



SJRMF FIGHTS MRSA INFECTIONS AND IMPROVES SKIN ASSESSMENTS

by Penny Hill, RN, BSN, CIC
San Juan Regional Medical Center

SJRMF has expanded their program to fight MRSA infections. As part of the New Mexico MRSA Collaborative, SJRMF has additional strategies modeled after the program at Pacific Hospital of Long Beach in California. All new patients on the Nephrology and ICU units are bathed upon admission with a Chlorhexidine product to decrease the risk of environmental contamination

and potential spread of MRSA from other patients on the units who may be colonized. Patients are then placed on contact precautions if the admission nare swab is positive for MRSA.

This bath also gives the nurse an opportunity to complete the skin assessment and document any skin breakdown noted during the admission period. SJRMF has been able to decrease their hospital-

acquired MRSA by 50% within the first 6 months of their active surveillance program and have plans to add other high-risk groups to active surveillance testing in the near future.



MRSA COLLABORATIVE UPDATE

The **New Mexico MRSA Collaborative**, a statewide project to reduce healthcare associated bacteremias caused by MRSA, held their first learning session on July 10, 2008. Thirteen organizations have volunteered to participate in

the collaborative. The second all-day learning session for participating organizations is scheduled for **October 16, 2008** at the UNM Student Union Building. The conference will highlight keynote speaker **Dr. Marion Kainer, MD, MPH,**

Tennessee Department of Health, who will speak on "Lessons Learned from the TN MRSA Collaborative." For more information on Learning Session 2, contact Anne Timmins at NMMRA, ATimmins@nmgio.sdps.org, 505.998.9898

CROCS NO LONGER IN STYLE AT SAFETY-CONSCIOUS HOSPITALS

From the St. Petersburg Times <http://www.tampabay.com/news/article764176.ece>
They're soft and squishy and come in every shade, from cotton candy to mango to army green. Best of all, say the doctors and nurses who love their Crocs, they're soooo comfortable. "Ergonomically, they're a plus," said JoAnn Shea, director of employee health services at Tampa General Hospital. "People say they don't get as much back pain." But the shoes have a big problem: They're dotted with holes. That's why several hospitals in the area are following in the footsteps of others around the country and saying employees can't wear traditional Crocs or similar knockoff brands.
In January, the four Morton Plant Mease hospitals will ban the shoes. Morton Plant's new Bardmoor Emergency Center is cracking down, too. Tampa General issued its ban in the fall. "It's a safety thing," said Lisa Johnson, vice president of patient services for Morton Plant Mease. "What we're doing is eliminating any shoes that have holes in the top." The long lead time before the ban is to give employees with newer shoes a chance to get wear out of them, she said.
Before the ban was issued at Tampa General, a needle fell through a hole and inside the shoe of an employee there, although she wasn't hurt, Shea said.
"Blood could go through the hole, and say you have a cut on your foot, then you're exposed" to HIV, hepatitis and other diseases, Shea said.
But all is not lost. After hearing such reports, Crocs Inc. started making a new shoe in the fall. Called the Specialist, the shoe has the same spongy feel — but with no holes on top. "We understand the need for hospitals to create codes," said spokeswoman Tia Mattson. "That's why we have designed ... alternatives." Of course, that won't help everybody. Shea knows an employee who bought four pairs just before the ban. Janet Hayes, North Bay's nursing administrator, said the Crocs she wears won't be the same without the holes. "I'm saving my pennies and getting a new pair of Birkenstocks," she said.



NMHA and NMMRA are co-nodes for the I.H.I. 5 Million Lives Campaign

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**MARK YOUR CALENDARS FOR
NMHA ANNUAL MEETING
SEPTEMBER 18, 2008
EMBASSY SUITES,
ALBUQUERQUE**

**Workforce: A Critical Link to
Patient Safety.**



GUEST SPEAKERS:

Gary Sculli, R.N., M.S.:

Crew Resource Management

David DeLong, PhD:

Confronting the Threat of an Aging
Workforce

Craig Clapper, B.S.:

Putting Safety Culture to Work

Patrick Smith, M.D.:

One System's Journey to Safer
Patient Care

A highly competent and committed
workforce is vital to the success of
any healthcare organization.

Employees influence not only
financial performance, but also
patient safety and quality of the
clinical care provided. Objectives
of the program include:

- How an aging workforce and the resulting turnover specifically impacts hospital performance
- Evaluate the appropriateness of different knowledge retention and knowledge transfer solutions in work setting
- Put safety cultures to work in healthcare
- One system's journey to safer patient care

The third annual Patient Safety
Officer meeting will be held the
morning of September 18.

Suggestions on what you would
like to discuss are welcome by this
office. Check our website
[http://www.nmhhsa.org/nmhhsaweb.js
p?service=disparticle&req=169](http://www.nmhhsa.org/nmhhsaweb.js?p?service=disparticle&req=169)
for registration information.

PATIENT SAFETY QUOTE:

The difference between a boss
and a leader:

The boss says "GO" - a leader
says "LET'S GO!"

E.M. Kelly, Growing Disciples

**STAFF MEETINGS – BROWN BAG TOPICS
FLU VACCINES**

Initiative seeks to raise hospital worker flu vaccinations

Joint Commission Resources launched an initiative to increase flu vaccination rates among hospital workers. The "Flu Vaccination Challenge," which begins in September 2008 and will continue through the flu season until May 2009, will recognize hospitals that achieve a vaccination rate of 43% or more by May 2009. JCR is an affiliate of The Joint Commission, which requires accredited hospitals, critical access hospitals and long-term care organizations to offer on-site flu vaccination annually to staff and licensed independent practitioners. For more on the initiative, visit www.fluvaccinationchallenge.com.

NO PHYSICIAN SIGNATURE STAMPS ALLOWED PER CMS

*Reprinted from REPORT ON MEDICARE COMPLIANCE,
<http://www.aishealth.com/BusinessNews.html>*

CMS has now stated unambiguously that all providers and suppliers must stop using physician signature stamps. In an MLN Matters article (SE0829) released July 29, CMS states, "Stamped signatures are not acceptable on any medical record."

In May, CMS said in a transmittal that Medicare would no longer accept medical records with physician-stamped signatures. But some people questioned whether CMS was really taking such a strong position because the transmittal originally was released in response to hospice-certification concerns, even though it modified the Medicare Program Integrity Manual for all prepayment and postpayment medical reviews. It's clear now that CMS's intentions all along were to end the use of physician signature stamps: the article states that Transmittal 248 was issued to bar the use of signature stamps.

"Medicare will [only] accept hand written, electronic signatures or facsimiles of original written or electronic signatures," says the article. This includes progress notes, orders and treatment plans. The reason for this crackdown is CMS's longstanding concern over abuse of signature stamps. "CMS has identified problems of noncompliance with existing statutes, regulations, rules and other systemic problems relating to standards of practice for a valid physician's signature on medical orders and related medical documents," the article states. Because the transmittal, issued March 28, revised the program integrity manual section on medical reviews, all claims are affected. Any documentation signed by a physician signature stamp will be null and void; so, in the eyes of an auditor, the documentation might as well be nonexistent.

Cheryl Rice, corporate director of corporate responsibility for Catholic Healthcare Partners in Cincinnati, says hospitals will have to convey to employed physicians that signature stamps are banned. Hospitals also should get the word out to community physicians because hospital payment may hinge on their compliance with the new CMS policy if their reports are part of a medical review.

Also, as part of their certification process, Joint Commission surveyors are checking whether hospital medical record entries are dated, timed and signed as instructed by the Conditions of Participation. "Since the Joint Commission is checking for authentication, hospitals need to be diligent in making sure their internal documentation is stamp free," Rice says. But, she says, questions remain as to whether CMS will apply the same prohibition on community physicians and external documentation routinely submitted to hospitals as part of the order process. "Hopefully, CMS will adopt a uniform policy prohibition to make hospital enforcement and compliance easier," says Rice.



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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.

OUR WEBSITE ADDRESS:

www.nmhanet.org

Watch for our NEW website design and format to be launched this summer!

About Our Organization...

NMHA is the non-profit trade organization representing the 39 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

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



PSO Common Formats Version 0.1 Beta Now Available

The Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) has released Common Formats for collecting and reporting patient safety information, including adverse events, near misses, and unsafe conditions.

The Common Formats, now available for download through AHRQ's PSO Web site, provide common definitions and reporting formats that health care professionals can use to collect and track patient safety information.

These Common Formats were authorized by the Patient Safety and Quality Improvement Act of 2005, and they facilitate Patient Safety Organizations' (PSOs) collection of patient safety work product from providers in a standardized manner. The formats will be used by providers and PSOs to report a comprehensive range of patient safety concerns, capturing both structured and narrative information.

AHRQ plans to issue updates and revisions to the Common Formats based upon feedback from users and other stakeholders. The Agency has contracted with the National Quality Forum (NQF) to assist with gathering and analyzing feedback that will guide future versions of the Common Formats. To learn more and to view AHRQ's Common Formats Version 0.1 Beta, go to: <http://www.pso.ahrq.gov>

How is your clinical staff wasting pharmaceuticals?

Frequently used pharmaceuticals, such as epinephrine, warfarin, and nine chemotherapeutic agents, are regulated as hazardous waste under the Resource Conservation and Recovery Act (RCRA). Failure to comply with hazardous waste regulations by improperly managing and disposing of such waste can result in potentially serious violations and large penalties. You can access a free article, titled: Managing Pharmaceutical Waste: A 10-Step Blueprint for Health Care Facilities In the United States at:

<http://www.h2e-online.org/docs/h2epharmablueprint41506.pdf>

Preventing Pressure Ulcers Tools

Additional pressure ulcer prevention resources are now posted on the Institute for Healthcare Improvement Web site. Resources include a Nursing Assistant Ostomy Competency Tool, Risk Assessment and Skin Inspection Flow chart, Pressure Ulcer Plan of Care Tool.

<http://www.ihl.org/IHI/Programs/Campaign/PressureUlcers.htm>

Safe Lifting "Toolkit" Provides Free Resources for Healthcare Injury Prevention

Liko North America has announced the launch of a new "Toolkit" section of its popular Safe Lifting Portal Web site. The new portal section is designed to assist hospitals and nursing homes with the start-up, development, and on-going support of their safe lifting initiatives. The Liko-sponsored Safe Lifting Portal is a pro bono injury prevention site designed to help nurses avoid musculoskeletal injuries caused by lifting and repositioning patients

<http://www.safeliftingportal.com/toolkit/>

AHRQ tool available to meet HHS Hospital Preparedness Programs

The Department of Health and Human Services' Agency for Healthcare Research and Quality has a tool to help hospitals evaluate their disaster drills. The tool provides standardized checklists to document observations during a disaster drill and assess the adequacy of the hospital's command center, decontamination, triage and treatment response. Hospitals can use the observations to identify areas for improvement, make appropriate changes and set benchmarks to track those changes over time

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



New Mexico's Institute for Healthcare Improvement 5 Million Lives Campaign 12 fully committed* hospitals as of June 10, 2008 are as follows:

*(Includes only hospitals submitting full profile information and mortality data at least through the period Jan 2006 – Feb 2008)

Artesia General Hospital -- Artesia

Dan C. Trigg Memorial Hospital -- Tucumcari

CHRISTUS St. Vincent Regional Medical Center -- Santa Fe

Espanola Hospital -- Espanola

Gerald Champion Regional Medical Center -- Alamogordo

Gila Regional Medical Center – Silver City

Guadalupe County Hospital -- Santa Rosa

Heart Hospital of New Mexico -- Albuquerque

Holy Cross Hospital -- Taos

Lincoln County Medical Center -- Ruidoso

Los Alamos Medical Center -- Los Alamos

Lovelace Medical Center-Downtown -- Albuquerque

Lovelace Westside Hospital -- Albuquerque

Lovelace Rehabilitation Hospital - Albuquerque

Lovelace Women's Hospital -- Albuquerque

Memorial Medical Center -- Las Cruces

Miners' Colfax Medical Center -- Raton

Nor-Lea General Hospital -- Lovington

Plains Regional Medical Center -- Clovis

Presbyterian Hospital -- Albuquerque

Presbyterian Kaseman Hospital -- Albuquerque

Department of VA Medical Center -- Albuquerque

Rehoboth McKinley Christian Health Care Services -- Gallup

Roosevelt General Hospital -- Portales

San Juan Regional Medical Center -- Farmington

Sierra Vista Hospital -- Truth or Consequences

Socorro General Hospital -- Socorro

Union County General Hospital -- Clayton

University Hospital -- Albuquerque

Here is the latest Data Submission Report for New Mexico, updated June 10. To be included on the Fully Committed List, hospitals must have updated their mortality data and hospital profile on the extranet by June 3rd. If your organization is in **bold**, congratulations! If your organization is not, you are no longer considered fully committed. For questions on how to regain your fully committed status, contact campaign@ihi.org