
   E. Both B & C

6. Recommended hand-hygiene practices include:
   A. Prohibiting artificial nails worn by workers who have direct contact with patients in high-risk areas (e.g., operating room, intensive-care units, etc.)
   B. Wearing gloves when contact with blood or body fluids may occur.
   C. Washing gloves when moving from one patient to another.
   D. Changing gloves when moving from one patient to another.
   E. A, B, and C
   F. A, B, and D

(Answers on p. 4)

Tackling Tubing Misconnections

In a recent Wall Street Journal article, a growing concern about risks of tubing misconnections was highlighted. Premier, Inc. is leading an initiative, educating staff on how to avoid misconnections and working with medical device makers to redesign equipment so that connectors linking different lines (i.e. IV, oral, BP cuff) are not compatible. In April 2006, Joint Commission issued an alert to hospitals, warning that tubing misconnections are a "persistent and deadly occurrence." The ISMP has reported several cases, some fatal. The most recent case involved the death of a pregnant patient in a WI hospital, who died when a nurse mistakenly delivered an epidural anesthetic intravenously. To read the full article, go to: http://online.wsj.com/article/SB118289594893449089-search.html?KEYWORDS=tubing+misconnections&COLLECTION=wsjie/6month

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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.

PLEASE NOTE OUR NEW WEBSITE ADDRESS TO GO ALONG WITH OUR NEW NAME:
http://www.nmhanet.org

TOOLS YOU CAN USE

THE SAFETY CORRIDOR – E-LIBRARY

INNOVATIONS IN PATIENT SAFETY

It is abundantly clear that clinical leadership at all levels is crucial in changing the way health care is delivered. Patient safety issues are a driving force in health care delivery systems nationwide. Innovative ideas to improve patient safety are being collected locally and internationally.

The New Mexico Hospital Association has started to collect these innovations and establish an e-library as a resource and reference for your patient safety endeavors. Go to **http://www.nmhanet.org -> Patient Safety Resources** -> Patient Safety, and check out these stories and resources.

With your permission, we would also like to offer your organizational innovations on your patient safety. If your organization has been successful in improving patient safety, and you would like to share it, or serve as a resource for others, a template is available. Please contact us with your ideas and innovations.

SAVE THE DATE: The New Mexico Hospital Association Annual Meeting will be held on **September 20, 2007** at the **Albuquerque Marriott Pyramid North**. The focus will be "**JUST CULTURE**."

Keynote speakers on Sept. 20 will include Scott Griffith, The Just Culture Community; Barbara Balik, RN, Healthcare Quality Consultant; and Dr. Michael Leonard, M.D., Kaiser Permanente.

Our Patient Safety Officer (PSO) Workgroup will convene a break-out **Strategy session** 0830-0930 to review the BAND TOGETHER for Patient Safety initiative, and plan collective statewide initiatives. By working together, this workgroup can make improvements in healthcare safety at a higher level than organizations working alone.

A second break-out session 0945-1115, will combine the New Mexico Organization of Nurse Executives (NMONE) and anyone interested in patient safety for a panel discussion on **Worker Fatigue & Patient Safety: Facts & Strategies**.

The cost is $50 for the day-long meeting, including lunch. Please check our website for Registration information.

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

New Mexico Hospital Association

Institute for Healthcare Improvement (IHI)
http://www.ihi.org/ihi
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/

CEO Checklist:
How Involved Is Your CEO in Patient Safety?

YES	NO	
☐	☐	Openly engages with medical staff, nursing, and other leaders in patient safety planning
☐	☐	Continuously articulates the business case for patient safety
☐	☐	Personally participates in a significant incident investigation/root cause analysis
☐	☐	Tells "story" around incidents/errors that s/he has been involved with and the systems improvements that could have prevented them.
☐	☐	Routinely involves all staff levels, patients and family members in direct and ongoing communications around the patient safety of the institution and areas for improvement
☐	☐	Refocuses hiring and promotional practices to reflect patient safety as a priority.
☐	☐	Routinely brings patient safety matters, trend data and specific cases to the board and other hospital leadership committees.
☐	☐	When successful safety projects are presented, develops a plan to spread this work throughout the organization.
☐	☐	Openly supports staff involved in incidents and their root-cause analysis.
☐	☐	Ensures there is on-going prioritization and achievement of safety improvement objectives.
☐	☐	Connects executive performance and compensation to improvements in patient safety.
☐	☐	Ensures that articles on patient safety matters regularly appear in organizational communication vehicles.
☐	☐	As part of annual budget preparation, ensures resources are funded for priority safety issues.
☐	☐	Cultivates media understanding of patient safety and organizational efforts to improve safety.
☐	☐	Ensures effective systems are in place to assess individual accountability and competence.

ANSWERS to Patient Safety Challenge Quiz:

1. C: 15 seconds
2. C: The patient is transferred from a medical bed on one unit to a medical bed on another unit, keeping the same physician and service.
3. B: Wash the hands with an anti/nonmicrobial soap and water, according to the Joint Commission and other infection control experts.
4. F: A, B, and C (name, medical record, and birth date)
5. E: Both B & C: 'The site should be marked before the patient enters the room where the procedure will be done' and 'Lateral (right or left) sides should be marked with 'yes' or some other mark universally accepted in the organization,' experts say.
6. F: A, B, and D