Patient Safety Newsletter

Sin Daño – Without Harm November 2007

NMHA and NMMRA are co-nodes for **IHI 5 Million Lives** Campaign.

Upcoming IHI-sponsored education will be in our December Newsletter

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STOP THE LINE!

Has your organization struggled with appropriate phrases for frontline staff to use in front of patients that will express concern, save face for physicians and other caregivers, and at the same time, will not panic the patients? The phrase, **"I need clarity"** is used at many healthcare systems across the country. If staff find themselves in a potentially unsafe situation, it is an indication that they may need to "stop the line" by calmly stating **"I need clarity."**
This models the Toyota philosophy, where every worker has the authority *and* responsibility to stop an entire line when a problem arises. If anyone, from the custodian on up through the frontline staff, notices what they think might be or might cause an unsafe situation, they "stop the line." This brings attention to the problem, regardless of how small, and focuses efforts on it. If your organization does not have a "stop the line" policy, consider adopting one.

HOSPITALS BOOST PATIENTS' POWER AS ADVISERS

Denny Rossbach was prompted to write a complimentary letter to the hospital administrator at Lovelace after a positive outpatient experience. He then agreed to come back to the hospital in a different role: as a member of a new **Patient and Family Advisory Council (PFAC).** He joined other members to "even out" those who had issues with their care to air before the group could become productive.
After years of confining outreach efforts to the occasional focus group, hospitals are striking new partnerships with patients and their families, creating advisory councils that are giving patients an increasingly powerful voice at a time when hospitals are scrambling to increase satisfaction, better respond to complaints and avoid costly malpractice litigation. Hospitals also have a strong financial incentive to bring patients and families into the equation: starting later this year, Medicare will require hospitals to publish customer-satisfaction data on the Medicare web site to receive full reimbursement for their services.

Advisory council members volunteer their time and get nominal perks such as free parking, travel reimbursement, or meals during meetings. Some hospitals also put volunteers through orientation programs that include training in privacy laws. Though councils may meet quarterly or monthly, members are often asked to sit on committees that meet more often to work on specific projects, or go on retreats with staff. Hospitals typically seek members with diverse ethnic, racial and occupational backgrounds, including those with medical conditions who are "frequent fliers" in the healthcare system.

Dana Farber Cancer Institute Patient/Family Safety Liaisons perform Patient Safety interviews, using a script as a guide. Data is used to review and act on safety issues that are identified.

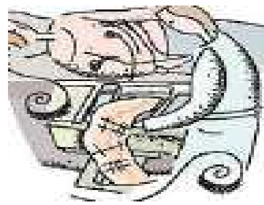
It is clear to Mr. Rossbach that the senior leadership at his hospital is committed to improving the patient experience, which he feels is essential to the success of the program. Since the inception of the PFAC earlier this year, they have already worked with the Marketing Department to complete a Patient Guide – with a patient's perspective on what it should contain. When asked what was the best advice he could give an organization to have a successful PFAC, he promptly stated "Have patience with the people who need to get their experience (usually negative) out, then move on with the mission of the Council. Initially negative patients and family usually move on to be productive members of the team."

The Institute for Family-Centered Care hosts an online forum that advisory groups use to trade tips on working with hospital staffers, and provides guidelines for consumers who want to start an advisory group at their own hospital on its web site (familycenteredcare.org). They also have free downloads on Strategies for Leadership, Tools to Foster the Collaboration with Patient and Family Advisors, and Tools to Assist in Designing Supportive Health Care Environments.

The NMHA website (www.nmhanet.org) has a *Patient Family Advisory Workplan* sample to get you started your own Advisory Council. Documents such as *Introducing Patient Safety Rounds* and *Qualifications for Patient/Family Safety Liaisons* are also available.

STAFF MEETINGS – BROWN BAG TOPICS

- **Educate Your Staff on the Use of SBAR**
- **Encourage POSITIVE DEVIANCE in Your Staff!**



Premier's Safety Institute has a ***Prevent Needlestick Injuries*** brochure to educate caregivers and their employers about preventing occupational needlesticks. It can be used in all healthcare settings.

This 12-page, easy-to-read brochure has information about:

- How needlesticks happen
- Why needlesticks are stressful to you and your family
- What safer work practices can protect you
- What the laws are for using safety devices
- What types of safety devices are available
- How to evaluate safety devices
- How to dispose of sharps safely
- What to do if you are injured

You can also download a free brochure on ***Sharps Safety for Professionals.***

Both brochures can be downloaded from our website: http://www.nmhanet.org

MRIs and ECG Electrodes – A Burning Issue

S: Patients undergoing MRIs while wearing ECG electrodes attached to cables have received second and third degree burns on skin under the electrodes.

B: These burns were discovered after the MRI, according to reports received by the FDA. How did this happen? It seems the radiofrequency fields that occur during an MRI can heat ECG cables and electrodes, seriously burning skin under the electrodes. The burns can be severe enough to require plastic surgery.

A: There are steps that can be taken to reduce the risk of this occurrence:

- Remove any electrodes or cables that are no longer being actively used for monitoring. Search the patient for any electrodes and cables that may have been inadvertently left behind in clothing or sheets, or on the patient.
- If the patient needs ECG monitoring during the MRI procedure, check beforehand with the MRI staff to be sure that the cables and electrodes have been cleared for use in the MRI environment. If still in doubt, check with the manufacturer of these devices.
- Be sure there is complete contact between the electrode surface and the patient's skin. If contact is poor – for example, if excess hair hasn't been removed or there's an air gap between the electrode and the skin – a serious burn can occur even if you are using electrodes and cables approved for an MRI. Inadequate contact can also occur if the gel layer on the electrode has dried out, so avoid using electrodes that are past their expiration date and inspect each electrode before using it.
- Avoid looping and crossing the cables, as this can create excessive heat from resistance in the cable, which can burn the patient. Keep cables off the patient's skin by placing padding, such as a blanket, between the cable and the skin.

R: Pass this information along to those who are in diagnostic imaging, nurses who care for patients on ECGs, and anywhere else you think this information is useful. Also, you can show this free video to staff, takes less than three minutes, and is effective. http://www.accessdata.fda.gov/psn/transcript.cfm?show=60 - 7

Information on SBAR for your STAFF

The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition. SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation, especially critical ones, requiring a clinician's immediate attention and action. It allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a culture of patient safety.

Positive Deviance is an approach based on the premise that solutions to problems already exist within a community. It differs from traditional "needs based" or problem-solving approaches in that it does not focus primarily on identification of needs and the external inputs necessary to meet those needs or solve problems. Instead it seeks to identify and optimize existing resources and solutions within a community. Some Maryland hospitals started looking for unique but different practices that already existed within their units that made it possible for everyone to *always follow infection prevention practices:*

- Hooks were placed outside patient rooms in one hospital so doctors had a place to hang their white coats while wearing protective gowns in isolation.
- Clergy in another institution started covering their bibles with surgical caps - so they didn't carry infections from patient to patient.
- Housekeeping staff developed checklists for cleaning rooms, then tested the effectiveness of their new and improved process with a glow-in-the-dark chemical that showed spots missed.
- One nurse stocked her ICU patients rooms with full bottles of hand sanitizer each morning - so health care workers, therapists, family and other visitors could easily remember to always wash their hands. Now all the nurses on her unit are doing the same thing.

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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
http://www.nmhanet.org

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

If you missed our Annual meeting on Just Culture, you can download the speakers' lectures and handouts on our website.

TOOLS YOU CAN USE
THE SAFETY CORRIDOR E-LIBRARY
TAKE ADVANTAGE OF FREE RESOURCES

Just Culture Lecture at your fingertips!

If you'd like to educate your Board or leadership on the Principles of a Just Culture, but don't have the time to pull together a presentation, a generic lecture is available on the NMHA website under Patient Safety ->Resources.

The Art of Apology: When and How to Seek Forgiveness.

An article from Family Practice Management regarding when an apology is appropriate and tips on how to make the apology effective is available from the NMHA Website.

Pandemic Preparedness Tools

A new web site can help community and state public health planners prepare for a flu pandemic. http://www.pandemicpractices.org/practices/article.do?page=home brings together more than 130 peer-reviewed practices. Compiled by the Center for Infectious Disease Research & Policy and the Pew Center on the States, the site highlights approaches that communities have developed to address three key areas: altering standards of clinical care, communicating effectively about pandemic flu and delaying and diminishing the impact of a pandemic. The searchable database includes practices that showcase how to manage scarce resources during a pandemic, share core messages in multiple languages, safeguard vulnerable populations, provide medical care when hospitals and clinics are overwhelmed, teach people to care for ill family members at home, and engage schools to reduce the spread of illness.

Potential dangers in behavioral health facilities

The Pennsylvania Patient Safety Authority reports that patients continue to harm themselves in behavioral health facilities by using structures and objects in the behavioral health environment, particularly in patient rooms. Reviewing facility design, staff and family education, and patient assessment, may help minimize the risk. To view an interactive graphic of objects or structures in patients' rooms that have contributed to patient harm, go to the Authority's website at www.psa.state.pa.us.

THIS MONTH'S QUOTE:

"To make no mistakes is not in the power of man; but from their errors and mistakes the wise and good learn wisdom for the future."

PLUTARCH: GREEK BIOGRAPHER & MORALIST

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)